

# Minority Fellowship Program Webinar

## Culturally Responsive Substance Use Disorder Treatment

Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

Minority Fellowship Program  
Webinar • August 26, 2020



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

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# About the Center

NATIONAL  
**Center** on  
*Domestic Violence, Trauma & Mental Health*

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**U.S., DHHS, Administration on Children, Youth and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program:**

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

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

# NCDVTMH Disclaimer

NCDVTMH is supported by Grant #90EV0437-01-00 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program (FVPSA), U.S. Department of Health and Human Services. Points of view in this document are those of the presenters and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.



# NCDVTMH's work is informed by...



# Learning Objectives

As a result of this session, participants will be able to:

- Identify at least three unique risk factors or barriers faced by people of color
- Contextualize symptoms of substance use disorders as coping responses that aid in self-protection and survival for individuals impacted by structural and interpersonal violence
- Identify at least two strategies for cultural adaptation of evidence-based interventions



# Contextualizing Substance Use Disorders for People of Color

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Unique Risks and Barriers  
Symptoms as Threat Responses

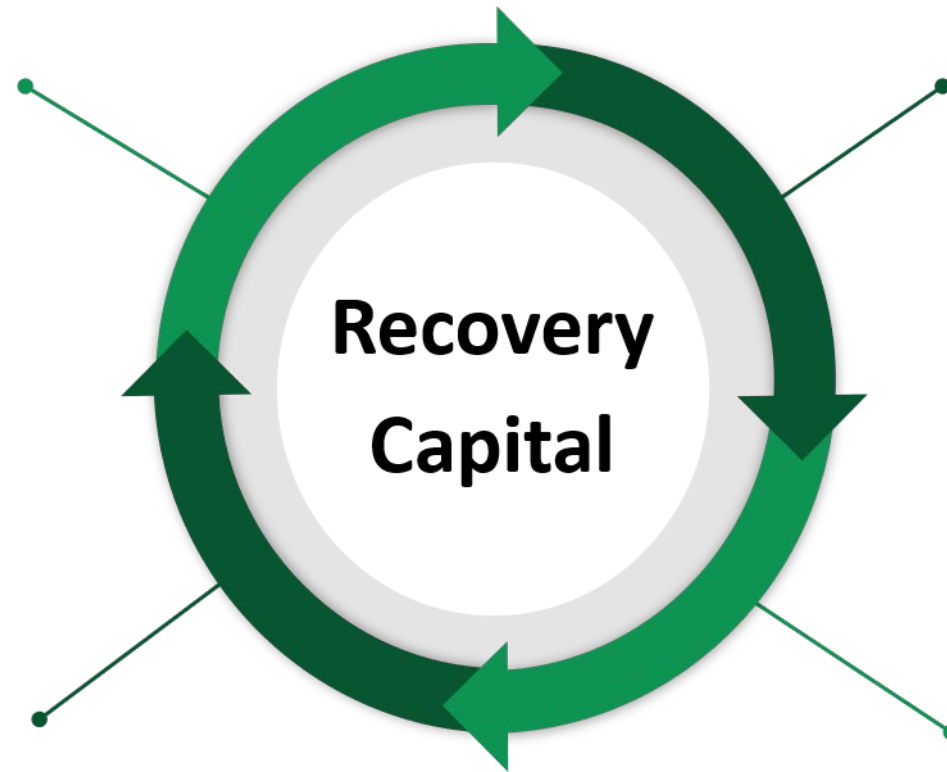
# Recovery Capital

## HUMAN

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

## SOCIAL

Family, intimate relationships, kinship, social supports.



## PHYSICAL

Physical health, safe housing, basic needs, financial resources.

## COMMUNITY

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

Source: (White & Cloud, 2008)

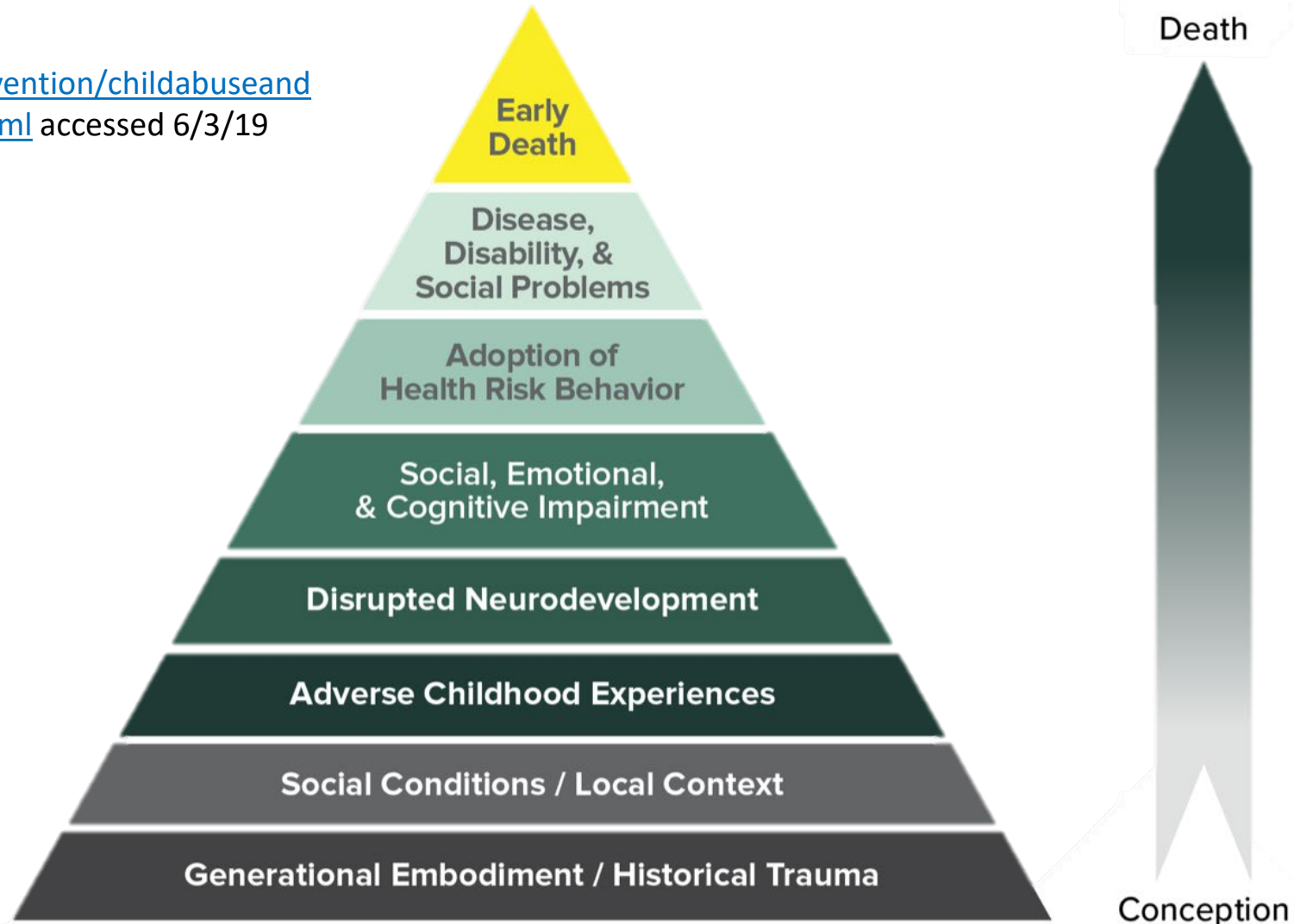
# Unique Risks and Barriers: Collective Trauma and Minority Trauma

- **Collective Trauma** (National Indigenous Women's Resource Center & NCDVTMH, 2014)
  - Cultural, historical, political, and economic trauma that impacts individuals and communities across generations
- **Racial trauma**
  - Discrimination is a salient risk factor for substance use disorders (Otiniano Verissimo et al., 2014; Gibbons et al., 2010)
  - Allostatic load (AL) (Suvarna et al., 2020; Berger & Sarnyai, 2015)
- **Migration trauma**
  - 4-points of trauma potential: pre-migration, during transit, arrival, settlement (Perez Foster, 2001)
  - Acculturation correlated with increased substance use concerns (Ahmmad & Adkins, 2020; German et al., 2009; Martinez, 2006)

# Unique Risks and Barriers: Adverse Childhood Experiences

Image source:

[www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html](http://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html) accessed 6/3/19



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

# Unique Risks and Barriers: Structural Violence

## Structural barriers

- High recognition of need for services (Wells et al., 2001)
- Limited access (Wells et al., 2001)
  - Increased wait times (Grant, 1997; Redmond et al., 2020)
- Experiences of discrimination and maltreatment by treatment staff (Wells et al., 2001)
  - Decreased satisfaction with services (Tonigan, 2003)
- People of color experience increased barriers to treatment access, engagement, retention, and satisfaction with care (Schmidt et al., 2006)

# Unique Risks and Barriers: Structural Violence (con't)

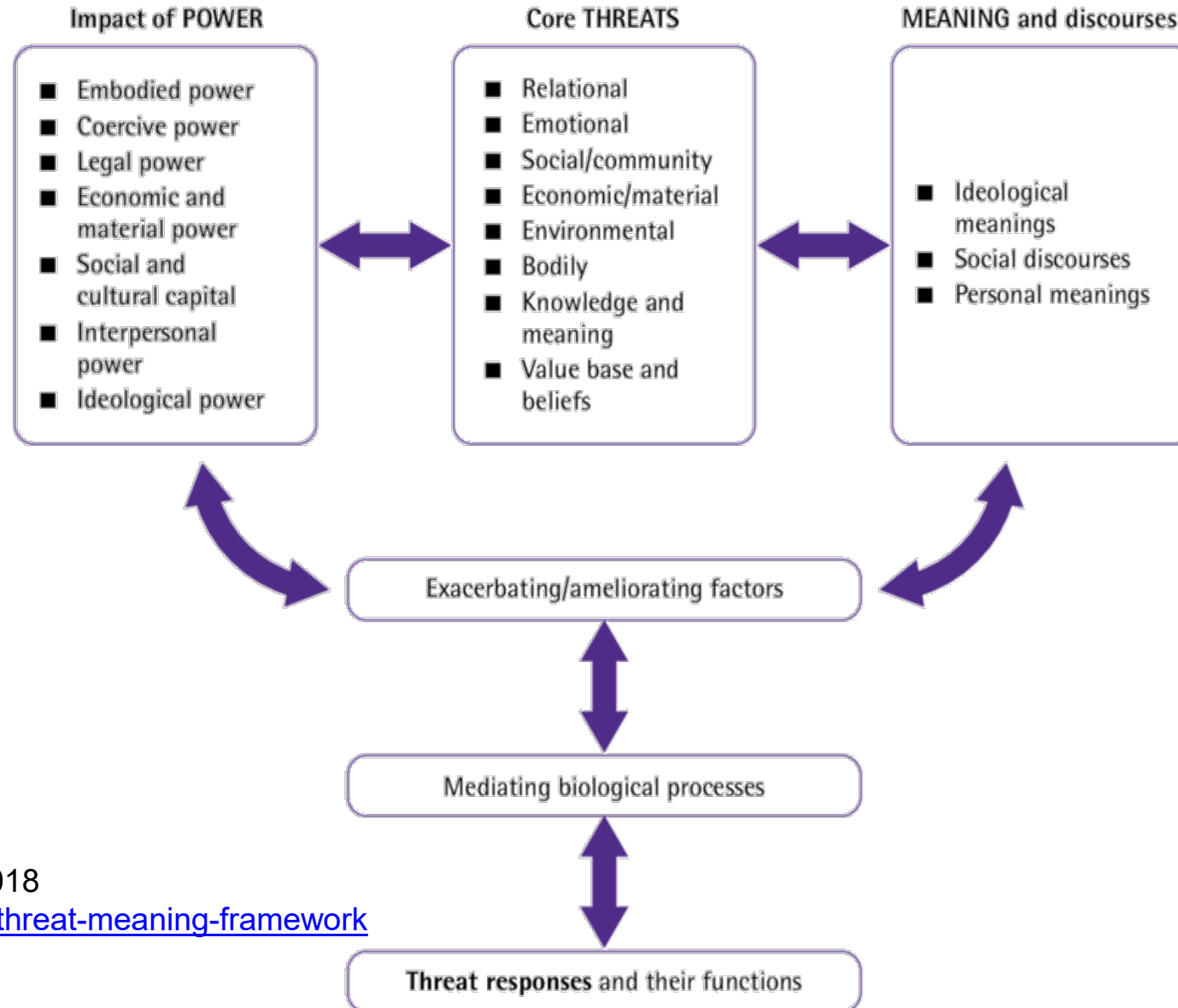
## Economic disenfranchisement

- Barriers to employment and reduced income access (Petry, 2003)
- Insurance coverage
  - Disproportionate barriers even when insurance status is controlled. One national analysis found that uninsured white individuals accessed specialty SUD treatment 3x more than uninsured people of color (Wu et al., 2003)
- Treatment deserts
  - Also tend to be food deserts, pharmacy deserts, lack educational and economic opportunities, etc.
  - Counties with higher proportions of Black residents and residents who were uninsured were also found to have less treatment programs that accepted public insurance or were publicly-funded (Cummings et al., 2014)

# Unique Pathways to Treatment Drive Health Disparities

- Disproportionate criminal legal system involvement contributes to health disparities (Iguchi et al., 2005)
- Black and Latinx youth (N = 4,733), as compared to white counterparts, were found to be significantly more likely to (Shillington & Clapp, 2003):
  - Be referred to treatment via criminal legal system
  - Be mandated to treatment ( >67% vs. ~50% )
  - Use cannabis (and not use drugs intravenously)
  - Be released from treatment with an “unsatisfactory” status

# Power Threat Meaning Framework



Source: Johnstone & Boyle, 2018

<https://www.bps.org.uk/power-threat-meaning-framework>



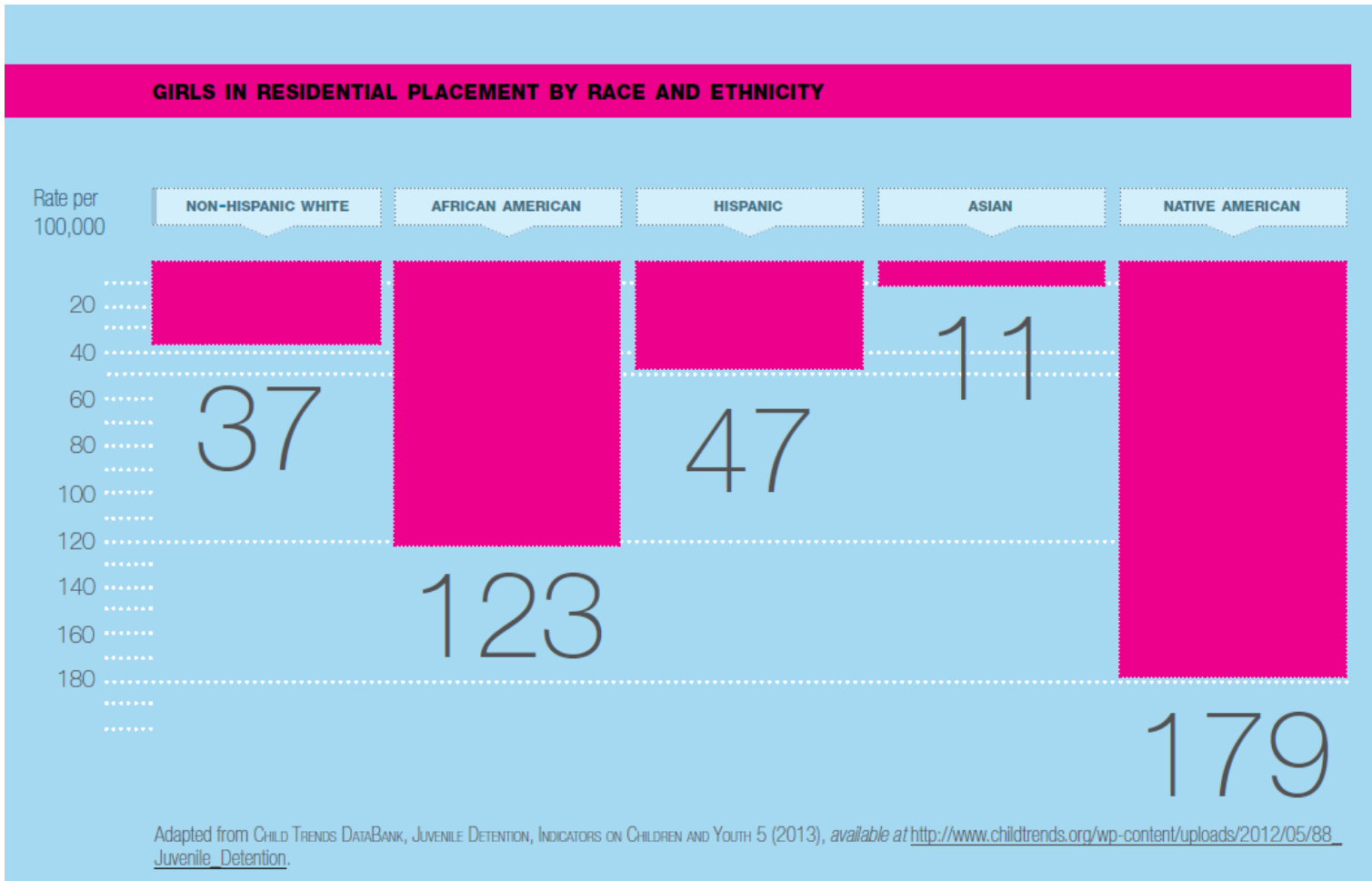
# Intersectionality: Race and Gender

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

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



# Intersectionality: Gender-Based Violence to Prison Pipeline



## Key findings from The Sexual Abuse to Prison Pipeline report:

- Girls are one of the fastest growing populations under correctional control
- Disproportionately impacts girls of color
- Largely due to effects of trauma (substance use)
- 45% of girls in juvenile legal systems have 5+ ACEs

Source: [The Sexual Abuse to Prison Pipeline report](#)

Saada Saar et al. (2015). Chart adapted from: <https://www.childtrends.org/indicators/juvenile-detention/>

# Intimate Partner Violence: Substance Use and Mental Health Effects

Victimization by an intimate partner increases one's risk for depression, PTSD, substance use and suicidality

**3x**

PTSD, Major depressive disorder, Self-harm

**4x**

Suicide attempts

**6x**

Substance use disorder

NATIONAL Center on Domestic Violence, Trauma & Mental Health

High rates of DV among women accessing substance use disorder treatment

**47%-90%**

Report DV in their lifetime

**31%-67%**

Report DV in the past year

NATIONAL Center on Domestic Violence, Trauma & Mental Health

Source: Wagner et al., 2009; Bennett et al., 1994; Hemsing et al., 2015; Smith et al., 2012; Ogle et al., 2003; Eby, 2004; LaFlair, et al., 2012; Bueller et al., 2014; Nuttrock et al., 2014; Nathanson et al., 2012; Lipsky et al., 2008; Breiding et al., 2014; Bonomi et al., 2009; Gonzalez, et al., 2014; Khalifeh, et al., 2015; Friedman et al., 2007

# SUD as a Tactic of Abuse: Substance Use Coercion

Native American and Alaskan Natives were the most likely to have experienced all three forms of SUC included in the survey.

DV is often targeted toward undermining a partner's substance use disorder treatment and recovery

- 60% of the 3,224 National Domestic Violence Hotline callers who had sought help for substance use said their partners had tried to prevent or discourage them from getting help.
- 26% Had used substances to reduce the pain of DV.
- 27% Had been pressured or forced to use substances or made to use more than they wanted.
- 24% Were afraid to call the police because their partner said they would be arrested or not believed.
- 38% Said their partner had threatened to report their substance use to authorities to prevent them from getting something they wanted or needed (e.g. protection Order Or Custody Of their Children).

n = 3,224. Source: NCDVTMH & NDVH; Warshaw et al., 2014

# Trauma and Stigma

**Trauma increases the risk of developing a substance use disorder, while a substance use disorder increases an individual's risk for being targeted by an abusive partner.**

**Stigma** associated with substance use contributes to the effectiveness of abusive tactics and can create barriers for survivors when they seek help. This is further amplified in the context of **structural violence**.

# Interpersonal and Structural Violence

## Traumatic Effects of Abuse

- Health
- Mental Health, Suicide
- Substance Use
- Intergenerational
- Interpersonal
- Economic

## Ongoing Coercive Control

- Undermining Sanity and Sobriety
- Undermining parent-child attachment
- Controlling Access to Resources

## Ongoing Structural Violence

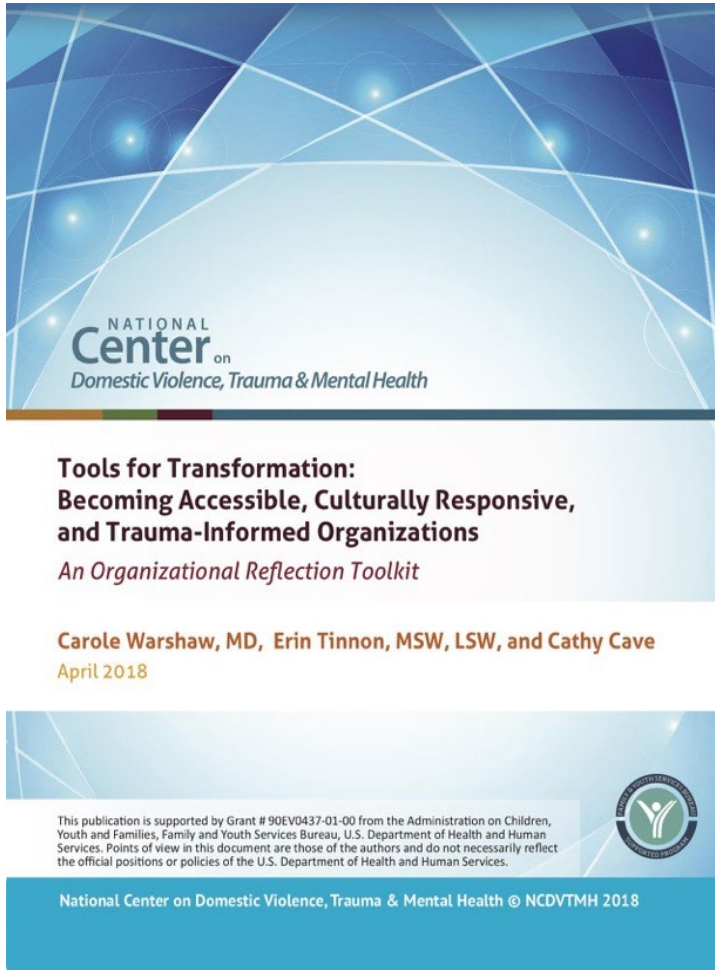
- Policies and systems that perpetuate structural violence and discrimination

## Traumatic Legacies of Historical Trauma

- Health & MH
- Economic
- Social
- Legal
- Cultural, Spiritual
- Environmental
- Transgenerational

# Trauma-Informed (ACRTI) Approach

## How can an Accessible, Culturally Responsive, and Trauma-Informed (ACRTI) approach help?



- Integrates accessibility as a fundamental goal
- Normalizes human responses to individual and collective trauma
- Offers a more holistic approach
- Nurtures empathic connections
- Fosters understanding of our own responses and their potential impact
- Recognizes the role of culture, social context, and structural violence, as well as sources of healing, resilience, and community

# Culturally Specific Sources of Support, Healing, and Resilience

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

## Points to culturally-specific sources of resilience and healing

(Schmidt et al., 2006)





# Evidence-based Practice (EBP) and Culturally Responsive Treatment

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Highlighted Culturally-Specific EBP's  
Cultural Adaptation of EBP's

# Barriers to Research Evidence

- Lack of diverse samples (Hall, 2001)
- History of abuse and exploitation of people of color in research
- Even with diverse samples, outcomes rarely reported by racial or ethnic identity
- Racial and ethnic identities categorized into broad categories
  - Homogenization
  - Assumptions about salient experiences or identities
- Potential for experimental research design methods to conflict with values and priorities of culturally specific group

# Selection of EBP's with Diverse Samples

- Seeking Safety: integrated treatment for SUD and PTSD
  - Meta-analysis by Lenz et al. (2016a; N = 1,997)
- Helping Women Recovery and Beyond Trauma: gender responsive (for women) integrated treatment for SUD and trauma
  - Published research: [www.stephaniecovington.com/research-papers.php](http://www.stephaniecovington.com/research-papers.php)
- Cognitive-Behavioral Therapy (CBT) (Miller et al., 2016)
  - Relapse Prevention Therapy (77% POC in sample). Mindfulness-Based Relapse Prevention was found to be more effective for women of color than traditional relapse prevention (Witkiewitz et al., 2013).
  - Brief Marijuana Dependence Counseling (BMDC) (CBT/MET)
  - Matrix Model (CBT and family support); intensive outpatient for stimulant use d/o

# Selection of EBP's with Diverse Samples (con't)

## Motivational Interviewing / Motivational Enhancement Therapy (MI/MET)

- Meta-analysis by Lenz et al. (2016b; N = 3,842)
- Adolescents - meta-analysis by Jensen et al. (2011; N = 5,471)
- ≥75% Black sample – literature review by Montgomery et al. (2011; Black n = 4,211)
- Meta-analysis by Hettema et al. (2005; 72 studies) found larger effect sizes for people of color
- Peer Support (PS) employed peer specialists to deliver brief MI in urban health clinic (after being screened during routine medical visit) (Bernstein et al., 2005; n = 1175; 86% POC; 46% experiencing homelessness)
- Recommendations for culturally adapted SBIRT (Manuel et al., 2015)

# Selection of EBP's with Diverse Samples: Youth

- Adolescent Community Reinforcement Approach (ACRA)
- Functional Family Therapy (FFT)
- Combined MET/CBT
- Multi-Dimensional Family Therapy (MDFT)
- Multi-Systemic Family Therapy (MSFT)
- Teen Marijuana Check-Up (TMCU)



# Culturally Specific Interventions: Youth

Meta-analysis by Steinka-Fry et al., 2017 (n = 424):

- Culturally sensitive interventions yielded statistically significant decrease in substance use
- Used group or individual/family formats
- Interventions included:
  - Culturally Accommodated Cognitive Behavioral Therapy (A-CBT)
  - Structural Ecosystem Therapy (SET) - Brief Strategic Family Therapy (BSFT)
  - Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA)
  - Multi-Dimensional Family Therapy (MDFT)
  - Adolescent Portable Therapy (APT)
  - Cherokee Talking Circle (CTC)

# Culturally Specific Interventions: Adults

- Generally, culturally adapted EBP's have been found more effective (medium effect size) when compared to unadapted EBP's (Hall et al., 2016)
- Promising interventions:
  - Culturally Congruent Intervention for African Americans (CCIAA)
  - Promotora-Delivered Intervention (PDI) for Heavy Drinkers
  - Celebrating Families!/¡Celebrando Familias! (CF)
  - Motivational Interviewing and Community Reinforcement Approach (MICRA)
  - Culturally Adapted Motivational Interviewing (MI)
  - Drum-Assisted Recovery Therapy for Native Americans (DARTNA), which incorporates the Medicine Wheel and Twelve Steps Program (MWTSP)

# Methods in Evidence- Based Adaptation

national  
**latin@**  
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## Community Centered Evidence Based Practice Approach



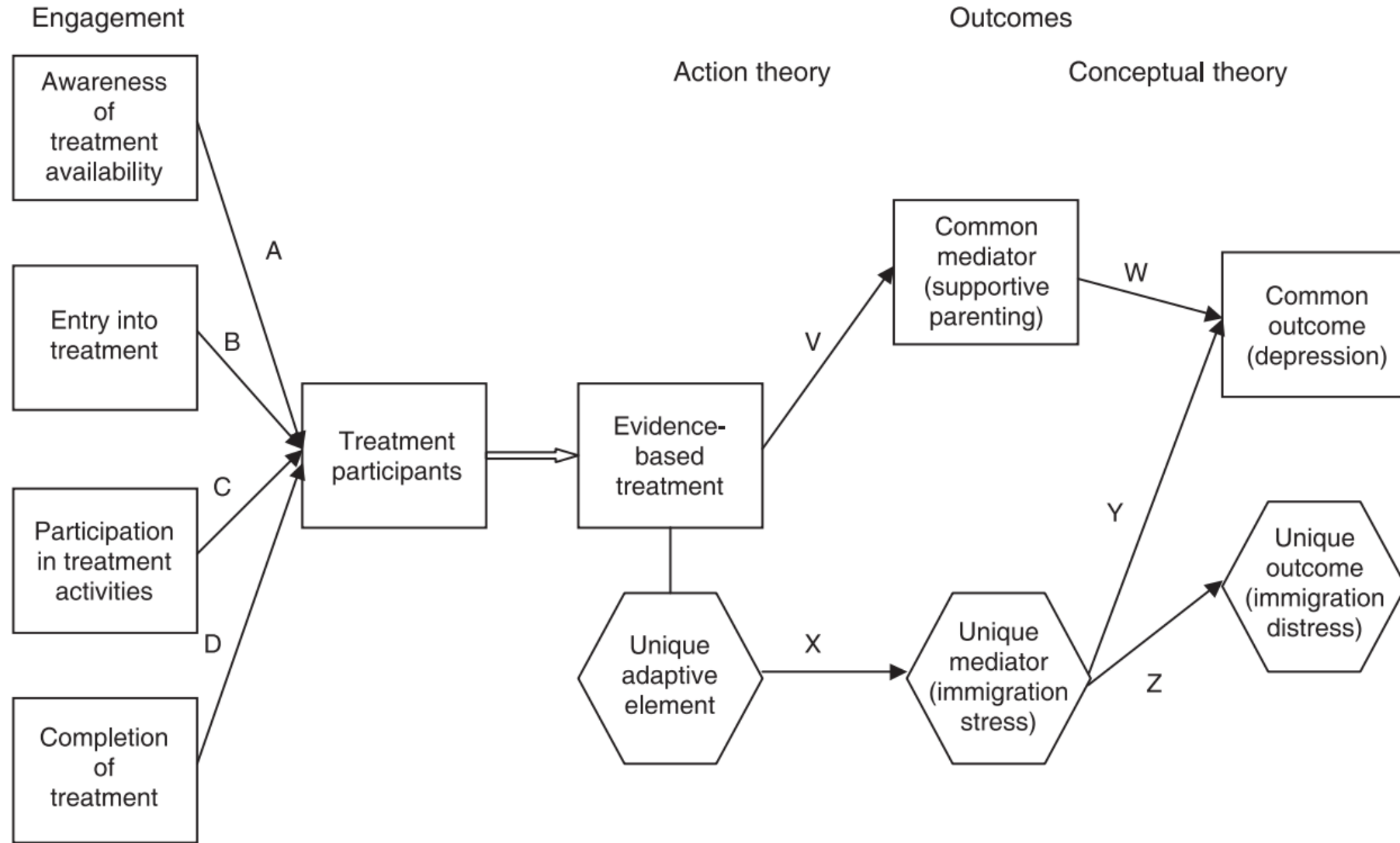


# Main Reasons for Cultural Adaptation

1. Ineffective clinical engagement
2. Unique risk or resilience factors
3. Unique symptoms of a common disorder
4. Nonsignificant intervention efficacy for a particular subcultural group

(Castro et al. 2010)

# Heuristic Framework



Source: Barrera & Castro, 2006, [A Heuristic Framework for the Cultural Adaptation of Interventions](#)

# Cultural Adaptation: Top Down vs. Bottom Up Approaches

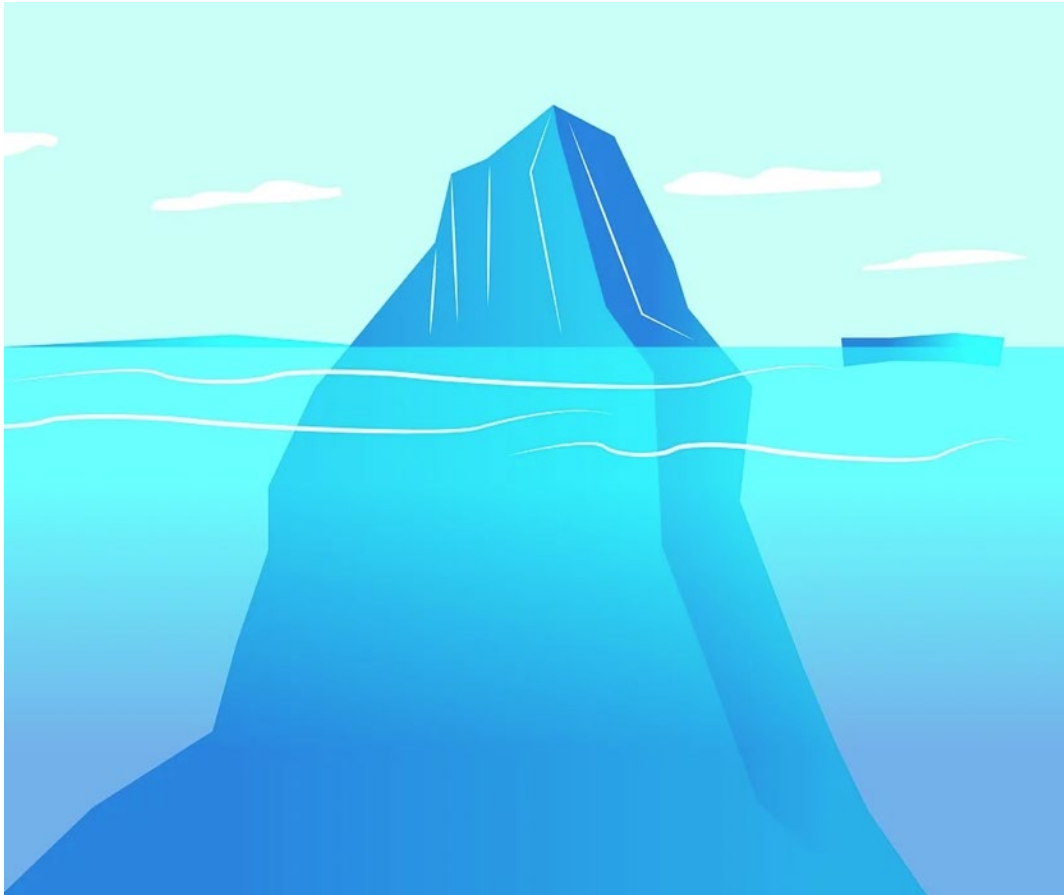
- **Top-Down:** an EBP that was developed for one group is modified for use with other groups.
- **Bottom-Up:** a practice that is developed within the perspectives, values, history, traditions, and realities of a group's specific cultural context.

An example of a bottom-up approach, from SAMHSA's TIP 59 (2014):

*“Ho’oponopono is a form of group therapy used by Native Hawaiians; it involves family members and is facilitated by a Kūpuna (elder). A qualitative study by Morelli and Fong (2000) of Ho’oponopono with pregnant or postpartum women with substance use disorders (primarily methamphetamine use disorder) reported high client satisfaction and positive outcomes (80 percent were abstinent 2 years after treatment).”*

(Hall et al., 2016)

# Cultural Adaptation: Surface vs. Deep Adaptations



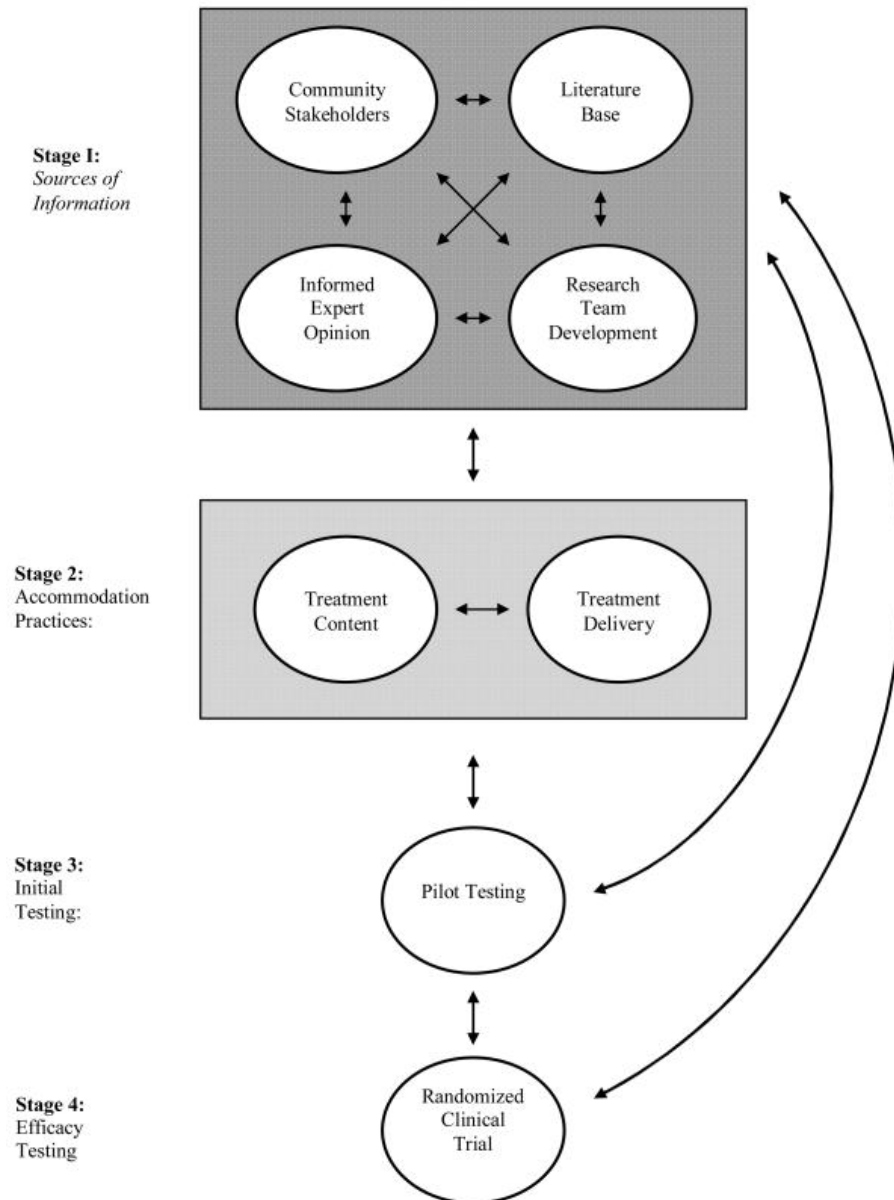
**Surface** structure adaptations: Changes in EBP's materials or activities that address observable aspects of culture, e.g., language, music, foods, clothing, etc.

**Deep** structure adaptations: Changes based on deeper cultural, social, historical, environmental, and psychological factors that influence health behaviors of population.

(Resnicow et al., 2000)

# Cultural Accommodation Model for Substance Abuse Treatment

Burrow-Sanchez et al., 2011



# Cultural Accommodation Model for Substance Abuse Treatment (con't)

Theme	Sub-Theme	Accommodation	
		Practice	Example
Family	<ul style="list-style-type: none"> <li>• Parental involvement and support</li> <li>• Family Dynamics and Values</li> <li>• Family Risk Factors</li> </ul>	Treatment	C <sup>*</sup> : Infused role-plays that included relevant family situations
		Content and Delivery	D: Increased contact with parents/adolescents via phone calls, mailings and an initial parent meeting.

Burrow-Sanchez et al. (2011) Table 2

# Enhancing Effectiveness for Survivors of IPV

Based on our systematic review, the following can enhance existing EBPs:

1. Psychoeducation about the causes and consequences of IPV, and their traumatic effects.
2. Awareness of mental health and substance use coercion, and sabotaging of recovery efforts.
3. Attention to ongoing safety.
4. Cognitive and emotional coping skill development to address trauma-related symptoms and support goals.
5. A focus on survivors' strengths as well as cultural strengths on which they can draw.

# In Summary

- Individual and collective trauma are risk factors for SUDs
- People of color face unique risks and barriers due to legacies of historical trauma and ongoing structural violence
- Culturally specific sources of healing and resilience aid in recovery
- Culturally responsive services are associated with better outcomes
- We can support culturally responsive SUD treatment by:
  - Implementing an ACRTI approach
  - Selecting interventions with demonstrated efficacy or culturally-specific promising practices
  - Integrating trauma-care (when desired)
  - Cultivating a diverse workforce that reflects persons served
  - Using evidence-based methods for culturally adapting interventions
  - Advocating for health and community-based approaches to SUD



## Transforming the Conditions that Perpetuate Violence

- Recognize Pervasiveness & Impact of Trauma
- Minimize Retraumatization; Honor strengths
- Create Physical & Emotional Safety
- Attend to Organizational Culture & Environment
- View Relationship as a Key Component Of Healing
- Support Resilience & Healing; Create Community
- Attend to Impact on Providers & Organizations
- Create Institutional Supports; Promote Social Change

NCDVTMH (Warshaw) 2014

# Resources (1)

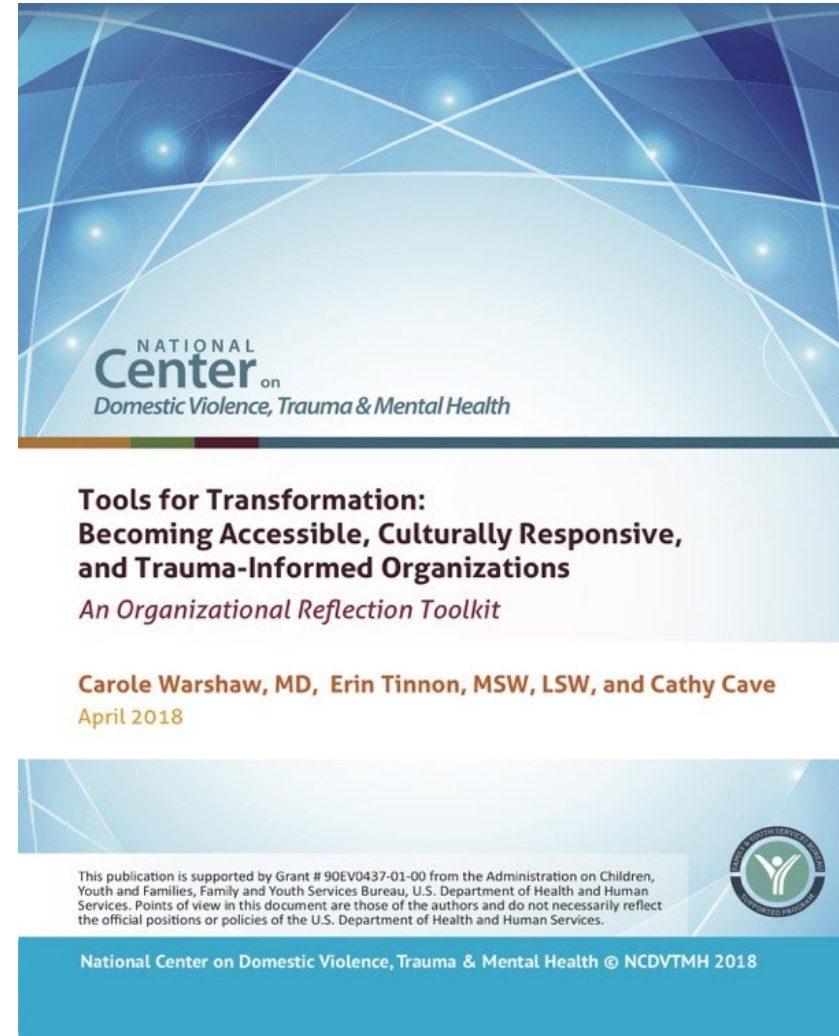
## Resources for Mental Health and Substance Use Treatment and Recovery Support Providers

At the National Center on Domestic Violence Trauma & Mental Health (NCDVTMH), one of our priorities is to support collaboration between the domestic violence (DV) field and the mental health and substance use disorder treatment and recovery fields. Our work is designed to enhance system responses to survivors of intimate partner violence (IPV) who are experiencing the mental health and substance use-related effects of IPV and other lifetime trauma. A 2012 study conducted by NCDVTMH in partnership with the National Association of State Mental Health Program Directors (NASMHPD) found that the majority of states who participated had a strong interest in further coordination and/or training on these issues.

The information that follows is intended to support mental health and substance use disorder treatment and support providers in their work with survivors of IPV and their children. You will find toolkits, best practice guidelines, webinars, research reviews, and policy briefs to help inform your practice. These can be found at the link below.

[www.NationalCenterDVTraumaMH.org](http://www.NationalCenterDVTraumaMH.org)

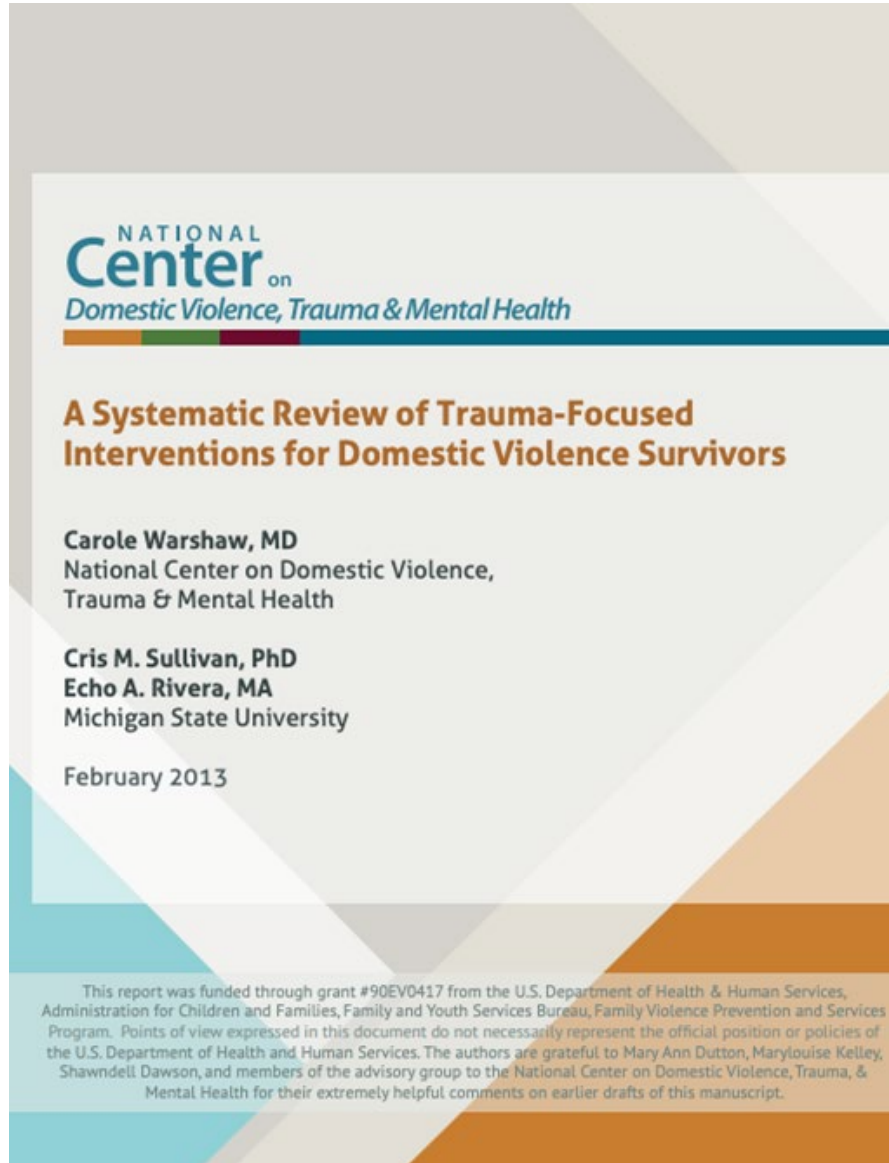
## Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations





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

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



## Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors

# References and Resources List

## Culturally Responsive Substance Use Disorder Treatment Webinar Reference and Resource List

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# Connect with us!

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