Addressing the Special Needs of Clients based on Gender, Race, and Culture – Practitioner Tools

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT) Program for State Prisoners

Training and Technical Assistance Resource

This project was supported by grant No. 2019-J2-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.

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Advocates for Human Potential, Inc.

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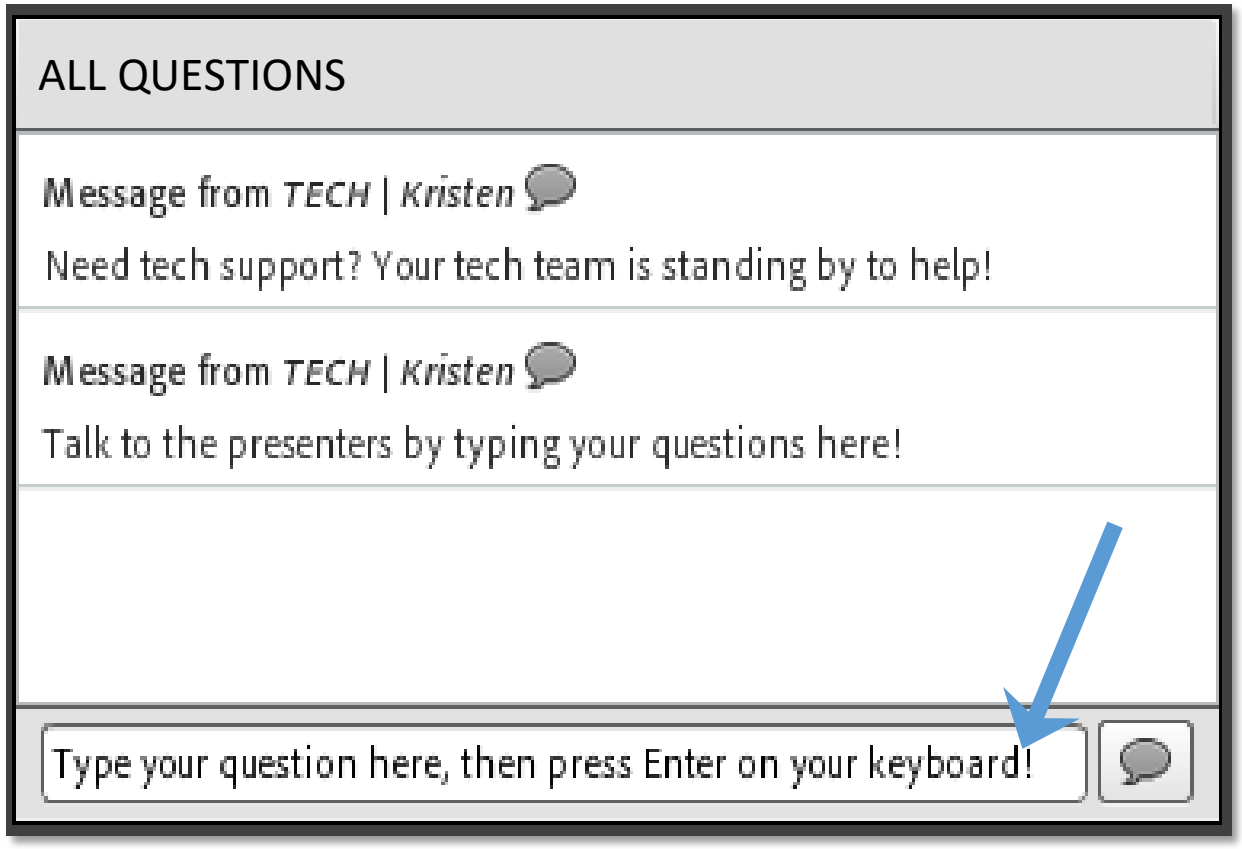

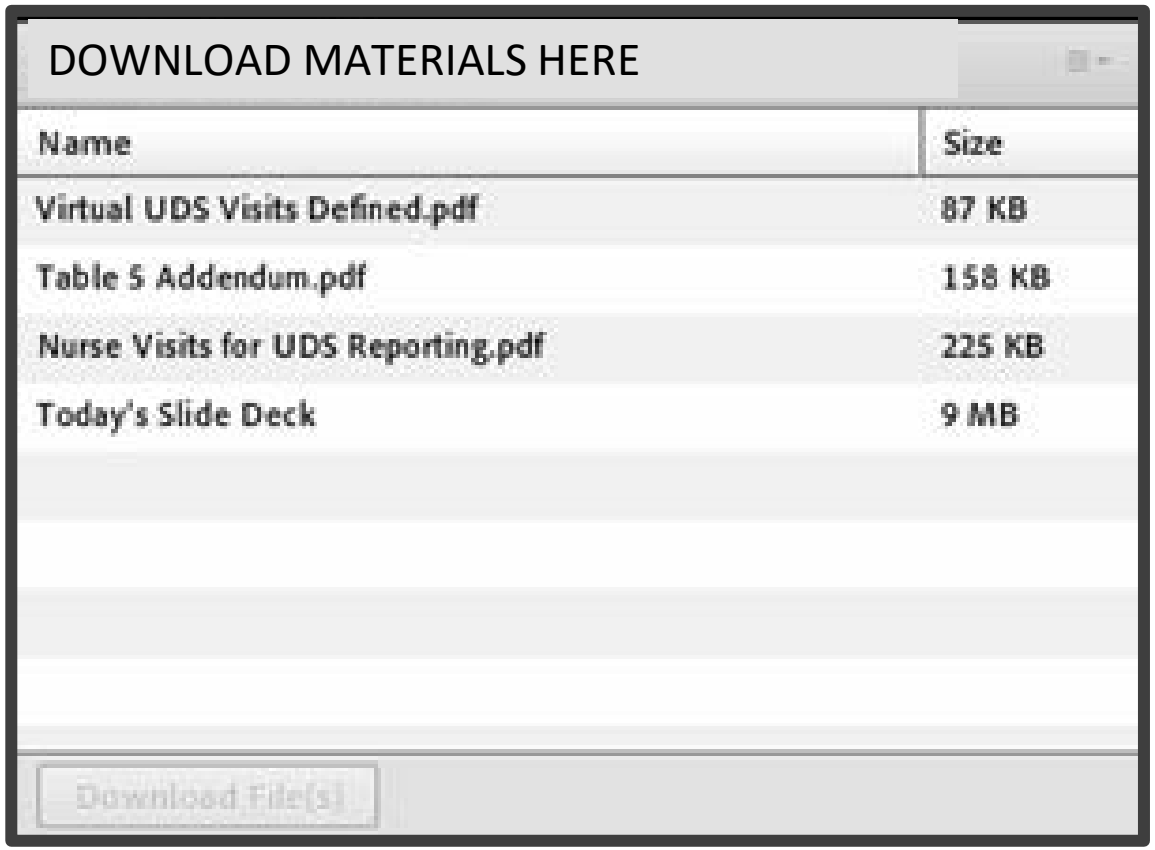

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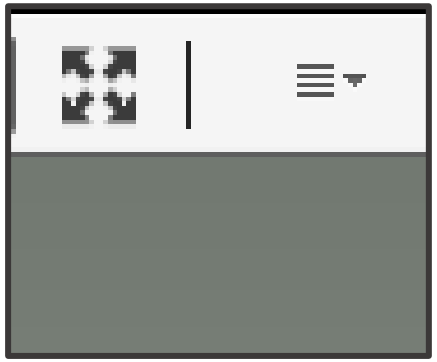

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Advocates for Human Potential, Inc.

Today’s Speakers

Angelia Turner, MS
Director for Health and Justice
TASC’s Center for Health and Justice

Bureau of Justice Assistance
U.S. Department of Justice

CENTER FOR
HEALTH & JUSTICE
AT TASC

Jac Charlier
Executive Director
TASC's Center for Health and Justice
RSAT Webinar

CENTER FOR
HEALTH & JUSTICE
AT TASC

In Addition to RSAT TTA, CHJ Is…

- Grounded in 45+ years of *operational experience* providing specialized case management to individuals with a SUD and MH across the justice system
- An international/national TTA leader with expertise in deflection, pre-arrest diversion, first-responder diversion (FRD) and the DOJ BJA TTA provider for COSSAP FRD grantees since 2017 (112 grantees)
- Also, doing the same for *diversion along the justice continuum* at the intersection of justice and health for jails, courts, and reentry
- A recognized leader in Community Treatment Capacity (Deflect/Divert to What?), Sustainability, Alternatives to Incarceration, and Specialized Case Management

CENTER FOR HEALTH & JUSTICE AT TASC

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PARTICIPANT POLL – PLEASE SELECT YOUR FAVORITE COLOR FROM THIS LIST

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- **PINK**
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POLL RESULTS - EXPLAINED

Group Similarities & Differences

Service Provider & Client – Challenges

The Impact of Culture on Assessment, Treatment, and Recovery

- **Acculturation**
- **Language**
- **Assimilation**
- **Ethnocentricity**

***<u>Breakdown</u>: Counseling and SUD Professionals* comprise the following percentages:**

- **White --- 86%**
- **Hispanic --- 6%**
- **African American --- 5%**
- **Other --- 3%**

(Source: American Psychological Association, 2018)

E – Pluribus Unum --- Out of Many, One

Population

White Americans……62%

Hispanics & Latinos……16%

African Americans……13%

Asian Americans……..5%

Two or more Races……..3%

American Indians and Alaskan Natives……..0.8%

Native Hawaiians and Other Pacific Islanders……..0.2%

Total……100%

[Census, 2010 and 2020 estimates]

Diversity Across Client Populations

- **Hispanics/Latinos**
- **African-Americans**
- **Native Americans**
- **Asian Americans and Pacific Islanders**
- **Persons with HIV/AIDS**
- **Lesbian, gay, and bisexual (LGB) populations**
- **Persons with physical and cognitive disabilities**
- **Rural populations**
- **Homeless populations**
- **Older adults**

THE IMPACT OF POVERTY ON DIVERSE GROUPS

***Scope*: Poverty levels can impact mental health status -- individuals living below the poverty level are three times more likely to report psychological distress, receive diagnosis, and undergo treatment**

- **American Indian or Alaskan Native: 7.4 percent**
- **African Americans: 5.5 percent**
- **National average: 5.1 percent**
- **Non-Hispanic Whites: 5.1 percent**
- **Asians: *2.9 percent***

Among Asian Americans, the impact of poverty and mental health was significantly lower than the national average

[Source: Office of Minority Health. (2016)]

POST TRAUMATIC STRESS DISORDER & DIVERSITY

- **Seventy percent (70%) of immigrants designated as "refugees" coming into the United States have been diagnosed with PTSD and other mental health disorders**

- **This mental health disorder is similar across all racial and ethnic groups and surpasses the percentages found among veterans**

[Source: Office of Minority Health (2016)]

POVERTY --- HISPANIC & LATINO AMERICANS

- **Hispanics living below the poverty level are over twice as likely to report psychological distress.**

- **8.1% of Hispanics receive mental health treatment**

[Source: Office of Minority Health. (2016)]

AMERICAN INDIAN & ALASKAN NATIVES

- **Suicide was the second leading cause of death for American Indian/Alaska Natives between the ages of 10 and 34**
- **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: Office of Minority Health (2016)]

ISSUES EXPLAINED

- **Various diverse groups face elevated levels of mental and substance use disorders, and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma and involvement in the foster care and criminal justice systems**

SOLUTIONS

- **Diverse health care workforce**
- **Culturally and linguistically competent care and programs**
- **Commitment to recognizing and aligning assessment and treatment to methodologies specific to diversity and inclusiveness**

THE IMPACT OF CULTURE

- **Culture bears on whether people 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 influences the meanings that people impart to their illness, [treatment, and recovery] Consumers of mental health services, whose cultures vary between and within groups carry [these cultural interpretations] to the service setting**

- **One way in which culture affects mental illness is through how patients describe (or present) their symptoms to their clinicians.**

TREATMENT AMONG TWO OR MORE RACES

- **Adults most likely to use mental health services were in the group reporting two or more races (17.5%). 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 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 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**

COST & OTHER FACTORS

- **Cost of services/lack of insurance coverage was the most common reason for *NOT* using mental health services for those that perceived an unmet need for services**

- **The least often cited reason was believing that mental health services would *NOT* help for those that perceived an unmet need for services**

SUD CLIENTS

- **Among [substance use disorder] SUD clients, American Indians were LESS likely to complete alcohol treatment than Whites**

- **Blacks and Latinos were LESS likely than Whites to complete treatment for alcohol and drugs**

- **Latinos and Blacks report lower satisfaction with treatment compared to Whites**

REASONS

- **Lack of understanding and Cultural insensitivity**
- **Stigma associated with treatment**

GENDER DIFFERENCES

- **Men are more affected by social and cultural forces in SUD as compared to women**
- **Physical differences between men and women influence substance use and recovery**
- **Economic factors impact men and women differently**
- **Men and women have motivations that impact treatment (such as criminal justice system involvement, referrals from other behavioral health, domestic violence cases, and/or child protective custody orders, etc.)**

AGE AND MENTAL HEALTH TREATMENT

- **African American older adults are significantly less likely to seek mental health services than their White counterparts. 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**

- **African Americans attend fewer sessions 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 account for existing disparities in service utilization among African American older adults**

CULTURAL RECOVERY EXPLAINED

- **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**

- **Individuals who fail to make a satisfactory cultural recovery are at risk for re-addiction**

- **Family involvement is an important focus in working with diverse communities. Both the patient's immediate family and extended family are significant and should be involved in the intervention process because alcohol and drug 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**

Effective Models – Serving the Needs of Diverse Clients

- **Cultural Competence in Substance Abuse (CSAT)**
- **Women's Risk Needs Assessment (WRNA)**
- **CAGE Questionnaire**
- **CRAFT Quiz**
- **TWEAK**
- **T-ACE**
- **Jellinek Chart**
- **SMART Interactive Tools**

QUESTIONS

- Type your questions in the Q&A box on your screen.

Speaker Contact Info:

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CERTIFICATE OF ATTENDANCE

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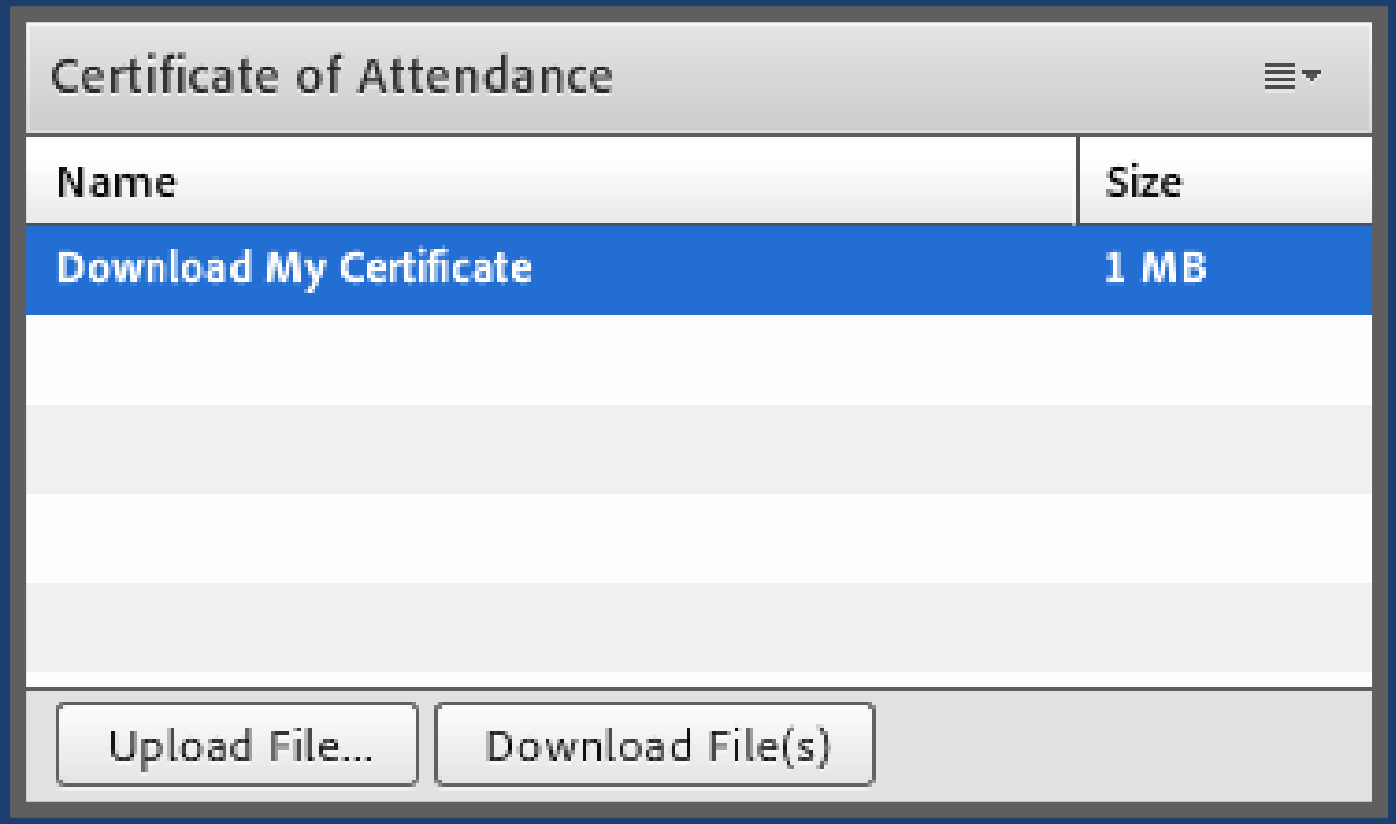

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CERTIFICATE OF CONTINUING EDUCATION

1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals

Pass 10-question quiz with 7 correct answers

Download certificate upon completion of the quiz

November 18, 2020 RSAT webinar CEH quiz link:

https://survey.alchemer.com/s3/6034635/November-18-2020-RSAT-Webinar-CEH

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