SERVING DIVERSE POPULATIONS

CESAR CHAVEZ ANNUAL CONFERENCE 2019

BUFFY T. WOOTEN, PH.D.
Layered Model of Multicultural Guidelines – APA 2017

- Individual
- Community, School, Family
- Institutions (Laws/Government)
- Domestic & International Climate (History)
DYNAMICS TO OBSERVE

• Power/Privilege experienced by clinician and client
• Tensions between levels – Impact of cultural events on community and client
• Fluidity – Interactions effecting clinician and client
• Resilience – to increase
• Trauma – to decrease
TOOLS TO UTILIZE

• Objective Observation of Experience and Differences – Using nonjudgmental language
• Self-Disclosure – With clients best interest in mind
• Validation of Experiences you may not understand – power & privilege
• Synthesize with similarities and differences
• Self-Observation and Reflection
• Commit to a plan to maintain Wellness and Competence
AFRICAN AMERICAN ATTITUDES TOWARD MH

• Those who were receiving MH services felt that mild depression or anxiety would be considered “crazy” in their community and social circles

• AA patients described feeling embarrassed by needing professional help

• Seeking treatment reflects badly on their family and points to a family unable to manage their problems internally

• Many AA with mental disorders are unaware that they have a diagnosable illness at all and less aware that effective treatments exist for their specific problem.

• AA believe MH Treatment was designed by Whites for Whites

• Daily responsibilities overshadow the need for therapy, which is often viewed as a luxury
BEWARE OF THE IMPEDING PROTOCOLS WHEN DISCUSSING RACE/CULTURE

• The Politeness Protocol
• The Academic Protocol
• The Color-Blind Protocol

• All of which impede progress toward productive, honest discussions around the experience of racial or cultural identity.
Whole Person, Whole Family, Whole Community Healing & Recovery

• Healthy Mind, Body, Spirit & Community
  – Recovery Model of Indian Rehabilitation now Native American Connections more than 45 years ago
  – We are the subject matter experts of our Communities and recovery practices – not SAMSHA, CSAT, CMS, Foundations
  – Establishing our own practiced based models
  – Moving from single or siloed services to Community development based models
    • Reliant Partnerships with other nonprofits to build & provide interconnected wellness services
    • Native American Community Service Center – A One Stop Service Site - NAC & Phoenix Indian Center (co-owners), A New Leaf (AWEE), TRUST & ALWAYS, Gila River Tribal Community Center, LISC, AARP, DCS, Hushabye Baby, TO Community College
Patina Wellness Center for Men, Women & their Children
70 Bed Residential Substance Use Disorder Treatment
Red Road, White Bison, Positive Indian Parenting, GONA, COS, Cultural Arts, Lived Experience
Patina Wellness Center - Priority Populations:
Native Americans, Pregnant & Parenting Women, & IV Drug Users
Healthy infant born to mom while in drug treatment
Patina Wellness Center serves dependent children with their parents & challenging ACC plans/AHCCCS to provide reimbursement for a family residential treatment model.
Partnerships with Circle the City, PIMC, Native Health & Terros
Providing Integrated Medical & Oral Healthcare
Patina Wellness Center - Talking Circle Room
Purposeful Architectural Design that Promotes Healing & Wellness
Talking Circle
A Place for Healing Historical Trauma
Patina Wellness Center
Men & Women’s Sweat Lodge (Every Sun, Mon, Tues)
Southern California Indian Center Establishes SAMSHA Substance Use Best Practice (Practice Based) bringing Native Men Back to the Drum
Patina Mountain Preserve
Site for New 50 Bed SUD Recovery Center
Recovery Philosophy supports Connection to the Environment & Earth
1/3 NAC staff are individuals in recovery, formerly CJ involved, & homeless starting with NACs Pathway to Employment Internship
HomeBase Youth Services
Shelter & Transitional Housing for Homeless Youth age 18-24
Community Development
Transforming Our Neighborhoods
Encanto Pointe - Permanent Supportive Housing formerly Chronic Homeless
Residents are not defined by their past circumstances of addiction, homelessness, criminal justice involvement, instead by their future contributions within the Community
Single Point of Entry with 24/7 Staff
Stepping Stone
Permanent Supportive Housing
formerly Homeless & persons living with HIV/AIDS
Urban Living On 2nd Ave (UL2) in Downtown Phoenix
Affordable Housing for Low Income Working Families
Artisan Lofts – Art studios on ground level & living above
UL2 Affordable Housing Families
- Tutoring
- Summer Program
- Community gatherings
- Kids Cafe
- School Backpacks
Supporting Kinship & Grandparent Relationships
Native American Community Service Center
& Devine Legacy Affordable Housing for Families
Located on Light Rail (Campbell & Central Station) & LEED Energy Certified
Supporting Fathers & Families
Homelessness to Home Ownership
Community Development
Phoenix Indian School Visitor Center – Reopened 10/2017
A Federal Boarding School for 99 Years (1891-1990)
Phoenix Indian School Visitor Center Gallery
Remembering, Documenting & Telling the 99-year History
Native American Recognition Days Annual Parade
Queer Affirmative Behavioral Health: Considering Trauma & Micro Aggression

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Arizona’s LGBTQ folks

• 203,000 Adults (~4%)
  • Of these, 30,000 are transgender
• 45,500 Youths (~10%)
  • Of these, 1,700-4,700 Transgender Youth

The Impact of Stigma and Discrimination Against LGBT People in Arizona
The Williams Institute (2018) UCLA School of Law
How Many People Identify as Transgender in the United States
The Williams Institute (2016) UCLA School of Law
Microaggressions

How might LGBTQ microaggressions manifest in behavioral health care settings?

have you ever had REAL sex?
“Are you a man or a woman?”

“Dear Dr. & Mrs. Rivera…” (from an invitation)

“Why don’t you ever wear dresses?”

“Why are you so insecure?”

“So who’s the man in the relationship?”

“You aren’t queer… you have a boyfriend”

“I have a cousin like you…”
Affirmative Practice

- The practice “affirms a lesbian, gay, bisexual [and trans*] identity as an equally positive human experience and expression to heterosexual identity” (Davies, 1996, p. 25).
- Crisp and McCave (2007) encourage the use of affirmative strategies across behavioral health settings for several reasons. In a treatment setting, it may involve:
  - affirming sexual minority status and gender identity;
  - utilizing a strengths perspective when helping clients build strategies for recovery;
  - supporting self-determination while recognizing and identifying homophobic and heteronormative forces that play a role in behavioral health and
  - considering behavioral health within the context of oppression and discrimination.