

Promoting Parents/ Caregivers and Youth as Partnering Experts through the lens of Equity: Addiction, Health and Behavioral Health Care



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Overview

This training will help health and human service providers across practices learn key concepts to improve engagement and service delivery for diverse populations through the lens of a parent or caregiver. We will review key principles of cultural humility, racial trauma, trauma informed, motivational interviewing and person-centered practices while understanding considerations of cultural, ethic and socio-economic factors.

Learning Objectives

- Learn the reality of treatment implications for racially diverse families navigating systems.
- Identify the intersection between race, socio-economic conditions or oppressed communities, and the context of Social Determinants impacting Health/Behavioral Health System.
- Discussion of adaptable practices for positives outcomes and changes inclusion of parents on boards and mandatory trainings from parent view, inclusion of input of practices with measurable matrix's, strategic plan inclusion beyond surveys and focus groups.
- Identify and learn key concepts of cultural humility, trauma informed, and person-centered approaches.

SARA'S STORY

TREATMENT IMPLICATIONS FOR RACIALLY DIVERSE FAMILIES

Why it Matters; Parent/Caregiver and Provider Relationship

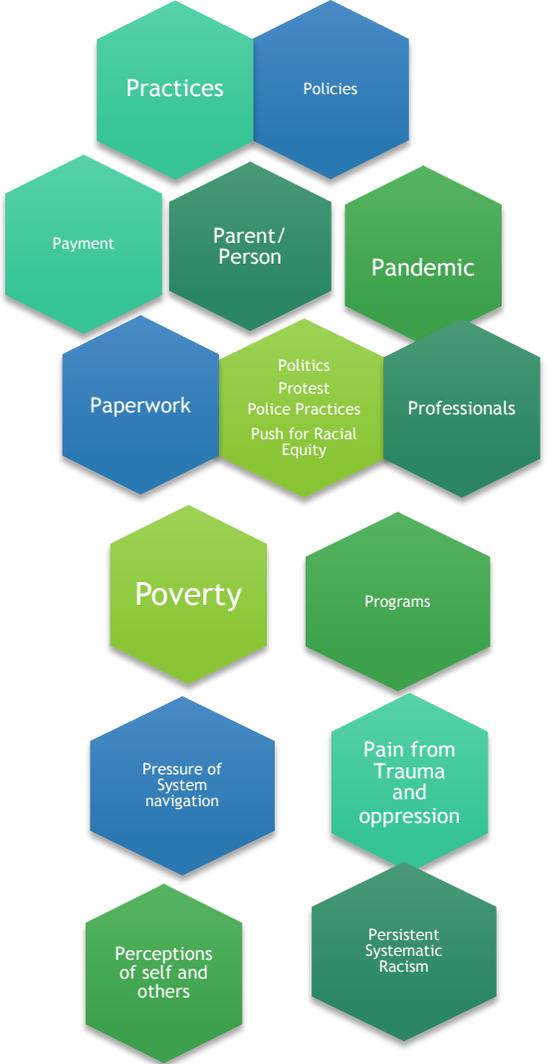
- Treatment/Care implications
- Trust and Relationship Building
- Communication
- Follow up
- Partnership
- Welcoming Environments



Race, Socio-economic Conditions or Oppressed Communities, and the Context of Social Determinants

- Long history of mistreatment/abuse of BIPOC by government institution including the mental health system creates mistrust due to white supremacy and structural racism
- Treatment decisions are frequently made without the voices of service participants and their families/natural supporters
- Culture is not considered in treatment options

The Realities for Parents and Caregivers



• Realities of “P” for Parents and Caregivers

- Pressure from navigating systems
- Paperwork
- Policies and Practices models created by others
- Pain from Trauma(oppression, generational, situational)
- Poverty - all the factors associated
- Programs and professionals
- Payments - budgets and billable units
- Politics and Politics
- Pandemic Crisis which created gaps in services and issues impacting social and emotional health)
- Police Practices
- Protest and Push for Racial Equity
- Professionals focused on care, services and treatment
- Persistent Systemic Racism, prejudice and pre-judgment
- Terms, language and consequences
- Paying the cost emotionally, placing blame on oneself
- Putting up to below standard of care and poor quality
- Perceptions along with inappropriate language

Core Principles

- Person-centered
- Trauma informed
- Cultural humility
- Motivational Interviewing
- Implications of Racial Trauma
- Family Oriented Services

Person-centered Care

- ▶ is an approach that empowers and motivates the client in the therapeutic process.

- Carl Rogers

Trauma- Informed Treatment

- ▶ “is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma.
- ▶ recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- including service staff..”

University of Buffalo, School of Social Work

Cultural Humility

- ▶ “a lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.”

The National Institutes of Health (NIH)

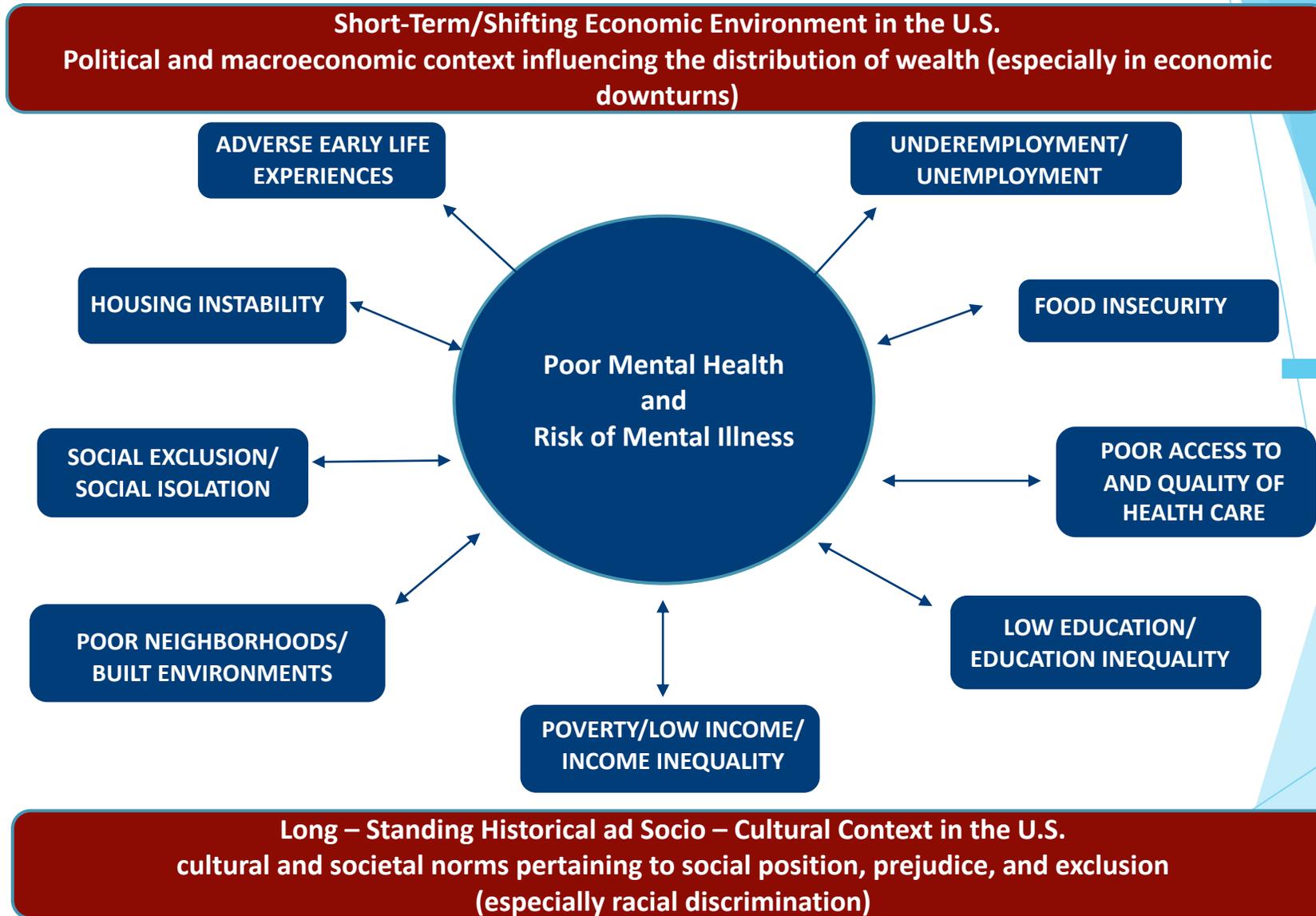
Motivational Interviewing *techniques*

- ▶ A way of interacting with people that encourages and promotes a commitment to specific goals by “*eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.*”

<https://motivationalinterviewing.org/understanding-motivational-interviewing>

Social Determinants- Leading to Discrimination

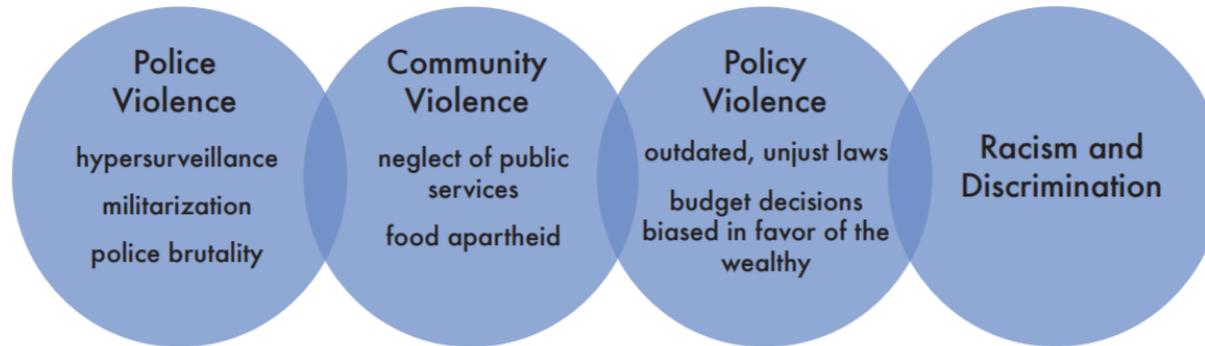
Compton and Shim, 2015)



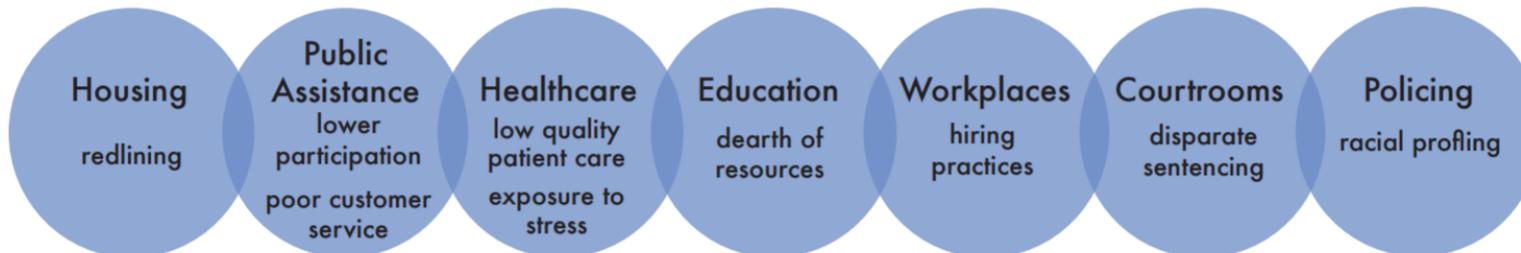
Gate Keeping

Affecting Race, Socio-economic Conditions or Oppressed Communities, and the Context of Social Determinants

TYPES OF SYSTEMIC TRAUMA INCLUDE:

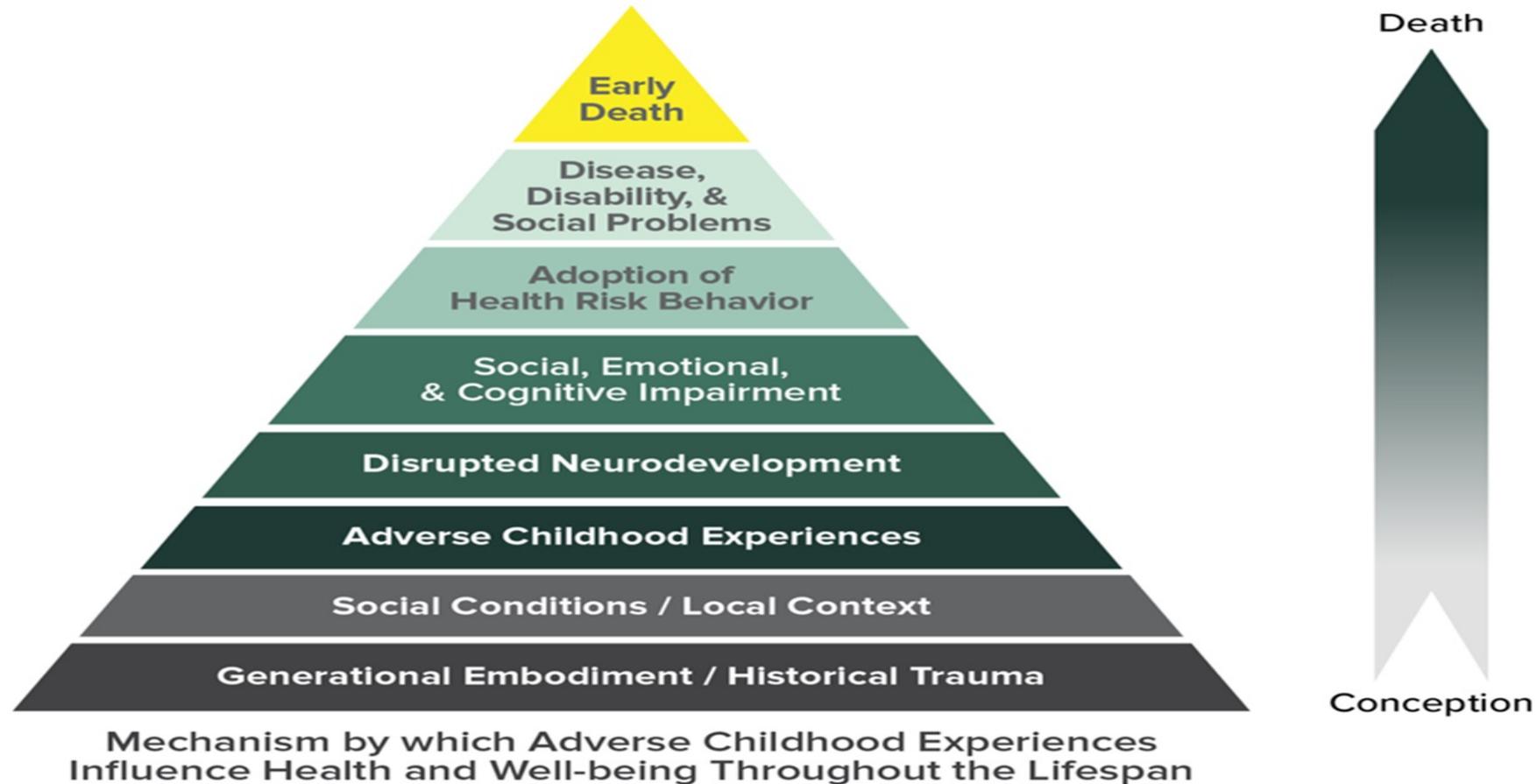


ARENAS OF RACISM AND DISCRIMINATION THAT NEGATIVELY IMPACT FOOD SECURITY EXCLUSIVELY FOR PEOPLE OF COLOR INCLUDE:⁸



HEALING-CENTERED TWO-GENERATION APPROACHES

Cultural Humility, Trauma Informed, and Person-centered Approaches.



Why Consider Family?

- When a person faces behavioral health challenges, the family feels it too
- Family members can have a host of different feelings that are often overlooked
- Evidence suggests that considering the family and its experiences can have positive imp on the person's journey towards recovery

Defining Family

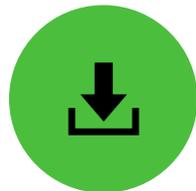
We endorse a broad definition of family

- ▶ Includes the immediate, extended, blended and family of choice
- ▶ Includes siblings, parents, grandparent, significant others, and other natural support people (e.g. friends, extended family)

EVALUATE YOUR ATTITUDE



Self-Awareness
and Self-Control



Acceptance

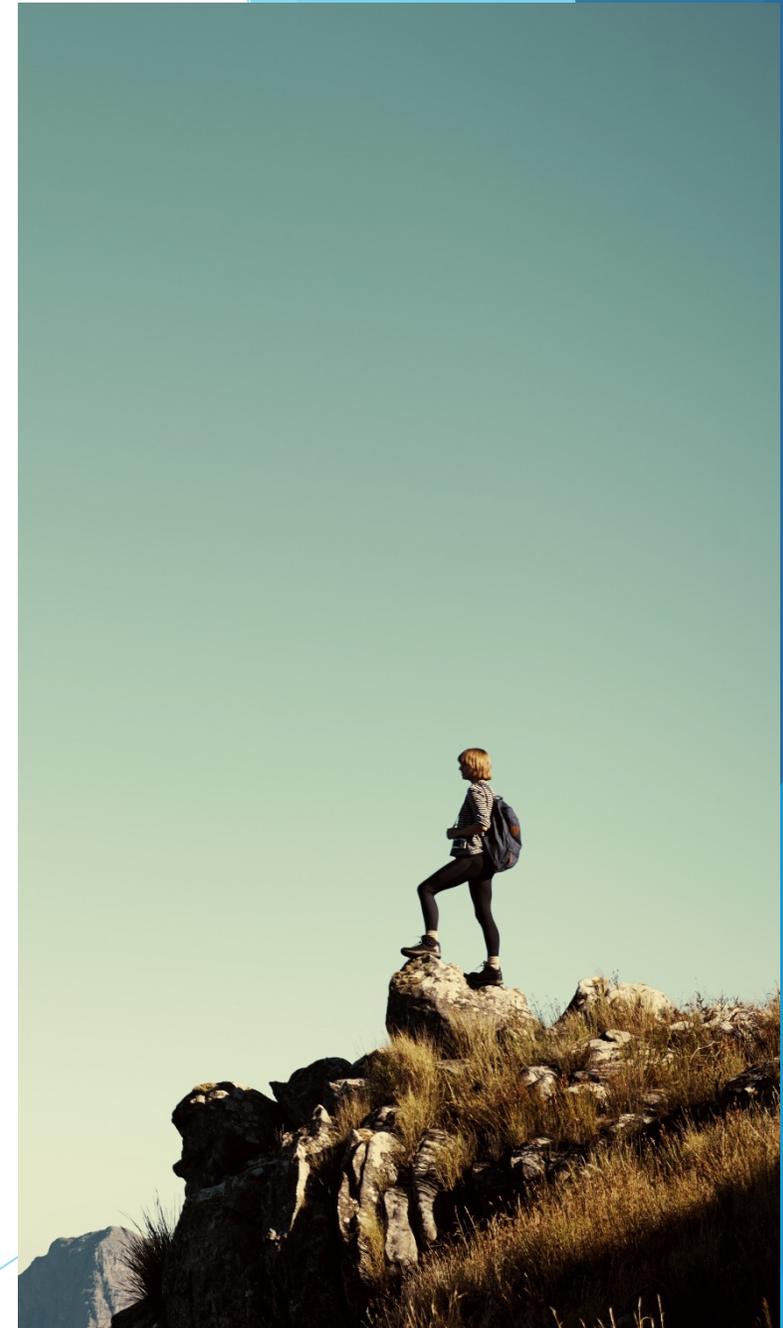


Perceptions and
Stereotypes



Sympathy and
Empathy

https://youtu.be/cDDWvj_q-o8
Cleveland Clinic Video on Empathy



Family members' experience of behavioral health challenges

- ▶ Disruptions in family routines
- ▶ Changes in family roles and responsibilities (e.g. extended parenting)
- ▶ Financial hardships
- ▶ Differences in opinions about what to do and how to help
- ▶ Lack of knowledge about psychosis and recovery
- ▶ Loss of social support/reduced participation in social activities
- ▶ Other family members feeling neglected or left out
- ▶ Feeling stigmatized

Common Reactions by Family Members

- ▶ Confusion/Shock
- ▶ Fear/Anxiety
- ▶ Anger/Frustration
- ▶ Grief/Sense of Loss
- ▶ Helplessness
- ▶ Feeling Overwhelmed
- ▶ Shame/Guilt
- ▶ Distancing/Isolation
- ▶ Denial

Strengths Based Language

Deficit language	Recovery oriented language
Enmeshed family	
Over protective mother	
Intrusive	
Controlling father	
Burned out parent	
Aggressive sister	
Demanding brother	
Treating her like a baby	
Anxious dad	
Resistant family	
Toxic family relationships	
Overbearing mother	

Cultural Humility, Trauma Informed, and Person-centered Approaches - The Focus

- ▶ Disruptions in family routines
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Empathy vs. Sympathy

- ▶ [Brené Brown on Empathy - YouTube](#)

Current Issues Re-engagement Case Study

Barbra is a 60-year-old single Latina female who has a number of chronic health issues including diabetes and high blood pressure. She is raising her 15-year-old grandson who is African American and on the autism spectrum along with a diagnosis of anxiety. Barbra ran out of medications and called her doctor's office to inform the nurse that she needs to come in and does not want to be seen through telehealth. She was told that she could not get an in-person appointment for two weeks and that telehealth was all they could offer right now. She contacted her Care Mgr Sara upset who offered to call the doctor's office on her behalf. Sara was informed that Barbra can walk in tomorrow afternoon at 1pm but will have to wait for about 1 hour or more to be seen by the NP and not her doctor. Barbra was given the information for the next day along with all the new covid-19 visit guidelines. She arrives at the doctor's office the next day at 12:45pm with her grandson who is not in school and cannot be left alone. Upon her arrival she was informed that he could not come in and would need to wait outside. Barbra is upset and explains that he could not be left home and had to come with her because of personal reasons. The receptionist who checked her in was rude when asking Barbra if she knew about the covid-19 office visit policy. Barbra felt her pressure going up and asked her grandson to go and wait at the entrance of the doctor's office. As he is waiting outside near the entrance by himself, an office security guard approaches him and he runs off scared. The police are called and begin to question him. Barbra comes out witnessing her grandson crying with the police and states she will never come back to that doctor's office again and left without being seen. She calls the case mgr very upset stating that she will never go back to that doctor's office again.

How do we re-engage Barbra?

Resources Parent and Provider Relationship Resource

<https://www.mcleanhospital.org/essential/how-can-we-break-mental-health-barriers-communities-color>

<https://www.columbiapsychiatry.org/news/addressing-mental-health-black-community>

<https://ps.psychiatryonline.org/doi/full/10.1176/ps.2009.60.10.1336>

<https://successfulblackparenting.com/2019/05/01/black-children-and-mental-illness-what-to-do/>

<https://namibuckspa.org/your-journey/identity-and-cultural-dimensions/african-american-mental-health/>

<https://medicine.yale.edu/news-article/25896/>