

# Practicing Recovery: The Importance of Family in Diverse Communities

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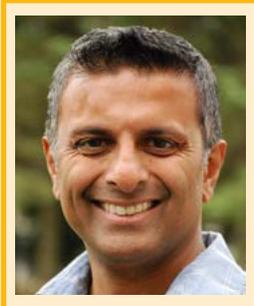
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## A NOTE FROM THE FIELD

# Honoring Diverse Families

By Chacku Mathai



Chacku Mathai, Director  
STAR Center

The [STAR Center](#) is a National Technical Assistance Center supporting mental health systems transformation. We support consumer- and family-run organizations, concentrating on youth leadership development.

Our inclusion of family support is no accident. The experience of trauma, mental illness, and addiction can be incredibly isolating for us as individuals and for our families. This may be even truer for those of us from minority groups.

From my personal history and years of professional experience, I know the importance of family in the process of recovery. My parents and I were the first in our family to come to the United States from India by way of Kuwait. My parents wanted the best opportunities for me and hoped my experience in the U.S. would be an example for others in our family.

I struggled with mental health and substance use problems as soon as I started school, and my family struggled to understand what I was going through. We told no one what was happening. Early experiences with bullying, hostility, and

discrimination made me distrustful of nearly everyone, including my family.

My drug overdoses and suicide attempt as a teenager landed me in the hospital, and my father reached out to another man in his church. This man said two words that changed the course of my family's experience. He said, "Me, too." His son was also struggling with mental health and substance use conditions, so he and other families came together to start a student-run peer support center. He and other families offered my parents emotional support and guidance in finding treatment options for us to consider.

This was only the beginning of our process. My family's strength-based approach was met with a deficit-based medical system. My family's priorities for my ability to return to school or work were not the priorities of the systems we interacted with. Our value for family connection, despite my strong mistrust of them at the time, provided resilience through our many experiences of cultural disconnection, micro-aggression, and discrimination. My recovery journey has been my family's journey. We advocated—sometimes together, sometimes separately—for a culturally congruent experience of support.

We must aspire for all systems to be culturally competent, strengths-based, and person- and family-centered, and much work remains to reach these aspirations. Even within imperfect systems, however, we can make small, but significant, changes to honor and respect the roles of families.



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[www.samhsa.gov/recoverytopractice](http://www.samhsa.gov/recoverytopractice)

- The first, most basic step is to take a moment to **talk with every person we serve and make sure we know who and what they consider family**. They could include biological parents and siblings, a spouse, children, mentors, friends, or pets. Then consider how each person wants their family involved. If we do not know, ask. If an individual cannot identify *family*, offer to help him or her develop this support system. This is a key step in self-care decision making and planning, including what happens in times of crisis: “Who can I reach out to in a crisis? Who will support me in my bad times?”
- Second, determine to **what extent family members want to be involved and work with them to get there**. Even within the parameters of the Health Insurance Portability and Accountability Act (also known as HIPAA), we have room to welcome family involvement if the individual you serve and his or her family want it. If the family has conflict, offering support in resolving conflicts can be a way to begin this vital process.
- **Engage and welcome families from the moment you meet them**. Simply providing an orientation to familiarize people to systems goes a long way. Offer and help people engage interpreter services as a priority. Learn each

family’s values and traditions—for example, my family’s belief in Ayurvedic medicine or faith-based practices—and honor them. Avoid assumptions. My experience as an Indian-American is not all Indians’ experience. Avoid thinking of all families within a particular ethnic group as the same—every family is unique and different.

- If you are a clinician, consider using the **cultural formulation interview** found in *DSM-5*. This evidence-based, in-depth questionnaire can help clinicians perform person-centered and culturally informed assessments to aid in better understanding and engaging families. The development of this assessment process has been a valuable step in the move toward recovery-oriented practice.

A whole family framework that builds trust, honors diversity, and engages members is a vital part of a recovery-oriented system. The messy business of being family—the arguing, the negotiation, the advocacy—can be an incredible asset in an individual’s recovery. We can all work to welcome families into the recovery process as part of being a recovery-oriented team. ●

**Editor’s note:** Join us for the June 21 **Learn More** webinar on the Cultural Formulation Interview with guest host Chacku Mathai. [Register](#) to attend.

## National Minority Mental Health Month

### July is National Minority Mental Health Month

The U.S. Surgeon General reports that minorities are less likely to receive diagnosis and treatment for their mental health condition, have less access to and availability of



mental health services, and often receive poorer quality mental health care. Furthermore, mental illness is a leading cause of disability, yet nearly two-thirds of people with a diagnosable mental illness do not seek treatment, and racial and ethnic groups in the U.S. are even less likely to get help, according to the National Alliance on Mental Illness. During National Minority Mental Health Month, help raise awareness in your organization or community. Encourage your family, friends, loved ones, and people using your services to learn more about improving mental health and highlight avenues for wellness and recovery.

For more information, visit SAMHSA’s [Office of Behavioral Health Equity](#).

## Combining Evidence-based Practice with Cultural, Spiritual, and Traditional Interventions

By D. Joel Beckstead, PhD, APBB

Clinical Director, Desert Visions Youth Wellness Center

Located on the Gila River Indian Reservation in Arizona, the Desert Visions Youth Wellness Center is a 24-bed youth residential substance use treatment center serving American Indian/Alaska Natives. In 2009, the facility's CEO, medical director, and I went on a listening tour, visiting tribal leaders and practitioners to gather feedback and assess the quality of Desert Visions' services. Almost unanimously, the comments focused on the facility's ineffective treatment of youth with behavioral and emotional challenges. At that time, Desert Vision was seeing high rates of early discharge, resulting in missed opportunities to provide treatment and lay a solid foundation that would aid recovery.

In 2009, we recognized a pattern of staff recommending discharge for adolescents who had difficulty controlling their behavior or engaged in behaviors such as fighting, tagging, or threatening peers. Feeling overwhelmed and not knowing how to handle these situations, they would state that the youth "were unmotivated." We needed to change the culture and train staff to handle these more serious behavioral challenges without immediately moving to discharge.

Desert Visions' Executive Team investigated ways to address the shortcomings identified during our listening tour and improve the center's outcomes. Recognizing that providing staff with quality, evidence-based training would be costly, the team applied for and received a six-year grant from the Indian Health Service's Methamphetamine and Suicide Prevention Initiative (MSPI). A pilot demonstration project, MSPI supports the use and development of evidence- and practice-based models that are culturally appropriate prevention

and treatment approaches to substance use and suicide within a community-driven context. The grant funded staff training in dialectical behavior therapy (DBT), an evidence-based practice and modified form of cognitive behavioral therapy developed to help individuals whose needs have often been unmet by conventional services.

Research suggests that incorporating culturally based practices into services can serve as a protective factor and increase recovery levels. To increase the likelihood of recovery and decrease the frequency of relapse, Desert Visions needed an evidence-based approach that allowed us to incorporate Native Americans' traditional, spiritual, and cultural practices. I contacted Marsha M. Linehan, PhD, a psychologist and developer of DBT, and explained our difficulty engaging youth in treatment and offering modalities compatible with traditional concepts and practices. She agreed to assist with the project and provided training and consultation to Desert Visions' staff and practitioners.

Staff was concerned that introducing DBT would negatively affect the cultural, spiritual, and traditional aspects of the program already in place. Practitioners working with American Indian and Alaska Native adolescents are always concerned about providing quality, culturally relevant treatment and that Western-based approaches do not overshadow or exclude cultural interventions. In consultation with Dr. Linehan, the team realized that the practice of mindfulness—one of DBT's critical skills—is compatible with traditional practices. Staff operationalized cultural practices, such as the use of sweat lodges, talking circles, and smudging, as mindfulness activities. These

traditional practices met the criteria for mindfulness, allowing us to provide culturally specific treatment while being faithful to the evidence-based model.

Because staff members now have the requisite skills to support adolescents, our rates of engagement have increased.

Our emphasis has shifted to supporting adolescents in their efforts to envision and pursue a life worth living, which is a broader therapeutic goal than simply reducing difficult behavior.

Families' role in creating an environment that supports recovery is vital to DBT. Many of the skills that we teach our adolescents, we also teach their families. We offer family therapy in person, by phone, and via videoconferencing.

Desert Visions has tracked the results of this quality improvement project for more than five years, and the outcomes exceed our most

optimistic expectations. To track outcomes, we use the Youth Outcome Questionnaire–Self-Report (YOQ–SR), a validated, reliable self-report measure of psychosocial distress appropriate for ages 12–18. Our results consistently show decreases in psychosocial distress.

Read more about Desert Visions' practice of using DBT with American Indian/Alaska Native youth diagnosed with substance use disorders in the December 2015 issue of *Addictive Behaviors*.

Overall, satisfaction with our services has increased, and tribal leaders and referral sources share an improved perception of our program and services. On the parent satisfaction survey, feedback from family members is overwhelmingly

positive. Additionally, the center's average length of stay and graduation rates have increased and qualitative outcome measures show that statistically significant change is occurring.

Recovery is a lifelong journey. Desert Visions' treatment program is a beginning, not the endpoint. ●

## September is National Recovery Month

To plan and promote your own Recovery Month event, take advantage of the resources packaged in the [Recovery Month Toolkit](#).

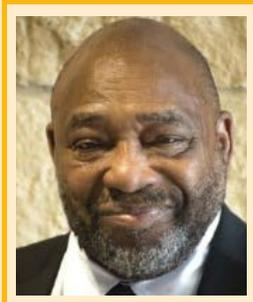
**JOIN THE VOICES  
FOR RECOVERY:  
OUR FAMILIES,  
OUR STORIES,  
OUR RECOVERY!**



National  
*Recovery Month*  
revention Works • Treatment is Effective • People Recover  
SEPTEMBER 2016

## Family Support Is Key to Whole Health in African American Families

By Deidra Dain, Guest Writer



**William Lawson, MD, PhD, DLFAPA**  
Associate Dean for Health Disparities  
University of Texas at Austin Dell Medical School

**W**illiam Lawson, MD, PhD, DLFAPA, has spent decades researching and teaching about the powerful and important need to incorporate family support into recovery for people with serious

behavioral health conditions. Research shows that people of color, African Americans in particular, receive less optimistic diagnoses than do whites. Another finding is that people of color frequently do not receive necessary services, which is reflected in the health disparities among underserved communities. Dr. Lawson sees hope for improved outcomes among people of color as recovery-oriented practices demonstrate that behavioral health conditions are treatable and as partnerships with peer support networks take hold.

Family support, according to Dr. Lawson, is a significant component of a person's recovery journey. Compared to other countries, the U.S. lags in the inclusion of families in a person's care. In Senegal, for example, when a hospital admits a person for a behavioral health condition, the

facility also provides a room for family members. Underlying cultural beliefs can foster recovery, and through the help of their families, individuals are able to return to their community. Dr. Lawson points out that we can learn valuable lessons from countries achieving better health outcomes, usually using fewer resources than we do in the U.S.

"Families can provide ongoing emotional support," says Dr. Lawson, which is critical at a time when people typically feel isolated by their illness. Kinship bonds support the family and the individual, contributing to a loved one's recovery. When engaging in interpersonal therapy, for example, relationships with others are emphasized, and family members especially can offer familiar, loving support. To implement such promising practices, Dr. Lawson emphasizes the need for improved health literacy among people and their families, reduced discrimination, and increased access to behavioral health services.

**"Families can provide ongoing emotional support, which is critical at a time when people typically feel isolated by their illness."**

As director of the Sandra Joy Anderson Community Health and Wellness Center, Dr. Lawson has initiated change efforts to advance recovery-oriented

care. He and his team are enhancing mental health services with programs that provide emotional support to people and their families by linking them to peer support networks. Other significant changes include operationalizing culturally relevant screening instruments and building collaboration among practitioners. "People can recover from mental or substance use disorders," says Dr. Lawson, "and the cumulation of all parties involved in the individual's health is essential." ●

## RTP PRESENTATIONS

### Upcoming RTP Webinars and Conference Presentations

Want to hear more about the topics in this newsletter? Please join us and guest host Chacku Mathai of the NAMI STAR Center for a *Learn More* webinar to learn about use of the Cultural Formulation Interview (CFI), an evidence-based tool used to guide practitioners in understanding the worldviews of people seeking services.

#### Person-centered Practice: Using the Cultural Formulation Interview to Understand Worldviews and Inform Recovery Supports

1:00 – 2:00 p.m. (ET)

[Learn more](#) or register to attend.

JUN  
21

#### American Psychological Association Annual Convention

Denver, Colorado

[Learn more](#) or register to attend.

AUG  
4-7

Join us for the final installment of our three-part **Spring Webinar Series**. This series examines how recovery-oriented practitioners and organizations can identify, access, and partner with everyday community resources to help people expand their connections in communities of their choice.

#### Integrating Community Resources into Person-centered Plans

1:00 – 2:00 p.m. (ET)

[Learn more](#) or register to attend.

JUN  
14

If you missed the first two webinars in this series, you can access them [here](#). RTP will also be hosting another three-part webinar series on shared decision making later this summer. Watch your e-mail for more information.

#### 10th Annual National Peer Support Conference

Philadelphia, Pennsylvania

Pre-conference Institutes and Events:  
August 22 – 25

[Learn more](#) or register to attend.

AUG  
26-27

## UPCOMING EVENTS

#### 26th Anniversary of the Americans with Disabilities Act

*A Project of the ADA National Network*

[Learn more](#)

JUL  
26

#### SAMHSA's Voice Awards

*Strengthening Families through Hope and Help*

[Learn more](#)

AUG  
10

#### National Health Center Week

*Celebrating America's Health Centers: Innovators in Community Health*

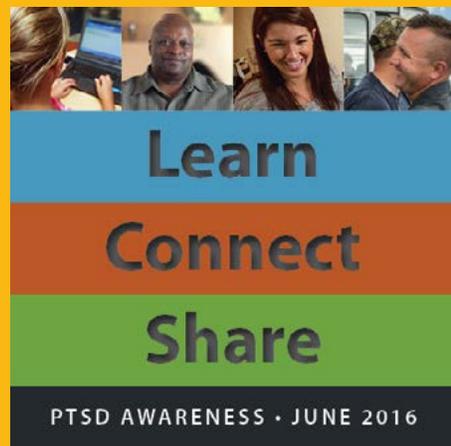
[Learn more](#)

AUG  
7-13

#### June is PTSD Awareness Month

*Learn. Connect. Share. You can make a difference: Help spread the word about PTSD and effective treatments.*

[Learn more](#)



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