

## **Innovations in Counseling (Part 10 Session 3)**

### **Creating Opportunities for Change: Counseling Women of Color With Substance Use Disorders**

Webinar Follow-up Question and Answer Session With Yvonne Ward, PhD, NCC, LCMHC, LCAS, CCS, QS

**Question from M. Green:**

How would you address barriers for adolescent girls to seek treatment for substance abuse? Often times adolescent age brings more risk of the onset of substance abuse. Being that they are minors, how would you address the barriers of the entire family?

**Answer from Presenters:**

I think it is important to be familiar with resources in your community, and I would also make every attempt to engage the family in the therapeutic process. In addition to a thorough assessment of the teen/adolescent to assess the level of risk and substance use concerns, I would request to meet with the referring family members. Helping families to understand the family as a system and providing support and resources for the entire family, up to and including family session, if and when appropriate, can be beneficial and support positive outcomes for the identified client.

**Question from K. Wallace:**

How have you worked with pregnant women seeking addiction treatment, especially in regard to those marginalized populations that challenge feeling safe with "others" or those in mandated reporting jobs?

**Answer from Presenters:**

The agencies and organizations I have worked in did not specialize in addiction treatment for pregnant women/women of color/marginalized groups. What would be most important for me would be to ensure that the individual seeks medical attention to ensure there are no immediate medical issues or concerns that need to be addressed. Completion of a thorough clinical assessment to assess the client's strengths and areas of need, then taking a look at the available resources in the community and working collaboratively with community partners to assist the client in addressing substance use issues while do what can be done to ensure the safe welfare of the unborn child.

**Question from S. Simon:**

I'm wondering if any of the research you have seen has included trans women of color?

**Answer from Presenters:**

The research did not specifically focus on trans women of color. This is a gap in the research and literature that could definitely be further explored. I do however supervise staff that facilitate a program specifically for the LGBTQIA+ community that's inclusive of all individuals that identify with the LGBTQIA+ group. My staff and I are continually working to ensure that we practice from a perspective that is culturally diverse and culturally competent. We are inclusive and work really hard to create a safe and welcoming space, meet the clients where they are, and work closely with our community partners to connect clients to resources in the community to meet their needs. We have partnerships with Duke University, RAIN, ID clinics, Public Health, and others, helping clients to get connected to PCP, medications they may need, obtain housing, and any other services such as mental health and substance use services.

**Question from F. Martin:**

what are the parameters of gender-responsive treatment?

**Answer from Presenters:**

The parameters for me would be to ensure that we do no harm to the clients that we serve and to integrate best practice models into the work that we do while meeting the unique needs of the clients being served.

**Question from A. Vosburg:**

You talked about walking through the pain. How can we aid the client in doing this and enable them to progress?

**Answer from Presenters:**

I think the most important piece of this process is helping the client to identify the pain, acknowledge their feelings, help them to reconcile that some stress, anxiety, pain, and discomfort is normal. Helping individuals to quantify their pain on a scale of 1 to 10, finding out what has helped them in the past. Teaching grounding techniques, helping people to forgive, not to forget, but to truly forgive, and then helping to embrace that the only thing they truly have control over is themselves and how they respond to the environment. Some clinicians say EMDR is helpful others say that ACT (Acceptance and Commitment Therapy) is another useful treatment model for helping people identify the issues and commit to change.

This Ted Talk will also shed some light on the construct of pain. <https://youtu.be/9b6pnImR0-I>

**Question from D. Purvis:**

What assessments have you found to be more culturally relevant?

**Answer from Presenters:**

The assessments I have had the opportunity to review, or use do not have a specific culturally sensitive lens. I prefer to facilitate a comprehensive clinical assessment and incorporate culturally competent questions into the assessment to capture the world view of the client I am working with. I may incorporate other assessments such as the Beck Depression Inventory, the MAST/DAST/SASSI to evaluate other life domains as well. I think it is important to remember that clients are more than numbers and not that the numbers might not be useful, but they are not the only method for evaluating clients and identifying needs.

**Question from F. Martin:**

Examples of culturally sensitive SUD assessment tools?

**Answer from Presenters:**

There is tons of information on culturally diversity, culturally competent services and how to deliver services with a culturally competent lens, however, I have been unsuccessful in identifying a culturally sensitive SUD assessment tool that is a comprehensive reflection of the needs, issues/concerns, impact of SUD on individuals of color. This is definitely an area for continued research, development of additional assessment tools and facilitation of longitudinal studies to evaluate if and how the information gained from those tools impact treatment protocols and long-term recovery processes.