

WEBINAR VIDEO TRANSCRIPT

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Providing Culturally Competent Mental and Substance Use Services

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IMANI THOMPSON: Good afternoon, everyone. My name is Imani Thompson, and I'd like to welcome you to the Minority Fellowship Programs, providing culturally competent, and mental, and substance use services webinars. This webinar is brought to you by SAMHSA Minorities Fellowship Program Coordinating Center. Disclaimer, the views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center of Mental Health Services, the Substance Abuse and Mental Health Services Administration, SAMHSA, or the US Department of Health and Human Services. Today's objectives for this webinar, during this webinar, participants will understand the disparities in mental health and substance use services in minority populations, discuss the tenets of culturally competent and mental substance use services, explore ways to incorporate cultural competency standards into practice.

I'd now like to introduce today's presenter. Mr. Mark Sanders is an international speaker, trainer, and consultant in the behavioral health field whose work has reached thousands through the United States, Europe, Canada, and the Caribbean, and British Islands. Mark is the author of five books which focus on behavioral health. Recent writings include, Slipping Through the Cracks, Intervention Strategies for Clients, Multiple Addictions, and Disorders Recovery Management, and Relationship Detox, Helping Clients Develop Healthy Relationships in Recovery. He has had two stories published in The New York Times best-selling book series, Chicken Soup for the Soul.

Mark has been a Certified Addictions Counselor for 34 years. He has received numerous awards, including a Lifetime Achievement Award from the Illinois Addictions Counselor Certification Board, and the Barbara Bacon Award for Outstanding contributions to the social work profession as a Loyola University of Chicago alumni. Mark is Co-Founder of Serenity Academy of Chicago, the only recovery high school in Illinois. He is past President of the Board of the Illinois chapter of NAADAC. He has had 30 year careers as a university educator, having taught in the University of Chicago, Illinois State University, Illinois School of Professional Psychology, and the Loyola University of Chicago School of Social Work. Mr. Sanders.

MARK SANDERS: And thank you, Imani. And thank you, Salina. Thank you, Ina. And good afternoon, everyone. About four years ago, I was flying in from Arizona to Chicago where I live.

And on the plane next to me was a man who had earned six Purple Hearts. And how do you earn a Purple Heart? I'm glad you asked. Bravery.

He was about 95-years-old, a World War II veteran. In other words, for three and 1/2 hours on this flight, I'm sitting next to the bravest human being I ever met in my life. And at one point he says, Mark, what do you do? I say I'm a social worker. I'm an educator. I give speeches. I talk to social workers, therapists professional counselors, psychologists. And he told me to tell you, thank you for your service.

Thank you so very much for your service. Know that I know that the world cannot compensate you enough for the work that you do. A few years ago, I read a book called Good to Great. And the author says you can tell what's most important to a society by its tallest buildings.

You see, 100 years ago, the tallest buildings were churches. Today, the tallest buildings are Fortune 500 companies, and Fortune 100 companies. But the author said that no society is great just because you have tall buildings and Fortune 500 companies, and Fortune 100 companies. Society is great if you have great counselors and great psychologists, great marriage and family therapists, and great social workers.

So if you're in a room, and there's a mirror anywhere near where you're sitting, I invite you to look at yourself in the mirror and repeat these words to yourself, this is your lucky day. You're looking at greatness. Just take a moment if you would and just claim that. Thank you so very much.

So the presentation today is entitled Providing Culturally Competent Mental Health and Substance Use Services. People often ask me, what qualifies me to talk about cultural competence? They say, did you go to the university and then get a degree in cultural competence? And I quickly answer that my number one credential in being able to talk about culture and cultural competence is the fact that I went to a very culturally diverse high school.

There were about 40 different ethnic groups in my high school, and every language under the sun was spoken in my high school. And as a 14-year-old freshman, I went out for the basketball team. I became a starter. It was myself, a white player, a player from Saudi Arabia, a player from Mexico, and a player from Puerto Rico. We were like the United Nations of a basketball team. And everyone on the team had an accent except me.

Actually, did you know that you have an accent? If you don't believe you have an accent, go to Australia. Some of you go to Mississippi, you will discover you have an accent. We had a hard time communicating with each other as freshmen, so we lost all our games that year.

But by the time we became seniors, right, we started winning. But winning wasn't the most important part of my high school experience. The most important part was spending the night over my teammates' houses. And I'm telling you, they're folks from all over the world. And spending the night at my teammates' houses one of the things I learned is that you can meet

someone who on first glance, you don't think you have much in common with. And you spend a little time with them, and you will discover at least one thing you have in common.

As a matter of fact, when I do this presentation live, I often ask people to look around the room, the participants, and everyone in the room to try to spot the person in the room who on first glance they think they have the least in common with. And one time I gave that instruction, and there was a married couple in the class. And they were looking at each other, and wondered how had been together for 25 years without having a whole lot in common with each other. They were like ships passing through the night.

But for the purposes of presentation, the greatest thing that I learned coming out of my high school happened when I was a senior in high school. Actually, it happened 15 years ago. And no, I wasn't a senior in high school 15 years ago. It's been a long time since I walked across the high school stage.

But here's a story, and you will start looking at our PowerPoint slide. When I was a senior in high school, I participated in a sport called cross country. How many of you are familiar with cross country as a sport? We ran three mile races in the woods in November, cold outside, freezing, with shorts on. And I had a teammate who was Cuban.

My Cuban teammate was the best run runner on the team. And he invited me to live with he and his family my senior year in high school. So he and I can get up every morning at 5:00 AM to run five miles. Sound like fun? I agreed to live with his family for two reasons.

One, his mother physically resembled my grandmother. And my grandmother is my heart. And number two, my friend's mother, she can really cook like my grandmother. OK, I'll stay. Now, she didn't speak a word of English. And every night she would cook me these elaborate Cuban meals.

And without saying a word to me, she would always set the food directly in front of me. Then she would always sit directly across from me while I ate the food smiling. I knew the smile meant I expect you to eat every drop of the food on the plate. She'd smile, and I'd go to school, wake up the next morning, run five miles, where she always ushered me in the kitchen where she always fixed the warm breakfast.

Now, when I ate the breakfast, she would always sit directly across from me smiling. I knew the smile meant, I expect you to eat every drop of food on the plate. And I've been in contact with my Cuban friend for 40 years. And he has said to me for 40 years, my mother asks more about you than all my other friends.

What about your friends from Cuba? She asks more about you than all of my friends from Cuba. She's always on my mind as well. Every Mother's Day, my first stop is to her house where I bring her the largest bouquet of flowers.

15 years ago, my friend's brother who was about 35-years-old had a brain tumor. And before I could visit the hospital, visit the brother in the hospital, the brother died. And five days later, they held the funeral. And I invited my wife to the funeral chapel for support. And as soon as I walked in the funeral chapel, the mother spotted me standing in the back, and she said in Spanish, he's family. Sit in the front row. Family is one of the few words I understand in Spanish, so I sat in the front row.

That night as I was driving home, I was crying hysterically, so angry with myself, because I never learned to speak Spanish. And all I was thinking is that if I had learned to speak Spanish, I could've shared with the mother how I felt about the fact that she had just lost her son, that I somehow could have helped her with her grief. The next day was the burial, and the mother was standing next to me crying. And a voice came into my head and the voice said say, something to her. Just say something.

So I reached over and gave her a hug, and I whispered in her ear the first words I'd ever said to her in my life. I said to her, I love you. And she said to me, I love you too. And that was the first time we'd ever spoken.

So now I'm driving home. I'm feeling a little better. My wife looked at me and she said, you know, you and your friend's mother have a very peculiar way of communicating with each other. What you have is the purest, the best form of communication. What you have is a heart-to-heart connection.

So I went to school. And like you, I have lots of books. And the purpose of every book I ever read on being a therapist, the purpose of the book was to put something in my head so that I could reach a client's head. What my high school experience taught me, my Cuban mother taught me that connecting with another is not so much about the head. It's about the heart. There's no defense against a loving, caring heart.

Matter of fact, I'm convinced that the head will say yes to counseling after the heart has said yes first. The human heart, a loving, a caring heart is the one thing that I know that is stronger than biases, assumptions, and stereotypes. We're going to spend time today talking about making human connections.

Welcome. I'm glad you're with us. So we're going to talk about disparities. We're going to talk about people of color who are seeking help voluntarily less frequently than say, white Americans. And there's a number of reasons why.

The first we have is historical experimentation and mistrust of institutions. So I have on the screen the cover of two books. The first on the left is called Medical Apartheid. And it tells the story of 400 years of medical experimentation on African-Americans and other people of color, 400 years of medical experimentation.

I read that in the 1700's gynecologists would experiment on African-American women, on Black women. They would boil them in water to see how much pressure they can take, these new cures, without any anesthesia, these new cures. And then there's the book to the right, *The Immortal Life of Henrietta Lacks*. If you have not read that book, it's a worthy read.

Henrietta Lacks had cancer, and she died of cancer. And unbeknownst to her and her family, right, it was a prestigious University, Johns Hopkins University hospitals kept her stem cells without her knowing, without her family knowing, or their permission. And they use her stem cells to discover cures for all kinds of illness. They were put to use to help humanity, but they weren't given permission to do that.

The end result of reading these two books, it sort of sends the message that as people of color in general, African-American specifically, you can't trust institutions. Tuskegee was not the first experiment that contributed to that mistrust. But let's take a moment to talk about the Tuskegee experiment. Between the 1930's and the 1970's, there were these African-American men who had syphilis. So they went to the clinics in Tuskegee, Alabama, and told that they were receiving medicine, antibiotics for syphilis, but they actually were receiving something like a water pill. And what the medical community wanted to discover was how would syphilis spread if untreated.

This was discovered in the 1970's. And because of that, a law was passed that said, in the future, if ever you do research with human subjects, you have to document how you're going to make sure you do no harm. That came about as a result of the Tuskegee experiment. So lots of this medical experimentation gets passed down with communities of color throughout the generations verbally.

So about a year and a half ago I asked my 18-year-old nephew, I asked him was he planning to get a COVID-19 vaccine. And he said, no, I'm not going to get that shot. He said, remember Tuskegee? And I'm thinking, the Tuskegee experiment happened 40 years before he was born, but somehow that got passed down to him, the message, you can't trust hospitals. You can't trust institution.

Other reasons for disparities include, decreased funding in communities of color, lack of quality services, racism of service providers, sending the message, you're not welcome here. Also, too we know that services may not reflect the needs of the community. One of my greatest experiences, I did lots of work with Southeast Asian communities, Laotians, Cambodians, Vietnamese, and members of the Hmong community. And sometimes, they would resist the services, and primarily because they didn't have a voice.

Non-Southeast Asians would put together these programs, and say here, this our gift to you. The community was saying, no, that's not what we want. That's not what we need.

And also, another reason for disparities is the absence of culturally competent and culturally responsive services. So we begin with the definition of key terms. The first is cultural

competence, the ability to substantially understand, communicate, and interact effectively with people of different cultures. Are you sitting down?

So here's what I believe after doing this these trainings for like over three decades. I now believe that cultural competence is an impossibility. We can strive for it, but I'm convinced that people never really arrive. In other words, I believe that you can read 300 books on Chinese culture, and there will still be some aspects of Chinese culture that would confuse you. The next definition of culture humility, a lifelong process in which one first increases self-awareness of their own culture.

You know how much I'm still learning about my own culture? Let me ask you a question, find your chat feature. What's the reason that African-American History month is in February? Would you put that response in chat? Why not March? Why not July? Why February? And Salina, Ina, you can let us know what the response is.

SALINA TEWOLDE: Yes. So so far we have it's the shortest.

MARK SANDERS: How about that?

SALINA TEWOLDE: And then someone else also said, it has the least amount of days.

MARK SANDERS: Oh my goodness. OK. Here's the answer, Carnegie put African-American History month the second week of February. And historically, it was known as African-American History Week. And then it spread to African-American History month. He put it in February to celebrate the birthday of two men, one was Abraham Lincoln, whose birthday is February 12th, after Abraham Lincoln signed the Emancipation Proclamation.

Here's a question, how many of you have gone to a church service on New Year's Eve, on New Year's Eve? Did you know the tradition in that in African-American communities? It was December 31, 1862, and Africans that were enslaved in the South heard that at midnight Abraham Lincoln would sign the Emancipation Proclamation, and they would be free. By the way, that church service in African-American communities is Watch Meet service.

So here's what they did, they crowded into churches, and got on their knees and prayed, and watched the clock. They were watching the clock believing that once it struck midnight, they would be free. Carnegie also put African-American History month in February to celebrate the birthday of Frederick Douglass. His birthday is thought to be February 14, Valentine's Day.

Did you know that I discovered in the last three or four years that Frederick Douglass was the first prominent American who was in recovery from alcoholism? Did you know that? His famous quote is that we can't stagger the freedom. He said, I'm free, but what good is it to be free when I'm enslaved to liquor? What he wrote in his autobiography is that those who enslaved the Africans, who beat them Monday through Friday, tortured, abused them, worked them to

death Monday through Friday, and then they would allow them to drink alcohol on the weekends on Saturday.

And once they tasted the medicine for the trauma, they would never want to escape. And thus, he believed that alcohol was a way to control the enslaved. So he gave up alcohol, and he became one of the leaders of the Black Temperance movement.

Oh, there's so much. There's so much to know. For instance, you know, National Hispanic Heritage month is in the middle of September, September 15 to the middle of October, October 15. Most months, for example, Women's History month is the whole month of March, the first through the 30th. Pride month, national Pride month, the first day of June, the last day of June. What's the reason that Hispanic Heritage month begins in the middle of September and ends in the middle of October?

What I learned, always learning more, was years ago between September 15-October 15 is when the majority of Hispanic nations in South and Central America received their independence from European rule. Cultural humility is a lifelong classes in which one increases self-awareness of their own culture, biases, assumptions, and stereotypes, and along with the ability to challenge their own beliefs when interacting with others. Cultural humility involves the ability to acknowledge in one's own knowledge a lack of knowledge of one's own knowledge of various cultures, and an openness to learning more.

Cultural humility is a continuous process, not a destination. In other words, I'm suggesting that cultural humility is a much more realistic goal than cultural competence. You continue to learn more.

Third definition is cultural responsiveness. It involves recognizing and incorporating cultural assets and strengths which clients bring to helping relationships. Cultural responsiveness includes responding to the unique needs of individuals, groups, and communities served. But we're going to spend a little time talking about what culturally responsive organizations do.

The first is they help to create a welcoming environment. Have you ever gone to a restaurant or a hotel and you felt a sense that you weren't welcome there? There are people who enter behavioral health systems seeking help and don't feel a sense of welcome.

I want to take a moment to talk with you about a program. In 2020, NAADAC, the National Association of Drug Abuse Counselors awarded this program the program of the year. And when you walk inside of the facility, the first thing you notice is the decor in the waiting room. So there's their waiting room.

I should tell you that this program is located on the west side of the city of Chicago, the economically poorest part of the city with the most people returning from prison from those zip codes, with the highest unemployment rate, the lowest income, et cetera, lots of poverty. And their clients walk into this space, and that's the first thing that they see. As a matter of fact, I

talked to some of their clients and they told me, I came in feeling a sense of hopelessness. And when I saw that chandelier made out of antelope horns, it gave me hope that anything is possible. Every room is spectacular.

Clients told me that when they showed up there, they felt a sense of what Martin Luther King Jr. called a sense of being somebody of somebodiness. The environment matters. This particular program, when you walk in, the first thing you hear is music. Get this, music that reflects the culture of clients being served.

So I talked to the executive director. I said, how do you know which music to play? Here's what he said. I sit in the waiting room, and I watch clients listen to music. Whichever ones they sing along with, clap their fingers to, stomp their foot to, that's the type of music we play. We want to make sure that through our music, we're letting the clients know that this place is for them.

They offer their clients a snack. As a matter of fact, let me lean in. This program has clients that are economically poor. They actually feed them breakfast and lunch from the garden, from the organic garden they have in the back of the facility. By the way this garden, right, is really all the vegetables are grown by the clients themselves. They've discovered that it's therapeutic.

By the way, I'm going to share with you some work that I've done with mandated adolescents, African-American, Latino, Hispanic adolescent mostly males who are mandated. And so in the program where I work, these young people would come in, and we would always offer them a snack. What I can tell you is this, I have never seen a teenager angry by eating a snack.

The receptionist, let me ask you this, have you ever worked with a receptionist that has a really bad attitude? Let me tell you why. Receptionists are usually the lowest paid individual at the organization. They answer phones throughout the day. Everybody who walks through the door is on their caseload. They're exhausted. When they're not answering the phone for client appointments, they're often dodging bill collectors.

And know that I know, and I know that I'm going to share this with you, that client engagement and creating a welcoming environment for clients does not begin with a therapist, or a psychologist, or the marriage and family specialist. It begins when the person calls the agency, and they walk through the door, and they meet the receptionist. The receptionist is amongst the most important people as it pertains to keeping clients engaged in the helping relationship.

So important that Dr. Ken Minkoff from Harvard University created a workshop called, How to Create a Welcoming Environment. His audience was not psychiatrists, or psychologists, or social workers. They were receptionists in behavioral health.

So this program that thinks outside of the box, they hired a receptionist that has a master's degree in psychology. One of the best engagers of clients in the whole agency is their receptionist. They simply told me that we want our most engaging staff member to welcome

clients into the agency, to handle their phone calls when they call, the pictures on the wall and the magazines, for they tell a story of who's welcome and who's not welcome.

Years ago, I worked at an agency, and we received a phone call from a man by the name of Marv Dyson, who was executive director of the WGCI radio station, 107.5 FM, at that time, the number one African-American radio station in the country. Marv Dyson said, we heard that your agency is really good working with clients. We want to hire your agency to work with our radio personalities right?

He said, but before we hire you, we'd like to take a tour of your facility. Marv Dyson got off the elevator and looked at the pictures on our wall, he looked at me and he said, no pictures of people of color on the wall, no pictures of women on the wall, no women on the wall, no contract. He got in the elevator. He was gone like that. And that was 30 years ago.

And since then, I asked the question, when clients come in seeking services, do they look at the pictures on our wall? Do they see images of themselves on our wall? For our walls send the signal, who's welcome, who's not.

One agency called me because 85% of their clients were missing their second outpatient session. The national average is 50%. 85% was missing their second session. So they said, can you help us? I said, I'd like to sit in the waiting room, because I'd like to view the agency from the perspective of new clients coming in.

I sat for two days. I was bored sitting in a waiting room, so I started thumbing through the magazines in the waiting room. There was Good Housekeeping magazine, Oprah magazine, and Martha Stewart magazine. There work with Latino Hispanic gang members. Who are the magazines for.

Then I asked them, how come when these young men come in seeking services, the first person that greets them is armed security? You ever imagine that they might have traumatic stress symptoms emerge when they see armed security in a behavioral health institution where they're seeking help?

This program that I'm talking about has pictures on the wall that reflect the client's culture. As a matter of fact, they have art classes there. Much of the artwork has been drawn and painted by their clients. When clients come in, they offer them a tour, you know, hospitality, the same kind of hospitality that you would give to someone who is a guest in your home. We want to show you around.

The bathrooms are there. You can get water over there. Oh, we have a soda machine there. You can hang your coat here. Oh, this is my co-worker, Sheila. If I'm not here, feel free to talk to Sheila. Walking side by side, which is how equals walk.

In other words, engagement doesn't begin when you go out there and you meet the client, and they come your office. It begins with the receptionist greeting, all right, and a tour. They use a drop-in center model. They work with clients that have a hard time keeping up with appointments, so they have appointments. But they also have it where you can drop in.

Interesting programming, not just group therapy, individual therapy, and family therapy. You have movement there, dance therapy, yoga, art therapy, singing classes, to make it interesting. And then there's a vibrance. Have you ever visited a behavioral health setting that felt like you were going to a funeral? In this program, they have about 40 students, graduate students. And as you know, graduate students bring a lot of energy, a lot of intellectual energy to facilities.

We're talking about creating a welcoming environment, and a cultural responsive program. So I encourage organizations to get together the staff, and ask themselves a series of questions. In order to create a welcoming environment, what do we need to keep doing? What do we need to stop doing? What do we need to change? And what do we need to start doing that we're not currently doing?

When we're talking about cultural responsiveness, the next point I have suggested is we want to focus on client strengths. You know, so many people of color feel like they've been torn down in society, right, negative stereotypes. You know what doesn't help? Our intake experiences.

An agency called me told me that 65% of their clients are missing their second outpatient session. The national average is half. Whenever they ask me, can I help them, I always say, can I see your intake form? Because sometimes, the absence of engagement begins at intake.

So I looked at his agency's intake form, and one of the first questions is, what's your address? Let me ask you a question, in the state where you live, are there any addresses that are stigmatized? See, some of these clients were living in addresses that they were ashamed of.

Next question was, what's your phone number? I sat and observed the session. And the counselor asked the client, what's your phone number? He put his head down, no eye contact. He said, my phone was disconnected six months ago. He was embarrassed. What's your income? You see, private practice income is one thing.

This was a publicly funded program. And most of their clients were receiving SSI, Social Security. The average income was between \$300 and \$600. You ever ask a man how much he makes a year? Go to a party and ask a man who he is, he'll tell you what he does. I saw clients put their head down and say, I don't have a job. I have no income. Embarrassing.

Do you have custody of all of your children? You know, how many clients due to mental illness, or substance use disorder lost custody of their children. Then we go down a list of what drugs have you used. How many times have you been in treatment? How many times have you relapsed? In other words, how many times have you failed?

Have you ever been diagnosed with a mental illness? And how many times have you been hospitalized. And how many times have you wound up in the emergency room in a mental health crisis? Have you ever attempted suicide? We have to ask these questions.

To that costing question, the client puts his head down, and says four times. Now, he's thinking that you're thinking that he can't even kill himself. Have you ever been arrested? Have you ever had a felony. All of these questions at intake at so many agencies is about how you messed up your life.

So I discovered if we want to empower in this work, we want to focus on strengths, asking questions like, what do you do well? And what skills do you have that enabled you to endure so much? You see, it's real clear if you have Native American ancestry, an African-American ancestry, a Latino, Hispanic ancestry, an Asian ancestry, you come from a cultural group that has experienced lots of historical trauma.

That's a trauma question. What skills do you have that have enabled you to endure so much? When I think about that second question, I think about my grandmother. My father died smoking crack cocaine May 29, 1986. My grandfather responded to the death of his only child, my father, by having a heart attack. He died. We think he died of a broken heart.

My grandmother responded to the death of our immediate family, her husband of over 45 years, and her only child, my father, by having a stroke. Some people love so strong that they feel the grief in their body. She had a stroke. She never walked again.

When my grandmother at that stroke, the whole neighborhood grieved, because she used to cook for the neighborhood. She used to cook for the neighborhood. They grieved. They miss her cooking. She had depression right after my father and grandfather died. She didn't eat very much. She lost a lot of weight. She became really frail.

A decade later, my grandmother died. And the plan was for me and my siblings to plan her funeral. How are we going to do that? Because when she was alive, she did all the planning. My brother wandered through the house and said, go and get her Bible. You turn to the section called the 23rd Psalm, and you'll know exactly what to do.

The 23rd Psalm was a section of the Bible that my grandmother recited when she felt stressed. We turned to the 23rd Psalm, and lots of little pieces of paper fell out of the Bible onto the floor. She kept them near the 23rd song. They were difficult to read, these notes.

They were difficult to read, because my grandmother wrote these notes laying upside down on her back while she was bedridden. We put the notes in order. One note read, at my funeral, I want to wear my hair the way I wore it in the 1940's we did the best we could.

Another note said, at my funeral, I want to wear a white dress and a red rose. We got my grandmother a white dress and a red rose. Another note said, I would like for Sister Sarah to

sing "Amazing Grace" at my funeral. That song has never been sung more beautiful. Another note said, I would like for Reverend Emmett to preach my eulogy.

My grandmother wrote, would you ask Deacon Jones to say a few words at my funeral? I know he's shy. Ask him anyway. The Deacon went up there with his head down. He said a few words. He did a good job.

Final note said, I would like for all five of my grandkids to speak at my funeral. We all spoke. Following the funeral, there was a burial, and I'm in the limousine. Even though my grandmother looked so frail, the last decade of her life so helpless and frail, the last decade of her life, she was powerful beyond measure. She was so powerful that she was able to plan her own funeral.

I never looked at people the same since. Huerter said, nobody rides to low expectations. He went on to say, see a person for who they are, they only become worse. But see them for who they could be, they become who they should be. How have you been able to endure so much? What do you like to do in your leisure time?

I asked a man, an African-American male, he was 70-years-old court mandated, have you ever worked with a court mandated 70-year-old? He told me, I've forgotten more than you'll ever know about this stuff. He had been using heroin for 50 years. He wasn't connecting with me until I asked him that question, what do you like to do in your leisure time?

I don't like to talk about it. He's OK, I'll tell you. He said, I play the drums in my leisure time. He said, have you heard of Miles Davis? You ever heard of Miles Davis? He said, so when Miles Davis would come to town, I was his local drummer.

Would you like to see an album cover where I was listed as a drummer of Miles Davis? I'll bring it next week. We're guaranteed at least two sessions. You see, once he knew that I knew that he was a jazz great, that changed everything.

What are the three best moments you can recall in your life? See, that strength-based question makes the assumption that maybe that person had accomplishments before substance use disorder, before schizophrenia. And what's the best thing you ever made happen? Very empowering question.

And what is your previous or current life suffering preparing you to do with the rest of your life? That question comes right out of logotherapy, where Viktor Frankl believes that people find a sense of purpose through life pain. And what have you learned from what you've gone through? You see, these questions make it difficult to keep clients in little boxes, to stereotype, simply by focusing on strengths, which can be empowering.

Number three, the helper strives to turn implicit bias into explicit bias. You see, once biases become explicit, then you can work with that. But our hidden biases determine things like how

close we sit to someone, things like how much eye contact we make with people, who gets hired, who gets promoted, who gets life saving medication, who gets offered pain medication when they go to see the dentist or a doctor, or when they're trying to withdraw from heroin?

Did you know that stereotype says that people of color can tolerate more physical pain than others? So therefore, they've done some studies to indicate that when a person of color, African-American, Latino, Hispanic, et cetera, are in physical pain, they're much less likely to be offered pain medication. Who wants to go back to the next visit while in pain? Implicit biases can impact psychiatric diagnosis, who gets attended to first in emergency rooms, who is worthy of our energy when they seek help, who gets handcuffed first before they're actually charged with a crime.

So here's our gift, Freud said that countertransference, that is, the negative reactions that we have to clients, should be avoided at all costs. And modern analysts believe that countertransference, our negative reactions can be a gift, because they can give us some insight into our implicit biases. Client feedback on how they influence-- are they're experiencing our words, and our behavior, and give us some hints, some clues into our implicit biases.

Number four, the counselor allows the client to be the teacher about their culture. That sets up an egalitarian relationship. It sends a signal that I know about counseling, but you know about your culture. You become my teacher.

The counselor addresses microaggressions. My definition of microaggression is the direct or Indirect conscious or unconscious insult, slights, and discriminatory messages. That only 7% of what gets communicated are the words that come out of our mouth. We ought to be paying attention to how clients are receiving our words, and how they're responding to our behavior.

There's a man by the name of Dr. Kenneth Hardy that was having a conversation with the grandson of Irvin Yalom. And he told Irvin Yalom, when you insult someone, when you insult a client, the last thing you want to do is start explaining yourself, or justify. You really want to listen to how your words are harmful.

There are many micro-aggressions experienced for example, by members of majority groups. Assumption that I'm racist, I discriminate, assumption of wealth. Assumption that I did not earn what I have. Also, micro-aggressions experienced by members of minority groups, assumption of intellectual inferiority, second-class citizenship, criminality, assumption of homogeneity of experiences, beliefs, and interpretation.

Here's a question. Let us chat. What percentage of African-Americans live in poverty? Would you put your response in the chat?

SALINA TEWOLDE: So far, we have 65%, 30%, 80%, 25%.

MARK SANDERS: So let me share this with you. Thank you so very much for sharing that. So Eugene Robinson, a Pulitzer Prize writer wrote a book on African-American communities. He identified four to five subgroups within the community-- within African-American culture.

If you have a pen, work along with me. One subgroup he called the cultural elite. That includes the politically powerful, the economically wealthy, et cetera. Some of the individuals he named includes like Barack Obama, Michelle Obama, Oprah Winfrey, John Johnson. They have economic power. Some have political power, et cetera.

Another subgroup that he talked about in the book are individuals who are biracial. That includes individuals like Halle Berry, Barack Obama, and Don Lemon from CNN, and Tiger Woods. He talked about another group called the emergent. And these are individuals who migrated, emigrated to the United States from the Caribbean Islands, like Trinidad, right, or from Africa. These immigrants who became citizens, who when you talk with them, they never were a part of a Black American urban culture. They bring their own cultural experiences to the United States.

Another group is the middle class, which, by the way, is the largest group. The great majority of African-Americans if you look at US poverty line, is the middle class. And then 25%, not 80%, not 70%, not 50% live in generational poverty. He calls that group the abandoned. But often, when we talk to people, it's like everybody's economically poor. And sometimes, we treatment plan, because the stereotypes, they lump us all together in one group.

There's a book called The Sunflower. In the book, The Sunflower, there's two parts to the book. The first part of the book tells the story of a Nazi during World War II who was hospitalized in Poland. And he wanted to apologize to a Jewish person before he died. So the nurses went all around the hospital trying to find a Jewish patient that could walk, so that he can receive this apology from the Nazis.

So they found a man. He went into the Nazi's room. When the Nazi said to the Jewish patient I want to apologize to you, because me and several Nazis, we burned up a house, and there were 40 Jews in that house, and they all burned and died. And the Jewish patient got up out of his chair, and he stormed out of the room. That's the first half of the book.

The second half of the book are the opinions of clergy of all denominations, including famous clergy like Desmond Tutu. And what they're answering is the question, should the Jewish patient have received the apology from the Nazi? And I read everybody's opinion. And the one that resonated with me the most is the opinion of one of the rabbis who said, homogeneity, and the lumping of people into one group is how events like the Holocaust happen.

In other words, we see you all the same. So if one of you are guilty, you all are guilty. And so it didn't matter whether that Jewish patient was from the same country as those that they burned down in the house, or whether or not they knew them. Any Jewish patient will do.

And as I read that book, I thought about the Central Park Five who clearly were innocent. But when you have homogeneity, treating people as if they're all the same, it doesn't matter whether you're guilty or not. You're guilty. The way that shows up in our work is through homogeneity connected to treatment plans, treating every Latino Hispanic as if they're exactly the same with treatment plans, or the individuals have Japanese heritage, or Chinese heritage, et cetera.

The counselor is aware of intersectionality, and addresses this with clients. Intersectionality involves an awareness of how the life of a counselor and the life of the client are similar, and yet, different. So you may be working with someone whose cultural background is similar to yours, and yet, there may be these differences. But I'll just give you an example. I was working with an African-American male who was a client, and he was complaining of like race discrimination at work. And he was also talking with me about his partner, and about his family, and his place of employment.

And I said to him, what you've been sharing with me about discrimination at work, I feel like I've had that experience myself. And I said, and yet, I have no idea of what it's like what you share with me about what it's like to be in love with your partner, and you feel like you can't bring him around, can't bring your partner around, because your place of employment is homophobia. And you feel uncomfortable bringing your partner around your family.

I haven't had that particular experience. You've had some experiences I haven't had. I'm going to learn a lot from your experiences. If I ever say the wrong thing, feel free to bring it to my attention, because there are some things that I just simply don't know.

I have a colleague who is white who grew up in a small town on a farm. He works with African-American, Latino Hispanics. And he addresses intersectionality early in counseling by making statements such as, I imagine you're wondering how I as a middle-aged white male who grew up on a farm can understand your experiences as an African-American, or as a Latina who grew up in Chicago in Humboldt Park on the West Side. You've had some experiences I haven't had. I'm going to learn from you. If I say the wrong thing, bring it to my attention, because I want to be helpful, not harmful. And the counselor advocates for clients.

So let me make a bold statement. You're sitting down? When I was in graduate school my professor said to me, that you cannot be at your best as a social worker unless you're willing to get yourself fired. I said, what? He repeated it. You said, you can't be at your best as a social worker unless you're willing to get yourself fired.

He said, if you're only doing therapy, you can be part of the problem, because there are sometimes systems out there that are oppressing clients, and you're doing this therapy and nodding your head, you need to advocate for your clients too as a part of cultural responsiveness. And so I had a hard time advocating until I read a book by Derrick Bell, called *Ethical Ambitions*. In the book, Derrick Bell outlines the five things that it takes to be a great advocate for clients.

And the number one is passion. And there's several parts to passion. A, it's energy. In order to keep your energy high, we have to guard against burnout and compassion fatigue, because you might be working with a clientele that you really love working with, but if you had no energy, then you might cease to be an effective advocate. Another part of advocacy is for the clients themselves.

You see, when you're getting your advanced degree, congratulations, for what you've accomplished, chances are that you will be an administrator, or supervisor, director within five years of your graduation. And that could move you further away from the clients that you're serving. There was a man by the name of Gary Denson that was CEO for a nonprofit organization for 35 years, and he always worked with one client, even the CEO, because he never wanted to lose contact with what was happening in the lives of clients. It takes courage to be an advocate for clients.

So when I was reading the book, *Ethical Ambition*, Larry King was interviewing the daughter of Malcolm X, and the daughter of Martin Luther King Jr. And Larry King said to both daughters, your father are very courageous. The daughters said, no, actually, our fathers were afraid a lot, because they knew people wanted to assassinate them. Did you know that Dr. King was afraid sometimes, and Malcolm X feared for his life?

But the daughters said, our fathers were so passionate about who they were advocating for, they moved past the fear, and they advocated anyway. Derrick Bell says, it takes faith to be a good advocate for those that we serve. If you are working in communities of color, some of the same negative experiences that your clients have outside of the organization, they can have within the organization, microaggressions, less energy to serve, racist experiences, et cetera. So you step up.

Derrick Bell says it takes faith. And that faith he says, is the belief that if you stand up for truth and justice, you'll have consequences, but you'll be vindicated in the end. If I could just give you some history examples, Abraham Lincoln was assassinated. But to this day, he's considered either the first, or second, or the third best President in US history. He is celebrated for the stance that he took.

Dr. Martin Luther King Jr. was assassinated. And every January we celebrate his birthday. Mahatma Gandhi was assassinated. He's celebrated all over the world. Muhammad Ali was stripped of his title. He wasn't able to box for three years, because he refused to fight in the Vietnam War. And because he took that stand, because he took that stand, for the last three decades of his life every time he walked in a room, he received a standing ovation.

Colin Kaepernick stood up for individuals who look like me. You see, I saw Colin Kaepernick before he made it to the NFL, before the Braves, before the African Braves. You know how he looked when he was in college? Like a white male with a tan. He was standing up for folks who look like me.

And like when you stand up for your clients, the one client that you work with who is transgender, the one Latino Hispanic client, when you stand up for your clients, the one Asian client, there will be consequences. But like Colin Kaepernick, look what happened. The owners of football was like, he'll never play football again.

And a few years ago, Nike honored Colin Kaepernick because he took a stand with a \$140 million contract. He never has to play football again. And if you remember after George Floyd was murdered, people all around the world took a knee like Colin Kaepernick. And you know what? I never thought I'd see this happen in my lifetime, he took a stand. He might wind up signing a contract with the Raiders to play professional football again.

Then it's really important in our work to incorporate culture and evidence-based practices. So let me ask you this question, in this era of evidence-based practices with mental illness, and substance use disorders, few if any models have been intentional about integrating or incorporating cultural competence into the model. All right. You went to school. You studied evidence-based practices.

Here's your question. Can you name in chat any models that have been intentional about incorporating cultural competence, and cultural responsiveness directly into the model, where you can pick up a book and read how that model was intentional about incorporating cultural competence and cultural responsiveness? Would you put that model in chat if you know of any? I've been asking that question for a year. Nothing hardly comes up.

SALINA TEWOLDE: We have one response so far, narrative. And then we also just received, common factors approach.

MARK SANDERS: OK. So we'll talk about both. But in other words, very few, and my hunch is the way narrative does it is allow the individual to tell their own stories, which of course, can be influenced by their cultural experience. So very few. And then Dr. Bacon through his research that, "Techniques alone have no therapeutic value."

So we go to school. We get these certifications, these licenses in various types of therapy like EMDR, DBT, mindfulness practices, yoga psychotherapy, all of these techniques. And Dr. Bacon says, guess what? He says, "Techniques alone have no therapeutic value." A technique is only valuable if the client finds it credible, and you have a good relationship with them.

If you don't have a good relationship with clients, they may not trust your techniques. You're asking the client to close your eyes and meditate, and they don't trust you. So they meditate with one eye open, and one eye on you. Psychotherapy is a process driven by beliefs, expectations, and suggestions. Charisma and believability is what makes some therapists much more effective than others in engaging clients in facilitating change, not your grade point average.

You're being the Magna cum laude, or the salutatorian of your school has nothing to do whatsoever in terms of your ability to engage clients, and help to facilitate change. Charisma and believability. If you have a pen, would you work along with me? I'm going to share with you five things that are considered to be a part of charisma among therapists.

Work along with me. I think you will appreciate this. According to Dr. Bacon, empathy is charisma. Empathy is charisma. As a matter of fact, I looked at 40 years of psychotherapy research, 40 years that research indicated that those of you who have the most empathy, connect with clients best. Not those of you who know the most about EMDR or DBT, but those of you who have the most empathy connect best.

When we're doing cross-cultural work, we have the work often to increase our empathy, right, understanding the world, the perspective of clients. Number two on the charisma, is a sense of humor. Oh, it's clear that those of you who have a good sense of humor, that humor shows up in the therapeutic relationship, the research suggests that you will engage clients more effectively than others. In fact, I looked at one study that indicated that when clients laugh in therapy, they will hold more eye contact with you.

You know why? Because laughter increases trust. Maya Angelou said some of the most profound things about humor when talking to Oprah Winfrey. Maya Angelou said, that the shortest distance between two people is a good laugh, is a good laugh. She also said that only equals laugh with each other. Think about that.

You're working with clients right now. We're talking about communities of color, all the stereotype, all the negative images, all the negative feedback, plus diagnosis. Client comes in feeling that they're here, you're here. And then you laugh together, and it equalizes the relationship. In cross culture communication, Maya Angelou told Oprah Winfrey that it's impossible to hate and laugh at the same time. When you and clients can laugh together, it facilitates bonding.

Number three under charisma is sincerity. When clients trust that you and I are sincere, it helps with engagement. Number four, energy is charisma. If you show up with genuine energy, the client senses that you really want to work with me. And finally, number five, a deeply held belief in the capacity of individuals to change and grow is charisma. A deeply held belief in the capacity of individuals to change and grow is charisma. You probably don't even say the words that I believe you can change, but the client feels it, and believability.

Let me share with you a story. A few years ago, I was leading a group, a therapy group with these seven teenage girls. And all seven of them were trauma survivors, and they used drugs every day to cope with the trauma. And between these seven teenage girls, they had a grand total of seven days of recovery. In other words, the only recovery those girls had was that day.

And I heard that in the residential facility where they were receiving services, there was a 19-year-old emerging adult woman in the same building with three years of recovery. So I'm

thinking the same thing you're thinking right now. We need her in this group, so her recovery could rub off on them.

Did you know that recovery is contagious? Sometimes, all you have to do is put a client near recovery, and they can catch it. I called her therapist, and she joined the group. The therapist says, no, she's doing well all by herself. She has three years of recovery. No, she doesn't need the group.

I called the second time. Can she join the group? No, she's doing fine all by herself. Three years of recovery, she doesn't need the group. I call the third time. And maybe there's something magical about three. Her therapist says, OK, she can join the group. Turns out she wasn't doing fine.

She attended her first group and said, I was going to relapse today. Our timing was impeccable. She was going to relapse that day. Second group she attended she said, Mark, I want to be a social worker. I want to help girls. And I said, you can be a social worker. You can help girls.

She showed up the following week, and she said, last week when you said I could be a social worker, I cried all week. She said, I had four therapists before. I told them all I wanted to be a social worker. Not one of them said you can do it.

And I told her, my friends, there's only two things that qualify a person to do the work that you do. You're either an expert. You've gone to a fellowship. You studied how to do this work. Or you're a witness, you've lived it. Like the other girls, this client, the 19-year-old had witnessed domestic violence while growing up. Her father would abuse her mother in front of her.

And at age 13, she herself was abused by an uncle. She was a witness. She had lived it. When I said, you can be a social worker, she was in community college studying general studies. She met with a school counselor, declared her major social work. She received an associate's degree in social work. Then she went to university, and she received a bachelor's degree in social work.

It was March of 2018, she called me and said, I'm in the agency lobby. Would you come to the lobby? I have a surprise for you. When I made it to the lobby, she was wearing a sweatshirt from the University of Chicago. And she showed me where the University of Chicago honored her with \$50,000 in scholarship money towards her MSW. And I watched her walk across the stage June 15, 2019, where she received her master's degree in social work.

I got to tell you this, she's Latina. She grew up in Chicago. And she called me one day while she was working on her MSW and said, like all these other women, they're from the suburbs. They talk all proper. They don't have accents. And I have an accent.

And I just quickly reminded her that you speak with an accent, but you don't think with an accent. There's no relationship between how you speak and how you think. Plus, you speak two languages. I imagine that most of your classmates speak one language.

Then after she graduated she said, how did you know I could get that MSW? And why did I believe you? So let me share with you how I knew and why she believed. You see, some of you are more believable than others. Some of you can tell the client this medication will work. Yoga will work. I believe that group therapy will help you, and they'll go, because they believe you.

So why'd I believe you? Here's my answer that I'm going to share with you. It's because I'm a trauma survivor. When I was in third grade my mother left my father. That was traumatic. When I was in fourth grade, my mother remarried my stepfather, who was addicted to heroin.

She would leave the house, and take care of him while we as the kids took care of ourselves. And he would come home, and he would physically abuse my mother in front of the kids. And she would beat us in front of each other. And that was traumatic.

When I was a junior in high school, my father went to the penitentiary for selling drugs. About seven years later, my father was found dead in the closet at work smoking cocaine. 20 years ago, I had a child die.

Let me tell you why she believed me. Like many of you, I'm a resilient trauma survivor. So I'm thinking unconsciously, if I handled all that, of course you can get that MSW. She did it. When we have empathy, warmth, and genuineness, charisma, and believability, that facilitates a lot of rapport, and a lot of change in counseling, particularly when we're doing cross-cultural work.

If therapists do not understand their own diverse identities, do not examine their own isms, their own racism, their own sexism, their own homophobia, their own ageism, do not strive to practice cultural humility, do not learn from their counter-transference reactions, that is, the negative reactions that we might have towards clients, no amount of training in CBT, these evidence-based practices, motivational interviewing, EMDR, DBT, prolonged exposure therapy will allow us to do our best work with clients. So as much as we're learning about therapies and clients, we also want to learn a lot about ourselves. I offer this to you that you can do at a later time. It's sort of ask six questions to help us think about what we learned when we were growing up, and how it influences our work today.

So we're going to talk about the integration of culture and evidence-based practice. We're going to use two or three therapies as a case study. This one is called Feedback Informed Treatment, made popular by Dr. Scott Miller and Barry Duncan. And what that research indicated is client feedback is even more important than supervisor feedback in terms of how effective you are at doing this work. In other words, your supervisor can watch you work with clients through a one way mirror, and conclude that you walk on clinical air. But if clients don't come back, it doesn't matter as much.

And what they discovered is that you want to get client feedback at the end of each session. So they created what's called the client rating scale. Now, we have these five stars here, but really, it's simply a horizontal line. Where you ask clients to draw a vertical line through the horizontal line about how satisfied were they with the session today.

And once they draw the vertical line, you simply ask them questions like, what would it take for you to move your line a little further to the right? And whatever they say, you try to do it. Client feedback is a better predictor of outcomes than approach based upon diagnosis, than DSM-5 diagnosis, et cetera.

So the session rating scale is not the only way to get feedback. You can ask questions like, how was the session today? What worked? What did not work? What would you like to do different in the next session?

And then you can integrate culture by asking clients questions such as, how do you view this challenge from your cultural perspective? From your cultural perspective, what causes this challenge? And from your cultural perspective, how should the challenge be addressed?

I want you to pretend. Another evidence-based practice is called use of motivational incentives. I want you to take a moment to pretend that you are stranded on a desert island, and they're going to rescue you. And while on this island, you can have one piece of candy. Would you put in that the one piece of candy that you want to have with you if you were stranded on a desert island? What would you want? One piece of candy.

SALINA TEWOLDE: Snickers, 100 Grand, Reese's, church peppermint, and Sour Patch.

MARK SANDERS: Oh my goodness. You know, Salina, if we could see their eyes as they talk about this candy, some of them their eyes are so big it looks like they're talking about crack cocaine instead of candy. There was a doctor-- we're going to talk about an evidence-based practice called the use of motivational incentives. A doctor that worked with heroin users, he started to offer his clients a piece of candy at the end of each session. And then he found out if you gave clients a piece of candy at the end of session, they were more likely to come back to the next session.

So he started offering every other client, a random study, every other client a piece of candy at the end of the session, and found out that those that received the candy were more likely to come back to the next session. So he wrote an article. He received a phone call from the National Institute of Drug Abuse, and they talked with him about a few trials, and a new evidence-based practice called the use of motivational incentives, or contingency management, where they actually paid them to offer every other client their favorite piece of candy. And those that received the candy were more likely to come back than from the rest.

I did a therapy group in Gary, Indiana with women who lived in public housing. They were economically poor. And these women were using cocaine and heroin. And the program was brought right to public housing, making it easy for the women to access the services.

And the first day I showed up to do this educational group, one of the women, one of the clients reached for a bottle of water. The staff frowned, and the staff member grabbed the

bottle of water from the client's hand and said, we don't give clients bottles of water. Now, that bothered me. It pissed me off. I know pissed me off is not a technical term, but it bothered me.

So I took matters in my own hands. Near my house is a grocery store in Chicago, and a Dunkin' Donuts. So every Friday before I drove to Gary, Indiana, I would stop at the grocery store, and I would bring the women orange juice, water, and then Dunkin' Donuts donuts. Attendance tripled on Fridays. Women started coming to me saying, I don't know why, but when I go to bed at night Thursday night, I find myself dreaming about donuts. Donuts was increasing attendance.

Eventually, we changed what we were providing to fruit, strawberries, and grapes, and apples. And once we had the attendance, we were able to maintain the attendance. There's an evidence-based practice that falls under the umbrella of contingency management called the fishbowl technique. And a colleague of mine uses fishbowl technique with men of color that were HIV positive.

And all of these men have psychiatric diagnosis. They all had a substance use disorder, and they were economically poor. And this was a group intervention. A group attendance amongst these men was about 10%, about 10% regular attendance. And then she learned about the fishbowl technique.

And these incentives that can be provided to these men for attending the groups. So there's a fishbowl in the group room. And inside of the fishbowl are 250 raffle tickets. And each time these men would show up for the group, they get to draw from the raffle ticket. What's written on 125 of those raffle tickets, that is half out of 250 is congratulations for attending the group today. Keep up the good work.

Any of these men who draw that particular raffle ticket, the rest of the group will clap for them that day. These men carry a lot of stigma, racialized stigma, poverty-related stigma, HIV stigma, psychiatric diagnosis stigma, et cetera. So what they discovered is that a round of applause was reinforcing for their clients.

50 raffle tickets, we thank you for coming to the group. You win a small prize. The value of the small prize is \$5. Another 50 raffle tickets, thank you for coming to the group. You win a medium size prize. The value is \$10. 24 raffle tickets, thank you for coming to the group. You win a large prize. The value of the large prize is \$15 to \$20. And one prize left, the grand prize, a flat screen TV.

And all of the prizes sit in the group room on the table. And every time a client comes to group, they get the draw from the fish bowl, and they can bring the prizes home that day. Once she instituted this exercise, how did her attendance change? It went from 10% regular attendance to 95% regular attendance. And clients started coming more frequently on time. Why'd they show up? Because they wanted to win the prizes.

By the way, what are the chances that a person will actually win that flat screen TV? One in 250. And the day that the funding source showed up, a crack cocaine user won the flat screen TV. They followed up six months later and said, what did he do with that flat screen TV? I know some of you are thinking he sold it for crack.

He donated it back to the program. You know why? Because he was in recovery for four years. What the research says is that when these incentives are most valued is the first 90 days after the last time someone has gotten high. Once they've been in recovery for about a year, a new reinforcer kicks in called gratitude. He wanted to give back to the program that saved his life.

I know some of you are thinking, you're not going to pay clients to do what they should be doing anyway, except all of the products they use in this program back then were donated by Walmart, K-Mart, Sears, when they were open, and church groups. They were all donated. But we discovered that even if they bought the incentives, if the program bought the incentives, that it was less costly paying for these incentives, \$5 and \$10 incentives than one of these men winding up incarcerated for a year. For it costs \$40,000 to incarcerate and hold them in the United States for a year. And yet, they have these free incentives.

So I became curious. I mentioned that I would talk with you about my work. I do lots of work with mandated Latino Hispanic, African-American males between ages 16 to 25-years-old who all have post-traumatic stress disorders, and substance use disorder. Their medicating the trauma with the use of alcohol and other drugs. Lots of resistance to discontinuing drug use, or even going to groups.

So we brought in the fishbowl technique. And the first thing that we discovered is that if these incentives are to be reinforcing, they have to reflect what's desired by the group. So these young men like anything that had a Nike logo on it, Chicago Cubs hats, especially 2016 when the Cubs won the World Series, anything that had a Yankee logo on it, anything that had Michael Jordan's name on it. And the prize incentives was a \$5 gift certificate to Target, and then a convenience store called 7-Eleven.

And why were those two incentives the most value? Because the program where we did the group intervention was directly across the street from a Target and a 7-Eleven. So these clients that win the gift cards can go and purchase something right away. And what we discovered is that once we brought in these incentives, all the resistance that you tend to see amongst adolescents and young adults, all the resistance was gone.

And we were able to teach these young men-- What we learned over a six month period is that 90% of them either maintained their recovery the whole six month period, or dramatically decreased their use. We could justify this, even if these things were not donated, and they were donated. How did we justify? Because it costs in my state \$90,000 to incarcerate an adolescent for a year. And they were all on probation.

So this worked really, really well. We began to wonder what would happen if we did this same type of program with adolescent girls of color, Latinas and African-American adolescents. So what we had to do was change the incentives. So we had like gift cards. But the grand prize was a gift certificate to a woman's clothes to a called Forever 21. And they showed up regularly for the prizes. And then we could help maintain their goal, recovery.

The counselor incorporates aspects of the client's culture into the recovery process. That's important in being culturally responsive. So as you know, Native Americans have the highest alcoholism rate historically in the world, and so do members of First Nation tribes in Canada. And I want to share with you a program.

There's a group of First Nation tribe in British Columbia, Canada called the Alkali Lake Tribe. And this tribe went from 100% alcoholism to 95% recovery. And they maintained a 95% recovery rate for 35 years. Let me repeat that.

Their culture was taken away. They were terrorized. Their children were placed in boarding schools. They were massacred. They had 100% alcoholism rate to deal with the trauma, but they maintained the 95% recovery rate over a 35-year period. How did they do it? One recovery at a time.

They brought Alcoholics Anonymous to their tribe. They would encourage members of the tribe to go into treatment. And get this, while they were in treatment, the rest of the tribe would come together and repair their house, paint their house, offer new pictures if they wanted new pictures, decorate the house. The tribe believed that if you came home to a new environment, that would help you with your recovery.

They returned to their tribal religion and cultural practices. They reinstated the chief and tribal council. By the way, this is happening all over the country. And there are Native American tribes in the United States that are putting together 40%, and 50%, and 60% recovery rates by returning to the culture that was stolen from them.

They improved the schools. They did prevention and treatment simultaneously. And as a result of turning the culture, they were able to maintain a 95% recovery rate over a 35-year period. So the question I invite you to ask yourself, is it possible for us to sprinkle, to incorporate aspects of clients' culture into our treatment planning, into our recovery planning, et cetera.

For example, there's a substance use disorders program that has instituted celebrations to reflect culture within their program. They celebrate for example, Malcolm X Day. Who by the way, Malcolm X was in recovery. The Frederick Douglass Recovery Day, right, the incorporation of recovery in the culture within the practices that we are using.

So let me pause and find out if anybody has a question. Sometimes people are a little nervous to ask the first question. So who has the second question? Let's talk.

SAM HEATH: Hey, Dr. Sanders. Is it OK if I ask a question?

MARK SANDERS: Well you know, I'm not a doctor. You know what, in African-American culture, if you're really good at something, they may call you a doctor, like Dr. J, like Dr. Dre who can rap. But thank you, yes, I'm ready. What's your name?

SAM HEATH: Sorry. I'm Sam Heath. I thought you were a doctor. Please forgive me.

MARK SANDERS: Thank you, Sam. I'm just old me. Thank you, Sam.

SAM HEATH: No problem. I was struggling to formulate this into a question, which is why I didn't type it in the chat. But briefly, you spoke about of making a sacrifice to sew into the future when you mentioned the Dr. Kings of the world, and the sacrifices that they made for the long-term success. When you mentioned if you want to be good at this work, you've got to be willing to risk it all.

MARK SANDERS: Yes, I think.

SAM HEATH: I guess the question that I have is when you start making that type of risk, how do you speak to the immediate needs that one struggles with as opposed to just seeing the long-term benefits of that sacrifice?

MARK SANDERS: Yeah, and it's really hard to see it. But every now and then, Sam, I meet somebody who needs to stand up-- whose needs to stand up for truth and justice kind of outweighs the immediate consequence. But that's not the story for everyone. You know, Sam, all over the world revolutions happen on college campuses.

College students are bold. They speak up. They protest their cafeteria. They start sit-ins. Like, there's a University in Chicago that has its own police force that was routinely frisking men of color that walked through the neighborhood. The social work program walked out and protested that at that particular university.

So what happens? College students are so revolutionary. But what happens? Well, we graduate. We get into credit card debt. There's student loan payments, rent or mortgage, and sometimes, we stop speaking out.

So I think it helps to have other people that are advocating with you. It helps to have mentors that can help guide you in that particular type of advocacy. It helps to have examples. So I gave examples of famous people, but I've met people in human services who had consequences for speaking up, and they too wound up vindicated.

An example was that there was one program, one substance use disorders program that was using punitive like confrontation measures. One of the counselors said, over my dead body. They fired her. And she wound up being the lead counselor at another agency.

So I know it's not always easy, Sam. I put that out there as a seed. I didn't have the courage to be willing to get myself fired until like a decade ago. But I knew about it for like 30, 40 years, But it increased. Sometimes people leverage what they have. They might have a business on the side, their own practice on the side, that type of thing, strong relationships intact. Great question.

SALINA TEWOLDE: Thank you, Mark. We also got two more questions in the chat. The first one is, what is your working definition of culture? And the second, how do you go about incorporating culture into a client's treatment plan?

MARK SANDERS: Yeah, so my definition of culture has a lot to do with how a group of people come together and socialize children. And so they have these ways that they come together. In cultures-- it's actually broad, so if for example, you take Native Americans, you have all these tribes, and each one has a different culture. So that's my thought about culture.

But let me give you one more example, and I wish we had more time. So a number of years ago, me and seven African-American social workers, we took a trip to a country called Ghana located in West Africa, and learned about rites of passages. And by definition, the rite of passage is a culturally prescribed ritual that transitions say boys into men, girls into women, the next phase of growth.

And so we came back, and we were working with African-American young men and women on probation. So we took what we learned from Ghana West Africa, sprinkled that with like young African-American hip-hop culture. We created this group intervention where we would have a group name, a group mission statement, a group logo, explore the history of their own name, do a family tree.

Wherever there's a rite of passage, there's a coming back, and then there's a going. Secure a library card, Social Security card, state ID, and a voter registration card, read two books on their culture, do a community project, something to uplift the community, and then do some type of personal growth work. So let me suggest to you in this era of evidence-based practices, we never should become so evidence-based that we forget to be creative.

For example, I have colleagues that work with Southeast Asian communities, and as part of the intervention they teach language, and they teach song. There's a Native American woman who I know whose sobriety wasn't NA or AA. It was a march, a walk that Native American tribes took from California to Washington DC.

And as they continue to travel, more and more tribes joined this walk for recovery. She joined in Colorado. She walked 1,000 miles. And on the journey, she learned to speak her tribal language. She learned to do tribal dances. By the time she got to DC, she was in recovery.

So it's possible. We should just not forget creativity and how important that is. So Salina, we're winding down, so I want to ask a question to the group. Then I'm going to share a story with the

group. And if you get the chance, you can share with them my email address. And you all when you see my email address it's AOL. And you say, well, why does he have an AOL email address? It's because I still have abandonment issues.

So here's what I want to ask you. I've learned throughout the years it's not so much what I teach, but it's more about the action you take. So here's the question. What action will you take when our webinar is over as a result of the time that we spent together today? What will you do with this information, with your action?

SALINA TEWOLDE: So we have Sherritt, getting a bag of candy from my clients. First, reflect and then attempt to incorporate the information, and stay humble, and keep learning from my mistakes.

MARK SANDERS: You know, I want to wish you all the very best, because you really are the future of this. I wish I could actually see you, but you really are the future. And we can't do this without you. So thank you so very much.

So here's the story. My mentor's mentor was dying. And he called my mentor and asked my mentor to fly from Florida where he lived to Kalamazoo, Michigan and said, will you fly to Kalamazoo, sit near my bed side, and help me write one more article before I die. My mentor got on a plane and flew from Florida to Kalamazoo, Michigan.

He's sitting near his mentor beside and said, listen, I love you, but this is really strange. Why are you writing this article on your deathbed? You've written 500 articles. You have revolutionized behavioral health through your pen. Why are you writing this article on your deathbed?

His mentor quoted that philosopher who said that each of us dies twice. He said, the first time you die, it's a physical death. They'll have a funeral for you. And the next time you die, it's the last time someone on Earth speaks your name. And if you keep helping people, there'll be people speaking your name for a long time.

Thank you for all that you do, and all that you're committed to do. Thank you so very much. And Salina, and Ina, and Imani, thank you for inviting me to do this presentation. Thank you so much.

IMANI THOMPSON: Mark, thank you so very much for this insightful, encouraging, powerful presentation. We truly enjoyed ourselves. And we just want to thank you for your time, and just encouraging everyone on this chat, and everybody on the webinar today. So thank you so much for your work.

MARK SANDERS: Thank you. Yep, and wishing everybody well. So I'm going to sign out. I'll see you later.

IMANI THOMPSON: We want to thank you, Mr. Sanders, at this time, and we will answer as many of your questions as time-- actually, we don't have enough time to answer any questions.

MARK SANDERS: You know, if you send them to me, I'll respond right away. I'll send them back to you, my answers to them.

IMANI THOMPSON: And Mr. Sanders email is found in the chat. If anybody needs it, it is in there for you all to send the rest of your questions, or field any other information to him. We would like to thank our presenter, and we'd like to thank all of you, our presenters, for joining us on this webinar today. We hope that you will be inspired by the information that was presented today as you continue to work.

In closing, we would like your feedback on this webinar. Upon leaving the webinar, use the new browser window that should pop up that will indicate a link to the survey. You may also access the feedback survey link inside the chat. This concludes our webinar. Thank you all so very much.