Transcript:

Cross Cultural Counseling For African Americans With Substance Use Disorder (M.4)

Presenter: Mark Sanders
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MARK SANDERS: And I begin this webinar with a quote from Muhammad Ali and a story from Muhammad Ali, as I visited the Muhammad Ali Center in Louisville, Kentucky. So here's the quote. "If you're thinking is the same at age 50 as it was at age 20, you've just wasted 30 years of life."

Would you join me in giving Great Lakes ATTC a virtual round of applause for sponsoring these webinars that help further developing our learning? And here's the story. So the story had it that when Muhammad Ali was in the peak of his career, he was invited to a home with people living with Alzheimer's to cheer him up.

So Ali walked in the room. And there were 20 people in that room living with Alzheimer's. He said, "The champ is here. I'm the greatest of all time. Don't you recognize me?"

Nobody moved. Nobody blinked. No one recognized Muhammad Ali.

He walked into a second room. And there were 20 people in that room living with Alzheimer's. And Ali said, "The champ is here. I'm the greatest of all time. Don't you recognize me?"

They didn't blink. They didn't move. They didn't recognize Muhammad Ali.

He walked into a third room. And there was an 85-year-old man in a room by himself staring out of the window. And Muhammad Ali walked up to him and said, "The champ is here. I'm the greatest of all time. Don't you recognize me?"

He didn't move. He didn't blink. He didn't recognize Muhammad Ali.

And as Ali was leaving with his entourage, the 85-year-old man said, "Hey, Champ? I recognize you. All my life I wanted to meet you, Champ.

You're my boyhood hero. Finally, my boyhood dream has come true. You're the greatest of all time-- Joe Louis!"

And Bundini Brown ran up to the 85-year-old man and said, "That's not flatfooted Joe Louis. That's Muhammad Ali! Float like a butterfly, sting like a bee."

And Ali said, "Cool it. Cool it. Didn't you hear what he said? He said his boyhood dream was to meet his hero." He said, "Never kill a person's dreams."

Mental illness, depression, suicidality, homelessness, addiction, kill dreams. And those of you listening to this webinar are the individuals who encourage clients to dream about what's possible for them in recovery. So I salute you for the work that you do before we get into our content.

Our presentation today is entitled Cross-Cultural Counseling with African-Americans with Substance Use Disorders. And people often ask me, say, Mark, what qualifies you to speak on cultural competence? Did you go to a university and get a degree in cultural competence?

My answer is that I moved a lot when I was a kid growing up. I could be in the Guinness Book of World Records as to the person who attended the most kindergartens. I attended three kindergartens in one year. We were constantly moving.

When I was a small kid, we lived in Robert Taylor public housing on the 16th floor. These were like poor people stacked on top of each other. And my family was the poorest amongst the poor.

The challenge was that you could look out my window and see the Sears Tower. But we could never afford to go downtown. That was always my wish as a kid, was to get downtown.

When I was seven-years-old, my family moved to Englewood, not Englewood, California, but 63rd Street on the South Side of the city of Chicago. So now I'm further from downtown. At 14, my parents separated and divorced.

My dad moved north, really close to Wrigley Field, where the Cubs lost for 113 straight years. So at age 14, I packed my bags and I went to live with my dad. Talk about culture shock.

I spent the first 13 years of my life living in total segregation, only at age 14 to be surrounded by people from all over the world. I went to Lakeview High School. There were about 40 different cultural groups representing at my high school. That was my introduction to diversity.

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 that you have an accent, go to Australia. Go to Mississippi. And you will quickly discover that you have an accent.

We had a hard time communicating with each other as freshmen. So we lost all our games that year. But eventually, we started winning.

But winning wasn't the best part of the whole experience. The best part of my whole high school experience was spending the night over at my classmates' house. One of the things I learned spending the night is that you can meet someone who on first glance, you don't think you have much in common with.

You spend a little time with them, you will discover at least one thing you have in common. You know, in live seminars, I often ask people in the audience to look around the room and spot the personal on first glance that they think they have the least in common with. And one time, I invited the audience to do that, look around the room, spot the person on first glance who you think you have the least in common with.

And there was a married couple in the class. They were looking at each other, wondering how they'd been together for 25 years without having anything in common whatsoever. You know one of the greatest lessons, I'd say the greatest lesson that I learned about communicating with someone whose background culturally is different from yours happened when I was a senior in high school. Actually, it happened 10 years ago.

And no, I wasn't a senior in high school 10 years ago. But here's the story. When I was a senior in high school, I participated in a sport called cross country, kind of a strange sport. We ran three mile races in the woods in November with shorts on.

I had a teammate who was Cuban. And my Cuban teammate invited me to live with he and his family my senior year in high school. So he and I'd get up every morning at 5:00 AM to run five miles. Sound like fun?

I agreed to do it for two reasons. One, his mother physically resembles my grandmother. And my grandmother's my heart. Number two, my friend's mother could really cook like my grandma. So I was OK, I'll stay.

And every night, his mother would cook these elaborate Cuban meals, these five and six course meals. And without saying a word to me, she would always sit the food directly in front of me. Then she would always sit directly across from me, elbows resting on the table, smiling.

I knew what the smile meant. I was expected to eat every drop of the food on the plate. I'd eat the food. She'd smile.

I'd go to bed, wake up in the morning, run five miles. And then she would always usher me in a kitchen with a smile where she always fixed a warm breakfast. And that was my communication with my friend's mother my senior year in high school. And I've been in contact with my friend for 40 years. And he has said to me for 40 years my mother asks more about you than all my other friends.

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

About 10 years ago, my friend's brother had a brain tumor. And before I could make it to visit his brother, his brother died. And five days later, they had the funeral. And I walked in the funeral chapel. And I was sitting in the back row.

But the mother who was sitting in the front row spotted me sitting in the back. And she said in Spanish, he's family. Sit in the front row. And I sat in the front row.

And I was driving home that evening following the funeral. I was crying hysterically. Because I was thinking that oh, I should have learned to speak Spanish. And I was thinking about learning to speak Spanish. I could have 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.

And the next day was the burial. And the mother was standing next to me crying. And the 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 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." I'm feeling a little better.

My wife looks at me as we were driving home. And said, "You know, you and your friend's mother have a very, 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."

I went to school. And I had lots of books. And the purpose of every book I ever read was to put something in my head so I could reach a client's head.

But as it pertains to cross-cultural counseling, the way we engage another is not with our head, it is with our heart. That is the backdrop. Let us begin.

Cross-cultural counseling occurs when the counselor and the client are from different cultural backgrounds. And of course, there are many aspects of culture, including race, religion, gender identity, sexual orientation, socioeconomic status. As a matter of fact, you can have two people from the same ethnic or cultural group who geographically live in different parts of the world and socioeconomically, they may share different statuses. Even though they share ethnicity and culture, they might also be quite diverse--celebrations, histories, and language.

We want to spend a moment talking about the dynamic of difference. The dynamic of difference approaches automatically in cross-cultural counseling. With African-American clients with substance use disorders, persons from both cultures may misjudge the other's actions based upon learned expectations.

Each brings to the relationship unique histories with members of each other's culture group and the influence of current political relationships between the two groups. I'd like to share with you two stories. The first is Mike's story followed by Juan's story. Here's Mike's story.

The first time I was mandated to drug counseling, I was assigned Mary, a white female, as a counselor. As a black man growing up in the South, that made me nervous, especially when I first met her in the waiting room. I had heard the stories from my father about Emmett Till, a black male from Chicago who was accused of whistling at a white woman while visiting his family in Mississippi. He was brutally murdered by her husband and other white men.

That story traumatized me as a kid. It still does. And here I am sitting across from a white female therapist. As a court mandated client, I felt my fate was in her hands. I spotted Mary's purse on the chair on her office. It triggered the many memories of white women clutching their purses tighter when I walked past.

I found myself wondering, if we were not in counseling and I saw Mary on the streets, would she clutch her purse? In our first counseling session, Mary's first words put me at ease. She smiled and asked, so how are going to successfully help you complete probation? That question was the beginning of a good relationship.

Then there's Juan's story. I'm a Hispanic addiction therapist who grew up in Los Angeles, working at an agency that mostly serves African-American clients. Sometimes there is tension when I first meet clients because of current and historical tension between our two groups. Currently, there's a gang war and our two groups are competing for jobs.

I wanted to understand the history of that tension. And learned that in the 1960s, the Black Panthers took over a hospital in the community and demanded that African-American children be given immunization shots to prevent diseases. I learned the hospital was later named The Martin Luther King, Jr. Hospital.

Tension increased whenever demographics shift. And today, most of the patients receiving medical care at Martin Luther King, Jr. Hospital are Hispanic. This creates more tension.

Whenever I sense tension based upon differences, I talk with my clients. And I ask questions like, we grew up in the same neighborhood, where there is often tension between black and brown communities. What's it like for you to work with me, a Mexican counselor? My clients appreciate my willingness to talk about this subject in cross-cultural counseling. I also connect by discussing I have similarities.

The dynamic of difference continued. Culturally prescribed patterns they may each bring-- communication, etiquette, and problem solving, stereotypes, or underlying feelings about serving or being served by others. In previous webinars, I share the fact that my uncle Isaac was the first person in our family to ever get sober.

And he told me about his initial reaction to his counselor. He said, man, that guy was a white guy. I thought he knew nothing about urban communities. He had a bunch of initials behind his name, like you, nephew. And so I didn't think he'd like me.

And so I started telling him right away bad things about myself. And I learned that every time I told him something bad about me, he found something good in me. I told my counselor that I was a gang leader. He said, well, that means you have leadership potential.

I told my counselor I was a drug dealer. He said that means you have entrepreneurial potential. Every time I said something bad about myself, he found something good in me.

And what I learned was that he didn't have me in a box. So when I learned that he didn't have me in a box, I took him out of the box. We were going to have a human connection. Ultimately, the end result of that connection is that, as I mentioned to you in a previous webinar, my uncle being the first to get sober in our family, we count 30 relatives who are now into recovery.

When we put clients in a box, we stereotype them. And it's really important to make sure that we don't put the clients that we serve in a box.

The dynamic of difference continues. Each may have a different conceptualization of addiction, its causes, and its cure. We will talk about that a little later in this webinar. It is important for counselors to be aware of these differences and how they can impact the counseling relationship.

So what do counselors need to know about African-American culture to be effective in cross-cultural counselors? History and historical trauma-- let's take a moment and talk about history. The first Africans arrived as slaves in the Americas in 1619 in Jamestown, Virginia.

What's really important for counselors to know is that African-Americans had a history before 1619. Because many of our history books begin with slavery. But if you study that history prior to chattel slavery, there were kings and queens throughout Africa.

The Africans built the pyramids. And to this day, scientists are really baffled by how they actually built those pyramids. There were universities. In fact, one of the more famous universities, was at Timbuktu in Africa, where people traveled around the world, including all over Europe, to study at that university in Africa.

So why is it important for non African-Americans to be aware of African-American history prior to chattel slavery? We believe that it can be decrease stereotyping to know that these individuals who we're now working with came from greatness. It also challenges us to think about, if they came from kings and queens and fine universities, et cetera, and they built the pyramids, then what impact did American trauma have on those who came here, across generations?

For African-American counselors working with African-American clients, many have reported that the more they have learned about African history, the more elevated their self-esteem. And they are able to bring that increased self-esteem into their work with African-American clients. And then for African-American clients, last webinar, we talked about multiple pathways of recovery. One pathway of recovery for African-Americans is increasing knowledge of African and African-American culture, which instills a sense of pride and helps to facilitate recovery.

And then, following 1619, there was a history of trauma-- slavery itself, which lasted 250 years, Ku Klux Klan terror, Jim Crow laws, lynchings, bombings, burnings, and riots, historical trauma. There is a book that's called, It Didn't Start With You-- I'm holding it in my hand-- by Mark Wolynn. And the subtitle is How Inherited Family Trauma Shapes Who We Are and How to End That Cycle.

So often when I talk about counseling African-Americans and I bring up the Jim Crow era and slavery, often an audience member will say, wasn't that a

long time ago. And this book by Mark Wolynn speaks to that. In the book, he shares several animal stories.

And he says there's a reason why we use animal studies to understand humans. And it had a lot to do with the results of the Tuskegee experiment. So many of you listening to this webinar probably remember hearing about the Tuskegee experiment in Alabama. From the 1950s to the 1970s, there were African-Americans who had syphilis. And they went to the clinic to receive some medicine for syphilis.

And they were told that they were given antibiotics for syphilis. But they were actually giving was something like a water pill. And what the researchers wanted to find out was how does syphilis break the human body if left untreated.

Now the positive that came out of the Tuskegee experiment is that Congress passed a law that says that whenever anyone is doing research on human subjects, they have to show evidence as to how they're not going to harm a human subject. So the end result of that is that we do lots of studies with animals, particularly mice. Why mice?

Because according to Mark Wolynn, mice, as small as they are, sure 99% of the same DNA makeup as humans. So here's a study that caught my attention. They took these mice, and they put around their cage a sweet smelling fragrance. Visualize something by Estee Lauder or Yves Saint Laurent. Maybe that's the only French word I speak, is Yves Saint Lauren.

And then they introduced trauma to their cage in electric shock. And as you know, when a person is being traumatized, of the five senses, the sense of smell is the most pronounced. What the researchers discovered is that as these mice connected the smell, the sweet smelling fragrance, with trauma. The next three or four of their generation of offspring, whenever they would smell that smell-- they weren't even born yet-- whenever the next three or four generations of their offspring would smell that fragrance, that smell, they would have a traumatic stress response.

There's not only historical trauma that African-Americans experience. There's also current trauma. As we speak, all 50 states in America are both protesting and there's riots in as many cities now as there were in 1968 after Dr. Martin Luther King, Jr. was assassinated.

They are marching, and some people are rioting in response to the killing of several unarmed African-Americans recently, the most recent being George Floyd in Minneapolis by the police. So police brutality, according to psychologists, has the ability for African-Americans to trigger historical trauma. This is an example of what happens when historical trauma and current trauma meet.

We read that when slavery ended legally, it was the job of the police in the South to arrest as many African-Americans as possible to keep them in slavery. For what does the 13th amendment of the Constitution state? That no one can make you a slave unless you are incarcerated.

And why is that important? Because in many urban communities and many cities where African-Americans receive addiction services, often the first person they meet is armed security, which could be traumatic the minute they walk through the door to receive help. There's gang violence which contributes to trauma. Gun violence within African-American communities can contribute to trauma. And there's a type of trauma that I've coined myself, 24-7-365 terror, where, because of gun violence and gang violence, you live in a community where you think that something traumatic can happen at any moment.

And the way that differs from post-traumatic stress disorder is with PTSD, once you're in a safer place, you may get some rest from the trauma. When you live in a neighborhood where there's a constant threat of trauma, you never get rest. Some of the young clients I work with tell me that they smoke marijuana every day because they feel like something bad might happen to them at any moment.

What counselors need to know to be effective cross-cultural counselors with African-Americans-- the impact of interacting with different systems. You know, sometimes when I do training with African-Americans, because you know that there are some hospitals in African-American communities that are not really doing all that well. I ask my participants, what's the worst hospital in your city? And everybody has an answer.

Some African-Americans will say the local hospital in their neighborhood is known as the place where people go to die. So we have some hospitals within African-American communities that are not performing up to par. I was reading that African-American and Hispanic communities are more likely, the individuals in those communities are more likely to die of COVID-19.

One reason, according to the literature, is that so many African-Americans have had bad experiences within their local hospitals that they might sit with symptoms for a long time before they go to the hospital. And by the time they get there, it's too late.

Education, poorly performing schools, all schools are not really equal in terms of their ability to help students, nor is there money that's sent to those schools to support students. There are some school districts in some cities where the government provides $13,000 per student per year for education. And sometimes in that same state, that same city, especially for the affluent, the government might provide $30 to $36,000 per student.

In this age of computers, there are some schools in African-American communities that have a handful of computers for all the students that go to that school. So there are many African-Americans who feel like the hospitals have failed me. Schools have failed me. Behavioral health has failed me-- a combination of mistreatment, maltreatment, and microaggressions.

In the criminal justice system, the overrepresentation of African-Americans in the criminal justice system, police raids. African-Americans represent 13% of the US population and 50% of the prison population. And then, of course, there are disparities in sentence.

And then there is the child welfare system, where African-Americans are disproportionately represented there, too. We spoke earlier of that era in the 1980s where crack cocaine took over America. And that year, 1986, or just a few years later, 1995, in the midst of the crack cocaine epidemic, I had my first child.

And me and my wife were at the hospital. And most of the babies at the hospital were weighing between five to eight pounds at birth. And they were sleeping in a fetal position.

There was one baby in that hospital, I'll never forget. That baby born weighing 12 pounds, looked like a grown man. The doctor came into her room, the woman who had the 12 pound baby, and said, your baby is born jaundiced.

And you have an HMO. So you have to leave the hospital. And your baby will have to stay one more day for medical treatment for jaundice.

And I was in the room when she received that news. She was my wife's roommate. And that woman cried. No, she didn't cry. She wailed. She cried harder than I'd ever seen a human being cry in my life.

And I had an epiphany, a moment of clarity. That was a woman being separated from her baby for one day. And I thought about all those African-American women during the height of the crack cocaine epidemic who were found to be users of crack cocaine. Sometimes when they were delivering their babies, child welfare agencies would show up and take their babies away from the mothers.

I had one client that was in our county jail system. And she was pregnant. One out of 10 women in the criminal justice system are pregnant while they are arrested, or while they are incarcerated. So she had to go to the county hospital to deliver her babies, wearing a prison jumpsuit.

And I remember the hospital shackling her hand to the top of the bed, her feet to the bottom of the bed. And child welfare was in her room. She delivered her baby. Child welfare took her baby. And she went back to the county jail.

Historian William White said that one of the worst things that came out of the crack cocaine epidemic was there were lots of African-American women who stayed out of prenatal clinics for fear of having their baby taken away. There's a fellow who specializes in pharmacology named Randy Weber. He showed me an article that said that alcohol does more damage to the unborn fetus than does crack cocaine. That cigarettes actually do more damage to the unborn fetus than does crack cocaine.

But there were many women, mothers, who were stigmatized and their babies were taken away. So if we wonder why African-Americans, according to the research, seek therapy voluntarily less often than white clients and other ethnic groups, it's because of histories of maltreatment in hospitals, in the educational system, in the behavioral health system, and disproportionate representation in the criminal justice system and the child welfare system.

So counselors also need to know how discrimination, socioeconomic status, and migration can impact drug use patterns. So the research says that whenever you have an economic crisis, and by the way, as we speak, African-Americans are twice as likely to be laid off in their job during COVID-19 than others, creating a economic crisis. Historians have taught us that when there's an economic crisis, you can expect to see either a stimulant like cocaine or an opiate epidemic like heroin.

Now let's take a moment to talk about migration patterns and how they impact drug use. One example I give is that between the 1930s and the 1960s, African-Americans made that great migration from the southern states to the northern states looking for jobs. And when in the South, the center of socialization was the black church.

And before these churches were built in the North, the center of socialization became bars. Just relocation alone can impact drug use pattern. Take those African-Americans who survived Hurricane Katrina in New Orleans, who were relocated to other cities. Where clinicians are taught about that, is that you can not keep enough liquor on the shelf for these are individuals who were relocated due to Hurricane Katrina.

Family structure, extended family orientation, and taking in non-relatives is an important part of African-American culture. It's no military secret. The one reason my Uncle Isaac got sober is because 36 of his siblings and nieces and nephews all combined participated in his therapy. And he said to me, nephew, I felt like if I could recover, then somehow I could be reconnected with my family.

The importance of religion and spirituality-- so the research suggests that African-Americans have greater church attendance than other groups in this country. And I work with young African-Americans who use drugs on a regular basis, who have histories of trauma and running away from home, and

involvement in the criminal justice system. I often ask them, how did you survive all that? And their most common answer, God.

The diversity of African-American communities-- one of the questions I ask people in live seminars is what percentage of African-Americans are living in poverty. In fact, you take a moment to think about that. What percentage of African-Americans are living in poverty? And the most common answer is 75% to 80%.

Then I ask the audiences, how did you arrive at those numbers? Because we watch television. You ever notice on the news that often when they show on the news the 10:00 PM news, the 6:00 PM news, African-American communities, it's often very economically poor communities.

There's a writer by the name of Eugene Robinson that wrote a book called Splintering. And he described in that book five subgroups of African-American community. One group he called the culturally elite. These are the African-Americans with power and money, including people like Barack Obama, Michelle Obama, Valerie Jarrett, Michael Jordan, Oprah Winfrey, et cetera.

But then there's a group that he calls those who are biracial, including individuals like Halle Berry and CNN news anchor Don Lemon, and again, Barack Obama. So he's in two of those subgroups. And then we have the middle class, which is the great majority of African-Americans. About half of African-Americans are middle class. Although some may be one paycheck away from poverty, according what's considered middle class, there are many African-Americans that fall in that particular category.

There's a group that Eugene Robinson called the emergent. These are immigrants, many of whom are not US citizens, from the Caribbean Islands and from Africa. Who do quite well in America-- take those from Trinidad. Research says that those of color who migrate from Trinidad, on average, they're in the top 80 percentile in terms of economic earnings in the United States.

Then there's a group that's called the abandoned, the economically poor. Who constitute, according to Eugene Robinson, 25% of the African-American population. So what that suggests is because there's all these differences between African-Americans, then a one size fits all approach will not be helpful or effective.

Let's talk more about effective cross-cultural counseling with African-Americans with substance use disorder. I'd like to begin with the relationship. And talk a bit about the importance of joining. And by joining, by definition, what we mean by joining is small talk.

And Maya Angelou told Oprah Winfrey that only equals engage in small talk. I first became aware of the clinical technique called joining in the 1980s when I finished graduate school as a social worker. And the agency where I worked had a clinical approach called structural family therapy.

And with this structural family therapy was a minor technique called joining small talk. And its purpose was to warm the client up. And what we were taught is that we should join with the client for one minute, for one minute before we started talking about what brought them to therapy.

So I do one minute joining. And then we ask clients questions when they came in about how they traveled to get to the agency, what kind of work they do. If we were talking with children, adolescents, we'd talk about where they go to school, their favorite subject, interests and hobbies, et cetera.

But then about five years ago, I became a therapist again. I have periods when I do therapy. And then periods when I stop. And then I go back to being a therapist again. Right now, as we speak, I find myself retired as a therapist. Who knows, I might go back.

And the next population I worked with were adolescent and emerging adult African-American males on probation. All of them were mandated to be in counseling for alcohol and drugs and substance use disorder. They didn't want to be there.

So I asked myself the question, what would happen if I joined with these young men, not for one minute, but for as long as it would take to get into a rapport with them? Stay with it until you're in a rapport. I decided with this young men that I didn't have a right to ask them any personal question unless I knew we were in a relationship, in rapport first. And each of these young men, I found out as they came to my office, would make a statement based on something they were wearing.

And sometimes I would join with them around what they were wearing, such as shoes. The great majority of these young men who I worked with would come in wearing Nikes or Jordans, the most popular shoes there are in America. So there was a young man who I work with whose mother and grandmother said he needed to come see me for therapy because he was smoking too much marijuana.

Let me tell you my friends, if your mother and grandmother said you need therapy. It may as well be a judge. He looked like, when he came in, like he'd rather be anywhere but therapy with me. He looked like he'd rather eat bricks and steel for breakfast than to meet with me.

I looked down and I saw his shoes. He was wearing a pair of Chuck Taylor Converse All Stars, low top, white. The ones they were around in the '50s and

the '60s. Not the latest Jordans, the latest Nikes, 1950 Converse Chuck Taylor All-Stars, low top white.

I said, "young man, you must be an athlete." He said, "I play basketball." "Because I'm noticing the originality of your shoe. What's your position," I asked.

He said, "Point guard." I said, "A point guard is a leadership position. Do you know that Magic Johnson was a point guard and Isaiah Thomas a point guard?" I asked him, "Are leaders born, or are they made?"

That was my opening question as I joined with him. He looked me in the eye and said, "I was born to lead." Once he knew that I knew that he was born to lead, we were in rapport. Hence.

I met with a young man who was mandated to meet with me by a judge. And he was wearing a Yankee cap the year the Chicago Cubs won the World Series. We joined by the affirmation. I said, "You have a lot of courage to wear a Yankee hat in a Cubs town."

And then their jerseys. The most common jerseys that young men wear that I meet with in therapy are Michael Jordan jerseys, throwback, retro jerseys, Walter Payton. So I met with a young man whose probation officer said he needed to meet with me. And he was wearing a jersey with the number 57 on the front and back.

I said, "Young man, in all the years I've been a therapist, I've never met with a young man who wore number 57. You're a so original, wearing number 57."

He said to me, "I got it on sale at Kmart."

"I said, now I'm really impressed. Because I'm looking at your address, and I know you live in a neighborhood where there's some young men who will not leave their house unless they're wearing a designer jersey. You know, I noticed there is no name on the back of your jersey. Are you the kind of young man that does not need another man's name on your back in order for you to feel good about who you are?" Once that affirmation was brought forth, connected to that joining, we were in early rapport.

Hand and arm tattoos-- I've noticed that lots of the young men who I work with had hand and arm tattoos. And we often join around their hand and arm tattoos. So a young man came in to meet with me who looked like he was mandated, like he'd rather go to the dentist and have a root canal without anesthesia than meet with me.

I spotted this hand tattoos and his arm tattoo. Right near his thumb, he had a small tattoo that said trust no one. And then the length of his arm he had another tattoo that read Tasmanian devil.

So I asked about his tattoo before I asked about his drug use. He said, "Trust no one." He said, "When I was eight years old, my mother took me to see a psychiatrist. And she asked me to leave the room. And her and the psychiatrist colluded to give me a psychiatric diagnosis so my mother could get a bigger check. Trust no one."

Then he told me about a girl that he was in love with and that he dreams about. And he's still in love with her. And he told me she got pregnant by his best friend. Trust no one.

I said, "Oh, my goodness. I said you'd be shocked at how many men, even old guys like me, have stories of having our heart broken when we were teenagers." And he must have appreciated that empathy, because he continued to talk after that.

And what about the longer tattoo, Tasmanian devil? He said my father left me when I was five years old. And I'm so angry with him, sometimes I feel like I'm the devil.

So my friends, he wasn't supposed to tell me anything. But just by asking him to tell me about his tattoos, he told me everything. Music-- most of the young clients I meet with who are mandated come in listening to music through their phone.

And I always ask them at the beginning of therapy, what are you listening to and can I hear it? And they all let me hear it. And our therapy begins with them doing a concert for me. And my favorite question is who's your favorite artist to listen to? And I study their favorite artists. Because sometimes in future sessions, we join around their favorite artist and the music they're listening to.

Aspirations for the future and work-- so I was working with a young man was mandated to meet with me. And he was a lifeguard, African-American male. They found drugs in his system at work. So he didn't want to be there. It wasn't his decision.

I said, "Why lifeguard?"

He said, "Because the Earth is 2/3 water."

I said, "Tell me more. Tell me more."

He said, "Do you have any idea how many African-American children drown because they can't swim?"

So that joining was followed by affirmations. I said, "Man, you're a lifesaver." I think he appreciated the affirmation.

Because then he said, "The pool that I was at most recently, kids were scared to go to the pool to swim. Because gang members hung out at the pool, in front of the entrance to the pool. So I went over to the gang leader and said, will you ask those guys to leave the pool? I would hate for your niece to drown if she couldn't swim."

I said, "Man, not only are you a lifesaver, you have courage." And we bonded with that affirmation and that joining.

We're talking about effective cross-cultural counseling with African-Americans, the important of an effective opening statement. I believe that after you join with a client, one of the most important things are the first words that come out of your mouth. And that can include an effective opening statement.

So here's mine. I know I can make you stop getting high. I will honor whatever decision you make concerning your use.

What that statement communicates to clients is that you don't have an opponent here. We're working together. And you're in control of what happens in this situation.

The importance of examining your own biases, assumptions, and stereotypes about African-Americans with substance use disorders-- so here's an assignment, a journaling assignment to ask yourself about biases, your biases. When you were growing up, what biases did your family and community hold about African-Americans?

Which, if any, of these biases have you internalized? Do these biases affect your relationship with African-American clients? What actions will you take to help assure these biases will not negatively impact your cross-cultural counseling relationship with African-American clients?

Assumption-- what assumptions if any do you make about African-Americans? What are the origins of these assumptions? And how do you channel these assumptions so they do not show up in the work you're doing with African-American clients with substance abuse disorders?

And then there are stereotypes. List any stereotypes you have regarding African-Americans. How did you develop these stereotypes? And how do these stereotypes affect your work with African-American clients? Finally,

what strategies will you use to decrease or eliminate these stereotypes so they won't negatively impact your relationship with African-American clients?

Incredible story that I saw on ESPN 30 for 30 about a Puerto Rican boxer from Chicago who was undefeated. In fact, the commentator said he was going to be the next great fighter. And then the short film took a turn for the worse, and then it got better.

This young, great fighter was killed by an intoxicated motorist. The good news is that he was an organ donor. And the short film was about his mother meeting the people who received his organs.

So a man walked in the room who received one of his kidneys. His mother politely smiled and shook his hand. A woman walked in the room who received the other kidney. The mother politely smiled and shook her hand.

A man walked in the room who received his lungs. The mother politely smiled and shook his hand. And then the woman walked in a room who received her son's heart.

And when she saw the woman who received her son's heart, she ran over with tears in her eyes and asked, "Can I give you a hug?" And then she asked, "Can I put my head against your chest?" Because she wanted to hear her son's heartbeat one more time.

The hardest symbolic of love-- and I always challenge all of us to do our work with love. And a loving and caring heart is the one thing that I know that's stronger than biases, assumptions, and stereotypes. In fact, when we work with clients and we say the wrong thing, the client's first thought is where is your heart. And when they sense that our heart is in a caring place, it's amazing how many mistakes can be forgiven.

The importance of understanding intergroup diversity among African-Americans, including socioeconomic difference and sexual orientation and occupation, drug of choice, religion, geography, age, et cetera, because understanding these differences allows us to help tailor the treatment plan towards the needs of the individual.

How the client views a substance use disorder-- many counselors view addiction as a primary disease or illness. Others consider addiction to be a brain disease. When working with African-Americans cross-culturally, it's important to examine how the client views addiction from their cultural lens.

So I often ask clients I work with who are African-American, how do you view addiction? And I get a range of responses. One client said, "An addict is that person who drinks wine out of a brown paper bag in an alley."

So one lesson I get from that client's definition is that their definition of an addiction is like about chronicity. So then my job is to explain some of the early stages of addiction, the middle stages of addiction, et cetera.

"An addict is someone who smokes crack that's willing to do anything to get crack. I just smoke weed. So I'm not an addict." So then my job, after we establish rapport, is to help the client understand that one can become addicted to marijuana, just like they can become addicted to crack cocaine. An addict is when you can't control your drug use.

I qualify. Every time I try to control it, I wind up in a hospital. One client said, "Addiction is genocide in the black community. These drugs come from outside of our community into our community to destroy us."

One client said, "Addiction must be a crime, because they put so many black people who get high in prison."

"There's lots of gang violence in my community and lots of shooting. Addiction is not a disease in my community. It medicates PTSD."

"An addict is a man--" so this client is saying a woman can't have an addiction. "An addict is a man who can't handle his liquor."

"My uncle was addicted to drugs. He's a hype. He uses heroin and steals everything that's not nailed down to support his habit. I smoke weed every morning on my way to work. I'm not an addict. I'm a boss."

"A woman who neglects her kids and sells her body for drugs is an addict."

"To overindulge in anything is a sin." So what we learn from this client is that they have a moral or a religious view of addiction. And then one client said, "Addiction is a disease."

So each response was different. Not one of my clients said addiction was a brain disease. So if you were the therapist, the clinician believes that addiction is a brain disease. That means you have to be really clear and explain to the client what you mean by brain disease.

It's important in cross-cultural counseling relationship that we are aware early in a relationship how clients view addiction. And as the relationship develops, you're in a position to first, understand the client's view and B, secondly, to validate that client's view.

Take those young clients who I work with who live in neighborhoods where there's gang violence and gang shootings, community violence, and shootings. I can see how such a client could feel like drug use is their medicine for PTSD. And it's my job to validate that. And then, to introduce a

client to other perspectives, and then, as my relationship with the client develops, it's to challenge the client's view.

We're talking about effective cross-cultural counseling, the attitude towards counseling. Psychotherapy in America reflects Western white middle class cultural values. Most African-Americans and members of other communities of color seek therapy less frequently than white Americans and often discontinue counseling earlier, thus says Sue and Sue.

Many African-Americans are mandated to treatment by the child welfare and criminal justice systems. Court mandates create an automatic resistance to counseling. No one wants to be told you have to do this.

So what helps in cross-cultural counseling? An explanation of how counseling works. We could do that during the early phases of counseling as a part of informed consent.

Paying attention to the alliance between you and the client. Freud was right when he said-- Sigmund Freud said that 8% of what we communicate, we communicate through the words that come out of our mouth. And then 92% of our communication is nonverbal.

So when we work with clients in general, and African-American clients specifically, we want to make sure that we pay attention to facial expression and body language, to see if we are in a relationship and rapport with our client. And then, to discuss client goals.

And I use an exercise that's called a bubble exercise. When working with clients, I ask them to put an item in each of these eight circles, either a goal for their future or something they'd like to possess in their future. So I want to know your goals and what you want to own.

This exercise has proven to be significant. Because many clients have said, I learned that you don't just want to know about my drug use. But you're concerned with who I am as a person and where I see my life going. So it's one of those things to connect with. And I also learn that I could use this exercise to help clients see how their current behavior might impact where they're trying to go with their life.

Understanding the client's expectations can help in cross-cultural counseling. I ask many of my clients the leverage question. There's multiple parts of this question.

So the client comes in mandated. And they say, I don't have a drug problem. I say, well, it sounds like the real problem is you don't have control of your life.

The judge is telling you what to do. Your probation officer is telling you what to do. Parole is dictating your life. How would you like to get them off your back?

That's the leverage question. How would you like to get the judge off your back? The client says, I would love to get the judge off my back. And how are you going to do that? I need a letter from you.

A letter saying what? That I attended all of my individual therapy sessions, I participated actively, and I attended my groups. Then I ask the client, is that the goal?

That's the goal. Now note that the client did not say that she had a problem with substances. But she agreed to the treatment plan and the goals.

Three sessions at a time-- the research says that half of the clients that we work with with substance use disorders treatment will miss their second outpatient session. And I read a book called The Heroic Client. And she had research that said that clients make most of their progress within the first six sessions of therapy.

Once I learned that data, that clients make most of their progress in the first six sessions of therapy, I started asking clients that I work with, African-American clients, would you be willing to meet with me for three sessions? I always carry a caseload of 20 clients. And for five years, I asked everyone of my clients if they would be willing to meet with me for at least three sessions.

100% of my clients have said, yes, I will see you for three sessions. Over a five year period, every client I've worked with the exception of one attended at least three sessions. Now that puts us ahead of the national average.

What I discovered is that once the client commits to three sessions, they now know that counseling is not a life sentence in solitary confinement. So they begin to relax. And as they relax, we develop more rapport. And as our rapport increases, it's easier for me to recommend additional sessions.

We want to know about the client's previous counseling experiences, especially if they were harmful experiences. Then we can let them know how counseling with us will be different. It's also helpful sometimes if the client is not responding to one counseling approach, to alter the approaches until we find a way that works for the client.

A recognition of current and historic tension between African-Americans and your cultural group, along with the ability to have a discussion of the tension and the differences if there are barriers to trust-- so once a young social worker asked me, he said, "Mark, I experience racial tension in my work with African-American clients. And I know we need to talk about our differences. Are you always comfortable doing so?"

And the answer is no. But what I learned is that the more practice you get, the more comfortable you become. So now is a time when we as clinicians working with African-American clients are going to need to talk about race more so than, say, even years past.

Because as we speak, we're dealing with what I call the trifecta. In the midst of COVID-19, we have a situation where a pandemic meets an economic recession and racial tension following the police killing of George Floyd in Minnesota. In fact, I received a call from an agency that says, you know, our young social workers don't know how to talk to their young African-American clients about what they're witnessing on television, the riots and the protests. Can you help us? And so I have scheduled a time to meet with them as a staff.

We're talking about cross-cultural counseling, the ability to work with language barriers. So counselors and clients can both have a misunderstanding with each other based upon dialect and pronunciation. You may not understand ways in which clients pronounce a word, and they might not understand your pronunciation, either. Terminology used and accents, both can misunderstand each other.

So the key there is when you don't understand, ask for clarification. There are about 100 terms for every drug that is used today. So if you don't understand what the client is telling you about their drug use, ask for clarification.

And my clients do the same. If they look like they don't understand something you're saying, avoid judgments, and be genuine, be real.

So we have developed what's called an online Museum of African-American Addiction, Treatment, and Recovery. And the address is above. We invite you to go to the website to learn more about counseling with African-Americans with substance use disorders. There you'll find lots of scholarly articles on counseling African-Americans, a ton of books, podcasts. We have webinars there on how to counsel African-Americans more effectively, et cetera.

I watched two episodes of a program called Monk. And as you know, Monk is the world's greatest private eye. He has obsessive compulsive disorder, a fear of heights, a fear of germs, a fear of dark rooms. Monk is afraid of everything.

So in my two articles two viewings of Monk. But I learned a lot. First episode I viewed, Monk was on a plane. He hadn't flown since he was 9 years old. So he's trembling in the air, he was so scared of flying.

Sitting next to a salesman, when the plane landed, the salesman looked at Monk and said, "Will you give me back my business card I gave you?" The salesman thought that Monk was strange. Luckily, Monk has his assistant.

And everyone in the world can use an assistant like Monk's assistant. The world thinks he's strange. She understands Monk.

The second episode I watch, Monk's brother called. And the assistant answered the phone. He said, "I need to speak to my brother, Monk. I need to see him right away."

And she told Monk. And Monk said, "Hang up. I haven't seen my brother in seven years. I haven't talked to my brother in seven years. Hang up. My brother's a psycho."

And three weeks went by. And the brother never stopped calling. Finally, Monk's assistant answered the phone again. The brother said, "There's an emergency. I really do need to speak to my brother Monk right away."

So she dragged Monk over. And as soon as the assistant met Monk's brother, she felt like she understood Monk better. His brother had a psychiatric condition called agoraphobia, the fear of the marketplace. His brother hadn't been outside in seven years.

No wonder Monk hadn't seen his brother. The door was open. And the assistant took Monk's brother's hand. And she was guiding him outside. For the first time in seven years, he was about to see daylight.

And as soon as he saw the sun, he backed up. And he whispered, "I can't go out there." And she whispered, "You don't know this, but your brother Monk, he's scared all the time, too. What does he have that you don't?"

And the brother looked at her and said, "He has you. And I don't. He has you."

What separates the clients that you work with from the clients that you don't work with is the fact that the ones that you work with, they have you. And because they have you, they have everything.

Thank you so very much for joining this webinar. And we're done. Enjoy the rest of your day.