

# Reality Check: Improving Service Delivery to Multi-Challenged Families

Working with African Nova Scotia Youth :  
Clinical Challenges and Creative  
Opportunities

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## Foundational Principles

- CCC is a conceptual tool with clinical, treatment and legal implications for diverse communities especially youth
- Cultural competency is rooted in Health Equity
- CCC questions the pathological explanations of presenting problems and/or behaviour

- There is an ANS history in this Province imbedded in racism
- African NS youth have both a rural and urban experiences
- Bi racial/mixed heritage youth tend to have an urban location with HRM and pockets of rural communities which shape their experiences of and exposure to racism differently then Urban Black youth
- Popular cultural: hip/hop, dress protective feature and culturally dislocate: “everyone loves a brother”
- PC: Fuels stereotypical images/racist of Black boys as one-dimensional, dangerous and Black girls as angry



- **Psychological impact-** reinforces Nihilism, Black males pose, the pursuit of prosperity: clinical presentation ODD vs. MDD – anger/dreams deferred
- Girl anger and rage- different presentation
  - Increase with bi-racial Prostitution/self harming-
  - Black girls-violence
  - Pathways differ to care
- Eurocentric/Africentric engagement styles and training

Dialectic vs. Linear in interviewing style, assessments & formulations  
yet youth have complex intersecting lives, experiences and identities  
(development stages and cultural stages - Wright's work)

- Presently MH, Addictions, Education, Community Services, Justice are in AA program (Acknowledge and Avoidance)
- Pathways to MH and Addictions services is not Health but Justice system and when it is Health (IWK example) no continuum of care which address the CCC needs
- Best Practices ???

# T-3:Third Culture Kid or Trans-Culture Kid

- Coined in 1950's by sociologist Ruth Hill Useem
- Kids' parents in military, diplomats, business or religious (middle class in origin)
- Intercultural experiences and cognitive and emotional development stages are impacted

# T-3 Kids

“ A Third Culture Kid (TCK) is a person who has spent a significant part of his or her developmental years outside the parents' culture. The TCK frequently builds relationships to all of the cultures, while not having full ownership in any. Although elements from each culture may be assimilated into the TCK's life experience, the sense of belonging is in relationship to others of similar background.”(Pollock)



# T-3 Kids



- Framework to conceptualize work with mix raced youth and New Canadian youth
- Bi-racial youth their experiences in/of the world let alone the indigenous NS youth
- 1<sup>st</sup> generation or new Canadian youth
- Questions of cultural/self esteem and self worth: anger
- Mother's relationship BM vs. WM: keepers of culture
- Protective & risk factor - adaptations
- New Canadian youth- class/ immigration story (trauma/police/court )



# T-3 continued

- Ex: Obama
- Racial literacy
- Youth culture: Tech literacy
- No sense of home or location
- Identity formation ANS v. Bi-racial v. New Canadian - differ based on exposure (Pop culture/location/geography/class)
- New Canadian - navigating new identities without abandoning old
- Bi-racial: what if any identity fits
- AFNS-
- First Nation youth re-claiming identity
- how we Ax or don't Ax – cultural identity/community identity as part of conditions, goals for treatment

# T-3 kids: MH

- New Immigrant/Canadian youth (NICY)
- NICY- presenting issues – parent-child conflicts
- Cultural (social and ethnicity) conflicts
- Trauma, anxiety, MDD
- Tx and access: conventional – parent participation/confidentiality conflicts is access (work)
- DCS-CP – parenting styles (cluster)

# NCIY: Justice

- NCIY- courts are foreign r/o past hx of contact in home country
- Language barriers
- Interrupters (homeland conflicts/understanding of the law and implications)
- Family shame/confidentiality- small comm.
- Remand until arrangements- trauma
- Food
- Bullying/peer
- Probation Officers- ? cultural identity/let alone ANS youth
- Similar challenges in schools - limited resources



- Cluster: authoritative/authoritarian protective features
- New Can. Parenting style: conflicts Justice/DCS caught –passive parenting –fear of system
- Acquired racism: “don’t let your kids hang out with Black, First Nations”
- Intercultural/motherland conflicts within ethnic groups
- Child as interpreter for parents (language): power difference
- Adoption of Western values conflict



# ANS Youth: MH

- Ax looks beyond the behaviour (ODD)
- R/O MSS, PTSD, anxiety
- Cultural presentation differs than the DSM-V criteria- hopelessness, rocking, anger, self talk r/o MDD, Anxiety +/- ODD
- Assumption of knowledge of symptoms vs. normalization (cultural/communal depression)
- Stigma- cool pose and protection/safety

# Few Facts:

- There are no stats on ANS or emergent diverse communities- no stats means no best practices and no investment in meeting the needs of these communities
- American facts/stats state:
  1. Across a recent 15 year span, suicide rates increased 233% among African Americans aged 10-14 compared to 120% among Caucasian Americans in the same age group across the same life span of time.
  2. Mental illness is frequently stigmatized and misunderstood in the African American community. African Americans are much more likely to seek help through their primary care doctors as opposed to accessing specialized care.
  3. Nearly half of all prisoners in the USA are African American. Prison inmates are at a higher risk of developing a mental illness

# Facts Con't

4. Children in foster care and the child welfare system are more likely to develop mental illness. African American children comprise 45% of the public foster care population.
5. Programs in African American communities sponsored by respected institutions, such as churches and local community groups, can increase awareness of MH issues and resources and decrease stigma.
6. Culture biases against mental health professionals and health care professions in general prevent many African Americans from accessing care due to prior experiences of historical misdiagnosis, inadequate treatment and lack of cultural understanding. Only 2% of psychiatrists , 2%of psychologists and 4% of social workers in the USA are African American

NAMI (2012 Fact sheet) [www.nami.org](http://www.nami.org)

# Black Youth and the Criminal Justice System

- New housing of PTSS: post traumatic slave syndrome, Dr. Joy DeGury
- Impacts on relationship/trust/looks anti social – protective feature





# PTSS

- Traces the way that both overt and subtle forms of racism have damaged the collective African American psyche - harm manifested through poor mental and physical health, family and relationship dysfunction, and self-destructive impulses.
- Leary adapts our understanding of Post Traumatic Stress Disorder to propose that African Americans today suffer from a particular kind of intergenerational trauma: Post Traumatic Slave Syndrome (PTSS).
- First Nations communities talk/language in terms of Cultural Safety

# MH and Addiction Process: One Clinicians View Access

- Justice vs. Health - Black & New Canadian youth population
- Bi-racial youth – pathways both
- Present in crisis or remove them in crisis, re-trauma (child welfare: in/out of care)
- Wait times
- Internal wait lists
- Referral source: family/courts/school

# Assessment/Treatment Process

- Dialectical in style, not linear
- Has to do with training - Eurocentric
- (HPI- DX)
- You miss out on opportunities - tx options
- Keeps multi-users/offenders off their game
- Know something about popular culture (CBC and Z104)
- Psycho-ed opportunities



# Taking a History

Family History- genogram/conventional

- Multi-family relations - bio vs. communal
- Consider asking the question: Who raised you?
- Where's home?
- Eco-gram
- FOO history of MH and addictions: use examples. How does your family cope with stress?

Employment: We all make money some how, what ways do your parents, sibs etc?



- Bi-racial kids may not know their father or mother's family of origin
- Connection to community?
- Mis-education or racist assumptions of the Black community
- Adoption and creation of family and mixed race children

# Remember when?



# The Other Multi-challenged Family

- Adopted child has to work out yet another layer of attachment/belonging
- Blended families and high conflict families
- Court : Custody and Access/Court Ax/Parenting Capacity Assessments
- Lens of Ax: CCC

# Supports

- Colombo technique - show genuine curiosity
- Ask question of where they grew up - drilling for community connections
- Also opens opportunity to address issues of race and racism/trauma



# History of Self Harm

- Think outside of cutting/hanging
- Think substance use/trafficking
- Think about behaviors and the level of risk
- Ax tools SI risk (white girl)



# A Few Thoughts

- New Canadian communities: Self-harming behaviors are new phenomena
- Psycho-ed for parents & communities
- Fail to assess risk in terms of - secure housing, attachment to community (GBLT youth) and peer group
- Group homes and inpatient treatment programs can be more isolating for diverse populations - 1st time living with white people? The impact

# Treatment & Bits and Pieces

- Be clear - Diagnosis and treatment options
- Cultural formulations
- Always assess for trauma
- Diversity of staff
- MI/DBT/harm reduction/Acceptance and Commitment Therapy -ACT
- Where are you located - shared care best practices

- Therapeutic alliance/the impasse
- Impact of class (access to services and visits)  
Waterville?
- Discharge considerations: jail-home/tx – home, what's changed at home/community-risk factor
- Home/community visits - visual/functioning
- Faith and it's role or lack thereof
- Advocate: Who and what is missing?
- Anti stigma: justice/education/health (not just in MH)
- Faith

# Case Review

- 17 y.o. ANS male presents to local ER
- Police in attendance - sectioned
- No parent
- Tried to kill himself- gun missed
- Will not talk to Psych RN or Res
- Recent hx of conflict with law- trafficking
- Fight with GF
- Didn't want to stay in ER, wanted to leave
- Agitated/pacing
- States clearly he wants to die
- School-attending, A-B student
- Staff want to medicate, he is refusing

# Outcome

- 45 mins to ask for me
- Took 15 mins to calm after contact - Ax by writer
- Collateral (low mood for past 3 mos/decrease sleep/eating, poor concentration, FOO anxiety and depression)
- Advocate with police and Res - hand gun
- Admitted without psychiatric Ax by resident
- Psych Res - R/O ODD
- Writer: R/O MDD

# Opportunities

- You may only have 1 encounter, make it meaningful
- Discharge Court: Breach of conditions:
  - Live in same area/community
  - Incurred +++ charges due to breach
  - Tend to have contact anyway (set them up)
  - Advocate with the court
  - Attending programs

## Discharge Clinical Context:

Single Sessions

Shared clinics

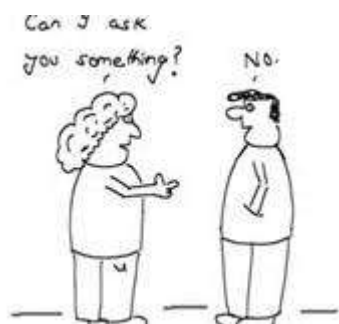
The Jack up! - MI

Look for cultural formulation in Ax

# Opportunities

- Networking
- Risk-taking
- Ecological approach
- Confidentiality-circle of care
- Challenge: Advocating for accountability in system vs. AA model - acknowledge and avoid





# Resources

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