

# U.S. ADDICTION WORK FORCE: BELIEFS AND SOCIAL INFLUENCE IMPACT AND PERSONAL AND PROFESSIONAL DEVELOPMENT - A HOLISTIC APPROACH

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# *AGENDA*

1. US Work force data
2. Well-Being
3. Problem solving discussion
4. Cultural Connection
5. Administer CCS-CA handouts
6. Self Care Plan handout





*THE POWER OF  
COMMUNICATION*



## ***DEFINITION OF ADDICTION***

**“ADDICTION IS A CHRONIC, RELAPSING BRAIN DISEASE”**

**WE DON'T WANT TO TALK ABOUT THE LEGITIMACY OR VALIDITY OF THE STATEMENT, NOR ANY ALTERNATIVE, COMPLEMENTARY, OR COMPETING PERSPECTIVES. WE JUST WANT TO ACKNOWLEDGE THAT THE STATEMENT IS PART OF OUR CULTURE AS TREATMENT PROFESSIONALS, WORKERS IN TREATMENT SETTINGS, OR CIVICALLY-MINDED PEOPLE WITH AN INTEREST IN ADDICTION.**

## *AGREEMENT RATE IN U.S. SAMPLE*

- Thinking about the treatment industry as a whole, what percentage of people do you think agree with the statement?
- Thinking about people who provide direct services to clients, such as counselors or therapists, what percentage do you think agree with the statement?

## *PERCEIVED AGREEMENT RATES*

- Among those who agree (n = 297)
  - NAADAC listserv: 75.56%
  - All Tx workers: 74.14%
  - Counselors: 77.34%
  - Researchers: 80.07%
  - Clients: 61.83%
  - Recovery: 72.83%
  - Criminal justice: 44.58%
  - Public: 38.85%
- Among those who disagree (n = 48)
  - NAADAC listserv: 62.02%
  - All Tx workers: 63.16%
  - Counselors: 56.71%
  - Researchers: 61.63%
  - Clients: 54.58%
  - Recovery: 53.92%
  - Criminal justice: 45.58%
  - Public: 44.82%





# *AS A “DOMINANT” IDEOLOGY*

- Oppression-/control-type dominance
  - In research settings (Heather et al., 2022)
    - Preferential treatment in general in terms of funding and legislation
    - Prevents or delays the development of new or alternative perspectives (Wiers & Verschure, 2021)
  - In practice (Brown & Stewart, 2021)
    - Provides “normalizing truths” that result in actions against counselor judgment and client interest
  - In general
    - Accepted without question; akin to dogma (Satel & Lilienfeld, 2014)
    - Linked to the concept of bio-/neuro-politics (Vrecko, 2010 & 2016)

***WE ARE ASKING YOU HOW MANY OF THE BELOW ITEMS YOU AGREE WITH, BUT NOT WHICH ONES. PLEASE INDICATE HOW MANY OF THE STATEMENTS YOU AGREE WITH IN THE SPACE BELOW***

Control (n = 321)

- A. *Continuous abstinence is the best way to measure treatment success*
- B. *The stress of working in treatment is about the same as other professions that provide essential care to others*
- C. *Harm reduction can be an acceptable goal*
- D. *Addiction counseling is viewed as a profession worthy of respect.*

• Treatment (n = 328)

- A. *Continuous abstinence is the way to measure treatment success*
- B. *The stress of working in treatment is about the same as other professions that provide essential care to others*
- C. *Harm reduction can be an acceptable goal*
- D. *Addiction is a chronic relapsing brain disease*
- E. *Addiction counseling is viewed as a profession worthy of respect*



# *DIRECT ATTITUDE MEASURE*

- Random assignment to two direct response conditions:
  - 87.30% agreed with statement (n = 345, 86.10%; n = 339, 88.50%)
- Personal history
  - No (n = 261, 91%), Yes (n = 444, 85%), With 12-step (n = 206, 86%)
- Education
  - 85% (HS) to 90% (MA) except for non-medical doctorate, n = 64, 73%
  - With state cert: n = 445, 90%; without state cert: n = 262, 84%
- Job role
  - 81% (technician/peer) to 90% (counselor)
- Experience
  - 83% (15 to 24 years) to 91% (10 to 14 years)

# *DIRECT/INDIRECT COMPARISON*

Model	Est. List	S.E.	95% CI	Est. Direct	S.E.	95% CI	Est. Diff	S.E.	95% CI
7a: All	0.636	0.075	(0.489, 0.782)	0.872	0.013	(0.847, 0.897)	-0.236	0.075	(-0.385, - 0.088)

Models	b	S.E.	Models	b	S.E.
Model 1: list ~ history + history:12			Model 3: list ~ credential		
Intercept	0.635***	0.117	Intercept	0.549***	0.152
History	0.013	0.181	State cert	0.184	0.164
History:12	-0.026	0.199	National cert	-0.177	0.168
Model 2: list ~ Assoc			Clinical lic	0.11	0.197
Intercept	0.555***	0.122	Med lic	0.033	0.619
Assoc	0.15	0.156			
Assoc	0.15	0.156			



# *DIRECT/INDIRECT COMPARISON*

<b>Model</b>	<b>Est. List</b>	<b>S.E.</b>	<b>95% CI</b>	<b>Est. Direct</b>	<b>S.E.</b>	<b>95% CI</b>	<b>Est. Diff</b>	<b>S.E.</b>	<b>95% CI</b>
8: Masters	0.518	0.098	(0.326, 0.708)	0.864	0.017	(0.830, 0.900)	-0.346	0.099	(-0.541, -0.151)
9: Primary	0.461	0.105	(0.254, 0.667)	0.879	0.018	(0.845, 0.914)	-0.419	0.106	(-0.628, -0.209)
10: Mid-career	0.348	0.128	(0.095, 0.600)	0.888	0.021	(0.847, 0.929)	-0.541	0.130	(-0.797, -0.284)
11: Mid:Primary	0.079	0.173	(-0.264, 0.427)	0.911	0.024	(0.863, 0.959)	-0.832	0.175	(-1.179, -0.486)
12: Mid-Primary*	0.286	0.897	(-0.112, 0.583)	0.897	0.022	(0.854, 0.940)	-0.611	0.152	(-0.912, -0.311)

- 40.05% fewer people with a master's or higher predicted to agree when able to conceal response
- 47.67% fewer counselors and therapists predicted to agree when able to conceal response
- 61.60% fewer people in their mid-career (5 to 14 years) predicted to agree when able to conceal response
- 91.33% fewer mid-career counselors/therapists predicted to agree when able to conceal response
- 68.12% fewer mid-career counselors/therapists predicted to agree when able to conceal response, assuming those with missing years (15% of overall sample) were added to this category

# *AS A “DOMINANT” IDEOLOGY*

## MAJORITY-TYPE DOMINANCE

Among international researchers (Ochterbeck  
& Forberger, 2022)

65% agreement

Among the workforce (Barnett et al., 2020; on  
a five-point scale)

United Kingdom:  $M = 3.07$

Australia:  $M = 3.11$

United States:  $M = 4.22$





# TAKEAWAYS

## Counselors and therapists are liars? ABSOLUTELY NOT

- "Normalizing truths" (Brown & Stewart, 2021)
- "I would not feel comfortable to tell my peers that I do not believe that addiction is a disease."
- "I don't agree that addiction is a disease. But I'm afraid to admit it because I don't want people to think I agree with a moral model, which I don't agree with at all."

## Ramifications on the workforce? MAYBE, BUT WE DON'T KNOW YET

- Moral distress/residue/injury (Epstein & Hamric, 2009)
  - Burnout, second trauma, quit intentions (Austin et al., 2019)
- Authenticity at work is linked to well-being (van den Bosch & Taris, 2014); inauthenticity at work is linked with depression (Erickson & Wharton, 1997) and work-related outcomes (Chawla et al., 2020)

## FOR THE PURPOSES OF THIS PRESENTATION

- Creating an environment for multiple epistemologies of healing for others to explore
- Within the space created by others, explore one's own journey for healing



# ACHIEVING HOLISTIC WELL-BEING

An overview of the different aspects of holistic well-being including physical, mental, emotional, and social health.

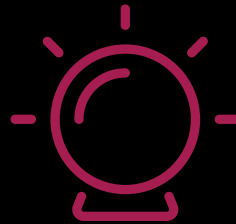


# INTRODUCTION



## Physical and Psychological Health

Prioritize exercise, nutrition, and stress management to maintain a strong body and mind.



## Emotional and Spiritual Needs

Cultivate self-awareness, practice mindfulness, and engage in activities that nourish your emotional and spiritual well-being.



## Relationships and Work

Invest in meaningful connections with loved ones and strive for a fulfilling and balanced professional life.

By committing to a holistic approach, you can achieve a state of overall well-being and lead a more fulfilled and balanced life.

# THE PILLARS OF HOLISTIC LIVING

- **Physical Health**

Maintaining a balanced diet, regular exercise, adequate sleep, and managing chronic conditions to ensure optimal bodily function and vitality.

- **Psychological Health**

Cultivating a positive mindset, practicing stress management techniques, and engaging in activities that promote mental clarity and cognitive well-being.

- **Emotional and Spiritual Well-being**

Fostering self-awareness, emotional intelligence, and a sense of purpose through mindfulness, meditation, or other spiritual practices that nourish the inner self.

- **Relationships and Work**

Nurturing healthy, supportive relationships with family, friends, and colleagues, and finding fulfillment and balance in one's professional and personal life.



## PHYSICAL HEALTH

Maintaining a balanced diet, engaging in regular physical activity, and ensuring adequate rest are essential components of a healthy lifestyle. Proper nutrition provides the necessary nutrients to fuel your body, while regular exercise promotes cardiovascular health, muscle strength, and overall well-being. Adequate rest allows your body to rejuvenate and recover, supporting both your physical and mental resilience.



# PSYCHOLOGICAL HEALTH

## Mindfulness Practices

Engage in mindfulness exercises such as meditation, deep breathing, and present-moment awareness to cultivate a greater sense of inner calm, focus, and emotional regulation.

## Therapy and Counseling

Seek professional support from a licensed therapist or counselor to address mental health concerns, process emotions, and develop healthy coping strategies.

## Self-Reflection

Regularly engage in self-reflection through journaling, introspection, or other practices to gain deeper self-understanding, identify areas for personal growth, and foster emotional well-being.

## Stress Management

Implement effective stress management techniques, such as exercise, relaxation techniques, and time management, to mitigate the negative impacts of stress on psychological health.

## Social Connections

Nurture meaningful social connections and relationships to foster a sense of belonging, emotional support, and overall psychological well-being.

## EMOTIONAL AND SPIRITUAL NEEDS

Mindful Meditation

Reflective  
Journaling

Nature Connection

Gratitude Practice

# RELATIONSHIPS AND WORK

Relationship Type	Impact on Well-Being
Romantic Relationship	Strong emotional support, increased feelings of happiness and security, improved mental and physical health
Family Relationship	Sense of belonging, emotional support, increased resilience, reduced stress and loneliness

\*Based on research from the American Psychological Association (APA) and the National Institutes of Health (NIH)



# ACHIEVING BALANCE

## Identify Your Priorities

Reflect on the various aspects of your life, such as career, relationships, health, personal growth, and leisure. Determine which areas are most important to you and deserve more of your time and attention.

## Allocate Time Wisely

Create a balanced schedule that allows you to dedicate appropriate time and energy to each of your prioritized areas. Avoid overcommitting and set realistic expectations for yourself.

## Integrate and Harmonize

Find ways to interconnect and harmonize the different facets of your life. Seek opportunities to incorporate aspects of your personal interests and values into your professional pursuits, and vice versa.

## Practice Self-Care

Regularly engage in activities that nourish your physical, mental, and emotional well-being. This may include exercise, meditation, hobbies, or simply taking breaks to recharge and rejuvenate.

## Maintain Flexibility

Understand that achieving balance is an ongoing process, and be willing to adjust your approach as your priorities and circumstances change. Embrace adaptability and be open to finding new ways to maintain equilibrium.

# BENEFITS OF HOLISTIC LIVING



## Improved Physical Health

Engaging in regular exercise, maintaining a balanced diet, and prioritizing quality sleep can lead to enhanced physical well-being, increased energy levels, and reduced risk of chronic health issues.



## Enhanced Emotional and Psychological Well-being

Practicing mindfulness, engaging in stress-reducing activities, and cultivating positive relationships can contribute to improved mental health, increased emotional resilience, and a greater sense of overall life satisfaction.



## Stronger Relationships and Work-Life Balance

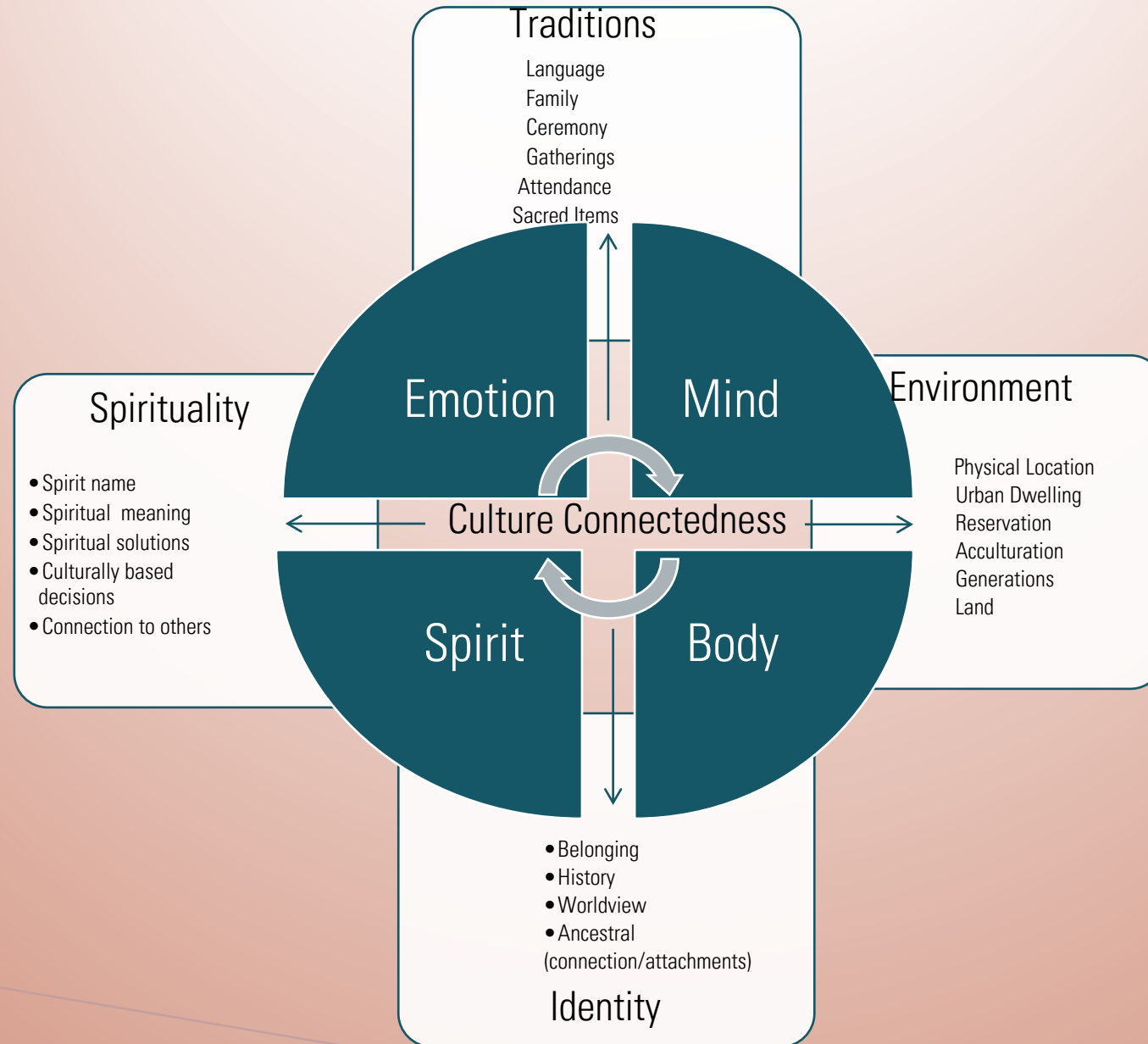
Fostering open communication, setting boundaries, and integrating work and personal responsibilities can strengthen interpersonal connections, improve work productivity, and promote a more balanced and fulfilling lifestyle.

By adopting a holistic approach and attending to all aspects of your life, you can experience a profound and lasting positive impact on your physical, emotional, and social well-being, ultimately leading to a more fulfilling and harmonious existence.





# CULTURAL CONNECTEDNESS



# *Culture is* **PREVENTION**



## **The CULTURE IS PREVENTION Project**

**Promoting Culture, a social determinant of health, for Native Americans is a must to promote health equity and social justice**



**NATIVE AMERICAN  
HEALTH CENTER**  
Serving the community since 1972

# *CULTURAL CONNECTED SCALE ADAPTATION*

Snowshoe et al., 2015 developed and validated the original CCS.

She developed the measure using Indigenous persons living on reservations in Canada.

The measure was the first of its kind developed by Natives for Natives.

She employed Native American/First Nations methodologies (talking circles, gatherings, and keepers of knowledge "Elders) to answer three questions

What does Culture look like? What does Culture feel like? And What does Culture sound like?

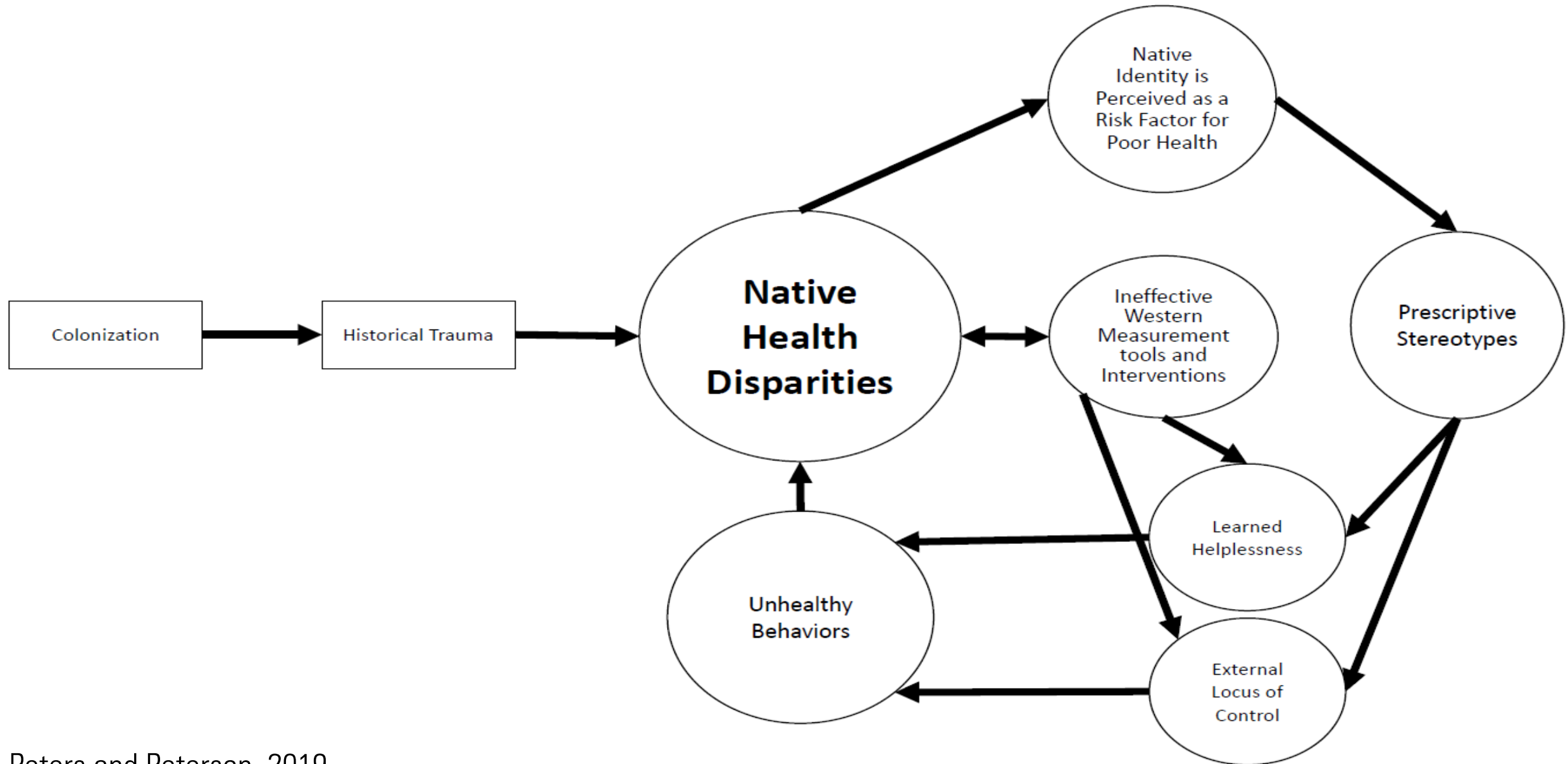


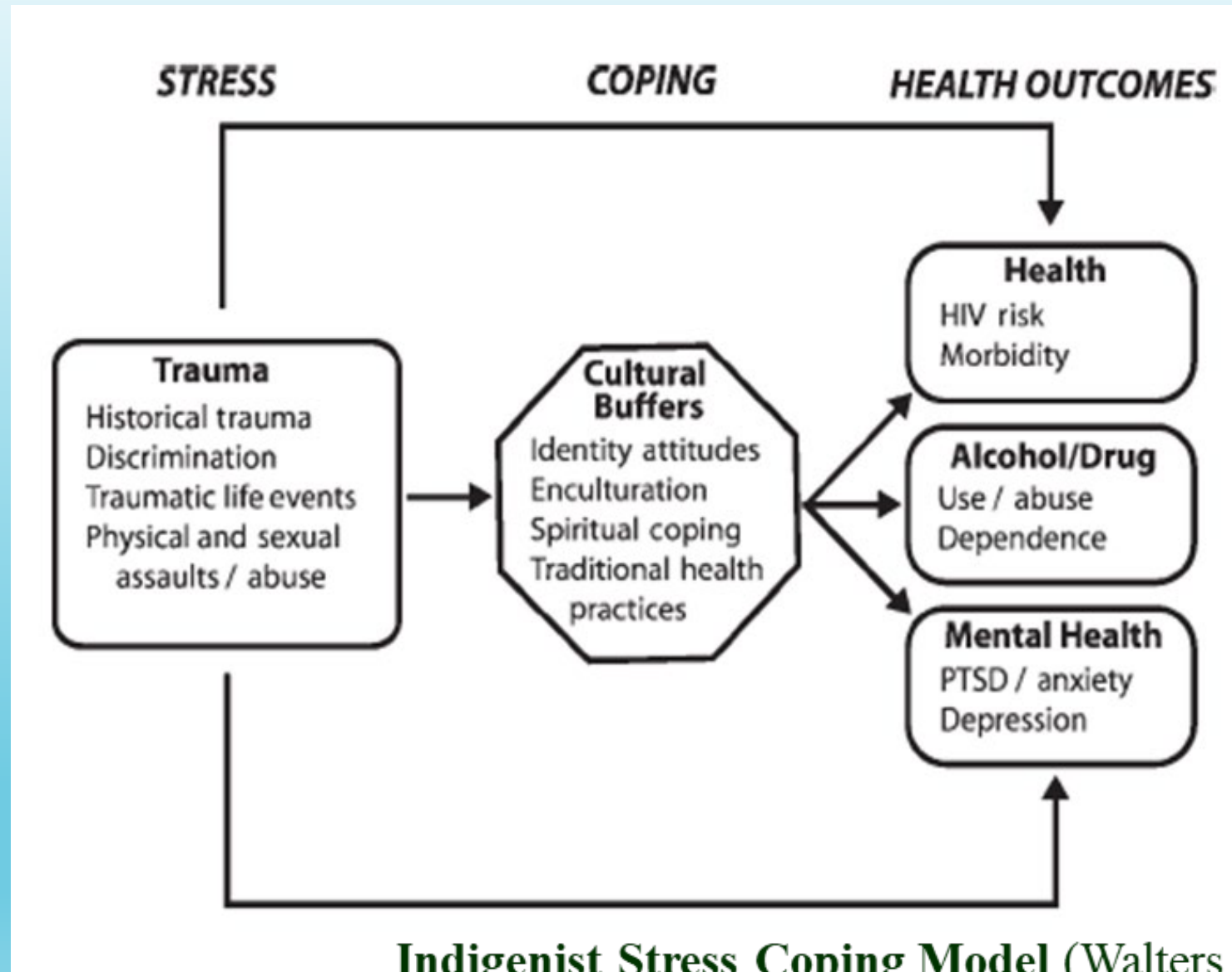
# *CONSIDERING CULTURE IS IMPORTANT TO NATIVE/ INDIGENOUS PEOPLES*

- Lalonde and Chandler (1998) found that in tribes where cultural reclamation and practice was being undertaken by the tribe and tribal members. There was an 800 percent decrease in suicide and that those tribes had significantly lower suicide than the national average.
- Social Support must be meaningful to the individual and with recent research showing that when compared to other races, ethnicities, and cultures Native youth spend approximately three times the amount of time doing familial support activities.
- The CRDP state-wide Evaluation has found that Community Defined Evidence Practices and Culturally informed preventions and interventions have the most significant positive effect.



# Current Model of Native and their Identity as Predictor of unhealthy behaviors





**Indigenist Stress Coping Model (Walters & Simoni; 2002)**



# *CULTURAL EXPECTANCY*

- Religious practices
- Cultural norms (e.g., eye contact)
- Epistemologies
- Individualism VS collectivism
- 82 percent of a sample of 339 Native individuals in the SF Bay area reported being to made feel misunderstood, not listened to, and blatantly discriminated against.
- 46.7 percent said they would not go back for treatment because of the way they were treated.
- 52 Percent would like to have access to Native Practices and Native Healers.

# Two-eyed Seeing Framework

Two-Eyed Seeing developed from the teachings of Chief Charles Labrador of Acadia First Nation, but Mi'kmaw Elder Albert Marshall of the Eskasoni First Nation was the first to apply the concept of Two-Eyed Seeing in a Western setting. He first introduced it in Fall 2004)

It is taking the approach in development the wisdom of Native American ways of knowing and Mainstream ways of knowing within a framework in research and clinical settings.

For clearer understanding review Two-eyed Seeing Framework as proposed in Bartlett, Marshall & Marshall, (2012).

This framework provides **principles** and guidelines for program, prevention, intervention development

Strength based and resilient approaches and designs\*

It has to be developed with the community (CBPR)

It should be based upon Native ways of knowing

It has to be useful to the community

It has to be developed with rigor.

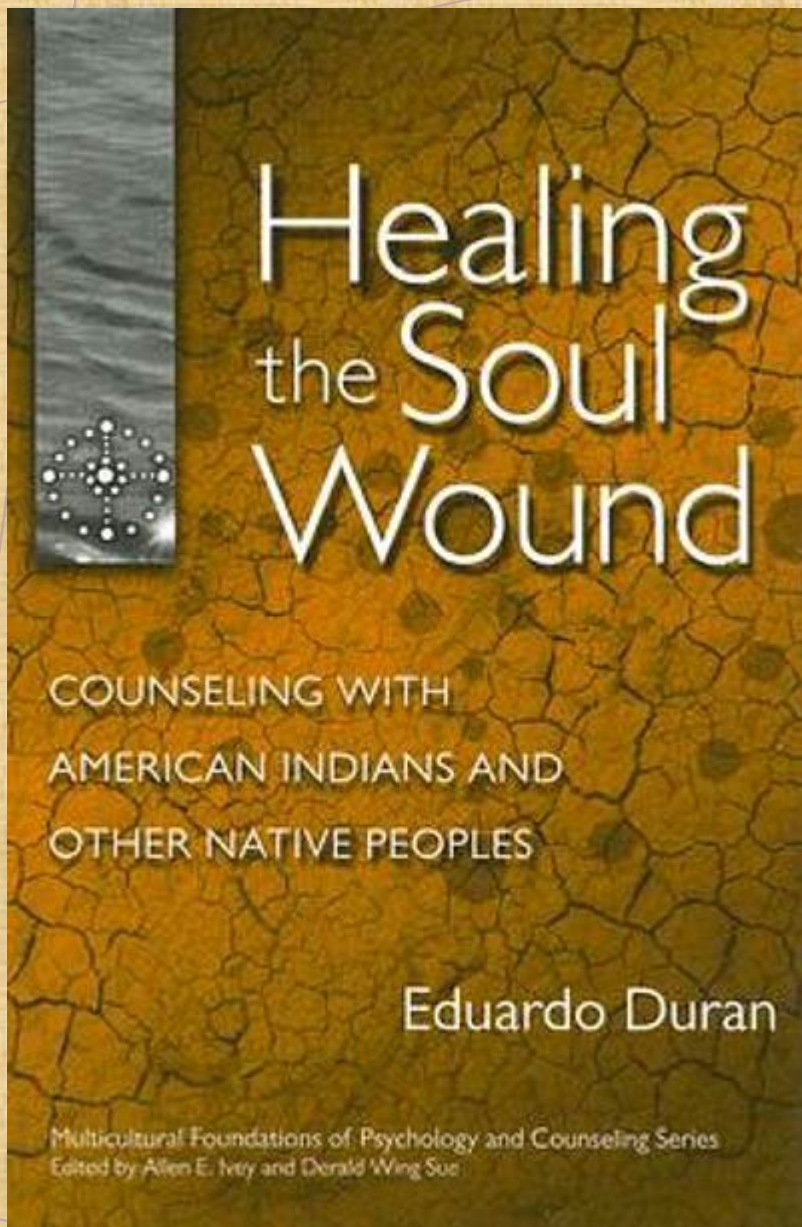
It should be done employing the mainstream ways of knowing

Collaboration being community oriented

\*this is a shared principal that can be capitalized from both perspectives.

Motivational Interviewing in its original form was not as effective within Native populations. It was modified using Native American epistemology and has its own design when working with native communities.  
(See Liz D'Amico and DL Dickersons work for Youth and Walker et al., 2023 for adult)





This book is a practical guide and easy to use.

I made it a priority to heal from the intergenerational trauma that is a part of my family's history.

I made a trip to Berlin.

I visited Sachsenhausen Concentration Camp

# *TAKE AWAYS*

- Asking questions that engage the client and not enrage or distance them. (e.g., Would you mind teaching me about how things are done from a Native or Indigenous perspective? Would you like to maybe implement some of your own spiritual practices into your treatment plan such as burning medicines?)
- Instead of asking if they feel lonely or alone. Ask them if it is difficult to be this disconnected from their family and community?
- Before each session with a Native individual take some time to rearrange your thoughts so as to disengage from your usual ways of engaging and be mindful of this when it occurs.
- Do not rely on self-reports of Satisfaction With Life alone. The principle that an individual can be satisfied while still dealing with serious issues is quite common in Native Communities.
  - "Being cured is not always possible, but one can heal allowing that person to accept their life as it is." Sometimes this acceptance is premature and doesn't allow for complete healing..
  - Leading to non-Natives to misinterpret and to believe that Natives have a problem with helplessness or hopelessness.

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*THANK YOU*

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