

#### STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

## **CULTURAL COMPETENCY UPDATE**

...a newsletter to address cultural issues that enable us to effectively work in cross cultural situations.

#### February 2015 Volume 11, Issue 2

### A Multicultural Perspective of Seeking Safety Trauma Informed Care

By Keo Silim, BHS II

BHS/StanWorks-Behavioral Services Through Action Now, Work Opportunity and Responsibility to kids

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After working as a Behavioral Health Specialist for over 20 years for BHRS, I joined BHS/StanWorks in 2012. It was a big adjustment considering most of my skills and experiences was working with individuals in higher levels of care in the Regional Team settings. I was assigned to conduct and facilitate the Seeking Safety Group Therapy in 2013. I found Seeking Safety most rewarding to my work. It allowed me to continue to be passionate toward providing the best services to my clients, but it also impacted my personal well-being in the process. To my surprise, we have consistent attendance, considering our program sometimes has a high rate of attrition.

BHRS Cultural Competence Oversight Committee meets on the 2nd Monday of each month from 9:00 a.m. to 10:30 a.m. in the Martin Conference Room, 830 Scenic Drive Seeking Safety is a present-focused, coping skills therapy to help people attain safety from trauma/PTSD and substance use disorder (SUD). It embodies a compassionate tone that honors what clients have survived and respects their strengths. It was designed for flexible use. It is a first-stage model that can be used from the start of treatment. The key principles of Seeking Safety are: (1) Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions). (2) Integrated treatment (working on both trauma and substance abuse at the same time). (3) A focus on ideals to counteract the loss of ideals in both trauma and substance abuse. (4) Four content areas: cognitive, behavioral, interpersonal, and case management. (5) Attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).



Seeking Safety has a strong public health emphasis: low cost to implement, with emphasis on engagement and concrete strategies. The model has been used with a broad range of vulnerable populations, including those with severe and chronic mental health conditions, adolescents, military and veterans, homeless, domestic violence, criminal justice, racially/ethnically diverse, mild traumatic brain injury or other cognitive impairment, serious and persistent mental illness, low-reading or illiterate clients, and others. It is also used for individuals with PTSD or SUD disorder alone, subthreshold, or a history of the either disorder. Seeking Safety has been translated into Spanish, French, German, Dutch, Swedish, Polish, Greek, Japanese, Vietnamese and Chinese. The model has been conducted by a broad range of clinicians, including social workers, psychologists, nurses, case managers, mental health counselors, substance abuse counselors, emergency workers, domestic violence advocates, as well as

paraprofessionals, and peer-led.

We provide a Seeking Safety Packet, which included Stan Up for Wellness: Peer Support Group Directory, Safe Coping Skills magnet, and Key Chains on Groundings and other resource materials. We start out with the topic "What Is PTSD?" Clients immediately become engaged and connect with their personal experiences. They are able to identify and accept where they're at mental health wise. After a few groups, we see an increase in attendance and a decrease in substance use. For example, one client was actively using (THC), and by the 3<sup>rd</sup> group, he was able to titrate and stop using. The client completed the group and graduated. He was referred back to Welfare to Work activity for employment probability. In another success story, a female client began group chronically using Methamphetamine, and while attending Seeking Safety she was able to stop using to her surprise. She was participating in a Certified Nurse Assistant (CNA) program and was quite proud of herself.

We customized our curriculum to a total of 12 sessions. The topics include Stress and Anger Management, 40 Developmental Assets and Parenting and Community Integration. It has been observed in our program that this modality seems to transcend a variety of cultures.

The Behavioral Health Services (BHS) program provides consultation, assessment and treatment services for CalWORKs Customers. Customers are referred to BHS when they need assistance with being successful when participating in Welfare to Work (WTW) activities or in order to continue the CalWORKs application process.

If you would like to learn more about Behavioral Health Services, Please contact them at:

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# Highlights of January Cultural Competency, Equity and Social Justice Committee (CCESJC) Meeting



- \* Presentation of Cultural Champion Award nominations to Monica Silva and Antonio Messina, and the Cultural Champion Award to the Assyrian American Civic Club of Turlock represented by Pres. Sam David and representative Carmen Morad
- \* A presentation on how BHRS can implement the "Each Mind Matters" campaign out within BHRS and partner agencies. The CCESJC gave feedback on what they heard in the presentation.
- \* Online and print resources were provided to the members of the CCESJC. Kurt presented handouts targeted to the Asian/Pacific Islander, Hispanic, Native American and African American communities.
- \* The Training calendar is online to review for latest training; "Principles and Practices of Interpreting" provided in November and December 2014. It will happen again in next few months.
- \* CA Brief Multicultural Training (2-day) will be provided on 3/18 & 3/25 with Dorbea Cary and Sharon Jones.

If you have questions or suggestions regarding Cultural Competency, please forward them by e-mail to:

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