



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Decolonizing Training and Supervision: Understanding the Role of Colonization and Historical Trauma in Behavioral Health Training

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Mid-America MHTTC

The Mid-America Mental Health Technology Transfer Center (MHTTC) serves the four states of Iowa, Kansas, Missouri and Nebraska with a focus on integrated care, schools and mental health training programs.

The Mid-America MHTTC, funded at \$5.2 million by the Substance Abuse and Mental Health Services Administration (SAMHSA), was established in 2018 and is housed at the Munroe-Meyer Institute at the University of Nebraska Medical Center. The Center primarily works to integrate behavioral health care into primary care programs, but also provides training and technical assistance in implementing comprehensive school mental health programming, community-based programming to address serious mental illness, and behavioral health workforce development.

Across the region, the Mid-America MHTTC serves to align mental health systems and professional competencies with evidence-based mental health practices by providing free or low-cost training and technical assistance on a variety of topics germane to effective mental health practice. Types of training and technical assistance may include needs assessments, webinars, workshops, program evaluation and others.

The Center's overall goal is to assist mental health programs and providers to establish ongoing programs that are locally supported and sustainable over time.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



Mid-America Mental Health Technology Transfer Center (MHTTC)

- Funded by the federal Substance Abuse and Mental Health Services Administration (Grant number: H79SM081769).
- Awarded to UNMC's Behavioral Health Education Center of Nebraska (BHECN).
- Serves to align mental health services across Missouri, Iowa, Nebraska, and Kansas with evidence-based practice.

Announcements

- This webinar is recorded.

<https://mhttcnetwork.org/centers/mid-america-mhttc/decolonizing-training-and-supervision-implementing-culturally-responsive>



Decolonizing Training and Supervision: Implementing a Culturally Responsive Model of Training

Part 1: Decolonizing Training and Supervision: Understanding the Role of Colonization and Historical Trauma in Behavioral Health Training

Part 2: Decolonizing Training and Supervision: Supervision Models and Cultural Adaptation

Part 3: Decolonizing Training and Supervision: Protection of Providers and Clinical Adaptation



Objectives

1. Participants will review the role of colonization and historical trauma in behavioral health training.
2. Participants will define what it means to decolonize supervision and training.
3. Participants will examine the conflicting and competing worldviews that supervisors and supervisees can experience in supervision and training.



Overview

- About Us
- Introduction to Model
- Historical Trauma and Behavioral Health
- Conflicting Worldviews and Understanding Privilege in Supervision
- Cultural norms vs. Larger Societal Norms
- Decolonizing Supervision



About Us

Dr. Anitra Warrior

Dr. Belinda Hinojos

Dr. Patty Cerda-Lizarraga

Design Thinking: Liberatory Design

A mindset of equity and collaborative problem solving:

- “Generate self-awareness to liberate designers from habits that perpetuate inequity.
- Shift the relationship between the people who hold power to design and those impacted.
- Foster learning and agency for those involved in and influenced by the design work.
- Create conditions for collective liberation.”

Anaissie, T., Cary, V., Clifford, D., Malarkey, T. & Wise, S. (2021). *Liberatory Design*.
<http://www.liberatorydesign.com>



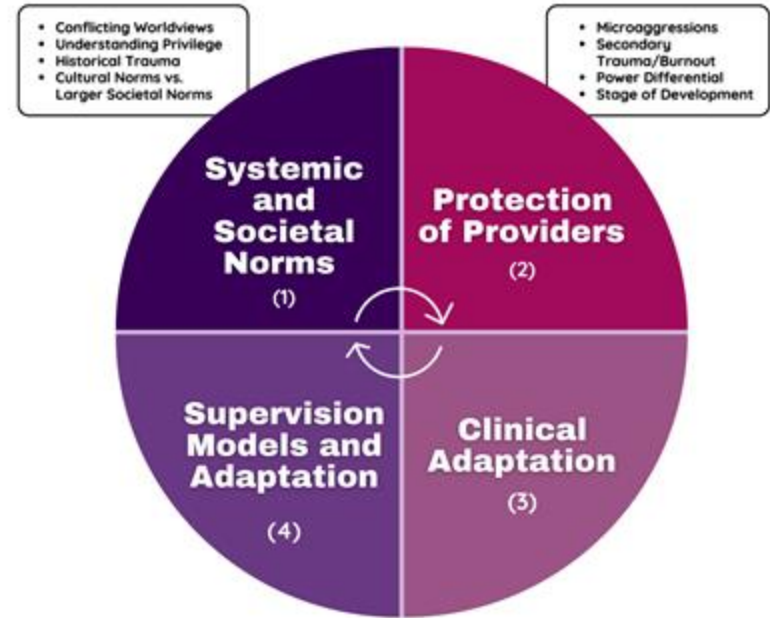
Reclaiming Pathways: Decolonizing Training and Supervision Model

Systemic and Societal Norms (1)

- Conflicting Worldviews
- Understanding Privilege
- Historical Trauma
- Cultural Norms vs. Larger Societal Norms

Protection of Providers (2)

- Microaggressions
- Secondary trauma/Burnout
- Power differential
- Stage of Development



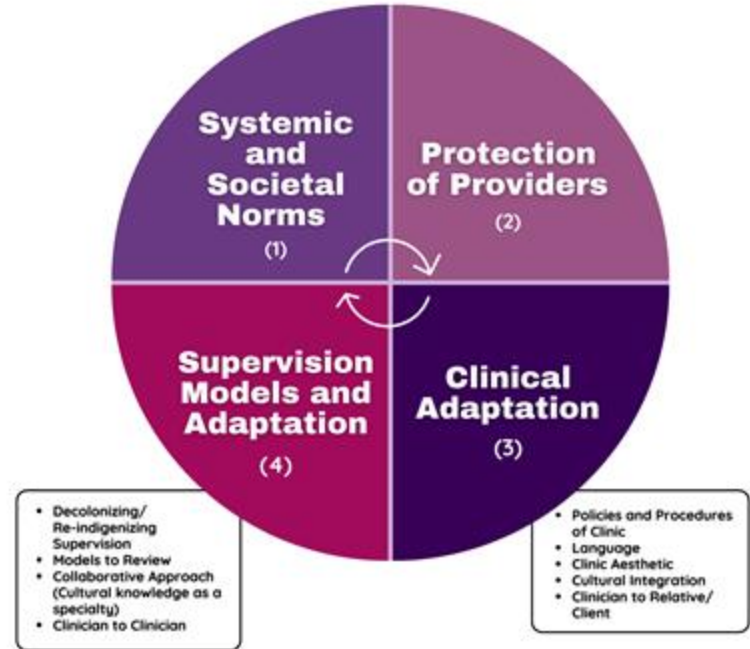
Reclaiming Pathways: Decolonizing Training and Supervision Model

Clinical Adaptation (3)

- Policies and Procedures of clinic
- Language
- Clinical Aesthetic
- Cultural Integration

Supervision Models and Adaptation (4)

- Decolonizing/re-indigenizing supervision
- Models to Review
- Collaborative Approach (cultural knowledge as a speciali



Colonialism

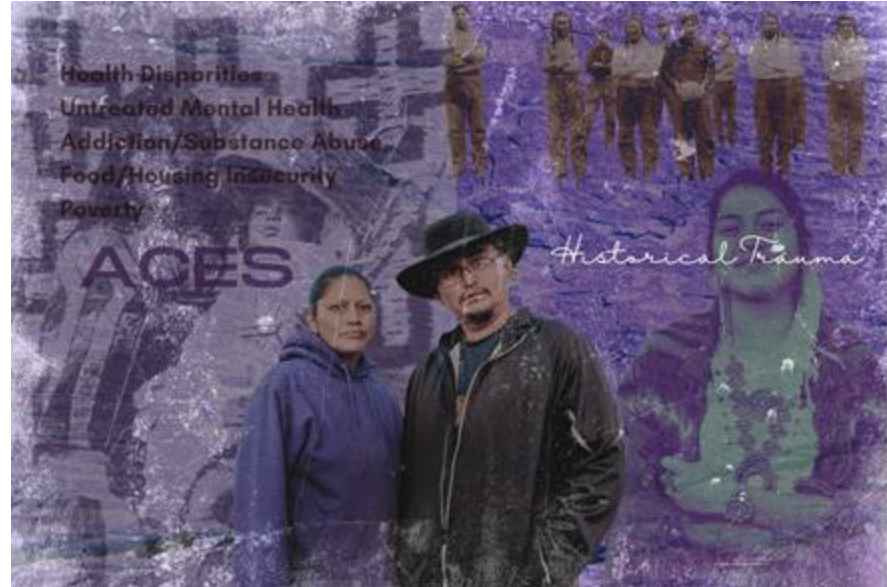
Through European contact indigenous populations were annihilated through waves of disease, forced relocation to other lands, creation of reservation systems, betrayal of agreements and treaties, bleak living and traveling conditions (Heart, B., & DeBruyn, L. M. (1998)).



Historical Trauma

According to Avalos, the term historical trauma was first observed and developed to describe the experiences of holocaust survivors who experienced psychological effects that were passed on to their descendants (Avalos, N., 2021; Kellermann, 2001).

In the 1990's the term historical trauma was introduced within the Native American context by DeBruyn and Brave Heart (1998) and Duran and Duran (1995) who described it as historical unresolved grief or "soul wound".

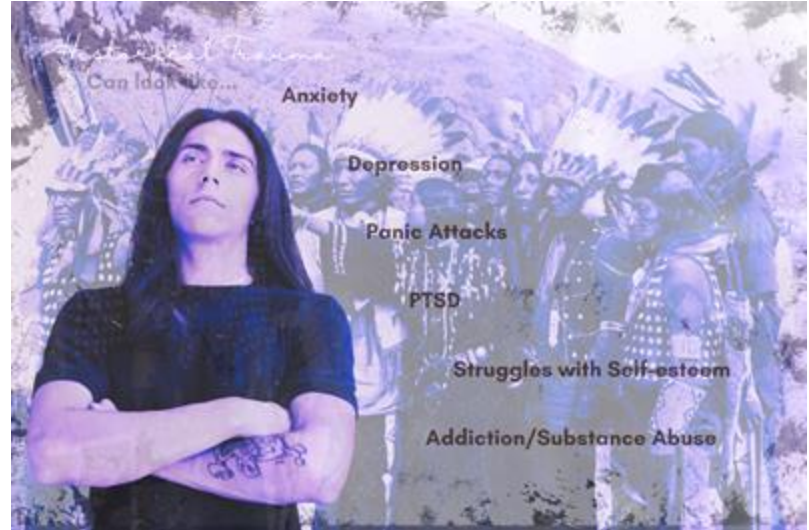


Historical Trauma and Behavioral Health

Historical trauma has been described as complex and collective trauma experienced by a group of people that share identity, affiliation and circumstance, over time and across generations (Brave Heart & DeBruyn, 1998)

Historical trauma has implications for both mental and physical health of individuals that lead to inequities that may be observed centuries later (Sandoiu, A. 2020).

Historical trauma/unresolved grief results from “the loss of lives, land and vital aspects of Native culture promulgated by the European conquest of the Americas” (Brave Heart & DeBruyn, 1998).



Impact of Historical Trauma among American Indian/Native American Communities

Historical Trauma is pervasive among Native communities.

Overwhelming loss of...

- Homeland due to forced relocation to reservations

- Language

- Traditional medicine/healing practices

- Traditional spiritual practices



Supervision requires and understanding of the interplay of power privilege and oppression.

supervision- acknowledging the power differential that exists between supervisor and trainee.

Supervisor as evaluator

Supervisor as experienced clinician

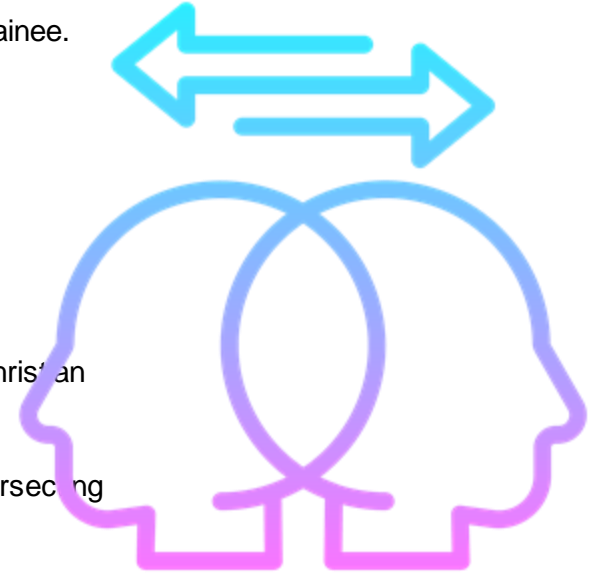
Supervisor having authority over trainee

Identifying who has Privilege and who does not have privilege.

Privilege; White, European American, heterosexual, upper/middle SES, able bodied, Christian

Not Privileged; BIPOC, LGBTQ, Low SES, Non- Christian,

How do you think privilege impacts the supervisory relationship taking into account intersecting Identities?





Conflicting Worldviews in Supervision

Supervisor-Supervisee- Client

Considering how values and worldviews come into play in the supervisory relationship as well as how the supervisee and client relationship must also be aware of the possibly conflicting worldviews.

Example, Individualistic vs. Collectivistic values

Can you think of aspects of conflicting worldviews in supervisions.

Cultural Norms vs Larger Societal Norms

Systemic and Societal concerns:

Evidenced based approaches

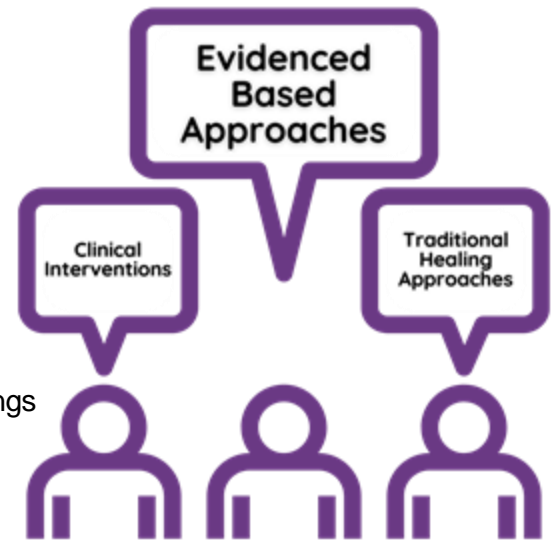
Clinical Interventions and Traditional Healing Approaches

- How to integrate traditional healing approaches within sessions and/or treatment plans
- Examples (prayer, smudging, sweat lodge)

Attendance/Outreach/Language/Ethical guidelines conflicting w/culture

- No shows/late starts
- Being present in the community, participating in events and gatherings
- Multiple roles in rural communities
- Gift giving

System resistance to cultural humility



Colonizing Practices in Supervision

Colonizing practices are those that reproduce the existing conditions of oppression by “failing to challenge hegemonic views that marginalized groups of people and that perpetuate deficit based ideologies and continue to disenfranchise” those individuals that continue to be oppressed (Goodman, R.D et. al, 2015).

This would be in conflict with practicing in a way that takes into account the individuals cultural values and norms.



**What do we
mean by
the term
colonized
practices** 

How do we Decolonize Supervision?

Traditional/collectivist values in a Western System

What do we mean by “decolonizing supervision” ?

By decolonizing supervision, we challenge the ideology that Western knowledge is universal, relevant and valuable for all individuals while non-Western knowledge is unrecognized, viewed as lesser than or appropriated for Western gain (Stein & De Oliveria Andreotti, 2017)

It requires examination of “the forces that shape the lives of clients, clinicians and supervisors including established practices in the field” (Hernandez, P and McDowell, 2010).



Supervisor Role in decolonizing Supervision

Work to recognize bias

Reduce favoritism

Consider intersectionality,

Embrace diversity and backgrounds of supervisee,

Equity=based on uniqueness of supervisees and the resources they may need.

Self of Supervisor and Self-Awareness

Structural Awareness

Application to Supervision

**What
is the
supervisor
role in
decolonizing
supervision?**



Closing

Decolonizing both clinical services and supervision through the model of Liberatory Design thinking builds on the common goal of creating more inclusive and equitable environments:

- Centering marginalized voices
- Addressing power dynamics
- Contextual understanding
- Critical Reflection and learning
- Co-creation and empowerment



Thank You

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