

WELCOME EVERYONE

ROOTED IN COMMUNITY



GROWING IN UNITY

PLEASE FIND A SEAT AT A TABLE WITH OTHERS YOU
DO NOT KNOW/WORK WITH 😊



CULTURALLY ROOTED CARE:

Planting Traditional Knowledge
into Documentation

Presented by:
Dinetta Morris, Alexa Kovac
& All of You!



INTRODUCTIONS

Dinetta - Although I am from a big city, I am truly an old soul with country roots! Daughter of Ella and Nelson Ireland, and granddaughter of Lillian and L.D. Lucas all of whom continue to guide me in spirit (with the exception of my dad). I'm the middle of two sisters and a proud auntie to two nieces and a nephew. I'm also a fur mom to one very spoiled fur baby, Kofi. I love creating special moments for friends and family, cooking, dancing, and watching highly criticized bad B-rated movies. I began my career as a Head Start teacher before earning my Masters degree in Counseling. That path eventually led me from Texas to Bethel, where my love for Alaska truly began. Today, I work full time as a Quality Assurance Supervisor for Maniilaq Behavioral Health Services in Kotzebue and during my "spare time", I work part-time I providing BHA supervision and therapy outside of my full-time work.

Alexa - Raised in Florida, Rooted in Colorado, transformed in Alaska - all are home. I'm the daughter of Stephen and Kimberly Kovac and an only child raised with love and grit. I'm in long-term recovery, and that experience shapes both my personal journey and professional mission. I hold a Master of Arts in Addictions Counseling and serve as the Quality Assurance Team Lead for Maniilaq BHS. Since moving to Alaska in 2022, I've met people who've become more than colleagues - they've become my chosen family. I find joy in baking desserts from scratch, birdwatching, and writing long to-do lists that bring a strange sense of peace. I love to decompress with Netflix and an iced coffee even in subzero weather! I believe recovery is possible, systems can evolve, and people can grow - even in the messy middle.

SESSION

OVERVIEW/OBJECTIVES

Using real examples and practical tools, we'll walk through ways to highlight a client's cultural practice as protective factors and treatment supports to strengthen sessions and document progress in a way that reflects the whole person not just their diagnosis.

1. Gain a "Cultural-to-Clinical" approach to documentation
2. Practice developing progress notes incorporating cultural practices
3. Share experiences that support strength-based approaches and culturally attuned treatment
4. Gain more confidence in documenting other important aspects rather than just about the Dx



The theme for this year's forum is *“Rooted in Community, Growing in Unity.”*

Together, we'll ground ourselves by planting seeds of knowledge with one another. Over time, as this shared knowledge is applied, practiced, and nourished we'll witness how things take root and grow, strengthening both our practice and our communities.

Instructions:

Each table has received a packet of seeds, soil, and a container. Plant your seed inside the soil and cover it. As you plant your seed together, take a moment to reflect and discuss on this prompt:

What does cultural strength mean to you and how do you currently apply it in your work/community?

GROUNDING ACTIVITY (8 minutes)

The background features a light beige sky with stylized white and blue clouds at the top. Black silhouettes of birds are scattered across the sky. The bottom of the image shows a dark blue horizontal band representing water, with several green evergreen trees of varying sizes on the left and right sides.

COLLECTIVE DISCUSSION

Identify 1-2 people from your table to share some of the responses to what cultural strength means and if it's applied at work or not. If so, share how it's currently applied at your/their work/community?

Before we dive deeper into weaving culture into clinical documentation, let's first define and discuss what some of the key components of documentation actually are.



KEY COMPONENTS/PURPOSE OF DOCUMENTATION

- Assessments
- Treatment Plans
- Progress Notes

individualization

interventions

objectives

follow up/plan

goals

client response

progress towards goal

*medical necessity/functional
impairment*

*Purpose: to inform insurance of the therapeutic work being done with clients
and how they are responding to it to become "better"*



documentation can be both **CLINICAL & CULTURAL**

- Seeing documentation only as a clinical task can have oversights because it may overlook culture, minimize client strengths, and reduce engagement.
- By intentionally weaving culture into clinical documentation, we can enhance engagement, highlight strengths, and recognize cultural practices and traditions as valuable therapeutic tools.

Where are
STRENGTHS first
identified?

What are some
examples of
common strengths
captured?

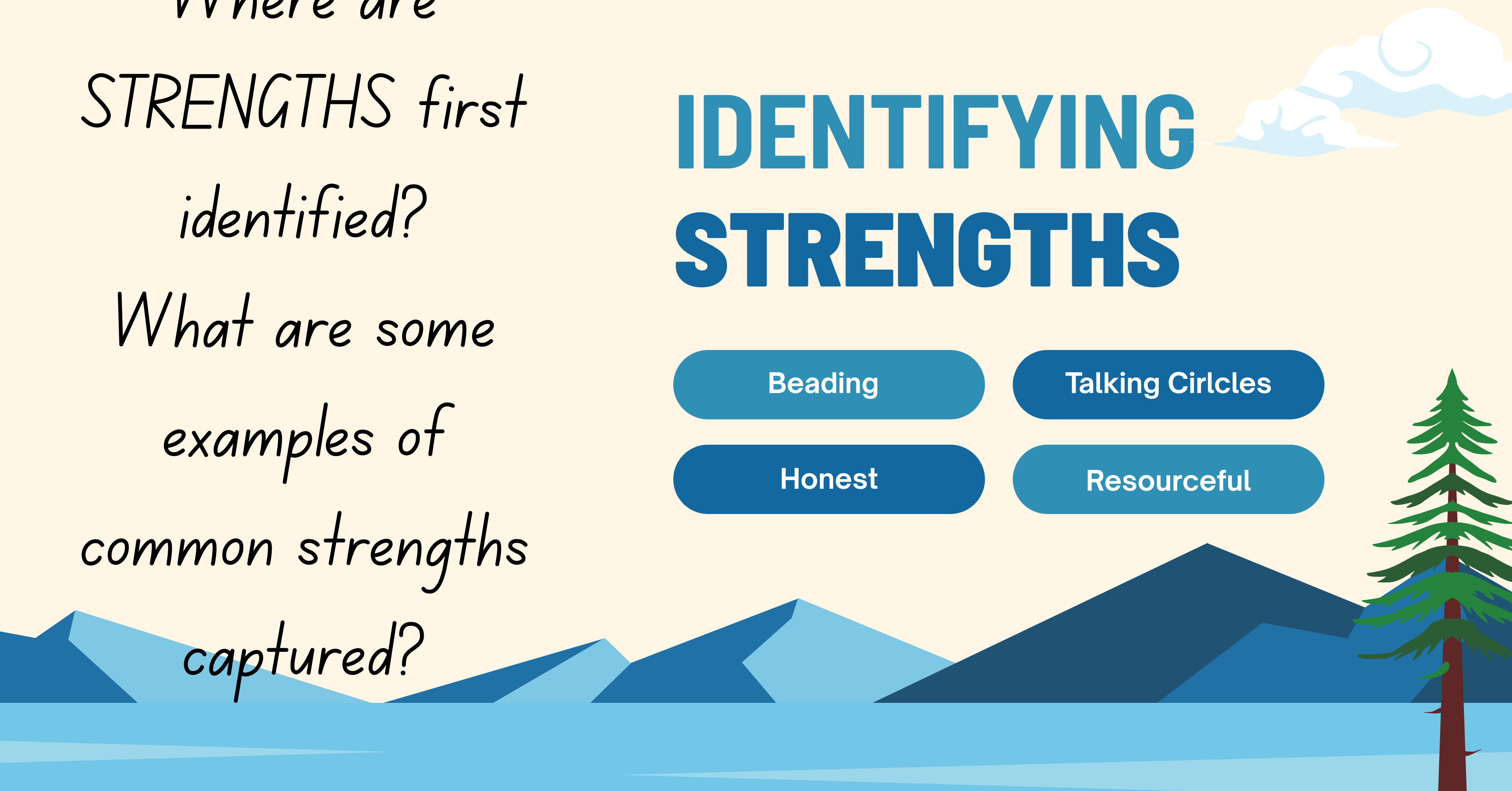
IDENTIFYING STRENGTHS

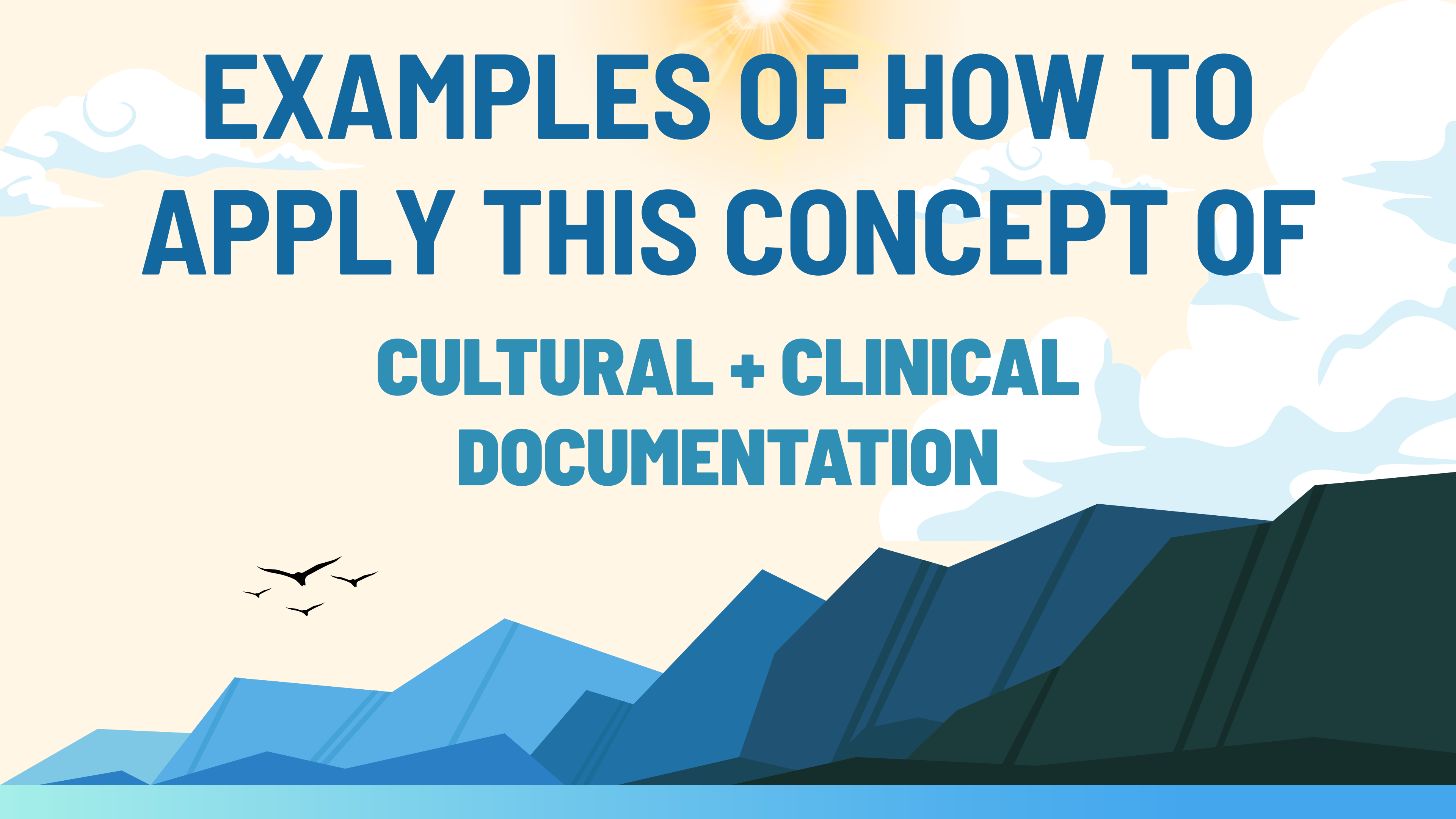
Beading

Talking Circles

Honest

Resourceful

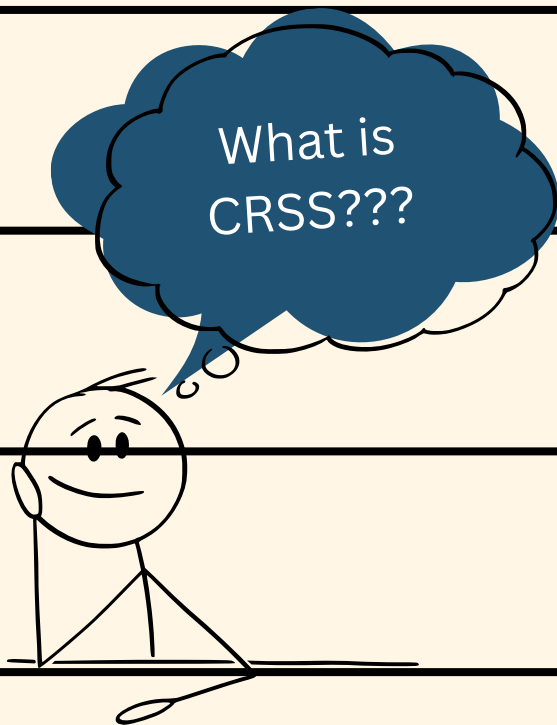


The background is a stylized landscape. At the top, a bright yellow sun with rays is partially obscured by a large, white, fluffy cloud. Below the sun, there are more white clouds of varying shapes. In the foreground, there are several jagged mountain peaks. The mountains on the left are light blue, while the ones on the right are a darker blue. A few small, dark blue birds are flying in the sky to the left of the mountains. The overall color palette is warm and bright, with a mix of yellows, whites, and blues.

EXAMPLES OF HOW TO APPLY THIS CONCEPT OF CULTURAL + CLINICAL DOCUMENTATION

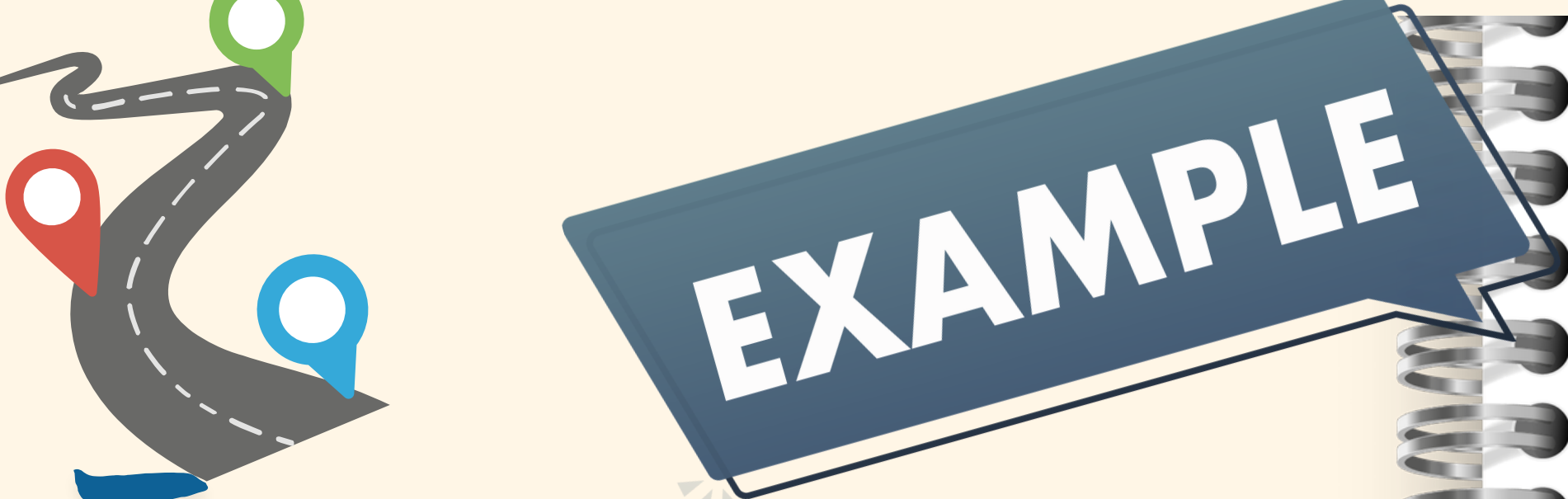
CULTURAL + CLINICAL



Cultural Practice	Documenting it as a CRSS Intervention
1.	
2.	
3.	

Community Recovery Support Services (CRSS) includes skill building, counseling, coaching, and support services to help prevent relapse, improve self-sufficiency, and promote recovery from behavioral health disorders (i.e., mental health disorders and/or substance use disorders)

H2021



Treatment PLAN



 individualization	goals 
 interventions	client response 
 objectives	progress towards goal 
 follow up/plan	medical necessity/functional impairment 

Problem: Client has been court ordered to participate in anger management due to assault charges that occurred while client was intoxicated. Client reports difficulty managing anger when drinking and acknowledges that alcohol use contributes to aggressive behavior and poor judgment.

Goal: Client wants to “stop drinking and control anger issues to stop getting in trouble”. Client wants to manage anger responses and maintain sobriety in order to prevent future legal issues.

Objective: 1. Client will identify 3 personal triggers related to anger and alcohol use as evidenced by self-report during talking circles and session observations.
2. Client will use the skill of beading as a coping skill to increase patience and ability to control impulsiveness.

Intervention: Provider will use MI & CBT during CRSS to coach and counsel client on identifying personal triggers, develop a personalized anger management plan and support client in using current cultural strengths to achieve personal goals.

CULTURAL + CLINICAL

Cultural Practice	Documenting it as a CRSS Intervention
Beading circle with Elders	Writer facilitated a skill-building group promoting mindfulness and cultural identity...
Subsistence activity (fishing, hunting)	Writer drew from client's strengths and lead an activity focused on coping skills /social engagement promoting structure and wellness...
Talking Circle	Writer facilitated group therapy focused on peer support and communication...



EXAMPLE



Talking Circle

Writer facilitated group therapy focused on peer support and communication...



Facilitator led a cultural talking circle focused on strengthening peer support and communication regarding managing big emotions. Participants shared traditional ways of managing strong emotions.

Client shared a story about how his relatives used nature to calm anger, which prompted discussion on how cultural practices such as spending time outdoors, walking, or connecting with the land can promote balance and wellness. Group members practiced active listening and mutual encouragement. Client identified one personal strategy he has been doing to manage his anger in a culturally grounded way (“sitting by the river when I get irritated helps me”).

Client will continue to practice and identify ways to use nature as a way to reduce his “anger outbursts”. His next group session will be next week at 9am in which writer will be introducing a new chapter on anger.

EXAMPLE



Beading circle with Elders

Writer facilitated a skill-building group promoting mindfulness and cultural identity...



 individualization	goals 
 interventions	client response 
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Writer facilitated an individual session to assist client with their treatment goal of become sober and managing employment better. Client participated in a culturally based beading activity co-led by an Elder to support mindfulness and strengthen cultural connection. The activity was used to build coping skills and promote focus, patience, and emotional regulation as alternatives to substance use. Discussions included how traditional practices can be used to manage cravings and stress in daily life.

Client was engaged and demonstrated understanding into how beading makes her “more focused and mindful of her thoughts.”

Client shared how this has been helping her be more focused at home allowing her not to be as irritated like she has been in the past.

Client will continue incorporating cultural activities that promote mindfulness as a healthier coping strategy. Client will attend her next session next Wednesday at 2pm.



*What's are some cultural
practices you've seen help
someone heal?*

STRENGTH BASED
APPROACH QUESTION

GROUP WORK

Each table will receive a prompt and materials to use for a role play in order to develop a sample progress note that includes cultural strengths. After the activity, we will share each table's outcomes.



PRESENTATION CONCLUSION

Incorporating culture into our documentation it's not about just adding extra words to make notes longer, its about adding meaning. It's about what's "wrong" with the client to what's "strong" about the client. When we incorporate culture, we're preserving stories, highlighting strengths, and survival. Every note is a chance to show that healing doesn't just happen in clinics; it can happen in fish camps, beading circles, and family kitchens. Let's keep charting in a way that honors both the person's culture and the therapeutic/clinical process. Because rooted in culture, we grow in unity.

TOOLS AND TAKEAWAYS

What are some
highlights/tools/takeaways
from this presentation that
you are leaving with?





THANK YOU...
PLEASE SCAN TO DO THE EVALUATION