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NAADAC
CULTURAL HUMILITY SERIES, PART VIII:
SOCIAL RESPONSIBILITY IN THE ADDICTION PROFESSION

WEDNESDAY, SEPTEMBER 9, 2020
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>> SPEAKER: The broadcast is now starting, all attendees are in listen only mode.

>> JESSICA O'BRIEN: Hello everyone. And welcome to today's webinar, on social responsibility in the addiction profession, the eighth part in our cultural humility series, presented by Samson Teklemariam and myself, Jessica O'Brien, with a panel discussion, including Pierluigi Mancini and Dr. Gary Ferguson. Originally we had planned to have Pamela Alexander also join us, but unfortunately she had a family emergency, and so was unable to do so. So obviously our thoughts are with her.

We are lucky to have Peter Pennington to join us who stepped in at the last minute so we're very thrilled about that.

So welcome, everybody.

I'm so happy that you can join us today. My name is Jessie O'Brien, and I am the training and professional development content manager for NAADAC, the association for addiction professionals. Prior to joining NAADAC, I worked for ten years with Phoenix house of New York and Long Island. I started as a social worker, moved into a program director role. Followed my passion for training and development and joined the learning and development team at our agency and lastly worked as the director of quality and compliance before leaving and joining NAADAC.

So I'm very thrilled to be here and I will be one of your co-presenters for today's training.

A few announcements, the permanent home page for NAADAC webinars is www.NAADAC.org/webinars. Make sure to bookmark this page so you can stay up-to-date in the latest on addiction education. Closed captioning it provided by CaptionAccess. Please check your most recent confirmation email or our Q and A and chat box for the link to use closed captioning.

Every NAADAC has its own web page that houses everything you need to know about that webinar. Immediately following the event you will find the online CE quiz link on the same page you used to register for this webinar. That will mean everything is hosted at the website you see at the top of the slide.

Today we are using once again go to webinar. You will notice the go to webinar control panel looks like the one on my slide. You can use that orange arrow there anytime to minimize or maximize the control panel. If you have any questions for the presenter, just type them into the questions box. We're going to gather those questions and give them to our panel during the live panel discussion towards the end of this webinar.

Any questions that we don't get to, we will collect directly from the presenters and post questions and answers on our website.

Lastly, under the questions tab, you will see another tab that says handouts. You can download the Power Point slides from that handout, and also any resources that we've also included as part of this presentation. There's also a user friendly instructional guide on how to access our online CE quiz and immediately earn your CE certificates. So please make sure to follow those instructions on our handout tab when you're ready to take the quiz.

So now I will turn this over to my co-presenter, Samson.

>> SAMSON TEKLEMARIAM: Thank you so much, Jessie. My name is Samson Teklemariam, and I'm the director of training and professional development for NAADAC, the association for addiction professionals. I previously worked for Phoenix house foundation as the national drentor of learning and development -- director of learning and development. In that role I was really fortunate to help manage a training department covering a hundred programs across 12 states. I've been able to serve as a leader in the addiction treatment profession for over ten years in a variety of roles from criminal justice to in patient residential community, mental health, school based systems.

I'm going to turn my web cam on so give you guys a wave here. There we go.

So my reputation in this field has really been about driving organizational results with learning and development solutions. I've been known for implementing initiatives that support organizational priorities, and produce measurable outcomes, like many of you I'm really a proud lifelong student in this field, and my hope is that I can provide a solution focused learning experience for you today.

So I'll never forget my first cultural competence training. The most memorable part of that training was this activity, where we all filled out a simple multiple choice 50 question assessment. The questions were really simple, like do you have fingers? Do you hope for good things to happen in your life? Or when you have a scrape on your knee, is the blood red?

At the end we quickly went through our answers, and realized in a classroom of over a hundred people, over 98 percent of our answers were exactly the same.

When humanity feels divided, it's important to remind ourselves of how similar we all really are. But it's equally important to take time and explore our -- and honor our differences.

One doesn't cross out the other, and in my own self-management, I've tried my best this year to remember that exercise.

As you see by our learning objectives here, we are wrapping up this incredible series on cultural humility today, and Jessie and I hope to weave in practical solutions on every slide, and we will conclude this webinar as she mentioned with a virtual town hall open forum discussion with guest panelists, Dr. Pierluigi Mancini, peter Pennington and Dr. Gary Ferguson.

Now, it is very hard to explore cultural diversity, humility, or competence without first committing to a lifelong journey of exploring self-awareness. So my question is, do you know who you are? Do you know how you think, how you love, how you play, how you learn?

I'm really proud of every person who is joining this webinar, or watching this recording, because that shows a desire to learn beyond our CE requirements. Dr. Anna Jovanovich, clinical psychologist and writer for global publications like readers digest, MSN, I can't hue news and family circle once wrote to be self-away, a person needs to be curious about themselves. Our minds and bodies are territories for which we yet need roadmaps. Every person has some roads they do not wish to take, and some roads they feel are worth exploring. How far you'll go in your journey of understanding yourselves depends on what you are ready to explore and experience.

So I invite you to be continually curious about your story. If you think people are who they are, maybe you think people don't change. First you're in the wrong business. Then second I dare you to meet a new grandparent, someone who just had their first grandchild, and you will see a changed person. It all starts with continuous curiosity.

Second, to improve self-awareness and know your story, let your walls down. Address defensiveness right in the moment when you recognize emotional reactivity. Defensiveness has its place in life. It exists and we can't deny it. We all want to protect ourselves, whether consciously or unconsciously, but in this work, one of the greatest challenges you'll face in the journey of self-improvement is your own defensiveness. From time to time we all have to be willing to see ourselves in a less than positive light and question ourselves how we see ourselves in the context the world we live in.

Three, don't just self-reflect. That can sometimes feel like walking in a dark forest. Instead mindfully explore self-reflection. Give appropriate and timely attention to your reactions and consider how your thoughts and feelings are affecting you in real time. Be willing to zoom out and see yourself in the eyes of others, and sometimes zoom in to better understand the source of some of these reactions.

Fourth, how many of us have encouraged our clients to journal? We prescribed interactive journaling techniques and activities to those seeking our help. Truly believing in its effect about, you know, about how well it works, but the question is how about us? Do we use journaling for self-care and self-awareness and our own growth as professional helpers and maybe for some of you, you did use it, and maybe you loved it, but with all of the distractions this year and your office now becoming your home, with, you know, kids doing back flips behind you while you're trying to save someone's life, maybe you lost your own maintenance techniques. Self-improvement is challenging when it's just in our minds. A series of thoughts just cycling. Maybe I should do it this way. Maybe I should consider it that way. Did I sound racist just then?

Most growth needs to occur in real life, and that can be through practical exercises, new decisions with action or writing. Track your progressive self-awareness and discoveries of your own story through journaling. And now I'll infight Jessie back to -- invite Jessie back to walk us through an activity. Please get out a pen and paper. Yes, in a webinar you're asked to get a pencil, pen or paper out. We're going to have an activity. In fact we'll have a couple of them today. So I'll turn this over to Jessie.

>> JESSICA O'BRIEN: Yes. This isn't just a poll guys. You actually have to write stuff down. So get ready. We're going to kick off with a little activity about identity, called valuing differences, what's your frame?

So on your piece of paper that you have in front of you, it's already there, right? Open up to a blank page. And draw two columns, like a T heart. So you're going to see it -- T chart. So you're going to see it on the screen, if you need a little visual and on the top of the first column, write the words socially normative/favored, and at the top of the second column, write not socially normative, not favored.

So I'll guide you through some questions about your identity and based on your answer, I want you to write where you think you fall in terms of socially favored/normative versus not.

So here's the thing. I'm not going to define for you what is socially normative. This is based on your understanding of what is socially normative or favored.

So let's just use the first question as an example. What is your gender identity? Male, female, other? Include how your gender identity matches your birth sex, because that might determine what column you put yourself in. Does that make sense? I hope so.

So in our example, you will see me in blue, and Samson in red. And

when we match, it's going to be in purple, just so you get the color coding down.

I'm going to continue on through a handful of identity characteristics. Obviously this could go on forever, but for the sake of time, I'm just going to ask a few, okay?

So next question: What is your age? Go ahead and put that in a column.

What is your physical ability? So are you able to move around without assistance?

What is your sexual orientation?

What is your racial identity?

What's your ethnicity?

What's your level of education?

What's your religion?

Were you born in the U.S.?

What's your marital status?

Describe your income level. Now, take a look at the answer on my screen. You don't have to write a salary here. Instead write your level of financial comfort.

What region of the country do you live in?

So I'm going to go ahead and stop there. Looking at the screen, Samson and I have made ourselves the examples here, okay? So I'm a 42 year old white cis gender heterosexual, married, able-bodied female. I was born in the United States and I'm financially comfortable. I'm a not very active member of a pretty normative religion.

Samson is a 37 year old Black cis gender heterosexual married able-bodied male. He was born in the U.S. into an immigrant household. He is financially comfortable and an active non-denominational Christian.

So it's quite clear from looking at my chart that I grew up and live in a position of privilege. And even though I'm female, which I put in the column on the right, I am cis gender which means my identity corresponds with my birth column.

Samson lives in Georgia and I live in New Jersey which depending on how you look at it can go in either column. But the point of this activity is not to do anything mind blowing. I know you know this stuff about yourselves. This isn't mind blowing. But sometimes it's really powerful to see it on paper. So take a look at your charts, where has society favored you?

Where have you faced barriers, obstacles, or oppression because you don't fall into the group that our society favors?

How is your reality impacted by these different areas of identity? We call this reality your frame, and it's the frame through which you view and experience the world.

So today we're going to look at some hard truths about your society, about disparities that exist based on some of these criteria, and our roles in perpetuating them, even if it's unintentional.

We put together a little handout for you that you can find in the

go to webinar menu that has that same activity which you can feel free to use with other people you work with or your clients, what have you, so take there.

What I really want to remind people today is that discomfort is inevitable, especially in dialogue about race and cultural identity, which is our primary focus today. And it can be really hard to talk about this stuff.

For me it's been hard to examine myself and discover that what I believe to be true about me isn't really the reality. I have biases. Many of I which I'm still discovering. And it makes me feel ashamed. Putting female aside, the most discomfort I've really ever had to face as a result of identity is probably admitting that I'm the beneficiary of a system that oppresses others. I don't want that to be true. I'm ashamed of the place that I've held at the expense of others.

So we feel shame when we violate the social norms that we believe in. It's often experienced as a moral or ethical failure and in moments of shame we feel humiliated, exposed, small, unable to look another person straight in the eye. We want to sink into the ground and kind of disappear. And recognizing one's implicit racial bias is likely to result in feelings of shame, due to the stigma associated with being perceived as racially biased. It feels easier to just ignore shame or to deny its existence, but it's like a messy closet and closing a door and ignoring it won't clean up the mess that's inside.

Hiding is not going to create change. The (indiscernible) will not move us forwards. In this sense overcoming racism is not simply recognizing racism but accepting one's personal shame. Overcoming the personal shame of an implicit racial bias becomes paramount, essential, in the larger acceptance of societal racial biases.

So for those of you to whom it applies, and I guess that's most of us that occupy positions of privilege in whatever way, I invite you to join me in embracing your shame. Push through the discomfort, participate in the dialogue, show up, show up again. It's not the talking about these issues that creates the divisiveness, right? That divisiveness already exists. It's through the dialogue, even when it's uncomfortable, that healing and change begin. So it's through the discomfort that we're going to grow.

So going back to our activity, as we go through today's training and activities, I'd like you all to always keep your frame in mind. It provides a framework, pun intended, for how to address today's training and how you look at relationships and interact with others through a cultural sensitive lens.

So the F in the frame is to figure out facts, not just what's apparent to you, but all the facts, seek more information, ask questions, and listen.

The R, reflect on reality, is this my reality or their reality? Am I looking at this through my fame or trying to see it flew their frame?

Acknowledge and challenge assumptions. Thick your expectation -- think about your expectations and whether they're

appropriate. Are you making assumptions based on your frame?

Maintain an open mind. Just because someone else's frame is different from yours doesn't make them wrong. What can you learn from them? And what can they learn from you, and what do you have in common?

And lastly expand your experience. Explore, expose yourself, and encounter differences. Expand your comfort zone, and increase your cultural competence.

So just going to take a few minutes to go over a few traditionally important terms, and some newer terms that we're hearing in today's environment. Some of our more traditional terms have evolved in our understanding of them as new concepts have emerged so let's take a look.

So first racism is prejudice, discrimination or antagonism directed against a person or people on the bafts of their membership of a particular racial or ethnic group, typically one that is a minority or marginalized. It can also be defined as a system of oppression manifested within internalized, interpersonal and institutional levels based on racial categorizations that privilege whites as the dominant group.

Interpersonal racism, perceived or direct experiences with racial discrimination, harassment or violence as perpetrated by individuals or a group.

And then systemic racism, and I'll just read the second one, involves maintaining the privilege of white groups through the domination of institutional positions of power and maintenance of discourses illustrating white culture as superior and normative.

So Samson, I'm going to invite you to turn on your camera and join me back here.

So I think it's safe to say that 2020 has been one of the most challenging years in modern history. Samson and I sat down and we compiled a list of triggering terms of 2020.

And so as you read through each of these words, take a moment and simply tune into your body's response. Pay attention to any thoughts, physical sensations, tightening, temperature changes, tingling or chills, any sort of emotional response or feeling and especially pay attention if you feel numb or nothing at all.

If there's a particular word that jumps out at you, send it to us in the Q and A box. Hopefully you remember where that is in your menu, or if there's a word missing, put that in the Q and A box, and we'll give you a few minutes to do that.

So for me, all of the words evoke an emotional response, right? There's a reason we chose them. So they're all sort of triggering for us, but I'm going to focus on a couple of word clusters, really just one, and that's Karen, shame and oppression, and those were really all tied together for me.

And shame and I spoke about this earlier for being a beneficiary in a system that suppressed others. Shame for knowing that it existed, but for taking advantage of my white privilege to be able to pretend that it didn't.

For watching as a white woman, like me, call the police on a Black man who was bird watching because he asked her to leash her dog.

Sorry.

Sadness and horror as George Floyd died, fully in front of all of us, crying out to his mom, to anyone for help, for Ahmaud Arbery who just went out for a jog to get exercise. Something that I get to do every day and I don't even think about it.

And the list of names is long but those were obviously the words that stood out to me. Samson, I'll let you respond.

>> SAMSON TEKLEMARIAM: Yeah. You know, the whole year, I've been feeling what you're feeling right now, Jessie, and you and I have chatted and connected and the same with lots of colleagues, counselors I've worked with over the last decade or so, people that have called and shared stories about these words that are trigger, not just to our clients, but to us.

Before I share the three that hopped out at me, wow, you guys really, really threw them out there. We have about a hundred different words that popped out. So I see a lot of Karen. Thank you for sharing that, Darcy, Katie. I see someone who added one that we didn't, can't breathe. Complacency stands out for you, Chris, thank you for sharing that. Robert shared color-blind. Someone threw out additional words, sensitive, color-blind, white, conspiracy theories. I see that. There's a lot here. There's a lot. Cancel culture, snowflake, ugliness, blue lives matter. I see that. Excessive force, defund, colonize, the N word. Thank you for sharing those. It's been a real year. We can't blind ourselves to it.

I'll share one that jumped out at me, excessive force, as a large man who also happens to be a man of color, I have been pressured by society to constantly be aware of my surroundings, to be watched and followed, in every grocery store and department store in nigh entire life -- my entire life, even though I have no criminal record, in society's eyes I am a criminal, before I walk out the door, numbers I leave the -- unless I leave the door with a button down shirt. I have to think about is it safe for me now and I have to think about that for my kids.

I know it's raining outside, let's say, for example, and I ask myself every single time it's raining, do I really want to put this hoodie on?

You know, it's interesting how much trauma we've experienced. This year alone, just from sights, scenes, and yes imagery from excessive force from police and how real it is but even more real is those families who have been stripped from them too soon.

On the flip side, with that same phrase, excessive force, I was actually encouraged to read this incredible story about Joseph Griffin, a Black man who was jogging and detained by police due to profiling, but after that altercation, this former military police officer, Joseph Griffin, Google it, he handled himself so well, I'm going to get to that later, that the local police department sheriff reached out to him, thanked him and offered him a job. He was even asked to provide a

training to that police department on bias in the state of Florida.

The news story was just released this morning, but it hit me and I realized with every moment of pain, I still do see moments of hope.

The other words that jumped out for me, Black Lives Matter, I know it's a movement, it's gone well beyond the organization. Of course the word trauma is this year, you know, has been repeatedly faced with trauma triggers. Bringing up things that I've worked hard to numb myself to, just to function. And, you know, really for decades, most Black families have been talking about these words and some of these emotionally charged words at their dinner table, on game night, you know, at the card table in their backyard, with their close friends and relatives. This has been open conversation.

The media is what made it new, you know, to some people.

But this is now a time where people are actually talking and maybe listening. That's not a bad thing.

I'll turn this over to Jessie.

>> JESSICA O'BRIEN: Okay. So I see a lot of really good comments. I wish I could comment on all of them. One that stood out to me is being emotionally activated is not the same as a trigger, which is a term that comes from studies and that's absolutely correct. And for some of these words, they are triggering for some people in terms of trauma, and they are more emotionally activating for others. It definitely depends on one's own history.

So I appreciate that comment. Thank you.

So we could go on and on on this slide, and because we have so much we need to get to, we can't, but I just want to close because we added these terms, because after the previous slide where we provided formal definitions, we feel society has gone well beyond the more introductory terminology. And words with often benign definitions in the dictionary now hold a meaning that they didn't before, like fence, right? And maybe that always did, but it's definitely become more loaded. And/or the weight of their meaning has become so much more palpable, visible, or overwhelming.

And so social responsibility, which is the topic of today's presentation, involves actively facing all of this, and its impact on our field. So thank you, guys, for going through this exercise with us.

>> SAMSON TEKLEMARIAM: Thank you so much, Jessie.

So now more than ever words matter. Terms matter. And in the same sense that PTSD research and related language had to change after 9/11, important terms of our understanding of cultural competence is always evolving, as we speak.

When we all can train in person again, I really hope to provide a full day training and dig into these terms but we don't have time.

First the term culture, it's the force that humanizes each of us. We would all be machines without culture. It is the beauty of who we are, but because of culture, each of us can view things, like help and healing differently.

Bicultural is rarely used in our counseling context and that's really unfortunate because it's probably the most predominant truth in countries like ours, with such a complex history of race and diversity. When you have a dominant culture, you're able to draw conclusions quicker based on your dominant upbringing, environment, and cultural perspective. But when you have two or more dominant cultures, you may often filter through each of those cultures to draw your conclusion on vital issues.

Now, what if those varying dominant consult tours for someone who is -- cultures for someone who is bicultural, Teklemariam, I'll let you look that up, what if those two cultures conflict on certain issues? Where do you land on certain items? People in your social or work group may perceive you as indecisive or too unnecessarily pragmatic, but your strength is that you may be more able to see the pros and cons of all sides, even those most divisive.

Now, this turn cultural competence, we're sort of -- term cultural competence, we're sort of -- you see the term cultural humility a lot more. I'll go in that later. One words that we really want to explore here is the word anti-racist, a person who opposes racism and promotes racial tolerance. The two words, oppose and promote, are critical in this definition.

We do not perpetuate or tol rate systems of racism or -- tolerate systems of racism or sexism in the world but what about the world promote? How do you as a counselor or agency push towards making an anti-racist world? How do you advocate for marginalized communities.

Every professional helper must ask these questions. Can I claim to be anti-racist if I don't believe or recognize that the world arranged us is racist? And lastly, is it possible to claim to be anti-racist unless if every white supremacist in the world hates working for my company? I mean think about it. If you are a person with racist beliefs, wouldn't you sort of hate working for a company that prides themselves on diversity and inclusion? I imagine it would be horrible working there.

I mean if they don't hate working for my company, maybe I should be pushing a little harder. I mean honestly this is a very low bar to achieve, and yet we still struggle, aiming for this very low bar. Think about it. I grew up in a time where people would always say, by the way in some places still say, I'm not a racist. I don't have a racist bone in my body.

But guess what? That's the low bar I'm talking about. That's like a counselor saying I don't abuse my patients. I promise. There's not an unethical bone in my body. I never cause physical, emotional or sexual harm to my patients? Are you kidding me? Let's strive for a few steps beyond that low threshold and explore what it means not just to be absent of racism, but to be against racism and racist structures.

Ibram X. Kendi has coined the term anti-racist in the last year. I strongly encourage everybody to get the book how to be an anti-racist, there's no book that you'll probably agree with every word on, but

there's interesting points here. He points out that racist is not the worst words in the English language. It is not the equivalent of a slur. It is descriptive. And the only way to undue racism is to constantly identify it, describe it, and then dismantle it. Please remember those words. Identify, describe, and dismantle.

These terms have a purpose, and it's more than just keeping us competent on culture. We're working to dismantle something, something systemic, something woven and embedded in our everyday lives that some of us are more aware of than others. Because the assumption is that everyone benefits from the same supports, as you see in this image. We assume, hey, the world is free. We all have the same opportunities, right? But in reality, notice this image on the far left. Is that really equal? Or is that equal in the way we have always intended it to mean in society?

So then the term equity arose, and the concept of affirmative action is one of many examples where we worked in our society to produce equity with supportive mechanisms, that image there in the middle.

Now look at the third image on the far right, justice. Notice how all three can see the game without any supports or accommodations, because the cause of the inequity was identified, it was addressed and then dismantled. It's tough because some people want to avoid talking about these things, but if we don't, how it can be identified and addressed, especially if it still exists? We must all work together to remove systemic barriers.

You know, systemic racism leaves few if any systems untouched. There are so many systemic disparities, and the ones (indiscernible) let's explore how systemic racism impacts us here in substance use treatment.

Most of us know that the opioid crisis sparked attention 10 or 20 years ago. Ironically African-Americans originally had this layer of protection from this crisis, but the protection wasn't from quality care in our care system. No, no, no the. The protection came from racial stereotypes that are being documented by researchers. Prescription opioids as most of us know have been marketed more aggressively in white rural areas and prescribed more frequently to white Americans than any other race. Researchers reviewed notes from medical prescribers and found that doctors, one, believed that Black people were more likely to become addicted to drugs, also believed that number two, would be more likely to sell drugs, and number three, had a higher pain threshold than white people because they were biologically different.

Dr. Andrew Kolodny noted a fourth possibility in a recent article published in the New York Times, he said some white doctors may have had unconscious bias. And were more empathetic to people who were like them and less empathetic to those who weren't. Just remember, the side effect of this, quote, unquote, accidental benefit is that once again a system allowed African-Americans to endure unnecessary and excruciating pain for illnesses like cancer due to undetected racial bias. I can only hope that hindsight can be 20/20 as we start paying closer attention to these disparities in an evolving health care system.

Also we'll mention this a few times, but if you have not done so already, make sure to watch quite possibly the most effective webinar on substance use disorders in African-American communities, by Dr. Watkins who helped bring to light the information on this slide. That according to our most recent national survey on drug use and health study, Black people are less likely to be prescribed opioids, less likely to get the correct dosage needed to control pain, and more likely given other non-opioid options that are not as effective. Therefore it wouldn't be in the medicine cabinet. Now, however, also in this study, Black people are more likely to get opioids from a family member or a friend than they are off the street.

Take a quick look at this graph and notice some of the common stereotypes where clinicians often assume the average African-American was introduced to substance misuse. For example, notice this little green piece of the pie, only 5.8 percent of African-Americans bought from a drug dealer or other stranger. Does that data conflict or challenge your own preconceptions in patient care?

Jessie?

>> JESSICA O'BRIEN: Thanks, Samson.

So we'll just continue on looking at this intersection in these racial disparities and substance use.

So in the United States, as in other countries, racial and ethnic membership often tracks with socioeconomic status. Black and Hispanic-Americans are especially likely to experience the stress of poverty and some of the resulting health disparities, including addiction.

I don't think this is news to many of us. Yet it is representative of how deeply embedded racism is in our country, and its impact on marginalized groups.

So just looking at this chart as an example, adults who are uninsured or low income are more likely to experience serious mental illness than individuals with insurance or higher incomes. For each year between 2008 and 2012, Black, Hispanic, and Asian adults were significantly less likely to report using any mental health services than individuals who were white or American Indian and Alaska native.

Among poor adults with a mental illness, white adults were more likely to use mental health services than those who were Black or Hispanic.

Not only are they more likely to experience the consequences of poverty and addiction, but once they reach a point of needing help, people of color have access -- have less access to and experience reduced completion rates in substance use treatments.

So in this image, the bar -- the bar graphs within the circles show odds ratios, that indicate the rates of treatment completion among Blacks and Hispanics relative to whites. And odds ratio indicates how likely a group is to report a specific outcome compared to a control group. So an odds ratio greater than one indicates the group is more likely to report that outcome, while an odds ratio of less than one indicates the group is less likely to report that outcome.

So in New York City Black and Hispanic groups are less likely to complete treatment than their white counterparts, same with Riverside, California and Buffalo New York.

So to put it mildly, the United States is not known for its equitable access to health care. Right? We know that. Evidence shows that there are race based inequalities in the quality of health care delivery, as well as access to health insurance.

So a quick search on Google on health disparities in the news came up with these headlines. It took me minutes to pull these together. Right?

So for those with higher levels of education and thus employment, the odds of accessing health insurance and medical leave is more likely, which makes access to substance use treatment more attainable. But as we mentioned before, studies show that racial groups track with socioeconomic status. People of color experiencing higher rates of poverty and unemployment. This may correspond with lack of access to employer based health care and health benefits, thus reducing access to treatment programs.

In fact clients of African-American ethnicity were 1.4 times more likely compared to clients of white ethnicity to report waiting for over a month before entering treatment. And once treatment was accessed, completion rates were especially low for Blacks and Latinos in alcohol and drug treatment, and for Native Americans in alcohol treatment.

We're likely familiar with the racial disparities in the criminal justice system. Similar rates of substance use disorders among Black, Latinx, and white individuals despite those similar rates. People of color are routinely and more frequently criminalized for substance misuse and criminal behaviors.

Research shows that prosecutors are twice as likely to pursue a mandatory minimum sentence for Black people as for white people charged with the same offense. Among people who received the mandatory minimum sentence in 2011, 38 percent were Latino and 31 percent were Black.

Black people and Native Americans were more likely to be killed by law enforcement than other racial or ethnic groups. They are often stereotyped as being violent or addicted to alcohol and other drugs. Experts believe that stigma and racism may play a major role in police-community interactions. Nearly 80 percent of people in federal prison and almost 60 percent of people in state prison for drug offenses are Black or Latino.

People of color experience discrimination at every stage of the criminal justice system and are more likely to be stopped, searched, arrested, convicted, and harshly sentenced, and saddled with a lifelong criminal record. This is particularly the case for drug law violations.

So substance use disorders and treatment do not operate separately from the larger systems in our society. They do as do all of us, operate within larger systems of institution that is have historical racist practices, such as the health care system, education system, employment

system, and criminal justice system like we just spoke about.

So therefore, in alignment with anti-racist practice, the substance use treatment industry, as embedded within institutions are historical racism, must interrogate it's own positioning on the subject of racism. Back to you Samson.

>> SAMSON TEKLEMARIAM: I could not agree more. You know, have you ever suddenly realized that you were wrong about something? Me neither. All right, no, I'm joking.

So nobody wants to believe that they're wrong or that their judgments and decisions are biased, but the truth is our judgments are often clouded and influenced by a host of factors.

I am going to go ahead and launch a quick video, because it's really important to understand the layers of biases and cognitive biases. So this is about one minute. Just take a moment here to launch this on your screen.

(Video playing.)

>> Unconscious biases are those impressions that exist in our unconscious mind and unknowingly inform our opinions about people. When we make judgments about people, we all have biases. We are aware of many of them, but sometimes they are completely subconscious and reflect our cultural and social experiences.

No matter how unbiased we think we are, these aspects of human nature shape how we interact with people and how we make decisions. They are blind spots in our rational decision making and we are unaware that they exist.

As one famous psychologist, Daniel Kanman said the brain is good for jumping to conclusions. We make decisions about someone within seconds of meeting them. If we do not counter these preconceptions, we can make mistakes that jeopardize our working relationships and hinder teamwork and creativity. We live and work in a diverse society. So we must be aware that our subconscious biases and stereotypes can affect how we think and feel about people we come into contact with.

(End of video.)

>> SAMSON TEKLEMARIAM: Okay. And I'm back. Sorry. Sharing that video was a little challenging tech wise.

So a couple of things just to remember. The quotes that jumped out to me, blind spots in our rational decision making, and we are unaware that they exist. That was really interesting. Also the brain is a machine for jumping to conclusions. You know, what if we don't counter those conclusions that we jump to, or what if we don't counter those preconceptions? What if we go through life pretending that biases don't exist. There are layers of biases, more than just blanket terms like racist and biases.

I'm going to share a quick story with you and I'd like you to take out that pen, paper, and pencil, I'm going to explain this story, and I want you to write down as soon as you can just what comes to your mind, what this story is about.

All right. A father and -- hold on. I'm moving in just a second

there.

A father and son were involved in a car accident in which the father was killed, and the son was seriously injured. The father was pronounced dead at the scene of the accident, and his body was taken to a local morgue. The son was taken by ambulance to a nearby hospital, and was immediately wheeled into an emergency operating room. A surgeon was called. Upon arrival, and seeing the patient, the attending surgeon exclaimed, oh, my God, it's my son.

Take a moment. Write down what you think this story is about? How can you explain this? A little bit of a mystery.

This activity was designed almost 14 years ago by social psychologist and researchers and in the original test, around 40 percent of participants who are faced with this challenge don't think of the most plausible answer being the surgeon is the boy's mother. Rather readers invent elaborate stories such as the boy was adopted and the surgeon was his natural father, or the father in the car was a priest. As such this exercise illustrates the most powerful pull of automatic stereotyped associations. For some individuals the association between surgeon and men is so strong that it interferes with problem solving, and making accurate judgments.

Consider the automaticity of stereotypes and the distinction between explicit and implicit biases. As you can tell, there are also layers of gender bias.

Affinity bias can sometimes be linked to that wonderful circle of trust from one of Robert De Niro's endearing roles in meet the Fockers, when you walk into any high school cafeteria in America and you see the students grouped by perceived affinity, it's the unconscious tendency to get along with others who are just like us. It's so easy for all of us to automatically socialize and spend time with those who are not different. It actually requires more effort to bridge differences when diversity is present.

You know, in our work and lives, there are a variety of layers of bias, and we could spend all day on this list that is popping up on your screen here, confirmation bias, halo effect, status quo, implicit bias, fundamental attribution error, on and on and on.

We have attached a handy resource to the handouts guide, or the handouts tab in your go to webinar control panel. It's also going to be on the NAADAC website for this webinar. That handout called NAADAC bias handout, has all of these and more biases with definitions and examples.

Okay. We've done our best to layer solutions and recommendations throughout this webinar. Lastly we'll cover recommendations for our entire workforce, agencies, and the individual professional helpers. I know we're really short on time so we'll breeze through this. Jessie, I'll turn this over to you.

>> JESSICA O'BRIEN: Sure. So when we think about cultural competence, we think about have you learned information about different communities, do you have a sense of your own identity, right? And

there's no arguing that learning is essential. Anti-racism is a bit more active and more intentional. It's like the values system that goes kind of hand in hand with the knowledge. And it's important to acknowledge that oppression is happening now, to validate the experience of others who have been impacted, often traumatized by the oppression, to interrogate racism as part of the social order and (indiscernible).

Cultural humility is the approach. It's an ability to maintain an interpersonal stance that is other oriented in relation to aspects of cultural identity that are most important to the person. It's different from knowledge because its focus is on self-humility.

And then advocacy is the action, right? The public support for something.

So social responsibility is sort of the sum of it all. It's the responsibility we all have to learn, to recognize the status quo and challenge it, to be open to others, and about the shortcomings of ourselves, right? With the intent to grow, and to take action.

Samson.

>> SAMSON TEKLEMARIAM: Thank you so much, Jessie. All right. So what is social responsibility? Well, the truth is that this concept really started in corporate America, when companies realized to truly gain a competitive edge, they needed to earn the trust of the newest generation entering the consumer workforce, millenials. Social responsibility is an ethical framework and suggests that an individual or agency has an obligation to work with and cooperate with other individuals and organizations for the benefit of society at large.

I'll encourage you to Google (indiscernible) social responsibility work or Legosa cultural responsibility framework or the company HD supply and their pillars of social responsibility. In a rare occurrence I think there's something we can actually learn from our neighbors in the private sector. So what does all this mean for those of us in the addiction treatment workforce? We already serve the underserved, right? For our field, it is socially responsible to consider those amongst the underserved who experience additional disparities, barriers in access to care, additional negative impacts in society, or are targets for societal experiences that triggers substance use.

Please save this slide. Take a look at it for some of the examples of what social responsibility is. You could look up Lacre, he's a musical artist who just released an album. Six months ago he released that album to those in the criminal justice sector. His concept was there's a scripture of the first shall be last, the last shall be first and we also take that into our recovery world so for the first time in history, a Grammy Award winning artist released their album to the underserved first. Those in criminal justice who were behind bars were the first to get this. That's an example of social responsibility. There's a lot of great examples.

But the question is why now? Why social responsibility? First

consider that almost every credentialed helping professional in the addiction profession abides by a code of ethics that includes advocate as a significant role we play in our client's lives. What we might have forgotten is that abiding by ethical code is the bear minimum requirement to be in this field. Yes, we must first do no harm, but has anyone other than me interested in getting off of first base? I mean we're talking about the sometimes all too scary concept of progress. Disparities have persisted, and yes, in some cases widened. Especially the COVID-19 pandemic during this time. In corporate America, about five to eight years ago, they had study after study proving that social responsibility builds, rebuilds consumer trusts and actually results in a more consistent revenue stream that those in the C suite level were looking at. Us in the addiction profession have to see social responsibility as a call to action. Will you take what you learned and blend it into your work in advocacy?

Here's the truth. Inclusion does not simply occur by waving a magic wand around and hoping we can all organically just feel included. Nope. In fact inclusion must be intentional. It requires strategic assertiveness. Remember that high school cafeteria analogy earlier? For someone to really break that social instinct where people just sit at their own tables, you have to be intentional. It requires an invitation, inclusion, and yes sometimes consistency and persistence. Because if it doesn't happen that way, what occurs may be unintentional exclusion.

So what does our entire industry need to do right now? Here are some social responsibility recommendations for the addiction profession. Consider both the wider community seeking SUD related help and your local community. Ask yourself are there specific populations in greater need, or more vulnerable to substance use disorders? Consider all of these disparities and some we mentioned earlier. Think about those who are underserved amongst the underserved. We can't forget our veterans. We have to remember the data that Dr. Watkins covered in her webinar earlier this year. Think about Elijah McClain, George Floyd, Ahmaud Arbery. Black history is American history. Black culture is American culture. And Black lives are American lives.

When considering social responsibility, remember that according to a ground breaking stonewall unhealthy attitudes survey, 50 percent of transgender adults have reported experiencing suicidal thoughts. One in four patient facing staff have reported hearing their colleagues make homophobic or biphobic remarks. Three in five staff with direct responsibility for patient care reported that they did not believe sexual orientation is relevant in health care. And approximately 26 percent of lesbian, gay, and bihealth care staff reported that they have been bullied or discriminated against by their colleagues. Social responsibility isn't about saving the whole world. It's about identifying where to start and beginning with those who have been discriminated against or have systems of care not designed for their benefit. For you and your local level, you may have different pillars

of social responsibility. You may include the deaf and hard of hearing, the homeless population, Native American communities, inner city youth, the list goes on and on and on.

I'll turn this to Jessie and we will be wrapping up in just a moment.

>> JESSICA O'BRIEN: All right. So what can we do? What are steps that we can take? And in terms of agencies, racism can manifest not only at the level of client contact, right? But in institutional practices and policies. Racism is an everyday occurrence and as a result has become normalized and often goes unnoticed.

Agencies must take and what Samson said purposeful intentional steps to help dismantle racist or discriminatory policies, so these steps can include providing anti-racist trainings for all employees, regardless of department or managerial status, creating a judgment free environment within your trainings. Racism is something that all individuals, regardless of race, have internalized as a result of being socialized within a racist society. Look at your program framework and policies. Are people of color represented at all job levels? Are policies reflective of perspectives and needs of people of color? Are your treatment models -- what about your marketing materials? Your community relations?

Look into culturally sensitive and appropriate curriculum. For example culturally responsive strengths based therapy is an excellent model for all substance use disorder treatment environments, and use a human strengths framework to conduct therapy.

So individually we all have work to do, in fact as we discussed earlier, the work really begins with you. So here are some actions you can take.

Take time to explore and understand your own cultural identity. Build awareness of your beliefs and attitudes about race, your own and others. What are your biases, and how might they obstruct your ability to build a solid therapeutic alliance? If you feel shame, explore it. Don't hide from it. Learn how race and racism intersect with socio, cultural, economic, political and institutional factors to influence substance use disorders and substance use treatment experiences for people of color. Use assessment strategies that will assess and illuminate the role of race and racism on each patient's experience and substance use disorder. Utilize evidence based treatments that align with each client's strengths, values, preferences, and needs.

So it's interesting, 'cause theories of psychotherapy are usually influenced by the cultural background of the therapist, and in thinking of that most of the theories we follow and learn about need to be expanded in terms of multicultural issues because their formative background originates from European American culture. So to be more succinct, many of our foundational theories were developed by white men. And it's not that they're bad or ineffective, but we need to remember the frame they were created through and be open to how they may or may not be effective for all people.

Lastly culturally responsive therapy is a counseling relationship

in which a client and a therapist are of different ethnicities, cultures, races, and backgrounds, and the therapist is able to demonstrate awareness of both his, hers and client's cultural stories. Have specific knowledge of the client's culture and uses culturally appropriate clinical skills in working with the clients.

Samson, back to you.

>> SAMSON TEKLEMARIAM: A nerd moment, Jessie. I just got chills when you brought up the frame, exercise again, that was awesome.

So that is so clear and so important what you just mentioned about culturally responsive therapy and being aware of the frame of how those models were originally designed. So, you know, speaking of original design, you know, we have a patient come into our office that reports feeling oppressed. This is my last tip, by the way.

You know, oppression is tough, because depending on where you are in your voting circle, political circle, social circle, you may feel compelled to not agree with someone's report of feeling oppressed. But if you are a helper, your job is to listen, and, yes, even believe their pain. Oppression or feelings of oppression are rarely somatic. It's really something that -- it's rarely something that someone just made up.

So when someone feels oppressed with these words, systemic racism, harassed by police, society fears me. Your first immediate response is of course to listen, to hear. That's what a helper does, and yes, to believer and let them know -- to believe and let them know that you believe them and that you hear them, and as a helper, remember that the most successful models we've seen for those who people oppressed are expressive models, or those models that promote expression. Often in the forms of creativity or arts.

So when someone has trouble finding their voice and they fear that their voice is oppressed, unheard and suppressed, you can give them arts, you can give them doodling, you can give them animation, music, lyrics, empowerment, poetry, journaling, hearing. Yes in fact some of the most ground breaking research we've seen of differentiating between treatment models or evidence based approaches that are successful and aren't successful is based on culture, minority populations have responded better to expressive therapeutic approaches. So I encourage you if you have not done so already, weave in these techniques with your individual patients.

We're going to shift. This is a list of resources and references. We are so fortunate to have this incredible panel of experts willing to connect with all of us, using a virtual town hall open forum discussion format. I will start by introducing you to Pamela Alexander, who by the way retired this year in the summer, and among many awards throughout her career, she is most proud of her now NALGAP lifetime achievement award in 2020. Unfortunately, Pamela just notified us this morning of a very sudden family emergency and will not be able to join us in this webinar. As a really incredible favor, we welcome back Peter Pennington, the regional business development

center, treating substance use disorders. He's been a co-presenter in a webinar this summer. It was on critical patient issues. Critical patient care issues. Peter provides annual and new hire orientation trainings on cultural diversity. He also lives in Virginia with his husband of eight years and adopted six year old twins and is a member of a LGBTQ+ softball team in Roanoke, Virginia. Really honored to have you here, Peter.

We also have Dr. Pierluigi Mancini. He has over 30 years of experience in culturally and linguistically appropriate behavior treatment and is one of the most sought after speakers.

Dr. Mancini founded Georgia's only Latino behavioral health program in 1999, to serve the immigrant population by providing cultural and linguistic appropriate services in English, Spanish and Portuguese.

We also have Dr. Gary Ferguson, he is a facilitator. Motivational speaker and health coach to communities and agencies around how to more deeply address contributing factors to health and well-being.

Dr. Ferguson is an Aleut. I'm probably going to mispronounce that. Originally from the islands community of San point Alaska. His past positions include providing clinical services to his only region at eastern Aleutian tribes, serving the Alaska native tribal health consortium as senior director of community health centers and at the rural community action program.

I will also join this panel. You've got the intro from me earlier and of course my close friend, colleague, and incredible presenter that gave us so much today, Jessie O'Brien.

If you have not done so already, panel, you can click on the green camera button underneath your mute button and turn on your web cam. Yeah, I see there, Dr. Mancini. Thank you Dr. Ferguson. Yes, and thank you Peter. It looks like we're all here. You all are awesome. Thanks for joining us. Thanks for activating your web cam.

There may be a little feedback, so if you're not speaking or answering a question, you'll see the mute button right above that green camera button. You can hit that button anytime to mute or unmute yourself.

Where we can start is if you can just share an opening statement, maybe one to two minutes about why this topic is so important to you and your work. And if it's okay, Dr. Mancini, if we could start with you, and then we will go to Peter and then Dr. Ferguson. Dr. Mancini, the floor is yours.

>> PIERLUIGI MANCINI: Thank you so much, Samson, and Jessie, and that was fantastic. Thank you guys for the webinar. It really is excited, and it's a pleasure to be here with everyone and fellow panelists.

You know, my opening statement for this topic, the importance of having inclusion goes beyond everything that we know. We all view substance use in many different ways. People from all over the world that continue to come to the United States, and when we arrive here, we are present the with the Westernized view of medicine, with a Westernized view of substance use, and treatment, whenever there are

problems associated, and we also have all of this lock list of rules, laws -- long list of rules, laws, and policies associated with it that really don't apply to many other parts of the worlds.

So having someone provide input, to provide clarity, to provide that cultural lens to addiction professionals is extremely important. So I'm very grateful to be here. Thank you, Samson.

>> SAMSON TEKLEMARIAM: Thank you, Pierluigi, and Peter?

>> PETER PENNINGTON: Thank you for having me and I appreciate everyone on the panel and everyone who is listening to today.

I love inclusion, and being culturally aware, the facilities that I work for talk about connection a lot. You can have anyone in any kind of therapy, individual, in patient treatment across the spectrum but it's utilizing those tools in real life and making a better life for yourself. Not only for the client, but for us as counselors, as doctors, who work with clients. They want to be seen, and we need to be able to have the tools and be culturally responsive using the therapy techniques that was discussed earlier, to meet the needs of the clients that we serve, because if we can't see them, we can't help them.

>> SAMSON TEKLEMARIAM: Thank you, Peter.

And Dr. Gary Ferguson?

>> GARY FERGUSON: Good morning, good afternoon. Really happy to be here today and thank you, Jessie and Samson, for the really amazing talk that you gave. I really feel like we've evolved as we understand race, as we understand inclusion. This slide that you shared around justice, I really feel like speaks to us who have been working in health care equity for many years. Almost 20 years now in Alaska working as a health care provider and originally from Alaska, as the first Alaskan indigenous.

Jessie, you were sharing in your comments just when we're uncomfortable, it's okay, and I feel like really creating that framework that allows folks to explore and go to those uncomfortable places, but in a safe way. I just feel like creating safety, creating safety in our organizations, creating safety in society, as Samson as you shared in your comments, you know, just some of us aren't safe in certain circumstances and how can we create a society that allows for safety, that allows for those of us who are seeking substance use treatment, that we can have an organization or community that embraces us and helps us where we're at, from our perspective, from our culture, from our framing. And I feel like that is a powerful discussion that is happening on the international level right now, and, you know, it's a very uncomfortable time for many of us as Americans, and I think pretty much on a worldwide level due to COVID, but I feel like the issues related to race and the conversations that matter around race and inclusiveness for people of color I feel is something that is going to be transformative for future generations, so I feel like we're at this incredible time of awareness and the opportunity to be more connected and humble. I love the cultural humility aspect of this talk, that in the end we all understand what we don't know and what questions we need

to ask.

Thank you.

>> SAMSON TEKLEMARIAM: Thank you, Dr. Ferguson. I will never forget, now I am a part of a conversation that matters. I love how you worded that. Thank you.

I'm going to start with a question for Dr. Pierluigi. Sandra from Texas asks could you share more information on how to betters reach Hispanic parents? And just as a side note, we're looking at questions coming in, and it looks like there are a lot of questions about community outreach Latino and Hispanic communities.

>> PIERLUIGI MANCINI: Thank you for the question. The first thing I will try to dissect here is the difference that exists when you say Hispanic families. We need to understand that it's a very complex environment that we work under. We do have individuals that are recent arrivals into the United States, and at the other end of the spectrum, you have families that have been here over 500 years. And we have to adapt the method of outreach based on the population that you're focusing on.

So whatever your service area, whatever the pocket of families that you're trying to reach, that's what you need to tailor, and it's different for everybody.

So I'll give you some examples. The agency that I founded here in Georgia and I ran for 18 years, we had physical representation of every single Spanish-speaking country. Spain, and from Mexico to Argentina. And we had U.S. born. We had foreign born. And we had all age groups.

But the way that we reached them, it had to be a specific. So we had many of our recent arrivals. We understood that language was the biggest barrier. While they were learning English, we had to reach out to them in Spanish. And we had to be by -- it had to be by individuals that they could trust, so it had to be individuals who were fluent in Spanish. And fluency means four things, read, write, speak and comprehend, and it has to be all four things. It could not just be a little bit of this. Because if you say the wrong thing, or if you don't understand fully what they're trying to say, you're breaking that trust, so the outreach has to be specific to the community.

At the same time, if you're outreaching to Hispanic families that are upwardly mobile, that are very technologically savvy, then yes, you can use Twitter, Facebook, Instagram, you can use the whole array of tools that are available for every community.

But I do make the emphasis, especially if you're speaking in Spanish, or Portuguese because everything at that I've done in my agency and the centers that I'm running now is Spanish, English and Portuguese. We cannot forget our Brazilian brothers and sisters and we have to make sure we're inclusive of those communities.

We also have the indigenous communities and the many die lektsz that are showing -- dialects that are showing up in the United States, but the outreach has to be targeted and we have to include them, which is the other part. We don't want to show up and say hey, we need you to

do this. The way that we were successful and we had in our after school programs, 95 percent parent participation. We had town hall meetings with over a hundred people. We had family events with over a thousand people. It's because we invited the community to be part of the planning and the making it happen.

Thank you.

>> SAMSON TEKLEMARIAM: Excellent. Thank you so much, and Sandra, yes, thank you for that question.

The next question is for Peter. Peter, Phyllis from North Carolina asks how do I help transgender clients that struggle with parents who do not accept them?

>> PETER PENNINGTON: That's a very good question. I could probably speak on this for about an hour, but I know we don't have that much time.

I would say first, when you are looking -- dealing with someone who is transgender, working with them, and parents that for any reason doesn't accept them, and that could come from a lack of understanding or knowledge of what is going on with their child, what is happening, who they are, this person is different than the way I originally viewed them or saw them. It's really difficult. The first thing as any counselor or therapist or doctor would be to build and establish that rapport and be there for the client that you're working with. I don't know much can be established unless you are using those culturally responsive techniques to see that individual, understanding what's going on with them.

With that person making sure that misgendering is not happening, meaning that people (indiscernible) which can happen with families that don't understand or don't like or don't agree with.

After that happens, it really depends on the situation and how the family is -- where they feel. If there's a lot of anger, a lot of resentment, a lot of shutting doors and homelessness that happens which attributes to the higher suicide ideation for transgender individuals, across the board, so having an understanding of what's going on with the family will help a lot.

I like the connections that happen, depending on if they're in a rural or urban community. Most of your urban settings have a lot more places where people can go to feel supported. A lot of -- I know in the Roanoke area, we have our own diversity center where people can feel a part of. We even have our own LGBT softball team. So having an access to those social supports can really be helpful.

And as far as the parents, the family, if they're willing to even seek understanding is you have to have that before the acceptance, seeing how far they're willing to go to understand, and come to some kind of mutual background, assessing where that family is and making sure the client is safe first and foremost, and then in a position where maybe they could have some tools to go to their parents and say I would like to talk to you about this, are you willing to seek education to understand where I'm coming from, as well as trying to understand where they're coming from. There's usually a lot of fear and anger behind

that. So getting past that. And time can be of extreme essence here. Being able -- I'm open to this conversation if you are. Being able to leave it on their doorstep to say I'm here, I am who I am. If you have any questions or comments or want to have that discussion, I'm here. But to be able to be safe and to gauge the understanding and where the family is is vitally important.

>> SAMSON TEKLEMARIAM: Thank you so much, Peter.

Dr. Ferguson, so first question for you is from Jean from Hawaii. Jean asks what are the most critical factors to consider when providing treatment to those in the Native American culture, and how do I best address the Hawaiian culture?

>> GARY FERGUSON: Thanks for the question, Samson, and, you know, so first off, when we think of the Hawaiian culture and I'm an Alaska native individual, and of a particular tribe, and affiliation, I always -- I'm always careful because I sit on many committees where I get to represent the voice of indigenous peoples and I always like to say, I come from this perspective and this is my world view, and similar to other cultures that are very diverse, we have 574 federally recognized tribes in the United States about half of whom are here in Alaska. And it's very diverse. And so I think one of the first things I like to say is, you know, even though Hawaiian, the Hawaiian language and how the Hawaiian people have faced a similar history, that it's unique to different groups within Hawaii, to understand the history of the Hawaiian people, and indigenous people and their rights and their challenges that we faced related to health care, voting rights. In Alaska, Native Americans weren't allowed to vote because we weren't considered civilized.

So when we consider substance use dependency and some of the healing of trauma, having a curious mind and asking questions, being respectful, never assuming and also as we think of the diversity within our tribal community, including Hawaii, I've had the honor of visiting and actually living a couple of years in Hawaii, and my Hawaiian cousin, I like to say, because we're fire and ice, we're very similar cultures that come from an island community too, and have a lot in common, and I really appreciate that, but at the same time I always am careful as I speak, especially for others, that making sure that people from the native Hawaiian community are at the table. I had the honor of serving at the American Indian cancer foundation as the chair, and we just recently have our first Hawaiian boards member, and I'm -- board member and I'm really excited to see the diversity that we get to expand to, and also when we think of of what our Hawaiian people have gone flew related to land rights -- gone through related to land rights and colonization, are very similar to other indigenous populations. However, it's unique in America, especially as it relates to health care and some of the complexity related to accessing care and disparities that relate to accessing care especially in the Indian health services and the different opportunities that people have for treatment and for wellness. I feel like all those are really important pieces as we look

at what some of our indigenous populations are going through.

A couple of other thoughts. There's a really wonderful Native American calling episode. Indigenous people's history of the United States of America that I think would be a really great listen. And a couple of really important points as we lack at serving our indigenous populations in the United States, is that some organizations will take a resource or a tool or a training or curriculum or approach and -- in the Native American communities. They put a feather in it and then call it indiginized. And I think that's really difficult. Does this gets to the people we're serving. Is the organization and my staff that I have in my organization properly represented by the people that we're serving, and so if it's a population of indigenous people that you're serving, do I have indigenous staff members? Do I have indigenous managers and leaders? I know Jessie you brought that up in your slides as well. That's a really important aspect of am I serving the people in a way that is going to be received well by them, and often having the people that look like you and speak like you represented in the people that are serving you creates trust and creates this cultural connection, and I feel like, not that you can't appear (indiscernible) from the culture but I feel it's wonderful and I think it's also a responsibility for us as we address racism in our nation is to have proper representation, especially at the table. If decisions are going to be made around curriculum or approaches and you don't have BIPOC people at the table, there's a problem. And in our community we like to say if you're not at the table, you might be on the menu. So I feel like that's really important when we think of really making sure that there's proper representation, and one other comments before I hand it back is this quote that in management and leadership, it says what we permit, we promote. And creating a culture inclusion, equity and justice within your organization is imperative, and checking it. When you see ripples or as you work with staff, when you see opportunities for improvement, or you hear a complaint by customer owners as we like to say of them in the tribal health system, take it seriously and really look at and nip it in the bud. It's insidious. Some of the thought streams that are going on, especially in today's polarized world. We need to do it respectfully, we need to do it sensitively. Hearing all sides of the story, but to really making sure our organizations are organizations that create hope for the people we serve, and that we're not repeating this colonized world view that continues to be perpetuated, even with somebody of indigenous heritage in leadership positions. That doesn't necessarily make them speak for everybody else, and I feel like that's another really important comment that (indiscernible) a psychologist that works with our indigenous communities and is a psychologist, because he calls it brown skinned bureaucracy. Be really careful you don't become a brown skinned bureaucracy and you may have the person at the table that comes from that community, but they're not necessarily enforcing the cultures and the framework of that society. They're just more like -- basically

it's a person who is perpetuating colonized thought. I think that's important to understand that we're in line with the values, with the culture and with the connection of the people that we serve.

>> JESSICA O'BRIEN: One thing I just want to recognize that Pierluigi I heard you say and also Gary that I think is so important in this conversation is, you know, in learning -- we talked about this sort of that wheel of social responsibility and that there's the cultural competence as spent of learning about -- as spent of learning about different -- aspect of learning about different groups of people but it's risky because in each group there's subgroups and they need to be represented, always way down to the individual and everyone sort of going back to everyone's different, and so that's where the importance of the humility really comes in, right? Because you can't ever assume, and you're never going to be fully knowledgeable, and so that's where that sort of deference and humility that is so essential to what we're talking about here.

>> SAMSON TEKLEMARIAM: Excellent. You guys, I'm like hanging on every word and I can't wait to watch the recording and take notes. This is one that sticks out to me because this is a topic about culture that we graze over so easily. Austin just asked us -- asked us what would be an appropriate approach to reach some of our communities who due to religion are unconsciously biased, especially on the issue of systemic racism?

I find the concept of religion as a very culture specific concept. It looks, feels, sometimes sounds different based on the culture, the region, and the people group, and yet in our recovery circles, we sometimes avoid that topic. So this is for each of you. Feel free to jump in, whoever. Again the question is from Austin. What would be an appropriate approach to reach some in our communities who due to religion are unconsciously biased, especially on the issue of systemic racism?

>> GARY FERGUSON: I'm happy to jump in for starters.

State the question one more time? I just totally lost my thought stream.

>> SAMSON TEKLEMARIAM: That's okay. Austin asked what would be an appropriate approach to reach some in our community who due to religion, are unconsciously biased, especially, especially on the issue of systemic racism?

>> GARY FERGUSON: So lately I've been unpacking this description of Stockholm syndrome as it relates to populations that have been colonized, and I've done just a little bit of it from the Filipino American journal. There's a really great article on it. And there's been some really interesting discourse within our own indigenous community related to orthodoxy and certain religions, certain belief systems being more inclusive to the indigenous people or to the people that they were serving or colonizing. Yet at the same time I always like to say, you know, we always have to be careful about the original world view of the people that we're serving, and many of us, like for

example, personally as an Alaska person, my undergrad is in biblical education, I went to Bible school for undergrad, and have a deep belief system in the creator. I'm less prone to a specific religion per se, but a deep belief in creator at this point.

But I really feel like having this honoring of our spiritual well-being is really important, and regardless of our belief system and being respectful and at the same time sometimes there's this carte blanche approach of everybody needs this, and maybe our world view, especially if we're of a certain belief system or religion, that we see the world through that lens, and even become, and some of our substance use treatment clinics are also really guilty of this, is like they require adherence to a certain belief system in order to be treated, and I feel like there are some that will self-select to those, but I really feel it's dangerous and it's also, in Alaska and many parts of throughout the world, clergy were often responsible for a lot of 9 trauma that people are self-medicating for. And so creating a terrain that is triggering for them to go through in treatment is really important to understand, and it doesn't negate the value of like in my case I'm a big fan of Jesus. I think he was amazing and I think we need to have a come to Jesus moment in America right now because we're not aligned. Because I would say especially if you claim Jesus Christ as your belief system.

But at this point we need to be more respectful and inclusive in that, especially in the treatments process, that if it's a trigger and finding out at the preliminary aspect that, you know, is religion an issue for you, and, you know, what is your belief system, so that we can do some screening of our clients so that we can be more respectful and always be careful about your own bias. Like in my case, you know, I've got my biases as well, so I need to be careful as I approach spirituality and religion, because that's part of our core being and I believe the highest part of our well-being is our spirit so how do we cultivate an inclusive environment and for those of us who work in faith based organizations, we always have to look at how we can be more inclusive to other belief systems and also question the way that we're doing things. Like why are we doing it this way and is this activating somebody to the point to where it's actually a barrier for their well-being.

And to step back. I mean to take a step back from the things that we hold as our core belief that maybe it isn't quite adds solid as -- as solid as other people's world view that comes from other parts the world or come from indigenous communities that have a connection to creator and ceremonies. In Alaska we had some of our native communities just got their indigenous dances back in 2007, 2008, because the church said those were devil worship. That was against God's law and I feel like it's such trauma that we're still dealing with right now that just being who you were, speaking your language. My grandmother who went to boarding school, was beat when she spoke her language.

So there's a lot of trauma in that, and then often it's overlaid with

this spirituality and this religion that many of us, for those of us who that's our path, that's comforting to us, but it might not be for others. And I feel like that's the respect, that's the inclusion that we need to create and take ourselves out of the puzzle so that we're not creating a terrain that could possibly have negative outcomes for the people we're serving.

So those are a few thoughts, thank you.

>> JESSICA O'BRIEN: I think I would also just add, in sort of, like what do we do for people who have a belief that's sort of -- that they follow, so they're sort of -- I don't want to say they hide behind that structure, but the structure exists, right? And I think a lot of us, in working in this field, that going right at something and confronting somebody who is in a place of ambivalence, I'm not saying this person is in ambivalence is not effective and I think that one of the ways to go about it is to model through your own relationship with that patient/client, just extending them the curiosity and understanding their perspective. Tell me more about this belief, you know, their culture, their religion, where this comes from, and I think in doing that and just being open to it, you're modeling something for them, whether they are aware of it or not, right? You're beginning to show what it's like to sort of explore and I think that's an important component to offer and just sort of put into your relationship with that client.

>> PETER PENNINGTON: I was thinking about this as you were reading the question. Alcoholics Anonymous is an important place for people and very accessible. It is highly predominantly Caucasian. The book was written by a white man back in the 30s, 20s and 30s, and a lot of your -- we're not so sure that it's very sensitive to different cultures. Predominantly if you're atheist or Muslim because it came out of an area that was Christian. And in the Roanoke area where I live, a lot of your Black, Latinos, it's hard to relate. There are groups in the area that are looking to connect and make Alcoholics Anonymous and other 12 step programs more inclusive in the area, but I think it's all about reaching out and knowing their own biases, knowing that we have them, knowing that others will have them, and trying to come to some common ground to say let's look at this, and it's things like this, such as the panels you're doing, Samson, to really get us together and begin having these discussions, so thank you nor what you're doing.

>> PIERLUIGI MANCINI: You know, I was at a meeting not too long ago, and TJ Jakes said racism is a creation of the heart. It deals with how you feel about me. Right? So when I hear that question, and you start putting religion and racism and recovery even together, one of the things that I continuously find is unfortunately we live in a society where still many people have not done their homework to learn what got us here. I have been in situations where people say I don't know why they're so angry. I have been in a situation where I'm in a meeting with white individuals and some of them said I never saw a Black person till I went to college. This is 2020. Right? So there are groups of

people that continue to be raised in the United States in very isolated kind of sheltered environments. And I think church in many of those environments is a very driving force for whatever religious following they have, on how they mold their beliefs. And the reality is that no matter who you are, if you're raised in an environment where you're fed one story, that's the only story you know. You're going to live your life based on that story. You've never been exposed to anything else.

You know, when it comes to treatment and recovery, unfortunately it does exist. We've seen many statistics on who gets treatment and who doesn't get treatment. And when we think of faith based programs, it's also the same thing, who gets in on who doesn't get in. And actually, I haven't followed through on it but I heard recently something about racism in the Bible, and where is it? It's everywhere, and how we are today in discrimination, bias, and that's the key, and Dr. Ferguson said it. We have to know our own biases. If I don't start with me, and what I would tell the person who asked this question, how do you change a system, a church or how do you even invite another person to have a conversation? We start with ourselves, because unless I know where I came from, unless I know where I stand, then I'm not going to be able to have a very frank conversation with you, because as soon as I get challenged, I'm going to falter. I need to make sure I'm standing on solid ground of where I am, where do I stand on this issue?

You know, today I choose to be an anti-racist. If I invite people to look that up. If you haven't heard that, look it up. It's not saying I'm not a racist. It's going beyond that, right? It's being an anti-racist.

So we start with ourselves, and then we apply those things to every aspect of our lives. Thank you.

>> SAMSON TEKLEMARIAM: Someone asked is Samson on this panel too? Yes, I am.

My two cents, I started off in this field as a pastor. So similar to Dr. Ferguson, I started theology, I'm saying in this field because I'm talking about the helping profession. Technically when you're a young person, some people go into ministry, I went into it because I felt I was called to it. (Indiscernible) started learning the science of how to help others. But that formative background of who I am is still there, and I saw the question that you asked, Austin, and this question that we all just discussed. I saw that all throughout the world of religion, either being a conduit, if someone made it intentional, a conduit for help, bringing someone in who needed help and making it communal or bringing people in, inclusive, but I also saw if as a barrier, a -- it as a barrier and a barrier to access to care for a lot of people, especially those in the LGBTQ community who couldn't feel accepted in a community that wouldn't welcome them in and often chastised them just for being themselves, you know? And this still happens today, and so how do you navigate those conversations? How do you integrate what that person believes and how firmly they believe it and also how that looks, especially if your residential care, let's say,

and you have a room down the hall of someone who firmly strongly believes in their religious beliefs, and then you have another person down the hall who believes what they believe but they also are from the LGBTQ community and may not be accepted by that person down the hall.

So you're in residential treatment, you're trying to navigate this tension, this conflict, you're maybe have them in group. These are real situations that we need trainings and conversations like this to navigate through, supervision to navigate through, but we also have to understand that everyone is on their own journey, at their own moment, their own level, and so this has taken me to the question that Margaret asked me, I don't know why you want to put me on the spot, Margaret, but that's okay. My question is for Sam, as an African-American, how do you work with a white client who is racist against you and refuses to work with you.

I'm going to answer this and I welcome everyone else to answer this. Because you may have worked with a racist client who conflicted with your belief.

I have two clients that come to mind. One was an older white male who used the N word in the counseling session, who was flippant, direct and very obvious about not just the racism, but wanting to get something out of me like a charge or an angry response. Every supervisor I have had said that what my instinct says (indiscernible) you don't want to work with him. But every supervisor I've had says we do not refer because of our uncomfortabilities, we refer because of their safety. So the question I have to ask myself, similar to what Dr. Mancini just shared, it is my self-awareness. Where am I in my recovery, where am I in my journey, am I safe for this client? That's the first question, because referral or that next step is about their safety.

Now, if as I check in with myself, if I find safety and that I'm able to keep that guard up and I'm able to focus on their needs, then, yes, you can use culturally responsive strength based care, the one that Jessie taught us about earlier in this presentation, and that model, you research it, they actually go directly at differences. They talk about them. Explore it. Tell me what that's like for you to be sitting on the other side of a room and getting counseling from someone you don't like, or someone you can't stand or maybe someone that you feel like is inferior, you know, to you. What's that like?

And so you don't keep the energy on you, right? You keep the conversation on them. Let them have moments to explore and express that. If you don't feel safe, then yeah, you got to talk to a supervisor because you don't want to be in a situation where you're cussing out a client on the other side.

The other was a teenager, and honestly with a teenager, I don't know if it's because the age difference, but the racism that he brought, it just didn't phase me. Just sort of rolled right off my back. I didn't feel hate. I felt that he had an empty need that was being unfulfilled and so I really had pity for him. I had compassion for his hate that he carried. And as much as I couldn't stand him, yes, when I got out,

had to talk to people, had to talk to supports to rebuild myself back up, but when I was working with him, I found out that he would ask his mom, every day, hey, we got to go see Samson? This is the racist kid in South Carolina by the way, that kept saying hey, are we going to see Samson?

So there was something there. So this is all about that the first thing we said, which is know your story, continue to know your story, and, yes, be self-aware.

Now, I'm going to jump back to something that we were talking about earlier with religion. You guys remember the bias handout that we referred to and there was one bias that came up was called confirmation bias? I see that bias a lot in religious institutions, religious organizations. I see that a lot in even faith based recovery organizations. So explore your confirmation bias, as an organization, as an agency, as an individual, and also look at the comparison between confirmation bias and cognitive dissonance in our care for patients. So that's my 12 cents, you know what I mean? It's like a dime and two pennies.

Does anybody else have anything to share on that question?

>> PETER PENNINGTON: I want to add something here being that I'm a South Carolina man myself. I actually grew up racist and I was not aware of it. We mentioned being in that small community where you don't meet anyone of any Black or Latino until you get to college. I was in a similar environment in a small town where you were ridiculed if you did not joke, if you did not have these kind of connections where -- these supports and peer pressure and things like happened. It wasn't until later when I was in recovery when I moved to Virginia that challenged me on comments that I made and one friend said to me that is not acceptable, and you should be glad I'm a friend of yours. It hit me hard but it made me question what I learned and who I was and that's not okay with me. So having that self-awareness, then to work even -- and it was a struggle within my own family to say, you know what, that's not okay with me and I don't want you using that language in front of my children anymore. But it starts with that self-awareness and understanding and I was fortunate to have a friend that did that for me.

>> JESSICA O'BRIEN: I think that just also reminds me of what Samson said about in the very beginning, I think it was one of the rules for our presentation, was that being comfortable with being wrong, you know, and that that's the only way to grow. So I really appreciate you sharing that, Peter.

>> PIERLUIGI MANCINI: Yeah, me too, Peter. Thank you so much. The only time, Samson when you were talking about experiencing racism, the only time that -- probably more, but sometimes we're so narcissistic that I don't even see it, but the only time that I truly sense that -- I mean I felt it, is when someone made a comment that because of my accent, they probably weren't going to learn anything, because I didn't speak English well. So they weren't -- they just weren't going to get it.

And they should have someone that knew how to speak English. So those kinds of things that are either very subtle or very direct can happen, and how do you address that, and you know, the direct approach always seems to be better in many of these cases.

>> GARY FERGUSON: And I would add just briefly that sometimes it isn't actual frank racist or aggression, but it's more micro aggression, like questioning somebody's credentials because of their race, the fact that, oh, you know maybe you're the janitor or maybe -- you know, so not necessarily looking at them in their professional capacity, and the story of a colleague recently, she just became the president of Alaska Pacific university, and I think she would appreciate and be okay with me sharing this. Valerie Davidson. It have (indiscernible) heritage, one of our Alaska native cultures, and when she received her status as president of the university, on social media, an Alaska native person actually was like does she have the right credentials? Does she have the right training? And so sometimes it isn't even someone of a different race. Sometimes it's people within our own community and lateral violence, and often it's due to trauma and our experience. Some of our own people can be the hardest on us. One elder in our home region likes to say we eat our own and sure enough, we do, and when are we going to change it? So I feel like that's also another way that many of us who are looking to making a difference in our community and our education status, we need to take a deep breath, and look through the eyes of compassion and, you know, Samson, I really value what you shared as far as the client safety, and if that's threatened, yes, make sure that they stay safe, but I feel like it's also, you know, the things that come to us are also learning opportunities for us, and the opportunity for us to go deeper into our journey of well-being as we face our own issues, our own issues of feeling less than because of society or where we grew up. Those are opportunities for us too, as healers, as people wanting to make a difference in other people's lives.

Thank you.

>> SAMSON TEKLEMARIAM: These were great, great, great. I would ask each of us to maybe commit to one, maybe two minutes, give yourself a 90 second timer if you can, because I really want to ask this question. This is a real moment, and Gary, Dr. Ferguson you just mentioned about getting real. I'm going to leave this person anonymous. But he asked, there is a situation going on through reflection, through self-awareness, through dealing with clients just like we're talking about now that they now realize they are unsafe and as a counselor, they have talked to their supervisor about safety in relation to racism, and they feel like the supervisor is not acknowledging how unsafe the counselor feels because of the things that we're discussing having to do with clients.

So I have a real quick answer for this person. I'll tell you right now, right now I'm not in direct care practice and I'll say there's a reason for that. I have small kids right now. They're five or six and three. Goodness. So long year. Just turned six, just turned three.

And I don't feel safe for people that test me, you know? Let me tell you right now. I am papa bear. I'm like don't test me, I'll kill you if you're talking about my kids. There's an old Samson coming back, whispering to me, and yes, the genuine honesty is I feel unsafe. So yeah, I built my career so I can also be a professional trainer, a consultant, an educator in the field and I can still stay connected to what I love and what I know I'm called to. But when the time comes that I feel safe again, I've maintained by licensure, I paid that horrible biannual fee that you have to pay to get your license renewed and I'm doing it because I know there's going to be a time that through supervision I can work my way back to direct care.

So for those of you who did asking the question and if you feel unsafe, it's probably for a season, but you do what's right. That's my two cents, I could be wrong. But if we're not safe for all clients and if it's something that's happening with us personally, it's not our responsibility to step away, step down or move to a different part of the field, it's our responsibility. And if that means doing assessments at the front desk, something else for that season, I think it's okay. I'm doing it right now.

All right. So others. A minute, 90 seconds, we'll go over, it doesn't matter, we'll go a little bit over, but what do you say, you know, to this counselor?

>> JESSICA O'BRIEN: Now I'm unclear if it was a specific client or if it was just in the field in general, and so I'm going to assume for the sake of this that it's a specific client.

And so what I would go back to is the code of ethics in terms of scope of practice and just recognizing when you're in your -- in a good space to work with someone and when you don't feel like you are, and just acknowledging that, and safety for you is first and foremost the most important thing, 'cause you can't -- I hate this analogy because it's so overused but the airplane mask and helping someone else.

But it's true. And so in terms of dealing with your supervisor, what I would say is if you're not feeling heard and maybe that's something you want to work through with your supervisor and take the time to try and express how you're feeling, but if this is sort of an imminent thing and you need a response more quickly then you need to advocate for yourself and go to somebody higher, and let them know how you're feeling and your experience, just so you can get that immediate situation resolved so that you both are in a safer place, you and the client.

>> PETER PENNINGTON: Thank you for that Jessie. I was thinking of that. We have a hotline that people can call. So there are other ways of getting around the supervisor. I have some confidants within my own system that I can go to, but inside and -- both inside and outside, and I also suggest therapists having a therapist. Sometimes that's great to be able to work through our own stuff, because we have a lot of counter transference that happens. There's a lot of things that go on. But first and foremost, I'm hearing this, I would say kudos, that you actually understand and are aware that you have these feelings. That

is the great first step and this journey.

>> GARY FERGUSON: And I would echo, I agree with everything that was shared. It's our journey of healing as well and if it's triggering to negative patterns or in a way that is creating dis-ease within our own building, that's the first and foremost and within management and leadership, people don't often leave a job. They leave a manager or a supervisor. And I feel like having organizations and a pathway to talk about things and to have a workplace that is safe for all workers, and you know, Samson, I really appreciate what you shared and the fact that sometimes it means we take a break. Sometimes it means we do something different, and find a different way to shine. Sometimes vicarious trauma takes its toll on us, and we have to hit the refresh button or do something different to get our wind back or get perspective, and that's okay too.

>> PIERLUIGI MANCINI: Let me, before I make a couple of comments, what Dr. Ferguson just said, I had a therapist in one of my agencies early on, and every three years, he would take six months to do something. He would go paint houses, sell used cars. He would do something totally unrelated to counseling. And then he would come back for another three years, and then he would take six months off. I thought it was beautiful the way he did that.

But for this individual, you know, the only thing that comes to mind besides what has been said, every environment is different, geographically, size of the agency, so some of these things may not be available. So the only suggestions I would have would be take care of yourself first. You know, if you're being forced to see someone or you're still being forced to see this person, make sure that you have a quick exit out your door if you're feeling physically threatened, that your office is set up in a way that you're protected.

Also, you know, there may be another supervisor that you can consult or maybe they can intervene for you or if that person has another supervisor friend and you're struggling, you can maybe bring someone in.

And then take care of yourself. Because I mean this is a lot of stress to be carrying, and you still have other clients besides this one that you're seeing. So you have to continue to take care of yourself no matter what if you still have to go back into work and see other folks that you have to take care of.

Thanks.

>> SAMSON TEKLEMARIAM: All right. Let's shift to closing statements. So one minute from each of you. I will start with -- so I'm just trying to look who said something last. Okay. There, I'll start with -- so Peter, Gary, Pierluigi. So just about one minute, your closing statements, your closing word of encouragement for the field or point you'd like to make.

Peter?

>> PETER PENNINGTON: I want to say stay open and inquisitive. A lot of our cultural awareness that we've been talking about in the

previous sessions I've done with Samson have been open-minded and looking outside of us, understanding who we are and what our biases are and looking at the people that are sitting across from us and how can we help that individual, knowing that I might not understand their cultural lens, but be willing to look at it and having the education that I can to ask questions if I don't understand and saying how can I help them and what can I do to benefit them, and then again if we're unable to for whatever reason, understanding that as well and taking the appropriate action.

Thank you.

>> GARY FERGUSON: And I think I'm next. So I'm going to close with a quote by one of our esteemed tribal elders, and she's a tribal doctor here in Alaska, and is just -- I'm so close to her in my heart and I'm beaming her good energy right now as she has some health issues. Her name is Dr. Rita (indiscernible). We are free to be who we are to create our own life out of our past and out of the present. We had ancestors. When we heal ourselves, we also heal our ancestors, our grandmothers, our grandfathers, and our children. When we heal ourselves, we heal Mother Earth. And I feel like an eloquent nutshell of what needs to happen as we move forward. It's about our next generations, but it starts with us, healing begins with us, and we can heal our ancestors, it's possible and that's the journey we're on right now.

Thank you.

>> PIERLUIGI MANCINI: Thank you for inviting me here today. What I would say who is listening today be brave. Sometimes you're the only person in the world who has the information necessary to either educate or change somebody's mind. And when you have that feeling, go ahead and raise your hand and take a risk and say what needs to be said, because there is an opportunity for change to really happen. Addiction doesn't discriminate and I pray that access to recovery, not recovery, but access to recovery gets to a point that it doesn't discriminate, because right now we do have still many barriers, based on all of these items, all of these issues that we're discussing, and so my hope is that that doesn't happen.

So if you have the opportunity, if you are doing this work within yourself, if you are seeing the ways that we can improve yourself, the system, your agency, please be brave. Take that risk. It becomes more than a responsibility, it becomes an obligation, because you may be the only person that has the opportunity to do that.

Thank you so much. It's been a pleasure really to be here with you guys today.

>> SAMSON TEKLEMARIAM: And Jessie.

>> JESSICA O'BRIEN: Pressure. I feel like it's pressure for the last minute.

But honestly, thank you guys also for letting me be a part of this and letting it be a part of my personal journey which will continue for as long as I'm on the planet and I guess for everyone here, remember the importance of learning, of recognizing, of staying humble and of

taking action, which was really sort of the message of the social responsibility webinar, and I will do the same, and vow to do my part.

Thank you.

>> SAMSON TEKLEMARIAM: And my quick closing statement before I go in is thank you to each of you, Dr. Pierluigi, Dr. Gary Ferguson, Peter, thank you for the last minute save, thank you to Pamela Alexander who wanted so much to be here but had a family emergency at the last minute and couldn't make it and of course Jessie, thank you.

For those of you like that last person who asked a question about safety as a counselor, my only closing thought is we're human, you know? We're all growing. We're all on our own journey and it's okay to be hurt. It's okay to be in pain. It's not okay to not talk about it, to not share it. That's our responsibility as counselors. We've got to share it. We've got to find someone somewhere, you know, somehow to connect and if that is a person, a group of people, or -- and if it is your creator, find somewhere and someone to talk to. And what I'll tell you is at NAADAC, we are working hard to make this your safe place, we're your oh. If you need to -- we're your association, so if I need to come here, there are ways to connect with us. Send an email. We'll schedule a call with you, we'll chat with you on the phone, we'll do whatever we have to do. We want to support each other on this.

And the last thing is do not forget the call to action for social responsibility because every single person working here in this industry is a leader, a leader at your agency and your practice and in our organization. So we are calling upon you as leaders and we will give you more information at our conference this year and more information about social responsibility in 2021 as we continue to commit to grow ourselves.

So really quickly, every NAADAC webinar has its own web page that houses everything you need to know about that webinar and that particular recording, so after this event, you'll see the recording, the online CE quiz, instructions to access the quiz, at the website you see here at the top of the page. You got some great webinars coming up, just like today. We have Dr. Robert Navarro coming on September 16. Please don't forget to register for our annual conference. It's going to be really exciting. We have an excellent panel of speakers and a panel discussion, just like this. You can visit NAADAC.org/annual conference. If you didn't get a chance to catch up on the rest of the webinars and recordings in this series, you can see all eight of them on the screen. This is the last one of the series, but certainly not the last on this topic. Stay tuned for more. You can go to NAADAC.org/culture/humility - webinars isn't to catch up on the recordings.

We also have a COVID-19 resources page. If you have not become a member. You can join NAADAC. Go to NAADAC.org/join or you can email NAADAC at any time and ask about membership benefits in your area.

We do have two series, one on military and veteran culture addiction treatment in that environment. And clinical supervision. You know,

a survey will pop up at the end. I'm going to share your feedback with Jessie, of course, and with our panelists. We'll look at your notes and if we have a chance, I'm going to see if I can have a few more questions written out on a Q and A document, sends it to the panelists and maybe type out some additional answers or resources like the recording that Dr. Gary mentioned earlier, or there are podcasts, if you want to hear more from them. So we will have a Q and A document posted on this website, probably about two to three weeks. Keep visiting that website. Thank you again for participating in this webinar. Pierluigi, Gary, Peter, and Jessie, thank you. You all have an excellent rest of your day, and a great week. Hopefully I'll see you at the conference.

>> PIERLUIGI MANCINI: Thank you, bye, everybody.

>> GARY FERGUSON: Take care.

(End of webinar.)

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