SAMSON TEKLEMARIAM:
I give you about 1/32 grace…..Welcome to the second panel discussion of our virtual summit on 'Black Professionals in Excellence: Overcoming Barriers by Stepping into Our Professional Growth'.

Thank you for being here today. Can we keep sharing in the chat box? I would love to hear what insights you got from the previous presentation today. I learned a ton, I have a whole page of notes filled up. I can't wait to rewatch the recording.

Please share your thoughts and takeaways and insight in the chat, as we start this panel discussion.

My name is Samson Teklemariam, the vice president of clinical services at Behavioral Health Group, as well as the former director of training and professional development for NAADAC. I will be your facilitator for this discussion.

I would like to take a minute to remind you that every NAADAC event has its own webpage that has everything you need to know about that particular event.

Immediately after the live event, you will find the online CE quiz link on the exact same part of the website that you used to access this event.

If this is your first time attending a NAADAC educational session, please be sure to save this CE instructional guide attached to your chat box during the session. It also saved the dedicated webpage for the event.

Instead of introducing our panel with their bios, we would like to introduce ourselves to you by sharing every exhibit of our stories. Panel, please do your videos on.

You may hear drastic difference, or some similarities in our stories. But I would love to hear from each panel member, and feel free to jump in whenever you want to have a turn, and share with the audience how you got to where you are today.

Tell us a little about who you are, what is unique about your journey, and why is this topic so important to you?

Just for a minute – I will stop sharing my slides, and panel, take a minute to introduce yourselves.

PETER D MOTT:
I guess I will start off this afternoon! I would like to thank all of the other panelists here this afternoon. I'm interested in learning more about them as well.

And welcome to all of the participants from all over the world, listening to our discussion this afternoon.

For me, you can see I am a Black male. I grew up in a housing project in Memphis Tennessee, South Memphis. You know, parents who were married for about 50 years – they are deceased now, and eight brothers and sisters.

For me, growing up in a home where there was alcoholism, so therefore, I guess flash forward to what I am doing now, because I didn't have any idea that this would probably be an interest for me, because I had other interests instead of going into the behavioral health field.

As a teenager, I became more involved in my community in regards to volunteering, and so therefore, I became much more aware of the issues in regards to what people might have been experiencing in their lives.

So sociology and psychology was a great interest of mine. So when I did get to Memphis State University of time, I was interested in learning more about people's behavior, and how society impacts our lives.

So fast forward to now, this is where I have been for the last 30 years.

HELENA WASHINGTON:
Good afternoon, everyone. I am Peter's counterpart here in the greater Houston area! Thank you all for the opportunity, and I look forward to engaging with the remaining panelists.

My name is Helena Washington, and I'm a clinician that's been in the field for a few days. 27 years.

My career started in Toledo, Ohio. I am a native of Liberia, West Africa. I always knew I wanted to be a clinician, since I was a teenager, but my focus was supposed to only be adolescent girls who came and transitioned, migrated from other countries, who had challenges adjusting.

Obviously, God had other plans. I ended up working in the addiction field, and I started my career in my 20s at a treatment center that is still in Toledo, Comprehensive Addiction Services, COMPASS, which is where I was introduced to NAADAC.

I did not understand addiction. It scared me. My background was mental health, primarilly. I'm
licensed in Ohio, and I have other international credentials, I am also licensed in the state of Texas, which is my home for the last 13 years.

What brought me to this field and for me to stay? I had some aha moments working at COMPASS.

I couldn't understand all of the consequences, and you just don't stop. That was hard for me to process. When I had that process, I had a manager who assisted me in understanding, and they sent me – they invested in me.

I was there for a number of years, but they invested in me, when they knew where my passion was going. I thought a bleeding heart could help someone, but it was more than that – I did not understand it was a disease.

And back in the 90s, that is where they were still saying the disease "concept". Not the disease of addiction. So I am still managing the language with some of my colleagues in the field, that we need to start using different language to understand the disease.

The impact on addiction in my community back home in Toledo, Ohio, has been immense. We are still seeing a lot of the residual effects. I come from the auto industry, I'm a child of the auto industry, and my mom is an educator for Toledo Public schools, and is now retired. My dad worked at Chrysler for over 30 years.

That's where a lot of our issues stem from. When we take a look at the workers comp system and the pain medication, when I entered the field, oxys were not the number one issue. Heroin was a different type of drug, it was the dilauded, the crack cocaine.

I'm currently the president of the Houston chapter of the (unknown term), and the first African-American woman to hold that position.

That is significant, when we move further into the conversation, so I want to highlight that. I'm a passionate, and I'm in this field because I love and I believe, and I like instilling hope in families that they can heal, get better, and also have an impact on the communities they serve.

CHANELLE LAWSON:
Hello everyone, thank you for joining us today. I am Dr. Chanelle Lawson. I am born and raised in Nashville, Tennessee. A graduate of the Tennessee State University. (Laughs)

I married military, and ended up relocating to North Carolina, which is where a lot of my clinical experience, community mental health clinical experience, started.
I worked as a direct provider of community-based services, such as Community Support, Community Support Team, and I was promoted to becoming a clinical director.

From there, it was another clinician of color who introduced me, and so the importance of the work I was doing, to getting credentialed in substance abuse and addictions.

So that started might have on becoming a provider of substance use and addiction services.

Again, I military moved to Indiana, where I birthed my business, where I was a Department of Child Services contractor for about 12 years.

I worked closely with families and youth in need of services through probation and the Department of Child Services, of the substance use provider.

So I saw on the impacts early of how substance use impacted families. Especially Black families. When I was working in North Carolina, working with DCS, suffer the disparities. Families coming into contact with probation oftentimes look like me, and oftentimes they were happy to see a clinician of color providing services to the family.

So now, I have transplanted to Tennessee. I am back in Tennessee, because I have aging parents, and I come here to be a support to them, but for them also to be a support to me. And to also further do work in my own home community. Because there is a lot of gentrification going on now in Tennessee. And other major cities and communities of color in the United States.

My newest site and initiative is trauma informed care in those areas. How does trauma informed care go with substance use and addictions?

A lot of times, people in those communities use substances as a way to cope, a way of coping. I am here to bring hope and to instill hope in those communities by sharing resources, education, training, and the importance of healing the trauma to heal the community, to reduce substance use and addictions in those communities.

Thank you again for being here today, and thank you for allowing me to be on the panel.

CURTIS DORSEY:
Hello everyone, my name is Curtis Dorsey. I am coming to you today from Atlanta, Georgia, where I am an addiction counselor and I also do some of the process with behavioral addictions.
I grew up on the south side of Chicago, and the culture I grew up in, drugs and alcohol as part of the culture. Not only was it part of the culture, it was part of my household.

And watching that, seeing some of the misnomer's that go along with that, such as the "Take a drink of this to put hair on your chest..." "Take this, it will make a man out of you..."

I fell for some of those misnomer's, and that's how I got into this arena. Since I have been in this arena, I have thoroughly enjoyed it.

Undergraduate from the University of Arkansas Pine Bluff, undergraduate work, I did my graduate work at Lesley University at Cambridge, Massachusetts.

The greatest thing about me is that when I was in grad school during the cohort years, the first thing they ask everyone in the cohort – there were 24 of us – they said, "Look at all the instructors, and please pick a mentor to help you through your graduate work."

I looked around and I saw no one that look like me. I was the only Black male in the cohort, and there were Black males in the teaching arena for my program.

So I'm very grateful to the Black women that took me under their belt, and helped me through my graduate program. And since then, I have had a multitude of Black women as my mentors. I owe a great deal to them, so I want to thank them for continuing to do what they do for the Black men, and especially me.

Because growing up on the south side of Chicago, most of the male mentors that I took on were very negative. I gravitated towards that, until I saw a different light.

So I am here to share some information. I am here to learn some information as well. I think this will be a great panel. I am honored to be here, so thanks for allowing me to share that.

JOE POWELL:
My name is Joe Powell, and I am a young person in a long-term recovery. What that means is that I have not had a drink of alcohol now in 33 years, and I haven't used any opiates or any other drugs since January 1973.

It's only because of long-term recovery that I am able to be a father today, and has been today, at a lifelong learner, and a servant-leader. It's only because of long-term recovery that I'm able to be the president and CEO of APAA, the Association of Persons Affected by Addiction in Dallas, Texas, for 24 years.
My story, I'm excited to be here among the elite group here. I want to thank everyone for showing up and being a part of NAADAC. I have been a licensed chemical dependency counselor now since – since before it was licensed, it was certified, and that was 30 years ago.

1990 was when I got my certification. I worked in the treatment program, the therapeutic treatment program. Since then, I have run treatment programs as the executive director, but the main course is my recovery and providing peer support.

For me, I grew up in Harlem, New York City. I came through the Harlem Renaissance, even the Jim Crow system. The era of the 50s and 60s.

I always think about how the 60s, how tough it was. But I also grew up on stage. I always say I grew up on the stage and I grew up in the streets.

The stage was that me and my two older brothers and my dad, we entertained. We were tap dancers. It was the Powell Brothers and Dad, and we danced on television from five years old, Sammy Davis, Frank Sinatra, all of the show business people, the Apollo theater – did all that for 15 years in New York City.

By medicated, as Curtis said, it was really the norm of alcohol and drugs in the community in Harlem, New York. At that time, the options was Black Panther, Muslim, or devout Christian.

And I was baptized at the largest church by Adam Clayton Powell, but my recovery from all of the trauma and drama in those years...it's been really exciting learning experience for me.

I think that's the biggie for me. When I did get sober. And then running into a psychiatrist as the one when I got sober, who would be the mentor for me. And for the last 30 years, he passed three years ago, and we named a building after him, the Dr. Lewis (unknown name) Behavioral Complex.

My story is to spread wellness and recovery. Thank you.

SAMSON TEKLEMARIAM:

You guys might have thought I was going to introduce myself. If I could do my story different, I can do to 10 of different ways. Let me see if I can do this right. I'm going to introduce myself a little bit different. I want you all to meet my "why". Panel, can you shoot me a message if you can hear this?

(Music plays)

# I see African written in your DNA
# Hella chocolate melanin
# Never should you want it any other way
# First things first, I'm blackedy black black
# If you don't like that, you are whack
# I say what I say, that's that
# This is for the Queens
# From box braids to Bantu knots, dreadlocks, real hips
# this
# Your black presence is necessary from big mama to anti-Obama
# Validated
# I remember waking up to the sounds of gospel
# The richness, ancestral legacy
# It extends beyond American borders
# Never shrink back
# always pick up
# Know yourself first
# One thing is for sure
# You are made in the image of God
# Black woman, you will never be stopped
# Pretty light-skinned
# Pretty dark skin
# I see Africa written in your DNA
# Hella chocolate melena
# Second things first, still blackedy black black
# It's a blessing, not a curse
# Don't ever forget that
# Don't ever forget that
# If you need reminders, then run it back
# you are so pretty for a black girl is not a complement
# Do not whitewash what you are to be an option
# Pop, pop, pop
# Boss, boss, boss check
# Switching up the stereotypes in the narrative
# Ain't no explanation needed
# Raising black kids with some black sense, liberation, educate them
# Let them dream big
# Adding flavor
# Give them reasons to believe in what our essence is
# You are beautiful and valuable
# Distinguishably Royal
# Next time you look in the mirror, repeat
# One thing is for sure
# You are made in the shape of God
# Pretty brown skin, pretty light-skinned, pretty dark skin
# I see African written in your DNA
# Hella chocolate melanin
# Never should you want it in the other way
# Pretty brown skin, pretty light skin, pretty dark skin
# I see African written in your DNA
# Hella chocolate melanin
# Never should he want it any other way
# Remember who you are
# Remember who you are
# And who you are, shooting star, don't forget that part
# Know that you belong

SAMSON TEKLEMARIAM:
Dad has to work!

SPEAKER:
OK.

SAMSON TEKLEMARIAM:
That is my "why" and I did that for a few reasons, because we are going to talk about the future today. We're going to talk about the Black professional, your journey, there is something very, very specific to remember about our journey, which is that our journey is not always going to be shared with you in words that you understand. Some times, we are going to express ourselves with culture, with our, with your client and your patient in a way that does not fit your norm.

And so, I hope that you got the point about the beauty of our future and what I am trying to invest in in my future and my baby's future.

So. Audience. We do have a polling question that we are going to ask you all just so we can know a little bit about you, so I'm going to ask NAADAC if you all can help me because I think I might have forgotten how to do it.

The question is: have you ever had a black supervisor? Yes or no? Our panel wants to know about you, who all is in the room. We agree to leave this on the screen for just a moment before switching to
our panel discussion, but this way, we can speak directly to where you are coming from.

About 10 more seconds on the poll question.

Alright, NAADAC, whenever you are ready, you can share the results. Wow, a lot of folks have answered this question! Thank you. About 72% of you have had a Black supervisor before. That's excellent. A lot of you have not.

There is a second question. The second question is, "Have you ever worked for a company that had a Black CEO or executive leader?" We will give you about 10 more seconds, and then we will jump into some of those questions that you have for us.

If you are working for Joe Powell, you can say yes.

Alright, thank you, NAADAC. Let's see what we have here. It's about half-and-half. 52% say yes. 40% say no.

OK, we're going to do another question in just a minute, but here, I'm going to ask a question to the panel. And then audience, I'm going to ask you all a question and answer in the chat box so we can keep hearing from your voice.

I'm going to stop sharing my screen so you all can hear me all the way. There we go.

(Music plays)

SAMSON TEKLEMARIAM:
My song almost wanted to play for you all again. I hope you heard that.

(Laughter)

SAMSON TEKLEMARIAM:
First question for the panel: what are some of the systemic issues within the Black community or systemic barriers within our healthcare industry that hinder advancement for Black professionals in our field? OK?

Audience, while they are answering that, I would love to hear from you all in the chat box. In five words or less, for you, audience, what types of barriers have you experienced or witnessed during your career? OK, audience? Five words or less in the chat box. What types of barriers have you experienced or witnessed during your career?
Panel, I will let you all start.

CURTIS DORSEY:
What I have witnessed is perhaps one of the polling questions. Have I ever had anybody who looked like me who could promote me? That has perhaps the biggest barrier.

Unfortunately, sometimes, those in that leadership role don't believe in me just because of the color of my skin. I have experienced that, or they didn't give me the opportunity to prove myself. Therefore, my colleague was of a different race.

And sometimes, people can't see that, but it's easy to feel when you are in that arena, and those are the things that lots of individuals don't understand when we are sharing those things. It's a feeling that's in eight and what hits you in the pit, and when you feel it, you know it.

So, some of those subliminal things that you just can't put the tangible point on, but it's there.

PETER D MOTT:
I think for me, I am from Memphis, and my professional career started in community mental health centers and community primary -- was primarily African-American communities in Memphis, and I worked three different committed he mental health centers. I can't recall that in regards to working with Black clients that no one wanted to see us differently in regards to our approach and working with our Black clients.

It's important that as Black professionals in this field, that we be authentic with ourselves, and when we get into these organizations, that lots of times, we have to educate people about our race and about our culture in regards to what we need to be offering, you know, the clients that we are working with. Because you can know all of the treatment modalities in this world, but if you don't know my race or my identity or understand my race or understand my identity, then none of those treatment modalities is going to make a difference in my life.

And so, we have got to learn to be comfortable being uncomfortable in addressing these issues and situations in these organizations that we are working in when we see that. Because African Americans, we are not a monolithic group. I mean, we all come with different – we can look the same, but we all come with different life experiences.

I mean, for me myself, growing up in South Memphis, I was little different in the housing project because I had a mom and dad. I had a father who worked every day although he had an alcohol problem, but he went to work every day, and I tell everybody that I got my work ethic from him. He got
up every day, went to work, took care of his family, and we never went without. Yes, he had the alcohol problem, but for me, I was able to see through that, and I could see the positive qualities that he had about himself.

And lots of times, when our clients come to these organizations, people who are not like us or look like us don't always see those qualities that they can grab hold of and pull those people up and support them in regards to them being more resilient and living with the issues that they may be dealing with.

JOE POWELL:
I would like to add to that really quickly as far as from a recovery perspective and the health and wellness perspective. We actually are proactive when it comes to systemic areas of the social determinants of health or of a young child experiencing any of those aces, which is all of those abuses that happen on – childhood experiences, right?

Our job is to be... Where is the health wellness for the community? So in the community, and of course, our recovery organization is on Martin Luther King through Boulevard. We have to be proactive and be loud about recovery does happen. People have expressed addiction and mental health challenges to get well, to recover. You know, the rhythms of recovery.

Samson just got through playing a song. We have to do that in our community. That is part of our recovery. How do I learn to have a good time in wellness and recovery? I don't have to be drunk to learn how to ask a young lady how to dance, you know timing?

Jamming in recovery is one of the things that we do. Recovery at the movies, or any events we can attract the community to wellness and a cover. Of course we are going to address addiction, and we are doing it, but we want to know, what is it like to be well and in recovery in our communities?

We do address all of those disparities and the social determinants of health.

HELENA WASHINGTON:
I would like to chime in from a different perspective. I come from a small city, where when I was growing up, Toledo only had... We had less than 400,000 people. And when I entered the field, my shift was different.

I am walking into a world where I don't fit in to the recovery community. That wasn't my world. I didn't get it. I didn't understand it.

At the same time, just by nature, I am driven to learn. I am driven to reach out. I am driven to understand. It took people – and I name dropped, but the people I name dropped aren't people you
see on TV. These are people that help save lives, and they helped teach me.

It took me working in a certain setting to fully understand the first – it took me a little bit of time. Again, my bleeding heart wasn't enough to say, "Oh my goodness, why can't you get it?" It took people from the 12 step community to embrace me.

Part of the 12 step community was not as welcoming. Even here – and I help talk to and I discussed these things with some of my colleagues in the field. Well, the recovery community is very cliquish. They are not welcoming. I said, "There is a level of protection there because of the stigma, because of the fight, because of their journey," and I try to get folks why you may feel that way because I felt that way.

It took folks that I have worked with to help guide me and nurture me. I lack of knowledge, my lack of understanding, my lack of credentialing, those were my barriers, so I had to make it a point to understand, to learn, to grow and develop. And those people held my hands.

I, you know, back in the 90s, I had 2 degrees. I ended up being the lead on a detox unit with no experience and understanding of addiction, but I had a team that embraced me and helped me. There were times, you know, I can call some folks names from Toledo that are really big in the recovery community! Annie Singleton! I would run to her office, sometimes crying because I was cost out or insulted.

I didn't know what I was doing. I didn't know how to engage. I didn't know how to approach. I knew how to do assessments. I knew how to do screenings because I was a trained mental health professional. No one had any conversation with me about addiction through all of the schooling that I had, and that is still a factor today: if you do not specialize in learning about addiction, if you do not take it upon yourself, you are not going to just in that information, even from medical doctors.

You know, we have doctors that are ASAM, meaning that they were trained by the Society of Addiction Medicine. If they are not trained, I am very particular today about who I refer some of my patients to. I am in private practice and also have responsibility to share my journey with those are coming into the field, those who are in the field, and certain behaviors that I see. That is my response ability, because other people did it for me.

I went in with lack of knowledge, lack of training, lack of credentialing, and it took that community to welcome me. It took that community of colleagues to help me grow, from the nurse on the unit to my colleagues who are still my friends today, and also, the recovery community – you hear me talk about my home. Toledo, Ohio is what raised me, and that is who I am today, surveying, and I will continue to serve until I cannot anymore.
But that is where my foundation comes from, and I took upon my self to open up myself to allow those people to help mold me to where I am able to consult, train, still work with families, and lead in my new community.

CHANELLE LAWSON:
For me, Dr Helena, it was sort of the opposite. I felt like I always had to advocate for myself, my education, my training, and my skill set, especially to those who did not know what addictions counselors did. They knew what licensed clinical social workers did, they knew what licensed professional counselors did, but they did not understand my work.

So for me, it was me always having to advocate for the work that I do and the skills that I have and the education and training that I have.

I was not held in that same regard as a licensed clinical social worker and LPCs and mental health counselors. It was like, "You are just a clinical addictions counselor..." But in certain states, that credential was unicorn! There weren't enough licensed professionals, especially for substance use and addictions.

So for me, that credential was the golden ticket. That was the one everyone wanted to have, but in certain spaces, I always had to fight for it. I had to hold myself in the highest regard, because of the professionals did not hold me in the same regard as other licensed professionals.

SAMSON TEKLEMARIAM:
Not to stop sharing – I just wanted to call out some of the things that are coming in the chat box.

Some of the disparities that the audience shared…a couple of folks point out the double standard.

A couple of folks mentioned that having their experience mocked or looked at as 'less than'. Someone said a lack of recognition of qualified people of color and our treatment programs, for supervisory positions.

Someone shared salary and promotional inequities – on and on and on. There are a lot of ideas there. Hopefully I caught the ones were repeated. Great call outs.

But some of these are what y'all are mentioning the panel.

Does anyone have a closing thought on this one?
CURTIS DORSEY:
The take away for me would be that we make sure that I am here in Atlanta, and I'm also a certified clinical supervisor – that I take individuals, new counselors under my belt and got them up to the ranks.

So it's important that we train those counselors, and train them in a way that they understand some of the barriers that they are going to go through, and what they need in order to pass the exam in order to go through being a trainee, to Level 1, to a Level 2, to becoming a clinical supervisor, because we need more clinical supervisors.

So it is incumbent upon us to make sure that we reach back and pull up as well.

PETER D MOTT:
I think it is also important, as Black professionals, that we come together and not continue to operate in silos.

I think that when we are able to network and come together, we can support each other. And also then, as a group, I think we can be more effective in making changes. Because then our voices are a lot louder than just one voice trying to make a change.

And so definitely, recruitment and retention of Black mental health professionals and substance use disorder therapists is the key.

And again, just like we have STEM programs in high school, why can we have programs for young people who might want to be psychologists or therapists? In the healthcare field, in the behavioral healthcare field?

It starts there. And again, being at this particular age, in school-age kids, teenagers, there is so much of a need for support and for young people to have someone to talk to. So to me, you would be addressing sort of two issues at the same time.

Providing support for young people at an age at which they are dealing with, you know, growing older and the teenage years, and all of the stuff that comes along with that; but also educating them about a professional career that they can be involved in, that can be rewarding, as well as making a difference in their community or wherever they might live, in regards to becoming someone who wants to give back to the community.

SAMSON TEKLEMARIAM:
This is good, y'all. Curtis, I don't want to forget the statement you made, "Reach back and pull up."
That connects to the strategy of everything we are discussing. Moving to the next question – and reminder, you can drop questions in the Q&A box. Just click on Q&A and put your question in there. You can also update the questions you want to see answered first. We will start going into the questions from the audience.

So panel, tell me one of your strategies that's helped you grow and advance in the field.

HELENA WASHINGTON:
One of the things, the most important to me, I tried to instill this in young professionals – and what I mean by young, it could be by age or just by you entering the field as you transition in your life, I consider new to the industry, new to the field.

One of the things I am very particular about, even as seasoned as I am – a few days seasoned – I believe in mentorship. I can still pick the phone up. I'm not above reproach. I still want guidance, I still want to learn.

That said, when I take a look at how I even – and who pulled me up, we did not have many women in the field in leadership positions in the community I came from.

Luckily, the ones who were in powerful positions, they were the ones who pulled me up. Rest her soul, Ginger Bass, a spitfire, she gave me some keywords I held onto for all these years, "Never let the boys club beat you down. I am fighting every day as a woman..."

She was the leadership in our community. I had women from our community help me. Betty Waterton. But most of the folks in the big leadership positions, they were men.

I learned how to work with that and communicate with that, and I also made it known that we needed more women's voices, more females to be recognized, to be respected, to be molded in those positions.

Those that know me, and if you know my personality, I am going to accomplish what I need to accomplish. That's just who I am by nature. Maybe it's from the two tribes I come from from West Africa, but I'm going to make my way.

With that, my passion and my compassion, I make sure that what was instilled in me, I make sure I give it back. Mentorship, and for us who have been in the field for 20, 30, 40 years – we are not above reproach. We still need comfort, we still need guidance. We still need support in order for us to continue on this journey.
That is how I have been able to reinvent myself. From 1999, the first training I ever did was in my facility. I asked for a chance, and my colleagues gave me wonderful support and feedback.

I know it’s a hot ticket now, I have been doing trainings in diversity since ’99! But it took them to help mold me, and for me to receive the feedback in order to move forward. We have to receive the feedback, the honesty, for us to grow.

So that is what I would like to implore here. We all need mentorship. We all need systems of support.

Peter is one of my closest friends since moving to Houston. If you follow me on social media, UCS, we have our personal lives will be intertwined with family. I can still pick up the phone and call people in Toledo, I can call other people in California, in New York City…that's my network.

It is important, and I want us to remember to continue to pull each other up without support.

JOE POWELL:
One of the things I want to add to that, and I appreciate Helena speaking about that – self care. When you talk about self-care, that’s one of the things I believe in is a vegetarian for over 30 years.

But also, when it comes to peer support, or it comes to behavioral health, there's many pathways of recovery. There is not one pathway.

So when we are talking about the recovery community, you have got to know which community you are talking about.

There are over 60 different pathways. Usually we have many options. The red road, the faith-based road – there are many roads even under faith-based. Twelve-step is just one path of recovery.

Treatment can get you into recovery, but remember the treatment and discharge – you can't discharge yourself out of life and out of health and wellness.

So there are many pathways, exercise pathway…so we want to make sure that that was one of the thing that I wanted to say.

The other thing is, as far as me mentoring. Because I mentor even a couple of NAADAC, and because of Mr. Samson right there, he has helped me out to be a mentor for some great people. And one of the young ladies is getting ready to graduate with a Masters degree in May.
But knowing the truth about why we are here, even as Black folks, and why do we even have Critical Issues in the Black Community Committee?

This committee that I am on. We have had people come on in the committee, and really not even know why we have this committee. It was a counselor. And to have a counselor not really be aware what is going on in this country for the last 400 years. To know why Black people have the same barriers and challenges…saying, "We don't see things like that in our community…"

So we gave her a couple of books to read, Peggy McIntosh, Dr. Diangelo, 'White Fragility', 'My Grandmother's Hands', as many books…but to know the truth, again, and that helps me to be free as an individual, and also the work that I do, as far as in behavioral health for Black folks. It's about can you be free not only of addiction and move towards wellness, but can you be free with knowing who you are?

Knowing where you came from, and how does this really make you healthy? Freedom really is about health and wellness.

So these are strategies I use as far as being culturally congruent to the communities we serve, because we have to be culturally congruent no matter which you serve. That's what I wanted to add. Thank you.

(Multiple speakers)

CHANELLE LAWSON:
I'm sorry, Peter, go ahead.

PETER D MOTT:
You can go ahead, Doctor Lawson!

CHANELLE LAWSON:
I love "culturally congruent". I love that term. We hear "culturally competent" often! Like, what does that mean and what does that look like? But to make a statement like "culturally congruent", that is powerful, packs a punch, and I absolutely love that statement. It resonates with the work that I do with being a trauma professional, right?

Like, taking a six hour training in trauma-informed care is not the same as being compassionate about healing trauma and communities. Two different things. And that is my passion right now, really getting to the root of the "why" behind substance use, addictions, maladaptive behavior. Like, there is a root and a "why", and I believe in healing the trauma.
So I just want to say I love that statement, and of going to use that statement being "culturally congruent" because that's an actionable statement, like that is action! Not just taking a training in the becoming culturally competent or trauma-informed.

PETER D MOTT:
Are you finished, Doctor Lawson? OK, thanks.

You said a keyword, Doctor Lawson, was "passion", and that is how I have grown in my professional career for 30 years. I will be 63 in April, and I can say that, you know, my career has gotten better as I have gotten older because I have had a passion for what I've been doing all of these years.

I can recall – I worked for a nonprofit organization when I first came to Houston in the early 2000s, and I was over, we had a grant with the – my US Small Businesses Associations, where we supported small businesses in addressing substance abuse issues in the workplace.

So, I became so passionate about what I was doing. I educated myself about everything I needed to know about workplace and substance abuse issues and drug testing and workplace programs, that when that grant ended, my boss came to me and said, "Well, what are you going to do now, Peter?" And I said, "I'm going to start my own business."

In 2013, I started National Workplace Prevention Resources, because what I did is I educated myself and became a self-proclaimed expert in that arena so when people needed someone in regards to addressing issues in the workplace when it came to substance abuse issues, or if you needed a substance abuse professional, or if that person needed some training as a substance abuse professional, then they thought of me.

I collaborated with two other women in Houston, and we started putting on SAP training here in Houston, and I can tell you that I have trained every SAP in Houston, Texas, and every SAP knows who I am.

Therefore, it's important that whatever it is, develop a passion for it and educate yourself as much as you can about it so when people think about that particular issue or topic, they are going to think of you. And also, networking. I just can't tell you how much networking has been important in my professional growth. Coming out of that shell, reaching her hand out, being a part of organizations, being a part of events and activities...

Because all of us have a talent that we can contribute to something that's going on in our community, and we talk about the disparities and Black people not getting what they need when they go to these
organizations. Well, we as black professionals, can educate people in the church about what they need to know, because we know that church is important in Black people's lives.

We can go into the community and (static) community leaders about these issues that Black people have stigma about.

But we can do it in a way that we can get other people on board with us and educate them about these issues that we are having to deal with, because these issues are not going away anytime soon. And so, we as Black professionals, we can address these issues in our own communities. And then, I think it's a ripple effect once we start informing people in our community about how to address these issues, and then we can go out farther into our state-level and national level and join organizations like NAADAC and Houston Chapter TAP and become advocates on a much broader base.

SAMSON TEKLEMARIAM:
I'm just going to jump in here. Curtis, I know you want to say something, but just to recap because we have heard a lot. Helena earlier really mentioned about cultivating a teachable spirit and maintaining that even when you become an expert.

Joe – because she is still seeking mentorship now. I actually had a chance once to sit behind Doctor Salvador M in a family tarp attorney. We are talking about the Godfather of a lot of the work we are in. Do you know who was taking notes about the person presenting? He was 92 years old. He has textbooks and models. Who are we to not maintain that passion? He maintained himself as a student in the field. You know, RIP.

Joe mentioned, you know, the power of peers, networking. Doctor Lawson mentioned, you know, continuing studying, and when she talked about passion. I just don't want you to forget. Peter took that passion to the next level to be a specialist and expert. Keep studying and be precise.

I had a supervisor who once asked me, "Samson, I'm about to graduate. Should I go the specialist route or the general route?" And I looked at her and said, "Both!" You can be a generalist at the same time as a specialist and keep going. Keep sharpening your skills and be available and ready to pivot at any time.

You are listening to somebody who started in helping profession as a pastor, got passionate about the signs of addiction, mental health counseling, and that I grew to a counselor and somehow accidentally came a trainer because I knew how to do public speaking.

That, you know, it was like a pinball machine in life. You don't know where 20 take you.
Curtis, I'm sorry. I don't want to cut you off. I want to make sure they don't miss out because we had a whole roundtable of wisdom that he didn't want folks to miss out on from this panel. Let's go ahead and get one more thought in here, and then I want to jump to questions.

CURTIS DORSEY:
Thank you, Doctor Washington, for starting it off because I'm a great believer in mentorship, right? There is an old saying in the 12 step that says, "Find someone who believes in you and wants to help you in your career path." It's part of the 12 step model.

One of the things I do in my private practice is I work with other counselors, so one of the things that I try to guide them to do is we all have to get CEUs, one of the reasons why we are here today.

And I shared with them, while you are getting your CEUs, see if you can lined that up with another credential. I got CEUs, and now I am a Medical Assistant Treatment Specialist, a MAT. I needed to get CEU, so I became a nationally certified gambling counselor. I am the only board-approved clinical supervisor for gambling counselors in the state of Georgia because I needed CEUs anyway.

So I did those things, and then I took the gambling counselor and took it to the governor, Governor Dale of Georgia – back then. He is now. And we did the proclamation for gambling in the state of Georgia.

As you are getting your CEU's and your other credentials, see if you can line it up with another credential so you expand yourself and grow and add more things. And as Peter mentioned, I had to get CEU's, and I'm like, "I might as will become an SAP," so I took the 12 CEU's and became an SAP. So take a look at those avenues as you grow.

PETER D MOTT:
And I just want to say one more thing. Like I said, at 62 years of age, I am working with four anesthesiologists who are board-certified pain management treatment providers. They needed somebody with a behavioral health background to make sure they are keeping chronic pain patients safe in regard to the medications that they are being prescribed.

Therefore, this has opened up a whole other arena for me. I presented at my first pain management conference last fall to a group of doctors, educating doctors about the need for behavioral health in their clinics. I don't take you will find chronic pain management clinics that have a behavioral health specialist in their clinic making sure that patients are not developing substance use disorders.

So, therefore, my role here at this clinic is very important in regards to me keeping doctors from losing their license. And so, therefore, this is another passion that I have developed for myself, and I'm
educating my self as much as I can about what I'm passionate about. I will be retired in a few years, but I won't quit working because I want to be able to do what I want to do. That's good.

SAMSON TEKLEMARIAM:
I know we can talk about the topic all day, so what I'm going to do something crazy. I'm going to try to clear this Q&A box, some good to limit you all. This is like Jeopardy! Whoever hits a button first gets to answer. Only two people! So if you're too slow, you will have to come in on the next question.

I want to represent our audience over here. Thurston Smith, the man, the myth, the legend has a question for everybody. Only two people on the panel, please. What are three pieces of advice you can offer for either new or intermediate level professionals in the field of Health and Human Services?

HELENA WASHINGTON:
I would love to chime in on that. One of the things I would like to say is, do not live in a state of intimidation. Once you develop your skills, once you become knowledgeable, once you start gaining access, once you start progressing, no your worth. Know your power. Now what you bring to the table. If you cannot have a seat at the table, create your own. That is one of the things I would like to say.

The other thing I would like to say is, do not allow anyone to diminish what you bring to the table. I will not – and I will repeat! I will not allow anyone's feeling of intimidation by me to keep me down. I'm not after your position. I have never hurt anyone to move forward in my life. I would never be that person. I have my own goals and objectives. Let's have open communications.

I have had situations where folks will feel as though, "Well, I think she is trying..." Because I have letters behind my name, because I have... Your journey is different from mine. I know where my journey is, and the one thing I do want to say – we all know what our "why" is.

As we evolve as professionals, our "why" evolves. We have to keep ourselves open to that process and stay true to our truth. As a Black professional in this field, we are always going to be outnumbered just because of the way the world works. We don't have to behave as such. We have to learn how to lean on each other. You have to learn how to grow from each other to move forward.

Please do not allow anyone to make you feel inferior. Once you work hard, you gain that insight and that knowledge, and you know you are following ethical guidelines in doing what you need to do to make a difference, do not let anyone take you off track.

JOE POWELL:
Just to add to that, boundaries. Have healthy boundaries. It's very important you know what that is. I think the most important class I took 30 years ago was codependency.
Again, what is codependency, right? Guess what the definition was: immaturity caused by childhood traumas. Immaturity caused by childhood traumas. I am not mature in certain areas, certain areas I am mature. But am I am mature when it comes to healthy boundaries?

I think that's very important. So another piece is paying attention to your health, your own health and wellness. That's very important as you go to this career, because it's challenging sometimes. See want to make sure that you stay healthy.

SAMSON TEKLEMARIAM:
That's good, that's good. Let me go ahead and get to the next question.

Kathy FitzJefferies, a member of the Critical Issues in the Black Community Committee, she also saw her as a facilitator in a previous session. She asks, "What advice would you suggest for those clinical supervisors who are white, who are providing clinical supervision for those who are Black working on the credentials to become Licensed Clinical Addiction professionals?"

Only two people!

CHANELLE LAWSON:
As a certified Clinical Supervisor, I would say maybe encourage that person to have two. Maybe meet with her, and have another Clinical Supervisor of color so that whoever the supervisee is can go and have questions answered by someone of color, someone they can connect with and relate to, and be able to learn from.

It may be costly, I don't know, because I know clinical supervision is not cheap at time. But think about the investment it will be in the long run. They will be well-informed, they will be getting information they may not be able to get from a clinical supervisor who does not look like them. So you have to kind of look at it as an investment, and not a debt.

JOE POWELL:
I would add, as far as that investment, as far as culture – knowing that African-Americans, Native Americans, people of color, have cultures and traditions and practices and rituals that we do, right?

It is sometimes – as professionals, especially clinical, as well as peer support, we have to know what is our implicit biases? Do we have any implicit biases that get in the way of me being a counselor I need to be? And we have to learn that there are multiple cultures, just like there are multiple paths of recovery.
SAMSON TEKLEMARIAM:
Well said. Kathy, I hope that helps to answer your question.

I will share that I have had four clinical supervisors in my career. None of them were Black clinical supervisors. But I’ve had about 12 mentors, and I can tell you, the majority of them were African-American. So we can always expand our perspective of who is leading us and feeding into our future.

A quick pivot here. I will let three people answer this question. Dare I try?

Omar asks, “Have you ever experienced someone who you knew as a child is now a client in the organization where you work? As a result, you can no longer be friends with this person due to your profession.”

CURTIS DORSEY:
I've experienced that, growing up in the south side of Chicago. The culture is full of drugs and alcohol, and everything that goes along with that. And I have an individual that lived in the community, and he said, "Curtis, what happened?"

And I said, "The only thing that happened is I changed, and you didn't."

And because he knew me, I recused myself from working with him in his treatment center. But I made sure that I connected with him every day. I spoke to him, greeted him, give him words of encouragement, and reminded him that the only difference is that I changed and he didn't, and that's why he was there.

HELENA WASHINGTON:
I would like to chime in on that. Just the community…Houston is the fourth-largest – I think now we may be we are the third. We keep fighting with Chicago! But the community where my foundation, my roots are planted was a small community.

Within that community, there were folks that I went to school with, or their parents, or their loved ones came in. I'm in private practice now, and I am in another state, so I'm going to kind of go back to when I was back in Ohio.

There were times when folks came in. We did not have HIPAA when I started, it was not in place. But we have certain guidelines we had to address, that we had to uphold.

So folks came in the doors that were people's uncles, aunts, fathers, siblings. Whether they were business individuals, whether they were people I lived next door to. Literally.
They were on our journey into Toledo. With that being the case, and then bring up HIPAA, because even though there were ethical guidelines in place, I was able to reach out to certain family members, with their permission, to say that some folks did not know where their loved ones were.

You just have to learn how to care in a different way, without crossing those boundaries. You have to understand and make sure you are instilling a sense of dignity, honor, and respect to the treatment process.

The process of healing, understanding trauma, understanding that this is hard when they walk in and see Helena's face, it's someone they know – the shame. The guilt. We have to be ready for those things, when those individuals come to us and they are surprised to see us in those positions.

I was still young, I was in my 20s when these things were in place, and I stayed in my 30s until I was transitioning. But at the same time, I had to make sure I didn't pick up the phone, "Girl, guess whose mama just walked in here?"

We had to still offer respect and honor, and not tear down the healing process, because too many clinicians have caused trauma. There is therapeutic trauma that exists, to where people lose faith in the entire therapeutic process.

I wanted to always make sure that I had never gone through a training for it – but I wanted to make sure that they did not lose faith in the process of healing, the process of reaching out, the process. The shame. That is the number one issue.

Like, "Wow. She's here. She knows my kid." Or "I grew up with her. I kind of disciplined her in the community." When those things occur, your supervisors, your support system, and also making sure you understand those ethical boundaries, needs to really step up to the plate, to make sure that that person's healing process is not interrupted.

SAMSON TEKLEMARIAM:
This is good. I know we have a lot more to share, but let me jump to the next question. I will let two people to chime in.

"Congratulations on your progress in the field, but I am a Community Outreach Director and wonder if you have tips on how to engage the Black community?"

JOE POWELL:
I will jump in. There's many ways. Some of them have already been expressed here. Even the church,
right? Through the faith community, right? There's many different religions that you can – whether it is the Catholic Church, the Methodist, the Protestant…Christian, that's one way.

A recovery community organization. I don't know if she has a recovery community organization in her neighborhood or city. That's another way. We are outside of the box. We are connected to many different areas, as far as the city, all the way from Legion (?) recovery, which is huge right now. Except for HBCUs, we still don't have enough collegiate recovery in HBCUs. But all away from Texas Tech, Harvard, every university pretty much.

But within the Black community, we are there, as far as connecting to recovery support, the many paths of recovery, even Afrocentric path. We even do yoga, we call it Bro-ga, for Black men. There's many different ways we connect to the community, as far as employment.

So depending what she wants, as far as the Black community. Did she want to be part of the Black community? So you want to be introduced to some of the collectives and collaborations in the community, because there are a lot of communities and collaborations that are happening right now.

The other thing is, coming from out of treatment into the community. I was part of creating the treatment improvement protocol for treatment centers, and how do they use peer support and peer specialists in the treatment center, but it's all about connecting them to where? To the community. So even with that answer, right there. It's back to being culturally congruent to the community we serve.

So which community? When you get into the Black community, or you come into an RCO, there are many ways exactly can connect you to a collective, a community, housing, workforce, all of those things happen. But RCO is one, faith-based community is one, local and behavior health authorities, mental health authorities…there are many ways to connect to the community.

But you want to be introduced to what is happening in those communities.

SAMSON TEKLEMARIAM:
I counted to five in my head to make sure I did not miss somebody! (Laughs)

Hank Robb is asking, it sounded like only one panel member talked about being in recovery. Oops, there is.

"Only one panel member talked about being in recovery. How much of an issue of being in recovery versus not having lived experience in addiction behavior impacts professional advancement?"

CURTIS DORSEY:
I am in personal long-term recovery as well, and because of that, for the last 26 years, I haven't had to use any mind or mood-altering substance. I am a 12 step NA, that's where I got my foundation.

But being a clinician now, I understand there are many pathways. There are two ways to take a look at that. Sometimes you'll meet individuals that will discount you because you are in recovery. And then there's other individuals that will welcome that.

So not only am I a clinician, but I am also a CPS, a Certified Peer Specialist.

So when I counsel individuals, I use both modalities, right? I understand what a person is going through the stomach rolls. I understand what that is. I understand when a person says that they took their mother's purse. I'm not saying I agree with it – I understand. And we work through those issues.

Now, with some people I disclose that. And with some people, I don't disclose that. It depends upon the individual, and how I am counseling that individual.

But because of my recovery base, I think I do great work, and I think that's why I have a lot of counselors that seek me as a clinical supervisor.

So thanks to recovery, I am in this field now. I was a late bloomer. As Joe stated, he is a young guy in recovery. I am an old guy in recovery, because I didn't come to this field until I was 40 years old.

PETER D MOTT:
The important thing, Doctor Dorsey, is that you are there. That's the important thing.

Yeah, I'm not in recovery, but for me, showing a genuine concern for people is all that I needed. I didn't come in -- you know, I don't go into that relationship trying to act like I understand what it is to have had an addiction, but I do go into that relationship being my authentic self. I am able to show empathy and understanding. I'm able to let that person know I'm here to support them wherever they are and where they are trying to go. "And let me try to provide you the tools that I have that may help you to get where you're trying to go."

For me, that has worked for me all of these years. Just, you know, people being able to see, "Hey, this guy is sincere and wants to help me." And I don't know of anyone who meets someone who is in need and they can tell somebody who ones to help them, they are going to reach back out and take that hand.

HELENA WASHINGTON:
Sampson, I want to add one quick piece. Something else I want to add is if you're trying to understand
and you don't walk that path of recovery, I had to – and I was welcomed stop I had to attend open AA meeting. I had to attend open NA meetings because I had to understand that process. I'm telling you, "I'm taking you to meetings. I need to understand."

That helped me alongside all of the book knowledge come alongside all of the medical school training from the medical College roles. Not the Medical College of Ohio anymore, that is what it was when I went there.

If I did not walk into those rooms and not welcomed, you know, the dances, the conferences, the meetings – you know, dropping people off and sitting back and just understanding or as an assignment, that helped me grow. It nurtured my interest, my passion, my understanding, and it also helped me open my eyes to appreciate the journey that patients are going through, because I did not walk that path, but I need to fully understand.

I have all of these other pieces holistically I'm looking up. This is the part we are telling you to gauge. I need to understand this part.

So I spent a lot of time volunteering my own interest and time. There were times that my responsibility for work required me to go, but I also volunteered my own personal time.

I was welcomed in the recovery community through AA and NA. And I know folks will say, "NA is more urban. AA is this –" it's the same 12 steps with different fellowships, and that is what people need to respect and understand. If this group is where you fit in and you are embraced, then that is where you go. If it is AA and NA, then so be it. But if that is where your support comes from, that is where it comes from. Embrace it.

So I just wanted to chime in for those who are outside of the walls of recovery. If you are interested, if you are telling them,"I need you to go to 12 step," you need to know what happens in a 12 step meeting. Need to see the process of somebody getting a coin. You need to understand a person who walks in that room high, and everybody might be struggling to stay sober for five years, 10 years, 30 days, five minutes. It's embracing even that person walking in the door who is high.

So I implore you to at least engage in the community as well.

JOE POWELL:
Let me just add really quick as far as, you know, over 40% of our clients, peers, and people in the community have a concurrent mental health and substance use. When we talk about the multiple paths of recovery or even depression, we do DR, which is dual recovery, right? Anonymous or dual recovery, so they can learn about both addiction and mental health. What does that look like recovery-
wise and wellness-wise? The eight dimensions of wellness, etc.

But as many paths, and even our DBSA. Which is our depression/bipolar support group... There are many paths, like music. Even with 12 step... In the rural areas, we have methamphetamine groups.

The last thing is for clinicians or for people who are not recovery, back to the lived experience, is, it's right. Clinicians don't have to disclose anything about the recovery, even if they is in. For years, I have people whisper into my ears after the conference, "I'm in recovery."

But I think only with peer support, with recovery community organizations, our job... I will prove it to you. You have to have lived experience and be a person in recovery first. That is why have to be loud about it. The world needs to know that people do get well and people are in recovery, no matter what occupation. I just wanted to add that.

SAMSON TEKLEMARIAM:
Y'all, we have time for just one more question. We only have time for one more question. I'm going to wrap up some underlying comments from the panel. Every day, all of us are recovering from various curveballs, various challenges that the world is throwing at us, OK?

We are all wrestling with various versions of pain and versions of seeking to medicate that pain with either healthy or unhealthy needs. We are all suffering at various levels, so if we broaden our vision of pain, we can find connection. If we expand and broaden our hunger for hope, we can find connection.

But when you are trying to study this with, you'd better believe lived experience is powerful, and having peers integrated into any and every layer of your professional helping model, whatever that is, is absolutely critical because you're trying to make sure you are capturing everybody.

So, that being said, if it's about connection, look harder. You will find it.

Now, here's the thing, though. This next question – this is the last question we are going to be able to ask. We are going to have to keep this really quick, maybe just two or three. Then, each person on the panel can share some closing thoughts.

I think this leads to the specific area of pain we are talking about in this committee. Doctor Renata mentioned "Black pain" and said that phrase over and over again. It's really important to understand that you need nuance of how that impacts us in this field.

Tammy asked a great question that I didn't want to miss out on. And again, this is the last question and then we are going to close out with 30 seconds for each person. Tammy asks, "Have any of you had
Let's go for maybe two or three people, then we will close out with some final thoughts.

CHANELLE LAWSON:
I would like to lead off. I have definitely expressed my fair share of microaggressions being the only clinician of color -- clinical addictions counselor color in a predominately white office setting for a community mental health center. Yes, I felt microaggressions from the top all the way down.

I mean, my counterparts that were licensed mental health counselors, they did not hold me in the same regard. It was, "She's just an LCAC. She just does the IOP route. She just does the addictions counseling." Right?

And then, on the administrative level, like the leadership level, it was, "Oh, she can take the clients that are only addictions," not knowing that I can see both, like one of the panelists said. They are co-occurring. Mental health and addiction is co-occurring. So yes, I can see those that have the co-occurring disorders as well.

But now, "Just give her the ones that struggle with substance use and addiction. Give her the ones that are impacted by probation. Give her the ones that have DCS involvement," not knowing that my license and credential can be used across spectrums.

I have deftly felt my fair share of microaggressions, and it goes back to what Doctor Helena said about knowing your worth and knowing your value and be able to stand in your own truth, your "why", and why it is you do what you do.

I just wanted to say that I have truly enjoyed hearing the peers on this panel. Gears are a very big part of recovery, probably the biggest, because they have the lift expense. I have used peers in various settings and in individual therapy, and they are just able to reach client at a level that I cannot as a clinician as somebody who does not have that lived experience with addictions.

So, circling back to the question, I have felt microaggressions from leadership and from colleagues, and how I dealt with it was just standing in my truth, standing in my "why", and knowing my worth.

HELENA WASHINGTON:
I'm going to go in a different direction. I have had folks reach out to me and say to me -- and I want people to please stop saying this to all Black people and people of color. "Well, we're going to refer this family to you because you present so well and speak so elegantly. You communicate with them,
and you speak there language."

I... Help me understand what that means. That is a microaggression. We don't take that as a compliment. I want someone who comes from... You know, I went to an HBCU. I went to Bowling Green State University in Ohio. I am African American, and I am a proud African woman who became a US citizen in this wonderful country. I am.

With that being said, I have honed my skills to be in that position regardless of how I speak, regardless of what community I grew up in. I don't think I am better than any other individual that looks like me.

It gets to a point – I love my hair in braids, and I want to end this up. I love my natural hair. But I don't like the fact that I have to figure out, "I'm speaking at this conference next month. Are my braids going to be accepted? Are they going to receive me the same way? Am I still going to be in that category of acceptance clinically?" Those are microaggressions that we deal with every single day. Every day.

"Are we saying the right words? Do I look a certain way?"

I have some phenomenal individuals who are some of the best clinicians. They have long nails, they have eyelashes, but they will help save everyone's life. Just because it's a Black woman who chooses to express herself – we are expressive people! I talked with my hands. I wear bright colors. We are expressive. Welcome those components of us as we help those heal. Those things are important not just to our community, but to all folks in the field. Please respect that and embrace that difference. It adds a lot to your life.

SAMSON TEKLEMARIAM:
Thank you so much. I broke the rules! We are about to go over time. 30 seconds, please, to wrap up. Thank you for saying that so much, Helena. You have no idea how many referrals I got that I sent right back.

"Samson, you can really connect with this young man." Can I? Why can't you?

So, please, some closing thoughts and final words of encouragement to the audience, then we will close.

PETER D MOTT:
30 seconds? Passion. Being authentic. Showing up every day and being the best that you can be. That is how I do it every day. And I sound out the noise.

HELENA WASHINGTON:
Stand in your truth. Know what you bring to the table. Remember your ethical and your accountability rules. We have to hold each other accountable. Continue to learn, continue to grow, continue to reinvent yourself. This is an ever-evolving field. Keep your doors open.

CURTIS DORSEY:
30 seconds? Perseverance. Don't give up. If I can do this, you can do this. It is a passion, and some times, it becomes a ministry.

JOE POWELL:
And live by principles. I live by principles every day – those principles, and practice those principles, as well as performing well. I might even get into Helena's class, the microaggressions class, but also, I know that these are micro-assaults that we have been talking about, too. I think education on implicit biases, microaggressions, and micro-assaults are very important for us being healthy, as far as whether peer support or whether it is counseling.

CHANELLE LAWSON:
And I would like to say that your work is needed. You are valuable, and your work is needed. And give it back to community. Don't forget where you come from. Love your community enough to give back what it has given to you, because you have gotten this far somehow.

SAMSON TEKLEMARIAM:
I was over here speaking to you all on mute!

(Laughter)

PETER D MOTT:
We can hear you now.

SAMSON TEKLEMARIAM:
OK, good. I will go ahead and close out. Did everybody close out? I just want to make sure I'm not missing somebody.

PETER D MOTT:
Yes.*I mean, you have heard. If you want to receive more, more success, more growth, give some back. If you are a student, you could mentor a family member. If you're an intern, you can mentor a student. If your counselor, you could mentor an intern. If you are a supervisor, you can mentor counselor.

I'm not afraid to say it. I'm a person of faith. My hero is Jesus. He fed 5000. Are you feeding 5000? He
brought 12 with him everywhere he went. He kept three really close by his side. Who are your three? Are you investing in them? Who are you investing in the 5000 feet? Are you donating? Are you giving back? If you are just handing out pamphlets, whatever it is, where is your 12? I encourage you, if you are looking for success in this field, look no further. It starts with you. Start giving back.

Alright, this was a lively discussion. I'm really honored to be in this group, and even more honored to be a part of this Critical Issues in the Black Community Committee.

That's all the time we have. Thank you for your time. Thank you so much from everybody.

So just a reminder on CE's. You can access the CE quiz for this presentation on the same webpage that used taxes for the session. If this is your first time attending a NAADAC educational session, make sure to get that instruction guide. They dropped it in the attached box. It will also be the same webpage that you used to register for this event.

If you're not a NAADAC member, what are you doing? Join! Act now! Be a part of this. You'll see just a few benefits of becoming a NAADAC member. I encourage you to visit that member benefits page on the NAADAC website and see all the benefits of

We do have an advocacy and action conference coming up soon that you can be a part of at NAADAC.

The next session is called 'Going Back to Go Forward'. This presentation will not be recorded. It will only be available live, so make sure not to miss it. It begins at 3:30 Eastern, and I hope to see you all during the break. Please be sure to visit our sponsors on the NAADAC webpage. Many of them have Zoom rooms that are waiting for you to come by and discuss. You can access them by visiting the Summit Sponsors Page of

Again, the next session will not be recorded. You all, have a great rest of your day. I will see you in that next session.