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HALEY HARTLE:
Welcome everyone, thanks for attending today's webinar, Engaging Woman of Color in Addiction Treatment. This presentation today is presented by Edwina Taylor-Flowers.

It is so great that you can join us today. My name is Haley Hartle, the training and professional development coordinator here at NAADAC. I will be the facilitator for this training experience.

With us today behind the scenes is Allison White, who will address any issues or questions you may have that are not specifically for our presenter. In other words, you have a lot of support here today.

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There are two main items to be aware of on the Zoo menu. First is the chat box. That allows you to send chat messages to the host and attendees in the webinar. The second is the Q&A box. If you open the Q&A window, you can ask questions to the host and panelists and they can answer your question life.

We will give them to our presented during the life Q&A towards the end of our presentation, but any questions we do not get to, we will collect directly from the presenter and post those questions and answers on our website.

Lastly, in the chat box, we will post any handouts including a PDF of the slides from today's webinar, and a guide to access our online CE quiz. Please use the instructions in the handouts tab when you're ready to take the quiz.

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That means everything you need to know will be posted permanently at www.naadac.org/women series 2022 women of color session. If this is your first time going through our CE process, go to the instructions guide to guide you through the process.

You can also always email us at CE@NAADAC.org. If you need your CE credit to say live on it, make sure you complete everything within the next 24 hours. Please stay on at the end of the presentation for a brief two minute video on how to enter license number two are certificates.

Without further ado, now I can introduce you to today's presenter: Edwina Taylor-Flowers is a licensed professional counselor with over 10 years of experience, providing addiction specific treatment
services in various settings, including residential, community, nonprofit and for-profit.

She holds dual Masters degrees in general counseling studies, and clinical mental health and rehabilitation counseling. In addition, she is credentialed as a master addiction counselor and a certified clinical supervisor, providing supervision for those seeking initial and recertification addiction counseling credentials.

I will now turn it over to Edwina.

EDWINA TAYLOR-FLOWERS:
Good morning, everyone. Well, good afternoon. Thank you so much for joining for this presentation. I am going to go through this information, and I would like for this to be an interactive experience, so of course, I would like to hear from you all as well.

Again, the topic is Engaging Woman of Color in Addiction Treatment. This is near and dear and significant considering the culture and the climate of the US today, what is going on.

Racial disparity, I'm sorry, before I get started... Let me just take one moment to sort of hear about who is in the room. If you would, just unmute yourself, maybe about three or four if you unmute yourself and tell us just a little about yourself that would be great before we move on to our objectives.

HALEY HARTLE:
Edwina, they will actually have to introduce themselves in the chat. They will not be able to unmute themselves since it is a webinar format.

EDWINA TAYLOR-FLOWERS:
Ok, great. As you are typing introductions, we will go ahead and look at what the objectives for this particular training are. To increase cultural awareness specifically as it relates to women of color seeking addiction treatment. Also, to promote trauma informed care, and to initiate treatment, addiction treatment, amongst women of color.

And I see the chat is going! More often than not, when we hear the term "Women of color" we automatically think that the term is being used in reference to African-American women. However, there are several different women when we say women of color. Such as, you know, Latinas, Asian women, native women as well as African-American women.

And so what we think about culture, when we think about culture, what does culture mean? You know, in an effort to not read the slide verbatim considering that we are all professionals, I can say that for me, culture is a set of rituals, behaviors, attitudes, beliefs, specific to a group of people. And as the slide outlines, culture is basically learned. It is learned through interactions with individuals from the same groups of people, amongst the same groups of people. Culture is very difficult to change.

Cultural awareness is very specific to culture. What does cultural awareness mean? In my opinion, cultural awareness is simply to be informed of cultures different from my own. To be educated and
accustomed to interacting with individuals who are different from myself.

To be culturally aware is to understand cultural differences exist, and to be sensitive and respect those differences when interacting with people whose customs and worldview may differ from your own.

What does it mean to be culturally aware? To have knowledge not only of your own particular culture but on various cultures, as I stated earlier. To understand how people acquire their culture and culture is important role in personal identities, lifestyle and mental and physical health of individuals within various communities. And conscious of one's own culturally shaped values, beliefs, perceptions and biases. Know thyself, that's always important.

I am having some technical difficulties here. My screen is freezing up. But I will go on to say that... I'm sorry, are the slides up? Because on my end, I'm not saying anything. Haley, are the slides out?

HALEY HARTLE:
I think they should be there for you on Zoom. So if we are not able to share, let me try to share one more time and see if you are able to see them there.

EDWINA TAYLOR-FLOWERS:
Thank you.

HALEY HARTLE:
Allison could you let me know if you are able to see on your end as well?

SPEAKER:
I see a side that has a woman with her hand on her chin.

EDWINA TAYLOR-FLOWERS:
Ok, there it is. I'm sorry everyone.

HALEY HARTLE:
It's ok. It comes with technology, right? (Laughs)

EDWINA TAYLOR-FLOWERS:
Absolutely. Absolutely.

HALEY HARTLE:
Let me know if you need anything else.

EDWINA TAYLOR-FLOWERS:
It is blurring now.

HALEY HARTLE:
I wonder if it might be an internet connection issue. Let me go ahead and stop sharing it I will start
EDWINA TAYLOR-FLOWERS:
Thank you so much. My apologies, everyone.

HALEY HARTLE:
That is ok. Are you able to see little clearer now?

EDWINA TAYLOR-FLOWERS:
Ok. Well, it is still a little blurry, I can see, but it is still a little blurry. Ok, there we go.

Cultural awareness, now I have a black box. Cultural awareness, observing one's reactions to people whose culture different from one's own and reflecting upon these responses.

Seeking and participating in meaningful interactions with people of different cultural backgrounds.

The quiz primarily is taken directly from the slides, so if you would, please be careful, be intentional about looking at the slides. I'm noticing in the chapter there are individuals saying that the slides were from a different presentation.

Haley, do participants have access to these particular slides?

SPEAKER:
This is Allison. The link was incorrect. I have corrected it. I posted "here are the correct slides."

EDWINA TAYLOR-FLOWERS:
Thank you so much. Haley, we can go to the next slide.

According to the central addiction and substance abuse, Asian American women are three times less likely to seek addiction treatment in comparison to their white counterparts. According to NAMI, African-American and Hispanic/Latino women face disparities in both access to and quality of addiction treatment.

Racial barriers. I cannot see what the word is. Racial disparities, thank you. Access to quality treatment, diverted to addiction treatment rather than the criminal justice system, rates for completing treatment programs for drugs and alcohol, and the length of the stain treatment program. Also abstinence/recovery rates.

Racial disparities: while some may prefer to point to individual behaviors to explain why these disparities exist, the reality is that racial health disparities are systematic issues that cannot be treated solely as an individual problem.

Thank you so much. The slides have just cleared up.
Skilled clinicians empathize, identify and advocate for effective solutions for barriers. Such as stigma and women of color, criminal justice issues, related health issues and systematic racial issues. Of course, these are identified barriers.

No group encounters more stigmas, social alienation or difficulty getting basic needs met and women of colors experiencing substance abuse/addiction who are homeless, especially women of color with young children. I want to say this is very significant considering I am a person in long-term recovery, meaning I have a total of 22 years clean and serene from all mind altering substances.

When I started my treatment, my pursuit of treatment, it was very very difficult to obtain services considering that, you know, I was young, uneducated, poor... And pregnant. It was very very difficult. I did not have insurance, I was often judge, criticize, and it was very difficult to find treatment.

The criminal justice issues. Women of colour are overrepresented in the criminal justice system and many are therefore minor criminal activity related to substance abuse/addiction, mental illness, and co-occurring disorders. So it is very common for women of colour to be stereotyped and diverted to the criminal justice system, opposed to receiving the clinical treatment that is needed in order to gain the skills needed to come back-- combat addiction. Or mental health disorder.

One of the colour of the fastest-growing population in the AIDS epidemic. Substance abuse women of childbearing age are more than 100 times more likely to be HIV-positive than all the women of childbearing age in the United States.

According to the National Institute on drug abuse, infection with hepatitis C virus is a significant issue. Intertwined with substance abuse/addiction and HIV-AIDS because of injection drug use, now accounts for at least 60% of all HCV transmissions in the states.

Systematic racial issues. Systematic racism continues to support prejudice and discrimination, even amongst those who are well trained and well-intentioned. These biases are known to terminate many systems of the healthcare and human services fields including addiction treatment.

Trauma. I recently read an article from the CDC that stated that more than 80% of women of colour, or struggling with addiction issues as well as mental issues are victims of childhood trauma or have experienced some sort of trauma during our life.

Trauma is in a person's emotional response to a distressing experience, unlike ordinary chips, hermetic events tend to be set in and of predicted and involve serious threats of life, like my late injury, or deaf, and feel the onset person's control.

Trauma is based in one's personal experiences. Meaning was identified as traumatic for one individual may not be perceived as traumatic by another. Trauma generally disrupts a person's sense of safety in the world.

The different kind of traumas include sexual, physical, and psychological.
Sexual trauma is the exposure to any sexually abusive behaviours. Sexual abuse is any inappropriate, intentional, behaviour that is intended to give the offender some form of actual replication. The behaviour could be physical, such as being touched or grabbed in a sexual manner, verbal, such as humiliation or threats of sexual acts, or it could be visual, such as being forced to view sexual images or acts.

These behaviours could lead someone to being physically hurt, experiencing intense fear, or even being forced to perform sexual acts.

Physical trauma is a serious injury to the body. 2 main types of physical trauma are:

Blunt force trauma, when object or a force strikes the body, often causing concussion, team cuts, or broken bones.

In treating trauma, when object pierces the skin or body, usually creating an open wound.

Psychological trauma is the unique individual experience of an event or enduring condition in which individuals ability to integrate his or her emotional experience is overwhelmed, the individual experiences or subjectively, a threat to life, bodily integrity or sanity.

So what does it mean to be a trauma informed clinician? Understanding experiences that create trauma for women of colour, understand how women of colour often present in addiction treatment.

Characteristics of trauma. Suspicious and untrusting. Negative and pessimistic, I'm sorry, this lines are blurring up again.

Self sabotaging, demotivating, and I cannot see last, but I'm sure the participants can.

Trauma informed care. They provide the kids. Safety, ensuring physical and emotional safety. Choice. Individuals receiving services has choices. Collaboration. The clinician and the individuals make decisions together. Trustworthiness. Tasks and services are defined clearly, and interpersonal boundaries are respected.

Empowerment. The clinician prioritizes growth in skills and personal empowerment while providing services.

Women of colour with substance abuse disorders-- the slide just totally disappeared.

Haley Hartle:
I'm going to try to start sharing again to see if that helps. Did that make it clear for you again?

Edwina Taylor-Flowers:
Exploring but... Women of colour with substance abuse disorders are more likely to have experienced
childhood physical or sexual abuse. Women are likely to benefit from treatment fighters who ask about, and make safe to discuss incest, sexual and physical abuse, and experiences on the street, exchanging sex for drugs, without being or feeling victimized-- re-victimized.

Important component of effective treatment services for women of color include, teaching skills for safety and empowerment. Access to services for sexuality, addiction and/or mental health related issues. Continuum of care, which includes referral to appropriate services.

Interventions. Screens and accents for trauma as a standard practice. Seeking safety. Addiction and trauma recovery integration model. ATRIUM

Trauma, addiction, mental health and recovery, also known as TAMAR.

Can you roll it up so I can see last?

HALEY HARTLE:
The last one says essence of being real. I had the slide pulled up to where will not let me scroll.

EDWINA TAYLOR-FLOWERS:
Someone says what is going on? This did not happen to last week's press enter. An idea.

HALEY HARTLE:
That's OK. Sometimes technology is finicky

EDWINA TAYLOR-FLOWERS:
Trump effective regulation. Going for education and therapy TARGET. Risking connection. Trauma recovery and empowerment model. TREM or M-TREM. I'm sure that some of you are familiar with these evidence based practices that are trauma specific.

I do think, for interventions is not accomplished through any single technique or checklist. It requires constant attention, caring, awareness, sensitivity, and possibly a cultural change and organizational level.

Ongoing, internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to embed this approach, which can be augmented with organizational development and practice improvement.

Initiation of addiction treatment. Diverse and trauma informed staff. According to a study published in the American psychological Association or APA, 2020. Less than 5% of mental health providers include addiction clinicians, are Black. Asian providers made up about 4%, as did his providers. As the APA points out, the racial breakdown of providers does not reflect the makeup of the US, which poses a problem.

Again, we can move on to the next slide.
Initiation of addiction treatment. Addressing issues of gender and cultural competence is not easy. It makes people uncomfortable and can challenge long-held personal beliefs and community norms. Those in leadership roles must make a commitment to guarantee that sustained prevention and treatment services become more accessible to women of color, that stigma about substance abuse and addiction are reduced, and community-based services are provided with gender, race, and cultural... I can't see the last word.

HALEY HARTLE:
Is as cultural sensitivity and competency.

EDWINA TAYLOR-FLOWERS:
Thank you so much.

HALEY HARTLE:
Of course. And then, and Edwina, that is, last slide that I have on my side. Would you prefer to have the rest of the session be an open question and answer?

EDWINA TAYLOR-FLOWERS:
Yes.

HALEY HARTLE:
We can go ahead. It looks like we have one question here so far. For now, but you guys can continue to post those questions here in the Q&A. And then he could just this and open dialogue for the rest of the time.

EDWINA TAYLOR-FLOWERS:
Absolutely. Thank you so much.

HALEY HARTLE:
Course. So question that we have is would you recommend any of the interventions listed for pregnant persons, women with children or single fathers?

EDWINA TAYLOR-FLOWERS:
Pregnant purses I would recommend separately. All of the outlined interventions could be beneficial for individuals considering the prevalence of trauma specifically for individuals dealing with mental health as well as substance abuse related issues.

HALEY HARTLE:
We will give people some time to pursue more questions in there. Edwina, are there any thoughts not in the slides that you would like to share just from some personal experience?

EDWINA TAYLOR-FLOWERS:
Absolutely! Absolutely! Again, I wanted to say, I have no idea what was going on with the slides. I do
believe it took away from the presentation itself. I was hoping it could be more of an interactive presentation. So if you all would please put your questions in the chat, I would like to create an opportunity for us to exchange dialogue, to hear about some experiences that you may have had specifically providing services for women of color. Or people of color, period.

HALEY HARTLE:
Wonderful. We've got a question that just came in from Christine. If you would like to answer that one, we can go forward with some more discussion. This one says, "Can you explain in more detail the way you can use and apply the trauma interventions for this population such as atrium and target and (unknown term)?"

EDWINA TAYLOR-FLOWERS:
Each of these interventions I have not utilized TAMAR, but I have used seeking safety, I have used trim. They all come with clinician guides that tell clinicians how to implement. I wish there was a cookie-cutter format, but each lesson applies differently based on the individual him or herself. You are going to get different interactions. So I would encourage individuals to familiarize themselves with the actual evidence-based practices, and the intermittent, and meet the client where they are as far as the implementation.

HALEY HARTLE:
We got another one that just came in from Chelsea. I believe it says if you are white, and Chelsea can correct me if I'm wrong in the chat. If you are white clinician treating women of color, how would you recommend addressing any biases with the client so that her strong rapport can be developed?

EDWINA TAYLOR-FLOWERS:
I would recommend therapy so that one is aware of his/her limitations and biases. And first and foremost, just to acknowledge and not to make... To be knowledgeable of one's self. To not make assumptions.

For example, when I was in treatment, I was automatically assigned a Caucasian therapist. Who was constantly reporting that I was treatment resistant, that I had an attitude, that I was very negative. When the reality is, you know, I just did not trust the clinician. Because she made a lot of assumptions about who I was as a person, and where I come from.

She had no idea about the trauma that I had endured. Of course, today that I know it was trauma, but back then I didn't know what I was so angry about. So you know, I would just say the importance of self awareness, and being knowledgeable, and acknowledging, "I don't know." And not being afraid to ask questions or be transparent about your lack of knowledge when dealing with individuals.

My experience has shown me that authenticity is the best builder of report. Authenticity and truth.

HANNAH JARDINE:
That's great. Really great. Really great feedback. Our next one, "Being a woman of color who was caught up in addiction yourself, faced with treatment discrimination, could you elaborate about your
personal testimony and your own experiences?“

EDWINA TAYLOR-FLOWERS:
Hmm. My personal testimony is just that. It is my personal testimony, and as I stated previously, it was extremely difficult for me, you know, initially going to a treatment program on scholarship where no one looks like me. Not even the other clients.

So I sort of wanted wondering, "How long is this going to last? I'm not going to tell these people my business because as soon as they find that I cannot pay, they are going to kick me out." Which ultimately did happen. But because I was pregnant, you know, I often say, it was my higher power who led me to another program during which I was able to get the help I need as far as abstinence, separation from myself and the drugs.

I was able to get a place to stay, as Maslow's hierarchy of needs indicates, the importance of the basic needs. During my time, I was homeless, jobless, penniless, no family support, and it was just extremely difficult. And to be challenged by the barriers that I faced when I initially went to treatment, it was very heartbreaking. Only by the grace of God, only by a power greater than myself to I sit here today with all the imperfections of this presentation and life. I've already overcome the worst of it.

So it is what it is.

HALEY HARTLE:
Wonderful. Thank you for sharing that personal bit of it as well.

We have quite a few questions flowing in here now, so that's awesome. "How would you explain and use cultural competence as a topic to implement these processes? I feel there in lies the issues when it comes to our community, this seems to relate to the previous quesitons."

EDWINA TAYLOR-FLOWERS:
In my opinion, you cannot address or speak the cultural competency without talking about the racial disparities that we are challenged by. I could say this mixup didn't happen with anybody else, because somebody's put in the slide, this didn't happen during last week. I can say there is a racial component! My stuff was all messed up because I'm Black. While no, it is all in one's perception.

So when you talk about cultural awareness, it is important to know and understand that people of color often diverge to the conspiracy thought process. You know, when things happen in life. It is important to be intentional about not acting out on that thought process.

But because we live in a society that has been so judgmental and harsh towards people of color, it is understandable that individuals often diverge to the conspiracy, or you know, I am being sabotaged and things of that nature. But all we can do is show up and do the best that we can, do the best that we can do, and continue to move forward in spite of it.

HALEY HARTLE:
Thank you so much. Our next one, "Could you recommend ways of welcoming and engaging women of color to recovery support services?"

EDWINA TAYLOR-FLOWERS:
Simply by being open. By asking questions, by being welcoming. And nonjudgmental. It is so difficult to be nonjudgmental. But it is so needed when you are dealing with individuals with so many different traumas. It is very very very needed to feel welcomed and to feel accepted.

I can remember when I have initially... When I found the treatment facility that ultimately led to my long-term abstinence and recovery, I had been in a hotel room, I had left, I got kicked out of the first treatment program. I had been in a hotel room for 5 1/2 weeks with my then minor children.

I had just enough sanity to call this program, called Project Prevent back then. They sent a woman to my door. I didn't know if it was the police. I didn't know if someone... If I open the door, if the person was going to take my children. I didn't know what was going to happen.

But I was so sick and tired that I mustered up the faith, the courage, whatever it took, and I opened that door, and when I opened that door, that woman had her arms spread open. She hugged me, and embraced me, and just made me feel so welcome and so accepted and so... I knew when I embraced her that everything would be ok.

To this very day, I am so grateful for her disposition and the way she welcomed me and nurtured me. She actually followed me for 7 1/2 years, we kept in touch. Just the compassion and understanding. Compassion and understanding. That is what is key. That is what was key for me. And because we all are more alike than we are different, I will take a risk and say most of us, if not all of us, want to be loved and accepted.

HALEY HARTLE:
Absolutely. Beautiful, thank you for sharing that.

Our next one, "Can you explain ways to break the ice for those that are guarded towards treatment?"

EDWINA TAYLOR-FLOWERS:
I would say get comfortable in silence. Early on, I had several clients that would just show up, and would not say a word. But they showed up. I learned that meeting a client where he/she may be, it is not about what is comfortable for me.

I used to be so very and comfortable with silence. When they didn't want to talk, and they were not saying anything, ok, we will try this again next week. I had to learn to be ok with the silence, and just appreciate and value the fact that these clients were showing up every week to sit in silence.

And eventually, eventually, with every single client, eventually did get to a place where they were willing to open up and start talking about things. And then, I learned... I'm sorry, I got distracted by the chat. Then I learned that half of what clients say in the first two, three, five, maybe even 10 sessions
may not be the full truth. May not be... You know...

I believe that because I am a person in long-term recovery, having that perspective as an added, has helped me in my career. Because I don't just have (indiscernible) experience, I also have learned experience. That is essential.

HALEY HARTLE:
What are some of the specific factors that contribute to the disparity in treatment of women of colour.

EDWINA TAYLOR-FLOWERS:
Income, accessibility,... Racism, such as the barriers that are identified in the slides. Just the chance to receive addiction treatment, opposed to being incarcerated or having you don't. The criminal justice system. Having their children taken.

Also, roles, gender roles. And the lack of education amongst family and friends, and just the opinions, cultural beliefs, as related. The effectiveness of treatment. And also, religious religiosity and beliefs. This can also be barriers.

HALEY HARTLE:
Thank you. The next one. "Can you share your thoughts around post Germanic slavery disorder?"

EDWINA TAYLOR-FLOWERS:
... I think as people of colour, specifically, African-Americans we continue to operate from posttraumatic slave disorder. In the deficits we experience. The crab in a bucket mentality, just for lack of a better term... Yeah, I'm being really mindful about when I say.

HALEY HARTLE:
Of course. Thank you very much. Our next one. "Can think of any well-meaning comments, or questions, often by heard of people of colour that are really not actually helpful in a clinical setting."

EDWINA TAYLOR-FLOWERS:
You really articulate and you speak well, as if we are not expected to speak well. While it wasn't that bad, at least you had X, Y, and C. Minimizing the experience of another individual, careless, and it is a person of colour or not. Just minimizing the experience, because again, as I stated previously, it often takes a significant period of time for individuals to feel comfortable enough to tell substantial violent information about themselves, and their lives, and to have their information, to have their perspectives be minimized is not... It's counterproductive. And not just in a treatment setting, but in life in general.

HALEY HARTLE:
Our next one. "How should work with medical staff who often create a roadblock to getting into treatment, and this would include the criminal justice system?"

EDWINA TAYLOR-FLOWERS:
How we work with us systems, we work with them by being transparent and having honest
conversations. More often than not, individuals specifically, from the medical field, even the criminal justice field, just have no clue of the validity and the impact of substance use disorders or mental health disorders, because that is not their area of expertise.

And so, as clinicians, it is, in my opinion, it is our response ability and obligation to educate, to provide education and advocacy for the clients that we serve.

Haley Hartle:
Awesome. Thank you. And then the next one "who created, or freeze these guidelines? Are they Women of Color?"

Edwina Taylor-Flowers:
I don't understand the question. Who creates?

Haley Hartle:
I think it was from (unknown name) If you like to clarify... Will move on to the next one. How is a multi-generation perspective, player with women with postpartum or parenting issues?

Edwina Taylor-Flowers:
There is no cookie-cutter answer to that question. I think we all... There's just no cookie-cutter answer to that question. How does it play out? It has the potential- first of all, it is not in it, we are talking about learned behaviours and family dynamics, and so many different things that come into play is not as simple as , "how do" is looking at the purse from a holistic perspective going out and inquiring about upbringing and cultural beliefs, and behaviours and things of that nature. And then, working collaboratively with that individual, to identify was working or what's not working. However, those beliefs, however this behaviours showing up and impacting that individuals life today and what, if anything, do they want to do about it?

Haley Hartle:
Thank you so much. We did get a clarification. The guidelines in the various methods and approaches, when a training working with women of colour.

Edwina Taylor-Flowers:
And the original question was who establishes guidelines?

Haley Hartle:
Who establishes them

Edwina Taylor-Flowers:
I was saying. The guidelines are established between the clinician, working collaboratively with individuals. Because, again, there is no cookie-cutter format what works and what doesn't work.

Haley Hartle:
Perfect. Thank you so much. In the next one, I know the dates climate up moving certain books, to
recommend reading books by various women of colour, and other culture’s authors.

EDWINA TAYLOR-FLOWERS:
Strongly commends more interaction, more interaction with individuals of different cultures, more so than reading, because reading, I'm still operating my own perspective. I mean reading this information by analysing, taking away, based on my personal expenses, based on my preferences, things of that nature, to interact with individuals from cultures, different from my own, have been effective for me, but I think that is an individual, sort of, decision.

HALEY HARTLE:
Thank you. Our next what "why do you think that we are still in high demand of Black clinicians?"

EDWINA TAYLOR-FLOWERS:
Because we are scared. We are scared, and I personally believe that there is time that is changing our society. As it comes, as related to people of colour for generations, people of colour have been on the bottom end of the spectrum when it comes to health care and housing, and finances. And when it comes to everything. Now things, we are living in a time and things are starting to change, finally, and it is a slow gradual process. I understand that. But now, more than ever, I know, personally, by effort is to normalize addiction treatment, and health services, therapy, among people of colour, notice women of colour, but people of colour because it is needed.

HALEY HARTLE:
Thank you so much. During this experience, what is your best self-care technique?

EDWINA TAYLOR-FLOWERS:
Therapy. Therapy. Therapy is my best self-care technique, because the stuff that goes on between the years is unbelievable. I mean, still, to this day, so, he is my best self-care technique that our when I can be (indiscernible) and what my fears and insecurities. Therapy.

HALEY HARTLE:
Thinking or not. Helped eccentric for all women of colour. Substance abuse disorder, alcohol or opioid use!

EDWINA TAYLOR-FLOWERS:
Advocacy. Advocacy amongst people who are in influential positions. People who are able to, you know, make the decisions. I often tell people, be sure that you operate within your scope of influence. It is important, when the opportunity presents itself, I know me, personally, when opportunity presents itself for me to speak transparently, and authentically regarding the needs for addiction services, particularly for people of colour. I think that we can take advantage to do so. Advocacy of the state-level, and see if we can get laws changed. Were talking about systematic issues.

HALEY HARTLE:
Looks like we might have had a few questions in the chat box as well, and I will check their after this one. This is great. Keep them coming into the Q&A. How is your clinical work shifted during the
COVID-19 pandemic?

EDWINA TAYLOR-FLOWERS:
I have my self-care shifted, would’ve been a good question. I have been bombarded, not just people of colour, but individuals in general, are having a difficult time with the isolation, so many people, I will go out of as a silly people have, you know, become accustomed to utilizing work, work responsibilities, or just getting away from the home, in an effort to sort of detach from whatever is going on at home. And, because of COVID-19, individuals are spending more time with family.

So it has become that much more difficult to manoeuvre around or deal with situations that they become accustomed to avoiding, through going to work.

Or even going to school. So because COVID has affected the economy the way that it has, and promoted the necessity for isolation, or quarantine, individuals are really struggling. And my practice has really been bombarded since the beginning of COVID.

HALEY HARTLE:
Yes I do that. That has changed, differently a lot of things, and I think that is all is in the Q&A box, but I think I seen some questions in the chat box.

One that I had seen, "why is DCF not referring families to recovery programs?"

EDWINA TAYLOR-FLOWERS:
I think, again, overall I can identify that is a... When you say DCF, I'm assuming that you are speaking of children and family services?

HALEY HARTLE:
I am thinking so. It looks like it was Justinea so you want to clarify. Yes.

EDWINA TAYLOR-FLOWERS:
Funding reasons, significant or credible programs are barriers. Again, we are talking about, in my opinion, you’re talking about systematic issues.

HALEY HARTLE:
Wonderful. Thank you. I see and hear in the chat. "We talk about when the colour of their cultural beliefs, are we including those from different cultures, for example, Black, South American, Central American, Islanders, etc."

EDWINA TAYLOR-FLOWERS:
Absolutely. Yes, we’re just not talking about African-American.

HALEY HARTLE:
Give. Next summer in the Q&A. " What you wish you knew as an early therapist in the field?"
EDWINA TAYLOR-FLOWERS:
I wish I knew that I would not be, OK, so coming from a place, as a recovering addict, one thing that is important to know, is that many, many women of colour, not just myself, but many women of colour, such as myself, deal with issues with self-esteem, self-worth, and things of that nature. And I wish that I knew that I and enough. I am enough just the way that I am. Because, my experience has taught me, is not so much about- it's not even about how much, how educated I am, or how attractive I am, it is really about how I feel about me on the inside, and coming from a place where I did not get love and attention that he needed for my mom, or that I felt like I needed from my mom, there wasn't an adult in my childhood that I felt that I could really really... I'm talking about trauma, talking about emotional trauma, I was subjected to edit very early age. It has taken me years to evolve to a place where I believe, from the inside out, I am enough. Just the way that I am. And I wish that I would have known that, early on. When I got clean, I did not have an education and in my pursuit of being enough, I went back to school, I got not one, not 2, not 3, but 4°. And even with those 4 degrees, I still did not feel like I was enough, even with the credentials, I still didn't feel like I was enough. So I spent many years speaking internal validations through external factors. So if I got enough degrees, or if I got the right mate,…

Not talking about clean, after drugs. It wasn't until I went to therapy and started addressing the childhood, the emotional trauma, the neglect, the abandonment… Once I started dealing with those types of things, I finally got to a place where I potable in my skin. Flaws and all, I am comfortable in my skin. Full stop and I wish there was a quick fix, but it is just not. I have to be intentional every day

Haley Hartle:
That is great. Thank you so much for sharing. Our next one, "You mentioned religious factors and spiritual ones that can be barriers or supports. Can you elaborate on that?"

EDWINA TAYLOR-FLOWERS:
When I say religious factors, I'm talking about individuals coming from families... In the African-American community, it is a cultural thing for us to be "Jesus is going to save us all" and just pray about it, and there's nothing wrong, you'll be fine, just pray about it.

I know, personally, when I was on drugs, I remember the church rolled by the spot where I used to hang out and snatched me up in this van. They was throwing oil on me, and sending that spirit back from whence it was sent. I was like, “take me to the police station. This is kidnapping.” None of that worked for me. None of that worked for me.

It took for me to have my own awakening, and develop my relationship with a power greater than myself, and so today, I know it is important that, for me... It doesn't matter if you refer to a power greater than yourself as God, Buddha, Allah, Krishna, it doesn't matter.

In my opinion, it is important to have a spiritual component and to be reliant upon that spiritual component, because that is what has saved me. It wasn't, "Read a verse a day to keep the devil away." That didn't work for me. So that is what I mean when I say religion can be a barrier.
Because for so long, even when I knew that I needed some help, the feedback that I got from family members was just to pray about it. And that God was going to save me and I was going to be ok.

In the long term, yes, but when I was in the thick of it, no.

HALEY HARTLE:
Thank you. Do you share with clients that you are in recovery are anything about your recovery?

EDWINA TAYLOR-FLOWERS:
I do not! Just to be transparent, I do not. The only reason I share today was because the whole presentation was such a bust in my opinion. So ok, let's just be real. But I do not, as a practice, I do not.

However, there has been four times, and I have been providing clinical services for a very significant time, but there has been four times where I have disclosed with clients that I am a person in long-term recovery.

Each of those times, it has only been because I believed that it was to their benefits that I share with them. So there has been four times.

But I also believe for those clinicians, those addiction counselors who that is there go to tactic to build rapport? I don't agree with that. I just don't. I believe it is important to have a skill set that doesn't necessarily make it a requirement to disclose. Because in doing so, it becomes more about the individual, the clinician, the counselor than it does about the individual that we are serving.

HALEY HARTLE:
I know we all appreciate you sharing all of that today, so thank you. Next question, "What would you say is the biggest obstacle when it comes to white service providers trying to build trustworthy relationships with their clients who are women of color, and how can we overcome them?"

EDWINA TAYLOR-FLOWERS:
I cannot answer that, simply because I'm not a white service provider, so I cannot attest to what the biggest obstacle is. Because I am a person of color.

HALEY HARTLE:
How do you balance your experience as a person in recovery and being a clinician in the work you do?

EDWINA TAYLOR-FLOWERS:
How do I balance... I don't know. I don't know what the formula is. I just know that it's just a knack. I know that I'm able to do it. I do not know how I do it. It comes naturally. I think it is a spiritual aspect. It is a gift from me, it comes naturally.

And again, I have been with my therapist for three years so I am comfortable with her when I have to
vent. She gets it all. I have a few people in my life that I know have my best interests at heart, and they help me to compartmentalize. They hold me accountable, I know that I can trust them, I can be my authentic self with them, I know that they love and support me, so the most significant thing that I believe that I do is just allow myself to be vulnerable.

And not just to ask for help, but to receive help when it is given to me.

HALEY HARTLE:
Thank you. "How do you set up your own boundaries so that your work as a therapist does not affect and impede your personal life?"

EDWINA TAYLOR-FLOWERS:
It does. It does. It does affect my personal life. It absolutely does. I am clear about that, I am clear about... What I am intentional about is the extent to which I allow my work to impede my personal life. I say that it does because I am human. I care about the clients that I serve, and I hear their stuff all day every day. And so, you know, it impacts me. It impacts me.

I can't just hear it and now I am home in time with my children and with my husband, no. I am human. I hear what people are dealing with, and much of what other people are dealing with, I am dealing with myself. There is the spirituality piece. I talked to my therapist about these things, I talked to my closest friends about these things. Most importantly, I talked to the most high about these things.

I trust and believe that the universe will provide me strength, and the ability to continue to serve the individuals that I serve, and to survive my own emotions. And it works. It may not work for anybody else, but it works for me. And I'm grateful.

HALEY HARTLE:
Thank you for sharing. Do you work with men as well?

EDWINA TAYLOR-FLOWERS:
I do work with men. I do work with men. And I will say, in working with men, and the work that I have done with men, for me, it's a two-way thing. Not only am I working with individuals, individuals, I am so fortunate and blessed, individuals are working with me. Because the work that I have done with men has... I have benefited because I know how to be a better wife. I know how to be a better friend, I know how to... It just has benefited me.

I work with men, I work with couples, I do not work with children under the age of 15. So again, it is not just me working with individuals, but individuals work with me as well. They just don't know that they are working with me. But they are.
I can't hear you.

HALEY HARTLE:
...

EDWINA TAYLOR-FLOWERS:
Can anybody else hear Haley?

SPEAKER:
No, Haley, I cannot hear you either. So another question, would you recommend that a counselor of color seek a therapist of color?

EDWINA TAYLOR-FLOWERS:
No. I would recommend... The therapist that I am with now happens to be a therapist of color, and my take on that is when I have a toothache and I am searching for a dentist, you know, I don't ask the dentist have you ever had a toothache? I go to the dentist because I want some relief for my toothache.

So I have had Caucasian, male therapist, Caucasian female therapist, I have had an Asian therapist. In the last three years, of just being more consistent with this particular therapist, but no. Because in my opinion, I cannot pick and choose where my help is, where my support is going to come from.

But I do... It is very beneficial to me to have an African-American therapist who understands me on a deeper level. It's beneficial, because in the past, you know, with previous therapist, I have experienced the feeling of being the teacher. And in turn, not really getting what I need.

Which is likely why I didn't stay with those therapist for long, but I did have an Asian therapist, and I stayed with her for about a year and 1/2.

SPEAKER:
Is like musical chairs around here guys. I'm going to put them. So the next question, what specific materials would you suggest for women and recovery group to help keep them engaged and wanting to attend?

EDWINA TAYLOR-FLOWERS:
On going to tell you, I'm going to be honest, you know, with individuals, with the generation that we are doing with, but we are currently dealing with that are showing up with substance issues, disorders, I cannot tell you a curriculum, a resource, specifically, because it's so difficult. Addiction is the same, but so much has changed. I would just suggest it be multifaceted, trying to put resources, different strategies, different interventions and just see what works for that particular individual.

Some love CA, some of AA, some love Seek and safety, some love the matrix model.

SPEAKER:
Wanted to go back to, the question earlier, about somebody who is not a person of colour, she asked about barriers and you said you are not a white person seeking into that which is very true, but what would be some of the most important things for someone to remember or to consider, if they are working with somebody who is of a different race or ethnic brain.

EDWINA TAYLOR-FLOWERS:
What looks like an attitude or persistence, this is just not working with people of colour, but people in general, what we look like an attitude or assistance, or pessimistic Disposition. More often than not, that is trauma. And I think that is really informed to know that. Hence, the validity of trauma informed care.

SPEAKER:
Absolutely. Let's see. How do you know when you've found the right therapist?

EDWINA TAYLOR-FLOWERS:
How did I know? How did I know? I can't explain it. I just know. I can't explain it. And, again, we are all individuals going through this thing called life, doing the best we can. Striving to be the best version of ourselves. So what has worked for me, may not work for the next person, but I just now, I just kept showing up, the one thing that I was certain that I knew the elevator did not go all the way to the top of my head, so I knew that I needed some support, and since getting clean,... Even when I was using IU. I needed some help and when the opportunity presented itself, for me to get some help, I have done that consistently, just as I have refrain from the use of drugs, alcohol consistently for 22 years, December will be 23 years, I have been in therapy consistently since I've been clean. And just like outfits, when one doesn't work anymore, I go on to something else.

SPEAKER:
I think you are right, I think you know when you have the wrong one, right? That can be pretty obvious, but sometimes it's just sitting and it doesn't... You don't always have a breakthrough in one session, some of them may feel kind of boring, but just kind of sticking with it and then sometimes you've grown out of that person

EDWINA TAYLOR-FLOWERS:
Absolutely.

SPEAKER:
What do you suggest on report building?

EDWINA TAYLOR-FLOWERS:
Silence is my best technique for building rapport. Because individual's are often amazed and they show up and they have attitude and they don't want to talk. And I say I really appreciate your listening, and I understand you don't want to talk and you don't have anything to say and that is all right. This is our time together. So I really would like for you to stay. It is all right if you don't talk, but I would like you to stay. I'm telling you, it works like a charm. And sometimes you have to do the eyes like this, just buck your eyes a couple of times. The 3rd or 4th session and they just show up and does anything it is
time to do that. But eventually, it never fails.

SPEAKER:
I think Christina was clarifying, "I guess I'm asking beyond the usual. Methodology." When she was asking about whatever the other supports

EDWINA TAYLOR-FLOWERS:
Respecting the fact that the 12 step does not work for everyone. Sometimes it is harm reduction. What you want to do about your issue, or do identify or believe that you have an issue? I think that's where motivation interviewing comes in. In respecting I respect every individual that I come in contact with, as the expert on his or her life, so it is never my position to tell individuals whether they should be doing what they could be doing. Once you identify as your issue that you want to do anything about it. How can I help? Does matter how many degrees I have and how long I've been doing this work. You are the expert on your life. Not me. That is a great attitude, and believe that I have, has assisted me, when it comes to rapport building.

SPEAKER:
Awesome. So we are getting towards the end, and I apologize, it has been quite a ride today, on the technology.

EDWINA TAYLOR-FLOWERS:
I'm so sorry.

SPEAKER:
But I think this has been so valuable, so you're just having a nice, almost like a fireside chat, I wish we had a fire, too, you know, pick your brain and people don't ask a lot of questions and think it is been really great. So any last, for you, in terms of engaging women of colour, and he lost sort of words of advice or things that you would share and what you want people to take away is like the final online?

EDWINA TAYLOR-FLOWERS:
What I would like to people to take away, it is all right to be your authentic self. When you don't know, what you don't know, until you do know, and wait for someone to ask about your experience. Resist the urge to "prove yourself". I've been to all the trimmings. I know all of this into X, Y and Z. In my opinion, that strategy does not work. Racial disparities do happen and people of colour are marginalized and, generally, and the bulk end. We get the short end of the stick when it comes to systematic racism. Just because I'm speaking on this issue does not mean that I do have issues with people of other races. I absolutely don't. I love all people. I don't have issues with people of other races. Thanks very real separate is the fact that a colour are at a deficit of receiving services that are less than effective, not quality, and that's the issue. And it's not just the Black issue or Asian issue or Latina issue. It is humanity issue.

SPEAKER:
I see a lot of chat in the box appreciating your wisdom, and kind of writing this through. Thank you.
EDWINA TAYLOR-FLOWERS:
Thank you also much. Eventually we are going to be through this pandemic thing and we are be able
do our presentation thing face-to-face. So thank you also much for embracing me, thank you for
your wonderful comments and your exchanges, your questions, thank you so much. I really really
appreciate it.

SPEAKER:
We appreciate you. Thank you so much for being with us and for all of your time and valuable
experience. I was going ahead and wrap up with a few announcements, just a reminder that every
webinar has its own webpage. You can access the instructional guide that will guide you through the
process of getting your certificate if you have never ever done that before. Just follow the instruction
guide and if you have any issues always malice at the website on the screen.

Some upcoming webinars, we have the next one. April 8. And then we have April 20, harm reduction
for sceptics. Practical applications for alcohol use disorders. There's also one on April 27. So hopefully
you can join us for some of those. These are some of our other specialty online services that we have
available, if you have not taken one, one, in advances in technology, one on wellness and recovery
and one for ethics and practice. We also really excited about this.

I already mentioned the upcoming webinar that is coming up. Part 3. These are the ones are 4, 5 and
6,... Hopefully you guys can be all. Therefore, all 6 of those. The benefits of joining an NAADAC, the
free CE's. If you are a member. Was quickly paid for the membership itself.

I know I had to get a lot of to do education for my licenses, so think about joining if you are not.

Thank you, a short survey is going to pop up at the end of this webinar so please give us feedback and
share any notes for the presenter and tell us how we continue to improve your learning experience will
stop. Obviously, the technical gods were not on our side today, but we persevered, we did and in has
been wonderful. So thank you for hanging out with us and thank you for participating in this webinar.
Stay connected with us on LinkedIn and Twitter and Facebook and hopefully we will see you guys next
time. Take care.

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