Rehabilitating Addiction Treatment: An Anti-Racist Recovery Approach

Workshop Guide

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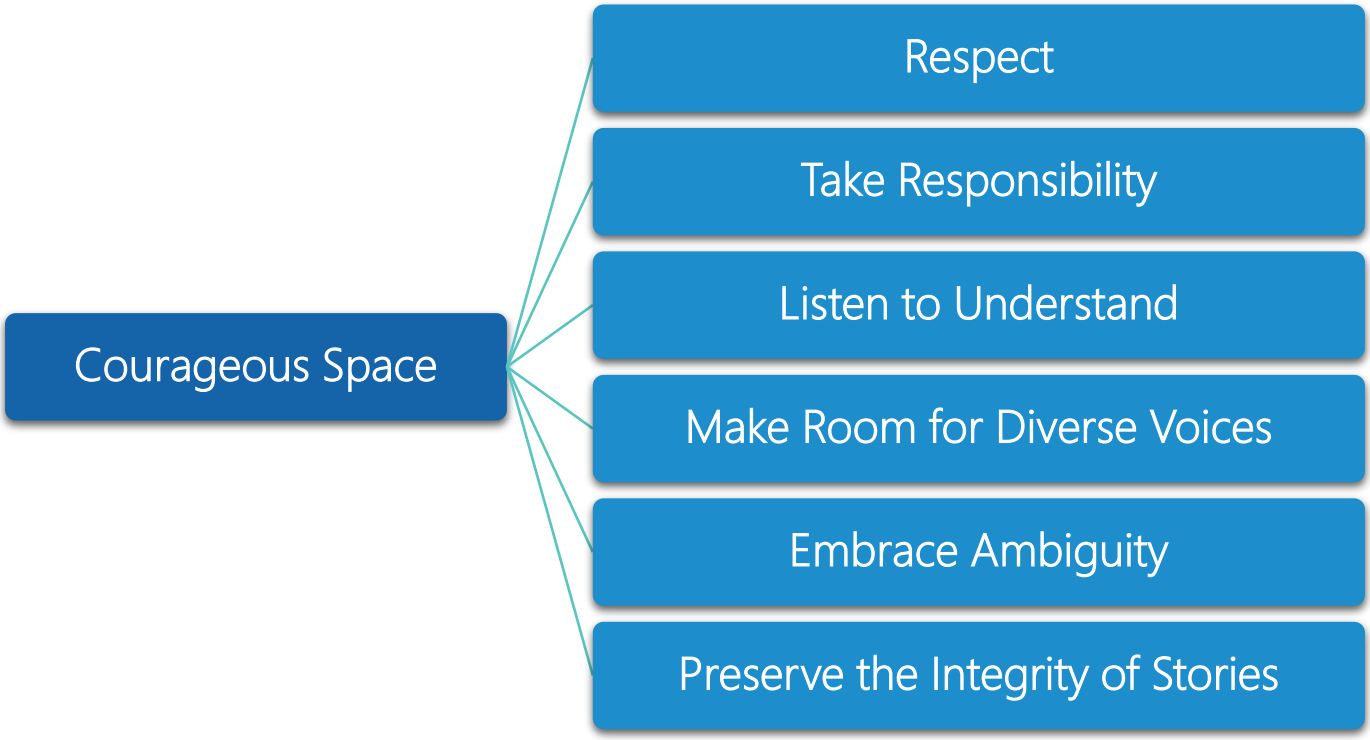
Courageous Space Agreement



Adapted from Crossroads Anti-Racism Organizing and Training

White Institutional Values vs. Transforming Values

White Institutional Values	Transforming Values
Paternalism and Power Hoarding	**Inclusive Clarity**
Leaders limit information and access. Top-down decisions are made by those least impacted by the consequences. Treatment program designed primarily by cis-gender, straight, white men OR appropriated from communities of color and sold as a commodity. Hierarchy of power is based on who is most-licensed, most adherent to manualized treatment implementation, most adherent to the philosophy of the program, or in possession of the highest level title. Competition for access to the most powerful person in the program leads to divisions.	Decision-making process includes people who will be most affected by the decision. Program ensures that everyone knows and understands who makes decisions. Treatment prioritizes restoration of one's connection to their culture rather than appropriation of other cultures. Everyone understands their responsibility and authority within the program. Leaders act with stewardship and invest in the wellbeing of the team. The person with the "lowest" title /newest staff member is valued and included in process improvement. Program offerings are flexible and responsive to diverse needs.
Scarcity Mindset	**Abundant Worldview**
Marketing, outreach, and clinical director decisions reward body brokerage, "heads and beds." Focus on census drains resources from the actual treatment program. Budget reflects limited development and support for frontline staff. Competition with other programs (instead of sharing resources) because "we are the only ones/the best ones who can help." Expansion for the sake of expansion.	Stewardship of energy and resources leads to program decisions that consider impacts beyond financial costs. Decisions about how to allocate time, money, and energy consider the cost in morale, the cost in credibility, and the impacts on treatment outcomes. Process goals are part of strategic planning. Staff are encouraged to consider how they approach their work, rather than just "doing the work."
All-or-Nothing Thinking	**Both/And Thinking**
"Only one right way" to recover (e.g. abstinence-only program vs. harm reduction, disease model vs. heterogeneous). Urgency to implement change while reacting to crisis. Underlying message of, "if you don't do this, your disease will progress and you will die." Perfectionism among frontline staff who feel pressure to do notes perfectly.	All staff are encouraged to notice when people use either/or language and advocate for more than two alternatives. Program staff use models of treatment and recovery that embrace the complexity of recovery. When the team notices feelings of urgency, leadership slows the process down and encourages people to do a deeper analysis.
Defensiveness	**Curiosity**
Organizational energy focused on trying to prevent the worst harms while protecting its own power. Criticism of those with power is viewed as threatening, inappropriate, or rude. People are rewarded for avoiding conflict or confrontations (whereas people who bring up challenges are punished). Energy is wasted on making sure people's feelings aren't getting hurt, while centering on the most defensive people.	Organizational energy focused on facilitating the best from each person. The organization actively supports people who are interested in clarifying who has power and how they are expected to use it. The treatment team is responsive to and excited about new or challenging ideas. Challenges are viewed as opportunities for improvement.

Reflection Worksheet: Past Experience

White Institutional Value	Possible Examples
Paternalism and Power Hoarding	
Scarcity Mindset	
All-or-Nothing Thinking	
Defensiveness	

Notes:

IRO/IRS

Within Institutions		Self-Concept/Self-Image	
• Entitlement "People care what I think/feel" • Scarcity mindset: zero-sum • Power-hoarding + control, defensive • Competing against other treatment centers rather than collaborating • Top-down hierarchy where doctors are in charge	• Go along with exploitative practices (of clients/self) for sake of "performance" • Distancing self from POC staff, clients • Voice discontent with practices, risking job • Sacrifice self for the comfort of White People • Police other POC • Scarcity + competition • Accommodate OR rebel/oppose	• Attempting to prove to a POC client that you can help them. "This program might be racist, but I'm no and here's how I can prove it..." • Failing to provide adequate reflections to POC patients for fear of "saying the wrong thing" • "We are normal, right, and good" • Obsession with control, "fix and save," hyper-responsibility • White Fragility: "I'm either good or bad"	• Believing programs can't be adapted to be culturally-sensitive, going along with white manuals • Isolating self from others • Serving as token representative in committees and groups, in spite of not being listened to or taken seriously • Self-mutilation. "I'm not normal, or good" • Strategic accommodation • Refusal to assimilate, disconnecting • Heightened Invisibility/Visibility

Between Racial Groups		Within Racial Group	
• White-wash of treatment - all racial groups must recover in the same way white people recover • Abdicate responsibility for low rates of POC patients “We advertise for everyone, but only white people show up” • Overt bigotry, liberal do-gooder • Do anything to reduce feelings of guilt • Poke holes in what others say. Don't listen, don't hear, don't remember	• Towing the line and following through with ethically questionable policies to “prove” they are aligned with the Center • Backstabbing POC peers by going above them to white leadership to achieve individual success • Refusing to participate in staff meetings/shutting down • Act as though the "Center" is good + right • Make deals with others to survive • Oppression Olympics • Rebel. Burn it all down	• No discussion of how to create organizational change to address the differing needs of POC in recovery settings • Distancing: "I'm the Good White person" • White solidarity: acting "nice," letting each other off the hook • Calling people out to "prove" antiracism	• Advising clients of same race to “just go along” with the program to make it • Hyper-perfectionism to differentiate from “other POC” • Treating clients of similar race with less care than white clients • "Bootstraps" approach: divide and conquer • Code switching and perfectionism, colorism • Opposition/apathy, isolation • "Are you one of us?"

Action Plan

Instructions: Using the sheet below as a starting point, identify how your current institution manifests White Institutional Values. To identify possible actions to honor the related Transforming Value, you can start by brainstorming on your own or working with your team to identify action steps.

Current Status	Transforming Value	Possible Actions to Honor Transforming Value
Paternalism and Power Hoarding?	**Inclusive clarity** that creates conditions for collaboration while supporting autonomy.	
Scarcity Mindset?	**Abundant worldview** that uses resources responsibly	
All-or-Nothing Thinking?	**Both/And Thinking** in solving problems and approaching solutions, with appreciation for the process.	
Defensiveness?	**Curiosity** in approaching difficulties that nurtures individual creativity. Problems viewed as "process failures" rather than "personal failures."	

Resources

Common Tendencies of White/Dominant Culture

Adapted from the work of Carolyn Griffeth from Witnessing Whiteness and Re-evaluation Counseling Materials

This handout is designed to increase self-awareness, not self-judgment or guilt.

Isolation: At the heart of whiteness can be the feeling of isolation. Relational intimacy in both the family and the community tends to be more surface level and lacking in deep closeness and belonging. Independence is valued at the expense of connection and interdependence. We avoid asking others to help us or reaching out for support and feel pressure to do everything on our own. We develop many strategies/identities to make up for this lack of felt belonging. Many of us continue to live isolated, racially segregated lives.

Alcoholic family systems are dependent on isolating family members emotionally so there is less threat to the addiction.

Grasping for identity: Either co-opting ethnic identities not our own or using our relationships with people of color to create an identity for ourselves. Erasing the historical contributes of POC (e.g. ignorance of how indigenous talking circles in the 1700s informed the 12-step format).

Savior identity: Playing the helper/savior role to feel better about ourselves. "I've sacrificed so much in solidarity with the poor." We may contribute to charity or volunteer to feel good, while we avoid making real systemic change that may challenge our privilege.

Counselors/sponsors can take on a "savior" role when the sobriety of their client/sponsee determines their worth.

Making everything about yourself/ your statement/ your identity: Subverting the collective to make your own political statement or to attract more attention to yourself. "What should I wear to the protest?"

That person in a group/meeting who has no awareness of how much time their comments are taking up.
That counselor/sponsor who talks more than they listen/support.

Superiority mentality: I know just what these people need to do to improve their situation! Assuming you're the expert, not coming as a learner.

"I know exactly what this person needs to get sober!"

Critical patterns: Seeing the worst in others, criticizing. Critiquing everything. Creates a lack of safety and the paralysis of analysis.

Not using a strengths-based lens with clients/sponsees who struggle to maintain sobriety.

Better than/ Not as good as: Continually making comparisons and rankings. Creates disconnection and makes everyone feel bad.

Judging the quality of other treatment programs rather than recognizing different programs have different strengths. Taking on patients who are not a good fit to try and be everything for everyone.

Acting and leading in dominating ways: Not getting behind the leadership of others particularly people of color. Believing your perspective is the only perspective. Speaking first and taking up too much space. Centering whiteness.

"This is how I got sober." not knowing of other ways people can achieve success. Creating treatment plans *for* patients and not *with* patients.

Ambition is everything: Belief that one should be personally driven and autonomous—not constrained by the needs of family or community. Wanting to see the under-privileged kid go away to college.

"You've gotta want to get sober for yourself!" Discounting the importance of relationships in the desire to get sober.

Belief in meritocracy: "Anyone can become anything if they try hard enough." Even if we know this is baloney, we still often unconsciously judge ourselves and others by this myth. Ignorance of privilege.

"If I can get sober via the 12-steps, ANYONE can get sober via the 12-steps."

Belief that I must be exceptional to be acceptable: This drives all kinds of over-achiever/perfectionist/competitive patterns that separate white people from one another and lead us to be driven, disconnected, and to feel bad about ourselves. This is the message given to those raised middle class.

All or nothing thinking with abstinence - you're either clean or you're dirty. If you're not achieving sobriety, something is wrong with you.

Valuing of reason over relationship and emotions: Reducing discussions of issues to facts and figures rather than caring and connection. Talking like the expert. Particularly common for white men. Emotional superficiality. Pretending everything is great and therefore not really engaging or showing ourselves. Artificiality and pretense. Conflict avoidance which undermines our relationships. Making a big deal of it if anyone challenges us or disagrees. Using the Big Book as a blanket response rather than listening to understand what the client/sponsee is saying.

Entitlement and greed: Expecting to be welcome/included in all groups/cultures/countries. Expecting the best service, the best in everything despite the cost to others. Can lead to rudeness and resource hoarding. Not knowing how to just hang out, be natural. Not taking the time to have a conversation with your neighbors or to build relationships with people in a coalition.

Competitiveness in the treatment industry rather than cooperation.

Reflection Questions

1) If you are white, which of these tendencies resonate with you? If you are not white, how have you experienced these dynamics?
2) How have they influenced you or your relationships?
3) What effect do these characteristics – held by the dominant group - have on society as a whole?

For more on Dominant White Norms: http://www.cwsworkshop.org/PARC_site_B/dr-culture.html

12-Steps of Recovery from White Supremacy

By Sarah Buino, LCSW, RDDP, CADC, CDWF & Sarah Suzuki, LCSW, CADC

1) We admitted we were powerless over white supremacy - that our culture had become unmanageable.
2) Came to believe that a collective conscience greater than ourselves could restore us to sanity.
3) Made a decision to turn our will and our lives over to the care of the collective conscience as we understood it.
4) Made a searching and fearless moral inventory of our internalization of white supremacist values (IRO/IRS).
5) Admitted to our collective conscience, to ourselves and to another human being the exact nature of our participation in white supremacy.
6) Were entirely ready to transform our behaviors that support white supremacy.
7) Humbly sought out education, support, and diverse voices to unlearn our misshapen beliefs and thinking.
8) Made a list of all persons we had harmed, intentionally or not, and became willing to restore our relationships (to others, ourselves, the world).
9) Made direct amends and reparations to such people wherever possible, except when to do so would injure them or others.
10) Continued to take personal inventory and when we were wrong promptly admitted it.
11) Sought through prayer and meditation to improve our conscious understanding of white supremacy culture, praying only for increased awareness of our agency awareness of our agency to create change.
12) Having had a spiritual awakening as the result of these steps, we tried to carry this message to our communities and to practice these antiracist principles in all our affairs.

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