Jessie O'Brien, NAADAC: All right. I think everyone can see me. Hi, everybody! Welcome to Today's Webinar Cultural considerations for 12 step recovery programs presented by Dr. Georgia Jamison. My name is Jessie O'Brien, and I'm the Director of Training and Professional development here at Nedak, the Association for Addiction Professionals. I'll be the facilitator for this training today. With me behind the scenes is our training programs manager, Hayley Hardel, who will be addressing any issues or questions you may have that are not specifically for our presenter.

Jessie O'Brien, NAADAC: So you have a lot of support here today. We're using Zoom Webinar for today's live event. You will notice the zoom control panel that looks just like the one here on my screen. I'm just gonna bring your attention to a few of the items that are there. The first is the chat box which you have

Jessie O'Brien, NAADAC: most likely found. I know some of you get distracted by the little chat previews that pop up at the bottom of your screen. If you have it closed.

Jessie O'Brien, NAADAC: I believe you're able to hide those if you want to. If you click on that little up arrow on the chat box, and you can unselect show Chat previews, and that will make them go away so they're not distracting. The second thing is the Q. A box. That is where we would like you to put any questions you have for us. If you need anything from us, or, more importantly, for our presenter, because she will be answering questions for the duration of this presentation.

Jessie O'Brien, NAADAC: So any questions you have feel free to put those in there and then. Lastly, the live transcript button. We do use zoom for closed captioning, and you can just click on the live transcript button and click show subtitles if you want

Jessie O'Brien, NAADAC: to see those, and Haley has put a link to the handouts in the chat box as well, so reminder that every needac webinar has its own web page. That contains everything you need to know about that particular Webinar.

Jessie O'Brien, NAADAC: as some of you noticed in 2023. The process for getting your ce changed a bit. The new home for all of our educational content is called the Needac Education Center, and that is eventually where everything will live

Jessie O'Brien, NAADAC: that's our educational content. Currently all of our live and on demand. Webinars are there, and we will have our magazines and some other items in there as well.

This we encourage you to take some time to explore the Education Center. You can kind of do everything you need from within the Education Center, and i'm going to take you through a few of the slides, just so you can get acquainted with it.

So you have every web page. Webinar has its own web page. If you click to register or access. Of course you'll be redirected

Jessie O'Brien, NAADAC: to our Education Center, where you can register for a live event, or you can
access the on demand recording, and then complete the Ce quiz, the Survey evaluation and get your certificate. You can kind of see the structure of how a course is built here.

When you complete the first item, you get access to the second item, etc., there is for the live attendees a requirement to watch the entire recording in its full duration. I'm. Sorry for the recorded attendees and for the live attendees. There is a minimum time requirement. The people are required to attend

Jessie O'Brien, NAADAC: in order to fulfill the requirement that they saw all the content

Jessie O'Brien, NAADAC: after the live event ends. In the live event you'll see a Thank you Box appear that looks like this, and there'll be a click here to access the ce quiz. We've also highlighted it in yellow, so that it's more visible when you click on that, it will take you to the Ce quiz, so that you can complete the sequence.

Jessie O'Brien, NAADAC: So, in addition to accessing your content from the nativeac website. You can also explore. Within the Education Center itself you can find a library of our content by clicking on education. It's up in the left hand corner, and all the live events are under events, and so you can just click and register for any upcoming live events that we have.

Jessie O'Brien, NAADAC: Okay, so let's meet Dr. Georgia Jamison. She'll join us here on screen. She's a psychologist and professor at the Hazeln Buddy Ford Graduate School of Addiction Studies, where she trained counselors in the treatment of substance, use, and mental health disorders. For over a decade

she earned her doctorate degree in counseling psychology from the University of Illinois, and completed her pre doctoral internship year at Duke University. She's a license psychologist with the State of Minnesota, and also maintains a small private practice.

Dr. Jamison specializes in adolescent addiction vocational issues for recovering individuals, multicultural counseling and addiction within the Lgbtq plus community She's given numerous lectures and workshops at places like the American Psychological Association Annual Conference, the National Conference on Addiction disorders and more

Jessie O'Brien, NAADAC: so, Dr. Jameson, I am going to stop sharing my slides and turn myself off, and you can take over

Jorja Jamison (she/her): great. Thank you so much, Jesse, for for all you do. All right, so let's share my screen.

So welcome everyone. First let me thank you for taking the time out of your day

Jorja Jamison (she/her): to join us, and to have this discussion all right. right? So it should be sharing full screen at this point. So yes, as a Jesse introduced I'm. Georgia Jamison. I'm. A license psychologist and professor at the he's a little ready for graduate school of addiction studies.

Jorja Jamison (she/her): Most people are familiar with Hazel and Betty Ford from a treatment side and
from their publishing side. But we also have a graduate school, where we offer Master's degrees for both substance, use, disorder and mental health counseling. We have 2 programs, one's online and one's on campus, and I have been affiliated with them for the past 10 years, and it's been great.

Jorja Jamison (she/her): so I wanted to tell a little bit about the origin of this talk. I. One of the things that I specialized in my training was multicultural issues

Jorja Jamison (she/her): for individuals, and I brought that expertise to the school, and I've been the primary instructor for our social and cultural diversity class.

Jorja Jamison (she/her): So over the years as I've taught this class, and I think at this point I've done it 32 times. We've had various discussions in class regarding 12 step recovery programs and people from different backgrounds.

Jorja Jamison (she/her): And so it finally sort of came together into a formal talk, and I've I've given this to a few organizations over the the past year or so. This is my first nationwide one, so i'm. I'm very excited to have everyone here.

if we can open up poll number one, please.

Jorja Jamison (she/her): So the first poll. What i'm asking is for people just to report sort of what is their affiliation in the field of of substance? Use disorders if you would. Please take a moment and let us know what area you work in this will help me sort of direct some of the the comments that I'm going to make as you're filling in that full. I'll also share a little personal story. I woke up at 50'clock this morning, absolutely panicked, having a nightmare that I had forgotten the power cord to my laptop when I was doing this presentation.

Jorja Jamison (she/her): and wouldn't you know it. I forgot the power cord, so i'm a little nervous right now. But my wife is courageously running home and getting the power cord, and we'll be running it out here. So she's going to be my angel who's going to save me. But

Jorja Jamison (she/her): if I seem a little distracted at some point. It's because we're trying to to make sure that the power is working

Jorja Jamison (she/her): all right. Do we have the great Wonderful? So it looks like about a third of individuals identify as substance, use disorder counselors. We have primary mental health, social work, peer, recovery student.

Jorja Jamison (she/her): great, just a nice mix of people and wonderful. Thank you so much for taking the time to fill that up.

Jorja Jamison (she/her): All right.

Jorja Jamison (she/her): So our agenda today let me see if I can. Here we go our agenda today. I want to talk about some background, and then we'll. We'll talk for about some some ground rules just for using
Jorja Jamison (she/her): programs in treatment. I want to review the alcoholics, anonymous narcotics, anonymous member surveys.

Jorja Jamison (she/her): And then we're going to talk about 5 thematic issues that really come up for individuals, for marginalized backgrounds who choose to to work a 12 step program. And as we go through those thematic issues we'll also identify some cultural adaptations that can be used.

Jorja Jamison (she/her): and then we'll have a few minutes for question and discussion.

Jorja Jamison (she/her): I have found over the time that I have developed and given this presentation that it really requires me to disclose a lot of my own background, because otherwise you just think i'm some white lady who's who's talking about stuff.

Jorja Jamison (she/her): And so I want to take a few minutes to talk about my cultural identities and sort of how that's impacting everything that I'm I'm presenting today.

Jorja Jamison (she/her): so I identify as a middle aged, married, white, cisgender, female, gay. I'm an atheist. I identify as a person of size as an academic. I have a southern origin, and i’m currently living in the upper midwest.

Jorja Jamison (she/her): And when I think about my identities, it's really

Jorja Jamison (she/her): necessary for me to to parse out, we're the ones that I have privilege in, and we're the ones that I am more marginalized in because it does impact how I experience the world. And the same is true for for all of our clients.

Jorja Jamison (she/her): So, first and foremost, I am a white person. and that has impacted everything in my life.

Jorja Jamison (she/her): My father's side, tracing back to eastern North Carolina, was granted in the 16 hundreds from the King of England, half of Cedar Island, on the the coast of North Carolina. Of course that land was at theirs to to give. It belonged to the Lumbe tribe of of North Carolina and the the Nusiol Indians.

Jorja Jamison (she/her): but that was. That's part of my history. That's it's part of my colonization history

Jorja Jamison (she/her): closer to the present. My family line really comes from a long line of farmers and fishermen very, very poorest, as it subsistence kind of going on all of this change. When my father was granted a scholarship to the University of North Carolina.

Jorja Jamison (she/her): he ended up getting a law degree, and because of this I got to grow up in a middle class life that scholarship was not available to people who were not white men. And so I have benefited from all of those systems of racism and sexism.
I also identified as married, which has over a 1,000 federal benefits that are that are granted to me as a middle aged individual. I'm sort of writing the the end of a privilege for being a young person.

Jorja Jamison (she/her): I'm. Also, my mind is very non neuro divergent. I was born with an intellectual learning style that was perfectly suited for the American education system.

Jorja Jamison (she/her): and because of that I have gone quite far in an education, and that has given me a lot of benefits and and privilege. In this society.

Jorja Jamison (she/her): I was promoted to full ring, professor a a few months ago, and with that I entered a new social class. I am newly upper middle class for socioeconomic status.

Jorja Jamison (she/her): and this is this is a very new status for me, having haven't been a very poor student for a long time, so i'm still adjusting to that. But that comes with a lot of privilege.

Otherwise, i'm physically able. I have currently good mental health. I am a Us. Citizen, and I had a nuclear nuclear family of origin. So all of these things really did impact where I am today and how I am today.

Jorja Jamison (she/her): We do, however, have a number of marginalized identities first and foremost above those i'm. I'm gay when and everything that that comes with. However, i'm also very street passing. I have long here. I wear a lot of dresses.

so I can choose whether or not to disclose that identity people, and sometimes keep it safe, or keep myself safe in in that way.

Jorja Jamison (she/her): I'm. A cisgender female, and as such have experienced your workplace, discrimination, societal oppression. All of those things

Jorja Jamison (she/her): I've identified as an atheist since I was 4 years old and growing up in the Bible Belt south. That really had an impact with me.

Jorja Jamison (she/her): So the intersection, in particular, of being an atheist coming from the the the South was was very impactful for me.

I'm also a person of size, and the the bigger person. And this impacts. How everyone sees me, how everyone treats me. I've had experiences where clients have asked not to work with me because of my size. So lots of those things have have happened.

Jorja Jamison (she/her): and then I also identify as a person in recovery. I have been active members of a number of 12 step, fellowships, alcoholics, anonymous, no products anonymous over Eaters anonymous Alan on, and a codependence anonymous, and have been an active member for 19 years.

Jorja Jamison (she/her): And then finally I identified with someone who had a very severe past struggles with with mental health. I've gone through 4 substance. Use disorder treatments, 3 eating disorder, treatment over 10 years of therapy. And so all of the stigma and marginalization that is, that has come
from that. So I think it's really important to understand

Jorja Jamison (she/her): all of these things about me as we go through this talk, and it's important to understand them, for our clients as well. Language is really important. Clients will vary in how they identify, and it's really critical that we pay attention to the language that we use and use whatever words the client uses.

Jorja Jamison (she/her): If it's a woman who identifies as gay. We don't say she's lesbian if it's somebody who identifies as gender. Queer, that's the term that we use.

Jorja Jamison (she/her): If somebody identifies as black and not African American. We honor all of that language, and we will always use that language and all clinical conversations about the client, and all services delivered to the client, and in all documentation in the clients chart. And that is just a basic respect

Jorja Jamison (she/her): of our our clients.

Jorja Jamison (she/her): I'm going to talk about a lot of different marginalized groups today and over the the times I've given this talk I've really

Jorja Jamison (she/her): struggled with. What is a general description that I can use that encompasses all of these different groups. So, thinking of individuals

Jorja Jamison (she/her): who vary by gender, sexual orientation, age, socioeconomic status, physical ability. All of these different things. One time I gave this talk, and I tried to use the term other

Jorja Jamison (she/her): that what is it like to be in other working a a twelve-step Program. and I thought it was a fairly neutral term, and I actually a woman, came up from the audience

Jorja Jamison (she/her): and engaged in conversation with me during during the talk and said: You know, I actually really respond negatively to that word because she was native American.

Jorja Jamison (she/her): and for for years, when she would fill out forms for race. It would be white, black Hispanic Asian, or other. There wasn't even space for her. There was a razor of her, her native American race.

Jorja Jamison (she/her): And so I've I've settled on using the term marginalized populations. Marginalized identities to to kind of encompass that. But

Jorja Jamison (she/her): clients will use their own language and it's really important to to pay attention to that.

Jorja Jamison (she/her): So we're going to talk about 12 step recovery programs here, and if you could open up Poll number 2, please.

Jorja Jamison (she/her): What I am asking is for you to please. Let us know what is your relationship with
12 step recovery programs, either identifying as a member of the program or recommending it to patients or clients.

People might be new to this field, and might know the basics enough to have a conversation or don't know anything about them, or have absolutely no knowledge.

Jorja Jamison (she/her): And you might also be a part of a population who are ultimately against using 12 step recovery programs. And so i'm really curious to sort of see what's the mix of people that we have attending this presentation today.

Jorja Jamison (she/her): as you're filling out the survey.

Jorja Jamison (she/her): I'll let you know. 12 step recovery programs are the most popular recommendation for treatment programs. About 85% of treatment programs utilize an absence based 12 step recovery program. But we really need to keep in mind. It is not a panacea, it is not a cure. All

Jorja Jamison (she/her): it's not going to be appropriate for all clients, and it's really important for counselors to have an informed conversation with clients about both the benefits and drawbacks of utilizing a 12 step Recovery program really personalized for their background.

Jorja Jamison (she/her): I think we've had enough time yet, but it's like

Jorja Jamison (she/her): wonderful. So about 29% members in 12 step 39 recommend No, the basics and then a few adamantly against great Wonderful! Heard of them.

Jorja Jamison (she/her): Terrific. Thank you so much.

Jorja Jamison (she/her): So i'll. I'll talk about some of the the basic of 12 step recovery program, but won't go into to too many details.

Jorja Jamison (she/her): Yeah, most of the time when 12 step recovery programs are presented to our clients. It is the only option that they're given, and it really needs to be an informed consent, collaborative treatment planning process that we we go through where we talk about 12 step recovery programs, but also describe alternative treatments, and allow the client to come to an informed decision of what path they want to take.

Jessie O'Brien, NAADAC: Georgia. Wait a couple of questions, if I may. Okay. So one

Jessie O'Brien, NAADAC: first ask this active, mean a home group.

Jorja Jamison (she/her): Oh, you know, this is it? Just maybe have have participated. It's fine, that's that specific.

Jessie O'Brien, NAADAC: And then is there any limitation to using terminology? Patient uses and documentation? For instance, I've had patients refer to themselves as a junky, marginalized group substance users, which I immediately have a negative reaction to
Jorja Jamison (she/her): thank you. That's a that's a great question. So in terms of language regarding medical diagnoses. I, you know it certainly would be person with a substance use disorder if that the person identifies as a junkie. If that's how they want to identify themselves

Jorja Jamison (she/her): on a unit or in a meeting. That's certainly fine. But I would encourage using more respectful language. Sometimes it'll come up. You might see an older individual who identifies as homosexual.

Jorja Jamison (she/her): We are coaching people not to use that term. It's. It's a it's very pathologizing, because it used to be a mental health disorder. But some older individuals do prefer that term, and in a situation like that it would be appropriate to to record. You know, client identifies in quotes as as homosexual, and then to continue to to use that term.

Jorja Jamison (she/her): If there is any sort of negative stigmatizing language, it wouldn't be inappropriate to have a conversation to to ensure that this is the person they have control over what their identity is, and what, and to simply ask, what what words would you like us to to describe when we when we talk about you and

Jorja Jamison (she/her): when we record things in your chart? So thank you.

Jessie O'Brien, NAADAC: Okay. And then someone else. Do you have an opinion on the smart recovery program?

Jessie O'Brien, NAADAC: That's it.

Jorja Jamison (she/her): All right. all right. So 12 step recovery partners have many benefits. The biggest benefit.

Jorja Jamison (she/her): connection, connection, connection. It is built in community support on a level that we do not have for any other treatment option. It's also free. There is no cost, and so it's a great option for individuals who have a limited means to pay.

Jorja Jamison (she/her): and it's highly available. It is at present, you know, sort of all over the world. We'll talk a little bit in the numbers about alcoholics, and i'm as a narcotics anonymous.

so there are many benefits for for using 12 step recovery programs.

Jorja Jamison (she/her): Alternative treatments that we can describe. There's a number of Cbt therapies that are evidence-based that we know work to help people recover from substance use disorders, smart recovery has. They're up to 2,500 meetings worldwide. They have a Cbt framework. They can be offered to patients

Jorja Jamison (she/her): and clients to choose, and they're an absolute, viable option. I've I've seen many people recover with with smart recovery.

Jorja Jamison (she/her): There are other religious pathways. Buddhism, for example, is very popular for
finding a spiritual pathway to recovery. And then there's just other pathways. There are so many different ways. People recover from substance, use disorders.

Jorja Jamison (she/her): All of them have some sort of form of self acceptance and connection to other people, and so or to other things even I've I've had a friend who got into recovery, and after treatment tried 12 step groups, and it didn't work.

Jorja Jamison (she/her): But where she felt connection was in working with animals, and so she began to work at veterinary clinics as a tech, and she felt connection to animals, and that was what kept her sober that she wanted to continue to to do that work, and she knew that she couldn't if she went back to using.

Jorja Jamison (she/her): I had a somebody who didn't respond to to 12 step programs, but has a very skilled in finding social networks and having a an active social life, just

Jorja Jamison (she/her): lots of friends and things to go do, and lots of connections and stuff like that, and that's that's been her path so there are many pathways, and it's really our job to describe you know all the the the known evidence-based treatments that we have, and to help our clients pick the the one that is best for them.

Jessie O'Brien, NAADAC: or just someone wanted to know. If you had any information on white bison or as a

Jorja Jamison (she/her): yeah. Well, we'll we'll talk a little bit about white bison in as part of the the different modifications of of 12 to programs. Great thanks. Thank you.

Jorja Jamison (she/her): All right. So here are the 12 steps of alcoholics anonymous. You most people describe this as a spiritual program. You do see a lot of God and Christian language.

Jorja Jamison (she/her): I've really come to believe that 12 step recovery is kind of cognitive behavioral therapy written by lay people that didn't quite understand that the psychological writing that that they were doing.

Jorja Jamison (she/her): But if we break out the the process of working the steps steps one through. 3 are really just about getting to know and understand the problem that someone has

Jorja Jamison (she/her): steps 4 through 6 or about getting to know the self.

Jorja Jamison (she/her): You know people take an inventory. There's a lot of Cbt therapy in the inventory in a strict 12 step inventory. You identify your resentments, your fears interpersonal issues, and then you conduct a chain analysis to identify the core irrational beliefs that are driving your behaviors.

Jorja Jamison (she/her): So the undercover the the feelings of insecurity, the worthlessness, fears of abandonment, and how all of these have generated maladaptive behaviors, the lying and the manipulation, the selfishness sort of all of these things. This really is kind of just Cbt.

Jorja Jamison (she/her): step 7 through. 9 are about reconnecting to people in relationships. So we're
starting to form those connections, because we know that's we're healing happened, and then steps 10 through 12, are about connecting to a community to society, to providing service and sort of it really does it in in these different layers.

Jorja Jamison (she/her): It does use a lot of Christian and spiritual language throughout, and because of this, is often an impediment to people and needs to to be. Work. For

Jorja Jamison (she/her): if if people are choosing

Georgia with someone as if a was evidence-based

Jorja Jamison (she/her): aa programs actually are evidence-based, we do have a number of studies that prove individuals who use particularly a kind of therapy called what is it? Hope, step, facilitation? There is an evidence based manualized treatment called 12 step facilitation. We have a great evidence that that supports recovery. But again, you know, there are Cbt treatments that are found to be just as effective. There are other pathways. They're found to be effective. 12 step recovery, is it that it is evidence-based it can be used

Jorja Jamison (she/her): Thanks. For that question.

Jorja Jamison (she/her): All right. So again a a highly available it's present in 180 nations worldwide, estimated 2 million members there's over a 123,000 aa groups around the world and the language it's been translated into 100. The literature has been translated into 100 languages

Jorja Jamison (she/her): so highly highly available. When we compare the next available outside of 12 step groups it is. It is smart recovery, and 2,500 groups versus 123,000 groups. We can see how you vastly more available 12 step recovery is

Jorja Jamison (she/her): narcotics. Anonymous is also highly available. 70,000 weekly meetings, and a 144 countries, with 55 languages. There are some countries there a tall step. Recovery is incredibly impo popular. The largest tollstep fellowship outside of the United States actually exists in Iran.

Jorja Jamison (she/her): So we do know that these programs are are used worldwide.

Jorja Jamison (she/her): When we look at the composition of the membership of these groups, however, some interesting patterns kind of emerge. Now we don't have any population be surveys, so all of these are volunteer surveys. They're only estimates. We don't know numbers for sure, but these are the only numbers that we have. So the latest survey alcoholics, Anonymous conducted a member survey in 2,014, which was a random survey of 6,000 members, mostly United States respondents.

Jorja Jamison (she/her): And here we can see that overwhelmingly individuals were middle, aged, white, and male. and this was the the composition of the the membership

Jorja Jamison (she/her): narcotics. Anonymous is also done surveys. This is their 2,018 member survey
this was a lot larger is over 28,000 respondents, and they collected data over 6 months. So more more individuals, and it does include some international respondents.

Jorja Jamison (she/her): Here we can see narcotics. Anonymous is a little bit more racially diverse, still more likely to be male. At least

Jorja Jamison (she/her): we do have a we're not considering gender binary with with the alcoholics. On this membership you only had 2 choices here. They they are recognizing

Jorja Jamison (she/her): other genders. And then, again, you know, sort of middle aged

Jorja Jamison (she/her): other memberships that have conducted surveys the the white older millage individuals is a is a theme. The one thing that's flipped is for over an anonymous

Jorja Jamison (she/her): the the membership is 87% female. So we see far more females in that membership.

Jessie O'Brien, NAADAC: Oh, Georgia! Sorry One more. Someone asked that they've had many clients
in their States

Jorja Jamison (she/her): in her area state that Aa in our areas 2 groups, the old members who are very religious and have longer set by, and the Newbies, who are a younger generation, who have started to Friday and Arness religious. Is this a common issue elsewhere?

Jorja Jamison (she/her): So when working with 12 step recovery with individuals from marginalized populations, I've identified 5. What i'm calling thematic issues, and we'll. We'll talk about them throughout.

Jorja Jamison (she/her): So first is the role of powerlessness. Then we'll tackle the the god problem. We'll talk about 12 steps focus on personal responsibility. It's lack of ability to deal with discrimination, and then finding self reflected in group members.

And again, thinking of individuals who vary by gender, race, sexual orientation, age, socioeconomic status, disability, religion, all of these different populations.

Jorja Jamison (she/her): So the first thematic issue, the role of powerlessness. This is the one that's most commonly talked about. We see this from the very beginning. From Step one. We admitted that we were powerless for our addiction that our lives have become unmanageable.

This term of powerlessness is a very interesting one, that people experience very different ways.

Jorja Jamison (she/her): When your demographic has spent a lifetime

Jorja Jamison (she/her): and privilege, you know the people by experience. This, this step, this recognizing this powerlessness as a very freeing and liberating process, to to understand that they don't, have to control everything, and that everything is, you know, sort of it's. It's a freeing kind of step.
Jorja Jamison (she/her): However, when your demographic has been a lifetime being oppressed, there can be a different psychological experience of this step.

Jorja Jamison (she/her): that being told and reminded of your powerlessness.

Jorja Jamison (she/her): Is it? It? It has it. There's a psychological hit that comes with it.

Jorja Jamison (she/her): and so often with individuals, are choosing to to work with 12 step program and come from marginalized backgrounds really as counselors and individuals working with people in recovery. We we need to talk to clients about how they've experienced powerlessness in their lives.

Jorja Jamison (she/her): and what how they are experiencing this step.

Jorja Jamison (she/her): and to separate out what it means to be powerless over the fact that your brain has a different response. Certain substances or behaviors versus being empowered to recover, and we'll see many authors do this. Stephanie Covington does a wonderful job of this in a women's way through the 12 Steps.

Jorja Jamison (she/her): where it it's flipped where, by doing step one. It's a process of becoming empowered to take control of your life and to to make steps to improve your life. And so it's. It's really a a complete spin

Jorja Jamison (she/her): on it. But the role of powerlessness is is one that's often talked about.

Jorja Jamison (she/her): We have another question. Sorry, Kelly asked. Is there any data on members attending virtually since the pandemic started. I know many members that are living in recovery that have never been to a face to face meeting.

Jorja Jamison (she/her): Very. That's very good. And the impact of the pandemic on 12 step recovery communities

Jorja Jamison (she/her): we we have, we we have no data. We have no research on what it is. We know it's been massive. The the impact, the the shift for people going online, and how that is changed

Jorja Jamison (she/her): one the access people have. Because now you can. You know, if you're doing an online meeting, you can go anywhere that you know it has an online connection. So you're not limited to your local community as you used to be when the meetings were, you know, mostly in person.

Jorja Jamison (she/her): But we we don't have any research data on how it is. But it, boy, would that be a great thing to to be studying? Thanks for the question.

Jorja Jamison (she/her): The next thing we'll talk about is the dot problem. 12 step recovery has a God problem. It uses the term God to describe higher power. It describes God as a masculine figure, and many people have a lot of issues with this.

Jorja Jamison (she/her): There's lots of explanations and sort of dancing around these terms in the
literature, finding higher power and all these other things, but this is still the formal language. This is still the poster on the wall. This is still what people get introduced to

Jorja Jamison (she/her): It's really important to understand that individuals who have experienced religious trauma as a result of their marginalized identities, thinking of LGBTQ people, atheists, non-christians.

Jorja Jamison (she/her): When it comes to this step this is a different. This is different than the common difficulties and objections many people have to the God language. It's a very specific kind of

Jorja Jamison (she/her): issue that that comes up for for people.

Jorja Jamison (she/her): and we need to not just implore the regular language, the the the the solution. 12 step recovery responds to one is assimilate. The similarly to sort of become like us.

Jorja Jamison (she/her): You know. Sometimes people will refer people to the big book chapter on to the Agnostic. If you read this chapter. It's actually quite offensive to individuals who are atheist or have other religious identities, because it basically says, you know what you know. Just Just keep working at it, you'll You'll find your God. You'll find your higher power

and people who don't experience this way. It's it's a very

Jorja Jamison (she/her): separating and and minimizing for for what's happening.

Jorja Jamison (she/her): So councillors and others really need to explore clients experiences with Christianity through this lens, and help clients work through any experiences they've had with acknowledgment with understanding, with a grief process and a restructuring

Jorja Jamison (she/her): to find a different understanding of a higher power. And you really will see different groups and communities do this in in very different ways. Yeah, there, there, most groups will, you know, start and end with

Jorja Jamison (she/her): the the serenity Prayer, where everybody in unison says God, and then grant me, and and so on. But there are some groups. I go to one group. One group that I go to is a a women's group, and I I knew it was my group

Jorja Jamison (she/her): because I came in, and they were about 11 women, and we stood up. This is back when it was in person. We stood up, and we started to the Serenity Prayer, and when it came time for everybody to say God.

Jorja Jamison (she/her): there were about 11 different terms. That were you? Somebody said, God, goddess, Universe, higher power, loving force, like everybody, had a different term for higher power, and it was all welcomed in the group, and so I actually was like, oh, my God! This group, you know, might be a might be a good group for me.

Jorja Jamison (she/her): but really working through how? How clients are experiencing the the God
problem very important.

Jorja Jamison (she/her): The third thing we'll talk about is 12 step recovering. Focus on personal responsibility in general 12 step recovery programs. And, frankly, all of Western mental health

Jorja Jamison (she/her): conceptualizes problems. People have as existing solely within that individual. You know, a great example is when we get somebody a depression diagnosis.

You know we have 9 criteria of things that they are experiencing, or things that are happening to them. All of these things are in the individual. We don't really look at things that are happening from an interpersonal or relational or systems level. But many of our problems are manifested at relational or or systems levels.

Jorja Jamison (she/her): Because of this. Here we see N. As reading, Why are we here through our inability to accept personal responsibilities? We were actually creating our own problems.

Jorja Jamison (she/her): And then we have the the fourth step inventory, which really is all about seeking to identify and conceptualize problems as being phenomena that are entirely contained within the individual.

Jorja Jamison (she/her): We as counselors and as as workers, really need to expand this lens and guide people in recovery to also examine possible contributions to problems at group, and it's, systems, levels, things that are that are contributing and and that way

Jorja Jamison (she/her): and

Jorja Jamison (she/her): understanding that many of our problems are manifested because of a relationship, but because of a system or because of a group, and it's it's different than the process of a personal responsibility problem.

Jorja Jamison (she/her): The fourth thing we'll talk about is dealing with discrimination. Here's a quote from the big book: If we were to live, we had to be free of anger. The grouch and the brainstorm were not for us. They may be the dubious luxury of normal men, but for alcoholics these things are poison.

Jorja Jamison (she/her): 12 step. Recovery urges people to be right of all anger and all resentments, and to turn over all problems to the care of a higher power.

Jorja Jamison (she/her): It really does not recognize the need for adaptive, psychologically healthy responses to living in an oppressive society. There might be healthy, appropriate levels of anger or mistrust or paranoia that really are survival strategies for people from marginalized identity is.

Jorja Jamison (she/her): and we need to separate those survival strategies and those appropriate, psychologically healthy responses

Jorja Jamison (she/her): from character defects. From, you know, feelings that are things that that need to be worked on or given up or or turned over. We need to educate our clients on these differences to honor
and protect what are healthy, adaptive responses?

Jorja Jamison (she/her): Well, also teaching our clients to empower themselves to deal with these issues in healthy ways, You know if you are being discriminated against the appropriate psychological, healthy reaction is to to be angry and to have a response to that. We need to help learn that

Jorja Jamison (she/her): to channel it anger into appropriate pro-social ways of of dealing with things that happen. But to recognize that that is a a lived experience for for many people from marginalized groups.

Jorja Jamison (she/her): and then, finally, the theme of just finding yourself reflected in group members. This is actually a quote from a friend of mine, I so I've been in 12 step recovery for 19 years, 5 or 6 different groups in 3 different States.

Jorja Jamison (she/her): and it's really interesting to note just the number of regional differences there are in 12 step recovery communities.

Jorja Jamison (she/her): you know, I observed when I lived in Illinois and was getting into 12 step recovery. It was widely known that if you wanted to be serious about your recovery you went to Aa meetings. If you wanted to get your court card signed, you went to na meetings.

Jorja Jamison (she/her): and so there was that split between meetings. Then it was just sort of known within the within the population

Jorja Jamison (she/her): when I moved to North Carolina for a year to to do my internship in attended meetings. This is actually the first time I had access to a gay meeting because they they did exist where I was in Illinois. I started going to this this game meeting.

Jorja Jamison (she/her): but I also I identified more as a as an N. A girl, but it was really interesting that many of the meetings in the area that I lived in were quite segregated. If you were black, even if you were an alcoholic, you went to Na.

Jorja Jamison (she/her): and if you were white, even if you, you know, only identify it as an addict, you went to a it, and and that really helped. And this is a friend of mine

Jorja Jamison (she/her): who was coming to the the gay meeting, and we were having a conversation about it one day, and he said, You know I have. I have to choose either to be black or gay. I can go to a Black street meeting, or an all. Wait a meeting, but then i'll. I'll never go to a meeting where I get to fully see myself reflected.

Jorja Jamison (she/her): And so it's really important that we help clients research and seek to understand the 12 step culture in their home area

Jorja Jamison (she/her): and adapt it and find things that will will happen. So the the question that came earlier, noting that there seemed to be this, this sort of generational split, the the older traditional big book bumpers. And then this this younger generation with with different ideas about recovery and about spirituality.
Jorja Jamison (she/her): And so you can really sort of see this. And so it's our process to help clients understand that there, there's gonna be differences in that. They're gonna have to find things now with the pandemic and the incredible increase in access.

Jorja Jamison (she/her): We can also help our clients find supplemental online, especially meetings.

Jorja Jamison (she/her): There are so many meetings that are online now. So even if you live in rural Kansas and have a no access to a meeting of. You know individuals with with your background. You can now find an online meeting. You're, you know, pretty close to to being able to find an online meeting where you will find more representation.

Jorja Jamison (she/her): It takes skills to search those out. We need to teach our our clients the skills. So that is possible.

Jessie O'Brien, NAADAC: We have a couple of questions. Yes.

Jessie O'Brien, NAADAC: so one person just asks why it's a god problem, I think maybe the phrasing of it as somebody who accepts God as a higher power.

Jessie O'Brien, NAADAC: Are you suggesting language be changed to accommodate others?

Jessie O'Brien, NAADAC: That was one question. If you want to do that one first, and then we have a yeah. The the is really interesting. You'll see. So in the entire existence of alcoholics anonymous, they have only made one change to the literature, and it came a couple of years ago.

Jorja Jamison (she/her): They changed in the preamble. It used to say, we are a fellowship of men and women, and they change that a couple of years ago to. We are a fellowship of people

Jorja Jamison (she/her): to to recognize gender diversity. Other than that you. You will see this sort of old school traditional bent of. We must keep the language, you know, exactly as it is.

Jorja Jamison (she/her): and then you'll see other people who want to pioneer and use different languages. You'll see some groups simply adapt. They simply change the languages. They, as they do the readings and use more inclusive terms.

Jorja Jamison (she/her): But when I label it as a a god problem, it's not intended to be offensive, or to put down individuals who believe in God. That is certainly an absolute pathway, and should be honored and respected. But to recognize

Jorja Jamison (she/her): that as a dominant, privileged status Christians, the experience of the term guide and the experience of the

Jorja Jamison (she/her): phenomenon of how God is presented in the 12 steps is is a problem for for people who who don't have that that Christian privilege. So that's why I use that term

Jorja Jamison (she/her): great. Thank you. And then next question 12 step has the potential to increase a
client self loathing and shame as it emphasizes sobriety in the number of days. Any suggestions for addressing this is the yeah, it's the same thing. Yeah, You will definitely see that.

Jorja Jamison (she/her): And this is this is again. This is part of the work, you know. There's a lot of shame in the 12 steps, you know character defects, and all of these, you know this is very shaming language, and this idea that you're supposed to be, you know, is absolutely, you know, spiritually fit at all times.

Jorja Jamison (she/her): This is part of the conversation that we we have with our clients in terms of. If this is the right pathway for for them, and we can certainly find adaptations. We can find workarounds to explain things, and much less shameful language, and to help them work through if they're working the steps in a in a much less shameful way.

Jorja Jamison (she/her): But we we also can recognize that as as the the way the the steps are written. There is some stuff that that's in there. And so if they're having that reaction one, it's not abnormal, but that you know we can help them work through that. So I think that's important.

Jessie O'Brien, NAADAC: Okay, One more. Do you believe that the 12 step program permits intoxicated people to remain in group compared to other groups that restrict people under the influence from participating is this accurate?

Jorja Jamison (she/her): So it it depends on the group. I yeah, there are some groups that you know, when somebody comes in and they're they're clearly intoxicated. It is. They're traded like a newcomer with respect and honor, and they are, you know, supported, and you know, sort of all this stuff. Then I've seen some groups that were sort of very

Jorja Jamison (she/her): limiting, and it was. It was very

Jorja Jamison (she/her): separating and marginalizing of anybody who who was, you know, still still using. Well, well come into meetings, although we have vast numbers of people who, you know, say they're in recovery, but are actually secretly using.

Jorja Jamison (she/her): And so this sort of shame this again. You'll see cultural differences. You'll see regional differences in how these things are are done. And this is the idea of helping our clients, if they're going to use 12 step recovery, find the right meetings

Jorja Jamison (she/her): that that do support what they're going through, and and what they're working through, and then our job is counselors, and in people working outside of this is to you know, sort of support, and to supplement all those things that whole step Recovery can do because it's not. It's not a panacea.

Jorja Jamison (she/her): All right.

Jorja Jamison (she/her): A few things that I want to talk about. There are a number of population. Specific daily meditation books that we see. I've listed a few here, Black Pearls, African Americans, the LGBT population has glad day. There are many, many male and female themes. Meditation books, color
of light for individuals living with HIV and Aids keep with the wisdom for older adults beyond belief, for agnostics and atheists

Well, variety is a well-known program that some native Americans use, and they have daily meditations. They have many, many workbooks many ways that we can sort of invite

Jorja Jamison (she/her): that path of recovery in.

Jorja Jamison (she/her): I think it's really important if you work in a treatment center to have a variety of population books in public view on your units or throughout your treatment center, to to really show that there is this availability of of these population, specific books.

Jorja Jamison (she/her): And then there's a side. Now i'll say you, you disclose a lot about yourself through the books on your bookshelf.

Jorja Jamison (she/her): and they really consider, for example, having religious texts from a variety of religions, you know, on my bookshelf I have the the Bible, the Torah, the Vedas, the Sutras lots, and lots of different things, just to to really show that there's there's multiple paths for people who would like to choose a spiritual recovery.

Jorja Jamison (she/her): The last thing i'll talk about is, you know, this is not the first time people have dealt with this. There's a number of individuals who have written alternative versions of the 12 Steps. This is just a list of a few games, 12 steps became widely known.

Jorja Jamison (she/her): There's a number of that have done more secular versions of the beyond belief, Agnostics. The human is 12 steps. The secular organization for sobriety. All are more secular versions of the 12 Steps.

Jorja Jamison (she/her): 12 steps of realistic recovery is out there, and then we do have the white brace and well variety that program. There's Buddhist versions of the 12 Steps, Melodia long. Islami is a 12 step program that uses

Jorja Jamison (she/her): the Islam religion a free thinker steps.

Jorja Jamison (she/her): and so we really can encourage different ways of looking at the steps. So i'm going to show a couple of examples. Here's a step. 3 made decisions, turn our will and our lives over to the care of God, as we understand Him.

Jorja Jamison (she/her): Here's how it's written by a agnostics made a decision to entrust our will and our lives to the care of the collective wisdom and resources of those who have searched before us.

Jorja Jamison (she/her): The Buddhist 12 steps made a decision to take refuge in and entrust ourselves to the compassion and guidance of a greater power of our understanding.

Jorja Jamison (she/her): Melati, Islami, and search the the term Allah instead of God, a free thinkers, we committed our to lifelong absence, staying away from the first drink a day at a time. There's another
example, Step 6. We're entirely ready to have God and move all these defects of character.

Jorja Jamison (she/her): Gabe's 12 steps. We accepted our moral and personal weaknesses, and accepted that they needed to change. Realistic recovery comes with very specific language. I am entirely ready to allow realistic and rational thinking to reveal my destructive patterns of addictive thinking and behavior.

Jorja Jamison (she/her): and then sos the secular organization for sobriety. I focus on healing, abolishing self blame and shame and understanding the boundaries of my responsibilities. I remain open to the help and support of others as I address the challenge of change.

Jorja Jamison (she/her): And then one more example: Here step 11 sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will, and the power to carry that out.

Jorja Jamison (she/her): human is 12 steps. We appreciate what our friends have done and are doing to help us.

Jorja Jamison (she/her): uses the the Arabic language and interpret it that way. The Umatilla tribal alcohol program. We pray and think about ourselves primarily for the strength to do what is right.

Jorja Jamison (she/her): I have had it so that I've had printouts. There's there's tons of resource at the end of this that it shows up the list of alternative 12 steps if you're interested.

Jorja Jamison (she/her): and I have had print outs at the different 12 steps, and worked with people to, you know. If if the the original 12 steps aren't working for you, let's look at the alternative versions which ones resonate for you. You might even pick a step from this list and step from that list. It really can be customized and and work for the individual as long as I think it fits into the the process of the the chunks of the steps, that getting to the problem, getting to itself, reconnecting to people reconnecting to society.

Jorja Jamison (she/her): as long as it sort of works that progress, whatever steps, whatever pathway gets you there.

Jorja Jamison (she/her): So all right. That is the total. I have a few minutes for more questions. As people are filtering through.

Jorja Jamison (she/her): great, we have what's your opinion of medication assist treatment? And the 12 set programs. It's evidence-based treatment and and so if there are medications that can help, and we have evidence that they work, we should absolutely be offering these treatments to our clients.

Jorja Jamison (she/her): and then you will see. And this is again the cultural differences. There are some groups who think about these things very, very negatively. We had. I was in the

Jorja Jamison (she/her): group level organization. All the groups who are coming together and talking about. If we were going to make statements about whether or not. We were map friendly, you know. That's our step. And it was a huge debate.
Jorja Jamison (she/her): I work in evidence-based treatment. It is evidence-based treatment and so I think it absolutely needs to be included. However, we could be sensitive to the culture the individuals going to. It might not be something they want to disclose, even if they know that you know it is something that's helping them. If it's not safe to disclose that in a meeting, because they're going to get judged, and shame for it.

Jorja Jamison (she/her): Then you know, they could do that. But again, you know, we work with our clients for for choosing the path that they that they want to use if it's going to involve 12 step recovery. We need to also help them deal with problems like that.

Jorja Jamison (she/her): all right, and then up. I think we have time for one more here, as someone who has never been in recovery. Do you recommend that we offered 12 sip treatment, iop, etc. I feel like it pushed back because I've never been in recovery Of what's your suggestions? I'm not sure. I quite understand the question.

Jessie O'Brien, NAADAC: So the person this person has never been in recovery that wrote this. Do you recommend that we offer a 12 step treatments?

I feel I get pushed back because I've never been in recovery


Jessie O'Brien, NAADAC: I guess if somebody must put out.

Jessie O'Brien, NAADAC: i'm not sure.

Jessie O'Brien, NAADAC: I don't know.

Jorja Jamison (she/her): Okay.

Jorja Jamison (she/her): it. It can absolutely be a pathway. We do have evidence based practice. This is something that that can work, but I highly encourage it. There is no one treatment that's going to work for all populations. It really is our job to to help adapt and find the the treatment path for success for all of our clients, and we are ethically bound to to help our clients and provide the the best treatment.

Jessie O'Brien, NAADAC: I'm gonna squeeze one more in. I think the question is, what do you think about mandatory meetings?

Jorja Jamison (she/her): Well, this is like well, that I I my my thoughts are I as a treatment provider. I would never mandate meetings. I think that's against the spirit of of collaborative treatment and the the having informed consent of the person choosing. Of course, there are many court mandated

Jorja Jamison (she/her): processes that that clients get involved with. And then it is again, it is something it becomes fodder for the counseling session. For how do you feel about this, and you know you have choices. Do you want to abide by this? And you know, can we find a path for you to attend these meetings
Jorja Jamison (she/her): so that it is helpful for you. If you are, you know, sort of obligated to go, or there are other things. Can we find an alternative. Can we work if you want to do smart recovery? Can we go through the court and and see if we can get that pathway accepted a lot of times. They will say mutual self help groups. They don't necessarily specify that has to be 12 step, so there might be other pathways that we can look at for clients

Jorja Jamison (she/her): awesome. Well, thank you, Dr. Jameson, and thank you to your wife. We made it through Yay power cords. I know. I thought maybe that as she showed up. But thank you for bringing that. But and thank you for that really informative presentation, this is great, so interactive, and thank you for answering everyone's questions as they came up. I think that was very valuable as well.

So i'm just going to share my screen one more time here, and just remind you that after this live event ends

Jessie O'Brien, NAADAC: you can navigate to the C Quiz by clicking on the link in the Thank you, box, or you will also receive an email about 1 min after this, in this Webinar ends that contains the link to the C quiz, and then once you click on the link to the C Quiz. Complete the questions, submit your answers.

and past the sea, quiz. The system will then walk you through completing the survey evaluation and accessing your Ce. Certificate a few upcoming webinars of note. We have part 5 in our assessment diagnosis and treatment of cocaine disorders

the window opens before age 12, Adhd and sued on March the seventeenth. and then we have current scientific evidence about mutual help groups. That's a nice follow up to this one. It's on March 20 ninth, with Dr. Tom Horbath

Jessie O'Brien, NAADAC: March thirty-first we have the last part in our assessment, Diagnosis and treatment of co-curring disorders on a mood. Anxiety disorders, and their concurrence with substance use disorders. And then, on April twelfth current trends and nicotine Thc. And vaping

Jessie O'Brien, NAADAC: just a reminder that we have launched our relational trauma repair sociometric certificate. We have currently 2 scheduled 2 day trainings for this one. The first one is coming up in April.

Jessie O'Brien, NAADAC: I believe it's the thirteenth and fourteenth in Baltimore. It's with Dr. T. On Dayton, and it's part of the certificate program. I recommend checking it out. It's a really wonderful training, and the pro certificate program guides you through all the processes involved in this. The web

Jessie O'Brien, NAADAC: page address is at the bottom of the screen. Here also a reminder of the benefits of membership at Nadak I always speak about the free cease that are available. There's over actually 500 ces available in our library.

Jessie O'Brien, NAADAC: and they're free for members, most of them, not all of them, but most of them so, and that's a great benefit of membership. It quickly pays for itself. If you're someone who is required to get a certain number of Ces anyway. Thank you so much. Thank you so much, Dr. Jamison. I hope everyone has a wonderful rest of your week
and a great weekend, and hope to see you all at the next Webinar. Take care.