Cultural Considerations for 12-Step Recovery Programs

Presented by:
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Cultural Considerations for 12 Step Recovery

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Agenda

- Background
- Ground Rules
- Review AA and NA Member Surveys
- Thematic Issues
- Cultural Adaptations
- Questions/Discussion
Language is Important

- Clients vary in how they identify
- It is critical to attend to the language a client uses to describe themselves
- The term(s) the client uses should be adopted in all clinical conversations about the client, in all services delivered to the client, and in all documentation in the client’s chart

12 Step Recovery Programs

- Not a panacea
- Counselors should have an informed conversation with clients about the benefits and drawbacks of utilizing a 12 step recovery program, personalized for their background
- Alternative treatments and programs should also be described
- The client should be allowed to come to an informed decision of what path they want to take
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12 Step Recovery

Benefits and Alternatives

- Biggest benefit: Built in community support
- Connection, connection, connection
- No cost
- Availability

- Alternative treatments
  - CBT therapies
  - SMART Recovery
  - Other religions
  - Other pathways

The 12 Steps of AA

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6.Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends 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 contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.
AA Around the World

- A.A. presence can be found in approximately 180 nations worldwide
- Membership estimated at over two million
- There are more than 123,000 A.A. groups around the world
- A.A.'s literature has been translated into over 100 languages

From AA.org

AA 2014 Member Survey

**AGE OF MEMBERS**

- Under Age 21: 1%
- Age 21 to 30: 11%
- Age 31 to 40: 14%
- Age 41 to 50: 21%
- Age 51 to 60: 28%
- Age 61 to 70: 18%
- Over 70: 7%

Average Age of Members is 50 Years.

**COMPOSITION OF MEMBERSHIP**

- White: 89%
- Hispanic: 3%
- Black: 4%
- Native American: 1%
- Asian: 1%
- Other: 2%

**GENDER OF MEMBERS**

- Men: 62%
- Women: 38%
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NA 2018 Member Survey

- **Racial Identity**
  - White: 70%
  - Black: 13%
  - Hispanic: 7%
  - Multiracial: 4%
  - Asian: 2%
  - Indigenous: 1%

- **Gender**
  - Male: 57%
  - Female: 43%

- **Age Distribution**
  - Under 21: 15%
  - 21-30: 19%
  - 31-40: 14%
  - 41-50: 25%
  - Over 60: 31%

*As of May 2018*

Thematic Issues

- The Role of Powerlessness
- The God Problem
- Focus on Personal Responsibility
- Dealing with Discrimination
- Finding Self Reflected in Group Members
The Role of Powerlessness

Step One: We admitted that we were powerless over our addiction; that our lives had become unmanageable.

May need to put a different spin on the word powerlessness (the impact of -isms). Frame it so that members are looking at reclaiming power over their lives. Work with them in an empowering way.

The God Problem

Step Three: We made a decision to turn our will and our lives over to the care of God as we understood Him.

Explore faith and the connection to the client’s culture. Include impediments (e.g. the church and gay people). Discussion on how to respond to -isms (turn it over vs take action).
Focus on Personal Responsibility

In general, there is no acknowledgment of the contributions of systemic racism/sexism/heterosexism/etc. to people’s problems

From the NA Reading Why Are We Here:

“Through our inability to accept personal responsibilities we were actually creating our own problems.”

Step Four: We made a searching and fearless moral inventory of ourselves.

Expect this step to include people or institutions that have discriminated against them. There might be major resentments. Abuse/trauma, god resentments

Dealing with Discrimination

From the AA 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.”

Step Seven: We humbly asked Him to remove our shortcomings.
Separate character defects from adaptive responses to -isms.

Step Ten: We continued to take personal inventory and when we were wrong promptly admitted it.
Ongoing discrimination or microaggressions might show up in daily inventory. Separate out what wrongs need to be promptly admitted.
Finding Self Reflected in Group Members

“I have to choose to be either Black or gay. I can go to a Black (straight) meeting or a (all White) gay meeting.”

Population-Specific Daily Meditations

- Black Pearls (African Americans)
- Glad Day (LGBT)
- Each Day a New Beginning (Women). Several other women and men themed meditations
- Color of Light (HIV/AIDS)
- Keepers of the Wisdom (Older Adults)
- Beyond Belief (Agnostics & Atheists)
- [http://wellbriety.com/meditations](http://wellbriety.com/meditations) (Native Americans)
Alternative 12 Steps

- Gabe’s 12 Steps
- Beyond Belief Agnostics
- Humanist 12 Steps
- 12 Steps of Realistic Recovery
- Secular Organization for Sobriety 12 Steps
- White Bison Wellbriety
- Buddhist 12 Steps
- Millati Islami 12 Steps (Islam)
- A Freethinker’s Steps

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

- 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. (AA Agnostics)
- We made a decision to take refuge in and entrust ourselves to the compassion and guidance of a Greater Power of our understanding (Buddhists 12 Steps)
- We made a decision to submit our will to the will of Allah. (Millati Islami)
- We committed ourselves to lifelong abstinence, staying away from the first drink, a day at a time. (A Freethinkers Steps)
6. Were entirely ready to have God remove all these defects of character.

- We accepted our moral and personal weaknesses, and accepted that they needed to change. (Gabe’s 12 Steps)
- I am entirely ready to allow realistic and rational thinking to reveal my destructive patterns of addictive thinking and behaviour (Realistic Recovery)
- 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. (Secular Organization for Sobriety-SOS)

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

- We appreciate what our friends have done and are doing to help us. (Humanist 12 Steps)
- We sought through Salaat (prayer service) and Iqraa (reading and studying) to improve our understanding of Taqwa (G-d consciousness; proper Love and respect for Allah) and Ihsan (though we cannot see Allah, he can see us). (Millati Islami)
- We pray and think about ourselves, praying only for strength to do what is right. (Umatilla Tribal Alcohol Program)
Questions?

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Assessment, Diagnosis, and Treatment of Co-occurring Disorders & SUD, Part 5: The Window Opens Before Age 12 - ADHD and SUD
By: Tara Matthews, PhD, LPC, MAC

March 31st, 2023
Assessment, Diagnosis, and Treatment of Co-occurring Disorders & SUD, Part 6: Mood, Anxiety Disorders, and Their Co-Occurrence with Substance Use Disorders
By: Tricia Chandler, PhD, MA, LPC, MAC and Tara Matthews, PhD, LPC, MAC

March 29th, 2023
Current Scientific Evidence About Mutual Help Groups
By: A. Tom Horvath, PhD

April 12th, 2023
Current Trends in Nicotine, THC, and Vaping
By: Aaron Weiner, PhD, ABPP

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