Women in Recovery Specialty Online Training Series
Part Two:
Engaging Women of Color in Addiction Treatment

Presented by:
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Using Zoom Webinar (Live participants only)

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Women in Recovery Specialty Online Training Series: Engaging Women of Color in Addiction Treatment

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Objectives
1. Increase culture awareness as it relates to WOC seeking addiction (substance abuse) treatment.
2. Promote use of trauma informed care.
3. Initiation of addiction treatment among WOC.

Women of Color— a phrase used to describe women who are not Caucasian.
- Black
- Hispanic/Latina
- Asian
- Arab
- Native American

What is Culture?
Culture describes the behaviors that represent the general operating norms in one’s environment.
- Culture is learned.
- Culture is learned through interaction.
- People shape the culture.
- Culture is difficult to change.
What is Cultural Awareness?

To be culturally aware is to understand cultural differences do exist, and to be sensitive to and respect those differences when interacting with people whose customs and world view may be different from our own.

Cultural Awareness

• Knowledge of what culture is and what it is not.
  • Understanding how people acquire their cultures and culture’s important role in personal identities, lifestyles, and mental & physical health of individuals within various communities.
  • Being conscious of one’s own culturally shaped values, beliefs, perceptions, and biases.

• Observing one’s reactions to people whose cultures differ from one’s own and reflecting upon these responses.
  • Seeking and participating in meaningful interactions with people of differing cultural backgrounds.
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Racial Disparities:

According to the Center on Addiction and Substance Abuse (CASA), Asian-American women are 3x less likely to seek addiction treatment in comparison to their white counterparts in the U.S.

According to NAMI, African American and Hispanic/Latina women face disparities in both access to and quality of addiction treatment.

Racial Disparities:

- Access to quality treatment
- Diverted to addiction treatment rather than the criminal justice system
- Rates for completing treatment programs for drug and alcohol abuse
- Length of stay in a treatment program
- Abstinence/Recovery rates

While some may prefer to point to individual behaviors to explain why these disparities exist, the reality is that racial health disparities are systemic issues that cannot be treated solely as individual problems.
Barriers

Skilled clinicians empathize, identify and advocate for effective solutions for barriers.

- Stigma and Women of Color
- Criminal Justice Issues
- Related Health Issues
- Systemic Racial Issues

Barriers

Stigma and Women of Color

No group encounters more stigma, social alienation or difficulty getting basic needs met than women of color experiencing substance abuse/addiction who are homeless, especially women of color with young children.

Barriers

Criminal Justice Issues

Women of color are over-represented in the justice system, and many are there for minor criminal activity related to substance abuse/addiction, mental illness and co-occurring disorders.
Barriers

Related Health Issues

WOC are the fastest growing population in the AIDS epidemic. Substance abusing women of childbearing age are more than 100 times more likely to be HIV positive than all other women of childbearing age in the United States.

According to the National Institute on Drug Abuse, infection with the Hepatitis C Virus (HCV) is a significant issue, intertwined with substance abuse/addiction and HIV-AIDS because injection drug use now accounts for at least 60 percent of HCV transmission in the United States.

Barriers

Systemic Racial Issues

Systemic racism continues to support prejudice and discrimination even among those who are well trained and well-intentioned. These biases are known to permeate many systems of the health care and human services fields, including addiction treatment.

Trauma

Trauma is a person’s emotional response to a distressing experience. Unlike ordinary hardships, traumatic events tend to be sudden and unpredictable, involve a serious threat to life—like bodily injury or death—and feel beyond a person’s control.

Trauma is based in one’s personal experiences. Meaning what is 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.
Sexual trauma is the exposure to any sexually abusive behaviors. Sexual abuse is any inappropriate, intentional, behavior that is intended to give the offender some form of sexual gratification. The behavior 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 behaviors could lead someone to being physically hurt, experiencing intense fear, or even being forced into performing sexual acts.

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

- Blunt force trauma—when an object or force strikes the body, often causing concussions, deep cuts, or broken bones.
- Penetrating trauma—when an object pierces the skin or body, usually creating an open wound.
Trauma

Psychological trauma is the unique individual experience of an event or enduring conditions, in which:

- The individual’s ability to integrate his/her emotional experience is overwhelmed, or
- The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.

Trauma Informed

What does it mean to be a trauma informed clinician

- Understanding experiences that create trauma for WOC
- Understanding how WOC often present in addiction treatment

Characteristics of Trauma

- Suspicious & untrusting
- Negative & pessimistic
- Self-sabotaging
- Demotivated
- Judgmental of self & others
Trauma Informed Care (5 Key Principles)

- Safety – Ensuring physical and emotional safety.
- Choice – The individual receiving services has choices.
- Collaboration – The clinician and the individual 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.

Trauma Informed Care

WOC with substance abuse disorders are more likely to have experienced childhood physical or sexual abuse. Women are likely to benefit from treatment providers who ask about, and make it safe to discuss, incest, sexual and physical abuse and experiences on the street exchanging sex for drugs, without being or feeling revictimized.

Trauma Informed Care

Important components 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 plan which includes referral to appropriate services.
### Trauma Interventions:
- Screen and assess for trauma as a standard practice
- Seeking Safety
- Addiction & Trauma Recovery Integration Model (ATRIUM)
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Essence of Being Real

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### Trauma Interventions:
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Risking Connection
- Trauma Recovery and Empowerment Model (TREM and M-TREM)

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### Trauma Interventions:
- Adopting trauma-informed interventions is not accomplished through any single technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level.
- On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement.
The lack of attention to diversity between and within cultures and races and the absence of culturally competent staff create additional barriers to accessible and effective treatment for women of color.

According to a study published by the American Psychological Association (APA) in 2020, less than 5 percent of mental-health providers, including addiction clinicians, are Black. Asian providers made up about 4 percent, as did Hispanic providers. As the APA points out, the racial breakdown of providers does not reflect the makeup of the U.S., which poses a problem.
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/addiction are reduced, and community-based services are provided with gender, race and cultural sensitivity and competency.
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