

Cultural Considerations in AOD Treatment for African Americans

By: Roland Williams, MA, NCACII, CADCI, SAP

“It could be argued that addiction has been as effective as slavery in keeping African Americans oppressed, depressed and regressed.”

INTRODUCTION

As most people know, alcohol and other drug addiction has had a major impact on African Americans, destroying many black families and communities.

The short-term relief one achieves from the use of alcohol and other drugs seduces many African Americans who are looking for a way out of the stress, frustration, pain, pressure and sense of hopelessness associated with continued oppression and the absence of opportunity, which has resulted in a culture wide condition known as PTSS - Post Traumatic Slavery Syndrome. (*De-Gruy-Leary, 2005*)

The fast money associated with the illegal drug trade, long seen as a way out of the poverty stricken ghettos of our nation has fueled the black-on-black, drug-related violence that is rampant in African American communities across the nation. In some black communities drug dealers are actually seen as heroes because of their flashy cars, jewelry and lifestyles. The gangster rap music so popular with our Black youth further glamorizes drug using and the drug dealing lifestyle, so much so that many young Blacks are anxious to make a career out of the drug business. (*Centers and West, 1998*)

The introduction of crack cocaine in the late 1980's and the ensuing hysteria surrounding the crack *epidemic* has been particularly devastating to the African American community, as we saw sharp increases in violence, crime, prostitution, child abuse and neglect.

Although there was no empirical evidence to support the concept of the *crack baby*, the on-going media campaign (in 1986, the cover of TIME magazine and more than 400 crack cocaine reports on NBC alone) served to manufacture public support for a criminal approach to the War on Drugs. This public policy is directly responsible for the 800% increase in the number of African American women behind bars (since 1986), significantly higher sentencing laws for crack cocaine related arrests and subsequently more Blacks being in jail for longer periods of time. (*Glenn, 2006; Boyd, 2004*)

According to *One in 100: Behind Bars in America 2008*, a study released in January by the Pew Charitable Trusts - Public Safety Performance Project, more than one in every 100 adults in the United States is either in jail or prison. For African Americans those numbers are even higher with, 1 in 9 black males ages 20-34 and 1 in 100 black women ages 35-39 incarcerated (*Bureau of Justice Statistics, 2006*) making “the disparity in arrest rates alone one of the most devastating consequences of substance abuse among African Americans, affecting the abuser, their families and communities.” (*NIDA, 2003*)

Considering that all of these issues continue to progress as addiction does, it is no wonder that substance abuse in the African American community and its related collateral consequences; homelessness, mental illness, HIV/AIDS and a three-fold increase in foster care costs, is one of the primary public health issues in this country.

Although there have been no large-scale studies to examine the issue of cultural competency and substance abuse treatment for African Americans, the California Department of Alcohol and Drug Programs (ADP) has adopted the Institute of Medicine model as the basis for re-designing their Continuum of Services System, acknowledging the importance of an ongoing commitment to institutionalize a set of practices and policies to ensure inclusion and respect of diversity in the delivery of culturally and linguistically appropriate services. (*Howard, 2003; IOM, 2006; ADP, 2007*)

Historically, treatment programs have tried to fit everyone into a “one size fits all” model, failing to customize treatment modalities to accommodate the different cultural needs, experiences and beliefs of the individual client. The standard Twelve-Step Model developed by and for white, middle age men and used in most social model recovery programs, has resulted in poorer treatment outcomes for most minority groups, including women.

Treatment requires trust, honesty and self-disclosure and, if the client is unwilling or unable to do these things, their treatment experience will not be successful. Many African American clients have problems becoming engaged in the treatment process and are not comfortable talking openly and honestly about their genuine issues due to cultural norms that forbid “putting your business in the street.” Also, due to a history of oppression, discrimination, and racism, persons of color tend to have a healthy mistrust of bureaucratic systems and services provided by persons viewed to be the oppressor. (*Sue & Sue, 1990*)

African Americans are either failing to successfully complete treatment, or are being discharged from programs for noncompliance. This is especially important when we consider

that most African Americans gain access to treatment through the criminal justice (men) and/or child welfare system (women) and failure to successfully complete treatment often results in loss of family (parental rights), loss of livelihood, a felony conviction with a long jail sentence and/or a return to previous drug use. Once convicted of a felony, he or she has a whole new set of obstacles to overcome. Some of the consequences of a felony conviction include not only the lifetime loss of the right to vote (in many states), but also the loss of many educational opportunities and social support services. Drug felons cannot obtain federal student loans, financial aid, food stamps, or public housing assistance.

There are also limited job options for drug felons as many employers will not hire an individual who answers *yes* to the question, “have you ever been convicted of a felony”, regardless of whether or not the person served his time. All of these obstacles combined are a set-up for failure, and what we know about addiction is that a failed treatment experience often leads to relapse. Unfortunately there are no concrete numbers on how many people who relapse never make it back for a second try at treatment, but we do know that the disease of addiction is so insidious and deadly that for many people the next time they use can be the last time they use. At the very least, a relapse or a poor treatment experience can extinguish the desire to be clean and sober. In my book, *Relapse Prevention Counseling for African Americans*, self image and hopes for the future were frequently impacted by the individuals’ perceptions of race; therefore it could be said that “The obstacle to engagement in treatment is not an absence of pain; it is an absence of hope.” (*Quoted in White, Woll & Webber, 2003*)

We, as a treatment industry need to ensure that the treatment we provide our clients affords them the best possible chance for success.

We must continually strive to improve our ability to provide culturally competent services, delivered by trained and compassionate staff.

In doing so, we must offer resources, technical assistance and other training opportunities to our treatment teams. We must meet with decision makers at administrative levels to ensure that policies and systems are developed and implemented which allow African American clients to feel welcomed, understood, safe and cared for. *(Bell, 1990)*

Below are some guidelines to consider when developing or evaluating a program serving African Americans. Each issue area is a significant component of a comprehensive, culturally competent treatment model.

Environment

The treatment environment should be welcoming to the African American client. It does not need to be in a Black neighborhood, but it should be easily accessible to the client. (Transportation is one of the top three reported barriers to treatment for women). It should be made to feel aesthetically comfortable and inclusive of the client, with photos, literature, artwork, etc. that portray African Americans in a healthy way.

The facility should be warm, clean and in good repair. Often times when a program caters to Black clients they are not as concerned with the upkeep of the environment and the space is not well maintained. Clients should not see the environment as punishing or demeaning but instead as a clean and safe place to heal. There should be sufficient space for private and confidential consultation.

Staff

Having a good staff is probably one of the most important components of an effective treatment

program, as they provide the day-to-day clinical services and reflect the program's philosophy in their work. Clients will look to the staff for guidance, advice, support and leadership, so it is incredibly important that the staff be well trained. They must possess a set of academic and interpersonal skills that allow them to understand and appreciate cultural differences, as the interactions between clients and program staff can determine whether or not a client has a successful treatment experience. *(SAMHSA, 1999)*

African Americans have unique historical and contemporary experiences that come into play during the therapist/client relationship. Cultural differences between treatment providers and clients can hinder program efforts and client satisfaction, unless adjustments are made to accommodate the client's values, behaviors and cultural traits. *(Finn, 1994)*

Although not required, it is certainly preferred that a program treating African Americans should have African Americans on staff, as it helps the client to see someone of color represented on the treatment team. You don't have to be Black to help a Black addict, but a multidisciplinary and multicultural team is most effective in providing substance abuse treatment. *(Sue & Sue, 1999)*

Staff should have cultural competency training, which includes an opportunity for them to identify their own cultural prejudices and biases, and program leadership should monitor staff to assure that they operate in a culturally sensitive manner. *(SAMHSA, 1999)* Staff should have clinical supervision as it relates to cultural issues and be given an opportunity to discuss and explore the cultural counter-transference issues that are certain to arise in any clinical environment. *(Baker and Bell, 1999)*

Staff should be screened and hired based on their expertise and their ability to work well with all clients. However, the African American client is highly sensitive to anything that resembles prejudice, discrimination and/or disrespect, so all of the program staff, including clerical and administrative personnel need to be able to communicate to the client a warm, compassionate and accepting demeanor.

The Treatment Philosophy

The program's treatment philosophy should embrace the idea that "one size does not fit all." Treatment should be individualized based on the specific clinical needs of each client regardless of race or ethnicity. Clients should be assessed at the beginning of their program to determine what clinical issues will be addressed during the course of treatment, and clients with culture-related issues should be given the opportunity to safely discuss their concerns.

The program's philosophy should recognize that the African American client, more likely than not, may have problems related to race that may interfere with their ability to benefit from treatment. Therefore the program should make provisions in the day-to-day structure of treatment programming to support the client in talking openly about their circumstances and processing any feelings or concerns. For an overview of actual dialogue between counselors and clients on this process, read *Collaborative Efforts for Engaging African American and Euro-American Clients with Substance Abuse Counselors in Group Dialogue*. (Leitschuh, Lyles, Kayser and Budde, 2002)

The Program Services and Levels of Care

Ideally, an effective treatment facility should provide a full range of services. In the best

case scenario the program would offer or have access to the following core services:

- Free Screening & Intake Assessments
- One-on-One Counseling
- Intensive Out-Patient
- Residential Treatment
- Drug and Alcohol Awareness Classes (Prevention and Education)
- Case Management
- Aftercare

As mentioned earlier in this article, many African American clients come into treatment through the criminal justice system, or other social service-type agencies. Their freedom, livelihood and in some cases parental rights are dependent on successfully completing the program. However, many of these clients do not meet the diagnostic criteria for substance dependence. Many are substance abusers, not addicts, but most treatment programs were developed to treat alcoholics and addicts. There is often not a level of care that addresses the needs of the substance *abuser*.

These clients are forced to identify themselves as addicts and alcoholics in the program and the 12 Step meetings they are mandated to attend. Some clients resist this labeling and are deemed unwilling and unmotivated. Others become "institutionally compliant" in order to "graduate" the program, but they never talk openly about their situation, their issues or their relationship with drugs. In both cases the client suffers and is likely to have a negative treatment outcome.

The appropriate treatment approach for these clients is often education and prevention rather than a full course of intensive addiction treatment. Programs should have the option of offering other, more clinically indicated interventions to increase the likelihood that clients are actually getting the care they need. Placing clients in the appropriate level of care

and providing the appropriate clinical services increases the chances of a positive treatment outcome. (*NIDA, 1999*)

Aftercare and Follow-Up

The aftercare and follow-up plan is one of the most important aspects of treatment but unfortunately, one of the most overlooked. Often African American clients have multiple issues that pose a threat to their recovery, post discharge from treatment. Typical challenges include, high-risk living situations, partners or family members that use, pressure from old friends to use, living in drug-infested neighborhoods, loss of spiritual connection, pending legal, employment and child custody issues, etc. A good program will develop a realistic discharge plan early in the treatment episode that provides a strategy for dealing with these concerns prior to the person being discharged.

Regular aftercare support groups or one-on-one sessions should also be made available to the client for a defined period of time, preferably at least one year post discharge. This allows the African American client to maintain an ongoing relationship with the program at least through the difficult first few months of recovery. ADP's new Continuum of Services System, includes: support, monitoring, and maintenance in the recovery component of the wheel, with proposed services to include a 1-800 number staffed by trained relapse prevention specialists, and the establishment of formal and information relationships and linkages with critical support systems, such as housing, employment, food assistance, etc.

In summary, the African American community is being devastated by alcohol and other drug addiction. All over the country, families, neighborhoods and communities are suffering because of addiction. The jails and institutions are full of Black people who have gotten

caught up in the vicious cycle of addiction. Black children are packed in Child Protective Service systems, foster homes and juvenile halls, as a direct or indirect result of substance abuse and studies have shown that these children will most likely end up in the same situations as their parents without appropriate interventions. (*Bernstein, 2007*)

The problem is big, much bigger than we often care to admit as a society. However, there is a solution. We, as a treatment industry, can make a difference - helping to change lives by providing good, comprehensive, well thought out treatment. We can help African American clients by developing programs that are sensitive to the fact that race is still a big part of our nation, and help African American clients address the unresolved racial issues that sometimes make it difficult for them to succeed in treatment and recovery.

We can step up to the plate and tackle these issues head on by providing clients with a safe, supportive environment to deal with all of the issues that contribute to their addiction. In doing so, we can change the world, one life at a time.

Roland Williams is an internationally recognized consultant, author, trainer and speaker; specializing in: addiction relapse prevention, cross cultural counseling, and treatment program development. He is the author of several books on treatment and recovery for African Americans and is a consultant and lead trainer for Terence Gorski's CENAPS Corp., with whom he co-authored *Relapse Prevention Counseling for African Americans*. He teaches addiction studies at several California universities, as well as the University of Utah, and has recently traveled to Europe where he is assisting in the development of the first abstinence-based treatment program in the country of Holland.

Support for this report and the African American Treatment & Recovery TA & Training Project has been provided by the State of California, Department of Alcohol & Drug Programs. The opinions, findings and conclusions herein stated are those of the authors and not necessarily those of the Department.

The African American TA & Training Project is managed by ONTRACK Program Resources, Inc. ONTRACK offers cost-free consulting services and training on issues related to improving access, decreasing disparities and increasing successful treatment and recovery outcomes for African Americans. For more information on available services visit: www.getontrack.org

Bibliography

Baker, F.M. and Bell, C.C., Issues in the psychiatric treatment of African Americans. *Psychiatric Services*, 50, 3, 362-368, 1999

Bell, P. et.al. *Developing chemical dependency services for black people*. Institute on Black Chemical Abuse, 1990

Bernstein, M. *All Alone in the World: Children of the Incarcerated*, New Press, 2007

Bowser, B.P., Bilal, R. *Drug Treatment Effectiveness: African American culture in recovery*. *Journal of Psychoactive Drugs*, 33 (4) 391-402, 2001

Boyd, S. *From Witches to Crack Moms*, Women, Drug Law and Policy 208-09, 2004

Brach, C., & Fraser I. *Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model*. *Medical Care Research and Review*, 57 (Supplement1), 181-217, 2000

Bureau of Justice Statistics, *Prison and Jail Inmates at Midyear 2006*

California Department of Alcohol & Drug Programs, *Continuum of Services System Re-Engineering Task Force, Phase II Report*, 2007

Centers, N.L., & Weist, M.D. *Inner city youth and drug dealing: a review of the problem*. *Journal of Youth and Adolescence*, 27, 37, 395-411, 1998

Cross T.L., Bazron, B.J., Dennis, K.W. & Issacs, M.R. *Towards a culturally competent system of care, Volume 1. A monograph on effective services for minority children who are severely emotionally disturbed*. (CSSAP TA Center, Washington DC), Georgetown University, Child Development Center, 1989

De-Gruy-Leary, J. *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*, Uptone Press, 2005

Finn, P. *Addressing the needs of cultural minorities in drug treatment*. Journal of Substance Abuse Treatment, 11, 4, 325-337, 1994

Glenn, J. *The Birth of the Crack Baby and the History that "Myths" Make*, Journal of Health Politics, Policy and Law, October 2006

Howard, D.L., LaVeist, T.A. & McCaughrin, W.C. *The Effect of social environment on treatment outcomes in outpatient substance mis-use treatment organizations: Does race really matter?* Substance Use and Mis-Use, 31 (5), 617-638, 1996

Howard, Daniel L., *Culturally competent treatment of African American clients among a national sample of outpatient substance abuse treatment units*, Journal of Substance Abuse Treatment 24, 89-102, 2003

Institute of Medicine (IOM), *Improving the Quality of Health Care for Mental and Substance-Use Conditions*, 2006

Leitschuh, G., Lyles, J., Kayser, L. and Budde, K. *Collaborative Efforts for Engaging African-American and Euro-American Clients with Substance Abuse Counselors in Group Dialogue*, Eastern Illinois University, Illinois Counseling Association, November 2002

National Institute on Drug Abuse (NIDA), *Principles of Drug Addiction Treatment*, 1999

Substance Abuse and Mental Health Services Administration (SAMHSA) – Center for Substance Abuse Treatment (CSAT), *Cultural Issues in Substance Abuse Treatment*, 2000

Substance Abuse and Mental Health Services Administration (SAMHSA) – Center for Substance Abuse Treatment (CSAT), *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice – TAP 21*, 2002

Sue, D.W., & Sue, D. *Counseling the culturally different: Theory and practice* (2nd ed.). New York: John Wiley & Sons, 1990

The Pews Charitable Trusts – Public Safety Performance Project, *One in 100: Behind Bars in America 2008*

Virginia, Department of Mental Health, Mental Retardation and Substance Abuse Services, *Current Literature Reviews for Substance Abuse Professionals*, October 2003

Williams, R. & Gorski, T. *Relapse Prevention Counseling for African Americans: A Culturally-Specific Model*. Independence, MO: Herald House/Independence Press, 1997