Exploring Anti-Oppressive Practice Basics

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RECLAIMING FUTURES

Communities helping teens
overcome drugs, alcohol and crime

Quick Poll – Please indicate which sector you work in:

- Clinical

- Non-clinical direct (probation, case manager, teacher)

- Organizational (manager)

- Community (faith community, volunteer)

- Researcher

- Policy/government agency

- Policy/non-government agency

- Judges

Juvenile Justice:

While African American youth represent 17% of their age group within the general population, they represent:

- 46% of juvenile arrests
- 31% of referrals to juvenile court
- 41% of waivers to adult court (Snyder, 2006)

Child Welfare

According to U.S. Census data, 29% are considered to be children of color: African-American, Latino/Hispanic, American Indian/Alaskan Native, Asian, Hawaiian/Other Pacific Islander, or biracial.

- Children of color represent 58% of youth in the child welfare system

(Child Welfare League of America, 2005)

Health Care Among Young Adults

Uninsurance rates among 18-21 year olds are as high as 27 % compared to 16% for Americans overall.

- Youth of color in this age group are significantly higher – 55% of Hispanic/Latino, and 32% of African American/Black youth are without health insurance compared with 25% for Whites.

(National Alliance to Advance Adolescent Health, 2007)

Overall Economic Well-Being

- Based on current economic estimates, a basic budget required to support a family with two adults and two children was $48,778 last year. Over 50% of Black and Latino families fall below this basic family budget, as compared to 20% of Whites. (Applied Research Center, 2009)

- In 2004, for every dollar in median wealth that White families held, Blacks had a dime and Latinos had a nickel. (Applied Research Center, 2009)

Evolution of Cultural Competence

Efforts to increase racial equity can be traced back many years in our country and this evolution continues into our immediate lives and work.   The future of this evolution is related to our commitment and efforts to continue seeking ways to reduce inequity and disparities and promote social justice.   For example we have been through various "eras" of this kind of work:

- From intolerance to tolerance

- From ignorance to awareness

- From insensitivity to sensitivity

- From incompetent to competent

Definition of Cultural Competence

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in a cross-cultural situation. Operationally defined, cultural competency is the integration and transformation of knowledge about individuals and groups into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of health care therapy improving or producing better health outcomes (Cross, Bazron, Dennis and Issacs, 1989).

- Since this important work has been done, many if not most people in the human service, criminal justice, health, and all related fields have participated in significant amounts of "cultural competence" trainings.

- But the work of racial/social justice and equity requires this work to advance while honoring its contributions to date. While it has been important, it is not enough to "solve" or "fix" deeply rooted inequities in our system.

- What does it mean to "take the next step" in cultural competence work? Anti-Oppressive/Anti-Racist philosophy, ideas and practice strategies provide an important set of options for those wishing to advance their work in this area.

Features:

- Centering on the power relationships embedded in racism and white privilege

- Power is a system of hierarchies of one-up/one-down relationships

- To be on the bottom is to be a victim of racism

- Typically extended to other hierarchies such as sexism, classism, heterosexism, ableism etc.

- Increasingly white privilege is added to analysis & practice

Is not…

- Multiculturalism – that suggests we need to understand and appreciate each other (ignores power embedded in these relationships)

- Colorblind – that suggests that race doesn't matter as humanism is preferred (ignoring race does not lead to racism disappearing)

- Social Learning – that suggests racism is eliminated the more we learn about each other (because power is ignored)
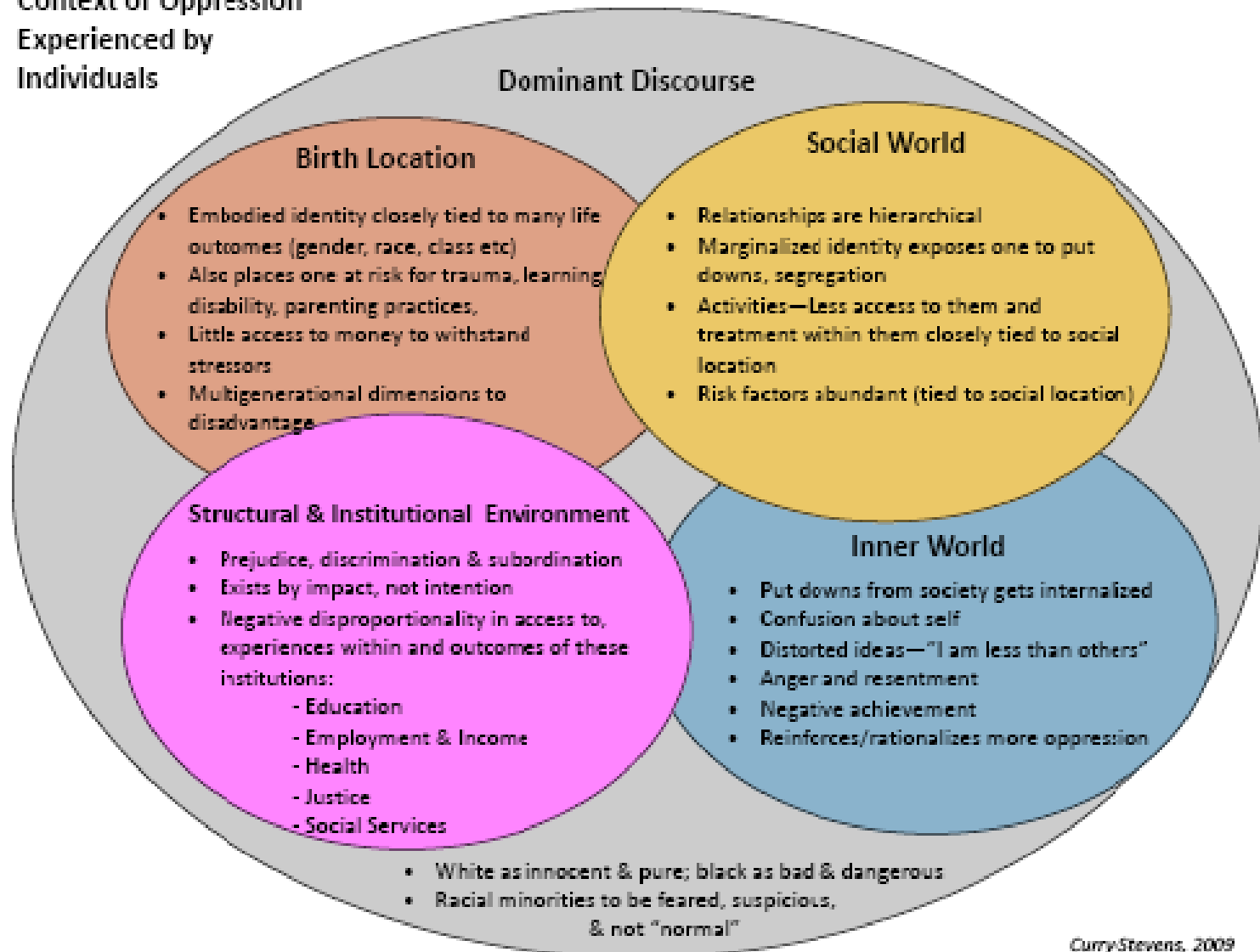
Five Faces of Oppression

- Exploitation
  - Privileged group benefits materially from the labor and other activities of another group.
  - Examples – men benefitting from women's childrearing and domestic work; owners financially benefitting from workers' labor; slavery

- Marginalization
  - Whole categories of people are expelled from useful participation in social life and potentially subjected to severe material deprivation and even extermination. Frequently the relationship becomes one of dependency because margins are not well resources. The choice to marginalize is that of the dominant group, subject to its biases and prejudices.
  - Examples – redlining; gated communities; racist land use planning

- Powerlessness
  - Groups of people lack authority and power on the basis of their social identity
  - Examples – glass ceilings for women; overrepresentation of whites in all corridors of power (political, judicial, corporate, media)

- Violence & threat of violence
  - Members of some groups live knowing they may be subject to random, unprovoked attacks on their persons or property. The social context makes this violence possible and even acceptable. This violation occurs solely on the basis of their group identity
  - Examples – rape of women; gay-bashing; "driving while black"

- Cultural imperialism (or dominant ideology/discourse)
  - Values & perspectives of dominant groups are the norm and all others become invisible.
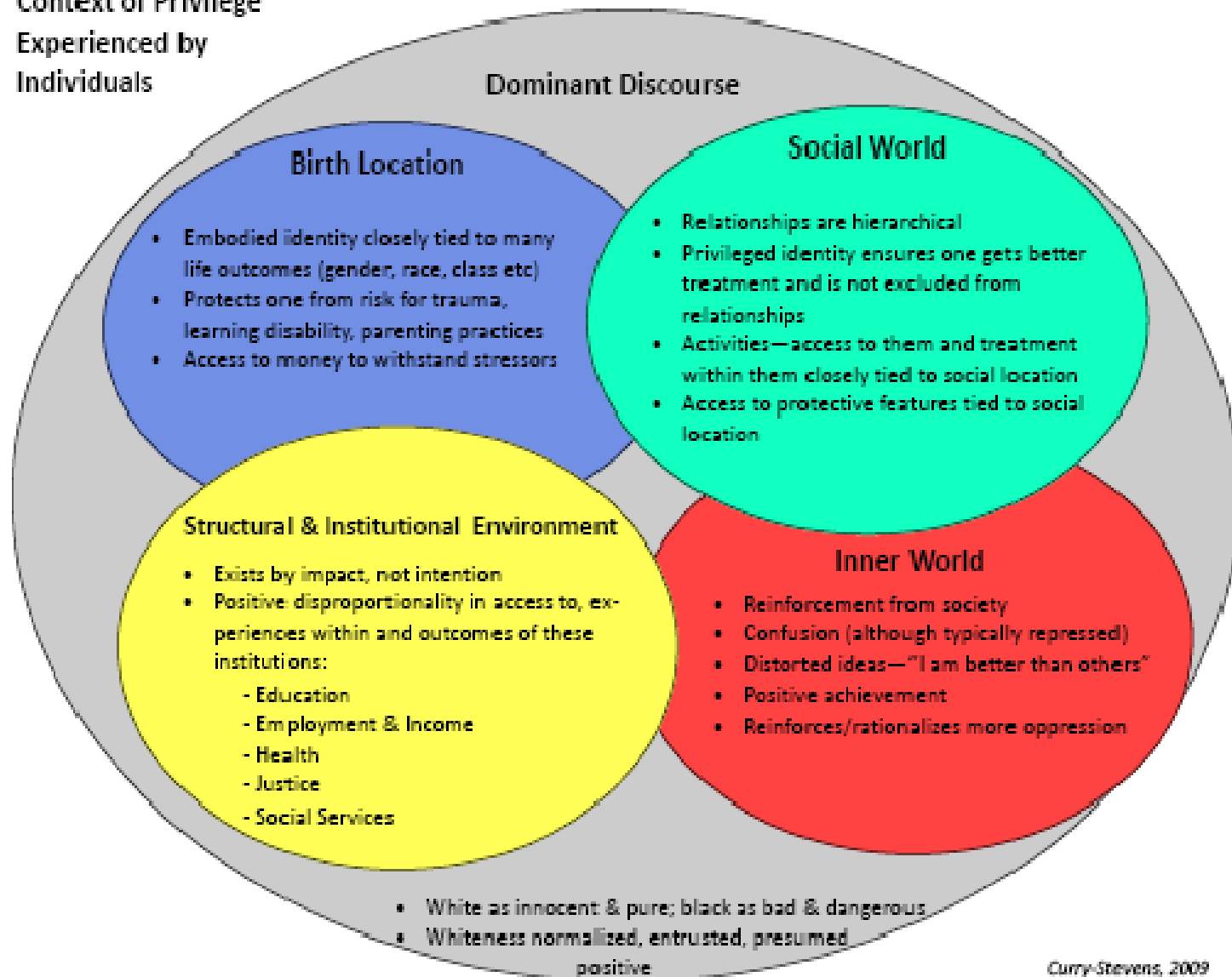 - Examples – difficulty in naming white privilege

From Iris Marion Young

Context of Oppression Experienced by Individuals

Dominant Discourse

Birth Location

- Embodied identity closely tied to many life outcomes (gender, race, class etc)
- Also places one at risk for trauma, learning disability, parenting practices,
- Little access to money to withstand stressors
- Multigenerational dimensions to disadvantage

Social World

- Relationships are hierarchical
- Marginalized identity exposes one to put downs, segregation
- Activities—Less access to them and treatment within them closely tied to social location
- Risk factors abundant (tied to social location)

Structural & Institutional Environment

- Prejudice, discrimination & subordination
- Exists by impact, not intention
- Negative disproportionality in access to, experiences within and outcomes of these institutions:
  - Education
  - Employment & Income
  - Health
  - Justice
  - Social Services

Inner World

- Put downs from society gets internalized
- Confusion about self
- Distorted ideas—"I am less than others"
- Anger and resentment
- Negative achievement
- Reinforces/rationalizes more oppression

- White as innocent & pure; black as bad & dangerous
- Racial minorities to be feared, suspicious, & not "normal"

Curry-Stevens, 2009

Context of Privilege Experienced by Individuals

Dominant Discourse

Birth Location

- Embodied identity closely tied to many life outcomes (gender, race, class etc)
- Protects one from risk for trauma, learning disability, parenting practices
- Access to money to withstand stressors

Social World

- Relationships are hierarchical
- Privileged identity ensures one gets better treatment and is not excluded from relationships
- Activities—access to them and treatment within them closely tied to social location
- Access to protective features tied to social location

Structural & Institutional Environment

- Exists by impact, not intention
- Positive disproportionality in access to, experiences within and outcomes of these institutions:
    - Education
    - Employment & Income
    - Health
    - Justice
    - Social Services

Inner World

- Reinforcement from society
- Confusion (although typically repressed)
- Distorted ideas—"I am better than others"
- Positive achievement
- Reinforces/rationalizes more oppression

- White as innocent & pure; black as bad & dangerous
- Whiteness normalized, entrusted, presumed positive

Curry-Stevens, 2009

RECLAIMING FUTURES

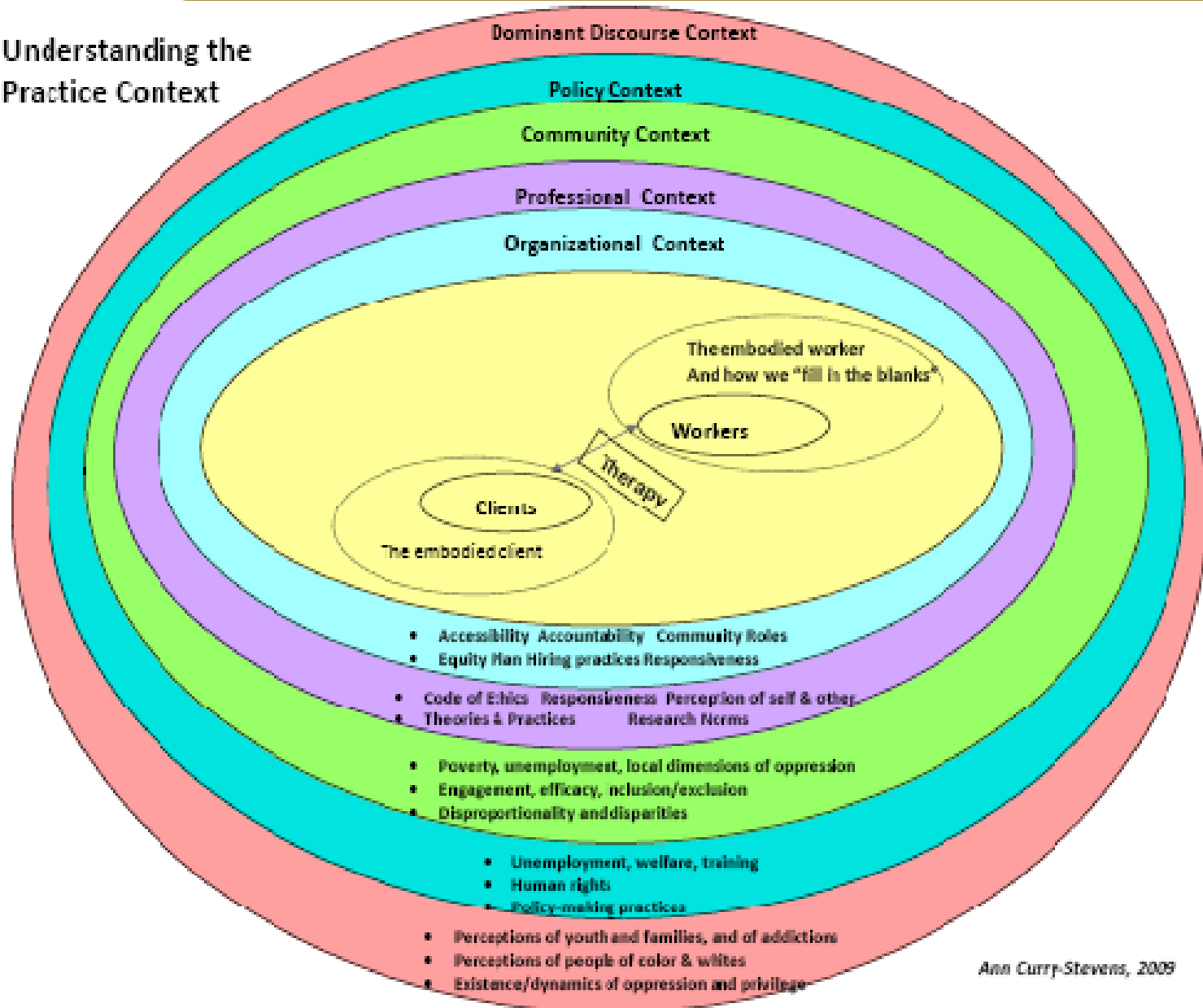Second poll will focus on asking the simple question:

To what degree have you utilized this particular "anti-oppressive framework and/or construct" in your work (going beyond cultural competence)?

- Not at all

- A little

- Somewhat

- It is embedded in our work explicitly

Understanding the Practice Context

Dominant Discourse Context

Policy Context

Community Context

Professional Context

Organizational Context

The embodied worker
And how we "fill in the blanks"

Workers

Therapy

Clients

The embodied client

- Accessibility Accountability Community Roles
- Equity Man Hiring practices Responsiveness

- Code of Ethics Responsiveness Perception of self & other
- Theories & Practices Research Norms

- Poverty, unemployment, local dimensions of oppression
- Engagement, efficacy, inclusion/exclusion
- Disproportionality and disparities

- Unemployment, welfare, training
- Human rights
- Policy-making practices

- Perceptions of youth and families, and of addictions
- Perceptions of people of color & whites
- Existence/dynamics of oppression and privilege

Ann Curry-Stevens, 2009

RECLAIMING FUTURES

1. **Overall intervention process**

"We continue to practice as if clients' issues are only about individual and family dysfunction" (adapted from Baines, 2007)

Intervention guidelines:

– Analysis that includes oppression as it manifests at the individual & family level

– Understand the racist and classist dimensions of traditional approaches to drug abuse and criminal justice

– Know that real healing requires white people to understand their investments in keeping the status quo

– When power is ignored, the status quo is upheld

2. Therapy emphasis

- ### Client focus
    - Understand impacts of oppression, such as loss, fear, self-esteem, powerlessness &constraints on hope

- ### Worker focus
    - Understand self as raced, classed and gendered (plus others)
    - Understand own investments in the status quo
    - Know how you were socialized to find oppression "normal & natural"
    - Unlearn your own racism
    - Understand the power in your status over the lives of clients

2. Therapy emphasis (cont'd)

- **Engagement focus**
  - Roles are infused with inequality, non-reciprocity and elitism
  - Spot this as it happens and commit to name it, own it, and undo it

- **Core practice approaches**
  - Core role is to counteract damages, build strengths, build connections to others in same community, and build agency to create change, self-help and community power
  - Personal is political – refuse to understand distress solely at the individual level
  - Normalize – distress is the logical outcome of oppression
  - Group work emphasis – consciousness raising & self-help orientation

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3. Organizational context

- Know that an AOP lens will also be focused on your own organization. Workers, clients & community will expect transparency, equity & accountability
    - Build 360º evaluation practices, including clients
    - Develop an action plan for building internal equity
    - Practice with accountability down the ladder as well as up the ladder
    - Implement AOP as a core skill for everyone in the organization and build it into job requirements

4. Professional context

"Know there is never a space that is innocent of power hierarchies, including social services" (adapted from Rossiter, 2002)

– Join the emerging cadre of AOP practitioners in every professional gathering

– Expect professional associations to adhere to AOP values and practices

– Know that no educational or social service system is apolitical. Do your part in making power relationships visible.

– Be brave. Become braver.

5. Community context

- **Communities to expand capacity to meet members' needs**
  - What impedes a community's ability to achieve this?
  - How can social inclusion and access/claim to society's resources be promoted?

- **Interaction between service organization & community**
  - How is the organization accountable to the community?
  - What power does the community hold in the organization?
  - What does the organization need to do to enable community empowerment in its operations?

6. Policy Context

"In the AOP context, all policies are understood as choices with power relationships influencing every perception & practice"

– Clients' lives are influenced by many policies. Advocacy to change policies & the policy making environment locate service providers as their allies in social justice struggles.

– Support staff and clients in numerous policy arenas

– Participate in coalitions to advance community needs

– Build your advocacy voice as an organization

– Be bolder… "we have a duty to be impolite when politeness keeps misery in place" (Hardcastle et al, 2004)

7. Dominant Discourse Context

"At every turn, the organization and all members unveil power, oppression and privilege wherever it exists… the coffee room, pictures hanging in the halls, their witness of injustice and speaking out, and even into their personal lives as they parent, greet neighbors and live out loud"

– Build resistive discourses in places such as your mission statement, organizational policies & policy briefs
– Support clients and community members who act to create change
– Celebrate resistance
– Stretch yourself to increasingly "walk your talk" about power, oppression and privilege
– Aim to live more congruently with your values

RECLAIMING FUTURES

Describe your level of satisfaction with your agency's current approach to disparities/equity work:

- Low – we're not doing anything
- Medium – we're doing a few things but not enough and it's hard to see any progress
- High – we're very focused on this and are demonstrating progress

RECLAIMING FUTURES

Thinking through a typical "case" as we would experience our six steps of the Reclaiming Futures (RF) model:

How do we begin to organize ourselves to respond in a new way?

How do we balance a compassionate understanding and professional competence in our roles with challenges that are primarily structurally rooted in our communities?

- Screening

- Assessment

- Care Coordination

- Initiation and Engagement

- Completion of Services

- Community-guided ownership of process (and investment in youth)

Purpose: To provide a quick indication of possible presence of a substance use disorder

AOP Challenge: Focus almost exclusively on young person, not necessarily "owned" by the community resulting in negative associations and/or misinterpretations of purpose. Authentic reconciling of history of misuse of these kinds of tools in community well-being. Can be diffficult to track how well screening instruments work with diverse client groups.

AOP Opportunity: Community dialogue to learn about purpose, proper use of and systems supporting quality screening.   Demonstrate broader understanding and commitment to alcohol/drug and related community challenges NOT in isolation from one another.   Increase number of places where screening might be conducted and highlight disparities in access to adequate care.   Boost awareness of need for more support and guidance of young people for both prevention and treatment of substance use issues.   "Trouble" frequently used tools to assure goodness of fit with populations of focus.

Purpose: To conduct a more indepth psychological assessment of issues related to behavioral health challenges.

AOP Challenge: Usually almost exclusively psychodynamic and not inclusive of broader causes of client distress.   Often initiates person into "clienthood" identity rather than as a full partner in the process. Not generally strength-based. Can be difficult to track whether normed and validated with diverse populations.

AOP Opportunity: Engage in community, family and client dialogue to build more comprehensive and diverse understanding of both challenges and strengths.   Use cumulative results of assessments to highlight both youth strengths and struggles for the purpose of advocating for more and better development and health services.

Care Coordination and AOP

Purpose: To assure that youth and their families receive assistance and support to navigate complex systems.

AOP Challenge: System resists being "contained" and new barriers constantly springing up. Easier to "navigate" within institutions and programs (can be construed as superficial) rather than into and with communities where youth and families live post-justice and treatment experiences (requires more indepth outreach and partnering). Tendency to focus on individual problem solving rather than family and community solution building and advocacy. Efficiency rather than effectiveness often reinforced. Lack of experience with diverse community resources.

AOP Opportunity: Encourage community members to participate in helping to learn about, challenge and "trouble" complex systems that do not always make it easy to partner. Challenge focus on better outcomes which reinforces value on better coordination within and beyond services.

Purpose: Assuring that youth make it to a first treatment session and quick succession of initial sessions, as well as positive youth development activities.

AOP Challenge: "Traditional" service array often includes many well-documented gaps as it relates to diverse community needs and interests. Services most often organized for "service recipients," "clients," or "participants" rather than as students, citizens, or partners.

Meaningful "recovery support" systems guided by those in recovery often challenging to find. "Failure" of youth to bond with program most often viewed as a deficiency in youth rather than a deficiency in the program.

AOP Opportunity: Cultivate ownership of programs by both people receiving services within them, as well as within the communities where they operate. Invest youth and families in governance of programs and advocacy. Meaningful client input to program improvement and ongoing quality improvement. Trouble programs to seek out diverse program elements to expand base of strategies.

"Doing" Anti-Oppressive Practice

Our roles as workers:

Begin to see our roles not just as "interveners" but as privileged partners who work within a system that has significant historical inability to solve community problems – embrace humility and a need to get involved in meaningful community action.

Our roles as members of organizations:

Begin to broaden our range of interventions so that work to disrupt and deconstruct oppressive and ineffective mandates is more centrally featured. Our work to change systems to be more inclusive, fair and equitable is more centrally featured.

Our roles as change agents:

Seeing the ecological realities (political, economic) of our clients' problems as a central focus and seeking to connect them with opportunities to participate in building a healthy community as central to our work together.

Our roles as therapists:

Growing awareness of "therapy" as an agent of social control and in its traditional forms, reproducing dominance and dependence.

-   Building individual capacity

(personal work, analysis of professional role)

-   Building organizational capacity

(partnering with communities, connecting "agency-issues" to larger framework of social justice issues, examining barriers and stumbling blocks)

-   Building community capacity

(organizing for advocacy and action, cultivating and recognizing leadership, acknowledging history)

Please provide us with feedback on the materials covered in this seminar

- Don't like it much

- Ambivalent about what is has to offer

- Am attracted to it & want to learn more

- Like it a lot & intend to make use of this approach

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