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Above and Beyond: Creating a Welcoming Environment for African Americans with Substance Use Disorders

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Nearly 45% of clients seeking treatment for a substance use disorder (SUD) miss their second outpatient session (Duncan, Miller, Sparks, 2004). The numbers are even higher for African Americans with substance use disorders (Sanders, 2014).

Reasons African Americans drop out of addiction treatment early include provider bias, feeling unwelcome, lack of medical insurance, hours of operation, program location, cultural mistrust, etc. This article focuses on how to create a welcoming environment for African Americans seeking recovery. It is dedicated to a father who came up to me at a seminar I was presenting and told me, "My son just died of an opiate overdose death. He tried many programs, and none could keep him engaged in treatment for more than one session."

I have visited hundreds of treatment centers throughout the country in my 38 years as an addictions professional. I have found that Above And Beyond in Chicago does the absolute best job of engaging African American clients into substance use disorder treatment. This article is based in an interview with Dan Hostetler, executive director of Above and Beyond.

About Above and Beyond

The program provides outpatient substance use disorder treatment and is located on the west side of Chicago, the most economically poor part of the city. Most of the



clients receiving services at Above and Beyond are African Americans who are either homeless, poverty-stricken, or have no income.

The Décor

According to Dan, "We went out of our way to find the most comfortable chairs that anyone could feel comfortable sitting in regardless of height or body type. Our ceilings are high, and we have gone to great lengths to assure the pictures on the wall are great. Our clients do not expect what they see when they walk through the doors. We are intentional in making sure that the environment does not have an "institutional" feel. We even periodically change up the decor. Our clients are important enough for us to do that."

In a discussion about Above and Beyond's decor, a colleague stated, "When clients walk in and see a chandelier made out of antelope horns, they start to believe anything is possible." When I shared this quote with Dan, he laughed and explained, "We didn't kill an antelope to make that chandelier. It's plant-based, made of resin. We do not even serve meat dishes in our program. All the meals are plant-based."



The Receptionist

Dan stated, "Our receptionist has a master's degree in psychology. We went through many interviews to find the right person. The receptionist is at the center of what we do. He is the first person that clients meet. At many agencies, clients are greeted by a security guard, who then introduces the client to a clinically sensitive person. By then, the client may 'already have an impression of the program before they've met the counselor. We want to make sure that the first person our clients meet is clinically competent. The receptionist also greets new clients and guests when they walk through the door and answers the phone. Most agencies I know of have a recorded phone message. We decided a live person works best. We have tracked the receptionist's time and have learned that he spends 90% of his time providing pre-engagement services, putting clients at ease, crisis interventions, and answering questions via phone of persons seeking recovery."



The Waiting Room

Dan stated, "We play music in the waiting room. We subscribe to Calm Radio and have experimented with playing everything from samba, blues, jazz, and a variety of other types of music. Client input is everything, so we often ask clients, 'What do you think of

the music?' We have reading materials in the waiting room ranging from Rolling Stone, and African American magazines to comic books. We pay attention to what our clients read in the waiting room. Some clients who cannot read enjoy comic books. Current clients often populate the waiting room. We have learned from new clients that this usually helps them feel welcome, connection, and hope. We provide coffee, water, and other beverages."

Drop-in Center

"When we first opened, we operated by appointment, and very few people showed up, or they showed up late for their appointment. As soon as we moved towards a walk-in clinic protocol, the program became full.

I suggested to Dan that if one revisits Maslow's hierarchy of needs, a therapy appointment might not be at the top of the list for economically-challenged African American clients who are homeless and that a drop-in center made sense. In an ATTC/NIATX Blog post (2020), NIATX Coach Mat Roosa wrote, "The introduction of developing a walk-in approach often yields a great deal of anxiety. Such as, we won't be able to plan our day. We will have no way of knowing who will show up. How will we staff this? In response to these concerns, Mat asks, "how do emergency rooms do it? How do grocery stores do it?"

Shared Model

Dan stated, "Clients would come in looking for their counselor and would get disappointed if their counselor was out of the office. We moved towards a shared model in which the entire staff has a clinical background. Any staff member can be available to meet with clients on the spot if their assigned counselor is unavailable. We learned from clients that this was a good way for them not to leave feeling a sense of rejection and that their needs that day could be met on the spot."



Conclusion

I am finishing this article on January 20, National Martin Luther King Jr. Day. I end this article with an excerpt from a speech Dr. King gave to African American middle school children at Barratt Jr. High School in Philadelphia in 1967. The speech is entitled "What is Your Life's Blueprint." Dr. King stated,

"In your life blueprint should be a deep belief in your own dignity, your own worth and your own somebodiness. Don't allow anybody to make you feel that you are nobody. Always feel that you count. Always feel that you have worth and always feel that your life has ultimate significance."

Above and beyond does an excellent job of communicating this message to clients served.

References

Duncan, B. L., & Miller, S. D. (2000). *The heroic client: Doing client-directed, outcome-informed therapy*. Jossey-Bass.

King, Martin L., Jr. "What is Your Life's Blueprint?" Speech. Barratt Jr. High School. Philadelphia, PA. 1967

ATTC/NIATx Service Improvement Blog. 2020 Vision: What will you Improve In The New Year? January 2020. Mat Roosa, LCSW-R. <http://attcniatx.blogspot.com/2020/01/2020-vision-what-will-you-improve-in.html>

Sanders, M. (Ed.). (2016). *Substance use disorders in African American communities: Prevention, treatment and recovery*. Routledge.

About the Author

Mark Sanders, LCSW, CADC, is an international speaker in the behavioral health field and author of 5 books on recovery. He is the curator of ***The Online Museum of African American Addictions Treatment and Recovery***. Visit the online museum at: www.museumofafricanamericanaddictionsrecovery.org

Mark will share more strategies in the upcoming webinar hosted by the Great Lakes ATTC, MHTTC, and PTTC. Please join us!

Engaging African Americans in Substance Use Disorder Treatment

February 5, 2020

11:00am - 12:00 pm CST

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