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VOICES

: ON DIFFERENCE

A student-led journal
focusing on issues of
social justice

Graduate Social Work Department
West Chester University



Photo credit - *Untitled*, Raven Williams

IN THIS ISSUE

- Not In Vain 03
- Working at the Crossroads 05
- Awake on A Rise 07
- Spiral Staircase 08
- Who Am I to Intentionally Create Change? 09
- Nixon, Reagan, and the Bushes, Oh My! 12
- All People Can Recover 15

EDITORS' NOTES

This year's issue of *VOICES* summons the visceral and cerebral manifestations of both the personal and professional aspects of social work, in both lived experiences and in the more exploratory reflections of self. Our lead essay, *Not in Vain*, follows the grieving sister-nurse-social worker making new meaning out of her brother's death, where she reconciles clinical knowledge of opioid addiction with the personal heartbreak of losing a loved one to the opioid epidemic.

From personal accounts of loss and grief to the reverberating devastations of past presidencies, to personal and professional examinations of self - this year's issue of *VOICES* traces intentionality, political awakenings, and the call of participatory action. In our increasingly divisive world and swiftly changing political climate, where oppressive forces operate to isolate and control, it is our duty and privilege not to remain silent. It becomes all the more important to be seen and heard and with that visibility comes a responsibility to stand up in support, solidarity, and strength, with and for, each other. Using our privileges and collective power, may we uplift "others" voices.

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NOT IN VAIN

CARRISSA GRIFFING, RN, BSN, MCIS

My heart and head are reeling. I lost, literally, the sweetest and most loyal person in my life, on January 24th. For those who know me or meet me, my passion for working with people dealing with addiction issues is no secret – but, you see, addiction has touched my life on so many levels. This young man – just thirty-four years old – suffered from heroin addiction since he was sixteen. This addiction, despite support from family and friends and alternating bouts with sobriety and homelessness over the last four years, won. It fucking won. Aaron didn't have horns on his head. Aaron wasn't an ugly person. Aaron was a tortured soul who only desperately wanted to be "like the rest of" us, and earnestly couldn't understand why he "couldn't". A fallacy.

Almost a year ago, I traveled to Charlotte, North Carolina to find my brother who was homeless there. I drove down overnight and found him in the downtown area on a street corner at 2AM. He was beaten down, weathered, much older in his air but delicate in his stance. I brought Aaron up to West Chester and got him into a facility for thirty days. He was prospering for about four months. We were giddy. We worked out every day. We laughed numerous times a day. But even with just minor (to you and me) setbacks, he somehow continued to feel a failure – an addiction myth that keeps this disease circulating in the chronic realm. Aaron decided to leave my house so as not to affect my children or my husband Michael and me with his problem and he chose to live on the streets – 69th Street Terminal to be exact.

In November 2016, Aaron admitted defeat and attempted twice to get treatment at the wonderful facility Mirmont Treatment Center, but he left after both detox treatments – in November and December – and returned to the streets. He thought he couldn't do it. It hurt too much and he felt a failure at every turn.

Around Christmas, Aaron started showing up at the house for coffee and breakfast and just to

talk. I was always amazed that when the sun set and sweat began to appear on his brow, he would leave my house, calmly and respectfully, and would return to 69th Street. He was kicked, robbed, spit on, yelled at, and questioned numerous times by police who drove by. Yet he always showed up at my house at 9AM for a hug and a cup of coffee. We would sit and watch a movie, or he would nap as he had been up all night and needed a respite from the cold and the constant alertness that homelessness required of him. He always wanted music. He loved music.

One night at dusk I was driving him to the bus stop just a couple of blocks away and we passed a house where the dog had been left outside. It was 27 degrees outside and I quipped, "Oh my, they should bring that dog inside." I felt a psychic slap to the back of my head and I jerked my gaze to this sweet man beside me. He seemed to have not heard me, as he said nothing; his posture was unmoved. I came home after parting ways and told my family, ashamed of my insensitivity. I cried at how I could express concern over a dog, while I was leaving this MAN outside to the elements.

The next day he showed up, as predicted, and the first thing I did was hug him. Next, I apologized. I told him that what I had said the night before was horrific and lacking in humanity. He looked at me, his eyes teared up, and he hugged me like I have never had this person hug me. After about five minutes of silence, he grabbed my hand and he said, "You must forgive yourself. Do you know what the difference is between me and that dog?" I responded, "What, Aaron?" He said, "The dog doesn't have a choice".

My heart and mind are and were screaming! NOOOOOOO!!! We don't choose to be an addict. Our brains are hijacked to pursue that "good feeling" and to acquire that good feeling at all costs. Fuck what YOU the person, my brother, really wants and desires. Could you imagine the struggle and lunacy of hearing your inner voice

griffing continued...

saying, "I'm not going to use drugs" but somehow you still wait for the flash and push plunger? It doesn't make sense. Everything in your heart defies wanting, liking, engaging in that hell that binds you to the streets, but yet you still acquire. Recantations of "I must be a loser", "I'm a piece of shit", "There is not hope in me" ruminate inside and pollute your psyche.

In January 2017 my brother waited three days for a detox bed at Eagleville Hospital. He waited both times for 14-16 hours. He finally was accepted for detox only and was released after just six days in the program. He was scheduled to commence an Intensive Outpatient Program (IOP), as there were no long-term beds available, on January 24th. He would stay at home, wash dishes, play with the kids, pet and walk the dogs, and he fucking stayed clean for that nine-day gap between detox and IOP. [PS, why that fucking gap?] He often would tell me during that long nine days, "I really need long-term care. I don't think I can get through the withdrawal at home." On January 23rd, I took him to a Twelve-Step meeting in West Chester. We hugged goodbye and he told me that he loved me. He didn't come home.

Tonight, over a week later, two detectives showed up at my house. They informed me that Aaron had reported to Eagleville - he took the bus from West Chester after his meeting on January 23rd. He purchased some magazines for the wait. After a long wait, he was turned away from Eagleville on January 24th. He walked up to the local Turkey Hill (approximately three blocks from Eagleville) and purchased drugs either from an employee there or from someone at the store. He walked into the bathroom and his lifeless body was found several hours later. He had no identification. He had nothing but those magazines, so it took until today for them to trace him back to me... to home.

I know my brother was sober until that last lethal dose, perhaps that last "turn away" pushed his weakened resolve. I will never know. Here is what I do know. He wrote a Gratitude List the day before he died, and he left it (somehow) on my desk, perhaps for my eyes.

Here is what it reads:

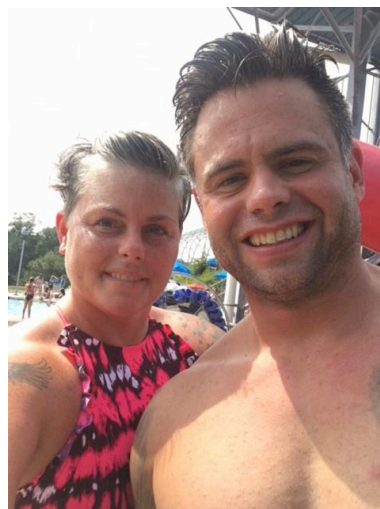
Gratitude List:

1. *I am safe today.*
2. *I have a bed to sleep in.*
3. *I have food.*
4. *I have a loving family.*
5. *I am not dope sick.*
6. *I don't need drugs to feel good.*
7. *I'm loved.*
8. *I can see the beauty in the world today.*
9. *I'm not homeless today.*
10. *I get to listen to music today.*

Those were his last words to me, and I believe he meant for me to read them. I want you all to read them. They are poignant. They are simple. I love him so much. And my heart is bleeding with "what ifs" and "whys". But I do know that I will make a difference in the addictions world so that this does NOT happen ever again to families as it did to mine.

Hug your loved ones close tonight. Perhaps write your own Gratitude List. Additionally, call your Senators and Representatives and let them know you want a change in how addictions AND people dealing with addictions are viewed and treated, and - perhaps even more importantly - you also want a change in how people battling addictions can gain access to fundamental care in the hour of their greatest need. We must eradicate needless deaths.

#AaronIsLoved #AIL #NotInVain



WORKING AT THE CROSSROADS: JOURNEYING TOWARDS HUMILITY

MOIRA FLEMING

Social workers inhabit a distinctive cultural position. We operate at the intersection of many different lanes of society. A hospital social worker must collaborate with medical staff, negotiate outside resources for patients, and of course provide support and guidance for the person in the hospital bed. A social sciences researcher may present their findings at a conference of industry insiders in New York City and return to their rickety health clinic in rural Arkansas that same day. We move up and down the socioeconomic ladder, and through the various microcosms of life like osmotic molecules. It is this unfettered ubiquity, more than any other single characteristic, which makes me proud to be in the field of social work. And in an increasingly divisive culture, our unique role becomes a mandate to lead by example.

Much has been written in social science research about the ability of human beings to continuously avoid a fact if it conflicts with one's personal world-view. People like to be right. This predilection extends to our perception of other humans. Even if we live in a diverse metropolis like New York City, we can avoid mingling with those we would rather assume to be distasteful for some reason or another. Spending all of one's time with like-minded people can be an effective, if fleeting, coping strategy for



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anxiety. Unfortunately, social workers are unable to indulge in such a luxury. We are not only obligated to commingle with individuals from every religious, philosophical, socioeconomic, and age demographic, we are ethically bound to treat them with respect. We are not immune to the petty biases of the average person, but we are gifted with the opportunity to challenge and move past these prejudices simply by doing our job. It is this exposure to the panoply of humanity that enriches our lives and hones our integrity. When an abstract, demonized stereotype suddenly materializes in our agency looking for help, there is no room for self-satisfied condescension.

I cannot speak for anyone but myself, but in my brief time in the field I have found it much easier to practice humility when dealing with someone coming from a culturally divergent perspective as opposed to when I am dealing someone who holds a political or ideological position that is different to mine. I came into the West Chester MSW program with hard-etched political views. I could not fathom a coherent counter-argument to my opinions. Anyone who disagreed with my attitudes was simply wrong. Of course, now that I am beginning my final semester, I've come to alter and even fully reverse some of my previous assumptions. At first it was unsettling to find myself questioning my internal socio-political credo, but in the end it was a revelatory experience. I learned what it feels like to be persuaded. Not coerced, intimidated, or bullied – but convinced, through reason, and with understanding.

Just as we seek to understand the life situation of people from unfamiliar ethnic or socioeconomic backgrounds, so too

should we seek to understand and consider policies that may appear superficially “antithetical” to our ideologies. Avoid the easy self-identification of political parties and buzzy affiliations. If our country’s most incisive community-based and non-governmental organizations joined forces to push for specific, rational immigration reform, we could circumvent the sloppy, irresponsible antics of the president and congress people who use such issues in the attempt to further their own careers and mold legacies. When choosing what beliefs and policies most effectively benefit our society, the approach should lean towards “both/and,” not “either/or.” Why limit ourselves, when we are taught to help our clients move past their own oppressive limitations? Social workers are taught to respect the individual and believe in the almost miraculous ability of a person to change and grow. Shouldn’t that micro-view be applied to our macro actions as well? The future of America lies not with those who seek to divide, pigeonhole, and stereotype. Its future lies in the people who still believe in the power of every human being to thrive.

AWAKE ON A RISE

Amanda Lee

You were blossomed in a bubble Where
houses were separate And you knew what
you knew

Because they were the ones that built you

Well me too

I was watered and nurtured close to my own
See not similar to you I was protected in an
unsafe home

Where I as a culture was born to live on my
own You ask me why I'm angry Why I'm
so thick

Why I have so many babies

It's because I'm a queen who was forced off
her throne

And into your slums I was thrown The
crown on my head was ripped off by ghosts

My body taken for granted

My home an unprotected form of a joke
Who are you to judge me in the way I "did"
or "done" spoke

I choke because the jewels that were laid
upon my neck were snatched off before my 3
times great grandmother got on that boat

And who are you to ask me why I'm fighting

My Sons, My Brothers, My Fathers are
under the system dying

At night I can't bear the worry of him found
lost in the finding While you're stepping on
my intuition to pay your child's private
school tuition

My child's learning space is nothing but a
prison

And can I mention

Your youth is confused about who they think

should rule And crying out for help Is u
listenin'?

Or, are you purposely blinding your eyes to
surround you

You don't see a future

You see a past that you too ignorant to let pass

And your choices have not yet found you

Because unlike you I am awake And my people
will be provoked

We seen what needed to be done to raise
satisfaction

Taking action

See you tried to put me at the bottom of the
food chain

And while you coming from supremacy I'm
coming from pain

But here I am beating you at your own game

I will soon rise and become the hope that I
have

Our future will come out of its past

And I'll volunteer to lead them

Just read the books we won't be last

Pick up the words and read them

I am the voice of my ancestors And I'm
coming for my Freedom.

SPIRAL STAIRCASE

Diana M. Parker



"I captured this image in City Hall after I testified at a guardianship hearing for one of my participants. She was diagnosed with dementia, lives by herself, and has no family support. It was the first time I testified in a court hearing for a participant and I felt honored to have the opportunity to advocate for her safety" - Diana M. Parker, 2017

Who Am I Intentionally Creating Change? SUZANNE SELLERS

The responsibility of intentionally creating change is intimidating. Who am I to intentionally create change? For me this is a two-fold question. First, who am I to intentionally create change within myself? Second, who am I to intentionally create change within the communities in which I live and practice? As Standards and Indicators for Cultural Competence in Social Work Practice (2015), mandate, social workers must be prepared to advocate for new social policies, programs and systems to alleviate marginalization and oppression. Social workers are also mandated to be aware of their own cultural identities and the cultural identities of their clients, and be knowledgeable regarding the impact that social policies, programs and systems have on their client population. As I prepare to enter the field of social work, I must be self-aware and honest. In addition, to be an effective social worker, I must be humble and willing to question everything I believe and the origins of those beliefs. Knowing myself provides me with the knowledge needed to effectively advocate for change on my clients' behalf. Self-reflection and introspection must be continuing endeavors as I continue to change and grow in response to new experiences.

All individuals have different life experiences that result in the acquisition of a specific world-view. No other person has formed his or her world-view based on exactly the same experiences yet I, like everyone else, am inclined to think my world-view is correct and judge the decisions of others based on my personal set of values and ethics. By knowing my internal biases and prejudices as a social worker I can step outside of my own beliefs to interact with my clients and focus on the client's stated needs. Thus, effective social work practice is as much about me being able to understand and put into perspective my life experience as it is about helping the client take control of his or her life experience.

Race, sexual orientation, economic class and gender are many of the classifications that are used by society to shape life experiences. Although these classifications are social constructs that have no value beyond what those in power have intentionally perpetrated in order to retain their power and control, the impact of these classifications is real. An individual's outward appearance in relation to these classifications, and the intersection of the classifications, determines how our society treats the individual. My experience as a black, straight, middle-class, female is different than the experience of a white, straight, middle-class, female or even the experience of a black, straight, middle-class, male. A white female faces sexism but not racism. A black male faces racism but not sexism. As a black female, who has neither racial nor gender privilege, I face both racism and sexism. This example illustrates that there is no one "black", "straight", "middle-class" or "female" experience. Therefore, all experience should be interpreted as a composite of multiple social identities, and most individual's social identities include both dominant and targeted classifications (Ayvazian, 2004).

While most individuals can easily discuss the disadvantages they have endured based on their targeted classifications, many are unable to identify the under-served privileges they have benefited from at the expense of an oppressed class. Effective social workers do not have the luxury of indulging in such

sellers continued...

complacency. Social workers should honestly evaluate their lives with regard to both discrimination and privilege. Being aware of the intersecting variables in each person's life compels social workers to challenge single-theory explanations and instead analyze the entire person without placing themselves or their clients in preconceived categories that encourage generalizations (Ortiz, 2010).

Self-awareness is the first step in employing a multicultural approach to social work. It is through honest self-reflection that social workers become aware of what they do not know about different groups and cultures. Self-reflection also helps social workers to determine where their own beliefs originated. Discrimination still exists and it is well hidden within societal policies and procedures. Thus it is incumbent upon social workers to delve deeper into the official version and explanation of events, to ascertain if what is being stated is real or a social construct put in place to maintain an oppressive condition.

In my previous profession the demographic of black female comprised approximately one percent of my employee designation. There was a union group, which I gladly joined, paying my dues in the belief that the group would fight to protect and promote my interests. Shortly after I joined this profession, several black employees initiated a lawsuit in response to discriminatory practices that limited their advancement and pay potential. Instead of supporting the black employees or refraining from taking any action, based on a vote from the overall union membership, the union fought to block the black employees' lawsuit. When I tried to explain that the union was supposed to promote all of our interests and not fight against any one segment of its membership, I was told by several white employees that this action was fair because it was what the majority of the members wanted. They could not understand what I believed to be true, in our organization no minority group would have their interests protected because the dominant group who maintained the majority had no interest in creating a work atmosphere free of oppression and marginalization. I realized I was paying my hard earned money into a union which would always fight me when my interests were not the same as the interests of the white male majority. Although the official version of the union was that it fought on the behalf of all of its membership, when I delved deeper, I realized the reality was that the union fought for the white male and the rest of us benefited only when our interests coincided with those of the white male. The experiences involved in living daily life create small changes for both the individual and for those with whom he or she comes in contact. The small changes made by different individuals, when combined, multiply the impact of the change exponentially. For much of my life, I created changes of compliance and acquiescence. I put no real thought into the changes I was helping to create. I created change without intention.

I come back to my original question, who am I to intentionally create change? Although I am exceptional and unique, I am no one special. I believe each person is exceptional, unique and deserving of being treated with respect, equality and justice. I am a member of some dominant groups and have been granted privileges, which I have taken for granted without taking the time or effort to ask "who is paying the cost of oppression in order for this privilege to be given to me?" I am also the member of some subordinate groups that keep some people from seeing me in all of my glory, instead they see only pieces of who I am and are unable to see the whole of me. I am a person who works at being self-aware and acknowledges I cannot make lasting change in the life of another. But, I can validate what others are going through and encourage and support them as they make lasting changes

sellers continued...

in their own lives. I am a person who can stand besides others so that they know they are not alone in their struggles. I am a voice that can speak up for what I believe is right and just, even when the unjust system benefits me personally. But most importantly I am someone who is striving to be an effective social worker; I am committed and I am willing to take action. On January 21, 2017 I put my new found commitment into action and participated in the Women's March in Philadelphia. I marched to show my non-acceptance of the policies and views espoused by the incoming President. Thousands of Americans marched who, like me, would not allow themselves to be complacent with the marginalization of any segment of the American population. We marched to advocate for legislation and policies to protect women's rights, LGBTQ rights, health care reform, immigration reform, racial equality and religious freedom. Though in many respects we were strangers, we were also kindred spirits. With each step we took, we continued the fight for a more humane country. This was my first civil rights march, but not be my last foray into an act of advocacy. I now know that advocating for those who are being marginalized and oppressed can be as simple as marching or voicing disagreement. Creating a humane society is not a fast or easy task, but it is a task that requires the participation of all committed social workers.

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NIXON, REAGAN AND THE BUSHES, OH MY!

ANTARBUSH

“President-elect Trump,” Chris Cuomo from CNN said through my television screen early in the morning. I went to bed with the TV on having the audacity of hope to think she would pull through like Muhammad Ali in the Thrilla in Manilla. I was wrong! When I arrived at work, the positive energy always present in the office was gone. The staff was trying to support each other the best way they could; one comment I kept hearing throughout the office from my colleagues was “Well, we survived Nixon, Reagan, and the Bush family, so we can survive Trump.” But, what does survival really mean when there are all these wounds? Did the women’s liberation, LGBTQ rights, and minorities really survive these administrations unscathed and undamaged? Marginalized populations may have survived those presidencies but let’s take a look at the scars left behind.

37th President of the United States Richard Nixon 1969 – 1974

President Nixon’s policies demonstrated ‘dog whistle’ politics. The term ‘dog whistle’ is jargon in political circles that refers to coded language with a different meaning depending on the audience. The black power movement, anti-war demonstrators, women and LGBTQ liberation were all subjected to law enforcement investigations and harassment. Another example of the use of ‘dog whistle’ politics includes the term ‘mass incarceration’ started by the Nixon administration. As John D. Ehrlichman, legal advisor to the president, admitted in an interview with Harper’s:

“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. Did we know we were lying about the drugs? Of course we did.” (Leah, 2016).

This became known as the Southern strategy. President Nixon capitalized on the backlash of the civil rights movement in the south by appealing to racism. During the Nixon administration criminalization of drug addiction shifted from a health issue to a moral failing. During this time, minorities were sent to the prison system for lower level drug possession. In 1970, the beginning of the Nixon administration, the prison population was 357,292. But his policies nearly doubled the population to 513,900 by 1980 (Pettit & Western, 2004).

40th President of the United States Ronald Wilson Regan 1981 – 1989

Ronald Reagan transformed American politics. He was credited for ending the Cold War and leading the conservative resurgence in America. President Reagan turned the rhetorical phrase “War on Drugs” to a literal war on drugs in 1982. The Reagan administration tripled the federal spending on the criminal justice system (Wisotsky, 1990). Although most popular opinion polls showed drugs were not an issue for most Americans, Reagan was adamant about putting this on the White House agenda (Clymer, 1982). Through the “Just Say No” campaign and D.A.R.E. program, President Reagan was able to make drugs a policy priority. By using the first lady Nancy Reagan as a vehicle to win over the hearts and minds of Americans, the “Just Say No” campaign was unstoppable. Furthermore, the “Mandatory Sentencing Bill” for crack cocaine charges poured money into the criminal justice system. In 1984, the United States Congress put forth the Sentencing Reform Act in record time. This bill gave local, state and federal law enforcement

bush continued...

agencies more funding to carry out the war on drugs (Sharge, 2016). The result was an assault on institutions designed to help people- welfare, homeless, healthcare, and job placement programs. If a black, brown, or poor person got caught with crack cocaine, there was a possibility they could spend the rest of their life in prison. In urban communities, many men were imprisoned for long periods, which put financial stress on the families of color. This resulted in the cycle of incarceration.

Another scar left by President Reagan is evident in the AIDS epidemic of the early 1980's. A reporter for the New York Times wrote how the Reagan administration "did nothing" and "AIDS was considered the most political disease the world has ever seen" (PBS WHYY, 2006). Since AIDS affected mostly gay men during the time, the disease came with significant social stigma. As the AIDS epidemic grew in 1981, activists gay and straight stepped in where the Reagan administration failed. LGBT communities began to organize to care for the sick and dying, creating their own health centers that are still present today. The Reagan administration did not want a needle exchange program; although it was clear from the research that the HIV incidence rate could be lowered through this initiative (AIDS.gov, 2017).

41st President of the United States George Herbert Walker Bush 1989-1993

President George H.W Bush served as Vice President during the Reagan administration, which solidified Reagan's policies for decades to come. One of the ways George Bush Sr. was able to win the 1988 election was by recreating a primitive fear white people have of black men. When elected in 1989, President Bush pledged one billion dollars for the war on drugs because "we need more jails, more prisons, more courts and more prosecutors" (Wolley, 1989). By the end of President Bush's term in office, the prison population skyrocketed to 1,179,200 (Pettit & Western, 2004).

In 1990, the Centers for Disease Control reported that one million American were HIV positive. By 1994, AIDS was the leading cause of death among men aged 25 to 44 (AIDS.gov, 2017). After a full decade of deaths from AIDS, it was believed by many in the LGBT community that President Bush had abandoned them. When Congress passed the Ryan White Act in 1991, President Bush stated, "the bill's narrow approach, dealing with a specific disease, sets a dangerous precedent, inviting treatment of other diseases through similar arrangements" (HRSA, 1990).

43rd President of the United States George Walker Bush 2001 -2009

George W. Bush entered the White House under a controversial election to the U.S presidency. President Bush used executive power to mislead the public about Iraq's possession of weapons of mass destruction, which then justified the invasion of the Middle Eastern nation (Pfiffner, 2004). Hurricane Katrina rocked the gulf coast region killing 1,800 people and creating billions of dollars in damages (Sylves, 2006). The White House was severely criticized by advocacy groups for its extremely slow response to the natural disaster.

President Bush was left with a federal budget surplus. However, his broad tax cuts led to the biggest financial crisis since the Great Depression (Sylves, 2006). In May of 2007, George H. Bush threatens to veto an expansion of the Hate Crime bill, which would have included sexual orientation, gender, and the handicapped.

Oh My! President Elect Trump

"What do you have to lose?" - is exactly what Donald Trump asked minorities again and again while on the campaign trail. The reality is with the election of Barack Obama minorities in America made great progress that was not possible under the previous administrations, and we stand to lose

bush continued...

much of the progress made with the Trump administration. The biggest difference between Trump and the other four men I described above is he is not using passive language, or 'dog whistle' politics. Trump is right-in-your-face, blatantly telling all American who do not benefit from privilege that we are no good to America. My co-workers are right when they say "we will survive a Trump presidency," but like his predecessors before him what scars will he leave on our communities to bandage for generations to come? What do women's liberation, LGBTQ rights, and black and brown people have to lose with Donald Trump? Everything.

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All People Can Recover: Applications of Educational Theory in Substance Use Treatment and Recovery

ADAM SLEDD

Models and Outcomes

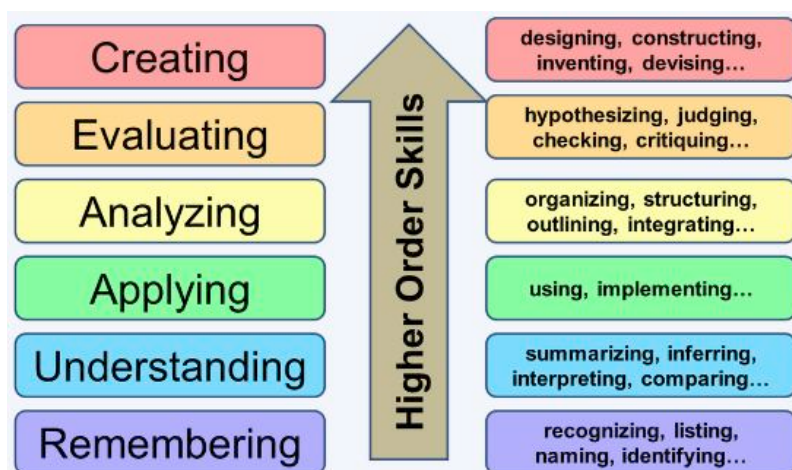
The conversation about substance use disorder is currently held in the context of the disease model. As such, comparisons are often made to physiological diseases in terms of perceptions, treatment, and outcomes. Current outcomes and rates of success in addiction treatment would, however, be unacceptable for the treatment of other medical conditions. Somehow, the medical analogy never quite fits completely; and at the end of the day, it is better at categorizing the problem than driving the solution. There is another field that makes for an interesting comparison with recovery: the field of education. One emerging hypothesis is that substance use disorder is a type of learning disorder (Lewis, 2015; Szalavitz, 2016). Interestingly, when one examines the way we typically treat addiction and support recovery, the practice very closely resembles the educational process. However, there are arbitrary, deficit-focused limitations placed on our expectations for people with substance use disorder that would not be tolerated in the world of education.

There is an empowering slogan in the education community which says, "All Children Can Learn". This all-inclusive philosophy does not brook mediocrity or compromise. It is incumbent upon the educator to find and implement effective strategies that work for each student. Our current outcomes in substance use treatment and recovery support would be just as unacceptable in the field of education as they are in the field of medicine. Perhaps if our approaches and methodology reflected the firm belief and commitment to the idea that "All People Can Recover," our outcomes would improve.

The field of education, like that of substance use treatment, has long studied human development, behavioral psychology, and learning modalities. Both fields have used models to illustrate key concepts. Nevertheless, traditional approaches to substance use treatment have been allowed to ignore or even contradict some of the most essential concepts. The fusion of these fields and application of these concepts with increased fidelity seems to hold great promise; however further research is needed.

Bloom's Taxonomy

In education, the goal is for each student to become an "independent life-long learner". Bloom's Taxonomy illustrates mastery in higher levels of learning as transcendence of mere rote memorization and recall. Much of early recovery is rote learning and skill acquisition, but long-term recovery happens when these skills are fully internalized, mastered, taken out into the larger context of life and integrated. In this fashion, the person can be empowered to seize opportunities for recovery expansion, evaluation, and synthesis of personal recovery structures. In



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higher levels of learning, individual empowerment and autonomy is key. However, in our current treatment paradigm, many people seeking recovery are taught that they are incapable of moving beyond the application level of recovery knowledge. Analysis and evaluation are often discouraged while disability and learned helplessness are reinforced. In some mutual support meetings, members are often told not to “over-think”; or even worse, are taught to discard rational thinking in favor of rote maxims. When we allow dogma to limit our expectations of people seeking recovery to lower-order

learning and deny them the benefit of higher-order skills, they seem doomed to fail.



Stages of Change

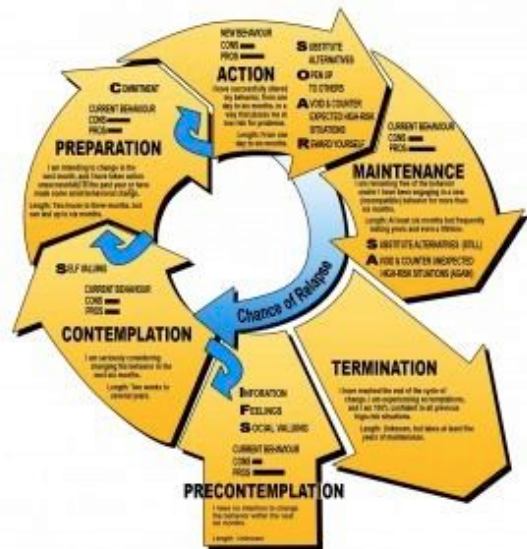
One of the better-known models in substance use treatment is Prochaska and DiClemente's Transtheoretical Model. A commonly used adaptation of this model reflects the limited expectations for people seeking recovery held by many practitioners. Looking at this particular graphic, relapse appears to be one of the stages. The glaring omission of the most advanced stage, termination, is most likely a concession to the

twelve-step paradigm of perpetual recovery. Relapse, in the true-to-theory model (lower left), was decidedly optional.

The idea of termination of the change process and full acquisition and integration of the new knowledge and skills is scintillating. What if recovery was, instead of a Sisyphean ordeal, something that could be learned and added to the human repertoire? The requisite skills are not only sustainable; they are fully attainable. The concealment of this possibility from people in recovery in order to protect an ideology is the psychological equivalent of hobbling an injured athlete.

Learning and Recovery Styles

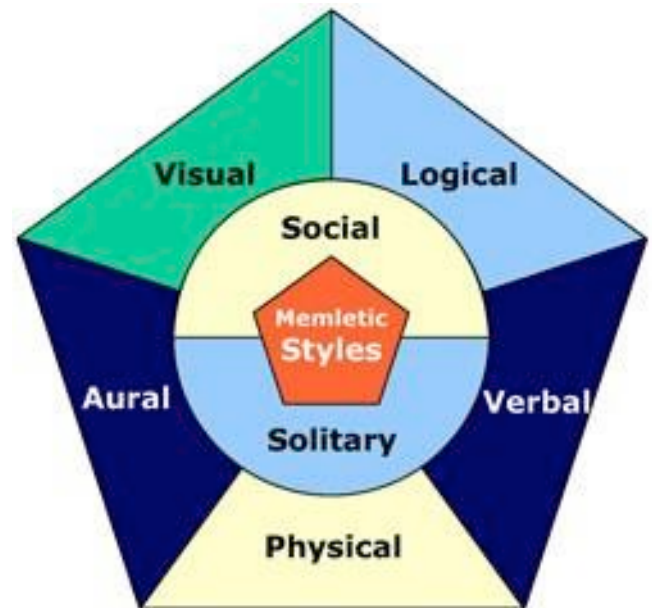
The concept of learning styles, long recognized in education, is also relevant to treatment and recovery. People with diverse abilities, backgrounds, and neurological makeup learn in different ways. Some individuals are predominantly visual learners. Others learn best by hearing the information or kinesthetically exercising the concept. In order to maximize learning, educators differentiate instruction to accommodate diverse learning styles. Similarly, there appears to be many different recovery styles. Those who struggle in recovery may not have discovered the style that works for them. A true strengths-based practice would include differentiated approaches to recovery that are available, attractive, and supported by treatment



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modalities and agency philosophies. In this way can we truly “meet people where they are” and provide person-centered treatment.

One of the most significant predictors of educational success is choice. This was first asserted by Bandura (1977) in his seminal article on self-efficacy, and has been reinforced over decades of educational research. Building self-determination in individuals is not only a tool and an outcome in education, but a basic acknowledgement of the individual’s dignity. People in treatment for substance use disorders are deserving of this dignity. Self-efficacy and autonomy are the pinnacles of recovery. Our approaches to substance use treatment have historically been devoid of options. The Minnesota Model, a 12-step-themed treatment modality, has dominated substance use treatment for decades, and alternatives are sparse. In addition, there has been a dearth of treatment beds, leaving most patients in a take it-or leave it situation when help is available. Finally, a prevailing attitude that people with substance use disorder cannot determine the best course of treatment for themselves has cast well-intentioned providers in a role of disempowerment rather than empowerment.



The behavioral and educational sciences have proven that expectations drive outcomes. When our thinking is shaped by models and paradigms that do not include the highest echelon of success; when we limit the choices and autonomy of the people we serve; when the outcomes we offer seem arduous and unappealing, we should not be surprised at poor outcomes. Like our colleagues in education, we who work with people seeking recovery must first believe, and then practice, with the principle that all people can recover.

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