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Black Faces Black Voices

Passing the Mic-Centering the "Other"



You've got to have something to eat, and a little love in your life before you can hold still for any damn body's sermon on how to behave.

Billie Holiday

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Our Panelist: Why we are here and what we care about



Overview

- Who are we?
- Dominant Culture
- Antidotes
- Reflections



Characteristics of Dominant Culture

Individualism

Assimilation

Intellect

Action

Collectivism

Inclusion

Emotions

Process





Where do you see yourself?



White Dominant Conditioning experienced in the "Medical" or Treatment System

- Transactional Goals vs Transformational Goals
- Sense of Urgency- Crisis Driven
- Defensiveness/Fear of open conflict
- Overworking is "norm"
- Written communication (gold standard)
- Quantity over quality
- Root Cause analysis vs "complex- systems thinking"



White Dominant Conditioning shows up as...

- Perfectionism
- Intellect valued over emotion
- Either/Or thinking
- Competition vs Collaboration
- Power Hoarding-based in scarcity of resources
- Individualism
- Risk Management vs dignity of risk
- Paternalism/Savior



What Helps-Naming and Framing

- "First I thought...but then I realized...now I understand that..."
- "I observed you say/do... It makes me think that... I feel____when you say that... I desire that you
- "What do you mean...? Where did you learn this...? Why do you think that? What if.....?



- Perfectionism is rebalanced- focus on excellence, test and try, pilot, celebrate small successive steps, make adjustments and keep going.
- Intellect and emotions valued, deep listening, somatic wisdom
- Both/And approaches, growth mindset
- Focus on Collaboration, a culture of healthy competition, the ability to loose with integrity, win and have an inclusive celebration
- Power with- Partnership model



- Set recovery or Life goals
- Early entry back into care, easy access to support
- Candidness embraced, strategies for non-violent communication
- Self care "norm" 4 day work week, mandatory vacation, celebrate healthy boundaries
- All forms of communication valued
- Data in the form of stories (qualitative, participatory processes, outcome and outputs monitored and shared broadly) reduce use of jargon

- Relationships and Information are valued
- Adaptive and holistic treatment/recovery plans
- Shared decision-making practices
- Multiple pathways to "help"



- Individualized and Community supports
- Mistakes are normalized, seen as opportunities to grow and learn
- Practice of "decentering" expert, putting the most impacted individual/community at the center, person driven, strengths based



Wrap up

What are you taking with you today?





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