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HUMAN FIRST: RECOGNIZING BIAS AND RECLAIMING THE RECOVERY NARRATIVE

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AGENDA

1. Identify personal, cultural, and systemic biases that influence perceptions of individuals with substance use disorders.
2. Examine how language and communication patterns impact treatment engagement, recovery outcomes, and community attitudes toward substance use disorders.
3. Develop practical strategies to check personal biases and actively contribute to a recovery-supportive narrative in professional and community settings.

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INTRODUCTIONS

1. Who are we?
2. Why are we here?



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"Stigma is a process by which the reaction of others spoils normal identity."

- ERVING GOFFMAN

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WHAT IS AN IMPLICIT BIAS?

Implicit bias, or unconscious bias, refers to automatic, involuntary attitudes or stereotypes – such as race, gender, or age prejudices – that affect understanding, actions, and decisions without conscious awareness. Shaped by experience and cultural messaging, these biases can lead to discriminatory behavior that contradicts explicit beliefs. - American Psychological Association

- How does this present itself in society?
- How does this present itself in addiction and recovery?
- How does this present itself in policy?
- How does this present itself in your community?

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WHAT IS AN EXPLICIT BIAS?

"Explicit biases are conscious, intentional, and controllable prejudice or stereotypes, is recognized as a direct driver of discriminatory behavior, prejudice, and differential treatment. Unlike implicit bias, it is recognized by the individual and often manifests as overt racism or prejudicial attitudes toward specific groups."

-American Psychological Association

1. What are some indicators that let you know someone is operating from an explicit biased view?
2. What is your responsibility in addressing this?
3. How might you address this?

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WHAT IS SHAME:

"a highly unpleasant self-conscious emotion arising from the sense of there being something dishonorable, immodest in one's own conduct or circumstances. It is typically characterized by withdrawal from social intercourse – for example, by hiding or distracting the attention of another from one's shameful action – which can have a profound effect on psychological adjustment and interpersonal relationships. Shame may motivate not only avoidant behavior but also defensive, retaliative anger. Psychological research consistently reports a relationship between proneness to shame and a host of psychological symptoms, including depression, anxiety, eating disorders, subclinical sociopathy, and low self-esteem."

–American Psychological Association

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HOW DOES SHAME IMPACT INITIATION IN SEEKING TREATMENT?

Reduced help-seeking behavior

What does this look like?
How can we change this?

What does inequitable access look like?

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STIGMATIZING OR DEFICIT-BASED LANGUAGE

- Stigmatizing language in addiction recovery can significantly impact individuals and their communities. It can lead to social isolation, reduced self-esteem and a decreased likelihood of seeking medical help. The goal is to use language that reflects an accurate, science-based understanding of substance use disorders (SUDs) and is consistent with professional roles.
- This includes person using person first language, avoiding terms like "drunk, addict, junkie or alcoholic, clean, non-compliant" and referring to specifiers (mild, moderate or severe) to indicate the severity of the SUD. By adopting these practices, health professionals can help reduce stigma and improve treatment outcomes for individuals with SUDs.

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STIGMA OR DEFICIT-BASED LANGUAGE

How does this present in the field in both word (written and spoken) and in action?

How do we change this narrative?

What is our responsibility in changing the narrative?

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CONCLUSION

"When we name shame, we take its power away and give ourselves a path to healing." – Dr. Samuel Evers

"Shame wants secrecy; healing wants sunlight." – Amara Collins



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Q & A & FINAL PARTICIPANT THOUGHTS

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