

Anti-Oppressive Practices: Individual, Supervisor, & Organizational

SAMHSA Principles of Trauma Informed Care	Coping with Racial Trauma (Hardy)
<ol style="list-style-type: none"> 1. Safety 2. Trustworthiness & transparency 3. Peer support 4. Collaboration & mutuality 5. Empowerment, voice, & choice 6. Cultural, Historical, & Identity-related issues 	<ol style="list-style-type: none"> 1. Affirmation and Acknowledgement 2. Create Space for Race 3. Racial Storytelling 4. Validation 5. The Process of Naming 6. Externalize Devaluation 7. Counteract Devaluation 8. Rechanneling Rage

Organizational Strategies

1. Having transparency about organizational structure and how power is held and utilized.
2. Fostering and supporting client steering committees or consulting teams.
3. Fostering and supporting the development of affinity groups for service providers that incorporate power analysis.
4. Taking stances for social justice as an organization.

Supervision Strategies

1. Utilize SAMSHA trauma informed framework
2. Have open and honest conversation about context and environment supervisee is working in
3. Name and explore power dynamics between supervisor and supervisee
4. Integrate conversations about social identities and social power of supervisee and client
5. Explore social justice actions as healing strategies
6. Foster reflexivity and critical consciousness in supervisee
7. Discussing current political context and its impact on supervisee and client
8. Discuss limits of agency and how that informs treatment planning
9. Discuss referrals as also a connection to advocacy and community organizing
10. Open and honest conversation regarding case load capacity for provision of quality care and service

Provider-Client Strategies

1. Creating client groups that develop a power analysis of common problems. Utilizing Freire's methodology of client's developing a shared definition of problem, consensus as to why problem developed, and then actions steps that clients will engage in to address problem.
2. Creating opportunities for clients to exert greater power in their lives through sharing information and decision-making power about services and interventions they receive.
3. Utilize trauma informed approaches with a power analysis.
4. Taking overt stances on issues of oppression, particularly around instances of trauma and the macro-social context.
5. Creating deep personal connections with clients.
6. Paying attention to and valuing acts of resistance clients engage in.
7. Sitting with discomfort and guilt related to privilege and rage and powerlessness related to oppression.
8. Fostering critical consciousness "process of continuously reflecting upon and examining how our own biases, assumptions, and cultural worldviews affect the ways we perceive difference and power dynamics" (Pitner & Sakamoto, p. 2) accompanied by action to address social injustice as providers and with clients.
9. Education, self-learning, and on-going dialogue in an effort to promote reflexivity and spaces for reflexivity (continual consideration of how values, social differences, and power relations affect interactions amongst clients, providers, and organization) across setting (supervision, staff meetings...).
10. Interventions
 - Life maps-examining one's identities, locations, and standpoints and how they are influenced by historical, socio-cultural, and political factors, and how they perceive how we understand ourselves and others.
 - Social identity wheels/profiles where we identify identities that are oppressed and identities that are privilege.
 - Naming stereotypes people have heard about different groups.
 - Engaging in experiential activities that allow one to engage with emotions, beliefs, and biases, as well as with intellect.
 - Journaling, writing in response to experiences/thoughts about power, privilege, and oppression.