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- Center Accessibility for all, please use microphones when speaking.

A Sacred, Communal Pause

How Racially Marginalized Youth Commitment to Healing Expands Understandings of Activism

Karen Nunez Sifuentes

Chanelle Jones Ahmed

Introductions

Karen Nunez Sifuentes

Programs Consultant at Convivir Colorado

Chanelle Jones Ahmed

Undergraduate Student University of Colorado, Denver

Voices of Healing

This collaborative project is the tangible manifestation of years of dreaming and organizing rooted in our commitments to young people and aimed at materialized transformations in our various walks of life. Our community-based research collective centers the lives and experiences of Black/African American, Latine, and Indigenous youth who are interested in the connectedness between activism, healing, and mental health.

Solicia Lopez   **Ben Kirshner**   **Lex Hunter**   **Bea Salazar Medina**

Voices of Healing Collective

Pair-share

When you hear the word "healing,"
what's the first thing that comes to
mind?

What can we learn from youth of color activists understandings of healing?

Literature Review

- We need more research that focuses on how communities of color prioritize healing, especially as we continue engaging in social movements to counter white supremacy.

- Various scholarship such as racial battle fatigue (Smith, 2004) and spirit-murdering (Love, 2016) examines the consequences of racialized oppression.

- Mental health crises are heightened for youth of color activists because of our often visible engagement in disrupting systemic oppression (Conner, 2023; Palomar et al., 2024).

- Youth activism literature is starting to make mental health and healing more central to research on the psychological consequences of activism (Frost, 2019).

- While there is growing theoretical literature on healing justice attributes, there are few empirical studies that highlight what healing and activism together might look like. Our scholarship explores the potentialities of integrating healing justice and activism with youth of color activists who participate and work in youth organizing contexts and contextualize how our mental health journeys inform our desires to prioritize healing.

Theoretical Perspectives

Critical Race Theory in Education

A social justice framework that works to contextualize and amplify how racism is an epidemic that impact one's material conditions in the United States (Ladson-Billings & Tate, 1985; Bell, 1992; Dixon, 2013).

Healing Justice

A political and spiritual framework grounded in communal care that fosters the envisoning of new worlds beyond our colonial contexts through centering the everyday, embodied healing and survival practices of racially marginalized communities as we journey towards eradicating oppressive systems (Ginwright, 2015; Page & Woodland, 2023).

Together these theoretical perspective inform our study design and analysis of how youth of color are understanding healing as an ongoing and urgent activist-oriented practice.

Methods

Research Design

- Youth of color activists (15-25 years old) from youth organizations from across the Colorado Front Range (Denver, Boulder, Aurora)
- Three high school students
- Two undergraduate students
- Three young adult organizational staff members
- Total 12 participants = youth of color activists + three VoH organizers self-identified:
  - Four Black/African-American, one Somali/African-American, one Latine, one Hispanic, one Arab, one East Indian/African, one self-identified as white, and one Native-Chicana

Participatory Action Research (PAR)

- PAR is an orientation to inquiry that values collaboration and knowledge production that emerges from communities whose lived experiences provide us with insights and as 'insiders' in the phenomenon being studied (Fine, 2017)
- Drawing inspiration from hooks (2015) who names that spaces of marginality are locations of unlimited possibilities we prioritized youth agency and experiential knowledge by asking the youth how the design and enactment of the study should unfold.
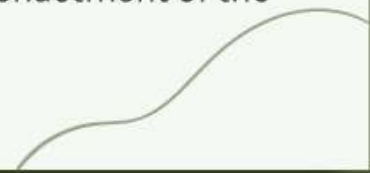
Data Collection

Meeting notes and self reflection prompts

Community interviews with trusted friends, colleagues, and family

Analysis

Phase 1:

Lex created initial codes from internal conversations and community interviews and brought them to PAR team for collectives sensemaking (this looked like drawing images to represent themes, clustering examples from the interviews thematically, and noticing the stories emerging.

Phase 2:

After the PAR cycle ended Lex invited the entire PAR team to co-write. Lex and Chanelle refined codes and developed a research question so this work reflects both the thematic processing of the PAR team and the continued analysis as co-authors. Voices of Healing organizers supported the sensemaking and the writing as it unfolded.

A Timeline of Our Stories, Our Healing

Kick Off Dinner

Build community through bread-breaking and discuss the aims of the PAR project

Personal Reflections

Meet in-person to reflect on discuss the role of healing in own lives

Co Creation of Interview Questions

Discuss community interview experiences, reflect on what was learned through the stories and experiences shared, identify shared themes that are emerging

Interview Share Outs

Discuss community interview experiences, reflect on what was learned through the stories and experiences shared, identify shared themes that are emerging

Co Design of Community Convening

Define aims of the community convening and respective roles" focus on creating a healing space for all who attend

Community Convening

Host convening, have fun, share stories and PAR experiences about healing and activism

Themes

Recognizing the barriers to healing

This theme surfaces the challenges racially marginalized communities face when trying to prioritize our mental health.

Disrupting personal & generational cycles of harm

This theme acknowledges that healing requires disrupting both personal and generational cycles of harm.

Creating communal opportunities for healing

This theme recognizes that in the context of our current systems, communities of color need sacred spaces for communal healing

Reflection

What stands out the most to you on this one-pager?

Is there a fact, number, or trend that really caught your attention? Why do you think it stood out?

Recognizing the Barriers to Healing

| 1 | 2 | 3 |

Financial Barriers

Finding a good match can be possible but the issue of affordability is tiresome.

Lack of Training

Due to the lack of representation, finding the feeling of being understood is troublesome.

Not like Us

Accommodating to the needs of racially marginalized communities are often unmet.

Writing Activity

Please fill out the journal space to fill out the prompts

X

1. Have you started your healing journey, if so what has that been like?

a. Do you feel like it has been a lonely journey?

1. If you haven't started your healing journey, is there something preventing you from starting the process?
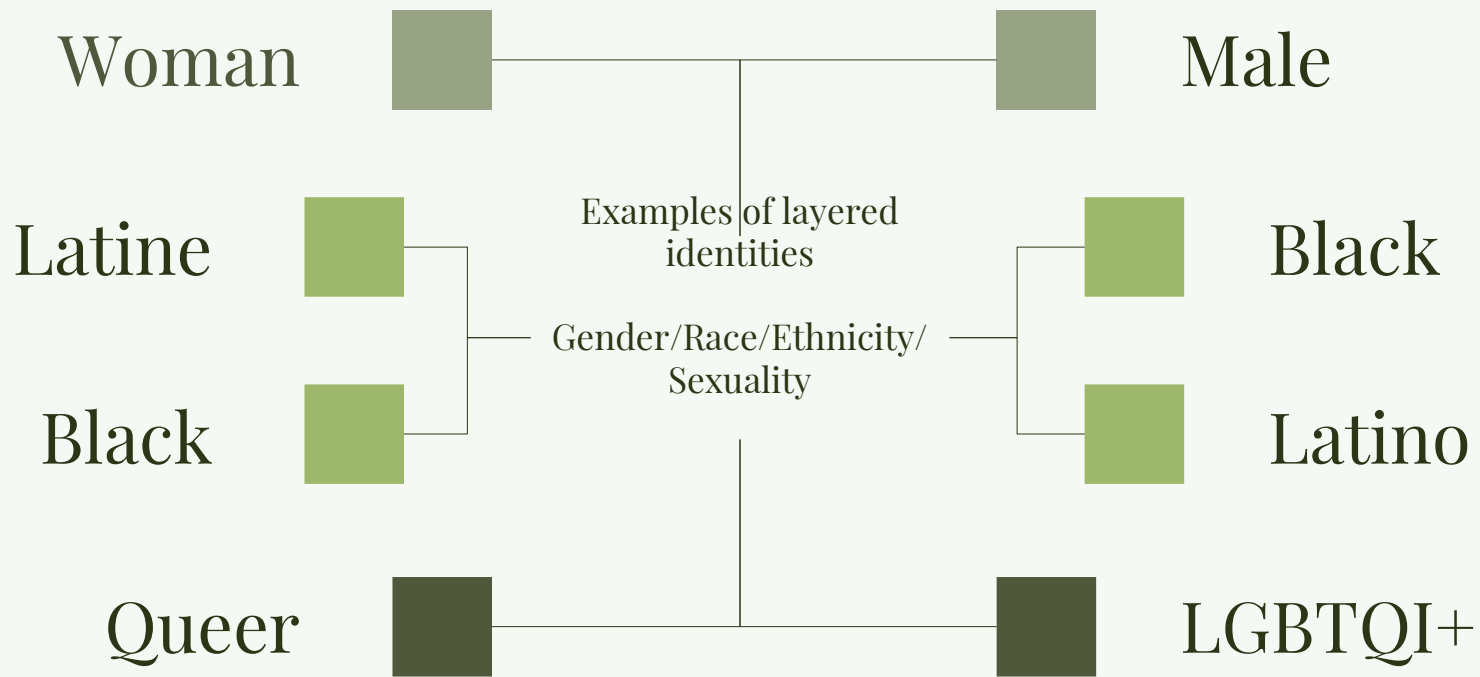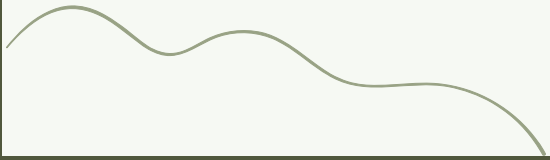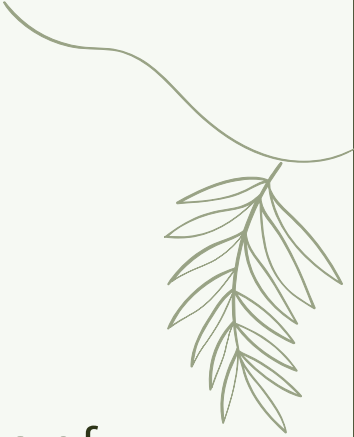
02

Disrupting Personal & Generational Cycles of Harm

"Since adolescence, we have been experiencing forms of trauma. Our ancestors also pass on their lived trauma through bloodlines, stories, and artifacts."

03

Creating Communal Opportunities for Healing

Development & Implementation

Through storytelling and community conversations, we learn to use healing practices in many different forms.

01

02

Reconnection

Being able to further explore ourselves in broader forms like artistic expressions and grounding methods

Importance of Sacredness

Holding these spaces for communities of color are needed and creates space for reflection.

04

03

Freedom Dreaming

Allowing space to historzing our experience and unpacking what guides us.

Discussion & Implications

By situating our conceptualization of healing in CRT and healing justice we reject orientations to healing that are not rooted in *ancestral (re)memory, self-actualization*, and understanding that collective progress should *reclaim/restore/build realities where all people and the natural world can thrive.*

Youth activism literature has tended to celebrate policy victories or mass demonstrations, however the youth of color activists name the importance of community spaces for processing and pausing as an important broader repertoire of social activism.

Our study emphasizes the need for prioritizing communal well-being in the research environment alongside research endeavors as our understandings of healing can and should inform design and how we integrate research practices

Conclusion

Youth of color activists experiences and the themes that emerged from the PAR team underscore the urgent need for structural transformations and ultimately the dismantling of white supremacy.

The themes also display that amidst systemic violence, communities of color are intervening and creating moments of pausing that are grounded in relationality and communal care, which sustains our capacities to organize for systems change.

Youth of color activists are positioning healing as invitations to center our dignity through resting, recovering, and processing alongside advocating as both are integral to our survival.

References

Love, B. L. (2016). Anti-Black state violence, classroom edition: The spirit murdering of Black children. *Journal of Curriculum and Pedagogy*, *13*(1), 22-25.

Lynn, M., & Dixson, A. D. (2013). *Handbook of critical race theory in education*.

Conner, J. O., Crawford, E., & Galioto, M. (2023). The mental health effects of student activism: persisting despite psychological costs. *Journal of Adolescent Research*, 38(1), 80–109. https://doi.org/10.1177/07435584211006789

Fine, M. (2017). *Just research in contentious times: Widening the methodological imagination.* Teachers College Press.

Frost, D. M., Fine, M., Torre, M. E., & Cabana, A. (2019). Minority stress, activism, and health in the context of economic precarity: Results from a national participatory action survey of lesbian, gay, bisexual, transgender, queer, and gender non-conforming youth. American Journal of Community Psychology, 63(3–4), 511–526. https://doi.org/10.1002/ajcp.12326

Ginwright, S. A. (2015). Radically healing Black lives: A love note to justice: Radically Healing Black Lives. *New Directions for Student Leadership, 2015*(148), 33–44. https://doi.org/10.1002/yd.20151

Page, C., & Woodland, E. (2023). *Healing justice lineages: Dreaming at the crossroads of liberation, collective care, and safety*. Findaway World.

Palomar, M., Jones, A., & Kirshner, B. (2024). Movements forward: Finding healing through activism. In (J. Conner (Ed.) *Handbook on Youth Activism* (pp. 257-271). Edward Elgar Publishing.

Smith, W. A. (2004). Black faculty coping with racial battle fatigue: The campus racial climate in a post-civil rights era. *A long way to go: Conversations about race by African American faculty and graduate students*, *14*(5), 171-190

Thanks!

Stay Connected!

Karen's LinkedIn

Our Website

Chanelle's LinkedIn

CU Social Justice Summit
Inclusive Leadership & Belonging

SESSION TWO: 11:50AM
EQUITY IN RESEARCH, TEACHING, AND SCHOLARSHIP

LGBTQ-WHAT?: WORKSHOPPING INCLUSIVE RESEARCH PRACTICES, DATA PRIVACY, AND PARTICIPANT SECURITY FOR LGBTQIA+ COMMUNITIES
Taryn Bogdewiecz (they/them)
Kendra Hutchens, PhD, (She/Her/Hers)
Steven Burton, MPH, (They/Them/Theirs or He/Him/His)
Laurel Beaty (She/Her)

University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

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LGBTQ+ What?: Workshopping Inclusive Research Practices, Data Privacy, and Participant Security for LGBTQIA+ Communities

CU Justice Summit 2024

Facilitators Introduction

Taryn Bogdewiecz

(Xe/Xem/Xyrs or They/Them/Theirs)

Research Services Senior Professional, University of Colorado Department of Family Medicine

Laurel Beaty, MS

(She/Her/Hers)

Research Instructor, Department of Biostatistics and Informatics

Steven Burton, MPH

(He/They)

Program Manager for the LGBTQ+ Hub

Kendra Hutchens, PhD

(She/Her/Hers)

Co-Director of Research in Pediatric and Adolescent Gynecology

Group Norms

Be Smarter Than Your Phone

Questions, Questions, Questions

Confidentiality & Sharing Lessons

Laugh Out Loud

Share the Airtime

Reserve the Right to Change Your Mind

Workshop Agenda ~ 50 minutes

- Introduction (~10 minutes): Overview of the workshop's goals and structure

- Small Group Discussions (~30 minutes):
  - Breakout rooms divided by topic: Research, Clinical Work, Teaching, Student Advocacy & Activism
  - Case studies and scenarios for LGBTQ+ inclusion

- Closing Discussion (~10 minutes): Group reflections and Q&A

We Are All At Different Points In Our Learning Journey

Becoming a Health Equity Champion

I avoid hard questions

I seek out questions that make me uncomfortable

I sit with my discomfort

Fear Zone

I mostly talk to others who look and think like me

Learning Zone

I listen to others who look and think differently than me

Growth Zone

I yield positions of power to those otherwise marginalized

I deny racism and oppression are problems

I recognize that racism and oppression are current problems

I speak out and act when I see racism and oppression in action

From: surgeryredesign.com

Equality

Equity
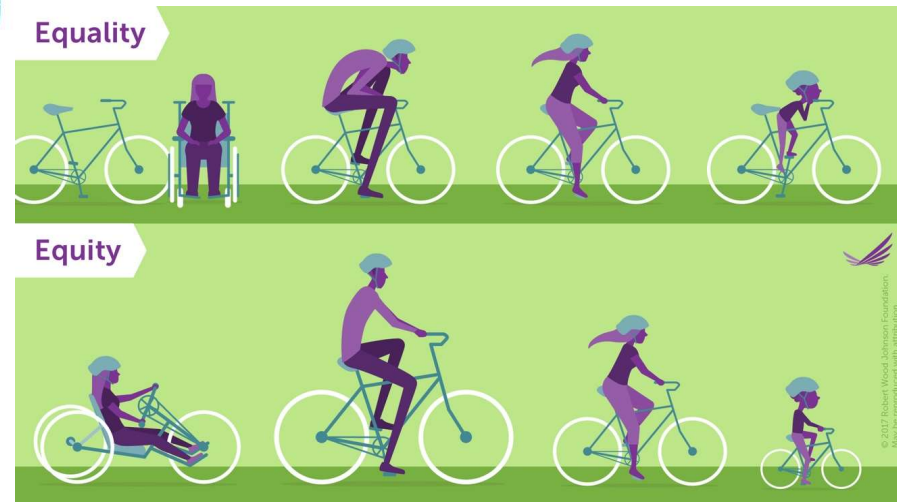
Baseline LGBTQ+ Language

Concept	Question It Answers	Examples
Sex	What are the biological attributes?	Female, Male, Intersex
Gender	How do I see myself and express my identity?	Woman, Man, Nonbinary, Genderqueer, etc.,
Sexual Orientation	Who am I attracted to?	Straight, Gay, Lesbian, Asexual, Bisexual, etc.,

Case Studies – How to Use

❖We have provided you with two case study examples on the printed & digital document.

    ❖Zoom Attendees: This document has been uploaded into the chat.

❖Please take a moment to review these case study examples with your team.

    ❖You can choose to work through one of these cases as a team if there isn't a case that y'all brought to this session that you'd like to work through.

    ❖You can use these case studies as an example of how to work through one that you brought with you to this session from your own work/life experience.

❖On the Case Study document we have also included some questions for you to ask as you work through a case with your team.

Small Group Instructions

❖ **Participants will self-identify their topic**
  ❖ If smaller groups are needed, facilitators will count off to randomly assign group members.

❖ **Breakout Group Topics - Each group focuses on one of the following:**
  ❖ Research
  ❖ Clinical Work
  ❖ Teaching
  ❖ Student Advocacy & Activism

❖ **As a group, decide if you want to use a provided case-scenario, or if you want to use one of your own.**

❖ **Work through your case study using Background, Challenge, and Response as a formatting structure.**

❖ **Assign a Note Taker - Group lessons learned & summaries will be shared out at the end of group discussions.**

Online Breakout Room Logistics

❖ How to Join: Assignment into rooms based on interests.

❖ Group Roles: Each group selects:

   ❖ A note-taker for key points

   ❖ A spokesperson for the report-back session – We will have a digital form for you to add to.

   ❖ We will collect all small groups notes – please post a notes document to chat for us to collect.

❖ Breakout Sessions: [~30 minutes]
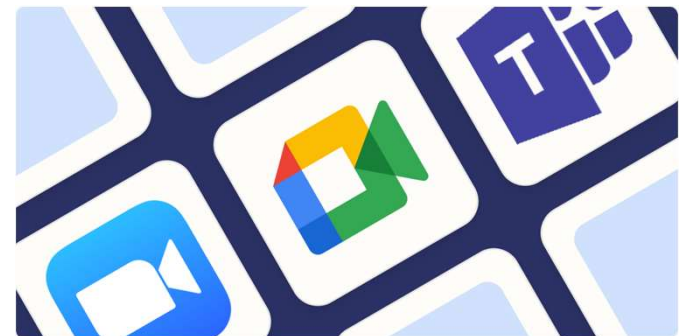
Share Out

Please scan this QR Code (link will be sent via zoom chat) to provide us with a couple outcomes you would like to share with the group:

❖https://www.menti.com/al937hvhc7zj
  o Menti.com, code 2985 2454

❖What did you learn?

❖How would you summarize your results and outcomes?

❖What else do you think would be important to share?

Q&A

In Person – Please raise your hand or politely signal to facilitators that you have a question.

Zoom – Please use the "Raise your Hand" button for any questions, or enter questions into chat.
- We will do our best to get to as many questions as we can during this time
- Conversations and questions can continue into the lobby if facilitators are available, or feel free to reach out to our contacts on the next slide.

Contacts and Resources

Contact one of our DEIA Teams:

- DFM.DEI@cuanschutz.edu - Monitored by Taryn's Team
- Lgbtqhub@cuanschutz.edu - Monitored by Steven's Team

Campus Resources

CU Anschutz:

Office of Diversity, Equity & Inclusion: https://www.cuanschutz.edu/offices/diversity-equity-inclusion-community

LGBTQ+ Hub:

https://www.cuanschutz.edu/offices/diversity-equity-inclusion-community/programs-and-initiatives/lgbtq-hub

Department of Family Medicine DEIA:

https://medschool.cuanschutz.edu/family-medicine/Diversity-and-Health-Equity

CU Denver: https://www.ucdenver.edu/offices/diversity-and-inclusion

CU Boulder DEI: https://www.colorado.edu/dei/resources

UCCS: https://dei.uccs.edu/

CU Social Justice Summit
Inclusive Leadership & Belonging

**LUNCH BREAK
ENT CENTER LOBBY**

SESSION THREE STARTS AT 1:30PM

University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

CU Social Justice Summit
Inclusive Leadership & Belonging

SESSION THREE: 1:30PM
MENTAL HEALTH, WELLNESS, AND SELF-CARE

RECOVERY FRIENDLY WORKPLACE TRAINING FOR LEADERS, SUPERVISORS & MANAGERS
David Shapiro (he/him)
Dr. John Narine, DBA, CEAP (he/him)

University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

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RECOVERY FRIENDLY WORKPLACE

**Workplace Supported Recovery
Colorado's RFW Initiative**

Colorado Springs, Colorado
October 8, 2024

Center for Health, Work & Environment
Colorado School of Public Health

One of ten national Centers of Excellence for Total Worker Health® and one of 18 national centers for training occupational health and safety professionals at the Colorado School of Public Health.

Our Mission:
Our mission is to advance worker health, safety, and well-being.

Our Vision:
We envision a world in which every worker has a safe, healthy workplace.

We acknowledge the critical role employers hold in elevating the importance of mental health in the workplace.

We aim to address the national mental health crisis and substance use epidemic.

Colorado Recovery Friendly Workplace Initiative™ Partners

Colorado Consortium for Prescription Drug Abuse Prevention
CU Depression Center
Recovery Friendly Leader

Based at the University of Colorado Anschutz Medical Campus in Aurora, Colorado

COLORADO CONSORTIUM
for Prescription Drug Abuse Prevention

Center for Health, Work & Environment
colorado school of **public health**

Disclaimer

The information provided in this training is for general educational purposes only and does not substitute for professional mental health or substance use advice. If you believe you or another individual is suffering a mental health crisis, substance use disorder, or other medical emergency, contact 911.

This training is for the convenience of the University of Colorado Social Justice Summit and should not be relied upon as advice or guidance. We recommend reaching out to a qualified mental health professional or substance use counselor before acting on or using this information. The Colorado School of Public Health, and our associated representatives are not liable for risks or issues associated with using or acting upon the information provided.

COLORADO CONSORTIUM
for Prescription Drug Abuse Prevention

Center for Health, Work & Environment
colorado school of **public health**

The Impact of Substance Use Disorders & Recovery
- David Shapiro

How to Be a Recovery Friendly Leader
- Dr. John Narine

Discussion

Agenda

Definitions

Substance Use: A reasonable ingestion of a substance such as alcohol or prescription medication, for a clearly defined beneficial purpose, that is regulated by that purpose

Problematic Substance Use: Inappropriate use of a substance, such as alcohol, use of an illegal drug, or misuse of a prescription medication or over the counter medicine
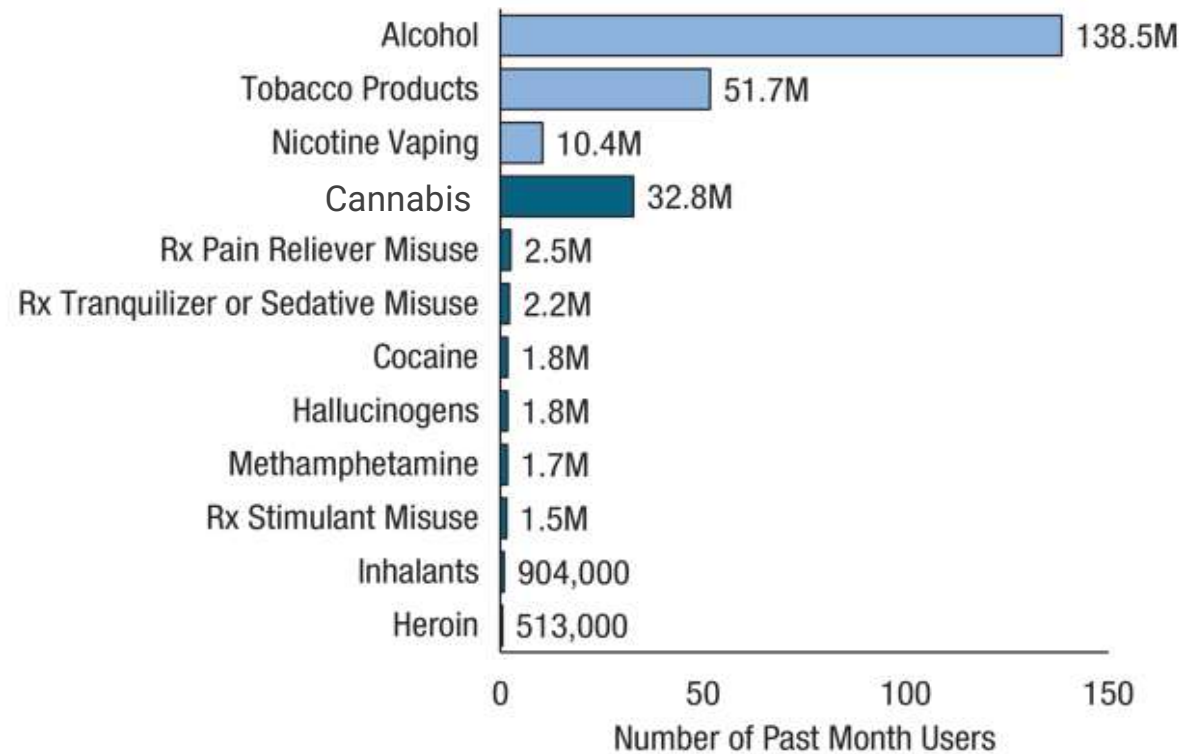
Substance Use Disorder: The clinical term used to diagnose recurrent use of alcohol and/or other substances that leads to a spectrum of harmful consequences, including impairment, health problems, and/or failure to meet major responsibilities at work, school, or home.

Addiction: The common term used when substance use or other behaviors (gambling, eating, shopping, sex, etc.) become compulsive, uncontrolled, and continue despite negative consequences. Related to substance use, "addiction" is clinically considered a "severe substance use disorder" and is a disorder that can be treated/managed effectively.

Treatment: Education, counseling, structured treatment programs, and recovery programs designed to overcome alcohol or substance misuse or a disorder

Recovery: A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Trends in Substance Use: Psychoactive Substances

Alcohol 138.5M
Tobacco Products 51.7M
Nicotine Vaping 10.4M
Cannabis 32.8M
Rx Pain Reliever Misuse 2.5M
Rx Tranquilizer or Sedative Misuse 2.2M
Cocaine 1.8M
Hallucinogens 1.8M
Methamphetamine 1.7M
Rx Stimulant Misuse 1.5M
Inhalants 904,000
Heroin 513,000

Number of Past Month Users

Alcohol and **Nicotine** remain the most used/misused substances in the US.

Cannabis is #3.

2020 National Survey on Drug Use & Health Data (12 y.o. and older)

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Trends in Substance Use: Race & Ethnicity
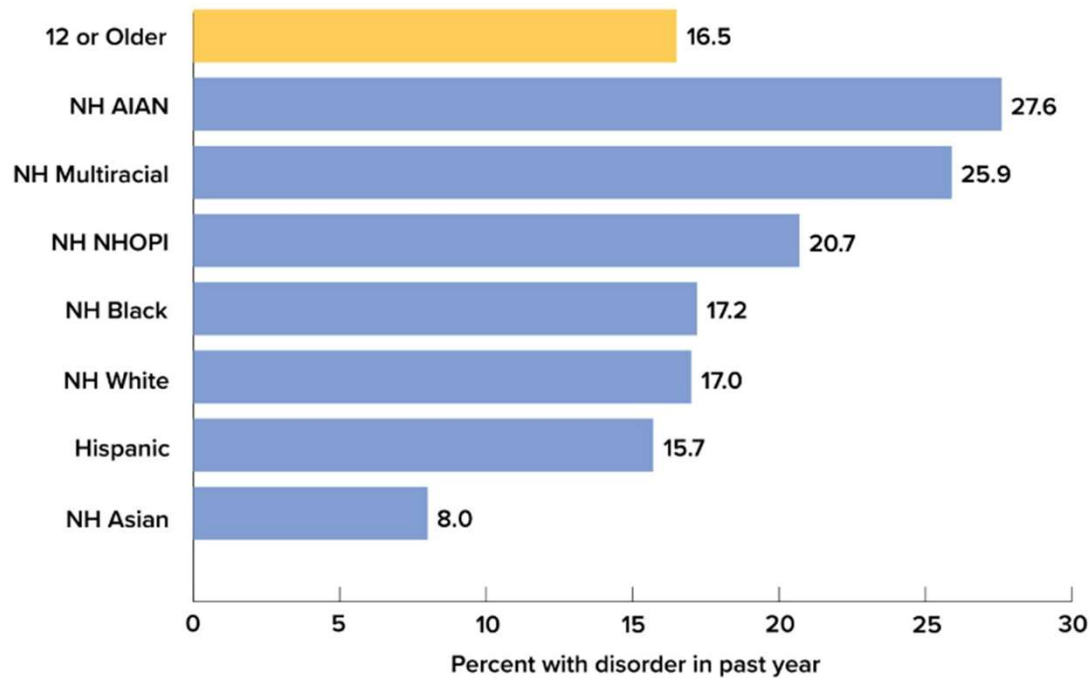
AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino;
NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander

Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Drug Survey on Drug Use and Health. SAMHSA. 2021.

In 2021, the percentage of people aged 12 and older who had experienced a SUD in the past year was higher among American Indian or Alaska Native (27.6%) or multiracial people (25.9%) than among Black (17.2%), White (17%), Hispanic (15.7%), or Asian people (8%). The percentage of Asian people with SUD was the lowest of all racial or ethnic groups.

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The Issue: Overdose

Workplace Unintentional Overdose Deaths 2011-2022											
2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
73	65	82	114	165	217	272	305	313	388	464	525

619% Increase Since 2011

Overdoses Account for 9.6% of All Workplace Deaths

Why should we focus on the workplace?
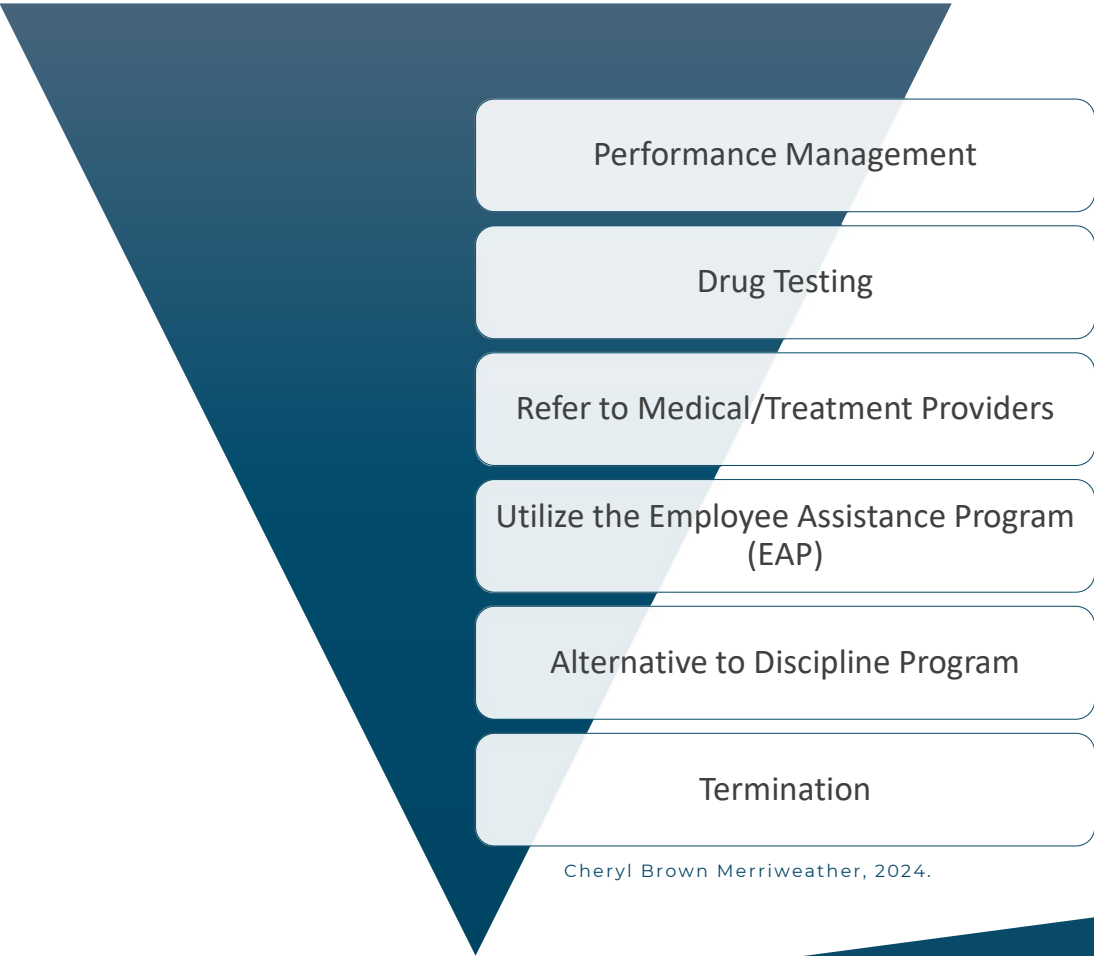
People spend a lot of time at work.

Substance use in the workplace is widespread.

Untreated substance use disorder is very costly to employers.

Adopting RFW policies and practices is good for business and good for employees.

Cheryl Brown Merriweather, 2024.
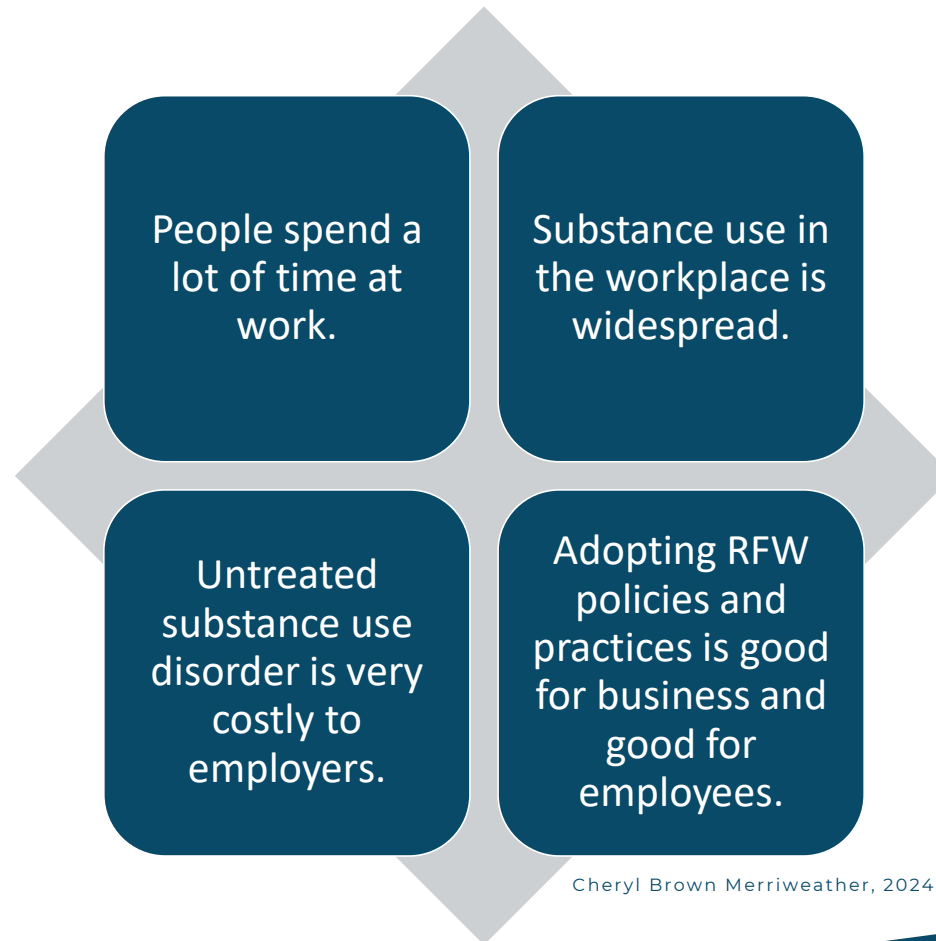
Traditional HR Responses to Substance Misuse in the Workplace

- Performance Management
- Drug Testing
- Refer to Medical/Treatment Providers
- Utilize the Employee Assistance Program (EAP)
- Alternative to Discipline Program
- Termination

Cheryl Brown Merriweather, 2024.

Recovery Friendly Workplace – Definition(s)

National Recovery Friendly Workplace Institute:

A place of work in which the employer establishes, maintains, and continually enhances policies, practices, and a culture and work environment that are inclusive and supportive of current and prospective employees in recovery from, or otherwise affected by, SUDs.

Colorado Recovery Friendly Workplace Initiative:

An organization that uses evidence-based policies and practices to unite the entire organization by recognizing recovery from addiction as a strength and by being willing to work intentionally with people in recovery.

A Recovery Friendly Workplace is...

Knowledgeable
- Uses information, tools, and resources about SUD and recovery to help employees effectively prevent and respond to substance use in the workplace.

Aware of stigma
- Completes SUD and recovery education, discussion, and training to address and challenge that stigma.

Equitable
- Drafts procedures and policies that treat SUDs and recovery as any other chronic health conditions are treated.

Supportive
- Helps employees find or maintain recovery and provides resources for their loved ones.

Compassionate
- When there is a need for support services, whether for individuals or their loved ones, that eliminates some of the fear with coming forward.

Certified

Workplace Supported Recovery

| Hurtful Language (*old*)	Helpful Language (*new*)
Addict, alcoholic, junkie, drunk	Person with a substance [alcohol, opioid, et.] use disorder
Abuse, drug problem, "addiction"	Substance use or substance misuse
Relapse, "fell off the wagon"	Return to use, recurrence of use
"Dirty" or "clean" lab results	Positive or negative lab results
Detox	Withdrawal management
Drug offender, criminal, prisoner, parolee	Person involved with criminal justice, person currently incarcerated/formerly incarcerated

Words Matter

Language is Key

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Skills and Traits of Individuals in Recovery

Reliability	Resilience	Attention to Detail
Safety Consciousness	Teamwork	Problem Solving Skills

Companies in Colorado have an opportunity to become employers of choice for individuals in recovery, helping these talented individuals succeed in long-term recovery.

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RFL
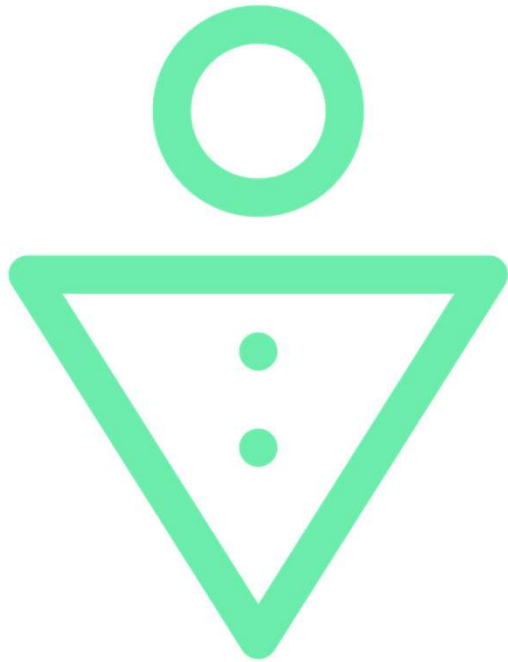
RECOVERY FRIENDLY LEADER

THE PROGRAM: RECOVERY FRIENDLY LEADER

Founded on research, lived experience, and recognized by the U.S. Department of Labor's Recovery Ready Resource Hub as a resource for employer training, Recovery Friendly Leader (RFL) offers training that empowers leaders with solution-based strategies to support employees impacted by substance use and promote safer, healthier, and more productive workplaces. Specific topics include, but are not limited to, how to:

- Identify warning signs with reasonable concern

- Proactively and effectively address substance use in the workplace

- Hold appropriate conversations with boundaries

- Familiarize employees with resources

- Help employees believe that it is ok to come forward and ask for help

- Encourage employees in recovery to remain healthy and productive

RFL
RECOVERY FRIENDLY LEADER

WHAT IS A
RECOVERY FRIENDLY LEADER?

RFL

RECOVERY FRIENDLY LEADER

An RFL is someone who:

- Can support employees (i.e. Supervisor, manager, director, HR, CEO, etc.)

- Increases their knowledge of substance use, addiction, and recovery

- Enhances their ability to connect with and support employees

- Positively influences employee health, well-being, and performance

RFL
RECOVERY FRIENDLY LEADER

RECOVERY FRIENDLY LEADER

An RFL is someone who:

- Works in an organization that is supportive of recovery and well-being (i.e. Recovery Friendly Workplace):

  - Policies that protect employees and keep the organization safe

  - Provides Resources & Accommodations

  - Promotes a Culture of Understanding and Inclusion

RFL
RECOVERY FRIENDLY LEADER

RECOVERY FRIENDLY LEADER

An RFL is someone who:

• Will practice the recovery-oriented solutions

RFL
RECOVERY FRIENDLY LEADER

Build Personal Connection Through Vulnerability

MINIMIZING FEAR

ENCOURAGING HONESTY AND VULNERABILITY

ACTIVELY LISTENING

EXTENDING EMPATHY

SHARING RELATABLE EXPERIENCES

RFL
RECOVERY FRIENDLY LEADER

Minimizing Fear

Minimizing Fear

Factors that can reduce fear:
- Set the example that this is ok to do
- Policies that are not punitive in nature and tone
- Policies that are clear or well understood on what protections employees have in the workplace
- Inclusive/non-discriminatory environment, language, and culture
- "Open-door" or welcoming leadership style

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What are some factors at your workplace that could cause employees to be afraid to talk about their recovery?

What are some things you can do to help employees not be afraid to talk about their recovery at your workplace?

Encouraging Honesty and Vulnerability

Reassure employees that we are providing a safe environment where they can feel comfortable enough to express their truth.

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Active Listening

Maintain Focus

Ask Questions

Paraphrase

Extending Empathy

Sharing Relatable Experiences

EMPLOYEE	SHARED PERSPECTIVE/EMOTION	MANAGER
"I'm really upset it's taking me this long to get sober. I should know better by now."	Angry, Beating-up Self, Self-doubt	"I remember when I was diagnosed pre-diabetic and still couldn't resist sugar. Now, I have to check my blood sugar every day, and I was kicking myself for not changing my diet like I should've."
"I can't believe I called off work on Monday because I drank too much."	Embarrassed, Shame	"You know, at my previous job a few managers got together to watch the Super Bowl Sunday night, and I ended up calling off Monday "sick" too."
"I'm doing my best with my new sponsor. This is all so new to me, and he's kind of hard on me. I hope he sees that I'm really trying."	Insecure, Afraid, Vulnerable	"When I got this position as your manager, the director wasn't too sure if I would make it. I didn't think he believed in me. But, I did the best I could anyway, and I'm so happy I did!"
"I just don't understand why this had to happen to me…my parents never even drank when I was growing up."	Resentful, Punished, Alone	"For 3 years, I was getting in trouble at all my jobs for outbursts I had at work. Finally, I found out I was bipolar, and I was so angry when I found out I had to take medication. I kept asking "Why me?""

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Scenario

Sofia has worked for the company for several years and has had a great connection with everyone on the team. Everyone is aware that Sofia is sober and knows her to be on time and never leave without finishing her duties. So, when Sofia called off work sick on Monday, there was no suspicion or concern that it was due to substance use. No one knew that Sofia was experiencing conflict with her family which brought up unresolved trauma from her childhood, and after work on Friday, Sofia went home to drink and use drugs to numb the pain.

On Tuesday, Sofia comes to work and see her manager alone in the office. She wants to tell her manager the truth but is scared that she may get fired.

How would you encourage honesty and vulnerability?

Contact Info

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Center for Health, Work & Environment
colorado school of **public health**

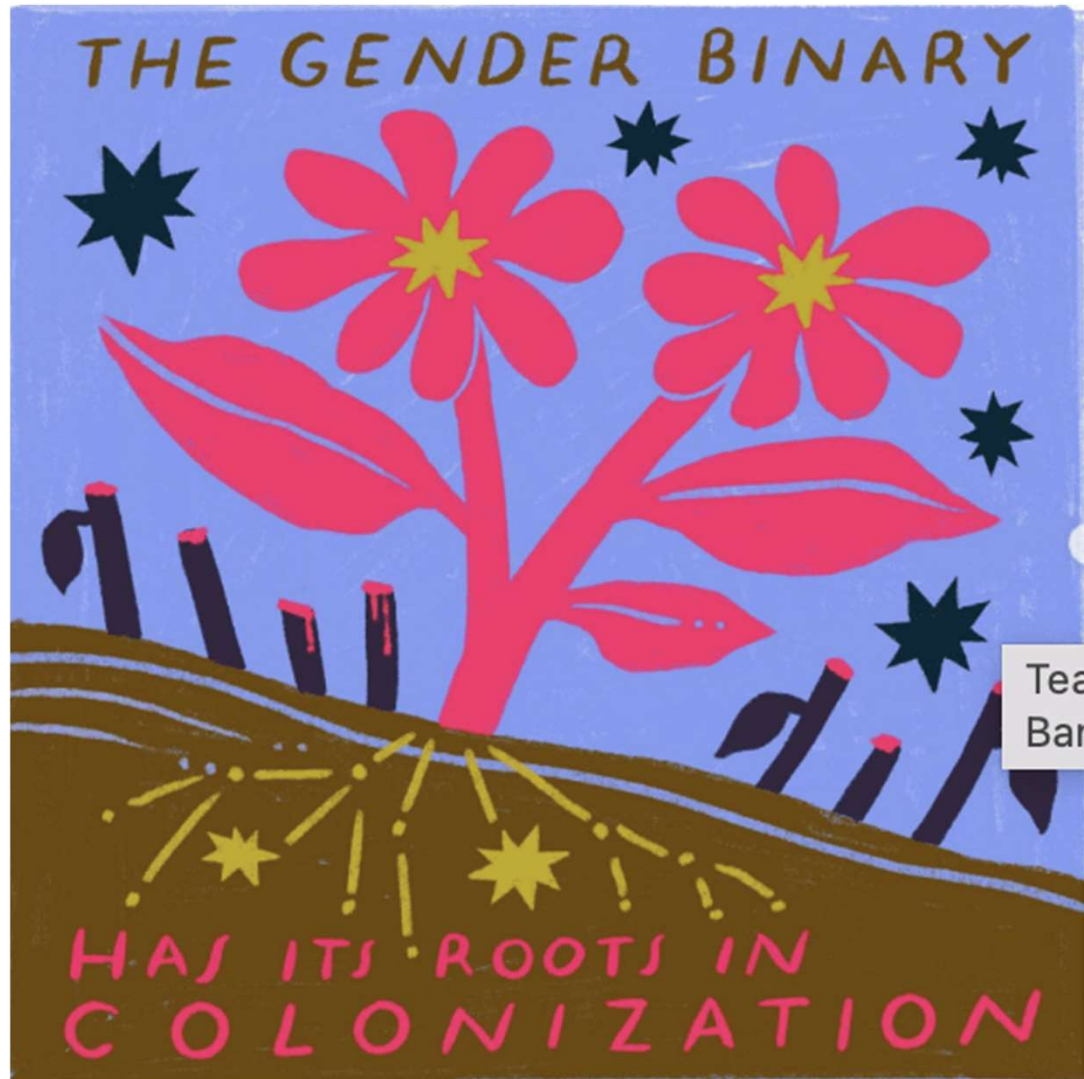**RFL**
RECOVERY FRIENDLY LEADER

Community Guidelines

- Aim to use "I" statements and share only your personal experience.
- Recognize, question, and lean into your learning edges/discomfort.
- Participate to the fullest of your ability, community growth depends on the inclusion of every individual voice.
- Remember that ideas and opinions can be fluid. Challenge the Idea, not the Individual.
- Assume best intentions; Embrace accountability for your impact.
- Seek to understand and respect diverse opinions.
- Share the time so that everyone who wishes to share gets an opportunity.
- Stories stay, lessons leave.
- Challenge by choice. Practice self-care and exercise grace for yourself and others.
- Center Accessibility for all, please use microphones when speaking.

Intersectional Approaches to Gender-Affirming Student Support

Sarah Haueisen (they/them)
Rachel Goold (she/her)

CU Boulder, Counseling and Psychiatric Services

Positionality:
Clarifying how our own identities and experiences relate to our work

Defining Terms

Transgender/Gender Diverse (TGD)

- Based on WPATH guidelines but not all-encompassing

Gender-affirming care

- Social, psychological, behavioral, and medical interventions designed to support and affirm an individual's gender identity (World Health Organization)

Intersectionality

- Framework for exploring the way multiple forms of marginalization may impact an individual's experiences
- "Intersecting patterns of racism and sexism" (Crenshaw, 1991) in discussing violence against Black women

Whiteness

- *Whiteness* is the overt and subliminal socialization processes and practices, power structures, laws, privileges, and life experiences that favor the White racial group over all others (Helms, 206; 2017; Feagin, 2017)

Why Discuss Intersectionality in Gender-Affirming Student Support?

- Multiple Minority Stress (Meyer, 2003; 2015; McConnell et al., 2018)
- Relevance of shifting salience of social identities depending on context (Roberts et al., 2023)
- Racial melancholy (Munoz, 1999)
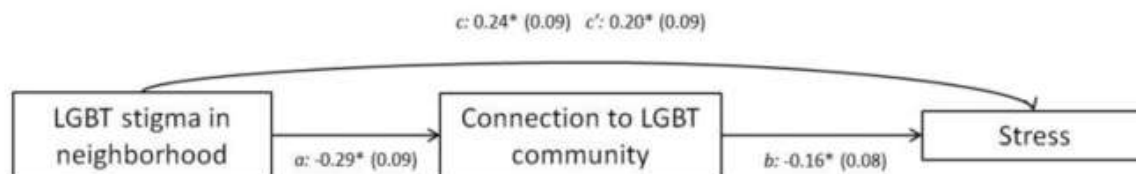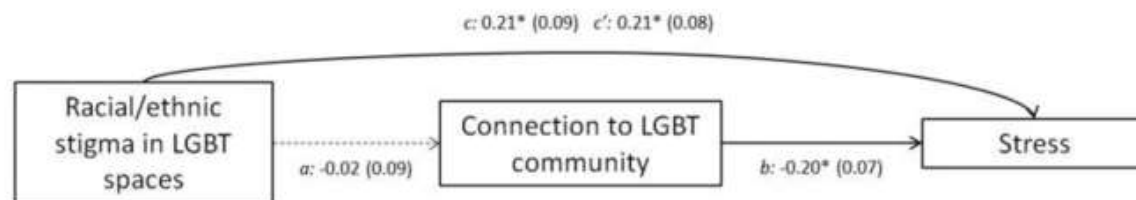
Racial Disparities within TGD Populations

50% of USTS respondents experienced some form of mistreatment by a healthcare provider in the past year, including 68% of USTS respondents of color

6.7% of Black USTS respondents were living with HIV, 5x higher than the general USTS respondent rate (1.4%)

21% of Latiné USTS respondents were unemployed, compared to 7% of Latiné people in the US

TGD students of color are more likely to report feeling marginalized within LGBTQ+ campus groups as compared to their White peers (Day et al., 2024)

Queer students of color report racism within campus LGBTQ+ groups (Blockett, 2017; Vaccaro & Mena, 2011)

How Does Whiteness Present in Gender-Affirming Student Support?

- **Institutional Whiteness**
  - CU Boulder's Transcare Team & working within a PWI
  - Shaping of medical and academic systems, policies
- **Lack of representation in research and practice**
  - Most research on TGD people in the U.S. has been conducted with White, middle to upper class trans people (Stryker, 2006)
  - White Western forms of healing are prioritized over other, evidence-supported forms of healing such as community engagement (Singh, 2013)
  - Ignorance of specific cultural stress related to gender expression (Arvind et al., 2022)
  - Little research on specific populations of trans students such as Native/Indigenous TGD people and neurodivergent trans people (Goetz et al., 2024)
- **Centering of Whiteness in LGBTQ+ spaces**
  - Many TGD people of color feel that LGBTQ+ spaces center around white, cisgender, young, gay men (Pulice-Farrow et al., 2023)
  - Resources for TGD students influenced by institutional Whiteness (e.g., access to inclusive housing resources, Niccolazo et al., 2018)

How can we deconstruct Whiteness in gender-affirming student support?

Reflections from our work and the work of colleagues

Critical Self-Reflection

Art by Meg Emiko

- Exploration of one's own privileged and marginalized identities, experiences, power, and socialization
- Analysis of potential impact of these items
- Ongoing evaluation of our own interactions with systems
- Use of self & disclosure
- Explicit discussion of identities
- Incorporate changes when you receive feedback (environment, behavior, language)

Building Our Knowledge Base

- Familiarize yourself with resources, including the Pride Office, Rocky Mountain Equality, Trans Center of the Rockies
- Familiarize yourself with institutional barriers TGD people of color face
- Understand the influence of discrimination, stigma, and violence on mental health
- Familiarize yourself with interventions related to these concepts
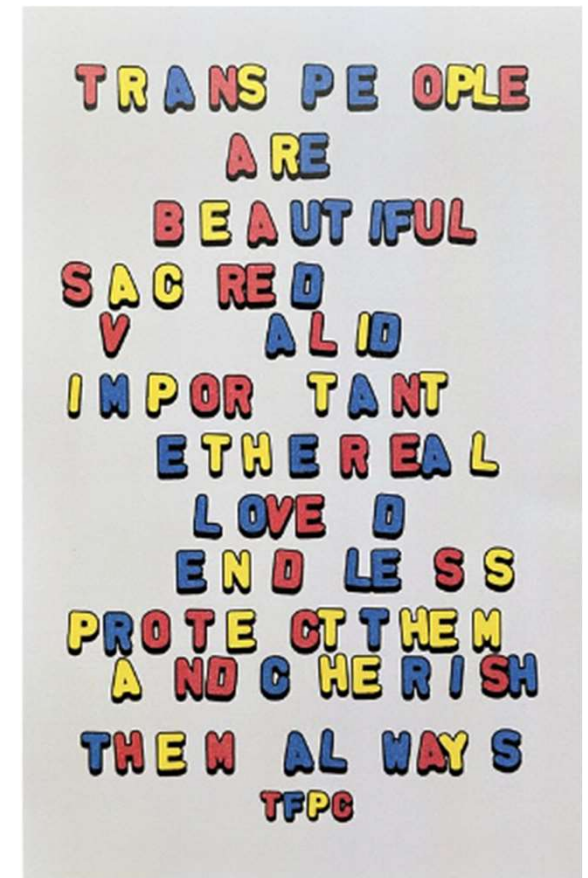- Consult; be collaborative & willing to work with others

Advocacy and Resilience

- Making appropriate referrals
- Advocating for intersectionality in processes, policies, and procedures
- Critically evaluating academic training & evaluation tools
- Engaging in broader change efforts (local, regional, state, federal legislative processes)
- Reconnecting with trans liberation movements
- Advocacy & community engagement
- Resourcing

Demonstrating Competence to Students

- Encourage connection to social support (use the resources you got familiar with!)
- Support clients in considering pre-operative and peri-operative experience. Help with practical considerations and assess needs
- Do not assume mental health concerns are related to TGD identity
- Incorporate changes when you receive feedback (environment, behavior, language)
- Destigmatize normative responses to oppression!
- Seek to understand and invite exploration of other intersecting aspects of identity
- Acknowledge & rectify limitations in knowledge

TRANS PEOPLE
ARE
BEAUTIFUL
SACRED
VALID
IMPORTANT
ETHEREAL
LOVED
ENDLESS
PROTECT THEM
AND CHERISH
THEM ALWAYS
TFPC

Art by Bailey Sell

Discussion

What are two things you can do to improve your ability to provide intersectional support to TGD students in your role on campus?

Resources

- **Professional**
    - US Trans Survey
    - Clinician's Guide to Gender Affirming Care
    - APA Guidelines for Psychological Practice with TGNC People
    - WPATH
- **Books**
    - Transgender History by Susan Stryker
    - Advising Lesbian, Gay, Bisexual, Transgender, and Queer College Students by Kristen A. Renn
    - Critical Whiteness Praxis in Higher Education by Zak Foste and Tenisha L. Tevis
    - Death of Vivek Oji by Akwaeke Emezi
    - Even this Page is White by Vivek Shraya
- **Creators/Scholars**
    - Alok Vaid Menon
    - Charlie Amáyá Scott

Please contact us for references, questions, or to connect!

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CU *Social Justice Summit*
Inclusive Leadership & Belonging

**CLOSING: 3:40PM
IN SHOCKLEY ZALABAK 105A**

ASHLEY CORNELIUS
Pikes Peak Poet Laureate

University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus