

## CASE STUDY

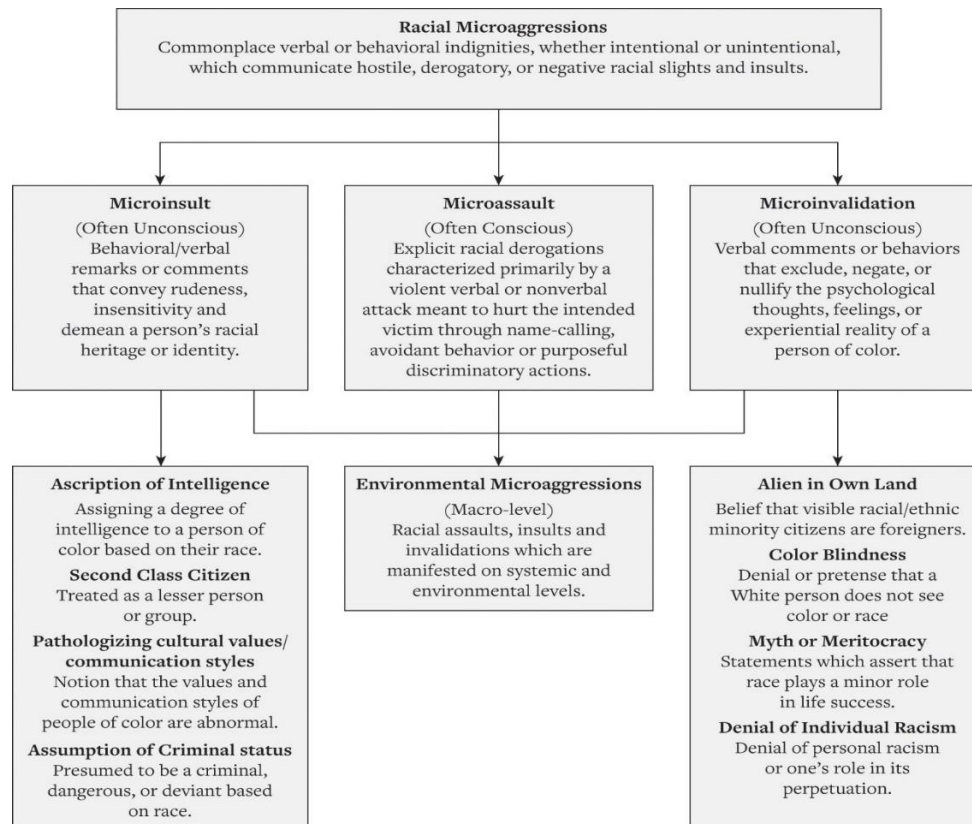
Karl is a 28-year-old, married, heterosexual, African American male who is attending a 6-week alcohol awareness psychoeducational group for those with an operating while intoxicated (OWI) driving conviction. Karl was arrested and charged with possession of marijuana and OWI. He had a blood alcohol level (BAL) of 0.09. He indicated during his first group session that he was pulled over for “going too slow” in a downtown area that is predominately African American, which was “suspicious” activity according to the officer. Karl told the group that he was targeted for “driving while Black,” and therefore, he refused the breathalyzer at first as he did not believe there was probable cause to pull him over. When Karl asked the officer to let him go or charge him with a crime, the officer put him in the back of his police vehicle while he searched Karl’s car. He arrested Karl with possession of marijuana (a joint was in the console) and then charged him with OWI after his BAL was obtained later. Karl has no history of criminal involvement or SUD. He reportedly had four, 12-ounce beers (5% ABV) in a 3-hour period on the night of his arrest. He indicates smoking cannabis once a week. The marijuana charge was dismissed as part of his plea deal to the OWI. The requirements of his 9-month probation include completion of this outpatient group (which requires individual counseling sessions as well), attendance at a victim impact panel in the community, and participation in monthly visits with his probation officer.

The group is open, with new members joining each week. The facilitator, Annie, is a White female in her mid-50s. There are six to eight members that attend each week and Karl is one of two African American men. There is a 22-year-old, White female in the group. The rest of the members are White men. Dave, a 58-year-old White male who was new to the group, shared the details of his OWI and probation requirements. After the introduction, Karl stated that he noticed differences among the group members. Specifically, he pointed out differences in the severity of the drinking and driving incidents, their experiences with the police, and the probation requirements. He indicated that most of the White group members had either a 3- or 6-month duration of probation and they did not need to physically check in with their probation officers each month—only by phone call. He also talked about the higher BALs and the fact that some of the members also had previous criminal involvement.

Karl pointed out that Dave was arrested after he hit someone else’s car with a BAL of 0.21; however, Karl was “pulled over for not going the speed limit.” Karl and Dave both have 9 months of probation. One of the group members, Adam, responded with “Dave didn’t have weed in the car though and the cop probably thought you were trying to get drugs. I mean,

you were downtown.” Karl was frustrated and stated, “Yeah, but Dave is also White. I don’t think you all understand what it’s like for a Black man. Period.”

1. What type of microaggression occurred?
2. If you were the counselor, how would you proceed? What would you say?



Sue et al. (2007). Racial microaggressions in everyday life: implications for clinical practice. *The American psychologist*, 62(4), 271–286. <https://doi.org/10.1037/0003-066X.62.4.271>

How did Annie respond? Let’s continue....

Annie could sense the tension during this discussion and wanted to respond in a way that acknowledged the reality for people of color, especially Black men, in the United States. The concept of *cultural immediacy* can extend beyond the dyad relationship and be used in a group setting. In this case, Annie viewed this interaction as a *cultural opportunity* to address race in the moment. She previously *broached various dimensions* with Karl during his intake appointment and in their first individual counseling session. Annie explored the intersectionality of their identities (e.g., race, gender, age) and how they coexist and interact within systems of oppression. She asked Karl about his experience with the legal system and the obvious differences between their backgrounds, culture, and lived experiences. They discussed systemic racism within the police and society and the distrust that often arises in the healthcare system and in therapy with White counselors. There is

also a major power differential since counselors working with mandated patients often provide monthly status reports to the probation office. Annie made efforts to address Karl's potential hesitation with trusting the therapeutic relationship and acknowledged that she has a level of unawareness of his REC concerns or perspectives. For instance, at one point Annie stated, "You may have walked into my office and thought 'How could this White lady, who's my mom's age, fully understand the experiences of a Black man who must navigate the criminal justice system?'"

By initiating conversations and broaching various dimensions, Annie: (a) conveyed to Karl that discussions about REC concerns were important to therapy and she was comfortable with these discussions, (b) reduced the power imbalance, and (c) encouraged him to explore REC issues, if he desired.

Now in the group setting, after his statement, Karl immediately looked to Annie for support. Annie's prompt attention to the REC dimensions that differ among group members, as well as herself, was warranted. Annie's response after Karl's statement was:

Karl, I hear what you are saying. Adam, I interpreted your response as indirectly linking Karl's race and the downtown community to criminality. Yes, Karl had a joint in his car and tested slightly over the legal limit for alcohol. He is not denying those facts. What he wants for you all to understand is that his experiences with police officers, attorneys, judges, and other people that have power—most often White men—are different and there is often a disparity in fairness and equity between groups of people. Let me ask the group to think for a moment ... If Karl was in another downtown area, say in Portage, driving slowly like he did that night, what are the odds that he would have been pulled over if he was White? Or if he looked like me? And if I was pulled over, would my car have been searched?

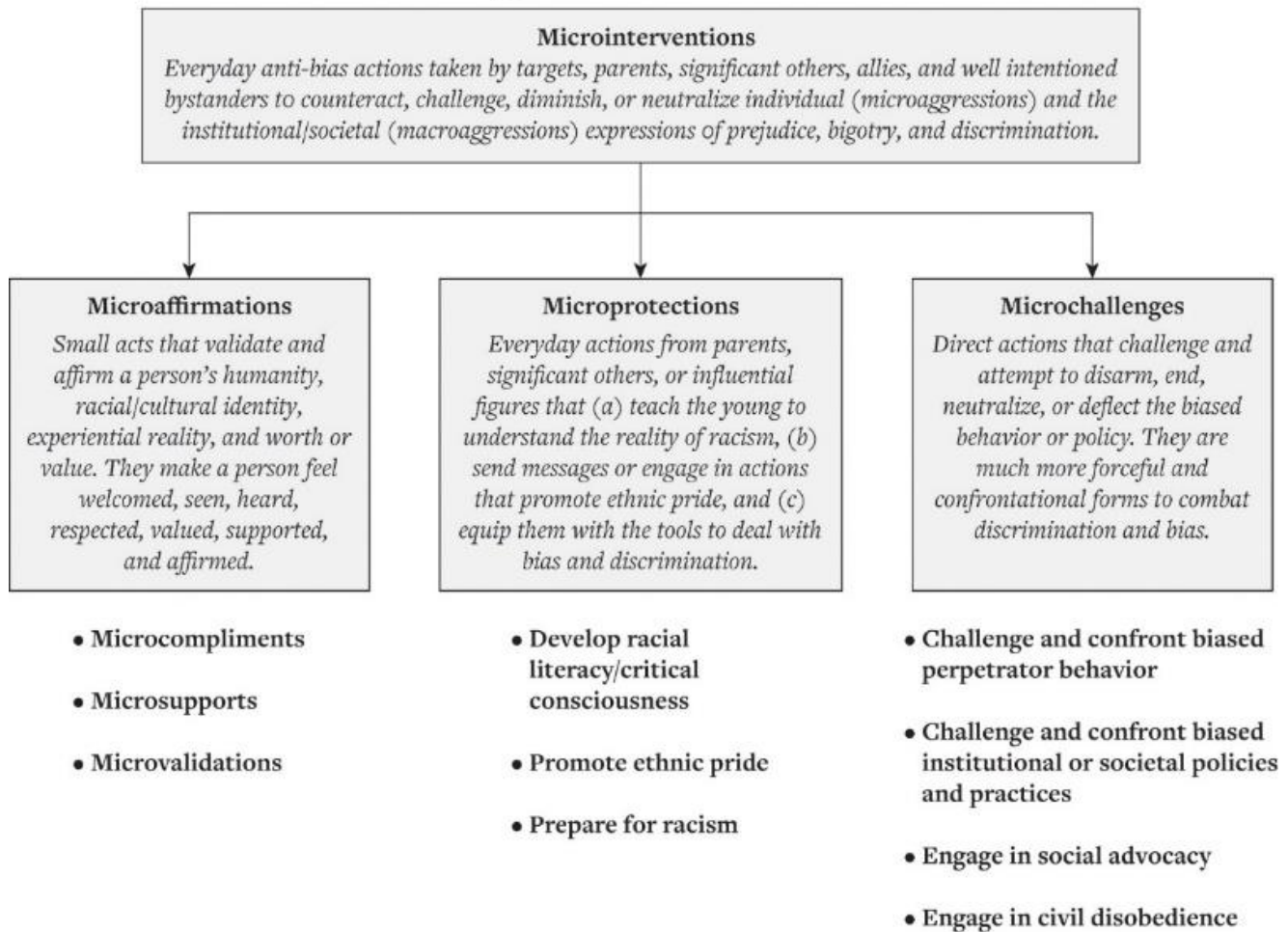
3. Can you identify any microinterventions?
4. Did Annie broach any REC dimensions? If so, which one(s)?

References for figure and table on next page

Sue et al. (2019). Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders. *The American psychologist*, 74(1), 128–142. <https://doi.org/10.1037/amp0000296>

Day-Vines et al. (2020), The multidimensional model of broaching behavior. *Journal of Counseling & Development*, 98, 107-118. <https://doi.org/10.1002/jcad.12304>

## Types of Microinterventions



<i>Dimension</i>	<i>Description</i>
<b>Intracounseling</b>	Refers to REC dynamics in the <b>counselor–client relationship</b> . Focus on identifying differences between the counselor and client.
<b>Intraindividual</b>	REC factors are broached in therapy to <b>explore the client's intersecting identities</b> (e.g., race, gender, ability, sexual orientation, religion), as well <b>past and present experiences of oppression</b> and how these experiences influence their <b>worldview and presenting concerns</b> .
<b>Intra-REC</b>	Addressing issues that may be experienced <b>between clients and others of the same REC group</b> , as clients may have REC values, behaviors, and beliefs that vary from others with the same identity.
<b>Inter-REC</b>	Acknowledging the <b>role of racism, discrimination, and oppression</b> in the lives of clients. Counselors working within this dimension assist clients in <b>generating strategies to combat</b> these forces psychologically and through advocacy. <b>They also engage in advocacy interventions</b> on behalf of the client.

These statements highlight the use of microinterventions and demonstrate Annie's attempt to broach REC dimensions by acknowledging Karl's encounters with racism and discrimination in a group setting.

What happened next? Let's continue....

Adam apologized to Karl and indicated he did not mean to offend anyone but was also attempting to acknowledge that the police were probably profiling him because he was Black and in an "area known for drugs." Karl explained to him that he was not passing through that area; he lives there and was slowing down to turn onto his street. To step back from the group members' perspectives, Annie went on and shared a few experiences that she has had while working in the addiction treatment field and previously as a court advocate/case manager for those in pretrial status with drug charges. She highlighted the unjust nature of how people of color are profiled, arrested, prosecuted, convicted, and sentenced more severely than their White counterparts (Alexander, 2010). She then spoke for a few minutes about the history of drug laws that caused high incarceration rates for Black and Brown people (e.g., Anti-Drug Abuse Acts of 1986 and 1988; 100:1 ratio that would trigger the same minimum sentence for possessing 500g of powder cocaine versus 5g of crack cocaine). Annie highlighted the media and how headlines such as the New York Times that called African Americans "Cocaine Fiends" that perpetuated racist fears and influenced the passage of racist drug laws due to assertions of their ability to withstand bullets and their "attacks on White women."

In conclusion....

Counselors can be allies to targets of racial, sexist, heterosexist, classist, and ableist microaggressions (Sue et al., 2019, p. 131). As group facilitator and individual counselor to each of the group members, Annie is allowed the platform to provide microinterventions that appeared to be received without resistance by any of the members.

Her goals were to: (a) make the "invisible" visible, (b) disarm the microaggression made by Adam, (c) educate not only Adam but the group, and (d) create a safe environment for Karl and the other members. Even further, addressing the microaggression had the potential to increase the sense of safety for the other person of color and the young woman in the group, and to strengthen the therapeutic alliance. Annie made a note to herself to follow up with Karl in the next individual session to discuss what occurred and explore strategies for combating oppression through psychological resistance mechanisms (Day-Vines et al., 2020).

What else could Annie do?

Over the next week, Annie thought more about the microaggressions that tend to occur in groups and decided she would advocate for a change in the paperwork given to new patients. Annie will propose incorporating a statement that addresses respect for all REC identities, experiences, and worldviews. She also added a paragraph on her personal professional disclosure statement explaining that she views patient concerns through a lens that takes into consideration REC aspects at individual, group, and systemic levels, and welcomes conversations related to these aspects. These conversations were initially difficult for Annie, but through supervision and continuing education around these topics, she intentionally worked to increase her sense of cultural humility and comfort concerning these issues.

Case study adapted from 2022 publication below.

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*Journal of Addictions &  
Offender Counseling*

INNOVATIONS IN PRACTICE

## **Recognizing and addressing microaggressions in addiction treatment groups: An integrated approach**

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