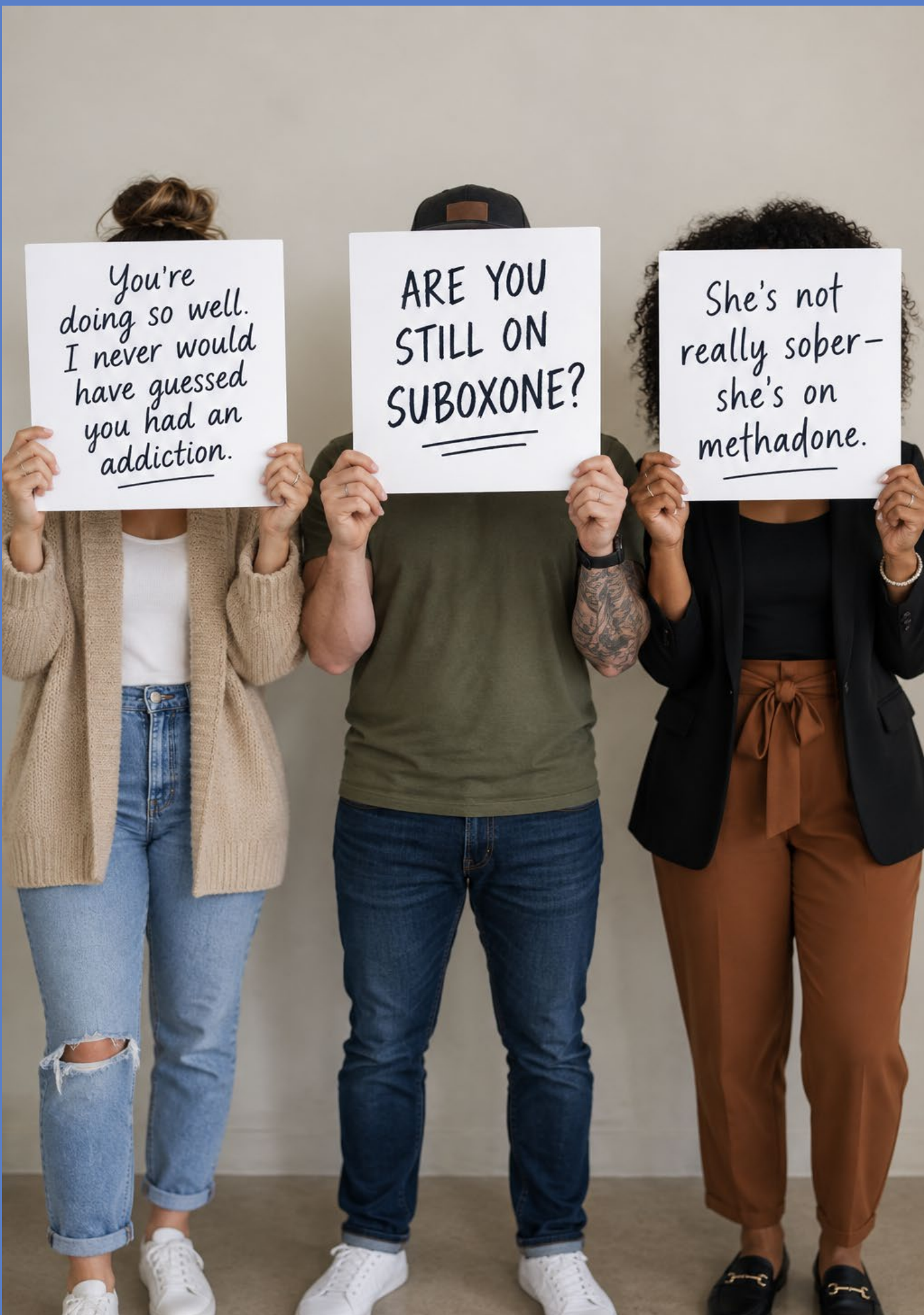
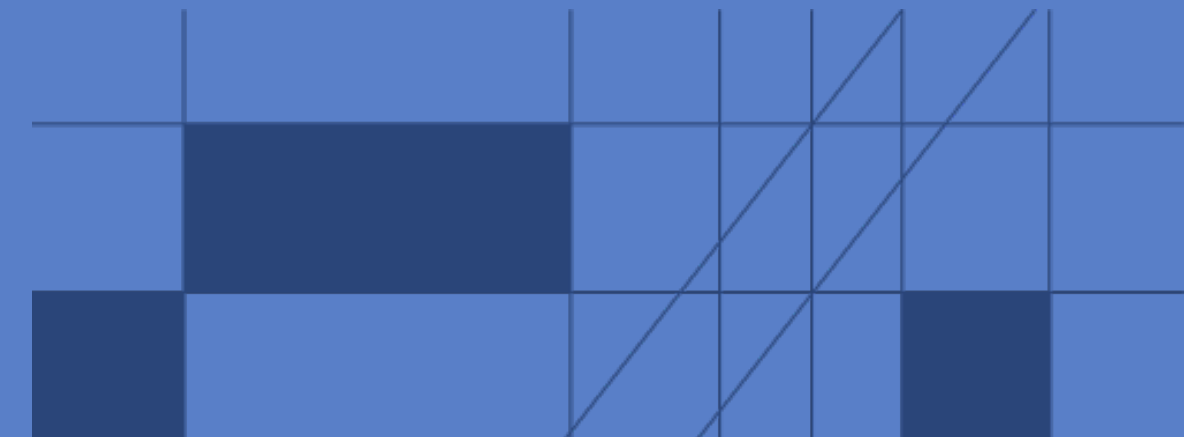




Nobody Meant Anything By It Microaggressions in Substance Use Treatment & Recovery Support

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C.A.R.E. Conference 2026



BEFORE WE START...

Good people can cause harm.

Intent matters.

Impact matters too.

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Today's Conversation

Along the way:
scenarios
discussion
reflection
practice

We'll explore...

- What microaggressions are - and what they aren't
- How they show up in substance use treatment & recovery spaces
- Why context, intent & impact matter
- What's underneath the words - stigma, assumptions & bias
- How to respond when we experience, witness, or cause harm
- How we can do better - individually and organizationally

Quick Gut Check

Microaggression
...or not?

Don't overthink it. Yet.



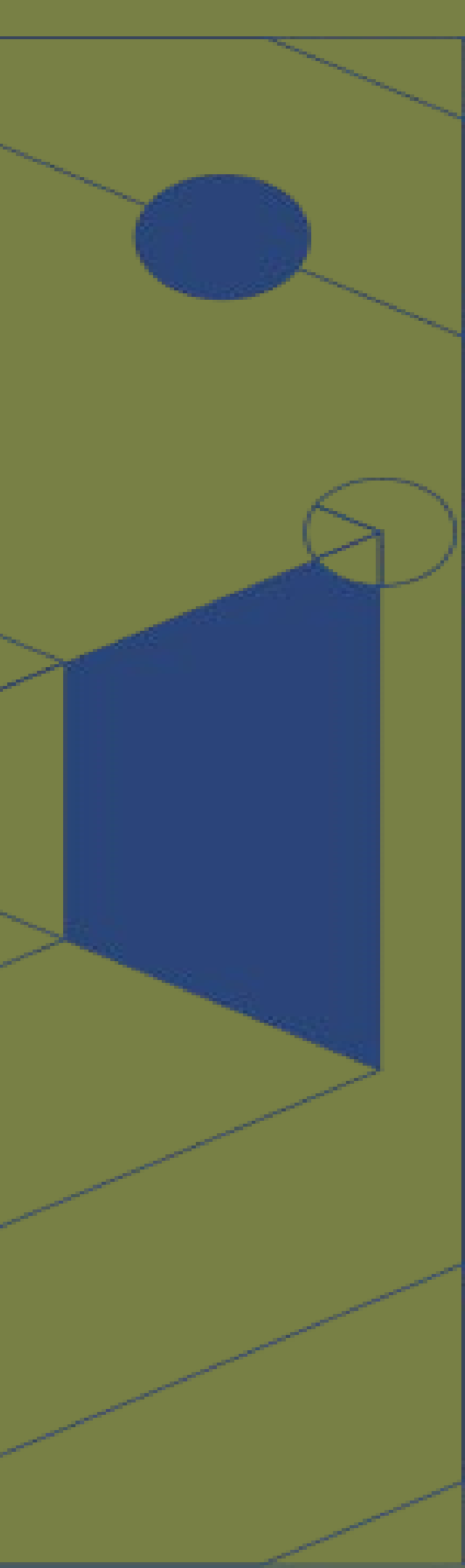
= Probably not



= Probably yes



= It depends



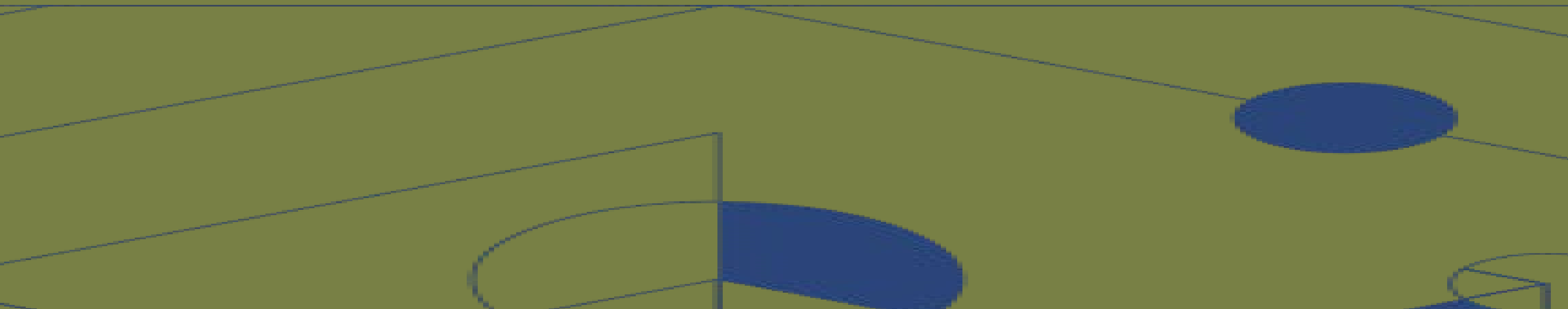
“How long have you been
clean?”

**“You're doing amazing. I never
would have guessed you had an
addiction.”**

“Are you still on Suboxone?”

“She isn't really sober- she's on
methadone.”

“He's been incarcerated, so I'd be careful about putting him in that group.”



WHAT ARE
WE
ACTUALLY
TALKING
ABOUT?

Microaggressions

Microaggressions are subtle verbal, behavioral, or environmental messages that communicate derogatory, dismissive, or negative assumptions toward members of marginalized groups.

Often automatic.

Sometimes unintended.

Still meaningful.

Not every
uncomfortable
interaction is a
microaggression.

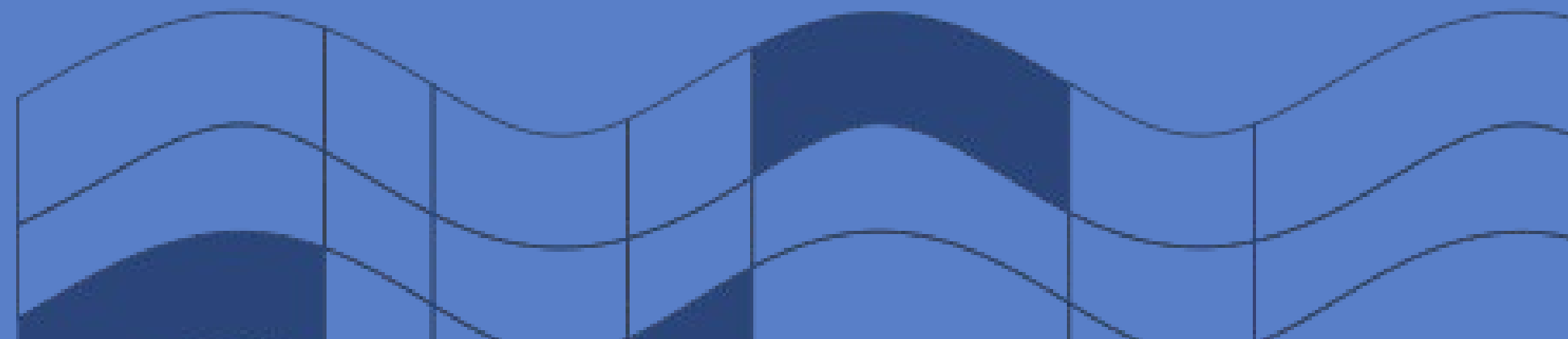
Something can be:

- Rude
- Insensitive
- Awkward
- Poorly worded
- A disagreement
- A mistake

...without necessarily being a
microaggression.

The key question:

What assumption or message is
being communicated - and is it
connected to a marginalized identity
or status?



Three Ways They Show Up

MICROASSAULT

More overt or deliberate.

MICROINSULT

Communicates a stereotype or demeaning assumption

MICROINVALIDATION

Dismisses or negates someone's experience

Microassault

More explicit. More likely to be intentional.

Examples:

“I don't want addicts working here.”

“People on methadone aren't sober.”

Refusing a qualified peer a role specifically because of their recovery history.

Microinsult

The words may sound neutral - or even complimentary - but communicate a demeaning assumption.

Examples:

“You don't look like someone who used drugs.”

“You're so articulate for someone who's been incarcerated.”

“Wow- you've really turned your life around.”

Microinvalidation

Minimizes, dismisses, or negates someone's lived experience.

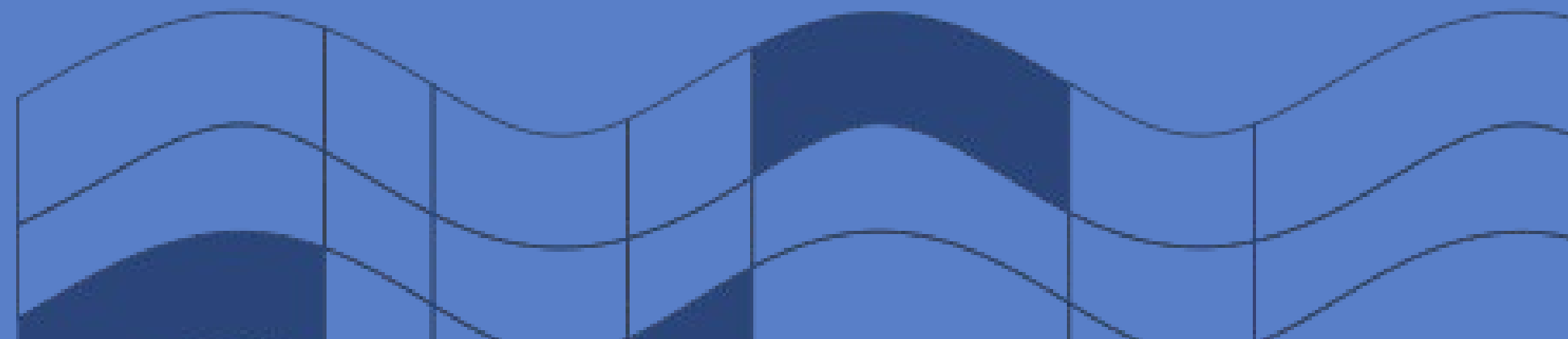
Examples:

“Everybody gets judged sometimes.”

“I think you're reading too much into it.”

“They didn't mean anything by it.”

“That's just how people in
recovery talk.”



What's the
message
underneath?



1. “I never would've guessed you were in recovery.”
2. “At least you're not using heroin anymore.”
3. “You're still taking medication for that?”

What was said?

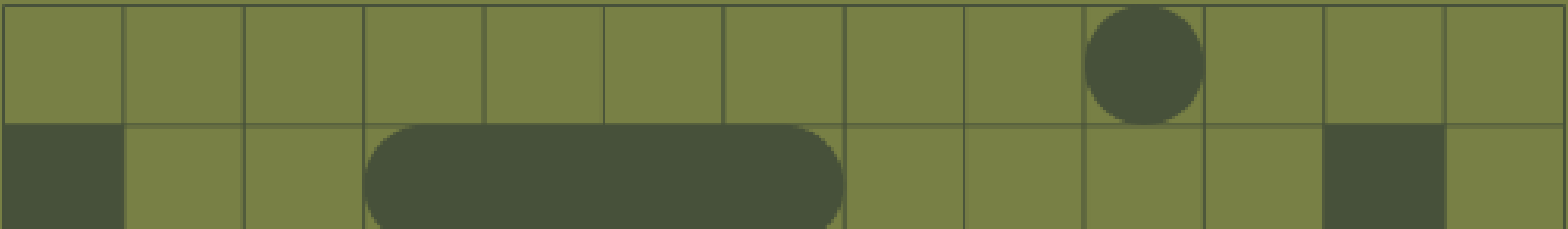
What might have
been intended?

What might have
been heard?

Addiction Already Carries a Lot of Baggage

Dangerous	Untrustworthy	Manipulative	Weak	Criminal
Noncompliant	Bad parent	Drug-seeking	Unmotivated	“Did it to themselves”
Junkie	Addict	Druggie	Crackhead	Abuser
Alcoholic	Drunk	Clean	Dirty	Habit

These stereotypes don't disappear when someone walks into a treatment setting.



STIGMA



cultural beliefs & stereotypes

BIAS



What we expect about a person

MICROAGGRESSIONS

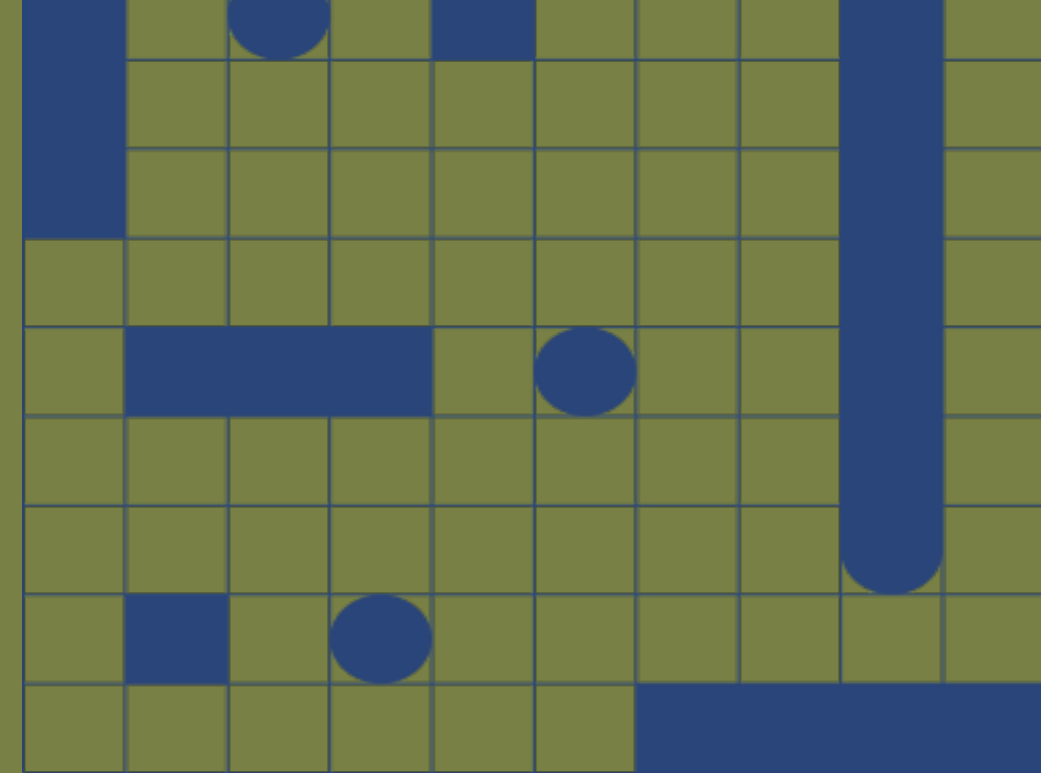


How these assumptions can show up in interactions

IMPACT



Trust, Engagement, Belonging, Help seeking



Sometimes It's Just One Word

Instead of...	Consider...
Addict	Person with SUD
Drug abuser	Person who uses drugs
Clean	In recovery / not currently using
Dirty screen	Positive toxicology result

WHERE MICROAGGRESSIONS HIDE

Recovery * Medication * Justice involvement * Lived experience

Who gets to define what “counts” as recovery?

Recovery Status

“How much
clean time do
you have?”

“You relapsed,
so you’re
starting over.”

“That’s not
what recovery
looks like.”

**What definition of recovery is underneath the
statement?**

“But are they actually sober?”

Medication for Opioid Use Disorder

When treatment itself becomes a target of stigma

Buprenorphine * Methadone * Naltrexone

“Trading one addiction for another”

“Still dependent”

“Taking the easy way out”

Different expectations for MOUD than for other medications

Justice Involvement

When a history becomes the first thing we see

“Given his history, we should probably keep an eye on him.”

“She has a felony, but she’s actually really good at her job.”

“You don’t seem like someone who’s been incarcerated.”

What is being assumed about safety, trustworthiness, or competence?

Lived Experience & Peer Roles

Whose knowledge counts as “professional” knowledge?

“Are you a real counselor or a peer?”

“I need the clinical opinion.”

“You only know that because you’ve been through it.”

“Your story is really inspiring.”

Context * Relationship * Assumption

WATCH + NOTICE

How do you talk about addiction? Stigma & Language

As you watch, listen for...

- What assumptions about people with SUD are named?
 - How can language shape expectations and care?
 - What connects back to something we have already discussed?
-

(Yale / SAMHSA supported course)



STOP + DO: Case Challenge

Work with the people around you

1. What is happening?
2. What assumption(s) might be present?
3. Microassault, microinsult, microinvalidation- or none?
4. What might the impact be?
5. What additional context would you want before deciding?

You have 6-8 minutes. Be ready to share what your group noticed.

A) A counselor tells a client who takes buprenorphine, 'We'll talk about tapering once you're ready to be completely drug-free.'

B) During staffing, a clinician says of a new peer specialist, 'She's great with clients, but for anything serious we should probably have a professional handle it.'

C) A client with a justice history asks to join an evening group. A staff member says, 'Given his background, I'm not comfortable having him around the younger clients.'

D) A client says a provider treated her differently after learning she was in recovery. A coworker responds, 'I'm sure you're reading too much into it - she treats everyone the same.'

OKAY... BUT WHAT DO I SAY?

It happened to me. * I witnessed it. * I caused it.

If It Happens to Me

Options - not obligations

ASK “What did you mean by that?”

NAME “When you say ____, it lands differently for me.”

EDUCATE “Actually, medication is part of my recovery.”

SET A BOUNDARY “I’d prefer you not refer to me that way.”

DISENGAGE You do not have to turn every moment into a teaching moment.

The person harmed is not obligated to educate anyone.

If I Witness It

Pause * Question * Reframe * Support

PAUSE

“Can we stop there for a second?”

QUESTION

“What do you mean by ‘really sober’?”

REFRAME

“I think what we’re trying to say is...”

SUPPORT

Check in privately afterward.

You do not have to deliver a speech. Sometimes one curious question is enough to interrupt the moment.

If I Caused It

Don't make them take care of you.

AVOID

- ⊗ “That’s not what I meant!”
- ⊗ “I’m the least judgmental person you’ll ever meet.”
- ⊗ “I’m sorry you took it that way.”
- ⊗ A five-minute explanation of why you’re a good person

TRY

- ✓ “Thank you for telling me.”
- ☑ “I can understand why that landed badly.”
- ✓ “I’m sorry.”
- ✓ “I’ll use ____ going forward.”

LISTEN→ ACKNOWLEDGE→ APOLOGIZE→ ADJUST

STOP + DO: Interrupt & Repair

Practice one response - not a perfect response

PERSON HARMED

WITNESS

**PERSON WHO
CAUSED HARM**

Choose one scenario. Decide who will take each role.

Try the conversation. Then switch roles or try a different response.

Practice 1- MOUD: A staff member says during a team meeting, “I know she says she’s in recovery, but she’s still on methadone.”

Roles: Person affected / Witness / Person who made the comment

Try one: Ask * Name * Educate * Set a boundary * Pause * Question * Reframe * Support
Listen/Acknowledge/Apologize/Adjust

Practice 2 - Recovery Identity: A colleague says to a peer specialist, “Wow, you don’t look like someone who used to have an addiction.”

Roles: Peer specialist / Witness / Colleague

Try one: Ask * Name * Educate * Set a boundary * Pause * Question * Reframe * Support
Listen/Acknowledge/Apologize/Adjust

Practice 3 - Justice History: While discussing a client for a group placement, someone says, “He’s been incarcerated, so I’d keep a close eye on him.”

Roles: Person challenging the comment/ Witness or colleague / Person who made the comment

Try one: Ask * Name * Set a boundary * Pause * Questions * Reframe * Support
Listen/Acknowledge/Apologize/Adjust

STOP + DO: Interrupt & Repair

Practice one response - not a perfect response

What felt natural? What felt awkward? What would you actually say at work?



It's Bigger Than One Conversation

Microaggressions can be interpersonal and organizational.

- Documentation & chart language
 - Intake forms and required categories
 - Program rules and discharge policies
 - MOUD policies
 - How staff talk about clients when clients aren't present
 - Whose expertise is treated as legitimate
 - How peer professionals are positioned
-



One Small Change

Take 60 seconds and write something down.

What is ONE thing you will notice differently after today?

- A word I use
 - An assumption I make
 - A question I ask
 - How I respond when I hear something
 - A workplace practice I want to examine
-

“Nobody meant anything by it.”

Maybe they didn't.

Now what?

NOTICE→ GET CURIOUS→ RESPOND→ REPAIR

The goal isn't to never get it wrong. The goal is to notice when we do - and become more willing and skillful at doing something about it.

Resources & References

A few places to keep learning

National Institute on Drug Abuse (NIDA). Words Matter: Terms to Use and Avoid When Talking About Addiction.

Substance Abuse and Mental Health Services Administration (SAMHSA). Stigma and Language: The Power of Perceptions and Understanding.

SAMHSA. Connecting Communities to Substance Use Services: Practical Approaches for First Responders—Appendix D: Person-First Language.

SAMHSA. Substance Use Disorder Treatment / Recovery and Recovery Support resources.

Sue, D. W., et al. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4), 27-286.

NIDA: Words Matter

**SAMHSA: Stigma &
Language**

**SAMHSA: SUD
Treatment**