Racial Dynamics among Clients in Residential Substance Use Disorder Treatment Facilities

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Abstract

Previous studies have outlined the importance of culturally competence practices, such as racial match between client and counselor and counselors' knowledge of racial issues, for racial minorities who seek treatment for substance use disorders. Racial identities play a crucial role in defining social interactions in correctional facilities and homeless shelters, which have overlapping population demographics with residents of residential facilities for publicly-funded substance use disorder treatments, suggesting that racial dynamics may also affect clients' experiences in this setting. This study seeks to investigate the racial dynamics among clients in residential substance use treatment facilities by interviewing clients in a facility in South Los Angeles about their interracial interactions, perceptions of clients of race and ethnicity different from their own and discussing how racial dynamics might affect their progression and outcome with treatment. 9 semi-structured interviews with clients in a female-only residential facility were conducted. Based on analyses of transcribed interviews, clients recounted that racial differences do not play a significant role in their experiences in treatment, especially compared to the street environment or correctional facilities, although racial identities are salient in social group formation. Motivation to recover from addiction and other shared lived experiences facilitate interracial solidarities within the treatment setting. This study suggests that treatment facilities could take advantage of clients' similar experiences and interracial solidarity to create a sense of connectedness and inclusion in treatment.

Keywords: race, substance abuse disorders, residential treatment

Racial Dynamics Among Clients in Residential Substance use Disorders Treatment Facilities

Introduction

Racial dynamic among clients of Residential Facilities (RSFs) for substance use disorder (SUD) treatment is a topic that has not been explored. However, as in most social situations, individual perceptions of race, racial makeup of groups and the modalities of race-based interactions would most likely affect group member's relationships with each other, and subsequently, the outcomes of group-based therapies. In common models of residential SUD recovery, clients live together in home-like environments, participate in group therapies and work together in operation or governance of facilities. The racial stereotypes they bring with them, especially those related to drug culture, when entering the RSFs could find their ways into daily social interactions. Publicly-funded and non-profit RSFs have client bases that significantly overlap with homeless shelters and correctional facilities, where race has been shown to influence social interactions (Bourgois and Schonberg, 2009; Nnawulezi and Sullivan, 2014; Skarbek, 2014). This study seeks to investigate the racial dynamics among clients in RSFs by interviewing clients in an RSF in South Los Angeles about their interaction with clients of other races, perceptions of other clients of differing races/and ethnicity and discussing with them how racial dynamics might affect their progression and outcome with SUDs treatment. Study results can have implications for RSF programs to be more aware of racial dynamics potentially present in their facilities, and accordingly incorporate such awareness into culturally-appropriate treatment approaches.

Social Environments in RSFs

Residents in RSFs engage in both structured and casual social interactions to degrees different in individual facilities. Common RSF models, such as Oxford Houses, Halfway Houses

or Therapeutic Communities, incorporates both individual and group therapies in a home-like residential sober environment. These models also often involve clients in governance or operation of the facility (Borkman et al, 1998), which necessitates social interactions, collaborations and conflict resolutions among clients. According to the National Institute on Drug Abuse, Therapeutic Communities are the best-known long-term treatment model (2018). In the six to twelve months stay, treatment is "highly structured and can be confrontational at times, with activities designed to help residents examine damaging beliefs, self-concepts, and destructive patterns of behavior and adopt new, more harmonious and constructive ways to interact with others" (NIDA, 2018, p.33). In a process where client's self and social identities are likely to co-evolve, racial identity may play a part in defining clients' interactions with others and development of self-perception. As perceptions of drug use and drug abuse are highly socially constructed and differ by cultures, race-involved social interaction may impact individuals' progression and outcome with substance abuse treatments.

Race-based Perceptions of Drug Use

Perceptions of drug use and abuse are different among both drug users and the general society in different ethnic, racial and geographical cultures, which have large implications for culturally-appropriate substance use disorder treatments and could impact client's experiences with treatment in racially diverse settings. Ethnography by Bourgois and Schonberg (2009) of a social group of homeless heroin users in San Francisco revealed that Black users usually have a higher sense of autonomy, presented in their unwillingness to panhandle and pursue risky injection behaviors such as "skin-pooping", which often lead to abscess and infection; while White users maintain a more despondent outlook on their habit and would dismissively say they inject just "to stay off being (dope)sick" (p. 84). This difference comes from their experiences with ethnicity-based drug culture and the criminal justice system. Along with racial profiling-

based drug incarceration, the larger society also casts more negative stereotypes over drug use by people of color. Laguna (2018) summarized in an examination of four congressional hearings on MDMA use that legislators use languages of protection and treatment regarding prevalent use of MDMA among the White middle-class, who are often portrayed as victims of drug cultures, while people of color are often portrayed as comprising manufacturers, dealers and traffickers.

Differing perceptions of drug use could add to potential barriers to treatment. For example, the Latino community has the highest rate of reporting the needs of treatment, but not being able to receive one or being unsatisfied with their treatment. This disparity in access to SUD treatment could be due to a variety of factors, including lack of Spanish-speaking facilities and lack of insurance (SAMHA, 2014). At the same time, they generally have more negative perceptions of drug use, and tend to see drug use to be more harmful to family relationships (SAMHA, 2014a). This stigma could lead to decreased likelihood of seeking out and maintaining in treatment, and more despondent attitude towards therapeutic programs and social interactions while staying in treatment.

Race in Public Residential Facilities

Although there is no found data on the racial dynamics among residents in RSFs, much research has been done on culturally competent practices in SUD treatment facilities on an organizational level. According to the U.S. Department of Health and Human Services (HHS), cultural competence “refers to the ability to honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff members who are providing such services” (SAMHA, 2014a, p. xv). It has been shown that culturally competent practices are especially important for retention and satisfaction rate of racial minority clients. Among culturally competent practices, racial match between the client and counselor, and counselors’ knowledge and openness to talk about race related issues have

been supported by some research to be important for their therapeutic relationship (Meyer and Zane, 2013). These practices shed lights on how clients bring their racial identities and their experiences with other races to the treatment environment.

There is also limited data showing how race affects the social interactions among residents of homeless shelters and correctional facilities. The populations residing in these facilities often share similar demographics with publicly-funded or non-profit RSFs, especially in communities of low socioeconomic statuses and high arrest rates. Substance misuse is both a cause and a result of homelessness (National Coalition for the Homeless, 2009). In the 2008 U.S. Conference of Mayors Survey, substance misuse was cited by 68% of participating cities as a single main cause of homelessness (NCH, 2009). Among the veteran population, 70% of those who are homeless also have substance use problems; and 21% of veteran population in substance use treatment were homeless (SAMHSA, 2014b). Similarly, 58% of state prisoners and 63% of sentenced jail inmates met criteria for drug dependence or abuse (Bronson et al, 2017). According to a report by the Center for Prisoner Health and Human Rights, only 11% of those in need of substance use treatment receive them in prison, and “most people with substance abuse issues who are released from prison or jail relapse in the community” (p. 1), transferring treatment load for this population to community-based or publicly-funded facilities. Addiction, incarceration and homelessness are sometimes tri-sectional. About 10% of people who have either recently entered and been released from correctional facilities are also homeless (Pew Charitable Trust, 2010). Data from residents of homeless shelters and correctional facilities could prompt the hypothesis that race affects the day-to-day experiences and treatment outcomes of residents in residential treatment facilities.

Culturally Competent Practices in Substance use Treatment and Mental Health Services. Consideration of culturally related elements such as race and ethnicity in practice has been found to affect client’s experiences with both mental health services and particularly SUD

treatment. The American Psychological Association recognizes the importance of culturally competent care and, in 2013, approved guidelines for multicultural counseling. Meyer and Zane (2013), who surveyed 102 clients receiving mental health services from outpatient mental health clinics, found that ethnic minorities generally felt issues regarding race and ethnicity, including racial match between clients and provider, provider knowledge of race and ethnicity issues and discussion of prejudice and discrimination, were important more than Whites. Racial minorities who consider these issues to be important are more likely to be dissatisfied when these elements are not considered in their care. Meyer and Zane, however, did not find these elements to be related to treatment outcomes, corroborating some of the previous studies.

Racial match between mental health provider and clients is one of the most popularly studied elements. In a study that investigated the counseling process for African American clients in a community health agency, clients reported assessing the race and ethnicity of the counselor before they assess other counselor variables such as age and gender (Ward, 2005). Some studies have shown racial match to be associated with increased service utilization, favorable treatment outcomes, as measured in global assessment scores and substance use reduction, lower dropout rates and higher retention rates. However, some of these studies only found weak effects and a meta-analysis of ten studies found no significant differences between matched and unmatched client-counselor pairs in terms of treatment retention (Meyer and Zane, 2013). Racial match might have differing effects on treatment experience and outcome. Some studies also suggested that it is more important for individuals with stronger Black identity (Meyer and Zane, 2013). African American clients, when paired with White providers, perceive providers who stress commonality among individuals but fail to address ethnic issues related to being African American as denying the influence race has on their lives (Thompson and Jenal, 1994). Mental health providers' knowledge of prejudice and discrimination and their efforts to communicate about race and ethnicity have also been researched in relation to clients' experiences with treatment. Patients reported that therapists often lack knowledge of racism

and discrimination. Other studies have found that making sensitive responses to clients' concerns, especially during the initial counseling sessions, about racial issues is preferable in building strong therapeutic relationships (Fuertes et al., 2002).

Organizational and staff cultural competency has been established to be important in all aspects of SUD treatment - reaching out, maintaining, and providing day-to-day service to clients - especially racial minority clients. Different racial and ethnic groups face specific barriers to accessing quality care. Latino clients have limited knowledge of Medicaid and are often deterred from enrolling in treatment programs because of the scarcity of programs with Spanish-language proficiency and because of their fear of authorities (Guerrero et al, 2017). A cohort study conducted by Guerrero and co-workers (2009) of over three thousands African American, White and Latino Clients in treatment found that African American and Latino clients entering substance use treatment report higher pre- and post-treatment substance use, are less exposed to the mental health service system, and remain in treatment for less time. These barriers make it even more important to create programs to match racial minorities' needs.

Practices that consider these barriers in combination with social elements important in minority cultures are promoted by these studies. A prominent example is providing family-oriented programs for Latino clients who are more likely to have responsibility for a young dependent and whose cultures strongly value families. In Pagano's study (2014) of various facilities that primarily serve Latino immigrant clients, one program director described Alcohol Anonymous (AA) meetings as a "pure conversation therapy", emphasizing the importance of attending AA meeting on one's own language. Another program director interviewed also stressed the need to incorporate common Mexican and Central American references beyond creating a familiar language environment: "We try to make [the clients] feel as comfortable as possible…we'll talk about things that have a lot to do with our culture–from food to sports to anything" (p.274). Another program director mentioned that, being used to "Americanized" Spanish growing up, he needed to "relearn" Spanish.

Indeed, language congruence has been linked to increased retention especially when combined with congruence on regional culture, socioeconomic status, belief systems. For immigrants, different levels of acculturation should also be taken into consideration (Guerrero, 2012). Beavers (2011) also suggested that culturally-specific way of communication can build barriers between African Americans and counselors of other races. It is normal, for example, in African American culture to speak on top of others' voices, although the same behavior can be considered rude in other cultures. In a more clinically relevant aspect, the sociolinguistic differences in Black and White culture has led to the misconception that Black people speak "bad English", leading White social science researchers to fail to probe following a partial response or to unintentionally influence a Black client's response by "correcting" or rephrasing their responses. Counselors who do not consider such sociolinguistic differences risk missing opportunities to access critical information.

There are evolving theories on the importance of culturally appropriate practices for racial minorities and best practices in both increasing access to services and optimizing comfort and productivity in counselor-client interactions. These researches suggest that racial and ethnicity elements are important in the daily experiences of clients in SUD treatment facilities from a counselor-client perspective, and that it would also be worthwhile to explore how racial dynamics among clients affect their experiences in RSFs.

Race in Homeless Shelters. The existence of racial majorities in homeless shelters has a direct effect on individual's motivation to access and remain at shelters. In Bourgois and Schonberg's ethnography, *Righteous Dopefiend*, they asked subjects why they don't resort to homeless shelters (2009). One subject responded with disdain: "'Shelters aren't safe. They got like gangs, like cliques, you know, running the show, and the staff doesn't know what's going on'" (p. 74). Although the subject did not specify whether the "cliques" were racially based, based on the usually racialized nature of gangs and cliques, it can be assumed that race probably plays a role in the formation and dynamics of these cliques. I have also received

anecdotal accounts by a homeless individual in Skid Row, an area of concentrated homeless encampment in Los Angeles, that some shelters are racially exclusive especially if operated by majority African Americans. Another example is from a White friend who said he exited a homeless shelter in Philadelphia because “the shelter was racists” and some African Americans did not understand why he, identifying with a more “privileged” race, was there. Maintaining a racial balance among its clients demographics is a concern among shelter staff because they fear establishing a racial majority may deter clients of other races from seeking services. One shelter director interviewed by Nnawulezi and Sullivan (2014, p. 565) in their study of racial microaggression in domestic violence shelters explained: “‘...what happened in [city] was it [the shelter] became totally Black, and the White women would not go..we had to close the shelter and move it to another community.’” On one hand, this approach promotes access, on the other hand, it further removes critical resources from underserved communities. Moreover, it confirms that clients are highly aware of the racial composition in residential shelters both when they seek admission and when they engage in subsequent social interactions, especially in inner cities with disproportionate racial distributions.

Some studies, such as Elliot Liebow’s ethnography of homeless women in shelters (1993), suggested that race is not a major factor in shelter lives, and that shelter rules and residents’ own morals prohibited expression of racial animosities. He found that sometimes two women who identify with the same race or have similar education levels might socially group together. However, race, age, and social class are not distinct boundaries that separate women from one another. Since the publication of his study, however, homelessness is affecting a more diverse range of individuals in terms of upbringings and socioeconomic statuses. Social inequalities based on race and socioeconomic statuses have also continued to affect different sections of urban life through forces such as gentrification. Racial dynamics among clients in homeless shelters might have also changed. This observation is nevertheless similar to accounts from some residential treatment staff I have had initial contact with. For example, a

staff from a treatment facility in Inglewood told me race is not a factor that affects residents' treatment experiences, and that their use of "evidence-based practices" discourages racial tensions. Although the staff did mention that people "group with those they are comfortable with. Latinx with usually hang out with Latinx and African Americans usually hang out with African Americans".

Nnawulezi and Sullivan's study (2014), in which in-depth interviews were conducted with African American women regarding their experiences with race in domestic violence shelters, however, found that some infrequent racial microaggressions are tolerated or not considered racist by women interviewed. Microaggressions experienced included direct race-based cursing. On one occasion a women interviewed recalled her White roommate using the n-word and later telling someone to "stop acting like a Black-bitch" (p. 573). Some have experienced microaggressions based on stereotypes and discriminatory categorizations, such as being asked everyday why she did not act "more Black" (p. 574), or having Black residents referred to as "colored people" (p. 574). Other interviewees experienced invalidation of their racial identity, such as White residents dismissing Black residents' complaints about experiences with racism outside the shelters. These microaggressions were usually dealt with by Black residents with active efforts to educate the perpetuator or non-confrontational approaches such as removing themselves from the conversations. Some participants said they would not have further discussion of their experience with microaggression with staff or other residents as that would be unnecessary or unproductive. Some women also discussed their experiences with internalized oppression and indicated that Black women's behaviors do sometime endorse negative stereotypes.

Race in Correctional Facilities. Racial dynamics in correctional facilities range from integration to segregation depending on factors such as racial composition and policy of the facility. The U.S. Supreme Court ruled in 2005 that prisons had to desegregate and randomly assign cell mates. However, this bureaucratic intervention is resisted by inmates from prisons

that are heavily racially segregated. Interviews with ex-convicts in California's correctional system revealed that violent incidents are commonly along racial lines, although a majority of inmates frequently socialized with inmates of other races (Skarbek, 2014). In some prisons, the racial segregation gives rise to race-based gangs that compete for shares in illicit activities in the prison, such as drug trade (Skarbek, 2014). Markedly higher racial integration is seen in other facilities at the same time. According to Skarbek, in an ethnography conducted in Solano prison, although inmates tended to separate themselves by race and ethnicity, little racial tension existed. The author argued that the agency of race-based gangs was dismantled due to the intense surveillance and punitive threats on inmates for violent behaviors. In the Texas Department of Correction, a highly-segregated operation was forced to phase into desegregation based on Federal mandates. It was found that, unexpectedly, interracial violence did not increase. A survey across 185 facilities found that racial heterogeneity was associated with significant fewer drug/alcohol and nonviolent incidents (Skarbek, 2014). In a news article (Vesquez, 2018) by an inmate enrolled in Prison University in San Quentin Prison, he compared the two prisons he has stayed for a long time. He recounted that, Calipatria State Prison, where he stayed for the first 15 years, was very racially segregated. Racial groups would secure their "territory" by placing concrete benches on different sides of a room. In contrast, when he later transferred to San Quentin Prison, there was a culture of interracial intermingling, and he initially felt "uncomfortable with everyone else's comfort" of "just joking and laughing" with each other.

Literature review has demonstrated that client's racial and ethnic identities are important ones that they bring to treatment, and how program staff relate to such identities, approach racial and ethnic diversity and maintain knowledgeable of racism and discrimination affects clients' experiences with treatment. Although racial and ethnic identities seem to be salient in client's experiences with treatment, there has been no research on how racial dynamics and interactions among clients themselves affect their treatment experiences in RSFs, where they

closely interact with each other daily. Limited research in homeless shelters and correctional facilities, which has measurable population overlaps with the often more racially diverse public RSFs, suggest that social interactions can be heavily based on race. This study therefore seeks to fill the inquiry gap: what roles do race and ethnicity differences play in social interactions among clients in RSFs, and how do they affect clients' experiences with treatment?

Methods

I reached out to RSFs in the City of Los Angeles via phone calls, with a focus on South Los Angeles and Downtown areas because these are racially diverse areas that tend to also have higher density of publicly-funded programs. Programs were identified through the County of Los Angeles Substance Abuse Prevention and Control Services website (http://sapccis.ph.lacounty.gov/sbat/). I chose to conduct the study in an all-women program located in South Los Angeles because they agreed to participate in the study and met the criteria of having a racially diverse client population. The program director reported that the program consisted of around 80% Black clients, 20% Latino clients, with a couple of White or Asian clients. I recruited interviewees initially by passing out a study information sheet (Appendix A) to clients in the facility and verbally explaining about the study to clients during a group meeting. All ten clients who were at the first meeting volunteered to be interviewed. Nine clients completed the interviews, and one client left the program before she was able to be interviewed. There is a possibility that individuals' decisions to participate might have been affected by the majority of others agreeing to participate or by the presence of program staff at the meeting. During each of the two subsequent visits, one new client has since enrolled in the program. Study information sheet was individually given to the new clients and they were verbally explained of the study without the presence of program staff. One client first agreed to be interviewed and then declined when asked a second time during the same visit. One client

individually expressed to the researcher that she would be willing to participate but felt like she was “going through a lot” and not mentally ready to talk about such a sensitive topic.

In May 2019, nine semi-structured, one-on-one interviews were conducted over three visits with clients in the program. One of them identified as White, two as Latino (both Mexican) and the rest identified as Black. All interviewees consented to be audio recorded and the interviews lasted between 14 to 64 minutes and were conducted inside the facility in a private space. Clients are assigned a numerical ID for data collection and analysis purposes.

Numerical ID	Race /Ethnicity	Interview Length (Rounded to the nearest minute)
1	White	34 min
2	Black	35 min
3	Mexican	28 min
4	Mexican	38 min
5	Black	19 min
6	Black	20 min
7	Black	39 min
8	Black	14 min
9	Black	64min

Table 1. The numerical ID assigned to each patient interviewed, their race or ethnicity, and the length of their interviews.

Interview questions were grouped into two domains: 1. perceptions of interracial interactions within the program, such as the roles racial and ethnic differences play in the social

environments in the program and how interracial interactions affect their treatment. 2. perceptions of others of different racial and ethnic backgrounds, both within the program and in previous social environments, and how those perceptions might have changed during their term in the program as well as in comparison to prior to admission to the program (See Appendix B for Interview Protocol).

Questions about clients' drug use history and motivation for initiating drug use were also asked per data collection request from program staff. Two "warm-up" questions were asked before questions about drug use history and questions about race. The warm-up questions were respectively about how clients came to the program and how they feel about the social environment in general in the program. During the interviews, questions were asked in approximately the order presented on the protocol. However, the interviews are designed to be semi-structured to create a context in which clients are comfortable opening up about this topic. Sometimes if the client brings up a topic relevant to a future question, we might switch to talking about that question. Or, if the client's narrative covers many questions, follow-up questions will be asked during the conversation accordingly.

Interviews were transcribed using online services on Trint.com and manually checked against the audio-recording. Emerging themes relevant to the research questions were identified after conducting the interviews as well as during the process of transcribing the interviews. I then wrote down the themes, reviewed the interview transcripts, and assigned relevant quotes to each theme. Additional themes were recognized during reviews of the transcripts. Based on the quotes compiled under each theme, I identified subthemes, assigned quotes to the subthemes, and then described findings in each subtheme as well as presented quotes that were most representative of the identified patterns.

Some quotations, when reproduced in this paper, were truncated to make them easier to read. For example, colloquial terms such as "you know" or "like" were taken out and replaced with ellipses. Phrases or sentences quoted from the same client and that have similar meanings

are also taken out for simplicity. When only part of the sentence was quoted, minimal supplementary words were sometimes placed into the sentence inside parentheses to provide more context. All grammar mistakes in the transcripts stayed unmodified, as long as I determined they do not confuse meanings.

Results

Theme 1: Racial Differences Generally Do Not Affect Clients' Experiences in the Program

Subtheme: Treating Everyone Equally. Most clients expressed that they do not think racial and ethnic differences play a role in their experiences in treatment, and many expressed that they interact with certain "color-blindness" and treat people as equals. Clients have said "I don't see colors", " I don't go by colors", "I love everyone" or "I get along with everybody, we are a (happy) family ", "I see past the color the language. I feel the spirit", "they are all human beings", "We don't play racial stuff here". Client 5 said she was surprised that "...everybody gets along, you get some girls get stuck up and all that. But you see here girls aren't stuck up." A few clients emphasized that they see others as individuals without racial labels. Client 6 said: "I go by the individual, their minds, their hearts, and their actions. I don't go by color. Color is nothing to me...we pull each other up and help each other." Client 8 said:

> *"We all equal. I think everybody. We don't even look at who is who. We are human beings. We all think we look at the color, races we don't look at that stuff. at least I don't ... I love everybody so ...this is based on how you treat me. If you treat me with respect, then I'm gonna treat you with respect."*

In fact, some clients pointed out that racial differences are considered in the program less so than the environment they grew up in. Client 1, who experienced racial diversity throughout her education experience in Inglewood, but being a White person, has always been minority in the settings where she lived, said her minority status is less pointed out by others in the program.

> *"One running theme my whole life was when I would be friends with black people they would tell me: 'Oh, you're the only cool white person I know.' I have relationships with all the women here and none of them look at my race like they don't ever even mention it. So that's cause that's the first time in my life that I've been around...a whole group of black people they did not say: 'Oh you're the only cool white girl.' It's just we are family without any of that stuff."*

Some clients related the idea of universally loving others to their religion and spirituality. Client 2 compared the differences between races to that between religions, and spoke about how the idea of a higher being is the same, but put under different names in different religions:

> *"If it was just (racially) singled out then ...It might be a place I can learn some from but I don't believe that's for me. That's like saying God is a religion and he's not. He's a spirit. Then whatever religion he says then that mean that's what religion I gotta be … ."*

Client 9 emphasized that religious principles, instead of racial differences, should be the criteria to judge people's behaviors: "It's just God says some things are acceptable to him, and some things are black and white. So for me it has nothing to do with color."

A couple of clients also mentioned they look to their religious beliefs to have the mental strength to be more open-minded. When asked how she was able to switch her mentality from

animosity between Black people and Mexicans to becoming more acceptive of racial differences, Client 3 said: “So my higher power ... I just ask God to help me out with that.” Client 4 also said she says a prayer every day that she maintains open-minded.

In lieu with the comfortability most clients expressed in living with other races, some clients used examples of being able to co-live to show that they do not have racial prejudices. Client 3 said, “If you choose to live here with a different race, you're not racist...to call somebody racist since it is a strong word to use… because the person they're calling is not racist. If they were they wouldn't be here socializing with the people you know.” Client 6 also used the example of playing cards: “Sometimes we interact with each other like we spend playing cards the other day together. So if you were racist, you wouldn't be playing cards with the other race…”

Expectedly, some clients demonstrated sensitivity to the general topic of race and associated the questions with accusation of being racist. For example, when asked of how they think racial differences play a role in their interactions in the program, client 7 said:” Oh no I don't think, it is not racist everything.” Client 6 also associated racism with “abnormality”, and said: “See, I am normal. My daughter is a mix.”

Subtheme: Focus on Recovery. Although it seems like the program is a generally social environment, many clients attributed lack of negative interracial interactions to clients’ focus on internally improving on themselves, i.e. recovering from addiction, versus socializing with others. For example, client 4 said:

> *“I don't really like pay too much attention to people because of ...a lot of people they are not that positive. ...I just had to place everything to the side because my recovery is more important. And then for me to be thinking about hanging out with Black people or Mexican people you know like I am not in jail I’m not in street anymore. And I'm trying to*

get the best that I can out of these groups and out of this whole program in general, so I can't be worried about these small little things as in like...having problems with the different race you know that's like the last thing on my mind because yeah I'm trying to focus on myself…"

Motivation to recover from addiction is a commonality that allows clients to overcome racial barriers from previous social situations they have been in, such as the street environment or correctional facilities, where racial differences might give rise more easily to presumptions, stereotyping or animosity. When asked whether she thought her experience would be different if the program had a different racial makeup, client 3 said: "No, because we all study one thing you know and we all want one thing and that's to be sober ...."

Client 1 shared that the identity of being addicts brings them together:

"You know it didn't matter what race or ethnicity you are we are all addicts ..we're on recovery and treatment. So that kind of opens people's eyes and also be able to open their hearts to other different races and not be so judgmental of all ..and start being like a prick about it.. We are with our minds lost with the drugs so we can all relate on to how we all have these problems and now we all have solutions."

Client 2 made the analogy of people coming from different backgrounds to people speaking in different languages and styles-- because they share the same goal of recovery, they make an effort to understand and engage with each other:

"By you wanting to be here, by me wanting to be here, by her wanting to be...despite whoever wants to be here. And you know this is something you want to do .. we are

gonna learn we may not know word for word what you are saying but ...we be here together then we want some(thing) different. So, we'll figure out some way to understand - you understand what I'm saying, I understand what you are saying and we are gonna understand something."

Many clients expressed that they were aware that race plays a significantly larger role in social interactions in environments outside the treatment program. Client 8 said: "Outside is different from the inside being in here. So, we all get along - no matter what color you are black brown Mexican it don't matter. Out there it'd be a whole different story you know so some don't like this or some don't like that."

Client 7 also pointed out that the racial inclusivity in the program might be incongruent with the values present in social environments clients are familiar with, such as their family:

" *I believe even if half the women here were to get out, they couldn't get along the same on the outside of these walls. Race can become an issue outside these walls simply because they don't have something that they can focus on. And in a lot of times it's like your family. It's like … family motivated driven by family. So when you get out and you go with your family. And you are not going to be able to have relationship with this Black person like you did on the inside because your family is going to be looking at you crazy*."

Subtheme: Program and Staff Specificity. All the clients also attributed an inclusive environment to the fairness and inclusivity of staff members. In comparison, some residents recounted that they experienced more interracial conflicts and discrimination in other RSFs. Client 1 said: "I have trusted the people here at this program, I totally trust the counselors and

everyone here. …. because of this place, how it is, they accept everybody." Client 6 also said: "(In) this beautiful environment you feel safe. I Believe what they say because what they say has become true -not only just from the mouth or from what I've seen. You know if they say they are gonna do something they do -- the staff." Client 7 said, "There is no discrimination when it comes to staff…so we don't have to feel like that's something that's going to affect our treatment." Client 3 said that compared to counselors in previous programs, the fairness of staff in this program has allowed her to be less aware of racial differences:

> *"Before when I was at another program. There's one counselor would like to write me up or whatever ...for dump things...so I used to be like: 'man, she don't like me because I'm Mexican.' But being here and all the counselors are Black, and they've been helping me a lot. Now I've blocked the color and the race like you're all just the same. And they want to help me you know and I appreciate them and I'm happy to be here."*

Client 5, who is Black, said that client's comfort with racial diversity in this program was not common in other programs she has been to. She said she "did not get along with all the Hispanic girls at the other treatment". She explained:

> "*Because I was in an all Mexican one...and I knew they had prejudice...they kicked me out…I didn't care. It was prejudice anyways. They treated me different. They treated they race better than they treat me. ... I mean did you know Mexicans stick together… I'm not mad for it. I just wish Blacks could do that…you know...stick together."*

She said the staff there also "goes along with it", which exacerbated the situation.

When asked whether racial differences play a role in treatment, client 1 also said: “for sure I have witnessed things in treatment and in other facilities where of course it does because people come from different backgrounds. Because you got all different races backgrounds come here and they all get treated equally.”

Client 6 also mentioned that when they first entered the program, they suspected that staff or the “residential council”, a group of residents that relay communication between staff and the rest of the residents, engaged in racial discrimination against clients. However, she quickly discovered that the suspicion was not true.

> *“When I first got here … It’s just that we just couldn't do our own shit. They (the resident council) would accuse me of crushing somebody. But they weren't doing what they were supposed to either but because they were friends they won't address them because they're friends ...but they would address us about our behavior….Like that they would resident council they would pick up Blacks they would only check on our chores and stuff ...they would be sitting up and talking and meet and then asking Blacks to be quiet...I thought that, but it was not true.”*

The female only clientele of this program might has also contributed to a sense of care and support. Client 7 pointed out that women got along with others of different races significantly more than men did in a co-ed treatment program she had been to:

> *“Treatment or not -- men they stick to what they know. If a Hispanic man does not mess with Black people like that, he's going to do his treatment program and he's going to stick with it. He's not going to talk to Black people he's not going to make friends with these Black people. In fact, a black man saying he's not going to is basically for them keeping confrontation down. Women are fine at every facility. They always thinking they*

have things they can relate to as far as being mothers-- things of that nature … so everything else goes out the window… it's not minor things like race. Because We don't want our kids to be raised like that, 'don't play with them because they are that color.' So you know. Typically, women they get along and they can relate…to one sobriety… It's totally different for men and women when it comes to treatment.

Subtheme: Race and Social Relatability. Although racial and ethnic identities do not seem to affect clients' progression in treatment, or cause negative social interactions in the program, it does influence how a client navigates their social environment in the program. Several clients observed that Black clients usually sit with other Black clients during lunch time, and the two Mexican clients usually sit together with the only White client currently enrolled in the program. Client 4, who is Mexican, said that she feels the other Mexican client's experiences are more relatable to her:

"I click more with her because we have more things in common. Because we both can speak Spanish so sometimes we just start speaking Spanish randomly. And my boyfriend's in prison. She had an ex-boyfriend in prison...The black people will all sit together when we're all having a tough day or something and then me and (name of non-Black clients) we all group and stay like over here. It's not like a hate thing but it's just like how it is."

Race-based social grouping may affect how clients perceive each other in terms of the types of relationship they have. The same client specifically referred to clients she is closer with as her "friends": "I eat lunch ... I hang out with my friends and when we watch TV we watch the same stuff on YouTube ... We listen to the same type of music." Client 6 also related to the idea

of race-based “friend making”: “people just have their certain friends I guess. They just click with their race? lots of people do that.”

Additionally, clients also are conscious of their race when they are the minority, presumably because of lack of racial relatability among other clients. Client 4 mentioned a conversation she had with a White client: “She used to say like: ‘Do you notice I'm the only White person here”’ I was like ‘oh shit, yeah that's true”. So, there's like something that people kind of think about.”

Race, however, was not the only way clients related to each other. Other social identities or shared lived experiences enabled clients to form solidarity and facilitate crossing of racial differences in a SUD treatment setting. To some clients, these similarities blur the differences otherwise distinguished by racial stereotypes. Client 1 said: “We can all get ghetto, especially for drug addicts -- all of us. We can get to cursing, and doing whatever, and that’s like (considered) acting ghetto or acting Black.”

She also mentioned that opportunities to share and deal drugs motivate people to cross racial lines, which might represent a shared experience for many clients before they entered the program.

> *“The minute you take the drugs out of the equation usually here comes ...there are people that are hard-nosed racists but I'm telling you when you are really into your addiction you will do and be around people you would never ... Just forget about the race. They're just atrocious human beings. But the race thing though -- (even) if you really truly is a racist person or you wouldn't ever associate with those whoever whatever race it is, you will immerse yourself amongst whoever you have to, no matter what their color is.”*

More essentially than the shared drug use experiences and the accompanying lifestyle , many clients share similar traumatic experiences that often play a major motivating role for their drug use. Client 6 said, “When we have our group we see ...some people been through some trauma. And we all interact now realizes some of us has been through some of the same things although we are different cultures. Some of us had not been loved, touched or hugged; some of us been through gang bang.”

Client 4, who is Mexican, specifically mentioned that she found her drug use history to share more similarities with the majority Black clients in this program compared to another program she has been to, which had majority White clients. She spoke about the other program and then compared it with the current program in South Los Angeles:

> *“I would feel like I can't relate to any of these people. Like everybody got high when they were like twenty-three and then their mom took their car away you know. I feel like they didn’t really go through some shit that I went through so I couldn't really relate to (them) when I was going to the meetings. But this area right here that's why it's kinda like... it’s cool this area --I don't wanna say like Black people--but like those Black who was at the CA meeting they’d be telling some crazy-ass fucking story that-- ok I thought only Mexican people went through that shit. I was like ‘that's crazy you guys be locking yourself in your room too fucking end up in a 51-50 hole all kinds of shit’. Sometimes I'm so grateful that the person that spoke spoke that, I can relate to a lot of the things that they spoke to, especially women too. Like at the other meeting I was going to when I first started...they weren't talking about stuff that those people didn't go through shit like ...There were White people. So now I'm paired up with these black people they got some crazy ass story ... They opened my eyes to a lot of shit. ‘Do I really want to go back to all of that? No!’”*

Theme 2: Incidents of Racial Stereotyping, Animosity and Interracial Relationship Building

Despite a generally unanimous neutrality expressed by clients towards racial differences, some clients recounted particular incidents when race-based grouping was intended to be exclusive, or unintentionally made others feel excluded. There were also other more singular incidents clients have mentioned where animosity towards other clients was expressed through racial differences. On the contrary side, race was also brought up in conversations where clients tried to diminish rumors and establish positive racial relations.

Subtheme 1: Held Opinions or When Race is Not Publicly Talked About.

Client 1, who herself is White, recounted: “Here are some clients that come in that are White ... it’s not even necessary, actually they did say a few racist comments, that I told them I don’t get down like that. There was another girl she had told me, ‘oh we are the only white people here.” and I was like, ‘Ok?’ and then she was like ‘we gotta stay together’ And I was like, ‘no, we all gotta stick together.” Client 6, commenting on the observation that clients of the same race tend to hang out with each other, thought they might hold racial prejudices against other races. When asked whether she thought racial differences play a role in interaction among clients, she said:

> *“Sometimes I think that because you know like Spanish hanging out with Spanish. I've been to prison, so I see politics, trying to break it down. They like tolerated us, tolerate our race. Cause’ there's no choice. This is what I think it might not be true...I used to think that there would be a couple of them just sit together. Maybe they were afraid to hang out with us. Now we all hang out now that was when I first got here. You know because I've been in prison. it's a different social (environment) in prison.”*

Subtheme 2: Incidents Where Race is Publicly Talked About. When a client manifests difficulties with adjusting to the racial demographics in the program, their attitudes towards racial differences may stand in the way of their recovery. One incident that was brought up separately by a few different clients was the case of a Mexican client, who appeared to have issues with both Black staff and clients. She did not complete the program. Client 1 said:

> *"She I know, did not like Black people. Because I understand enough Spanish to understand what she was saying. She also said the day she left, that 'I'm not going to take that from a black person' -- talking about one of the counselors. Cause she got reprimanded prior leading up to that. I've (heard) her making comments like, 'Oh that's because they are Black, they are stick together.' and shit like that and I was like, 'You're tripping because that's not even how it is here.' That's because her preconceived notions of how she was--she brought with her to treatment, what she was looking, in my opinion, was, anything. If you're looking for a negative thing you can find it in about anybody you can blame it on whatever you want. Race is a big one sometimes. ...there have been a few people and they left."*

When asked whether she thought that such behavior or conceptions affects peoples' progresses with the treatment program, she said, "'Yes for sure. The woman that I was speaking of...here is the thing though I have noticed, they are sing(l)ing themselves out period, but they are using the race thing as an excuse ..."

Client 4 also offered her perspective on presumably the same individual.

> *"Like it doesn't matter what race you are ... Just because she was Mexican doesn't mean I'm going to allow her to think that I'm going to bicker with her. She was saying kind of*

like 'Raza sticks with raza' which means 'Mexican sticks with Mexican' that's what it means in Spanish. So that's kind of more like a street quote and jail quote which means when you're in jail, or you are on the street and you're with Mexicans you stick with them and you're supposed to back them up. And this female was starting so much drama here. And she left already she had a really bad attitude ...I think maybe she probably wasn't ready to really change because she was very negative at groups and not positive like trying to participate. So, by her like just instigating the whole racial thing you know like I was getting bothered by that."

Client 2 said she had some negative attitudes towards racial differences among clients when the program had more clients, but explained that these attitudes stemmed from her mental health issues at the time: "I would've wanted to blame it on my mental health because I was on enough medication and yet I wanted to blame it on that."

Another incident that was talked about by multiple clients occurred during a group therapy session when a Mexican and Black client each shared about their involvements in a Mexican gang and a Black gang that are known to be rivals. Client 3, the Mexican client, took initiatives to ameliorate a potentially conflicting situation.

"She was talking about she was from a gang that was my rival. And I'm like 'What does that make you feel?'. So I was like, 'Oh my God, God put her here for me to make amends to her.' So after the meeting I went up to her and I was like, 'You know what, I want to shake your hand. I make amends to you but for all the Blacks' and then she was like, "Okay, thank you", like she hugged me and everything."

The same client also faced another situation where she explicitly talked about race with other clients. She had heard a rumor that everyone in the program thought she was racist, and decided to bring it up to the group.

> *"So I got really upset. So everybody was in the circle sitting down because we're gonna have a group that day. And I sat down I was like: 'Look, before we start the group and before the counselor comes in here like do you guys know what the meaning of the word racist is you know? Because if I was racist I wouldn't be living right here with you guys. Like I already made my amends you know to you guys you know and I'm not that person anymore.' So everybody was like 'Oh I'm sorry' They came and they hug me because I was crying. I was like you know I'm a changed person now and you know I'm not the same person that I was when I came to these rooms."*

She described how she associated open-mindedness to faster recovery. For her, who was used to racially segregated environments, being able to communicate effectively with people of different races helped her in treatment.

> *"It's been hard for me to get it ... But now you know I've been going through the steps and reading the books and everything and I'm applying it now. I know that we're all human beings you know and that If I don't change my mentality ..because that's where it starts in my thinking you know. So if I don't change that then I'm gonna end up going back you know to where I was you know. And I don't want that. You know. Yes. So now I'm more at peace ... and I love everybody right here ... And they're human beings .. So I just gotta accept that ..."*

Theme: Previous Social Environments Shape Clients' Adaptation

Subtheme 1: Racial Dynamics in Previous Social Environments. Although most clients feel comfortable interacting with peers of different races in the program, their experience with previous social environments, such as home environment, education, street environments and correctional system, shape their initial reaction when they enter the program. A few clients mentioned that they grew up in racially diverse environments and were used to the level of racial diversity in the program. In contrast, a couple of clients mentioned that they grew up in environments with predominantly Black or Latino people, and that they experienced culture shock when they first entered the program.

For example, client 1 said: "Being White, for me to interact with any race is not an issue. Because I grew up in Inglewood and I went to school with a variety of people -- Black, White, Hispanic, Asian. Of course being White or any race beside Hispanic and Black we are the minority, but I get along with everybody. So it's not an issue for me, whatsoever. My parents didn't raise me to be racist at all."

Three Black clients also each said:

> *"I used to hang with Mexicans all my life. And my mom didn't really believe in it: 'Why you always hanging with Mexicans. I never see you hanging with blacks.'...But at home mostly with Mexicans and Puerto Ricans. Cause they treated you better than my color. They treated me like I was one of them. You know they showed me more love than my color did. So that's why. I get more respect." (Client 5)*

> *"I tell you I was raised with different cultures White and Hispanic. My nephew's is white, (his) daddy is white. My daughter's father is Mexican. My nieces...Their mother was Mexican so we didn't have that (racial discrimination) in our family. I wasn't raised that*

way too. So I don't have any prejudices against any other race. It was normal to me." (Client 6)

"Because when I was in middle school I was the only African-American you know cause'I went to all Latinos. It was like a couple of Black but it was more of a Latino school. But my best friend is Latino. So Yeah. I love Mexicans, I love Hispanics." (Client 8)

In certain environments, social acceptability is associated with social identity. A Black client spoke about moving from a racially diverse school, to an all-black high school in a major urban area. She was "totally intimidated by these Black kids" and "the chains and locks police had on the door." At the same time, she hoped to be accepted into the new social environment and started using Marijuana. This early experience planted in her a distaste for racially segregated mentality in what she calls "urban America" culture. She said: "I don't see color. I have zero tolerance for urban America. Zero." Although experience with all-Black high school shaped her perception of "urban America", she does not necessarily associate the concept with being Black.

"Just cause' you're from urban America. And just because you might come in tough and with that Urban America attitude that you have to have living in urban America. When we conversate that's not what I'm gonna bring out of you. So even when they get that urban thing when they talk to me, my type of good discussions never go at that direction. And it doesn't have to be Black people. Urban America is urban America. No matter what race you are if you're oppressed due to lack of knowledge it's still the same result. "

Similarly, other clients have experienced shifts in the racial dynamics in their social environments prior to coming to the program. One client spoke about growing up in a racially diverse environment before being exposed to the highly racially segregated prison system.

> *"I've never experienced racism until I went to prison and just you know I wasn't raised that way because we have that in our family of White, Mexican, Black. We all mix. I went to prison, I saw it for the first time and that scared me. Well we've been like that. even in prison. when I cheated it makes me feel uncomfortable. It makes me feel inadequate. It makes me feel not part of because I'm not part of that."*

Indeed, clients spoke about their experience in correctional facilities, where social groups are formed based on race. One client spoke about her experience in jail:

> *'You know Mexicans stick with Mexicans and the Black women stick with the black people. It's plain and simple. I was sticking with my home girl and the Mexican people ... I didn't have no like specific beef with them (Black people)-- like racial. But it was like that I wouldn't hang out with them on the daily basis. It was just not like that."*

Some clients mentioned that they had to take steps to dismantle their preconceptions of racial relationships after having experienced the deeply race-based gang environment in Los Angeles, where Black gangs and Mexicans gangs are often rivals with each other. One client, who has been involved in a gang for 13 years since she was 13, said:

> *"In the gang environment … so my mentality you know has it's always been we were always separated you know. When I first got here. It was very hard to take suggestions or to follow the rules or to have somebody tell me what to do you know - - of another*

> *race. Racist is a strong word right. But back in the days when I was in the gang I WAS. If you walk down the street and you know you see a Black and Mexican together, It's a no no. I remember when my kids were going to high school, I would be like you better not go out with a Black girl. But now it's like you know... I'm more.. I have a spiritual relationship with God. I know we're all human beings and my son told me just a couple of months ago 'mom, I was dating this black girl. 'If he would have told me that back then. I don't know what I would have done."*

She also spoke about how such perceptions has affected her approach to social interactions when she first entered the program.

> *"A newcomer is the most important person, and if she's Black, like before I would just like isolate. And just be like, 'I ain't gonna talk to her'. If she is Mexican then we could click...we get along perfect. Because you know she knows we can converse. She knows my language and we know what it is to be Mexican like...We speak Spanglish. I just speak .. like it just comes out. So you know if it's a Mexican girl like my friend, we click real quick but if it's another race it's like… I don't know it's just different. Because we were raised different. You know the Mexicans and the Blacks were raised way different."*

Subtheme 2: Perceptions of Other Races. In terms of perception of other races, some clients hold perceptions similar to the "typical" stereotypes associated with a particular race. They are mostly related to mannerisms and communication styles. For example, a White client recounted an incidence of racial stereotyping and expressed her disapproval:

> *"There is another girl, a Black girl, people used to tell her, 'oh you are so white.' It's just so funny people do that, there are preconceived notions of how people are supposed to speak and conduct themselves. Of course there are certain mannerisms of any race. For instance, there are a few people I've noticed, 'man you have your own way of speaking'...People think that if your Black you have to speak... if your white you speak properly that's why they tell a lot of Black people to speak properly. And that's just totally ridiculous. ...the only thing I've heard of my entire life in treatment and out of treatment is just White people are squares that don't know how to dance and have no souls."*

Another Black client said: "Lots of Hispanic, on buses, they just bomb into you not wanting to say excuse me. They just look at you with kids running around, you know step all over you ... some do some don't and they had it in black too." Some Black clients seem to express some sort of "internalized racism", or distaste towards their own race. These clients tend to feel more educated than other Black clients: "Black people stick together for the most part. The ones who can relate to each other more than ones who are a little bit more...Ignorant."

A couple of residents also mentioned that coming to the program has allowed them to be more acceptive of racial differences. It has also allowed them to learn communication skills living with others of different cultural backgrounds and age groups. For example, one said:

> *"Being around different people and experiencing different things with these people. It can change a person's perspective about who that person is because I can meet a Caucasian lady...She has her mind set when he she thinks black people are and I can change her whole perspective like 'she's really kind. She's really she's nothing like you know a typical black person.' So it's a really good thing for people to be amongst other*

people or even just like to co-exist with other people so that they can learn that you know it's something you learn every single day.

Discussion

Reasons Behind Interracial Harmony and Solidarity in the RSF

Racial differences among clients interviewed for this study were less prominent to them than in other environments the clients have experienced, such as the street environments or correctional facilities. In fact, receiving treatment in a racially diverse SUD treatment facility appeared to facilitate the resolution of previous animosities against or misconceptions of other races. Some clients said that being in the program allowed them to be more open-minded towards racial differences, either by them making conscious efforts towards becoming more accepting or by them being influenced by the inclusivity of staff and other clients.

The study identified three major factors that contribute to clients' neutrality towards racial differences : 1) clients' ability to recognize and treat each other as individuals, without racial stereotyping or discrimination; 2) clients' shared motivation to recover from addiction in the program discourages them from being distracted by unproductive social interactions and encourage them to work together and support each other; and 3) the inclusive and fairness of staff members. Many clients expressed a universal support and care for others regardless of race, and some look to their religious beliefs for both their logic and mental ability for offering such universal support and care for others. This finding suggests that clients' religious beliefs might be a relevant access point for promoting positive interactions among clients of different races. The fairness and inclusivity of the staff in the program also distinguished this program from others clients had been to. Clients expressed in this program there are strict rules and schedules for group and individual therapies on a daily basis that enable them to dig deep into

their personal issues and traumas to discover their reason behind drug use and change their behaviors. Clients feel they are being held accountable within a culture of forgiveness. Indeed, racial inclusivity and fairness are crucial parts of these practices that allow clients to recover physically and socially in a comfortable and trusting environment.

Besides the shared motivation for working towards recovery together, the substance use disorder treatment setting is a special one in which clients are temporarily blocked from external social influences. They have intense daily schedules of activities and limitations on communications to the outside. They are away from other social environments that are more racially segregated, such as their families or gang members, which may implicitly remind them of racially exclusive attitudes or explicitly discourage them from inclusive behaviors. Indeed, several clients affirmed that interracial interactions between clients could change once they step out of the walls of the RSF.

Relationship Building and Sense of Connectedness Based on Race and Other Identities

In a treatment environment, race plays less of a role than in other social situations in creating social relatability, although it is still salient for creating social groups and defining closeness of relationships. Instead, clients connect more over other shared identities and experiences, such as childhood neglect and molestation, post-traumatic stress disorder, experience in the criminal justice system, and, most essentially, substance abuse and a drive for sobriety. In some cases, these similarities facilitated building racial solidarities. For example, a Mexican client realized that people of her race generally share more experiences of being oppressed and traumatized with Black clients, and therefore she feels more relatable to Black clients compared to White clients, who she has interacted with in a previous program. This phenomenon can be explained by the concept of cross-categorization, when intergroup contexts are described by two instead of one categorization. Cross-categorization adds complexity to how intergroup relations are sometimes singularly described by one dimension and has proven

effective in discouraging a reliance on negative stereotypes when forming impressions of others (Vescio et al, 2004). Research has shown that when people consider crosscutting ties, they appreciate how social identities are fluid and flexible, and that a person can be described in many different (positive) ways (Vescio et al, 2004). This transition is especially salient for clients who are previously involved in racial dichotomies in gangs and correctional facilities. In these settings, Mexicans and Black people typically form strictly segregated social groups that collectively obtain resources in confrontation with each other. This finding suggests that programs can utilize these shared similarities to build intergroup solidarities. People use drugs and become addicted for very different reasons, but programs where clients have undergone similar experiences might lead to better social interactions among clients.

Limitations on the Extent of Interracial Harmony

To some clients, their definitions of social relationship are heavily based on, and "reduced" to daily interactions. A couple of clients mentioned that if someone could live, or play cards with other races, then they are not racist. However, some clients do hold certain racial stereotypes, such as believing that Black people are ignorant. On occasion, clients interpret race-based formation of social groups as racial exclusion. The few race-related incidences of miscommunications or animosity were quickly dismissed, either by the clients involved leaving the program, or resolving the issue by communication with each other. It would be idealistic to say that racial differences are not sometimes considered by clients in negative ways. However, a balanced and positive racial dynamic can be maintained by recognizing the shared motivation to recover and being proactive and communicative in diminishing potential race-based conflicts.

Study Limitations

There are several limitations to this study. First, the study is conducted in only one facility in South Los Angeles, which has a majority Black and Latino demographic. Moreover,

their relations are sometimes influenced by gang activities, which is not typical of other areas. Several clients mentioned that they experience higher racial inclusivity in this program compared to other ones they have been to before. This may stem from the all-female composition of the program, as there are gender differences in how clients adapt to a new social environment and interact with others of different races. Additionally, although most clients in the program agreed to participate in the study, a couple of clients refused because they did not want to talk about the topic, or they did not feel like they were in a compatible mental state to talk about the topic, which limited the amount of data that was able to be obtained, as well as possible contrasting points of view. It would be valuable to conduct more interviews in other RSFs in this area, as well as in other geographic areas that have different racial and gender compositions to further explore this topic.

Second, race and ethnicity can be difficult subjects to talk about, and some clients might not feel comfortable expressing their opinions completely, which could make the study results skewed and more positive than reality. Indeed, some clients seemed defensive when being asked questions about race. Sometimes these questions can be misinterpreted with an undertone of accusing someone of being racists. Consideration was taken during the design of this study on whether to use the terms *race* and *ethnicity*, or culture, in the interview questions. Eventually it was decided on to us *race*, sometimes in combination with *ethnicity*, because it was less confusing to clients. However, it then makes the questions more straightforward and potentially less comfortable to answer.

Third, certain minor communication barriers might have resulted in less forthcoming or comprehensive responses from clients. According to the program director, clients have differing levels of mental abilities, largely affected by the amount of time they have been sober and their previous drug use experiences. Although no interpretation difficulty was apparent during the interview and transcription process, on occasion it was difficult to discern the meaning of the statements made by clients. Sometimes, statements they made also seem contradictory,

especially when they went on a tangent on an analogy. Communication styles could affect how one narrates and perceives a story or concept. Beavers (2009) suggested that, because Black people sometimes use particular slang and are often misunderstood as speaking in improper English, White researchers miss critical information by "correcting" their interviewees' responses. Similarly, Black children do not feel comfortable, especially at first, when speaking with White researchers, but researchers do not wait for long enough for them to articulate themselves. As an Asian person whose native language is not English, although I consciously tried to be aware of these potential barriers, there might have been cultural differences in communication styles that I have overlooked. It is possible that I might have missed or misinterpreted the meanings of some narratives from clients.

Finally, the semi-structured nature of the interviews could be a confounding factor when analyzing clients' responses. Although I tried to cover questions on all major areas of inquiry – i.e., interracial relations and interactions in the program, their perceptions of other races in the program and in previous social environments -- sometimes they are asked in different orders. These areas may have been asked as a leading question or as follow-ups to what a client has previously shared. Usually, before these questions are asked, a warm up question: "What do you feel about the social environment here in general?" was asked. However, if I reasonably decided there was not enough time, or if there was a chance in an earlier part of the conversation to bring up questions about race, I chose to jump straight into questions about race. These differences might have affected how ready clients were to share about their experiences and how much they shared.

Conclusion

In conclusion, this study marks a start in filling the research gap in racial dynamics among clients in RSFs and how they affect clients' treatment experiences. It was found that racial and ethnic differences in general are not prominent in affecting clients' treatment

experiences, although they do influence social group formation. Clients are often times able to connect with each other beyond racial identities and over similarities in other experiences, especially motivation to become sober. Treatment facilities could promote inclusive social environments by ensuring the inclusivity and fairness of their staff as well as facilitating relationship building among clients by emphasizing their shared goals and experiences. The presence of a racially inclusive environment in this program also shows that it is very possible to create racial solidarity among people, even when they were previously conditioned to be racially exclusive. Racial stereotypes and discrimination could be rapidly diminished when they do not work in anyone's favor. We could create a more inclusive civil society with a system where people can more easily find commonalities in goals and experiences despite our differences.

Future studies could extend the inquiry of racial dynamics among clients in RSFs to other geographic areas with differing demographics. Clients served by substance use disorder treatments can come from completely different backgrounds and become addicted for a wide range of reasons. Some clients interviewed expressed appreciation for being able to connect with clients over similar education experiences, socioeconomic classes, home life and experiences with street life and the criminal justice system. Clients also expressed that living in a racially diverse environment, such as the study site RSF, has allowed them to be more open-minded and gain communication skills. Future research could also build on this observation and inquire whether living in RSFs with clients of similar backgrounds, or living in racially diverse RSFs as opposed to racially homogenous RSFs, affects the quality of their social interactions and treatment outcome.

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