

Recognizing & Challenging Clinician Bias in Addiction Care

A Self-Assessment & Action Checklist for Clinicians

Bias in addiction care can impact clinical decision-making, treatment recommendations, and the therapeutic alliance between clinicians and clients. This checklist is designed to help you reflect on potential biases, recognize areas for growth, and implement strategies to ensure equitable and client-centered care.

Section 1: Self-Reflection on Personal Biases Implicit Bias Awareness: Check all that apply and reflect on areas where bias may influence your practice.

Implicit Bias Awareness

- ☐ I have examined my personal beliefs about addiction and substance use disorders.
- ☐ I recognize that addiction is a complex medical condition, not just a choice or moral failing.
- ☐ I acknowledge that people with substance use disorders can come from any background.

Bias in Client Perceptions

- ☐ I sometimes make assumptions about a client's ability to recover based on their appearance or background.
- ☐ I unconsciously judge clients who relapse as "not trying hard enough."
- ☐ I assume certain clients are more "motivated" for treatment based on their demeanor rather than clinical assessment.
- ☐ I treat clients differently based on their substance of choice (e.g., opioid users vs. alcohol users).

Bias in Treatment Recommendations

- ☐ I have given different treatment recommendations based on a client's socioeconomic status rather than clinical need.
- ☐ I have assumed a client with multiple relapses is unlikely to succeed in treatment.
- ☐ I have felt more comfortable recommending harm reduction strategies to certain clients while pushing abstinence for others.
- ☐ I have judged clients for choosing medication-assisted treatment (MAT) instead of abstinence-based recovery.

Bias in Client Interactions

- ☐ I catch myself feeling frustrated with clients who are non-compliant with treatment.
- ☐ I unintentionally use stigmatizing language when discussing clients (e.g., “addict,” “junkie,” “clean” vs. “dirty”).
- ☐ I have assumed that clients involved in the criminal justice system are more resistant to treatment.
- ☐ I have unintentionally dismissed cultural factors in addiction treatment.

Bias in Relapse & Recovery

- ☐ I expect clients to follow a linear recovery path rather than acknowledging relapse as part of the process.
- ☐ I assume clients who have experienced multiple relapses are less likely to change.
- ☐ I struggle to remain neutral when a client continues using despite treatment interventions.

Section 2: Strategies for Challenging Bias & Promoting Equitable Care

What actions can you take to address and challenge biases in your practice?

- **Increase Self-Awareness:** Engage in regular self-reflection and bias awareness training. Seek feedback from peers, supervisors, or clients about potential biases. Challenge stereotypes and assumptions by actively seeking to understand clients’ perspectives.
- **Use Evidence-Based Treatment Approaches:** Rely on structured assessments rather than gut feelings when making treatment recommendations. Ensure that treatment plans are individualized and not based on personal assumptions about client success. Integrate harm reduction strategies alongside abstinence-based options, meeting clients where they are.
- **Improve Communication & Language:** Use person-first language (e.g., “a person with a substance use disorder” instead of “addict”). Recognize and address microaggressions in conversations with clients and colleagues. Encourage clients to share their cultural beliefs about addiction and incorporate them into care plans.
- **Commit to Continuous Learning:** Stay informed on research about bias in addiction treatment. Participate in training programs on cultural competence, trauma-informed care, and equity in healthcare. Advocate for systemic changes that promote fair and unbiased treatment access.

Section 3: Personal Action Plan

1. One Bias I Recognized in My Practice:



2. One Action I Will Take to Challenge It:

3. One Resource I Will Explore to Expand My Knowledge:

4. A Peer or Supervisor I Will Discuss This With:

Final Reflection

Bias is not about being a “bad clinician”—it’s about being human. Recognizing bias allows us to grow and become more effective, ethical, and compassionate providers. By challenging biases, we can improve client engagement, treatment outcomes, and overall trust in addiction care.