

# Respectful & Inclusive Treatment and Language

All-Staff Meeting

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# Cultural Humility: Definition



- “A lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of [their] own beliefs and cultural identities” (NIH)
- Process-oriented approach to competency, rather than assuming Whiteness is “the norm” and we must learn about “the other”
- Requires historical awareness of cultural groups and understanding of self, combined with awareness of relationship dynamics in real time

# Cultural Humility: Factors

- Lifelong commitment to self-evaluation and self-critique
- Desire to fix power imbalances where none ought to exist
- Developing partnerships with people and groups who advocate for others — we must advocate for systemic change



# Self-Evaluation: How Are We Wielding Words?

- Our job is to help people learn skills and develop supports to get better, not to judge them
- Remember that unconditional positive regard is a vital element of mental healthcare, from all levels of the treatment team
- Not only about what you write down in notes, but also about team meetings, Clinical Review & Linkage, casual comments, etc.
- Clients are people, not diagnoses (e.g., “She’s a borderline” vs. “She has a diagnosis of Borderline Personality Disorder”)
- Overly clinical and jargon-y language impedes communication. What does “high-functioning” or “decompensating” actually mean?

# Righting Power Imbalances: Cultural Factors

- Be aware of your own social position and how that may be shaping your response to clients
- Clinical language and models of “health” often pathologize historically marginalized populations and healing practices
- Mainstream White American culture often emphasizes independence at the expense of family, results at the expense of relationships, “being nice” at the expense of discussing problems
- Stay aware of your own social position, especially on axes where you hold more power – and remember that simply by being a “provider,” you hold power over clients
- Power is not inherently bad, but wielding it unconsciously usually is

# Righting Power Imbalances: Example Language

From *Recovery Oriented Language Guide 2<sup>nd</sup> Ed.*, Mental Health Coordinating Council 2018

Language of Acceptance, Hope, Respect & Uniqueness	Worn-out words
<ul style="list-style-type: none"><li>• Kylie is having a rough time</li><li>• Kylie is having difficulty with her recommended medication</li><li>• Kylie's medication is not helping her</li><li>• Kylie is experiencing unwanted effects of her medication</li><li>• Kylie disagrees with her diagnosis</li><li>• Kylie is experiencing ...</li></ul>	<ul style="list-style-type: none"><li>• Kylie is decompensating</li><li>• Kylie is treatment resistant</li><li>• Kylie is uncooperative</li><li>• Kylie doesn't accept she is mentally ill</li><li>• Kylie has no insight</li></ul>

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Language of Acceptance, Hope, Respect & Uniqueness	Worn-out words
<ul style="list-style-type: none"><li>• Sam is trying really hard to self-advocate and get his needs met</li><li>• Sam may need to work on more effective ways of getting his needs met</li></ul>	<ul style="list-style-type: none"><li>• Sam is manipulative, irritable</li><li>• Sam is demanding and unreasonable</li><li>• Sam has challenging or complex behaviors</li><li>• Sam is dependent</li></ul>
<ul style="list-style-type: none"><li>• Kylie is choosing not to...</li><li>• Kylie would rather look for other options</li></ul>	<ul style="list-style-type: none"><li>• Kylie is non-compliant</li><li>• Kylie has a history of non-compliance</li></ul>

# Righting Power Imbalances: Particular Concerns for LGBTQIA+ Clients

- Name in “Admission (Outpatient)” form must match Medi-Cal card  
**BUT!**
- Use the name, gender, and pronouns the client uses in your written documentation
- Stay aware of whether the client is out in all aspects of life, and who may access records (like parents of minors)
- Be careful making assumptions about a client’s gender, pronouns, sexual orientation (or any other qualities, like race). “Samantha was previously married to a man” does not mean “Samantha is straight.”

# Partnership & Advocacy: *How* Are We Conducting Our Work?



- In the same way we value and respect clients, we should value and respect each other in this work and in this workplace
- If your client holds more power than you on certain axes, please don't feel you are required to suffer abuse
- If your co-workers are speaking in ways that reinforce oppressive constructs, please don't feel you are required to just put up with it
- Think about ways we can all share the responsibility for an equitable and inclusive workplace

# Partnership & Advocacy:

## *How* Are We Conducting Our Work?

- Build partnerships with other allies in your work
- If you're uncomfortable talking to your manager or supervisor about any of these situations, or just want a different perspective, feel free to contact:
  - Lisa Nosal – Lisa.Nosal@sonoma-county.org / 707-480-1903
  - Susan Castillo – Susan.Castillo@sonoma-county.org / 707-565-5005
  - Melissa Struzzo – Melissa.Struzzo@sonoma-county.org
- You can submit anonymous feedback, questions, or concerns to
  - <https://forms.gle/YPjZnXCmkhw8qH3bA>
  - Form submissions go to Lisa
  - If you need a response, include some sort of contact information

