

Transcom Conference Workshop 9-28-07
Themes from the *Promoting a Culture of Respect* Statement

Based on comments from ~ 50 participants who 1st) observed role plays - first at an agency where self-disclosure and second where C of R statement was supported 2nd) listened to the statement read aloud and 3rd) participated in 1 ½ hours of large and small group discussions. The majority of participants had more than one role in the mental health system. This report was compiled by the facilitator, Marcia Webster.

Comments and brainstorming throughout the workshop made it clear that **ACTUAL equality and respect** in mental health programs is what helps everyone, workers as well as people using services.

If personal disclosure is helpful, it's helpful.

There is healing in relationship.

It is incredibility freeing to be more open about being a consumer/provider. My experience gives people hope. My own experience was that someone disclosed to me and that was the change.

I'm not the only staff with a diagnosis, but I'm willing to talk about it.

Disclosure fosters trust; it displaces the hierarchy of provider and consumer.

Why do we need to be sick before we better ourselves?

The perspective that **CHANGE is required and desirable** was voiced throughout the workshop. After 1) seeing two role plays exchanges – first in a typical program and second in a setting that embraces the statement and 2) having listened to the “Promoting a Culture of Respect” statement read aloud, it was clear that people had a positive view of change in their first responses;. A number of those first comments, expressed with relief and excitement, can be summed up in the following composite statement:

The “Promoting a Culture of Respect” statement is a balanced view. It is about strategic disclosure, knowing what and when to disclose. It promotes self disclosure for the right reason.

One participant expressed what many people seemed to feel:

It was powerful to see the modeling of boundaries instead of having them explained.

Make learning aggressive!

This last comment reflected the need to pursue learning, rather than merely, “staying open to learning”, which was suggested as a way to foster a culture of respect. The need for more modeling, training and educational opportunities at work and in professional schools were all brought up in the closing brainstorm. Comments from the small group illustrate how participants think about the possibility of disclosure in their various workplaces:

Some people are not in their role, they're just caring for people. How do you train people to do that? It's contagious.

How would DMH really make it happen? There are staff development implications. We need to reframe boundary training. How wonderful disclosure is for therapeutic relationships for everyone, consumer and provider.

What to disclose when? I follow the other person's lead. I notice eye contact, body language, vulnerability, if they are angry or tense. From "I statement" training I have learned to talk about myself based on how I am reading the person.

The theme of change was frequent in the final "pop-corn" style brainstorming session with words clustering around the need to improve relationships by "*using all the tools available*" including: recognizing complex roles, making connections, strategic disclosure, supervision, management support and learning from the addictions community.

This writer tends to notice references to dialogue. The need for **DIALOGUE** is included here as a sub-theme of "change". The use of language and communication were found most often in the small group discussion and supported other themes:

We need to foster an organized process of stating purposes - to support and create a culture of respect.

We need to introduce new concepts to businesses. We're in a different place with each program and in our conversations about breaking down professional boundaries. We're not all in synch.

This statement will help start and support the discussion at work. It is encouraging, 'You can change; it's the right way to change. What should I do to help the agency move forward together?'

This needs to be addressed in schools, to foster voluntary self-disclosure vs. strict boundary rules; than it is immediately part of the student's conversation.

Disclosure is more than telling or "babbling" about personal experience, but using your experience.

We need to go larger scale, notice the words people use. We need to name it explicitly, that providers have power. Discussing power itself makes it explicit, not implicit.

Though not an overarching theme, the **OBSTICLES** people had in promoting a culture of respect were noted. Fear about the consequences of personal disclosure and that fact that workers are being told not to share were brought up in the initial response to the statement. Obstacles were not mentioned at all in the final brainstorming session.

In the small group, stories about the fear of discrimination and about employees being discriminated against because of a mental health diagnosis or disclosure were shared:

I lost my job within 90 days, my management found out I had a mental illness. It was discrimination. I was an average worker and was let go because of mental illness.

I've always believe in personal disclosure, but unfortunately my company doesn't.

People and pieces we are missing, we need to develop skills and strategies for the mental health workforce. If confidence is waffling and someone in power over me says, well, if I had a toolbox, I'd know how to approach it. The medical world is not the best.

I'm a Peer Education Specialist. I struggled a lot about how to interview and what to share. Baycove was the most accepting, disclosure is standard there. Other organizations need to come to this in some regard.

In past jobs, it took three years before I disclosed. Now I am disclosing to all, working as a Peer Specialists. I was disclosing even in an interview.

The initial and final brainstorming sessions both conveyed a sense of excitement and a **MOVEMENT toward cultures of respect** in mental health workplaces. Action images that people offered included:

Doors opening

Seeing everything blossom and come to fruition

Journey from "consumer" to staff member

Passing it on

Seeking direction

Top down and bottom up

Train conductor

Critical moments, positive and negative

Moving right along, momentum

Resistance

Forward

In small groups and most strongly in the full group's final brainstorming session, the **BIG PICTURE, we are all in this together**, came clear. The following attributes of the human condition were named in the last session:

*community
true to self
acceptance
authenticity
trust*

*fear
hope and empathy
confidence
liberation and freedom*

In the small group, people spoke of our shared need and potential for improving the communities and organizations we live and work in.

It is truly excited to think about being more human.

We need to develop a loving, supportive company and business culture.

We need inclusion in society and the work force.

At my program, it is staff vs. client, very black and white. This statement helps bridge the gap. I want to work with a team of people that embraces this kind of mindset.

I love having this document and the human community it encourages. I'll pass it along.

Contact Marcia at exth64@yahoo.com or 413-625-2986 for further info or to set up a forum at your organization.