

Mentored
Internship
Program



Speaking with Pride

The Importance of Person-first Language
as Foundational to
Diversity, Equity, and Inclusion

Mentored Internship Program (MIP)

June 7, 2022 | 12:00-1:00 p.m. PT



Indigenous Land Acknowledgement

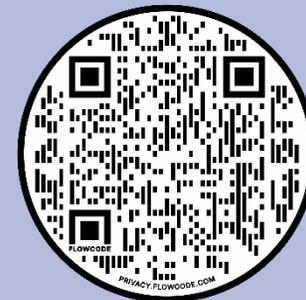
- We respectfully acknowledge that we live and work in territories where Indigenous nations and tribal groups are traditional stewards of the land. Our California office currently resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

Whose land are you on?

Option 1: Text your ZIP code to 1-907-312-5085

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





MIP Program Purpose

To help achieve the BHWD goals, the Mentored Internship Program is designed to provide:

1. Opportunities for students 18 and older, and at multiple stages of their education, to gain practical on-the-job experience as paid interns in nonprofit organizations and county-operated provider settings providing behavioral health (BH) services; and
2. BH provider organizations with an increased workforce of diverse and talented interns who are potentially interested in being hired as members of the BH workforce upon graduation and/or following their internship.



MIP's overarching goal is to enhance the professional development of diverse talent to help meet California's urgent need for BH workforce in the near term and develop ongoing partnerships with schools.



Modalities of TTA Participation

TTA will include:

- Regional quarterly Learning Collaborative meetings
- Coaching calls and webinars
- Affinity Groups, organized by profession, populations served, topics of interest, local needs, age groups served, etc.
- Tailored TA based on grantee requests





Advocates for Human Potential (AHP) Mentored Internship Program Team



Kathleen West
Project Director



Tammy Bernstein
Project Manager



Kate Cox
Operations Manager



Ellen Radis
BHWRC Manager



Susan Lange
TTA Provider

Allen Fowler
TTA Provider



Vic Walker
Operations Specialist



Jennifer Ortiz
Grantee Coach



Tiffany Malone
Grantee Coach



Marjorie Delgadillo
Grantee Coach

Cklara Moradian
Grantee Coach



Caitlin Storm
Quality Assurance



WELCOME!

126 MIP awardee locations

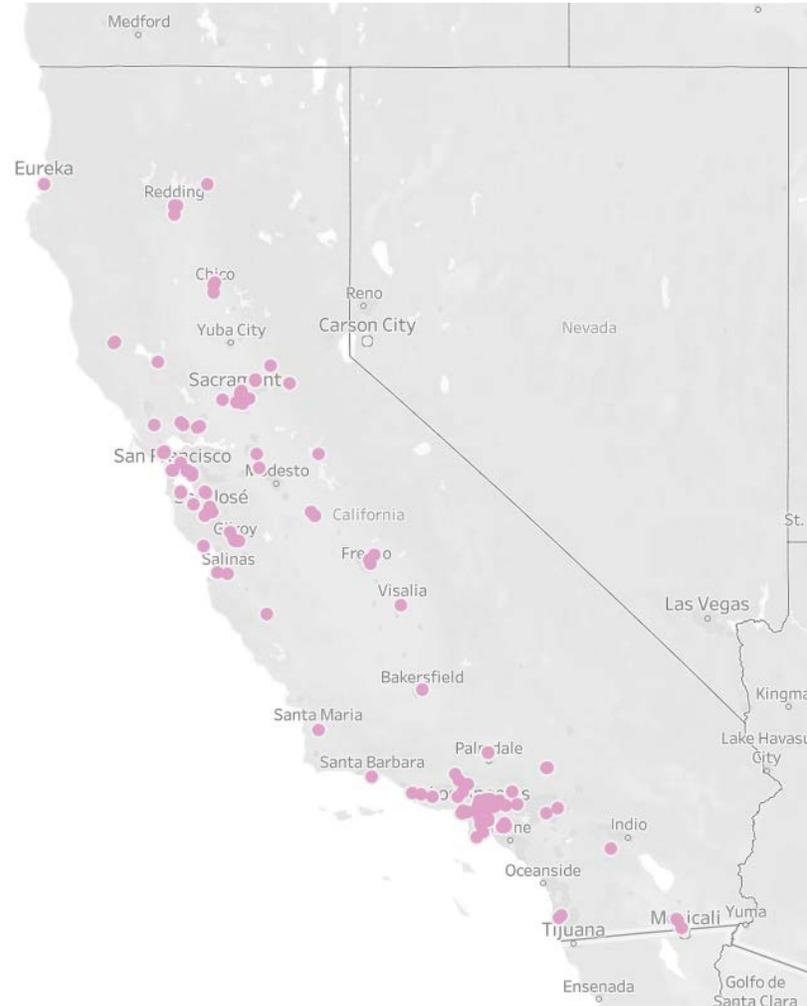
from

84 nonprofit & county-operated behavioral health organizations

located in

78 cities in 34 counties

Congratulations again on your awards!



ON THE AGENDA

- Define person-first language and distinguish between person-first vs. identity-first language
- Discuss the factors surrounding person-first language and its integration into best behavioral healthcare practices
- Identify language specific to our grantees and ways to implement this language as a daily diversity, equity, and inclusion (DEI) best practice

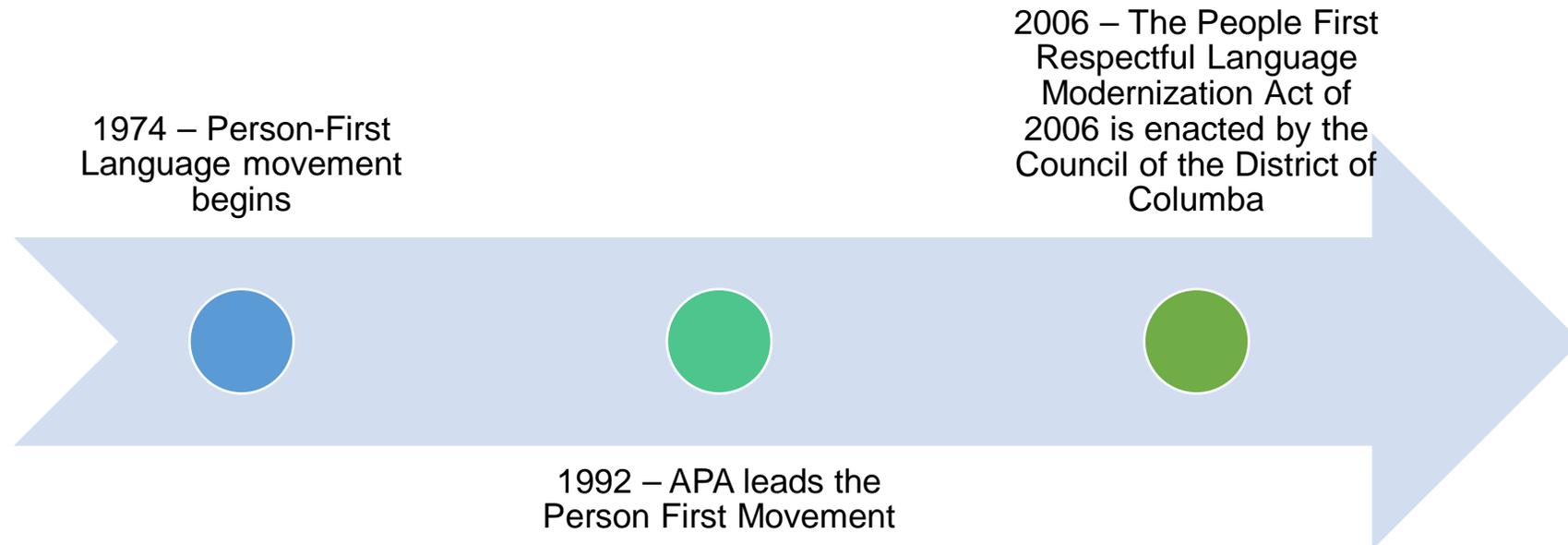


Defining person-first language and distinguishing between person-first vs. identity-first language



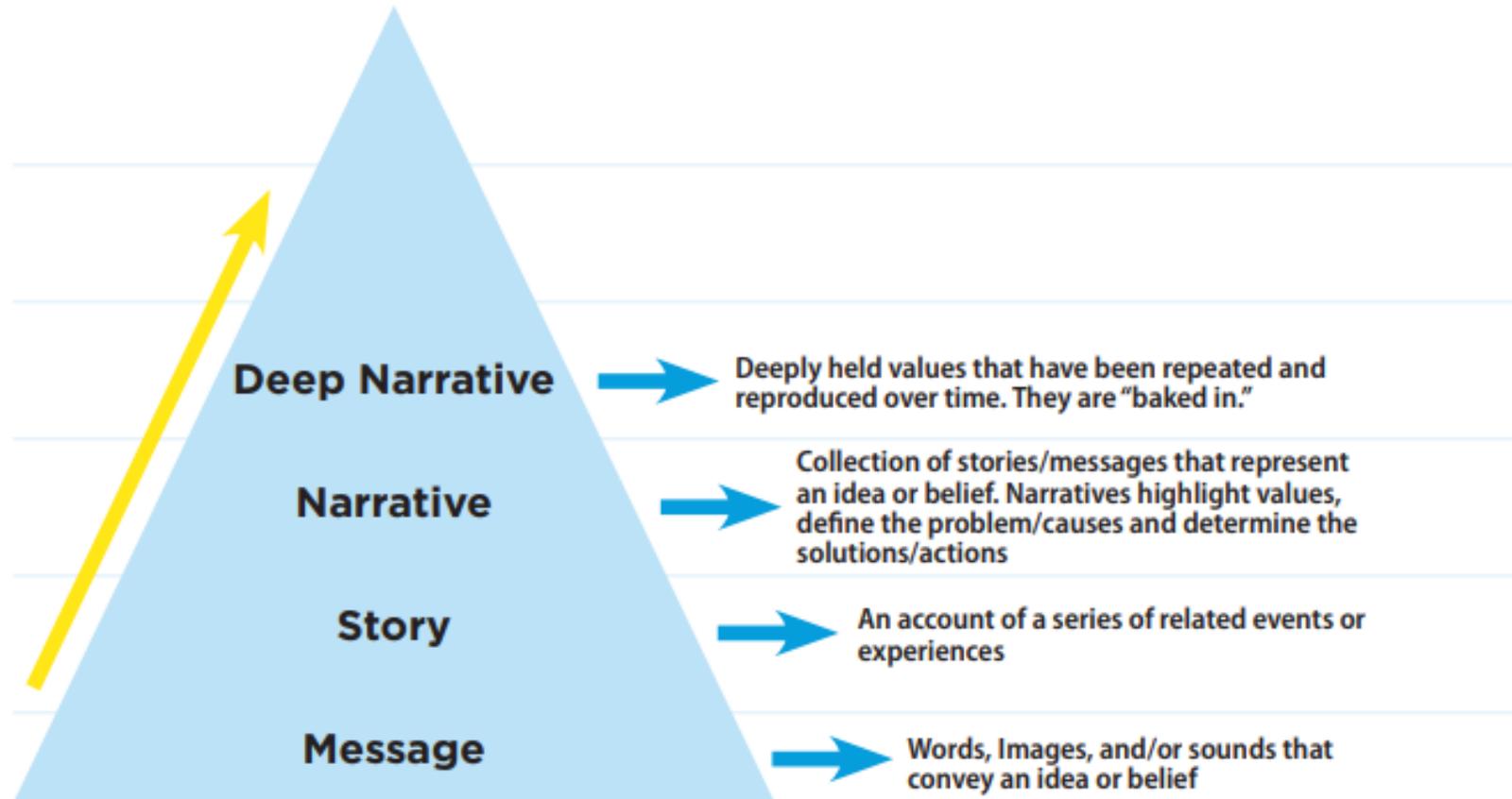
What Is Person-first Language? Definition & History

The *People First Respectful Language Modernization Act of 2006* was enacted by the Council of the District of Columbia on July 11, 2006 to “require the use of respectful language when referring to people with disabilities in all new and revised District laws, regulations, rules, and publications and all internet publications. ([People First Language | odr \(dc.gov\)](#))



Language Matters!

Race Forward's Narrative Ecosystem



Source: *Guide to Counter-Narrating the Attacks on Critical Race Theory*.⁸

Moving Past Identity-first Language

Identity-first language places the condition/situation/diagnosis of an individual *before* their personhood.

Why Is This Shift in Language So Important?

Identity-first language is labeling, and labeling can be detrimental to a person's development.

- Feelings of disempowerment and victimhood
- Reinforces societal and personal stigmas
- Assigns morality to a person's condition/situation
- Perpetuates hierarchies (*us vs. them*)

“When our stories and messages align with the narratives we want to elevate, we create impact.” Source: <https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf>

Discuss the factors surrounding
person-first language and its
integration into best behavioral
health care practices



Global Intent



Person-first language...

- Starts to address all areas of marginalization and inequity (racism, sexism, gender identity and expression, class oppression, substance use, and ableism);
- Creates space for understanding, genuine respect, healing, and community; and
- Builds the capacity to foster equity and dignity in every interaction, conversation, and exchange.

Therapeutic Intent



Person-first language...

- Influences our self-talk (internal discourse of how each of us talks about ourselves to ourselves);
- Helps those we serve to see and speak about themselves with greater fairness, kindness, and equity;
- Offers an invitation to reimagine a “self” less burdened by labels and stigma; and
- Builds a foundation for alternative narratives beyond the dominant one.

Person-first Language as Quality of Care

- Using language to address barriers created by bias
 - Recognizing the individual independent of their circumstances
 - Creating space for more effective communication
- Fosters a patient/client-centered care experience
 - Demonstrates that care is individualized and responsive
 - Allows for greater opportunity for advocacy



Person-first Language Improves Outcomes

- Be cognizant of bias in tools used to make clinical decisions
- Notice and question dominant narratives: first step in disrupting bias
- Examine the language being used in clinical settings
- Track epidemiological indicators, including life expectancy, infant mortality, and other measures of population health with shifts in language, material resources, and alternative narratives



Identify language specific to our grantees and ways to implement this language as a daily DEI best practice



Shifting the Narrative



A 44-year-old Puerto Rican felon comes to a free clinic with acute exacerbation of back pain. They have diabetes and hypertension. They are hesitant to seek health care. They express a mistrust of institutions because of negative experiences with the criminal justice system.

A 70-year-old elderly Black woman presents at the emergency department of a community hospital in the south side of Chicago with a breast lump. She does not have a regular doctor.

Changing the narrative...and why it matters



Narratives are woven into the fabric of everyday life and embedded into the structure of behavioral health care systems.

Humanize people! Describe the condition, NOT the person as the condition.

Be mindful of the norms of the community and changes in meaning/use of terms over time.

Shifting to a behavioral health equity narrative

- Provide possibilities and the space to reflect, engage, and fearlessly advance possibilities for a more just society.
- Highlight examples drawing on experiences from throughout the world.
- Expose the political roots underlying apparently “natural” economic arrangements, such as property rights, market conditions, gentrification, oligopolies, and low wage rates. Develop from collectively recognizing and denouncing oppression in all its forms.
- Make visible not only the injustice, but also the varied voices of those oppressed, and their perspectives on social justice.
- Redistribute power and resources to those most in need.

Source: [Advancing Health Equity: A Guide to Language, Narrative and Concepts \(ama-assn.org\)](http://ama-assn.org)

Person-first Language Quick Reference Guide



Person-first Language Quick Reference Guide

AHP believes it is critical to address all areas of marginalization and inequity due to racism, sexism, gender identity and expression, class oppression, substance use, and ableism. Given the divides that exist between groups in the United States, understanding and empathy can be extremely challenging. We feel we have an obligation to address these divides directly by, among other strategies, choosing to use language to create space for understanding, genuine respect, healing, and community.

We also recognize how language influences our internal discourse: how each of us talks about ourselves to ourselves. As we work with those who provide direct service, we hope to instill a capacity to foster equity and dignity in every interaction, conversation, and exchange. While it is one goal to work on how we see and speak to each other, we believe it is equally important to help those we serve to see and speak about themselves with greater fairness, kindness, and equity. This said, however, on an individual level, we should respect a person's choice about what terms they prefer to use when talking about themselves.

This resource offers information and best-practice suggestions to keep in mind while using person-first language, as well as terms to avoid and thus reduce stigma, negative bias, and negative internal discourse.

Behavioral Health and Justice Involvement

Identity-first Language	Person-first Language	Concern/Rationale
victim, survivor	person who was harmed, person who has experienced. . . , person who has been impacted by. . .	Such identity-first language implies disempowerment of those who have experienced violence.
mentally ill	person living with a mental health condition, person with a mental disorder, person with	

Person-first Language Quick Reference Guide

Substance Use

Identity-first Language	Person-first Language	Concern/Rationale
abuser, addict, junkie, user	person who uses drugs (PWUD), people with substance use disorders (SUDs), person experiencing an SUD	
alcoholic	person with alcohol use disorder	
clean	person who received negative toxicology test results	
former addict	person in recovery	
dirty	person who received positive toxicology test results	
opioid substitution, maintenance, or replacement therapy	medications for substance use disorder treatment	
dependence	addiction	Addiction takes psychosocial context into account, whereas dependence refers solely to physical health. Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and a person's life experiences.

Race, Ethnicity, and Culture

Terms to Avoid	Preferred Terms	Concern/Rationale
Negro, colored, Afro-American	African American/Black	

In summary, we must create space for understanding, genuine respect, healing, and community by shifting the narrative from the traditional biomedical focus on the individual and their behavior to a health equity focus on the well-being of communities.



https://padlet.com/ca_mip/myculturemypride

Upcoming Events and Important Reminders

- [MIP Educational Institution Program Capacity Survey](#): **Complete by June 17, 2022**, for all MIP Educational Partners
- [MIP Intern Self-Assessment](#): Please distribute this link to your interns. **Each intern must take this Self-Assessment survey as soon as their internship is confirmed with your agency and no later than 1 work week after the first day of their internship.**
- [MIP Mentor Self-Assessment](#): Each mentor must take this Self-assessment survey as soon as their role as a mentor is confirmed within your organization and no later than 1 month before they are assigned their first intern.

Please be advised that our Mentored Internship Program **website will become available in the second week of July**. At that time, mentors, interns, MIP grantee organizations' main point of contact, and educational intuitions will be provided with login credentials. More to come!

In the interim, please visit our website to continue accessing materials related to the Mentored Internship Program: [Home Page | CABHWD \(buildingcalhhs.com\)](https://buildingcalhhs.com)

References

- The American Medical Association & Association of American Medical Colleges Center for Health Justice. (2021). *Advancing health equity: A guide to language, narrative and concepts*. <https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf>
- Crocker, A. F., & Smith, S. N. (2019). Person-first language: Are we practicing what we preach? *Journal of Multidisciplinary Healthcare*, 12, 125–129. <https://doi.org/10.2147%2FJMDH.S140067>
- Braveman P, & Gruskin S. (2003). Defining equity in health. *Journal of Epidemiology & Community Health*, 57(4), 254–258. <http://dx.doi.org/10.1136/jech.57.4.254>
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- Brault, M. W. (2012). *Americans with disabilities: 2010* (Report Number P70-131). United States Census Bureau. <https://www.census.gov/library/publications/2012/demo/p70-131.html>.