

Making Excuses

How our institutions keep isms going

This column is a complement to Mark Harris' viewpoint ("Mandatory Report," 5/29), where he aptly describes his concerns about the requirement, as a mental health care provider, of being mandated to report (child or other) abuse in a system he would not trust a blood relative's care to. This is something I too struggle with as a clinician, former principal, professor and advocate for institutional change.

As a faculty member in a graduate school of counseling and education (Lewis & Clark), I find teaching future clinicians in such territory challenging on many levels. One course I teach is Multicultural Counseling. When I teach about institutional racism within social institutions, such as in education and health care, I also have to teach my undergraduate and graduate students how to critically think about institutionalized isms.

Many cannot see it at first, and they repeat a lot of things they have heard on television. Again and again they are taught to not evaluate socially (vs. individually) what they are presented with. At first, they feel helpless because there is so much unethical behavior perpetuated by nice people like teachers, counselors and mental health workers, often unconsciously. Not because we are bad people, but because we participate in an institution that has failed far too many people, ignores others, and certainly helped some.

My students learn to see institutionalized isms in outcomes, atmospheres, Western-centered theories and the way "it's always been done." They learn that their profession must unite to make needed changes – appropriate culturally competent supervision, training and a differently organized, funded system, for example – and that they cannot do it alone. I have to bear the bad news that they cannot become a professional in our field without participating in gross inequalities in services,

It will take a critical mass of people who are really committed to working together for everyone's well-being to see that we are all related and act accordingly. People can only accept inequity in services and opportunities by seeing others as 'different enough.'

random (e.g. HMO) limitations in service duration, institutionalized racism, that sometimes are worse than a Band-Aid. Clinicians who refuse such practice may also lose their careers. I know quite a few clinicians who have left their careers due to lack of ethics forced onto the mental health system whose budget has been cut almost continuously for 35 years. Let me give you an example of mandatory reporting:

As a former high school principal, I witnessed Eugene police officers on a few

occasions take pictures of the harm parents inflicted on my students, their children. The Department of Human Service worker told me (more than once) that my students' claims were probably not going to be investigated because the students are over 12 years old and "they can run away and live on the street." This is DHS' solution for inadequate funding. Since when is "living on the street" a viable option for youth too young to gain employment? This, of course, was without helping them learn to survive on the street or in an abusive family. To me it is a thinly veiled invitation for a young person to learn to sell themselves on the street as a result of social policies. The separation between public education and DHS means my struggle (unless collective) has little effect on services over there. Lack of services for disenfranchised youth, in this case, supports a homeless start to adulthood and teaches them the painful lessons of neglect, rather than what they could learn by being treated as important enough to gain a safe haven, mentors and the skills to pass it on.

I observed some of my students "read" such circumstances as their social disposability – that their community really didn't care about them. They got hurt three times: the original abuse, the lack of witnessing adults to do anything productive, and the long-term effects of cumulative institutional neglect. The (seasoned) worker made it clear to me that the statement "they can choose to leave and live on the street" was not her personal perspective but the position of her employer. Why would a mental health worker have to make excuses for her employer? Mental health workers have some of the most specific ethical guidelines for individual behavior. And how could a mental health worker recommend the street legally? Legal and professional ethics are two different things. Such set-ups are not incidental to DHS but to all public services because everyone's opportunities are on the backs of others who have less. Disenfranchisement is based on others' privilege in this particular society.

I share examples like this with my students to help them learn the skills necessary to put a collective end to mental health workers having to make such excuses and to end putting mental health workers in the position of having to choose between a job helping children and the unethical ways that employers refuse to help or Band-Aid those who need it. My courses are not enough to make institutional change even though ongoing culturally competent continuing education is required by our certifying associations. It will take a critical mass of people who are really committed to working together for everyone's well-being to see that we are all related and act accordingly. People can only accept inequity in services and opportunities by seeing others as "different enough."

Otherwise, people would convene because those children on the streets are "so much like my own." The poorest children in town would have the fancy pool and the school that doesn't get closed. The pattern of professionals of color running from Eugene would be seen as "evidence of significant covert problems," and lots of people would be seeking solutions and making them happen.

Michelle Maher is an author, clinician, a multicultural educator and advocate for human and environmental rights. She is on the faculty at Lewis & Clark College and teaches part-time at the UO.

Organic & Natural Bedding

Safe Nights... Sweet Dreams



NATURE'S FINEST
SLEEP SYSTEM

- 100% Natural Latex core with pure organic ticking
- Eco-friendly; free from harmful chemicals, toxins and dyes
- Offers equal support across entire mattress surface
- Wicks away moisture for a dry, allergen-free sleep environment
- Englander Natural Wool layer creates a temperature-controlled microclimate for body

The MATTRESS COMPANY

(541) 343-4300
1011 VALLEY RIVER WY, #117
EUGENE, OR 97401

(541) 746-7080
2329 OLYMPIC ST
SPRINGFIELD, OR 97477

Englander
The mattress of choice.

**Built for Comfort
Built for Life**

• burritos • bowls • quesadillas • home-made soups and salads • kids' menu • organic juices • real fruit smoothies • micro-brewed sodas and beers • home-baked cookies and pies • sustainable and locally grown produce •

The End Justifies the Beans



Laughing PlanetCafe

Out-of-this-world food that's wholesome, fast, affordable and portable.

760 BLAIR BLVD, EUGENE 541.868.0668

Open everyday 11:00am–10:00pm

www.laughingplanetcafe.com

• flash-steaming • a full dollop of humor and irreverence to aid digestion •