

# Hosting a Team Retreat on Welcoming

The following activities are presented as possible team development opportunities for managers and staff groups. These suggestions can be used as a part of team-building, since an examination of stigma within addiction and mental health service touches on diversity, acceptance of difference, and reflection on improved practices and advocacy.

Not all activity ideas are suitable for all teams. Choose the ideas that best fit the needs and comfort of your team.

## Activity: Team retreat questions

Choose from among these questions to create focused discussion about the stigma associated with addiction and mental illness:

1. What are the ways in which stigma is present in your work?
  - a. For clients?
  - b. For families?
  - c. For your colleagues?
  - d. For you?
2. Have you ever experienced prejudice associated with working in addiction and mental health service?
  - a. From your family and friends?
  - b. From clients?
  - c. From other health professionals?
  - d. From your organization?
  - e. From your colleagues?
3. If you answered yes to any of Question 2, what was the experience like?
  - a. What changed as a result of the experience?
  - b. What should have changed?
4. Given the many ways stigma is present, what can you do personally or collectively with your team to advocate for equality and promote inclusion in situations like the ones you've discussed?
5. What would anti-stigma practice look like in the context of your service?
6. What can you commit to doing to bring about this kind of service? Today? Next month?

## Stakeholder activity: Testing assumptions

Use this activity with stakeholder teams who are partners in care. This activity should be facilitated by a knowledgeable clinician.

Have the team imagine in their minds Friday night in an Emergency Room waiting room. Most people in the room are clearly injured or suffering from a physical ailment. However, one middle-aged woman appears to be intoxicated or somehow out of it rather than sick. She is disheveled and mumbling to herself.

### Questions for discussion:

1. What are your first thoughts as you hear the description of this situation?
2. What negativity do you think this person may experience from those around her? Think of other patients, families, security, and health professionals.
3. How do you monitor your assumptions?

## Activity: Awareness exercises

These vignettes can be used as an awareness exercise with any audience. Consider each of the following vignettes. Each person has their own experience of prejudice - what would it be like to be in their place?

As a personal reflection or working in small groups, try speaking about their experience of service from their point of view. How would they describe what it is like to come to your service each day?

### Vignette 1

I am a 48-year-old widow who struggles with her weight. I have been attending this clinic for two years now and I find the chairs rather uncomfortable to sit in. When I come here, I always try to find the chairs that do not have armrests so that I can sit more comfortably in the waiting room.

#### Discussion:

Assess the physical features of chairs in your waiting room.

- How well do these meet the needs of larger people?
- What would it be like to use these chairs if you were heavier and larger?
- How many chairs are there without arms?
- How popular are the chairs without arms?

Evaluate the waiting room.

- Are there other barriers for the larger clients?
- What are the chairs like in the interview rooms?

### Vignette 2

I am an 18-year-old gay female. I have been receiving addiction counselling now for one year. When I came in for counselling I was asked if I was indigenous. This made me feel uncomfortable. What does that have to do with it? Are all addicts indigenous? I mean, I do have a dark complexion. Also, I have noticed that there are posters of only white teens on the walls as well as heterosexual couples.

#### Discussion:

- Is there a situation in which it would be relevant to ask a person, early in their experience of a service, if they are indigenous?
- For example, in your area, are there services, funds or programs this person could qualify for because they are indigenous? What are these resources?
- When would it be appropriate to introduce these resources to a person?
- When we ask a question that is not relevant, what underlying assumptions are we implying or betraying?

### Vignette 3

I am a 30-year-old male who has a learning disorder and speech impediment. I find it hard to understand what people are saying sometimes, especially when I attend my weekly appointments at the clinic. I sometimes don't say anything because I don't want to look stupid.

#### Discussion:

- Consider the implications for clinical supervision. How is this man's silence being interpreted by the clinical staff?
- If they don't know about his educational and medical history, how is it that these important health determinants have been overlooked?
- What modifications can staff make to assist this person with understanding the speech of others? For example, staff could use plainer language, speak more slowly, write things down, repeat instructions, and review ideas from the last visit.
- Does clinic staff know what this person's communication preferences are?