



# CONNECT

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## Much More than Race and Gender

By: **Cedalia Ellis**

Diversity and inclusion in the workplace is becoming very personal. Talking about it can feel overwhelming, threatening, down right confusing. The definition of diversity has shifted past focusing on just race and gender, it has become more linear and expanded its reach. Diversity applies to all manner of individual and group differences that are often ignored or misunderstood when we confine the issue to race or gender. How we grew up, our socioeconomic status, career, age, religious views, and (dis)ability all contribute significantly to our identities. In this issue of the Connect, we hope to take a step back and highlight a wide range of important issues currently impacting our community through the lens of diversity.

### DIVERSITY EQUITY & ENGAGEMENT NEWSLETTER

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# VISIBILITY MATTERS

By: Tyler Plogher & Dannielle Schoenfeld

**Visibility is one of the most critical social issues currently being tackled by our society today. It has become even more crucial as we continue to break stigmas and taboos!**

Sometimes, we struggle with certain aspects of ourselves – of our identities – because although we might desperately want to express our feelings, we worry about the fallout. We worry that there might be some stigma attached to our feelings, or that our loved ones love us for who they think we are, but not for who we might actually be. Other times, we might lack the vocabulary to even put our feelings into words. A few weeks ago, Dannielle Schoenfeld, ACT Team Lead, discovered the power that visibility and representation can play in facilitating one of the most difficult – and transformative – conversations of this nature: coming out.

“I have a client who has been quietly exploring their sexual orientation for many years. During our meetings, they would occasionally make a comment regarding their sexual orientation, but they were never receptive to discussing this at any length. While meeting with this client recently, I noticed them glancing at my pronoun pin several times. They eventually asked me what it meant. I explained it to them and gave them a few examples. I explained that these pins are a part of how Southwestern is showing our commitment to welcoming everyone regardless of race, gender identity, sexual orientation, religion, etc. They sat quietly and slowly nodded their head for a moment before sharing what they believe might be their sexual orientation and gender identity. This is a huge step for this client and suggests they are becoming more aware of and comfortable with their identity. Since this interaction, they have been more receptive to discussing these topics with me. I believe having this visible show of support (i.e., our new pronoun pins) is what directly facilitated the client feeling comfortable enough to have this conversation and I am optimistic it will lead to additional discussions and personal growth for this client.”

Although many people know the privilege of their identities corresponding with their outwardly visible, biological traits, identity is so much more complicated than a handful of demographic categories on a questionnaire. When we speak about visibility and representation, what we mean to convey is that there are those around us who, every day, hide their true identities, because they are worried for their emotional or physical safety if they speak their truth. Since identity is not visible, and since minority identities are statistically uncommon, when people look for signs in their environment to suggest whether their safety is at stake and see nothing, they often err on the side of caution and censor their true selves. We have made pronoun pins available, because whether you personally struggle with assumptions about your pronouns, your willingness to display your pronouns is often interpreted as a sign of solidarity and understanding.

A member of the LGBTQ+ community, upon seeing your pronoun pin, will likely not only see your pronoun, they might feel that you are conveying, “I am comfortable discussing pronouns, and I recognize that others might not be. If you want to share your identity with me, I will respond favorably.” Now, that said, the same might be true for any number of people who do not wear pronoun pins. With representation and visibility, though, what matters is the recognition that there are those around us who are always scanning their environment for clues as to whether they are safe or not. A casual little preemptive, outward sign of compassion on your person or in your office can go a long way toward saying what you feel, but lack the words or time to convey. While Dannielle always would have been comfortable discussing these things with her client, they were not comfortable until they saw that it was safe. In a busy, scary world, it is empowering that something so small and simple can make the world feel more safe.

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HAPPY  
**Breast  
Cancer**

*Awareness Month*

**#STONGERTOGETHER**



# BREAST CANCER AWARENESS MONTH

By: Cedralia Ellis, LCSW

October can feel different for each of us — some wear pink to celebrate, some quietly observe the month, some feel grief, and some feel unseen or misunderstood. We want to normalize it all. Here is what you need to know about Breast Cancer Awareness Month.

Breast cancer awareness month, or National Breast Cancer Awareness Month, begins on Thursday, October 1, and ends on Saturday, October 31, 2022. Breast cancer is the most common cancer in women, with an average lifetime risk of developing breast cancer at 12 percent. According to the CDC, about 9% of all new breast cancer cases in the U.S. are found in women younger than 45; breast cancer risk increases as women get older (Breastcancer.org, 2022). In the United States, the incidence is the highest in Whites, followed by Blacks, Hispanics, and Asians/Pacific Islanders. Nevertheless, mortality is highest in Blacks, followed by Whites, Hispanics, and Asians/Pacific Islanders. Black women with breast cancer have a 41% higher death rate than white women and the shortest survival; Hispanic women and Latinas are more likely to be diagnosed at younger ages and with more aggressive cases of breast cancer, and they suffer higher death rates (LBBC, 2022).

Many of these identities further compound health disparities—especially for transgender people of color. The increased medical technology, effective treatments, and early detection screenings have decreased mortality rates of this disease overall. Although these excellent improvements are effective for the breast cancer community, it is essential to note that, unfortunately, not every population is included. This is due to the various health disparities within marginalized communities directly impacting their breast cancer incidence and mortality rates.

As we celebrate survivors and bring awareness of this life-threatening and altering disease, we must also recognize the various barriers faced by those. The death rate in minority populations can be lowered if more women are screened regularly and their breast cancers are found and treated earlier. Many factors result in women seeking care with late-stage disease, including Limited awareness of breast cancer, lack of health insurance, no access to preventative care, language barriers, mistrust of the healthcare system, and cultural beliefs in folk medicine (Verywell Health, 2022).

According to the CDC, about 9% of all new breast cancer cases in the U.S. are found in women younger than 45; breast cancer risk increases as women get older (Breastcancer.org, 2022)





# BREAST CANCER AWARENESS MONTH

## How Can We Help?

**Educate:** Education saves lives! Spend some time learning the signs and symptoms of breast cancer. The more familiar you are with them, the better you'll be able to detect breast cancer in yourself or others.

**Rally in Sharing Everywhere:** Your network is powerful! Use your voice, passion, and platform to help us reach every person affected by breast cancer and make sure they have access to the screening, support, and care they deserve (Nationalbreastcancer, 2022).

**Spreading Hope:** No matter how daunting a diagnosis, encouragement, connection, and community carry us all forward together. Remind those affected by breast cancer that they are surrounded by the love and support they need at each step of their journey (Nationalbreastcancer, 2022).



# NATIONAL DISABILITY EMPLOYMENT AWARENESS MONTH: OCTOBER 2022



This year's NDEAM theme, "Disability: Part of the Equity Equation," recognizes the important role individuals with disabilities play in a diverse and inclusive American workforce.

National Disability Employment Awareness Month (NDEAM) is held annually in October to commemorate the contributions of people with disabilities to America's workplaces and economy.

This year's NDEAM theme, "Disability: Part of the Equity Equation," recognizes the important role individuals with disabilities play in a diverse and inclusive American workforce. Observed annually in October, Southwestern Behavioral Healthcare acknowledges the contributions of America's workers with disabilities past and present.

## Ways to Celebrate National Disability Employment Awareness Month

- **Training**- Dedicate time during NDEAM to train new and seasoned leaders on a variety of disability-related practices.
- **Attend a local celebrations** – Many organizations throughout the country commemorate NDEAM by hosting local events.
- **Participate in Disability Mentoring Day** – Disability Mentoring Day (DMD) is a nationwide effort to promote career development for students with disabilities through hands-on career exploration and ongoing mentoring relationships.



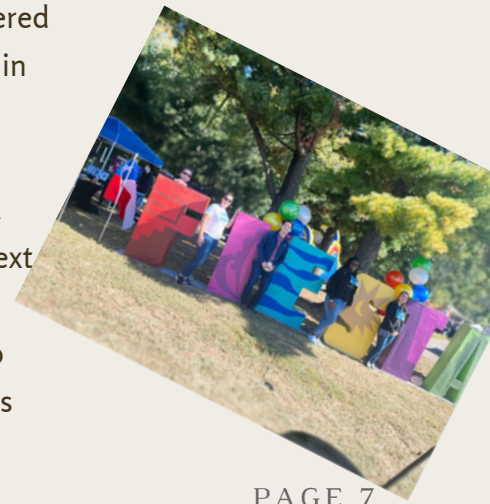
# FIESTA EVANSVILLE

*By: Terry Gish*



On September 9th, the DEE Committee represented Southwestern at Fiesta Evansville. The festival is described as “A Free Latino Festival bringing amazing international performers, cultural exhibits, international food booths, and colorful, cultural entertainment for the whole family.” Events included music, dancing, and a colorful parade. Vendor booths lined the road near Wesselman Woods and offered Latino-inspired foods and crafts as well as a variety of services. The DEE Committee’s Southwestern booth shared information about Southwestern’s services plus our employment opportunities. We also offered Mexican candy and inspirational stickers written in both English and Spanish.

It was an amazing experience to be part of Fiesta Evansville, and we hope to participate again in next year’s celebration. In the meantime, the DEE Committee will strive to continue reaching out to community partners and showing Southwestern’s commitment to diversity.







**NATIONAL INDIGENOUS  
PEOPLES' DAY  
10.11.2022**

# HOW TO BE AN ALLY TO INDIGENOUS PEOPLES

**Get informed.** Read up on Native American History and take the time to inform yourself on the challenges Indigenous people face today.

**Participate with interest** in Native American events and celebrations.

**Create space** for indigenous voices and listen intently to the stories they tell.

**Share Native art and culture** with respect to Native ownership and representation.

**Take meaningful action** — go beyond acknowledgement. Focus on helping the community find solutions for obstacles that hinder Native American rights.

# HOUSING BARRIERS

*By: Tyler Plegher*

Over the last five years, our clients have found it increasingly difficult to obtain housing. Although homelessness has always been a concern for those of us working in this field, we are realizing that new rental standards and the burgeoning cost of living are effectively pricing many of our clients and their loved ones out of housing, through no fault of their own. Our homeless resources are recognized for their availability and quality across the tri-state area. We are discovering, though - with growing concern - that temporary homeless shelters are becoming permanent for many in our community.

Many who were deemed disabled by the Social Security Administration early in life currently draw less than \$850 per month. Our clients have learned to creatively make use of community resources to stretch their benefits to meet as many needs as effectively as possible, and we, likewise, have developed our go-to approaches to alleviate the financial insecurities our clients routinely face. In the past, earning "the bare minimum" in benefits did not necessarily mean that homelessness should be a real concern, but today, if housing is needed urgently, even our robust local network of resources cannot always prevent a few nights - or longer - on the streets.

## What changed?

Approximately five years ago, even small, independently- or family-owned rental properties began requiring that prospective tenants earn at least three times the monthly rent in income every month. Although exceptions can typically be made when a willing and trustworthy cosigner is able to lend their support, for many of our least fortunate clients, family involvement of this kind cannot be guaranteed. Aurora of Evansville does offer temporary rental assistance to help homeless individuals overcome initial or short-lived financial hurdles to housing, but in the long term, this requirement that tenants make three times the monthly rent means that to be absolutely confident that one can pay their rent, their apartment needs to cost no more than \$280 per month. As far as we can tell, non-subsidized apartments are not available for so little money in the Evansville area.



In response to so many people now looking for, literally, the cheapest possible housing, the waitlists for affordable housing have ballooned, so that the waitlist for many low-income apartments is now longer than a year, sometimes even to be just offered the opportunity to formally apply; your application can still be rejected due to routine issues with background checks and other qualifying criteria. What are people to do in the meantime?

We bring up this issue of housing insecurity, in part, due to our ongoing focus on issues of equity. Aside from a place to store your belongings and rest your head at night, what is a home? What does owning or renting a place of your own facilitate? What sorts of complications arise from being forced into a transient, sometimes nomadic pattern of switching from shelter to shelter, with brief hotel stays and occasional couch-surfing in between?

As a relatable example, when assisting our clients who are homeless, or whose housing situations are lacking in some regard, we routinely bump up against innocent assumptions that are baked into our healthcare system and sometimes, seemingly, into actual medical decision-making.



continued

When clients are asked to engage in the personal maintenance and hygiene of wounds and associated medical equipment, for instance, the request that a client do so presumes that they have an appropriate and hygienic living environment to return to in which following medical recommendations should not be a concern.

Many of our clients might not technically be homeless, but that does not mean they are in charge of the living environment they return to, or that they are allowed to do everything in their "home" that many of us might take for granted. At local shelters, for instance, there are rigid rules and expectations that might result in someone with certain medical requirements being deemed inappropriate to reside there. Importantly, being inappropriate for residence at a homeless shelter is not necessarily the same as meeting criteria for a skilled nursing facility, and so there are many who simply do not follow medical recommendations, because they literally cannot do so.

We are all, understandably, concerned about the cost of living, but what is the cost of homelessness? It is far more than the cost of merely operating shelters or paying rent. It is a grim reality that some people, for no special or particular reason, not only develop disabilities that create inequitable barriers they must struggle against on a daily basis, but might become permanently homeless or dependent on others to meet their most basic and fundamental needs. What is the cost, then, of homelessness to their health, to their happiness, and to society, unless we collectively identify this situation as something we are not comfortable with allowing to continue?

When making requests of your clients, or when making assumptions about their ability to complete homework or to practice certain skills outside of sessions, for instance, consider the environment they are returning to. Sometimes, clients might not be able to follow treatment recommendations for unexpected reasons, given the stressors they return to every night. As clinicians, we encourage you to have these conversations with your clients to identify whether there is anything at all we can do to meet them were they are.







# NATIONAL GERMAN AMERICAN HERITAGE MONTH

## HISTORY OF GERMAN-AMERICAN HERITAGE MONTH

In October 1683 German families began settling in Pennsylvania.

Since then, German Americans have contributed greatly to our society. As well as the Easter Bunny and Santa, the Germans have had a huge influence in car manufacturing, the building of churches, the arts, and even the language. Love a good hamburger? That came from Hamburg in Germany. Hugely historical entrepreneurs such as Heinz, Chrysler, Boeing, and Rockefeller all have German American heritage.

The first proclamation of German-American Heritage Month was issued by Ronald Reagan in October 1987, and since then we have been celebrating every year.

# Neurodiversity in the Workplace

By: **Haley Archer**

If you were to walk into the Moulton office on a typical weekday, you would very quickly notice the comradery and a team who works together as a unit, each person doing their part to accomplish the goal of helping our clients. We are not flawless; we all have our moments but strive for an inclusive and open workspace. Our supervisor is vital in making this a reality, encouraging our individual strengths, and allowing us space to be ourselves. When members of a team identify as neurodivergent, this can be viewed as a detriment, but we view as an asset. The term "neurodiversity" refers to the innate differences in how people receive information, interact, learn, and think. The neurodiverse community includes those with developmental disorders such as Tourette's syndrome, autism, dyslexia, and attention deficit hyperactivity disorder (ADHD).

I was diagnosed with ADHD when I was 30 years old. I always knew I was different from everyone around me, but as much as I tried, I couldn't mimic their behaviors. A common misconception about developmental disorders is that one will grow out of them, which is not the case. Neurodiverse children become neurodiverse adults. For some, myself included, the diagnosis comes later in life. This is especially true for women, with females being underdiagnosed at an extremely high rate.

Over 30% of the population is estimated to fall into this category. Neurodiversity is not always something you will be aware of in others, making it easy to put labels such as lazy, weird, or anti-social on those with developmental disorders. Having neurodiversity can be difficult because, by definition, neurodiverse people are not "just like everyone else," sometimes making it difficult to fit in socially, behave in predictable ways, or quickly adapt to change. However, minor changes in the workday, such as typed directions instead of verbal, asking for preferred communication styles, and providing time-management software, i.e., OneNote and virtual calendars, will help create understanding.



While providing spaces that assist the neurodiverse community in these everyday challenges is something to work towards, it is also essential to play to those differences. Varying approaches to thinking, understanding, communicating, and experiencing the world are a few things that a neurodivergent mind can bring to the table. Some strengths a neurodiverse person can exhibit are observational skills, superior ability to recognize patterns, and staying focused on topics of interest for long periods. Creating opportunities to support an individual's strengths and allowing input into their environment can go a long way in getting positive interactions and results. Talking to neurodiverse individuals and discussing these differences is an excellent way to foster understanding and learn how to promote their strengths and abilities.

# SUICIDE PREVENTION

**By: Jamie Childers**

Nationally, over a million adults attempt suicide each year. In 2020, 54, 979 people died by suicide in the U.S. – that is 1 death every 11 minutes. In the same year, Indiana ranked 15th highest in the nation with over a thousand deaths by suicide.

All Individuals are unique and have intersecting identities. When we don't acknowledge the identities impacted by suicide, we enable the stigma that keeps too many silent and possibly disregard the specific needs of individuals. Veterans, people who live in rural areas, sexual and gender minorities, middle-aged adults, and tribal populations may disproportionately experience factors linked to suicide (CDC, 2022). These factors include substance misuse, job or financial problems, relationship problems, physical or mental health problems, and/or easy access to lethal means (CDC,2022). Some of the group may also be impacted by health disparities.

### National Data

- Transgender/gender-fluid gender Identity: ~40% (attempted)
- Bisexual: 40% (considered or attempted)
- Veterans (18-34 y/o): 39% (completed suicides)
- Native American & Alaskan Natives: 23.9%
- Non-Hispanic White: 16.9%
- Non-Hispanic Black: 7.8%
- Non-Hispanic Multiracial:9.6%
- Hispanic: 7.5%

Many of us have known someone who has experienced, or have experienced ourselves, suicidal thoughts, or attempts. Suicide touches all races, ethnicities, abilities, socio-economic status, sexual orientation, gender identity, gender expression, nationalities, religions, and veteran status.

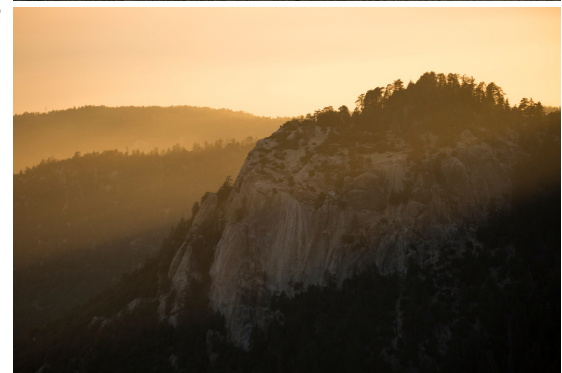
Each of us can help save a life! Each of us is a special and protective force in someone's life – someone who will listen without judgement, someone who provides love and understanding, and someone whose intervention can often save a loved one's life.

In some cases, suicide is not a conscious choice for a person in crisis; rather, it is a solution to their problem. It may be the only logical choice for a person who feels buried or overwhelmed by any manner of burdens. Often, a person who contemplates or attempts suicide has experienced a mountain of pain, loss, trauma, and other hurt before reaching the point of taking their life.

Recognizing warning signs in our friends, colleagues, neighbors, and family members is the best way to help prevent suicide. Most folks give warning signs that they are in crisis; if we can recognize these signals, then we can respond immediately.

### Some of the warning signs include:

- Talking about wanting to die or to kill themselves.
- Looking for a way to kill themselves, like searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated.
- Behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Extreme mood swings.





# SUICIDE PREVENTION

## Other Do's & Don'ts Include:

Do's	Don'ts
Be Yourself.	Argue with the suicidal person.
Be sympathetic and non-judgmental.	Act shocked or argue that suicide is wrong.
Take the person seriously – act quickly.	Offer ways to “fix” their problems.
Offer Hope.	Blame yourself or try to “fix it.”

Never dismiss suicidal talk or behavior. “It’s not just a warning sign that the person is thinking about suicide – it’s a cry for help.” So how can you help? One of the best ways to help is to LISTEN.



### Ways to Start a Conversation About Suicide:

- “I have been feeling concerned about you lately.”
- “Recently, I’ve noticed some differences in you and wondered how you are doing.”
- “I wanted to check in with you because you haven’t seemed yourself lately.”

### Questions You Can Ask:

- “When did you begin feeling like this?”
- “Did something happen to make you start feeling this way?”
- “How can I best support you right now?”
- “Have you thought about getting help?”

### What You Can Say That Helps:

- “You are not alone in this. I’m here for you.”
- “You may not believe it now, but the way you’re feeling will change.”
- “I may not be able to understand exactly how you feel, but I care about you and want to help.”
- “When you want to give up, tell yourself you will hold off for just one more day, hour, minute—whatever you can manage.”

## OUR COLLECTIVE CHALLENGE:

BE SOMEONE’S PROTECTIVE FACTOR! KNOW THE SIGNS! KNOW YOUR OPTIONS FOR HELP!

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