

Final Paper: The RESPECTFUL Model

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The RESPECTFUL Model is a paradigm used in helping to understand how particular situations and interactions with others affect me. The RESPECTFUL Model evaluates a variety of topics, situations, and scenarios that motivate a desire to change the way I view individuals who have experience similar situations. Understanding how I view these situations makes me think critically on how I would proceed with the treatment process of my client as a future counselor in the helping professions. The RESPECTFUL Model elaborates on thoughts feelings and emotions that play a key role in my worldview and how I tackle some of the challenges imposed by society and my own lived experiences.

I consider myself Christian even though I wasn't raised to learn about Christ through a particular denomination or religious doctrine. Rather, I stumbled upon Him through my own life experiences and circumstances. My path to Christ was different from a traditional Christian who faithfully went to church every Sunday, attended numerous church events, or took part in weekly meetings held by their congregation. Unfortunately, my upbringing did not include a strong foundation being grounded in Jesus Christ. In fact, I came into a relationship with my Heavenly Father as an adult during one of the darkest periods of my life when I suffered with suicidal depression because of my difficult upbringing in foster care.

I have always believed in God contrary to not being brought up in any religion. I cannot seem to explain the reason behind my belief in God other than the notion that I just knew He existed. For this reason, I believe that I can make a meaningful impact towards the treatment of my clients. My spiritual identity lies in Jesus Christ, and because I have come to learn this truth for myself, I wholeheartedly believe that God has equipped me to answer my calling in counseling. Naturally, I would consider myself to be open minded, compassionate, empathetic, and understanding towards individuals and their circumstances. I believe that much of someone's thoughts, opinions, feelings, and cultural and religious beliefs, or lack thereof, is

strongly rooted in their life experiences. Having this perspective will enable me to treat my clients in a kind, gentle and respectful manner. I believe in a God who is not only mighty, but also loves all his children without conditions and without judgement so that's how I intend to view and treat any client that steps into my office.

Growing up in poverty in American society has placed emphasis on the notion that individuals are placed on a socioeconomic ladder. Capitalism is responsible for this latter as well as the widening socioeconomic gap we see in society. In my perspective, this socioeconomic gap has been an ongoing issue for many years, causing drastic disparities between classes. Today, my interpretation of this growing disparity would be that the rich are becoming richer, and the middle class is now considered the working poor. In my opinion, the middle class no longer exists.

If I am being completely honest, I believe that mental health shouldn't come with a price tag. The socioeconomic background of an individual shouldn't be a determining factor in the quality of care or access to mental health services a person receives regardless of status. However, because capitalism runs everything like a monopoly, and mental health has become transactional for those who do not have insurance to cover mental health services, this only complicates the issue. For individuals who are not able to obtain mental health services through insurance, their options in terms of access are rather limited. Other factors may also create an obstacle for a person seeking services through insurance. For example, many health insurances by law have an obligation to disclose the mental health status of an individual, along with any diagnosis, and treatment plans implemented. This makes a person hesitant to seek services through insurance and oftentimes many would opt to pay out of pocket instead. However, as mentioned previously, what comes into question is the cost. Many would agree that therapy is expensive.

Having knowledge of this makes me question how I would approach this issue. In all honesty, it's like being stuck between a rock and a hard place. A question of what is deemed fair comes to mind. How could I put a price tag on someone's mental health? How could I charge someone more for services because they have more than me but charge the person next to them less because they may not have anything at all in terms of income? I believe some sort of equilibrium must be established in terms of affordability. That equilibrium does not determine how I serve my clients. What matters is me giving my all regardless of my clients' socioeconomic background and making it fair. I believe situations like this must be treated on a case-by-case basis, especially when socioeconomic status and background is in question because it can be so complicated.

I identify as a heterosexual female in a heterosexual relationship. I do not believe my own sexual identity bears any weight on how I engage with the world. I believe sexual identity, gender roles, and gender identity is subjective to an individual and their own lived experiences. In many societies, views on sexual identity, gender roles, and gender identity differ on not just opinion but other factors like cultural background, family dynamics, moral values, and so much more. Because these definitions can vary from person to person, culture to culture, and perspective to perspective, I never found it fair to give these categories a clear-cut definition. For instance, some would agree that males should be masculine while females should be feminine. However, I question, what defines masculinity or femininity? is it a person's attitudes? Physical characteristics? The clothes they wear? How they speak? is it their own definition or the definition imposed on them by external factors, like the opinions of others in society? My answer to these questions is that it is all subjective.

Aside from being in a heterosexual relationship, my fiancé and I would agree that we are also in an inter-abled relationship. In this case I have a physical disability and he does not. Applying this fact in the perspective of gender roles in our relationship, I would say that we are a

bit different from the traditional ideal, where the woman cooks, cleans, and maintains the household while the man goes out to work and is considered the breadwinner of the home. When it comes to our relationship, I do not believe gender roles in terms of how our society would define them, apply to us. For example, we go to school, we both have worked, and we divide household duties as we see fit. Not to mention, he is also my part time caregiver. Also, because of my disability, for example, household duties are divided in a way that most of the time the physical labor, like cleaning the bathroom and taking out the trash, falls on him because I physically have a difficult time completing those tasks. We both agree that this does not make me less of a woman or him less of a man because of this. I feel the same feeling applies for gender and sexual identity. I have no right to determine how a person or set of people identify these terms. It's their perspective, lived experience and opinion. My job is to treat them with kindness and respect. I do not have to agree with their notions, but I must remain open minded and respectful.

I consider my psychological maturity to be in good standing considering everything I have gone through. It is because of what I have gone through that makes me believe this. During one of the most vulnerable moments of my life is when I made the conscious decision to go to therapy. Initially I had this limited perspective in mind about what I would achieve in the process. I thought to myself that the main goal would be to heal from whatever caused me to seek therapy in the first place. I did not anticipate the level of self-awareness that would come along in that process. Not only have I become more aware of my weaknesses and biases, but now I understand how they may have impacted my functioning overall.

I realize, for example, that some of my biases have to do with my ignorance behind the development of them. For instance, some of my biases were taught by the people in my culture. I am of Hispanic descent and while I was in foster care, I was placed with Black and Hispanic parents who imposed their own biases of not trusting Caucasian social workers because they

were white. They would often tell me that because they were white, they had this built in “white savior” complex and felt the need to displace brown and black foster children because they lacked diversity in their knowledge and thinking of the behaviors and customs in Hispanic culture. I was taught to be biased toward Caucasian social workers because of this.

I would attest to these biases being developed due to my lack of knowledge and exposure of people, customs, and cultures. For the most part, my biased thinking was a direct result of what I was taught because I was sheltered. I believe now it is my responsibility as an adult to educate myself a little more on some of the cultural and societal variations of people that I will be involved with so that these biases do not negatively impact how I engage with my clients who may require more support or who may be resistant to therapy because of their cultural differences and outlook on societal views. I believe in the statement that no person is completely free of bias, however I also believe that we have a responsibility to become aware of them and determine how they may impact the people we encounter.

I identify as Hispanic. To put it frankly, I had not given much thought about how or if this would impact how I view others in terms of race and ethnicity until recently. I have come to know and understand why and how individuals view and understand other ethnic groups different from their own. The two main factors have to do with their own background and culture. When it comes to treating clients of any ethnicity or race, I believe that I hold a responsibility in educating myself as much as possible, especially when a person's race or ethnicity is different than my own. Of course, I would never be able to fully identify with people that are different from myself, however educating myself through insightful knowledge and gaining perspective of their worldview through assessment would help tremendously. This strategy would shed light on how they identify and ensures that my experience with them remains impactful and meaningful throughout the therapeutic process. It would also provide me with wisdom and discernment on how to best treat my client.

I am currently 29 years old. However, because I have lived through life experiences that I would say have aged me rather quickly, at times I feel as though my chronological age doesn't match my mental age. In fact, I often feel much older than my actual age. Therefore, I feel as though I wouldn't have an issue working with clients who are older than me. I believe that the more lived experiences an individual goes through, there comes a level of wisdom and discernment. The population that I feel I would have the most challenges working with are people my own age or even younger. Ironically, I do have a desire to work with teens and children in the future despite where I am mentally. To be clear, this isn't to say that maturity and wisdom cannot be obtained in people my age or younger or in people that have not gone through the similar challenges that I have endured. I believe that this is far from the truth. I believe anyone of any age can learn from anyone and that age doesn't necessarily correlate with wisdom or the lack thereof. I am grateful that I have become aware of this view that I have because I don't want it to impact the treatment of my clients in a negative way.

I have a physical disability that affects my motor skills, coordination, muscles, and my ability to walk. I require the use of a motorized chair to get around. Having been born with a disability allows me the ability to further connect with other people in the disability community. We share common ground and similar perspectives because we have a disability. I can relate and understand the challenges and life experiences they face because of this. I have a unique perspective that I believe will allow me to engage with this population in a meaningful way because I essentially live in similar shoes, and I feel like this is the best way to gain insight on how to serve and better treat this population.

I was raised in the foster care system from the ages of 2-20 years old. I went through many traumatic experiences that involved sexual, emotional, mental, and physical abuse in a majority of the homes I was placed in. This experience will influence me working with clients who have been victims of similar trauma in a unique way. I believe that people connect with one

another through similar lived experiences because it lets someone know that they are not alone in their journey or struggle. I have learned that many people want to feel like the person they are connecting with can sympathize and relate to them in some way. This unique experience is heightened between the therapist and client. As a future counselor, I will be able to utilize the tools and coping mechanisms I have acquired to help my client overcome the various traumas brought on by their life experiences. This applies to whether my client is a victim or perpetrator of that trauma. I have also learned that in many cases, perpetrators were once victims of trauma themselves, whether they are consciously aware of it or not. This perspective allows me to express sympathy for them as well. As hard as it may be for me sometimes, if I were to take on a client who happens to be the perpetrator of that trauma, I would try to remember this fact. However, if it becomes too triggering for me or hinders my effectiveness or fair treatment of them, I will refer them to another professional as to not jeopardize the relationship or harm the treatment process for that client.

I would consider my family structure to be one that was built overtime. Because I grew up in the foster care system for nearly most of my life, my family tree was self-built after aging out. I knew of my biological family; however, I don't have a relationship with them. Growing up I obviously struggled with the definition of what a family was. Up until adulthood, I was under the impression that family had to be blood related. I grew up hearing the famous quote "blood is thicker than water" and so I always felt anything outside of that was not relevant. This pulled on my heartstrings for many years! It was in my adulthood and during my healing journey when I realized that family is what you make it out to be. Whether the people in your family structure is related to you by blood or whether you've known them for many years or have met them along the way. Knowing this has provided me with an objective view of how people define and view their own family structure. I find myself to be more open and accepting of other people's family structure because mine is comprised of friendships and fur babies!

Some days my perception of beauty as it pertains to myself fluctuates. Some days I look in the mirror and consider myself beautiful, while other days I consider myself to be average. I do believe society and the perception imposed by others on how they define beauty has affected me in some way. For most of my life, I struggled with my weight because for the majority of it I was very underweight. After the age of 22, I started to put on weight and over the years I have gained an extra 70 pounds which puts me in the overweight category. Physically my new body is still something that I am learning to love and accept. I am still not used to my new form because to me, I went from one end of the poll to the other in terms of my weight. Even though my weight gain happened gradually, I noticed how the people in my circle took on their own opinion of my weight gain. Some would express that I looked better and healthier while others didn't hesitate to tell me they thought I had gained too much. If I am being honest, my own perception of beauty became distorted for a bit and I found myself struggling to define what made me beautiful.

I now know and understand that beauty is on a continuum and holds many definitions. Beauty isn't a standard or something that is concrete. I do believe that many factors are responsible for the influence on the definition of beauty for many individuals. It is crucial to be open minded and knowledgeable on some of these factors. As a matter of fact, professionals have argued that these factors have a biopsychosocial component. They argue that these components have a responsibility in the development of certain eating disorders and issues surrounding obesity. I am knowledgeable in the fact that individuals who struggle with eating disorders like anorexia or bulimia or struggle with obesity, struggle because of societal pressures and keeping up with the standards of beauty and the ideal body type. Cultural factors also play a role in influencing this ideal. Along with individuals who struggle with body weight and image people with physical disabilities may also struggle with the definition of beauty, as many of them would look differently from others depending on their physical ailments. I believe

there is no clear-cut solution to treating people who struggle with body image as it pertains to beauty. I believe the goal for these clients should be to get them to a place where the definition of beauty isn't just a definition for them but something that they truly believe they are inside and out. I believe the goal of therapy is to help clients negate those negative self-perceptions and teach them that beauty is in fact on a continuum and that it is the person that defines beauty and not the other way around.

My first language is Spanish. Where I currently reside, the language is primarily English. For individuals who speak a different language than myself or who have strong accents, I try my best to make sense of what they are telling me. Most times, I will try to communicate by using a translation app on my phone. I sympathize with individuals who have a language barrier because I once struggled myself as Spanish is my primary language. I try my best to remain patient with communication. If I'm being honest, the language barrier between myself and someone else never truly bothered me. I can understand how not being able to communicate is frustrating for both parties trying to understand each other but we are blessed with so much technology now that it shouldn't be a big deal.

There are so many factors that determine where or why a person lives where they do. Some factors include money, resources, convenience, inheritance, opportunity and so much more. I believe it just depends on the circumstance. It's kind of difficult to gauge what kind of view I would have on a person that for example lives in a fancier neighborhood than I do because I just don't know the circumstances behind it. At least not until they give me an explanation. But even then, I'm not sure if my view would change. I think I'm just more focused on the individual itself and not their possessions or lack thereof. I think a lot of it is situational and sometimes maybe even by chance. In my opinion, where and how a person lives shouldn't have a negative outlook for the next person.

Using the RESPECTFUL Model, I have been able to elaborate on my thoughts, feelings, and emotions. This paradigm has helped me become acutely aware of how particular situations and human interactions affect me as a whole and as a future counselor in the helpful professions. The RESPECTFUL Model, which evaluates a variety of topics, situations, and scenarios, including sexual orientation and socioeconomic status. This model has motivated me and changed the way I view those who experience comparable issues. My capacity to think critically about how I would handle problems affecting the general wellness of my prospective clients has been put to the test using this paradigm. Knowing about these problems will enable me to give my clients the best therapy possible.

References

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