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My Path to Advanced Practice

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MSW Portfolio: My Path to Advanced Practice

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Portfolio Competencies and Dimensions Checklist

	COMPENTENCIES	Narrative	Appendices	Presentation
1	Demonstrate Ethical and Professional Behavior (K,S,V,C&A)			
2	Advance Human Rights and Social, Economic, and Environmental Justice (K,S,V, C&A)			
3	Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice (K,S,V,C&A)			
4	Engage in Practice-informed Research and Research-informed Practice (K,S,V,C&A)			
5	Engage in Policy Practice (K,S,V,C&A)			
6	Engage with Individuals, Families, Groups, Organizations, and Communities (K,S,V, C&A)			
7	Assess Individuals, Families, Groups, Organizations, and Communities (K,S,V,C&A)			
8	Intervene with Individuals, Families, Groups, Organizations, and Communities (K,S,V,C&A)			
9	Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities (K,S,V,C&A)			
10	Apply forms of leadership to support collaborative, interdisciplinary or transdisciplinary relationships, and active community participation in addressing the intersection of local and global issues impacting your community and greater geographic region (K,S,V,C&A)			

My Path to Advanced Practice

It feels surreal to be sitting down to write my portfolio- the culmination, the proverbial finish line, of nearly a decade of schooling. It also marks the end of my time in the MSW program—a program that has not only transformed my understanding of myself, but profoundly changed the way in which I view the world. This transformation began with my introduction to Janet Finn's (2016) *Just Practice* framework, which (for those of you unfamiliar with it) acts as a blueprint to guide ethical social work practice, centered around the five themes of *meaning, context, power, history,* and *possibility*. I have carried these themes throughout my course work and clinical practice, and will therefore reference these and other core concepts from the *Just Practice* framework throughout the narrative the follows.

The narrative will include pieces of my personal "story" and glimpses into the social context, and lived experiences, that inspired me to pursue a Master's of Social Work degree. I will then draw upon my course work and clinical experience as I demonstrate my development of the four dimensions of holistic practice, to include the (1) knowledge, (2) values, (3) skills, and (4) cognitive and affective processing needed to achieve competence as an advanced practice social worker (CSWE, 2022). I will organize my narrative using the five elements of advanced practice, as I illustrate my mastery of the ten competencies outline by the Counsel on Social Work Education (CSWE) and the University of Montana's MSW program. With that being said, I will do my best to be concise yet engaging as I work to fulfill these requirements and uphold the accreditation standards set forth by the profession.

Before I begin, I want to express my discomfort in the idea of "mastery" or "competence", as if a one-size fits all approach to social work is sufficient in addressing the complexities of individuals, communities, and issues of social justice. It reminds me of the

outdated practice of 'cultural competence', which is now referred to as 'cultural humility' to reflect the ongoing, critical-thinking it requires. As oppose to the completion that "competence" begets, cultural humility resists the convenience of categorizations, and instead takes the time to be intentional in our decision-making, and client-centered in our delivery of services. This humility is reflected by Janet Finn (2016) in the opening of *Just Practice* as follows:

> We caution against the allure of a notion of competency that makes social work appear clear and precise, thereby masking the complexity and ambiguity. We encourage social workers to practice from a place of humility and commit to a lifelong search for competence. We caution against competency models that privilege a single, unitary approach to practice over the richness and diversity of multiple *social works*. We encourage a process of ongoing question posing that recognizes the partiality and limits of our knowledge and skills and invites the possibility of discovering new ways of knowing and approach to practice (p. XIX)

The Five Elements of Advanced Practice

Element I: Engage in ongoing critical self-reflection and examination of the values and assumptions that shape social work theory, practices, policies and programs.

Paramount to ethical social work is the ability to engage in ongoing self-reflection of the assumptions and values that shape the way we view, and interact with others. This practice requires an understanding of what Janet Finn (2016) refers to as *positionality,* or our "location in the social world" (p. 26). Positionality describes the way our social context, along with our lived experiences, shape our overall understanding of the world around us. Critical self-reflection begins by recognizing the narrow scope of our "personal lens", and becoming aware of its limitations to better understand, and thus relate to, the "lens" of others. I will demonstrate this

ongoing self-reflection throughout my narrative by offering glimpses into my "personal lens" and including the lived experiences, and social context, that shaped it.

I should start by explaining how the path that led me to the MSW program, in many ways, traces the course of my entire life. I was born on the Wind River Indian Reservation in central Wyoming, where my father worked for the Indian Health Service, while my mother pursued a master's degree in Psycho-Educational Counseling. Around the age of 6, my family moved to Wellsboro, Pennsylvania—an old coal mining town in the north-central part of the state, where my mother worked in public health, writing grants and designing programs aimed at improving access to behavioral health services for rural, underserved communities.

My father worked as an emergency room physician in the county's only hospital, providing healthcare service for the blue-collar community in which I grew up. I can remember him coming home from work and grappling with the ethical dilemma posed by serving a largely uninsured population—decisions of whether or not to order potentially life-saving testing for his uninsured patients, knowing these expensive tests would result in thousands of dollars in hospital bills. I remember one instance in particular, in which he struggled knowing that the testing he order for a farmer and father of four, meant "his family wouldn't be celebrating Christmas this year". I remember that day so vividly, most notably, the sickening feeling of guilt I felt—guilt in knowing that I would wake up on Christmas to a tree garnished in presents, and parents free from the constant stress that scarcity and poverty inflicts. A child grappling with her understanding of fairness, frustrations of "that's not fair" took on a different meaning for me, it changed my worldview, and ignited the flames that continue to fuel my passion in fighting for social and economic justice, especially among hard-working, rural populations.

Demonstrate Ethical and Professional Behavior

In reflecting on my ethical and professional development throughout the MSW program, I decided to do some digging into my course work for the LAC program I completed a few months prior to beginning the MSW program at UM. Looking back, I am honestly shocked and horrified to read my ethnocentric assumptions in a case study, titled *Cultural Considerations* (Appendix A). In the assignment, I drew assumptions from the limited information I was provided, purporting to understand the client's worldview and perception of her racial identity. These assumptions and biases are a far-cry from the ethical practice, and my awareness of positionality, gained through the MSW program.

Along with the *Just Practice* framework, the National Association of Social Workers (NASW) provides a Code of Ethics to assist in navigating the complexities of ethical decision-making in social work practice. In a paper for SW 505, titled *Ethical Reflections* (Appendix B), I utilized the NASW Code of Ethics, along with guidelines set forth by the International Federation of Social Workers (IFSW), to reflect on an ethical dilemma I faced prior to my training in advanced practice. The contrast between these two assignments depicts the drastic difference in my approach to ethical practice since beginning the MSW program, with Appendix B demonstrating my ability to utilize the ethical standards of our profession, while confirming my engagement in reflecting on the values and assumptions that shape my clinical practice.

I have also utilized critical self-reflection in my practicum position to examine my assumptions, and to assess how I "show up" in my sessions and interactions with clients. As a social worker dedicated to providing client-centered care, self-reflection and an awareness of positionality is essential in the ethical decision-making process. I have been incredibly lucky to work with a supervisor who upholds the ethical standards of our profession by engaging in ongoing self-reflection, and challenging me to do the same. There are numerous examples in

which Claire has posed critical-thinking questions that have changed the way I see and navigate ethical decisions in my clinical practice.

One such example involved a 13-year-old client who I had been working with for a few months. My initial assessment of the client led me to believe she exhibited signs of developmental delays. My curiosity, or perhaps my desire to confirm my assumptions, compelled me to obtain parental consent and a 'Release of Information' from her school. After talking this decision over with Claire, she asked "how will this information change how you work with her?". The answer was that the information would, in no way, change my work with her or alter the therapeutic interventions I implemented in our sessions. This led me to the realization that my motivation was based solely on my own wants and needs, and not the wants and needs of the client. This scenario is a perfect example of the critical self-reflection needed to examine our assumptions and values, as they relate to our practice. In doing so, and with the knowledge gained through the *Just Practice* framework and NASW Code of Ethics, I have developed the skills, values, and internal processing needed to engage in ethical social work practice.

Element II: Bring historical, cultural, and political perspectives and a critical understanding of difference and oppression to bear in understanding the person-in-environment, social problems, interventions, and possibilities for social-justice-oriented action.

Despite my childhood exposure to the injustices perpetuated by wealth disparities, and bearing witness to the stark realities of poverty in rural America, it wasn't until doing research for a paper in SW 511 that I fully grasped the severity of the problem in my hometown. In the paper, titled *Exploring My Positionality* (Appendix C), I described the socioeconomic conditions as follows:

The town is extremely isolated with a population of just 3,263 of which 98.1% are

> Caucasian. This isolation, and the subsequent lack of employment opportunities it affords, translates into a per capita income of just $18,096 and a childhood poverty rate of 31.8%. This means that almost a third of those I went to school with, lived at less than 185% of the Federal Poverty Level (U.S. Census Bureau, 2010).

Growing up in this environment highlighted my privilege, and left me with a real-world understanding of difference and oppression, especially as it relates to the socioeconomic disparities that plague rural America.

This privilege afforded my family with the gift of international travel, exposing me to cultures, and ways of living, that were vastly different from my own. As a child, my mother lived all over the world, primarily in war-torn areas where my grandfather worked under the "godfathers" of sociology to establish the field of study known as 'Community Development'. This multicultural experience, and the impact of baring witness to the deprivation and suffering perpetuated by political instability in third-world countries, caused my mother to seek in providing the same expansive worldview for me and my sister. In such, our family traveled to more unrefined parts of the world, giving me and awareness and understanding of the narrow, ethnocentric scope of the western world. I have countless memories of these travels, and the ways in which these experiences shaped my positionality and understanding of the world around me. I included one such memory in my positionality paper for SW 511 (Appendix C), in which I wrote:

> I remember playing with a little girl in the Dominican Republic when I was around 8 or 9 years old. The little girl was similar in age, and after declaring our official title as newly formed "best friends", I remember her gifting me a ring that even at the time, I knew must be one of her few prized possessions. I am not sure if I accepted the ring or not,

> but after leaving, I remember asking my mom about the dirt floors in her multigenerational home. We were in the car and I recall this moment so clearly, my mom turned around from the front seat and in a stern voice she said, “now Hannah, I want you remember this and don’t you ever forget it— someone might look different than you, and they might live different than you, but their mom loves them just as much as I love you”.

This powerful lesson speaks to cultural difference and the historical, political, and oppressive forces at play in the person-in-environment understanding of social justice issues.

Advance Human Rights and Social, Racial, Economic, and Environmental Justice

My engagement in the social justice work inherent to UM’s MSW program, focused primarily on the socioeconomic barriers that impact the health, and wellbeing of youth throughout rural Montana. This focus reflects my understanding of the impact that early-intervention, and preventative services, can have in the fight for socioeconomic equality. In addressing the accessibility of mental health services for Montana’s youth, I have looked to schools as an avenue for equitable service delivery, especially for those living in more rural portions of the state.

In a research paper for SW 520 titled *School-Based Mental Health Services* (Appendix D), I discussed how schools offer an often overlooked hub through which collaborative, comprehensive, and prevention-based services can be provided to students throughout the state. The paper explored how equitable access can aid in reducing socioeconomic disparities and advancing human rights. I will include an excerpt of the paper as it depicts my dedication to breaking down the socioeconomic barriers that create health disparities among children and youth. In the paper, I explained:

> Socioeconomic barriers disproportionately impact youth living in rural areas due to the cost of service, transportation issues, increased social stigma, and the limited availability of qualified mental health professionals. Disparities also exist for minority youth, with black and Hispanic adolescents being less likely to receive mental and behavioral health services, regardless of the severity of their impairment. In addressing these barriers, schools offer an ideal avenue through which equitable access to services can aid in reducing unjust health disparities that exist throughout the U.S. (Merikangas et al., 2011).

Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice

Advancing human rights requires an understanding of the historical, cultural, and political forces that create racial and socioeconomic inequities. Throughout the MSW program I have gained an in-depth understanding of these forces through our readings, namely Howard Zinn's *A People's History of the United States,* Heather McGhee's *The Sum of Us,* and Abram X. Kendi's book, *How to Be An Antiracist.* Kendi's book in particular, provided me with an understanding of what it means to be an anti-racist, and how I can resist the deeply ingrained systems, and structural focuses, that perpetuate racism in America.

In a paper for SW 505, titled *Anti-Racism Reflection* (Appendix E), I discussed our nation's interwoven relationship between racism and capitalism, writing "the word capitalism sparks frustration and indignation as it represents the power constructs that produce vast inequities and unjust suffering amongst our most vulnerable populations". The paper demonstrated my understanding of the role that social workers play in mitigating the structures of power that reinforce racist and discriminatory practices. The economic disparities inherent to capitalism are particularly evident here in rural Montana, where population growth following the pandemic

has skyrocketed housing prices throughout the state. The influx of remote workers, many of whom left urban areas with salaries that far exceed those of rural workers, has resulted in a housing crisis that continues to displaced thousands of Montanan families.

Bearing witness to these changing power structures (i.e. wealth) in my clinical practice has given me an understanding of the real-life implications of these systems on the lives of the clients I work with. Supporting an adolescent who is grappling with the responsibility of finding his first job to help his mother afford their $500 rent increase, or seeing the behavioral changes in a child whose family was forced out of their rental home and into the confines of a camper, has brought to life the person-is-political perspective that is vital in our pursuit for social and economic justice.

I have engaged in practice that promotes socioeconomic equity by traveling to rural, underserved communities and providing pro-bono services to children and youth. Beyond providing these clinical services, and supporting parents and families with information on local resources (most of which have been drained by the pandemic, followed by the housing crisis, and now the rising costs of living), I am left wondering—what power do I have? How do I advocate for my clients within these systems of power? If these children are robbed of the same opportunities as the children whose families bought their rental home, how can we call our nation the “land of opportunity” if those opportunities are only provided to those at the top? What does the future look like with the growing divide between rich and poor, and how do I fight for these children within the unjust systems upon which our nation was founded?

When these questions and frustrations arise, I continue to remind myself that the person-is-political and that changing systems requires the empathy needed to change minds. Thus, in providing services to promote equitable opportunities for children and youth, I have

engaged in direct-practice that mitigates the evils perpetuated by capitalistic structures and acts to advance human rights in the fight for social and economic equality.

Element III: Integrate the skills of direct practice and community work and creatively bridge multiple levels of intervention.

Addressing the systems and structures that influence individuals and communities is inherent to our practice as social justice oriented social workers. This multi-level intervention requires an awareness of the contextual forces that shape individuals, groups, and communities. Working with children and adolescents brings this contextual awareness to the forefront, as their struggles are almost entirely a reflection of the systems, namely the family system, in which they reside. In my previous experience working with youth, I was never given the opportunity to work directly with their parents or families to engage in this systems-based approach to service.

In all honesty, the idea of coaching parents, when I am not a parent myself, feels entirely outside the scope of my expertise. This limitation however, means that my clients, and the work we accomplish together, is restricted by the confines of the family system in which they reside. With the support of my supervisor, I was able to overcome my discomfort to expand the scope of my practice by engaging with parents, families, and school personnel. In doing so, I have witnessed the profound benefits of integrating direct practice skills with multi-level interventions. Bridging the gap between the individual and their context has opened-up the realm of possibilities for my clients, as "context shapes what is seen as possible or not possible" (Finn, 2016, p. 34).

Engage with Individuals, Families, Groups, Organizations, and Communities

Engagement is described by Finn (2016) as "a process of establishing rapport; creating

an environment of genuineness, empathy, and warmth; forming partnerships; and establishing a basis for trust and collaboration" (p. 189). Engagement asks social workers to immerse themselves in the social context, inner world, and lived experiences of others. It requires us to bring attention to historical, cultural, and political forces, and to draw attention to themes of power and oppression. Through this practice, engagement allows us to form productive therapeutic alliances built on empathy, mutual respect, and genuine curiosity.

I spoke of this process in a paper for SW 505 titled *Just Practice Case Study* (Appendix F), in which I discussed my engagement with an indigenous client. In the paper, I pointed to our profession's history and involvement in the cultural genocide of tribal communities throughout the nation. In the assignment, I wrote "acknowledging this history would allow us to speak directly about mistrust and any apprehensions Kevin might have in the process". Drawing attention to contextual forces allows us to recognize resistance as a form of power that honors the client's autonomy and right to self-determination.

This practice is also an essential part of engaging with communities, organizations, and groups. In a paper for SW 511 titled *Engaging with Groups and Organizations* (Appendix G), I spoke of my involvement in community organizing. In the assignment, I discussed how building rapport and establishing productive working relationships begins by drawing attention to the contextual forces and complex dynamics that shape individuals, groups, organizations, and communities. These examples demonstrate my ability to draw on the knowledge, skills, values, and internal processing of advanced practice in my ethical engagement with individuals, families, groups, organizations, and communities.

Assess Individuals, Families, Groups, Organizations, and Communities

Assessment begins with an awareness of our positionality and the ethnocentric nature

of our assumptions. Along with an awareness of positionality, ethical assessment asks us to honor the lived experience of the individual, group, or community; to acknowledge differences in power by adapting a teaching-learning approach; to recognize the permanence of documentation; and to examine the *Just Practice* themes of meaning, context, power, history, and possibility throughout the assessment process (Finn, 2016). This ethical practice is reflected in a paper for SW 505, titled *Just Practice Case Study* (Appendix F). In the paper, I utilized critical self-reflection in my assessment of a client, writing "I can reflect upon my initial reactions, opinions, and judgements as I begin to differentiate my subjective perceptions from objective realities. This reflection forces me to question my positionality from the lens of the dominant culture, and to reevaluate my assumptions".

Ethical assessment also requires us to honor clients' expertise and right to self-determination by rooting ourselves in the person-in-environment perspective. This practice acknowledges the complexities of intrapersonal issues, and draws attention to the societal structures and systemic forces that shape these issues. An assignment for SW 535, titled *Just Practice Assessment* (Appendix H), depicts my ability to recognize these invisible forces. In the assignment, I highlighted the socioeconomic barriers evident in my client's 'presenting problem' and point to the structural arrangements and contextual forces as the cause. This ethical practice "demands that we critically address the interplay between everyday human struggles and the structural arrangements that variably compromise or support human agency, dignity, capabilities, and rights" (Finn, 2016, p. 20).

Another component of ethical assessment involves clinical documentation that recognizes the "power of the written word" (Finn, 2022, p. 14). This practice is particularly important in narrating our clients' lived experiences through their clinical documentation, and in

establishing treatment goals that reflect the clients' expertise and right to self-determination. I utilized this ethical practice in my practicum, where I employed a teaching-learning approach to mitigate power dynamics and establish treatment goals using quotations to reflect my clients' own words. This client-centered approach to assessment also aligns with principle 1.02 in the NASW Code of Ethics (2021), which reads "social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals" (p. 2).

Intervene with Individuals, Families, Groups, Organizations, and Communities

Advanced practice social work provides a wide scope of expertise that allows us to work in a variety of roles and settings. Despite this flexibility, my professional goals lie in direct, clinical practice with individuals and families. In such, I was incredibly fortunate to ascertain a practicum that provided me with clinical experience in client-centered care. This experience, along with the support and trust of my supervisor, granted me freedom to develop my own unique style and approach to therapy, which allowed me to show-up for my clients in a genuine and authentic manner. This authenticity is vital to my clinical training, as research has shown it to be the most important component to predicting clients' success (Bayliss-Conway et al., 2021). Through my practicum experience, I have honed my clinical skills and gained knowledge and practice in the implementation of the following interventions:

(a) Establishing a treatment plan, including goals and objectives, interventions, and periodic reviews and updates to reflect my clients' progress.

(b) Maintaining up-to-date progress notes and documentation that abides by the requirements for medicaid and private insurance reimbursement.

(c) Engaging in weekly supervision and case consultation to explore client-centered

interventions and build my clinical toolbox.

(d) Providing suicide screening and risk assessment, including safety planning that engaged parents and families when clinically appropriate.

(e) Utilizing assessment tools to establish baseline functioning and to track clients' symptoms and monitor therapeutic progress.

(f) Engaging in play therapy that is appropriate to clients' age and developmental abilities.

(g) Exploring coping strategies, offering psycho-education, and implementing behavioral health intervention that are tailored to each client.

In providing these client-center interventions, I have relied on critical self-reflection as I examine the assumptions and biases that might sway my clinical decision-making.

Along with intervening with individuals and families, I have also gained experience implementing interventions for groups and communities. In an assignment for SW 525, titled *Group Facilitation* (Appendix I), I reflected on my facilitation skills for a process group that was demonstrated in front of the class. The paper illustrated my ability to engage with groups during the planning process, which included (a) the recruitment of group members; (b) the clarification of the group's goals and purpose; (c) assisting members in establishing ground-rules for the group; (d) addressing any problematic behavior by group members; (e) conducting ice-breaker activities; and (f) creating an environment that fosters rapport building and establishes emotional safety within the group.

Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Evaluation of our practice requires vulnerability and accountability as we open ourselves to feedback and the possibility of receiving unwanted criticism. This practice however, is crucial

in our quest for professional competence and ethical service delivery. As an intern and social work student, evaluation has been a central component in my personal and professional development throughout the program. In this process, I have relied heavily on critical self-reflection as "both a tool for inquiry and a constant companion of evaluation practice" (Finn, 2016, p. 337).

Along with opening myself to receiving feedback from my supervisor and colleagues, I have also engaged my clients in this reflective process. This practice involved a review of the coping strategies and clinical interventions employed within our sessions to determine what techniques have been beneficial, and which have not. By taking stock of the effectiveness of each tool in their change-making toolbox, I was better able to tailor my practice and provide more client-centered services moving forward. This process also acted in challenging the assumptions and biases that influence my clinical judgment, while disrupting unequal power dynamic, and empowering clients by placing them at the helm of their change process.

I have also gained knowledge and skills in program evaluation through my course readings and assignments. In a research project for SW 521, titled *Evaluating Juvenile Mental Health Services* (Appendix J), I engaged in evaluative research of school-based mental health programming throughout Montana. In this assignment, I assisted my group in (a) highlighting the issues we hoped to address; (b) providing a detailed discussion of our evaluation design; (c) identifying appropriate stakeholders; (d) informing research participants of consent procedures; (e) describing our theory of change using a backward logic model; and (f) discussing the limitations and implications of our research findings.

Element IV: Continually bring knowledge and skills of research, policy analysis, and advocacy to bear in practice, regardless of setting, problem area, or specific job description.

My innate curiosity and inquisitive nature has led me down many rabbit-holes along my path to becoming an advanced practice social worker. This path began with my undergraduate degree in Bio-behavioral Health (BBH) from Penn State University, which provided me with interdisciplinary understanding of the micro-level and macro-level forces that shape our mental and physical health. Prior to beginning the MSW program, I also completed the Licensed Addiction Counseling program through Montana State University, through which I gained an in-depth understanding of the complexities involved in reward-driven behavior, and an awareness of the societal structures, racial undertones, and contextual forces that contribute to our treatment of those struggling with substance use disorders.

Along with these academic programs, and the knowledge and skills gained through the MSW program, I sought to gain inter-professional training through the Behavioral Health Workforce Education Training program (BHWET) as well as the AHEC Scholars program. These interdisciplinary programs have provided me with experience and training in professional collaboration and integrated models of care, along with the opportunity to network with healthcare providers throughout Montana. I will carry this training and understanding of the multiple ways of "knowing" into the settings and roles of my future practice.

Engage in Practice-Informed Research and Research-Informed Practice

I first fell in love with research in my undergraduate program, and it was through this research that I began to understand the complexities and interwoven nature that connects health inequities with issues of social justice. This knowledge brought to light the importance of prevention and early intervention in reducing the socioeconomic barriers that disadvantage rural, underserved populations. I have continued growing this knowledge-base through my engagement in research-informed practice, and practice-informed research, of the interventions

and public health strategies that mitigate health inequities.

In my research throughout the MSW program, I have focused on school-based behavioral health services as an evidenced-based strategy for overcoming socioeconomic barriers, which are particularly problematic for students living in more rural portions of Montana. These universally implemented, early-intervention services act to overcome barriers to accessibility. In my paper for SW 531 titled *Problem Statement and Analysis* (Appendix K), I demonstrate my engagement in research-informed practice by illustrating the need for school-based mental health services. In the paper, I wrote:

> Nationwide, one in five youth suffer from a diagnosable mental, emotional, or behavioral health disorder. These disorders impede psychosocial development, reduce rates of high school graduation, and increase overall health risks throughout the lifetime. Among youth with diagnosable mental illness, only one third (36.2%) receive the services they need to treat those disorders, and among those receiving treatment, 70% access those services through school (Moon et al., 2017). These statistics are coupled with a 60% increase in adolescent suicide rates between 2007 and 2018, making suicide the second leading cause of death among our nation's youth (Curtin, 2020). In Montana, youth suicide rates are 2.6 times that of the national rate and according to the 2021 Youth Risk Behavior Survey, in the year preceding the survey, 10.2% of all Montanan students in grades 9 through 12 had made a suicide attempt and 13.5% of 7th and 8th graders (Montana Office of Public Instruction, 2021).

Engage in Policy Practice

Social work requires us to navigate the historical, cultural, economic, and political forces that shape public policy, as these policies have a direct impact on our practice. I demonstrated

my engagement in policy practice in a paper for SW 530, titled *The Foundations of U.S. Drug Policy (*Appendix L). The paper outlined the historical and contextual forces that shaped U.S. drug policies, while tracing the discriminatory practices and racial undertones that influenced our regulatory movements. Through my analysis, I identified six contextual themes common throughout these movements, which included (a) the influence of the medical community in introducing and profiting from drug sales while using their power to lobby against proposed regulations; (b) the use of drug policies as a means of gaining social control over minority populations; (c) the political and economic motivation behind drug policy formation; (d) the absence of decision-making that focuses on public health and treatment needs; (e) the use of racists rhetoric to influence public opinion and garner support for drug policy; and (f) the impact of regulatory action on public health and issues related to social justice. This analysis demonstrates my ability to use critical reflection and research-informed examination of the historical, cultural, and political forces that continue to shape policy and practice today.

Policy practice also requires us to stay informed of current political initiatives that provide opportunities for engagement in advocacy efforts that advance social and economic justice. This professional engagement is outlined in the NASW Code of Ethics (2021) principle 6.04 part (a) which states, “social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights and confirm equity and social justice for all people” (p. 8).

My *Problem Statement and Analysis* (Appendix K) paper, also demonstrates my engagement with policy that impact social work practice. In the analysis, I examined a bill that was before the Montana legislature, while highlighting the proposed policy solutions outlined in

the bill's text. This analysis, along with the examples and appendices referenced throughout this section, illustrates my engagement in political advocacy that advances human rights and promotes just and equitable practice.

Element V: Assume a leadership role in the profession and community to promote broad-based participation in efforts to empower individuals and groups, strengthen programs, and advocate for policies and practice that promote social justice locally and globally.

As I step into my role as a leader and professional within my community, I have begun networking with local organizations, and engaging in causes that support equity for the population I will soon serve. One such organization is a newly formed chapter of United Today Stronger Tomorrow (UTST), which embodies grassroots organizing by promoting community involvement and facilitating participatory planning practices. Our initial meetings sought to identify the most important issues that impact our community, while discussing ways to engage the public in our advocacy efforts. To assist in carrying out the mission of UTST, I have met with the organization's leader to apply my social work knowledge to brainstorm ways of empowering community members and encouraging their involvement in our efforts. Despite feeling like an imposter in this leadership position, I am eager to work in a professional capacity that utilizes my social work training to advocate for equitable policies that impact my community.

The first semester of my practicum coincided with a wave of suicides among high school students throughout the Flathead Valley. These tragic events left the community reeling in their search for answers, and solutions, to support our local youth. In response to these tragedies, I joined my colleagues in advocating for school-based mental health programming at community forums and school-board meetings that were focused on preventing youth suicide. Our advocacy efforts were met with resistance from school administrators and community members

who felt mental health services do not belong in our public schools. Despite the multitude of barriers we faced, after a year of tireless advocacy, my practicum agency was granted access to begin offering clinical services within one of our local school districts. This success provided me with an understanding of the collective power harnessed through collaborative leadership, and the importance of persistence in our advocacy of the policies and practices that promote equity and social justice for our communities.

Along with my engagement in policy at the local-level, I have also gained experience in advocacy at the state-level in our SW 531 class. In a paper for the course, titled *Policy Memo* (Appendix M), I attempted to engage my practicum supervisor in promoting a bill before the Montana legislature that would establish school-based mental health programming throughout the state. In the paper, I encouraged our agency to participate in efforts to advance the bill, writing "advocating for the passage of HB 252 would allow our agency to act as a community leader in breaking down barriers and mitigating stigma, while offering an opportunity to be a voice for the clients we serve". This assignment, and the examples mentioned throughout this section, demonstrate my ability to assume a leadership role in my profession and community that promote broad-based participation in efforts to empower individuals and advance just and equitable practice.

Apply Forms of Leadership to Support Collaborative, Interdisciplinary, or Transdisciplinary Relationships and Active Community Participation in Addressing the Intersection of Local and Global Issues Impacting your Community and Greater Geographic Region

Much of the course work and clinical experiences I have referenced throughout this narrative have drawn on my ability to engage in the comprehensive and collaborative approach needed to address and connect issues that impact our local, national, and global communities.

This collaboration is also reflected in a group project for SW 525. In the assignment, we were tasked with identifying a local issue and engaging community members and professional organizations in interdisciplinary and transdisciplinary collaboration to address the issue. Following the assignment, in a paper titled *Community Action Reflection* (Appendix N), I discussed the difficulties and persistence needed to connect and collaborate with community stakeholders. In my reflection, I wrote:

> This community action project provided new insight into the complexities of navigating individuals, policies, and organizational designs that make up integrated practice. These complexities create the obstacles and barriers that make real change work happen. I also discovered the lack of clarity, organization, and general knowledge that the public, even social service providers, have as to what services are available. Our groups spent countless hours attempting to track down organizational leaders and agencies to identify what services are available, which speaks to the need for more collaboration and communication between community action networks.

This excerpt demonstrates my engagement in transdisciplinary and interdisciplinary collaboration that promotes participation in causes that directly impact our communities, and the greater geographic regions in which these issues persist.

Reflecting on My Path

Despite my soft-spoken nature, in situations in which vulnerable populations are silenced or discriminated against, I speak loudly and with conviction, as a leader and advocate for kindness, equity, and basic human rights. These leadership qualities were reflected in a story my father told me upon my acceptance into the MSW program, sharing that he felt social work was my innate calling. He fought through his emotions as he recalled a memory from my

childhood, saying “I remember picking you up from Montessori school one day and the teachers pulled me aside to tell me that, despite being the youngest and smallest kid in the school, they couldn’t believe how fearless and brave you were in sticking-up for the little kids when the older kids picked on them”.

Advocating for issues of social justice is a legacy that dates back over many generations on my father’s side of the family. Our family has resided in a rural portion of Eastern Tennessee, since before the Civil War. I grew up hearing stories of my family’s advocacy efforts, including my great-great-great grandfather who was “captured and detained in Castle Thunder, Libby, Abingdon, Jonesboro, Greeneville, and Knoxville prisons on account of his views on Abolitionism, he being a pronounced Abolitionist, and very bold in declaring his views” (Goodspeed Publishing, 1887); or the email my grandmother sent after Obama’s inauguration sharing her joy in “how far we’ve come” while reflecting on the injustices she witnessed during the segregation era of her childhood, writing “I shed a tear for every Black friend I had growing up” before going on to list every one of them by name “in their honor”; or my own memories, like the secret hatch in the pantry at High Oaks (an old plantation home where my ancestors lived during the Civil War) and the nightmares I had of the scary, dark crawl-space that led from the hatch, all the way out to the corn-crib in our back field—a segment, and historical landmark, of the infamous Underground Railroad, and a relic of my family’s history in fighting for equality in pursuit of social justice.

I debated including these stories, or mentioning my grandfather’s contributions to the field of Sociology. Perhaps there is more vulnerability in sharing yourself on paper, but I have also refrained from disclosing these personal tidbits in my classes and course assignments as it felt a bit like nepotism to do so. I made the decision to include this part of “my story” however,

as it speaks to the lived experiences that have shaped the parts of myself that I will carry into my future practice. I also want to mention that my academic pursuits have never been an attempt to follow in my family's footsteps, or live-out some sort of savior complex instilled by their legacy. If that were the case, in all seriousness, I would be in medical school right now and not writing this monstrosity of a paper. Advancing social justice was never a dinner table conversation. In fact, up until recently 'social justice' was not a common conversation topic, let alone a tagline used to describe oneself in their Instagram bio. My family simply considered this advocacy work as the "right" thing to do in the face of discrimination and injustice.

As many of us do, I spent most of my 20's being unsure of what direction to take in my life and my career. In my search for a career path that would give my life meaning, I discovered UM's MSW program and aligned with its mission in advancing equity and fighting for a more just and humane world. It was not until I wrote my application letter that I made the connection between my professional pursuits and the work of my family. In doing so, I have found my "life's work" while uncovering the roots of social justice that run deep within my family tree. It is simple to say that things have really come full-circle for me.

Again, I do not cite these stories to purport that my family legacy made me better prepared for the profound learning and unlearning required by the MSW program. Advocating for issues of social justice requires patience and persistence; it means showing up for the "boots on the ground" kind of work, even when the end goal feels unattainable; it requires us to step outside our comfort zone to we engage in critical self-reflection; it asks us to be leaders for causes that might not impact us directly, and to stand as allies, and outspoken advocates in our demands for equality and basic human rights. This is the work of an advanced practice social worker, it requires vulnerability and courage in the face of discrimination, rage, greed, and

power. I am prepared for this challenge, and I am honored to be carrying out this fight and the legacy of those who fought before me.

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Appendix A

Cultural Consideration

What cultural considerations will you reflect on as Marie's counselor?

In considering the cultural influences that will impact Marie's worldview and her psychosocial functioning, I would reflect upon her racial identity as an African American woman, as well as her strong religious beliefs and values. As an African American woman, Marie is more susceptible to having a negative self-imagine and is more likely to internalize these thoughts. I would also consider Marie's strong Christian faith and would work with her to design a treatment plan that integrates her strong religious values. In understanding these attributes, I would work to process Marie's feelings of guilt and failure that arose from her divorce by including her family and other religious leaders in this approach (Capuzzi & Stauffer, 2020).

What are your personal reactions (thoughts and feelings) while reading this case?

Internally, I found myself frustrated by the idea that an individual with a strong Christian faith might feel guilty for seeking treatment in an attempt to better his/herself. I was also surprised to learn that the mentality towards self-improvement would be discouraged, as I feel at the core of Christianity is the emphasis on being a good person, but how can one be a good person if they feel that they have no part in that process and instead leave that to God instead.

What do you see as the most important issue to address in addictions counseling with Marie?

I would consider the most important issue or obstacle in counseling Marie would be her willingness to engage with the therapeutic process. I feel the only way to truly engage her in counseling would be to align her religious values in counseling.

How comfortable do you feel working with Marie's cultural background? Why?

Growing up in a mostly non-religious family has always caused me to feel some discomfort with the workings and beliefs of Christianity. It was not until I took the other multicultural considerations and ethics course in the LAC program that I was better able to relate to religious ideologies. This realization came by taking serious time to reflect upon what spirituality means

to me, and in doing so, I became aware of that I too have incredibly strong spiritual beliefs that play a major role in my interpersonal processing. These spiritual beliefs align closely with Marie's in that I believe in the importance of family, working towards something bigger than myself (purpose), maintain my values of kindness, empathy, and service, as well as the crucial role that our communities play in our individual development and overall happiness. In understanding that Marie and I are much more similar than we are different, I would find comfort in working with her.

Another similarity that I have in common with Marie is her family history in fighting for racial and social justice. As a 55-year old woman growing up in the South, I would ask Marie about the impact that racism has had on her life and would use Helms's Racial Identity Model in exploring how Marie has internalized the racism that she has experienced, and perhaps would connect this internalization to her lack of self-worth or feelings of failure.

What potential ethical issues do you believe might arise in this scenario?

The main ethical issue I would worry might arise would be my inability to provide Marie with a solid, Christian-based approach to counseling, and the possibility that another counselor would be better suited to support this. Before coming to that conclusion however, I would first work to include Marie's family and/or religious leader if possible. I would also suggest she attend 12-step recovery meetings, in combination with our counseling sessions, as these meetings focus on relinquishing power to God or a "higher power" as the starting point of successful recovery. If I found that these suggestions and approach was unproductive however, I would work with Marie to find a provider that would be better suited to provide her with a more Christian-based approach to counseling (Capuzzi & Stauffer, 2020).

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Appendix B

SW 505: Ethical Reflection

In my last position as a residential counselor in a therapeutic boarding school, I was faced with an ethical dilemma that I often reflect upon in pondering ethical practice, codes of ethics, and my decision-making process at the time. The issue occurred, in part, due to the school's policy requiring a staff member to monitor all phone calls placed between a student and family member. My dilemma involved a conflict between this policy and my understanding and practice in cultural competence and cultural humility in my practice. To fully understand the dilemma, I will provide some background on the student, whom I will refer to as "A" for the purpose of this analysis, as well as the situation that I found to be ethically challenging.

Background

A was a 16-year-old Asian American who grew up in a conservative, traditional Japanese household. A was sent to treatment due, in part, to familial discourse stemming from intergenerational cultural conflict that caused A's family to view her acculturation as delinquency. A's mother also struggled with untreated mental health issues and the family dynamics often involved secrecy and dishonesty. Communication with A's mother was made difficult due to her distrust of A's therapist at the school, as well as a language barrier that acted in impeding A's therapeutic process, as family involvement was central to the program's design. A explained that her relationship with her mother was further strained by her inability to communicate with her in Japanese, and despite my attempts to advocate for a more culturally competent approach to A's family and individual therapy, A's therapist, who acted as a superior, as well as my direct supervisor refused to alter the school's policy regarding supervised communication. I should also mention that by this point in her stay, A and I had established a

solid rapport and her behavior over the proceeding months demonstrated honesty and trustworthiness. As the staff member in charge of supervising her calls, this placed me in an incredibly difficult ethical dilemma as I was tasked with enforcing a policy I found to be both discriminatory and oppressive in nature.

After a great deal of personal and professional reflection, I was compelled to research the ethical codes under which I was bound. At the time, I referenced a variety of Ethical Codes however for the purpose of this analysis, I will reference those of the International Federation of Social Workers (IFSW), as well as the National Association of Social Workers (NASW), as I walk through my decision-making process.

Application of Ethical Codes

The IFSW Statement of Ethical Principals and Professional Integrity (2018), includes principal 2.4, titled *Challenging Unjust Policies and Practices*, which states, "social workers must challenge employers, policy makers, politicians, and civil society, situations where policies and practices are socially unjust and undermine human rights…" (p. 2). Under this principal, I was ethically sound in my initial decision to advocate for A and her mother's right to communicate in their language of choice by challenging the school's unjust and discriminatory communication policy.

Also included in the IFSW list of ethical principals is 2.2, titled *Respecting Diversity in Societies*, which states, "social workers work with people to strengthen inclusive communities that respect the ethnic and cultural diversity of the societies in which they live" (IFSW, 2018, p. 2). Under this principal, I would be compelled to lean towards the decision to allow A and her mother to communicate in the language of their choosing. This decision would demonstrate my respect and overall inclusivity of Japanese culture in both the social environment of the school,

as well as the greater, national society in which we live.

Along with the IFSW, the NASW has also published a list of principals to guide ethical decision-making in social work practice. This publication, called the NASW Code of Ethics (2017), lists principle 1.05 *Cultural Awareness and Social Diversity*, under which part (b) states that, "social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups" (p. 9). Under this code, I would be obligated to provide culturally competent and culturally sensitive services to A. This provision would begin by educating myself about A's culture and individualizing her treatment to respect and honor any cultural similarities and differences. In educating myself about Japanese culture, I learned about the significance of hierarchy and respect for authority, and the importance of establish a collaborative therapeutic relationship. In working with Japanese clients, Nippoda (2012) advised, "therapy can be beneficial if the therapeutic relationship is used for change and growth by helping them to have more equal relationships with others and to find authority within themselves" (p. 9). In this regard, by honoring A and her mother's wishes to speak in Japanese during their phone calls, I would be effectively demonstrating my respect for their authority in both our relationship and the therapeutic process.

Personal Reflections

The ethical codes and principals I have referenced validate my ultimate decision in allowing A to communicate with her mother in Japanese, despite the school's policy. This decision was not made easily, as I struggled with the fact that by allowing these phone calls, I would be demonstrating the dysfunctional dynamics of secrecy and dishonesty that A was accustomed to within her family. I also struggled with the implications this decision would mean

to my professional integrity in undermining the school's rules and policy, and by essentially involving and implicating a client in doing so. To negate this influence, and to further establish a collaborative relationship in which I honored A's authority, I decided to speak with her directly about my decision-making process and the ethical dilemma I felt the school's policy imposed. This discussion began by me educating A about the oppressive and inherently discriminatory structure that our country, and thus school, precipitated. I explain to A that these policies weren't intended to target, exclude, or discriminate necessarily, but were undoubtedly designed from an ethnocentric approach to treatment. We also discussed the secrecy and dishonesty this decision entailed and the parallels to her familial dynamics. We also talked about the importance of her advocating and fighting against the oppressive systems and structures she would continue to encounter, and the importance of empowerment in embracing her authority over her life and her rights.

As I reflect on this situation, I realize how much this decision continues to haunt me. I can continue to justify my decision in that it upheld the ethical themes of autonomy, justice, beneficence, and nonmaleficence, but its just that- justification. I realize however that in ethical dilemmas such as this, often there is no "right" or "wrong" answer; instead the importance lies in the critical reflection and intentionality that goes into these difficult decision-making processes.

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Appendix C

SW 511: Exploring My Positionality

Much of my understanding and perspective on the world around me has been shaped by my family and the beliefs, morals, and values they instilled upon. These beliefs focus on the importance of kindness, altruism, education, activism, and a respect for others and the earth upon which we reside. My perspective, or positionality, has also been formed by my experiences and interactions with the social world that surrounds me- an influence known as the cycle of socialization. This cycle, along with the way that others have treated me, has much to do with my perspective or worldview and the way in which I view myself. As an exploration into my positionality, the following describes the 8 dimensions that have worked to shape who I am and how I view the world around me. These dimensions include my race/ethnicity, my gender and gender expression, my age, my socioeconomic status, my sexual orientation, my spiritual beliefs, my abilities or disabilities, and lastly, my sense of place.

Dimensions of Positionality

I am a 33-year-old Caucasian, heterosexual, female that grew up in the United States in an upper to middle class family. I have been blessed with good health throughout my life, without any notable disabilities, and was raised Quaker- a liberal sect of Christianity that believes God resides in all people and things, and that emphasizes pacifism, treating others with kindness, and the importance of living a simple life without attachment to material possessions. My personal ideologies and spiritual beliefs align closely with the principles of the Quaker religion, as well as the teachings of other religions, most notable being those of Buddhist and Hindu origin.

A Sense of Place

My Hometown

The image above is from main street in Wellsboro, Pennsylvania, where I lived for the majority of my childhood (1st-12th grade). Wellsboro is a small, rural town in north-central Pennsylvania and is a far cry from the city life that most expect from the state. The town is extremely isolated with a population of just 3,263 of which 98.1% are Caucasian. This isolation, and the subsequent lack of employment opportunities it affords, translates into a per capita income of just $18,096 and a childhood poverty rate of 31.8%. This means that almost a third of those I went to school with were living at less than 185% of the Federal Poverty Level (U.S. Census Bureau, 2010).I share these startling statistics to help illustrate the social environment in which I grew up.

My childhood home was located 7 miles outside of Wellsboro, on a dead-end road that boarded a 500-acre dairy farm. It was a stunningly beautiful setting and growing up in this rural

environment gave me an understanding and appreciation for hard work and the blue-collar lifestyle. The majority of my peers lived in conditions that would alarm any social worker and most had never traveled outside of the county. This was a way of life, and for many it was all they ever knew. I will never forget overhearing my neighbor talk about how she had saved for over 10 years to buy a new couch. Even at such a young age, I knew my privilege, but unfortunately others knew it too. I was “different”, a transplant, and regardless of what I did, I would learn that this difference was something that they were either unwilling or unable to look past.

My father’s career choice wasn’t the only thing that made me “different” however, my beliefs, morals, and worldview also set me apart. I was called “progressive”, a “flower child”, by my teachers and was told I was “too city” by my peers. Racism, bigotry, and other prejudicial beliefs and behaviors were not only accepted in Wellsboro, they were expected- the social norm. And up until I entered public school, I had been completely oblivious, sheltered perhaps, from the realities of discrimination, of hate. As a deeply compassionate and sensitive little girl, this new reality shattered me, it challenged my positionality, and it changed everything I thought I knew about the world around me.

Growing up surrounded by diversity, I could not wrap my head around how someone could hate my godmother for being a lesbian or my dad’s best friend for being black. I wasn’t taught there was a difference in race, I was taught there was a difference in melanin and that our skin color varied just as much as the color of our eyes. My parents made a point of exposing my sister and I to other cultures and to the realities of third world countries. I remember playing with a little girl in the Dominican Republic when I was around 8 or 9 years old. The little girl was similar in age, and after declaring our official title as newly formed “best friends”, I remember

her gifting me a ring that even at the time, I knew must be one of her few prized possessions. I am not sure if I accepted the ring or not, but after leaving, I remember asking my mom about the dirt floors in her multigenerational home. We were in the car and I recall this moment so clearly, my mom turned around from the front seat and in a stern voice she said, “now Hannah, I want you remember this and don’t you ever forget it— someone might look different than you, and they might live different than you, but their mom loves them just as much as I love you”.

These lessons and experiences formed my personality and positionality. And despite my people-pleasing and nonconfrontational ways, I have never been one to stay silent when it comes to discrimination of any kind. My morals and convictions made me very different from my classmates and it didn’t take them long to figure out how they could get to me and it made me a target of relentless bullying. See with the exception of my morals and beliefs, I am very agreeable, “too nice” was the excuse I was given when some of my classmates have attempted to apologize later in life. I think as a kid I thought that if I always treated people with kindness, then they would have no reason or excuse to hate me. If they hated me, it was not because of who I was, it was who they were. Regardless, at an age when your sole focus is to “fit in” and to be accepted, it crushed me.

I was never invited to birthday parties or the movies on a Friday night. In fact, I remember one time the girls in my grade actually invited me to the watch a movie with them. I was beyond excited and I remember showing up at the theater, all dressed up, and anxiously looking for a familiar face. I was such a naive and optimistic kid, perhaps the trauma and loss I experienced in my home-life made me resilient. Anyhow, I remember waiting outside for hours, reassuring myself that they would show up, maybe I had gotten the time wrong… They never

showed up and I found out later that they had invited me as a joke, the whole school knew. This strategic bullying went on for years, even my teachers picked on me (a realization I had years later after a classmate pointed it out). During my senior year, my principal called me into his office and showed me an anonymous letter he received attempting to get me in trouble for something I hadn't done. I started to defend myself but he interrupted me and assured me that he believed me this time. He explained that he called me to his office because he wanted to apologize for "playing into the bullying" I had endured over the years and for not protecting me from it. He also told me that in his 25 years with the school district, I was by far the worst case of bullying he had ever witnessed. His apology validated years of passive aggressive experiences and it was profoundly healing for me.

Getting Out

The day following my graduation ceremony, I packed a U-Haul and moved to State College, Pennsylvania where I would attend Penn State and remain for the next 10 years of my life. The change of culture was refreshing to say the least. As a college town, I was finally surrounded by like-minded people. Shortly after moving, I got a job waitressing at a local Italian restaurant where I would work for many years. I remember that first day, in many ways it was my first experience being integrated into a culture that was vastly different from what I had known. I remember being legitimately shocked by how welcoming and genuinely kind my co-workers were. This was especially surprising as a majority of my co-workers were girls my age, and they actually liked me! I remember being so emotionally overwhelmed that first night that I barely made it to my car before breaking down in tears of relief. That night and the days, months, and years of socialization that followed have been immensely helpful in healing from my past.

Implication for Practice

Now I realize in writing this that it all sounds quite dramatic, “white privilege” and “first-world problems” are reactions that come to mind. I know how lucky I am, how blessed my life has been. I have never been one to complain, I know that life isn’t supposed to be easy. Nonetheless, these are the events of my past (or at least how I interpreted them) and only a small part of my “story”. And these events and my experience of a ‘sense of place’ has acted in the cycle of socialization that has no doubt shaped who I am and formed my perspective or positionality.

I have never experienced the realities of systemic or societal oppression and have been given incredible opportunities due in part to my socioeconomic status, as well as the color of my skin. I will never assume to fully understand the experience of reality of another. I do know however what it feels like to be hated for who you are, to be silenced, to be misunderstood, to be excluded, and this understanding has ignited a fire within me to fight for those who have experienced the same.

Reflections

I chose to focus on a sense of place after reflecting on the “unseen” components of my identity and experiences, and in realizing that this dimension caused me the most emotional discomfort. It has been a long time since I have relived these memories or shared my experiences and I’d be lying if I said I hadn’t shed a few tears while writing this paper. The assignment has been healing for me and has helped me to better understand myself and my positionality. Perhaps this activity could be adapted for use in a clinical setting to explore the unseen dimensions of our client’s identities as we seek to better understand them and the lens through which they see the world.

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Appendix D

SW 520: School-Based Mental Health Services

The Grand Challenges in Social Work, established by the American Academy of Social Work and Social Welfare (AASWSW), outline the most important social issues of our time with the goal of directing research, innovation, and scientific exploration to address these critical hurtles. As the AASWSW explains, "to understand social work is to understand the discovery of innovative methods for addressing challenges, at every level, by designing, testing, and implementing programs and policies that promote human protection, dignity, and social justice" (American Academy of Social Work and Social Welfare, 2013, p. 1). The grand challenge I will focus on in the preceding analysis aims to *ensure healthy development for youth* by drawing attention to the lack of evidence-based, mental health programming available in our nation's public schools and the missed opportunities this presents.

Importance to the Social Work Profession

Offering nationwide, school-based mental health programs would act to increase universal access to early intervention and behavioral health services. These preventative services have been shown to increase academic success, including graduation rates and college admissions; decrease delinquency and incarceration rates; improve mental and behavioral health; and lower overall healthcare costs and social service utilization over the lifetime (Karoly et al., 2005). These benefits are highlighted by Hawkins et al. (2016) in the following:

> The financial costs for treatment services and lost productivity attributed to behavioral health problems such as depression, conduct disorder, and substance abuse are estimated at $247 billion per year. Other costs are literally incalculable, as parents, teachers, physicians, child psychiatrists, child welfare workers, juvenile justice probation

> officers, and entire communities experience the adverse effects of human suffering, lost potential, and fraying social fabric. (p. 4)

By reducing the strain on social service sectors and in lowering universal costs, school-based mental health programs have the potential to transform not only the social work profession, but society as a whole.

Understanding the Problem

Nationwide, one in five youth suffer from a diagnosable mental, emotional, or behavioral health disorders. These disorders impede psychosocial development, reduce rates of high school graduation, and increase overall health risks throughout the lifetime. Among youth with diagnosable mental illness, only one third (36.2%) receive the services they need to treat those disorders (Moon et al., 2017), and for those receiving treatment, 70% access those services through school (Rones & Hoagwood, 2000). These statistics are coupled with a 60% increase in adolescent suicide rates between 2007 and 2018, making suicide the second leading cause of death among our nation's youth (Curtin, 2020).

Over half of adolescents with emotional or behavioral health disorders will drop out of school and research has shown that by secondary school, an upwards of 70% have experienced disciplinary action that inhibits academic success (Atkins et al., 2010). This punitive as opposed to preventative approach to addressing youth mental health issues has led to lasting social and economic implications. Hawkins et al. (2016) highlights these impacts in the following:

> For decades, public policies have focused on protecting, treating, rehabilitating, and, often, controlling young people with behavioral health problems. Year after year, billions of dollars are devoted to rehabilitating and confining youth who exhibit mental health difficulties or engage in delinquent, aggressive, or substance-abusing behaviors. These

> policies have actually increased social inequity. Although treatment and control are clearly necessary to protect children and ensure public safety, we now have over 30 years of research on effective programs and policies showing that we can prevent behavioral health problems from developing in the first place. (p. 4)

Current Models of School-Based Services

Multi-Tiered Systems of Support (MTSS)

To address the needs of students across the U.S., the Multi-Tiered Systems of Support (MTSS) was developed to provide a framework for the allocation of mental and behavioral health services within our nation's public schools. The MTSS model divides supportive services into three tiers with tier 1 involving basic education and instruction, tier 2 requiring a higher level of support, and tier 3 services involving intensive, individualized support for students deemed "high risk". Through its design, the MTSS model prioritizes cost effectiveness over evidenced-based practice (Eagle et al., 2015).

School-Based Services in Montana

A growing body of evidence has led to increasing consensus among mental health professionals, teachers, and school administrators in support of universally implemented, school-based mental and behavioral health programs. Despite the push for more universal programming, current eligibility requirements limit accessibility to mental and behavioral health services in Montana's public schools. The Comprehensive School and Community Treatment (CSCT) program, which provides statewide funding for school-based behavioral health services, requires students to be (a) enrolled in Healthy Montana Kids Plus (Medicaid), and (b) diagnosed as having a Serious Emotional Disturbance (SED) to receive any additional support. These strict eligibility requirements result in less than 5% of students in Montana's public schools receive

mental and behavioral health services through CSCT (DPHHS, 2021).

Implications of Limited Services

Impact on School Personnel

In the absence of universal programming to support students' mental health, along with the sharp increase in youth suicides and mental and behavioral health diagnosis, educators and school personnel are often on the frontlines in addressing the issue. This responsibility, coupled with the pressures of meeting standardized testing requirements, leads to high burnout rates among teachers and school staff, often at the detriment to the educational and emotional development of our nation's youth. Most school personnel also lack the clinical training needed to accurately identify, asses, and refer students, as well as the educational foundation to ethically treat mental and behavioral health issues. One study, by Moon et al. (2017), found that among school staff, 96% reported handling mental and behavioral health issues, 85% expressed a desire to receive additional training, and 89% felt that students and their families need better access to services within their school (p. 387).

Disparities and Barriers

Issues that limit access to mental and behavioral treatment include socioeconomic status, provider availability, social stigma, and a lack of proper screening to identify and refer students for additional support. These barriers disproportionately impact youth living in rural areas due to a lack of transportation services, increased social stigma, and the limited availability of qualified mental health professionals. Disparities also exist for minority youth, with black and Hispanic adolescents being less likely to receive mental and behavioral health services, regardless of the severity of impairment. In addressing these barriers, schools offer an ideal avenue through which equitable access to services can aid in reducing unjust health

disparities that exist throughout the U.S. (Merikangas et al., 2011).

Addressing the Problem

Importance of Early Intervention

Early intervention can be defined as services that target at-risk youth who exhibit behavioral, emotional, academic, or social issues but do not meet the full diagnostic criteria for a disorder. It is estimated that approximately half of all mental and behavioral health disorders emerge by the age of 14, and typically these disorders are preceded by non-specific psychosocial disturbances (Iachini et al., 2015). This initial presentation of symptoms labels students as being “at-risk”, placing them in a level 2 tier without the intensive, individualized support provided at the tier 3 level. Based on the current tiered framework for service allocation (i.e., MTSS, CSCT, etc.), early intervention services would be targeted at the tier 2 level.

By treating the non-specific psychosocial disturbance that emerge prior to a full diagnostic presentation, early intervention services can alter the course and severity of impairment throughout the lifetime. Long-term benefits include the development of healthy coping mechanisms which equate to less intensive treatment needs; improved quality of life and overall physical and mental health; and the prevention of severe impairment which avoids the damage that mental health issues can have on relationships, employment, housing, etc. (Karoly et al., 2005).

Why Schools?

Schools offer an often-overlooked avenue through which collaborative, comprehensive, and prevention-based services can be offered to every public school student throughout the U.S. Universal implementation of these services would ensure equitable screening, treatment, and

referral practices to aid in reducing socioeconomic health disparities. As Doll et al. (2017) explained, “schools’ immediate and daily access to all children in the community makes it possible to seamlessly integrate prevention, ecological interventions, and wellness promotion into a community’s comprehensive system of school-based mental health services” (p. 182).

Schools can also increase access to mental health services by limiting transportation barriers and reducing scheduling conflicts. The safe and familiar environment of schools can also assist in engaging students and families in mental and behavioral health services, reducing social stigma and encouraging rapport through daily engagement. Schools also offer a unique setting where challenging psychosocial disturbances emerge and immediate, corrective behavioral health interventions can be implemented (Hess et al., 2017).

Evidenced-Based Programming

Many school-based programs are designed to educate students and staff on mental health and suicide prevention. Although helpful for educational purposes and for encouraging social supports, this approach ignores the importance of clinical training in addressing the complexities of mental health screening, treatment, and intervention services. Examples of these education-based programs include Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), and the Question, Persuade, Refer (QPR) model (Doll et al, 2017).

One of the only evidenced-based prevention programs designed for use within schools is the PAX Good Behavior Game (GBG). The PAX model involves classroom-based, universally implemented behavioral strategies that encourage self-regulation by building cognitive, emotional, and behavioral skills. The PAX model has been successfully adapted for use in classrooms throughout the world and demonstrates consistent findings on its behavioral and academic benefits. Research has also shown that the prevention-based model reduces the risk

of mental, emotional, and behavioral health disorders; decreases rates of suicide; increases rates of graduation and college entrance; improves student engagement; and decreases the risk of alcohol and substance use (Embry, 2002).

Conclusion

In conclusion, the deficit of school-based mental health services throughout the U.S. has lasting implications to the social work profession and the future of our country. With the dramatic increase in the rates of suicide and mental and behavioral health diagnosis among adolescents, we must come together as a nation in addressing the issue. Research has consistently shown the lasting benefits of prevention and early intervention, with schools providing the perfect gateway to offer these services at the universal level. Limited research on school-based mental and behavioral health services has resulted in an absence of evidence-based programming, and thus funding for these vital programs. By advocating for improvements in the accessibility of school-based services and by directing research towards the issue, we can begin to build the quantitative and qualitative data needed to deliver preventative, comprehensive, and universally implemented services that our nation's youth so desperately needs.

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Appendix E

SW 505: Anti-Racism Reflection

The following essay analyzes a concept from Abram X. Kendi's book, *How To Be An Antiractist*, which refers to capitalism and racism as "the conjoined twins". The twins, Kendi Argues, represent our nation's parallel history and interwoven relationship between racism and capitalism. The analysis that follows uses the Just Practice framework in considering the meaning, power, context, history, and possibility in its critical reflection on Kendi's idea (Finn, 2016).

Meaning

Meaning describes the way in which our social context, along with our lived experiences, shape our overall understanding of the world around us. Recognizing our "personal lens" and becoming aware of the limitations if its narrow scope of view, can provide us with a better understanding, and thus more respect, for the "lens" of others. This positionality, along with the opportunities provided by our social and environmental context, also forms the foundation for our knowledge base (Finn, 2016). These ideas can be applied to the terms central to Kendi's concept- *racism* and *capitalism*, both of which elicit strong emotions and polarizing opinions depending on the lens through which they are observed (Kendi, 2019).

Racism, for example, can mean vastly different things to different people. From my personal lens, racism describes our nation's history and its capitalistic society, as well as the more covert avenues of racism that include underground white supremacy groups or the microaggressions experienced by BIPOC on a daily basis. The word *capitalism* on the other hand, has a more universally accepted definition and elicits less of an emotional reaction compared to its twin, racism (Kendi, 2019). For me however, the word capitalism sparks

frustration and indignation as it represents the power constructs that produce vast inequities and unjust suffering amongst our most vulnerable populations.

In my critical reflection however, I can recognize that this perception and my alignment with Kendi's (2019) concept of the conjoined twins, is skewed by my passion for social and economic justice as well as my dedication to the field of social work. This perspective and positionality is reflected by Finn (2016) in the following:

> "The profession of social work came about, at least in part, to mitigate the consequences of capitalism and to care for its casualties. Its professional foundation, goals, and ideology were profoundly shaped by the political and economic context and logic of industrial capitalism" (p. 101).

Power

The concept of *power* is ambiguous, in that its definition is dependent not only on the positionality of the definer, but on the context and way in which it is exerted as well. Power can be used to dominate, exclude, and thus repress, but it can also be used to support and empower others. In this sense, power can be understood as a means of control over another (Finn, 2016). In applying this definition of power to the concept of the conjoined twins, both racism *and* capitalism can be described as power.

Racism can be understood as the utilization of physical differences to classify, stereotype, and exclude others. Race, as Kendi (2019) explains, "creates new forms of power: the power to categorize and judge, elevate and downgrade, include and exclude" (p. 38). *Capitalism* can be defined as a political and economic system in which wealth, and thus power, are owned by private entities without the oversight or control by a governing body. The connection between racism, capitalism, power, and the fight for equality, is echoed in Kendi's

(2019) own words when he stated that, “racist power, hoarding wealth and resources, has the most to lose in the building of an equitable society” (p. 129).

Context

Context is defined by Finn (2016) as, “the background and set of circumstances and conditions that surround and influence particular events and situations” (p. 34). The complex and intertwined connection between racism and capitalism could not be better suited in its applicability to the current social and political climate in the United States. The pandemic, and the subsequent economic downturn, has exposed the vast class inequities and systemic racism upon which our democracy was built. The current context can thus be understood as applying productive forces in bringing to light the evil nature of the conjoined twins (Kendi, 2019).

History

The history of racism and capitalism is essentially the history of the U.S., and illustrating this historical context, in its entirety, is far beyond the scope of this analysis. Instead, I will focus on one particular period in history that I feel is of particular importance and applicability to the context and concepts discussed. This period, called the postwar period, followed World War II and was marked by nativism, isolationism, and anti-communist/anti-socialist rhetoric. This rhetoric, referred to as a *Red Scare*, involves the promotion of widespread fear and distrust over a perceived threat to capitalism and our democracy as a whole (Finn, 2016). This societal ideology, I feel, is the most powerful protector of the systems, structures, and policies that have led to the vast socioeconomic disparities and unjust suffering we see today.

Possibility

Possibility is defined as the consideration of what is historically possible, as well as the alternatives for the future (Finn, 2016). Among the five key concepts discussed, I have had the

most difficult time in addressing possibility. Perhaps the challenge, and my reluctance, is in part due to my overall, and sometimes all-consuming, anxiety regarding the upcoming election and its implications for social justice and the future of our nation. In considering the possibilities, I am left with only one certainty- that, in the words of Abram X. Kendi (2019), “racial capitalism will live into another epoch of theft and rapacious inequity, especially if activists naively fight the conjoined twins independently” (p. 163).

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Appendix F

SW 505: Just Practice Case Study

The following case study is taken from a documentary called *The Seventh Fire* that depicts indigenous life on the White Earth Indian Reservation in Northern Minnesota (Riccobono, 2015). The film was a recommendation from my father who worked in a small clinic on the reservation when I was a child and shared with me that among the handful of reservations on which he worked; he found the White Earth community to be the most welcoming.

The main character in the film, Kevin Fineday Jr., is an 18-year-old member of the Anishinaabe or Ojibwe tribe. Kevin grew up with his father, a recovering alcoholic who makes his living by catching leaches that are sold as fishing bait (there is no mention of his mother throughout the film). Kevin was kicked out of his father's house after stealing his medication "without asking" and now stays, as his father put it, "wherever he can find a safe place to lay his head" (Riccobono, 2015). Kevin's father is depicted as being somewhat indifferent to his son's situation and future, explaining that "I'd go back to drinking if I stressed about Kevin" (Riccobono, 2015).

Kevin is a low-level drug dealer who has been in and out of juvenile detention and other treatment facilities starting at the age of 12. Kevin aspires to be a "big time" drug dealer like the film's other main character, Robert Brown. Robert shares a similar history of incarceration and substance use, and is also affiliated with the Gangster Disciples, a prison-based gang. Robert is also a self-proclaimed writer and methamphetamine dealer who is headed back to prison after having already served 12 years. Despite Rob's attempts to warn Kevin of the repercussions of his lifestyle, Kevin seems undeterred and resigned to the same fate. This resignation is echoed at

the beginning of film when we are introduced to Kevin and he candidly states the following:

> Living around here, shit ain't gonna change. No one's gonna come around here, change the whole society. No one's gonna come around thinking they can change this neighborhood. It's always gonna be the same. That's the way it is around here. I was raised doing this stuff, like drugs, violence… and it's become a natural part of my life. Most likely, it's just gonna get worse. (Riccobono, 2015)

The film follows the days preceding Robert's 57-week prison sentence, during which he throws a drug-fueled party that ends in a violent beating. Although Rob is never filmed being overtly violent himself, the change in his personality after being booked and as he puts it, "all the drugs get out of my system" is in drastic contrast to the character first presented in the film. In this more authentic depiction of Rob, he is reflective and remorseful of his actions and the influence he has had on Kevin and the other impressionable youth in his community, acknowledging that, "I was a very bad example, I was a part of what's going on out there… I want the cycle to end". This vulnerability and the desperation and despair Rob feels is also shown in scene prior to his incarceration, during which he talks to his father and pleads, "Dad, it's like you're tricking me. You're just gonna leave me hanging. It hurts man- it hurts being alone".

As Kevin and Rob's lives continue to parallel one another, Kevin is ordered to a drug and alcohol treatment facility, during which time he too displays a more vulnerable and self-reflective side of himself. In his clarity, Kevin is better able to articulate the hopelessness he feels about his future on the reservation, asserting that, "there is nothing back there for me. No Opportunity. No chances". Despite this understanding, upon his release, Kevin fails to take the one chance he is given at a different life when he turns down an offer from a rehabilitative

program for gang-affiliated indigenous youth called La Plazita. Instead, Kevin returns to the reservation, to the cycle, and to the only life he has ever known (Riccobono, 2015).

Applying the Just Practice Framework

Meaning

Meaning describes the way in which our social context, along with our lived experiences, shape our overall understanding of the world in which we reside. Recognizing our "personal lens" and becoming aware of the limitations, can provide us with a better understanding, and thus more respect, for the "lens" of others. This *positionality* forms the foundation of our knowledge base and provides us with the awareness needed for *reflexivity*, or the ability to examine our self-perceptions in relation to others (Finn, 2016).

In applying these concepts to the preceding case study, I can reflect upon my initial reactions, opinions, and judgements as I begin to differentiate my subjective perceptions from objective realities. This reflection forces me to question my positionality from the lens of the dominant culture, and to reevaluate the assumptions made in labeling the lifestyle and behaviors depicted throughout the film as "dysfunction" or "abnormal". Who's to say that my interpretation of "dysfunction" or what I perceive to be "normal" is, in fact, "right"? Isn't this "right or wrong" thinking the underlying ideology of discriminatory and oppressive practices? Am I to assume that the community wants or needs the services or advocacy that *I* think they need and deserve? What if they are indeed happy and content living amongst their community and the only reality they've ever know? Am I to assume that those on the White Earth Indian Reservation are "victims" suffering in what I understand to be unimaginable circumstances and socioeconomic conditions? Is "unimaginable" an objective truth or a subjective perception? Would any intervention, in actuality, only continue the long history of oppression and

Eurocentric colonization had at the hands of social workers? These are the questions that *meaning* brings to bear, and these questions initiate the ongoing process of critical reflection that lies at the heart of social justice work and human rights advocacy (Finn, 2016).

Context

Context is defined by Finn (2016) as, "the background and set of circumstances and conditions that surround and influence particular events and situations" (p. 34). The context in which Kevin resides can be understood by looking at the living conditions in the small village of Pine Point where he has spent the entirety of his young life. At the time of filming, Pine Point had a population of under 400, with 94.7% of that population identifying as American Indian. The median household income is around $24,107, compared to all of Minnesota which has a median household income of $68,388. These numbers translate to 69.7% of Pine Point residents living under the poverty line with the unemployment rate at a staggering 87.5% (U.S. Census Bureau, 2017). These statistics illustrate the socioeconomic conditions and circumstances that have shaped Kevin's understanding of the world, and have no doubt paved the way for a lifestyle that includes drug use, incarceration, and a reliance on selling drugs as his only means of providing for himself.

Power

The concept of *power* is ambiguous, in that its definition is dependent not only on the positionality of the definer, but on the context and the way in which it is exerted as well. Power can be used to dominate, exclude, and thus repress, but it can also be used to support and empower. According to Finn (2016), there are "four forms of power: (1) *power over*, (2) *power from within*, (3) *power with*, and (4) *power to do*" (p. 36). Resistance is often viewed as a form of *power from within*, and in the case of Kevin, I would not only expect resistance from him, I

would encourage it as a means of empowerment as well.

Throughout the film, I can identify many forms of *power over* in Kevin's life, the predominant one being the colonization forced upon his cultural heritage at the hands of white men in power, as well as the control that law enforcement and the judicial system has had over his life and future. After watching the film, I began to wonder what happened to Kevin and upon googling him, I discovered a police report in the Park Rapids Enterprise (2011) that stated, "law enforcement officer had observed Fineday riding a bicycle on Main Avenue in Park Rapids at around 9:35 p.m. on May 28, in violation of a city ordinance, and asked him to stop… something about his manner caused the officer to initiate a pat-down search…" Perhaps the officer was well intentioned and within his or her rights in stopping, searching, and arresting Kevin, or perhaps there was an underlying component of racial profiling. Either way, encouraging Kevin to learn his rights and helping him to advocate for proper legal council would be an effective use of *power from within*. This empowerment strategy would also act in advancing human rights and ensuring his fair and just treatment in the court of law.

History

History, from the framework of *Just Practice*, involves the chronological events of the past along with an awareness of the influence that the storyteller's worldview or positionality has in its interpretation and presentation of the "story". History is also of vital importance in our professional pursuit for socioeconomic justice and the advancement of human rights, as Finn (2016) explains, "social justice work calls for critical reflection on our own histories and the history of our policies, practices, and certainties as part of the work" (p. 371).

In reflecting upon the treatment of indigenous populations throughout our nation's history, we are forced to reconcile with the role that our government and the social work

profession has played in the colonization and degradation of Native American communities and culture. This dark history includes public policies that called for the removal and relocation of indigenous communities from their traditional lands, the mass incarceration of those deemed "mentally ill" into insane asylums that operated like prisons, the termination of treaties and tribal sovereignties, and the removal and placement of Native American children into government-run boarding schools and forced adoption programs (Finn, 2016). In uncovering the "untold stories" of the past, as Finn (2016) explained, "we can better understand the actions, resistance, and occasional victories of the oppressed and find possibilities for the future" (p. 37).

Possibility

Possibility is defined as the consideration of what is historically possible, as well as the alternatives for the future. Finn (2016) illustrates the importance of forward thinking in that, "as we expand our possibilities for thinking, we may change the way a problem is perceived and envision new possibilities for action (p. 38). In the case of Kevin, the failures of the past can be used to identify alternative possibilities for the future. Using the *Just Practice* framework, with its focus on accompaniment, mutual aid, and the participatory planning process, I am resistant in determining the possibilities, or what *I* perceive as to be the possibilities, without involving Kevin or the White Earth community in making this determination. Instead, and in alignment with a social justice-oriented approach to practice, I would work in collaboration with Kevin and involve him in every steps of the change making process. This process would begin with a collaborative determination of what Kevin and the community identify to be the presiding issue or problems in need of addressing. This self-determination is referred to by Finn (2016) as "accepting the client's definition of concern" (p. 304). After determining the concern, we could

move to identifying objectives and goals, and from these goals, we could begin to envision the possibilities for the future.

Applying the Just Practice Core Processes

Engagement

Engagement is described by Finn (2016) as, "a process of establishing rapport; creating an environment of genuineness, empathy, and warmth; forming partnerships; and establishing a basis for trust and collaboration" (p. 189). The process of engagement would be of particular importance in working with Kevin to build a relationship based on trust, respect, and collaboration. I would begin this process by drawing attention to the themes of power and oppression in our personal, political, and cultural histories. Finn (2016) points to the significance in naming this history in the following:

> "Helping" systems of the state or dominant culture have served as institutions of power and control over oppressed groups. Distrust and resistance are often healthy responses to such systems, and social workers within these systems need to approach the engagement process with sensitivity to the palpable presence of history and an appreciation of resistance as both a right and a survival skill. (p. 199)

Acknowledging this history would allow us to speak directly about mistrust and any apprehensions Kevin might have in the process. In this discussion, I would also point to the importance of resistance in the face of oppression. As Finn (2016) described it, "resistance to intervention is born of a struggle to retain one's autonomy and beliefs in the face of powerful countervailing forces" (p. 227).

Accompaniment

"The story is like a gift"

- Bonnie Bernard, *The Foundations of Resiliency Framework*

Accompaniment involves nonintrusive collaboration, mutual trust and respect, common analysis of what the problem is, commitment to solidarity, equality in relationships, and a focus on the process. In accompaniment, the social worker places themself as a permanent and stable fixture in the life of their clients or among the communities in which they serve. By establishing this consistent presence and in offering their unconditional support, social workers can effectively build relationships from which real change and progress can occur. In Finn (2016), these life-changing relationships are characterized by, "quiet availability," "fundamental positive regard," and "simple sustained kindness" (p. 291).

Accompaniment also provides the skills and strategies needed to implement participatory planning and decision-making practices. In positioning the client or community at the helm of the change process and in labeling them as the "expert" of their own lives, these practices effectively advocate for the advancement of human rights and the pursuit of socioeconomic justice. Accompaniment thus provides the link between policy and practice, and in doing so, places advocacy, or "the championing of rights of society's most vulnerable groups," as being, "central to the original mission of the profession" (National Association of Social Workers, 2016).

Human Rights and Socioeconomic Justice

In using the *Just Practice* framework with its focus on critical reflection, and in applying the core processes to practice, I have effectively carried out the mission of social justice work in its advocacy and advancement of human rights and socioeconomic justice. Throughout this process, questions of positionality, power, oppression, and privilege have continued to plague my analysis. These questions and the arduous process of critical reflection led me to extensive

research that uncovered two aspects of the film I feel are important in telling the "whole story".

To begin, it is important to understand the history behind the media's representation of Native American life and culture. Starting with the colonization and acculturation of indigenous communities, the mainstream media and film industry has sensationalized the poverty, violence, and drug use that occurs on Native American reservations (Leavitt et al., 2015). Although the film lacked the typical commentary that acts to directly influence viewers' perception and interpretation of events, the director was nonetheless intentional in presenting the film as to align with the narrative of *his* choosing. In my research, it became increasingly clear that this narrative involved the intersection of gang culture and indigenous populations. Despite the film containing only a brief scene in which Rob talked of his past gang-affiliations, the film was described by multiple sources as a documentary portraying gang-life among Native American communities. According to Wikipedia (2020), "the film follows Rob Brown, a Native American gang leader, and his 17-year-old protege, Kevin Fineday Jr., on the White Earth Indian Reservation in Minnesota" This depiction is far from an accurate description of the film. The director openly acknowledged his intent in telling this narrative in an interview with *The Upcoming Magazine* (Rutterford, 2015), in which he admits:

> I read about this issue of gang culture migrating from jails and inner cities out to these very remote, isolated native communities and mixing in some ways with native culture; the idea of being a warrior and the symbols of inner-city gang culture was very alluring to and destructive for native American youth. We went to museums and tried to research the topic but found there was just very little on it.

Essentially, the director is admitting that the film portrayed the story that *he* wished to tell, as oppose to allowing the characters and their rich culture to tells the story through their own

lens. The director's manipulation of Kevin and Rob's story can therefore be understood for what it is- another example of the exploitation of indigenous culture at the hands of white, powerful men. I am continually reminded of what Rob shared with the clarity that sobriety and time to reflect can provide:

> What tradition is to me, is what a group or culture does repeatedly. You know, to where it's actually their beliefs or their behavior. Like drinking is a tradition. Or up on the reservation, there's gambling. That's a tradition. You know, a long time ago culture was was tradition.

In my research, I also stumbled upon a review of the film that further demonstrates the director's selectivity and intentionality in portraying a side of the White Earth Indian Reservation that aligned with his positionality and narrative. I will include this review in its entirety as I feel hearing "the other side of the story" is fundamental to the process of critical reflection, positionality, anti-discriminatory practice and in the advancement of human rights and socioeconomic justice. The reviewer (IMBD, 2016) made the following critique of the film:

> The community of Pine Point viewed the film and believes it portrays a very incomplete impression of the Pine Point Community. The Pine Point Community Council gave a statement that it does not endorse the film as representative of the Pine Point Community at large. The film shows a very negative side of the community. We are not saying that these problems of drug abuse, alcohol and gang activity don't exist, every community has these problems. It seems that this film is consistent with the usual media practice of highlighting this lifestyle on an Indian Reservation. And the general public thinks that all Natives live like this. This is unfortunate because the behavior that is portrayed in the film is a small fraction of the overall community behavior, and the film

fails to highlight the vast spectrum of positive behavior in the community. For instance, the image of the car burning in the street happened to be a demolition derby car that was in the Rez car parade. Positive community events like: a drug and alcohol free music festival, annual pow wow, community Christmas dinner, Veterans dinner, haunted house at the old school, demolition derby, rez car parade, community picnics, weekly community fire, family fun day activities are not portrayed. The community council recently paid off a $50,000 loan that helped build the pow wow ground and softball field. The title of the film does not tell the true meaning of the Ojibwe culture and spirituality. Nor does the film show the true Ojibwe prophecy of the Seventh Fire. This leaves the viewer with a vastly incomplete understanding of our community. There are many natives from the community that enjoy a life of sobriety and there are those who are affected by drugs and alcohol who continue to fight to straighten their lives out and live the Red Road of sobriety.

Reflections

I felt a great deal of trepidation in presenting Kevin's story with the accuracy and cultural humility I felt it deserved. In the initial summary of the case study, I was intentional in using as many direct quotations as possible to avoid the distortion of my positionality, and because, well Kevin's story is not mine to tell.

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Appendix G

SW 511: Engaging with Groups and Organizations

On March 11th, I attended the first meeting of the newly formed Flathead chapter of SURJ (short for Showing Up for Social Justice). According to their website, the mission statement for SURJ is as follows:

> SURJ is a national network of groups and individuals working to undermine white supremacy and to work for racial justice. Through community organizing, mobilizing, and education, SURJ moves white people to act as part of a multi-racial majority for justice with passion and accountability. (SURJ, n.d.)

The meeting lasted a little over two hours with 31 participants, an introduction to the organization/movement, a variety of guest speakers, and time for group discussions.

Reflections on Positionality

In discussing how difference and diversity shape our understanding of life and our interpretations of life's experiences, I should start by acknowledging my own positionality and the preconceived bias and assumption made prior to attending the SURJ meeting. In doing so, I will need to provide some background information on the events and interactions I have had that helped to form these assumptions.

I learned of the SURJ meeting and the local chapter of SURJ via Facebook. The 'suggested event' listed several friends who planned to attend- all of whom I had gotten to know through the BLM protests and organized events that happened here in the Flathead valley last summer. These individuals, in my opinion, exhibited behaviors and voiced opinions that I felt were not in-line with the BLM movement and the work and education it entails. And these interactions, or perhaps my interpretation of these interactions, formed the basis of my

preconceived assumptions about the SURJ chapter and its initial meeting. My assumption, to state it honestly and bluntly, was that I would not gain or learn anything new from the meeting and it would instead be used as a social event, to have feel-good conversations, and would be far from the anti-racist based discussions that our valley and the entire nation so badly needs right now.

The discriminatory behavior and attitudes I am referring to were not directed at me, personally, but towards a friend who had recently moved to area. The friend I am referring to is a Chilean activist who has an extensive history in helping to organize large protests and to successfully negotiate and advocate for policy change. After an incident during one of the protests here in Whitefish caught the nation's attention, our group of protesters wanted to enact changes to the local laws that would increase the penalties for any hate or race-related crimes. Our group was cohesive but unorganized to say the least and my friend offered to help communicate and organize our small group while working with City Council and the Police Department in making real change.

Despite his experience and dedication to the BLM movement, the group of local protesters refused to have anything to do with him. They would meet and plan public demonstrations and events in which I was told directly not to invite him and when I confronted this obvious exclusion I was met with aggression and told that they "didn't trust him because he wasn't from here". The irony of this 'fear of the other' continues to infuriate me and the entire experience was the most blatant demonstration of marginalization and racism that I have ever witnessed first-hand. I apologize for this lengthy explanation of my bias and judgements, but I felt it would not be a sufficient reflection on difference and diversity without first acknowledging the lens through which I interpreted the entire experience.

My Learning

The meeting began with the SURJ facilitators introducing themselves and acknowledging the stolen indigenous land on which they reside. One of the facilitators then introduced the SURJ organization and the mission statement mentioned earlier. This was followed by an individual who presented as a possible leader or organizer of the meeting and the newly formed chapter of the national organization. This feeling of power was based in the assertiveness of his words and perhaps the lack of assertiveness from others. Pinpointing how you get the impression or understanding of who is in power is difficult, but it is more often than not, accurate. Our species has survived and thrived on our ability to assert power, and thus privilege, without speaking a word. Regarding the context of the social interaction, the meeting took place on zoom. As we have all become aware of the social nuance that exist within the abnormal social container in which we have all lived over the past year, I won't go into too much detail. The context provided the expected long awkward silences, the hesitations to speak, the lack of concrete conversational direction, and the overarching feeling of the vast distance that lies between our conversations and interactions with others.

For the remainder of the meeting we heard from two different speakers, one of whom represented the Blackfoot tribe and the other the Kootenai people, and from whom I gained the most from. The two spoke of their work to revitalize indigenous language and culture and were able to give their perspective and understanding of the social construction of difference and the history of white supremacy and colonization. The first speaker focused on the significance of honestly acknowledge our nation's history and the importance of doing so through a trauma-informed lens. He talked of the trauma of white supremacy, the trauma of hate, and I was struck when he expressed empathy and understanding for the white soldiers that had massacred his

people. He stated, and I will use quotations as much as possible to honor his words and his message, “those young men were taking orders from older men, who were taking orders from rich white men, they were directed to kill- to kill babies, with their boots… and the reason I bring this up is because I really do believe that each one of those individuals went home and carried it, the PTSD, the trauma... white supremacy created a legacy throughout their families and within our nation.”

The moment that I found the most powerful was in the second speakers opening introduction he said, “I want to start by telling you how happy I am that you all are here, in the heart of Kootenai country, because it is important that the message of this group lives in the heart of our country because that’s the way it has always been.” His ability to welcome us onto this land, and his forgiveness for what my people have done to his people, it really moved me. He went on to speak of the history of white supremacy and the construction of difference in stating, “what this is all about it differences in worldview, differences in perspectives, and trying to assert your perspective on someone else... or trying to interpret their position from your own worldview and that’s the history of how it’s been”.

He then shared the perspective of the Kootenai people in that god or spirit resides in everything, that there are no inanimate objects. He explained that this perspective made the idea of owning anything, of owning god or spirit, the white settlers’ idea and intention to “own” land and resources- it was incomprehensible to his people. And this idea of land ownership, as he put it “is the core value of the US constitution.” He closed by stating- “when you look at this difference in worldview, with one being a very spiritual-based worldview to one that is a very material-based worldview, those were the differences… and I am not saying one is better than the other! I am saying that those were the differences in the worldviews that led to

misunderstanding, that led to not understanding what the other one was about. And that's at the core of what we're talking about with injustice based on race. It's about not understanding the core, metaphysical value inherent in our difference."

References

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Appendix H

SW 535: Just Practice Assessment

The following assessment uses the Just Practice framework to honor the lived experience of the service user (who I will also refer to as "MS" moving forward, so as to protect and respect her right to confidentiality); to acknowledge differences in power by adapting a teaching-learning approach; to recognize the permanence and, as Finn (2022) put it, "the power of the written word" (p. 14); and to examine the themes of meaning, context, power, history, and possibility as they relate to MS's current situation (Finn, 2016). In doing so, I will quote MS's own words as much as possible throughout the assessment to honor her narrative, and to respect her expertise in telling her own story.

Identity and Presenting Issues

MS is a driven, resilient, and gregarious 22-year-old in her sophomore year of the 2 + 2 BSW Program through the University of Montana. MS currently lives with her boyfriend in the Bozeman area and along with going to school full-time, MS also maintains a full-time job. Having recently moved out of her parents' house, MS describes the pressures of living up to her parents' "high standards" and establishing financial independence, stating "my parents think I can't do it, they want me to move back in with them". MS explains the difficulties of "learning how to balance work, life, my bills, and on top of it all-school", describing her current situation as "stressful" and "overwhelming". Regarding her goals for our sessions, MS states she wants to "learn skills for when I'm getting overwhelmed"; "learn how to balance my responsibilities"; and "to learn some calming techniques to bring into my life".

Meaning and Possibility

Despite facing a multitude of challenges, including housing instability and other socioeconomic barriers, MS has been steadfast in establishing financial independence and fulfilling her dream to improve her community's access to supportive, mental health services. MS shares having experienced a significant trauma in her adolescence and deriving meaning from being able to provide the services she was unable to access. MS is also passionate about using her story to empower and help others who are experiencing the same struggles, stating "it's something I embrace, and hopefully I can share my story to inspire other people to realize they can overcome it too".

Context, Power, and History

Using the Just Practice framework, I will examine the circumstances and systematic conditions that have led to MS's current situation (Finn, 2016). To begin, MS is the first member of her family to attend college, resulting in her being on her own to navigate the complexities of college life, not to mention the financial aid process. Due to her parents still claiming her on their taxes, MS does not qualify for any financial aid, resulting in her having to pay, out-of-pocket for the full cost of tuition. This expense resulted in MS having to take a year off of school following her removal from student housing during the pandemic. To add to her financial stress, the Bozeman area in which MS resides is known for its high cost of living and lack of affordable housing options, causing an overtaxed social service system and long wait times to receive any service. MS is also not eligible for many of the services available to other UM students due to the remote-learning format of the 2 + 2 BSW program.

Along with the financial implications of being the only member in her family to attend college, MS has also felt a absence of support, stating "they just don't understand what my life

is like, or what I'm having to deal with". In asking MS about her support system and if she's ever been to therapy, she responds "it's always been about- will insurance cover it? So no, I've never been able to do it because of money reasons… but you know, that's just life. It's not always fair". Based on the resiliency and determination MS has demonstrated throughout our first session, with a little support, I am confident in her ability to overcome her current struggles to reach her goals and achieve success in her future.

References

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Appendix I

SW 525: Group Facilitation

Upon getting together for the first time, I was struck by the cohesive nature formed almost instantaneously within our group. This dynamic, referred to as *group dynamics* or *group process*, is described as "the attitudes and interactions of group members" (Jacob et al., 2015, p. 35). There seemed to be a good balance in the group's leadership, with each member having the opportunity to voice their thoughts and give input in group discussions. Our initial meeting was spent trying to dissect the requirements of the assignment, outlined in the course syllabus, along with the advice and expectations of our instructor. I suggested we focus on providing support for graduate students, which seemed to resonate with the group. Difficulties that arose mostly stemmed from our inability to find times when the entire group could meet over zoom.

I was late to our second meeting and when I joined, I was informed that the group had decided to switch directions and instead focus on social isolation and intergenerational connection. The topics seemed relevant and the group in consensus with the new direction, however I was a bit concerned by the complicated nature of incorporating both topics within the short timeframe given to conduct group facilitations. In hindsight, I wish I would have voiced my concerns about the clarity of our group purpose, and perhaps this lesson could be applied to group facilitation in the future- to be concrete, clear, and somewhat simple in the stated purpose of the group, and more importantly, to be clear on the purpose myself as facilitator of the group. As a Jacobs et al. (2015) stated, "being clear about the purpose of the group is perhaps the most important group leadership concept to be learned" (p. 57).

Group Planning

During our fourth meeting, and with the looming proposal deadline, the group divided

up the sections of the assignment and each member picked a section they would cover. We then went through and discussed each section as a group. This allowed each member to voice their opinions and input, leading to a mutually agreed upon outline for our project. As with most groups without a designated leader, by our second or third meeting, one of our group members emerged as a leader of sorts. This informal role designation allowed for more productive planning sessions. Shulman (2009) coined this role as the "chairperson" and explained, "group roles are functionally necessary and are required for productive work" (p. 504). The chairperson acted to ensure all group members were clear on their tasks and were in consensus with the direction and decisions made by the group. In acting as leader of the group, the chairperson was able to effectively prevent any difficulties or power struggles from arising within the group process. This facilitation was largely due to her ability to act as a leader but without establishing a power differential between herself and the other group members. This dynamic and leadership strategy is one that I hope to effectively incorporate into my group facilitation in the future.

Group Interventions

As mentioned previously, our group divided up the sections of our proposal and delegated a section to each member to write individually. The session's agenda however but the was not discussed among the group. Instead, the agenda was compiled individually, with group members adding and modifying it at the last minute, as we failed to realize it was due at the same time as our proposal. The interventions I hoped to implement in the session facilitated by Sarah and I were; (a) to clarify the purpose of the group and (b) to conduct ice-breaker activities. In my experience with group work, the less structured your agenda is in the beginning stages, the more room you give to rapport building and the formation of group cohesion. I felt

these group dynamics were especially important considering the emotional nature of our topics. As Jacobs et al. (2015) stated, “we have seen leaders move too quickly into the working stage, causing members to feel uncomfortable and even become angry” (p. 36). However, in working in tandem with Sarah, she felt structure was more important and chose to incorporate centering exercises and an info-graphic flow chart that outlined the group’s goals. I also suggested we provide some background information on the research behind social isolation and intergenerational connection. I felt this information could assist in providing the context for our group’s focus while highlighting its importance , and to encourage group buy-in and member participation in tackling the issues.

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Appendix J

SW 521: Evaluating Juvenile Mental Health Services

Nationwide, one in five youth suffer from diagnosable mental, emotional, or behavioral health disorders (CDC, 2011, n.p.). These disorders impede psychosocial development, impact academic success, and increase overall health risks throughout the lifetime. Rising rates of youth mental health issues has led to a 60% increase in adolescent suicide over the last decade, making suicide the second leading cause of death among our nation's youth (Curtin, 2020, n.p.). Over half of adolescents with emotional or behavioral health disorders will drop out of school and research has shown that as many as 70% of justice-involved youth have a diagnosable mental or behavioral health disorder (Vincent & Gina, 2008, n.p.).

This punitive, as opposed to a preventative, treatment-focused approach to addressing youth mental health issues has led to lasting social and economic implications as highlighted by Hawkins et al. (2016) in the following:

> The financial costs for treatment services and lost productivity attributed to behavioral health problems such as depression, conduct disorder, and substance abuse are estimated at $247 billion per year. Other costs are literally incalculable, as parents, teachers, physicians, child psychiatrists, child welfare workers, juvenile justice probation officers, and entire communities experience the adverse effects of human suffering, lost potential, and fraying social fabric. (p. 4)

Despite these widespread implications, only one third, or 36.2% of youth with diagnosable mental illness receive the services needed to treat those disorders (Moon et al., 2017, n.p.).

Barriers to service disproportionately impact youth living in rural areas due to increased social stigma, limited availability of qualified mental health professionals, and other

socioeconomic factors. Disparities also exist for minority youth, with black and Hispanic adolescents being less likely to receive mental and behavioral health services, regardless of the severity of impairment (Merikangas et al., 2011, n.p.). By addressing these barriers and identifying gaps in service, our research team aims to improve access to treatment for our local youth experiencing mental or behavioral health issues. In the following paper, we will outline our plan by highlighting the issues we hope to address, discussing the design of our evaluation, including identifying appropriate stakeholders, informed consent procedures, and our research methodology; describe our theory of change using a backward mapping logic model; and discuss the implication and limitations of our research.

Part I: Theory of Explanation & Program Evaluation Report

Representation of Appropriate Stakeholder Groups

With the turn of the 21st century, an increasing number of mental health professionals have observed large numbers of incarcerated youth experiencing mental health and health issues (Nelson, Jolivette, Leone, & Mathur, 2010, pg. 71). This observation led to few changes, since mental-health and justice-involved youth in the United States are generally underprotected by national and/or statewide laws and policies. While there has been some headway in supporting and serving these youth through infrequent and often underfunded community/nonprofit organizations, the history of youth carceral and mental health systems is fraught with abuse, neglect, misuse of power, and oppression—the result of which is an absence of integrated services for youth experiencing mental health issues, leading to their justice-involvement. This shows a fragmented and compartmentalized method of accessing services, with organizations and services not working effectively together. Thus, with a clear need for collaborative and transparent community relationships in order to implement systemic

change, we have identified several potential stakeholders with evaluative value.

Collaborative Stakeholders

The youth themselves—in detention centers, in youth shelter care, in mental health treatment centers. This also includes youth who are unhoused and youth who are homeschooled. These are our highest value stakeholders, and we will prioritize lived experience and peer support methods in our evaluation and assessment. (As a note: while we consider these youth our primary stakeholders, we also understand that in many of the institutions we are collaborating with, their input is considered irrelevant. We view this as erroneous and an example of *single-loop learning* by an institution: by focusing solely on correcting an identified problem, these institutions will continue the cycle of encountering these same problems—instead, we choose to engage in *double-loop learning,* which changes the focus from the social symptom itself (youth mental health crises) to identifying and understanding the systemic relationships enabling these mental health issues to reach crises state (lack of participant involvement, lack of best practice community training, lack of services, etc.), and then taking action to affect the systemic forces behind these issues, leading to lasting change (Argyris & Schön, 1985, n.p.).

Directors and staff members of businesses and nonprofit organizations directly serving this population, including (but not limited to): Missoula County Juvenile Detention Center staff, social workers, COs, and Warden; St. Patrick's Juvenile in/outpatient treatment centers; emergency room staff, both mental/behavioral and medical staff; Youth Homes staff; Youth Court staff, et cetera.

Public School employees (teachers and school counselors), including the staff working in detention center classrooms; private school teachers; charter school teachers, et cetera. Other

important stakeholder include law enforcement personnel;: city, county, federal, and school-based resource officers; other community members, including communities of origin for youth in crisis and justice-involved youth. Parents and guardians of youth; mental and behavioral health practitioners.

Appropriateness of the Research Question

Considering the ethical implications of studying both minors and/or minors who are incarcerated in either psychiatric inpatient treatment centers and/or juvenile detention centers, the utmost care must be taken when interacting with and observing this population. Because of the inherent marginalization of youth—that is, minors have limited or no autonomy, considering their legal status as dependents—we must understand if by studying this legally non-autonomous population, we are not contributing to their marginalization by removing their ability to self-determination. Too, worth mentioning is the confidentiality factor— since these youth are legally dependent (and therefore cannot make many of their own choices), therapeutic confidentiality takes on a more nuanced meaning; indeed, parents and guardians typically are the authorized representative in choosing which therapeutic services and providers their child has access to. With this context, we understand the necessity for rigor in our research and programming, rigor which sometimes can be seen as a barrier to practical service (McNiff & Whitehead, 2009, Chpt. 1).

We also need to discuss the implications of how we are funding these therapeutic services—since parents and guardians are the individuals choosing both service and providers, the minor is limited to which of these services are going to be covered under parental medical insurance. On that note, we also need to acknowledge that many youth come from homes that either do not have access to medical insurance for mental health services, or do not recognize

mental health services as medically valid. This is especially true in rural parts of the country where mental health services are limited or non-existent, including Montana, which is our service area.

Policy and Program Theory

There are several social work-related theories that contextualize our evaluation—first and foremost is *Systems Theory***,** which helps us understand the relationships and interactions our potential youth participants have on a micro, macro, and mezzo level (Robbins et al., 2019). On a macro level, any communities of support will not be able to meet the needs of youth experiencing mental health crises or symptoms without having a full knowledge of the mental health resources available to that youth, and how each youth would potentially interact with the available services. Using Systems Theory, we particularly believe that the *Ecological Perspective* is critical to our ability to provide service for youth accessing support during mental health crises—we understand that in order to provide holistic community support for youth accessing mental health services, one must understand the reciprocity between the youth and their larger communities. In this vein, we also necessarily pull from *Family Systems Theory,* particularly with the understanding that many youth are not legally allowed to seek out mental health services without the support (financial or otherwise) or direction of their parents or guardians. To that end, we understand that we are not only interacting with the youth, but the extended family as well—thus understanding the family dynamic is crucial to accessing further services.

Usefulness of the Evaluation

We believe this evaluation will be useful particularly to a wide variety of community members, including policy advocates, mental health providers, school personnel, families and

caretakers, and the youth themselves. We believe understanding the *barriers* experienced by youth in accessing mental health services and support are paramount to allowing community members to provide holistic care of its youth—that is, only in understanding a barrier can one remove said barrier.

Use and Appropriateness of Action Research

We are in two frames of thought on the appropriateness of Action Research as the best practice for this evaluation—while Action Research certainly allows a team to immediately assay this community, we feel we will neither be able to fully encapsulate nor meet the needs of this particular population because we will, inherently, always need to work through the parent or guardian prior to administering services. It is in this regard that the question of appropriateness becomes, perhaps, redundant—while a research team can, and should, consistently and simultaneously test and research results, we believe the influence a third party (in this case, the caretaker) can wreak is sufficient to prove any field of research in this area disputable. But perhaps that is simply the nature of Action Research itself.

Institutional Review and Informed Consent Procedures

Due to the vulnerable population in which we will be surveying, along with complexities of obtaining consent from both participants (youth) as well as their caregivers, we would require a full Institutional Review Board (IRB) to be completed by the University of Montana. Our team anticipates completion of our proposal, including detailed analysis of research objectives, methodology, and protocols, by December 2022 for full IRB at the convened January 2023 board meeting.

In designing our survey questions, the team will take precautions to avoid any stigmatizing or re-traumatizing language or content. All participants and their caregivers will be

provided with information and counseling on informed consent, data collection, confidentiality, and the risk and benefit of participation to ensure comprehension and clarity of consent. Measures to protect participants anonymity will also be employed, with responses being coded and obtained through electronic means to limit the influence of researchers on participant responses and to separate any identifying information from the data obtained.

Research Questions and Hypotheses

We propose that in addressing the increase in mental health crisis among our local youth population, we must identify deficits in our current systems of support that includes programming, collaboration, and accessibility of services. By understanding the experience of youth service users and their providers and identifying deficits in services, we can work to improve accessibility and collaboration of programming that acts to reduce youth mental health crisis, suicide, and involvement in the juvenile justice system.

Research Methodology and Planning

A substantial focus of our research will be a needs assessment using both existing data and data gathered through survey/poll to explore the extent of the problem and from this knowledge we will develop proposed strategies to address the problem. Our assessment will include the following:

1. Obtaining and analyzing public records from local hospitals to gather data on the number of youth utilizing emergency room services for mental health crises.
2. Obtaining and analyzing data on the caseload of juvenile courts, as well as the offenses for which justice-involved youth are being charged.
3. Obtaining numerical data on the number of youth practitioners working in Missoula County, along with the number of programs in operation and their capacity of service.

4. Obtaining numerical data on job openings or vacant positions for service providers working with youth populations.
5. Analyze the data collected through the above methods to identify deficits in services and programming for youth. Compare data findings with national data on needs assessment for youth.

Threats to Validity and Reliability

We understand that credibility in our project is of the utmost importance—by establishing our trustworthiness as researchers, we bolster our trustworthiness as service providers, and subsequently frame our project as holistic and collaborative. Thus, we acknowledge the threats to our credibility will include the instability of data collection using self-reporting and the inconsistency of using surveys in general. We also acknowledge that mitigating researcher bias is a critical component of establishing credibility— we are the ones identifying the mess, leading the research we deem necessary, and formulating the data questions themselves. We propose that in our second iteration of this project, we alleviate researcher bias by inviting the youth participants themselves to identify their own individual messes, identify their own ideas for research, and potentially lead the research team on crafting relevant and pertinent research questions.

We also acknowledge that this particular population are at risk of research bias through environmental and personal factors—as mentioned above, as youth they are in the legal care of parents/guardians, and as such might not be in an environment that fosters authentic responses to assessment or survey questions. Too, with the cultural mental health stigma still in place, youth experiencing mental health crises might not desire to be forthcoming about their level of mental health needs.

In this project, we propose to support reliability and credibility through the following:

1) Triangulation (as outlined below)
2) An extended and nuanced relationship with the datasets collected
3) Persistent and consistent data collection (standardizing research collection over all of our investigators, collaborators, and partners, along with consistent check-ins with all sites and locations and community partners)
4) Negative Case Analysis (finding and discussing contradictory datasets in an open way; transparency)

Methods of Triangulation

We acknowledge the potential for *bias* that occurs from only using single methodologies; as such, our research aim for this project encompasses a triangulation method. Using multiple investigators (or, data entry points) in each of our collaborative partnerships, we will be able to retrieve a wider variety of data than a single investigator would be able to. Additionally, we will utilize both qualitative and quantitative methods to capture multiple datasets, and analyze these datasets from multiple theoretical viewpoints, as outlined above. For our qualitative research, we will have in-depth assessments of each participant at each collaboration point (i.e., with each collaborative partner or stakeholder in this project, as outlined above). Our assessment questions will include standard in-depth interview questions and include the following:

1) In your experience, what is the current best way to access mental health services?
2) Tell me about a time when you felt safe and supported accessing services?
3) Tell me about a time you have not felt safe and supported accessing services? In that instance, what could have made you feel safe and supported?

4) Have you heard of [mental health partnerships] before?
5) What do you think *would* be the best way to access mental health services?
6) What do you want from your mental health providers?
7) How do you want your caretakers to be involved in your mental health treatment or services?
8) Is there anything else you want to share?

In addition to the qualitative assessment, we will also provide and circulate a self-report survey to all youth participants. This survey will ask the participant to rank several questions with "Strongly Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Strongly Agree" and include similar questions to the qualitative assessment, as a way to capture this dataset in an alternative way.

Costs and Budgeting

This mock-budget provides necessary costs associated with the above-named organizations for the purposes of capturing data regarding mental-health services involved and justice-involved youth. Costs for this pilot program have been itemized below and justification for each cost element provided.

Organization Description:

Our organization is called the "Dream Team", a nonprofit organization dedicated to being a collaboration facilitator between various organizations across Montana that serve or interact with marginalized youth, with a primary regard for mental health/justice-involved youth. The Team works with community facilities across Western Montana to provide consistency and facilitation in the facilities' capturing of data surrounding their served populations.

Mental-health services/justice-involved youth are an underserved population with a

significant amount of isolation from their communities of origin; recognizing this, the Dream Team aims to incorporate these youth voices and their stories back into their communities, creating a more pro-social dynamic between youth and community and allowing these youths' lived experiences to be qualified in the mental health services they are engaging in.

Period of Performance:

This pilot program, between Missoula County and the Dream Team, will run for one fiscal year, from the acceptance of this proposal until June 30, 2023, at which point Missoula County and the Dream Team will determine the feasibility of extending the program.

Cost Elements:

Direct Labor—the Dream Team will provide two qualified researchers/community facilitators weekly to each facility in question, to maximize consistent data collection facilitation provided to each participating facility. One researcher will act as the lead for the session, with the second acting as a co-facilitator. The lead facilitator and co-facilitator will be paid per participating facility session, instead of being paid per individual youth participant. There is no individual cost for facilitators regardless of youth participants. Research facilitators will also provide consistent weekly documentation on which youth participants were served in unique facilities, what their experiences were, and general suggestions/observations.

1Equipment & Materials—examples include, but are not limited to: providing facilities with appropriate materials; providing youth participants with surveys and materials; providing physical documentation.

Administrative cost—7% fee from monies paid for organization's payroll taxes and operational management of the program.

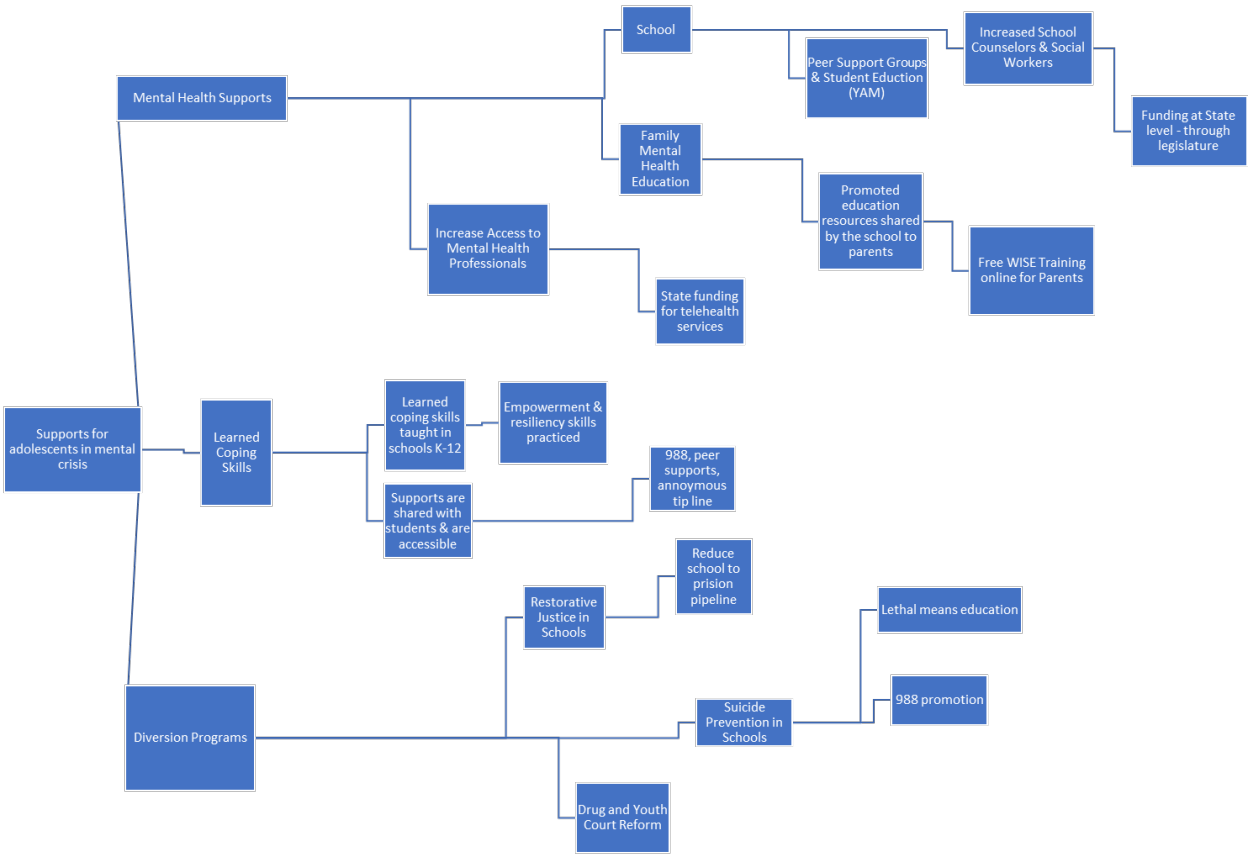
Cost	Number of hours (annual)	Burdened Hourly Rate	Amount Requested
Direct Labor (2x facilitator for 1x week)	30* (Start date: First week December.)	$70 (Lead Facilitator) $45 (Co-Facilitator) =$115 per hour.	$3,910.00/annual
Admin. Costs	n/a	n/a	$300.00/annual
Equipment and materials	n/a	n/a	$790.00/annual
Total Costs			$5,000.00

Cost summary:

Given the above, the total cost for the Dream Team to implement a yearlong program in partnership with Missoula County is $5,000.00. This budget proposal was created by members of the Dream Team.

Part II: Theory of Change and Action Plan:

Backwards Map



Outcome 1: Reduction of youth suicide, and reduction of youth experiencing acute mental health crises.

Indicator: Decreased rates of suicide for youth ages 15-24 (DPPHS, 2020)

Population: Western Montana youth ages 15-24

Threshold: Any decrease in suicide deaths in age group 15-24

Outcome 2: Implementation of CAST-S and WISE Programs for schools and parents.

Indicator: Teachers, school administrators, club leaders, parents, and coaches taught how to utilize CAST-S and WISE toolkits

Population: Any adult working in a school setting; any adult interacting with school systems regularly.

Threshold: Policies, procedures, and prioritization of toolkit and education at individual schools

Outcome 3: Students develop coping skills resulting in decreased hopelessness/sadness leading directly to a reduction in suicide ideation.

Indicator: Decrease in students experiencing hopelessness/sadness and thoughts of suicide.

Population: Students in Montana schools, ages 12-18.

Threshold: Any measurable decrease in YRBS (Youth Risk Behavior Survey) conducted by MT Office of Public Instruction annually.

Assumptions:

1. Western Montana schools do not have YAM training
2. Western Montana school faculty have not participated in CAST-S and WISE training/ implementation
3. State resources and programs are not being used due to school burnout
4. By providing education and increased access to mental health, students will have improved mental health outcomes without other interventions (medication or other treatment)
5. Mental health supports will decrease juvenile justice involvement, without consideration of basic needs being met

Interventions

Outreach to Western Montana schools for training with CAST-S, WISE and YAM

1. Family Mental Health Education through promotion of WISE platform for parents
2. Promotion of using 988 as a mental health resource, along with Lethal Means training,

school anonymous tip line, and local mental health resources with minimal reliance on law enforcement

3. Revision to CSCT state funding for increased mental health providers in schools
4. Restorative Justice practices across community collaborators
5. Investment from law enforcement for de-escalation and diversion to juvenile justice involvement
6. Survey of stakeholders

Definition of Action Research

Our Action Research Team was guided by Project Superwoman as a theory of change: identifying outcomes and assumptions, creating a backwards map and related results, outline implementation and effectiveness, provide interventions, and a descriptive narrative for understanding (ActKnowledge, & The Aspen Institute Roundtable on Community Change, 2004). Our group chose to focus on juvenile-centered institutions to be the most influential in our theory of change; we believe they are able to assist in the autonomous empowerment of youth without having to directly seek parental approval. We would remain open to stakeholder consultation to make adjustments as necessary.

This project qualifies as Action Research because we are actively looking at the current landscape of juvenile mental health support and need; this is quantified by our immersive examination of current Western Montana's statistical self-reporting on youth mental health crises and youth suicide rates. Transposing the data over the practical resources available, we feel, gives us the most accurate opportunity for transformative practice.

We decided to use a Positivist lens to examine Western Montana's reported data on suicide ideation and subsequent death by suicide, and to quantify mental health resources in a

specific region. We recognize that this is an issue with kaleidoscopic factors, so we are also attempting to use a Relativist lens, when providing mental health services to this specific population, with the understanding that providers of care may never offer an objective experience for youth in crisis. Crucial to psychological development, adolescents crave independence from authority figures (Small et al., 1988); to achieve successful and positive mental health intervention, we recognize that we cannot solely use a Positivist lens: "*..valid Positivist explanations of social problems cannot produce the knowledge needed to do something about them*," (Friedman, pg. 160, 2006 emphasis ours). Worth understanding, since youth identity is in constant flux (via Erickson's psychosocial model), we understand that this population will view objectivity in a dynamic way.

We chose to focus on mental health crises and suicide rates for youth due to the staggering numbers of youth suicides Montana has, along with the limited mental health resources in rural communities for youth, outside of medical or criminal justice intervention. Suicide in Montana is a significant problem, especially for the youth that live here. In 2021, there were 36.8 deaths from intentional self-harm per 100,000 population for people between the ages 15-24 (America's Health Rankings, 2021). In a survey conducted by MSU's Center for Research on Rural Education, 88% of students said they wish mental health was taught in their schools (Youth Aware of Mental Health, MSU, 2022). Our group sees this as an opportunity to meet the needs of our *primary* stakeholders, youth in Montana.

Limitations

In recent years, there were attempts to implement better access to mental health support in Western Montana schools with the introduction of the CSCT (Comprehensive School and Community Treatment) program. However, due to legislative action in 2021, funding and

reimbursement for mental health services was jeopardized, leaving the program too cumbersome for many school districts to continue offering (Sakariassen, 2022). Montana Representative Moffie Funk said, “securing adequate funding for mental health services is a growing challenge,” (2021) and the mental health challenges for youth continue while educators also began operating at full capacity (Graff, 2022).

Our group sees this gap in service as an example of a *mental model* where “attitudes which underline human action,” showcasing that mental health is stigmatized here in Montana (Senge et al., 2009, p. 237). In summation, Western Montana has a significant mental health crisis among our youth, with public school teachers carrying the burden due to the lack of state support in funding. To combat this looped system, we have targeted our interventions to find non-legislative funded interventions through outreach, promotion, and education directly with youth themselves, along with educators, school personnel (administrators, coaches, club leaders, school staff, etc.), and families.

Education focused on mental health would be directed towards: adolescents learning coping skills, education for school administrators, teachers, coaches and club leaders/adults, and education for families. YAM (Youth Aware of Mental Health) is a classroom education program where youth engage in experiential learning about “risk and protective factors associated with suicide, including knowledge about depression and anxiety, and enhance the skills and emotional resiliency needed to deal with stress and crisis” (MT OPI, 2022). YAM has been shown to be an evidence-based program for rural youth for suicide prevention (Mann, 2021). YAM also helps students learn how to help friends and peers who may be struggling with depression.

Education for parents and school personnel would be through an online training

program called WISE Classroom and CAST-S (the suicide crisis action toolkit specifically made for Montana schools and communities). For educators, an in-service training for the implementation of CAST-S would also allow teachers and administrators to learn and implement quick interventions for youth without an escalation to a mental health crisis or suicide (CAST-S, 2022). The CAST-S toolkit has been paid for by the state of Montana to meet legislation requirements; however, it has not been widely implemented. Although these resources are readily available on Montana's Office of Public Instruction website—along with a stated desire from public school personnel to learn these resources—there has not been engagement with these tools due to teachers' and administrators' own lack of mental health resources in the aftermath of the COVID-19 pandemic school year (worth noting, a recent survey by the National Education Association found that 55% of educator respondents are considering leaving teaching (Sakariassen, 2022)). The 2022-23 school year will be the first year that most schools in Montana will have regular in-person attendance since the beginning of the COVID-19 pandemic.

We are assuming that if these supports and education are implemented in a school setting that adolescents will feel supported and understood. We assume that by trying to target multiple facets of adolescents' lives that one of the many avenues will be utilized. However, if a student is homeschooled; has neither family involvement nor interest in mental health education; a school that does not have school counselors or mental health support; a student that does not participate in sports/clubs/activities; someone that does not feel comfortable going to a peer support group; or someone that does not wish to engage with an outside counselor, we may have no impact or change. This is exemplified by Susan Philiber's quote: "the theory does not ensure that the right clients will be targeted, or even that the planned intervention will occur at all" (Philiber, 1998). We also are assuming that all these educational

offerings will destigmatize mental health; however it may not. Historically, parents and educators have used narratives that adolescents are “acting out” or have behavioral issues rather than seeing these behaviors as symptoms of unmet mental health needs, and a shift in perspective may take years—or not happen at all—due to ingrained positionality.

Measured Success

There are many ways that we will measure the initial success of our project, These will include evaluating the below things over a six month period:

- The number of schools, medical/psychiatric facilities that are offering mental health training information and resources
- The number of trained individuals at schools (including educators, admin staff, bus drivers, activity leaders, etc.)
- The number of trained students with YAM and establishment of peer support groups
- The number of suicides of youth under 18 in Western Montana.
    - The suicide report numbers are reported annually by DPHHS.
        - Numbers - 0-6 months success measurements
- The long-term establishment of both mental health initiatives and funding to support community’s need for mental health services.

To measure effectiveness of our project, in the 12-18 months of our program, we will aim to accomplish and/or produce:

- Follow up survey/research results
- The number of schools that have started peer counseling programs
- The number of schools that have mental health training for teachers and

students

- The amount of mental health crises that schools reported
    - We believe it will take 2+ years to impact policy changes, particularly funding resources

Implications

Although this project has not yet been completed and we do not have this data, there are implications we can predict from understanding barriers youth face when trying to access services in a mental health crisis. These implications point to possible routes of future action. There are three categories we will address in this section: for practice, for policy, and for future research.

For Practice

There are many implications for practice within this project, however, the most prominent one is knowing that identifying these barriers is only one step in the process of helping to make mental health services more accessible for youth. As mentioned earlier in this paper, there are many organizations that help youths' mental health, but these services do not always work together and collaborate. Mental health practitioners should work together and create community relationships that utilize the resources already available. After this collaboration, we will also have a better idea of where there is support lacking for youth mental health services.

For Policy

Funding is a barrier for many mental health services but especially for youth therapeutic services due to youth having little control over the financial status to pay for services they might be seeking, in addition to restrictions by parents/guardians' medical insurance coverage. Money

will always be a barrier to services for mental health services for youth. However, Missoula might benefit financially in the long run from this investment. "[The] cost-benefit ratios for early treatment and prevention programs for … mental illness programs range from 1:2 to 1:10. This means a $1 investment yields $2 to $10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity," (Schwab & Salters, 2018, n.p.). Missoula allocating funding to programs that increase access to mental health services for youth will help remove the barrier of cost, making these services more accessible.

For Research

Future researchers should investigate the programs put into place to understand where these programs are succeeding and where they might need improvement. Additionally, further identifying barriers that may have not made it into this action research project is imperative as not all barriers can possibly be identified in one research project.

Discussion

Due to the complexities of obtaining consent, along with the ethical implications of identifying deficits in service, attention and advocacy for the issues impacting youth populations is greatly lacking. Services that do exist for youth in crisis are largely based in punitive approaches that lack the evidenced-based treatment needed for this at-risk and vulnerable population. These punitive services include the youth carceral and mental health systems- both of which are fraught with allegations of abuse, neglect, and oppressive practices. Along with deficits in servicing, the rights of adolescents, especially among minority populations, are often at the hands of law-makers and in focusing on the youth population, our research aims to bring awareness and garner community support for establishing and improving the services available for a population that largely lacks a voice in the issues that directly impact them.

Despite research demonstrating the efficacy and success of universally implemented prevention programs, long-term mental health treatment, and trauma-informed interventions for adolescents experiencing crisis, these services are nearly non-existent among most regions in Northwest Montana. Schools, for example, provide an avenue for ensuring equitable access to mental and behavioral health services for youth, yet less than 5% of students in Montana's public schools qualify for these services (DPHHS, 2021, n.p.). As Doll et al. (2017) explained, "schools' immediate and daily access to all children in the community makes it possible to seamlessly integrate prevention, ecological interventions, and wellness promotion into a community's comprehensive system of school-based mental health services" (p. 182). This approach offers a safe and familiar environment to encourage students and families to engage in mental and behavioral health services, thus reducing the social stigma prevalent throughout Montana. Schools also offer a unique setting where challenging psychosocial disturbances emerge and immediate, corrective behavioral health interventions can be implemented (Hess et al., 2017, n.p.).

Another missed opportunity lies in the long-term benefits of universally implemented prevention-based programs. By treating the non-specific psychosocial disturbances that emerge prior to a full diagnostic presentation, these early intervention services can alter the course and severity of impairment throughout the lifetime. Long-term benefits of preventative programming also include the development of healthy coping mechanisms which equate to less intensive treatment needs, improved quality of life and overall physical and mental health, reduced rates of juvenile delinquency and involvement in the youth carceral system- all of which lower taxpayer funded healthcare costs and social service utilization throughout the lifetime (Karoly et al., 2005, n.p.). Thus by reducing the strain on social service sectors and in lowering

universal costs, improvements in youth mental and behavioral health programming has the potential to transform not just the future of the social work profession, but the future of our society as a whole.

Conclusion

Montana has a mental health crisis, especially among its youth population. There are many barriers in place that have contributed to this issue, these include but are not limited to being in rural areas, limited ability to behavioral health services, socioeconomic factors, and disparities with minority youth. However, by identifying, evaluating, and addressing these barriers and gaps within these services through an action research project, there is knowledge of where these improvements can happen. This paper provides a summary of our actional research project, the methodology utilized, and our plan for implementing this project.

Our team addresses how to approach this action research project in an ethical and representative way, ensuring we are representing appropriate stakeholders, asking an appropriate research question, identifying and addressing threats to the validity/credibility of our research, in addition to getting approval from the Institutional Review Board at UM and guaranteeing informed consent procedures. By providing our Theory of Change model and a backwards map, we were able to identify outcomes, assumptions, and interventions of this project. Additionally, this paper included ways in which our research had limitations and ended with a discussion section where missed opportunities and future implications for practice, policy, and research were addressed.

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Appendix K

SW 531: Problem Statement and Analysis

With youth suicide rates in Montana being 2.7 times that of the national average, recent policy initiatives aim to reduce these statistics through school-based mental health programming. The state-funded program would provide screening for students in middle school and high school, and connect those identified as high risk, with contracted providers committed to providing those students with same-day services (Montana Office of Public Instruction, 2021). This early intervention and prevention-based service model has been shown to decrease rates of suicide; increase academic success; decrease delinquency and incarceration rates; improve mental and physical health; and lower overall healthcare costs and social service utilization over the lifetime (Karoly et al., 2005). By reducing the strain on social services, including the millions of dollars in human service funding being debated in this year's legislative session, the proposed policy solution has the potential to transform not only the lives of young Montanans, but the social and economic future of our state for decades to come.

Understanding the Problem

Nationwide, one in five youth suffer from a diagnosable mental, emotional, or behavioral health disorder (DPHHS, 2021). Among those with diagnosable mental illness, only one third (36.2%) receive treatment for those disorders (Moon et al., 2017), and for youth receiving treatment, 70% access those services through school (Rones & Hoagwood, 2000). These statistics are coupled with a 60% increase in adolescent suicide rates between 2007 and 2018, making suicide the second leading cause of death among our nation's youth (Curtin, 2020).

Within Montana's public schools, state-funded mental health services are provided

through the Comprehensive School and Community Treatment program, or CSCT. In order to qualify for these services, students must (a) be enrolled in Healthy Montana Kids Plus (Medicaid), *and* (b) be diagnosed as having a Serious Emotional Disturbance (SED). These strict eligibility requirements mean that fewer than 5% of Montanan students qualify for CSCT services. The remaining 95% of students who do not qualify for state-funded services, including those reporting active mental health crisis and suicidal ideation, are unable to receive mental health services through school (DPHHS, 2021).

Implications of Limited Services

In the absence of programming to support students' mental health, school personnel are often at the frontlines in addressing mental health issues without the knowledge or clinical training needed to address these high-risk situations. This responsibility, coupled with low wages and challenging work environments, has contributed to the nearly 589 empty teaching positions throughout the Montana, another issue faced by the current legislative session (Office of Public Instruction, 2023). One survey found that 96% of school personnel reported handling mental health issues, and 89% felt students and their families needed better access to mental health services within their schools (Moon et al., 2017).

Issues limiting access to mental health treatment include socioeconomic barriers, a lack of provider availability, and the absence of proper screening tools to identify high risk students- all of which are addressed through the proposed policy initiative. Rural communities would particularly benefit from school-based services due to severe provider shortages that result in a 6% increase in suicide rates, as compared to the statewide average. A recent study of provider availability in the state found an average of 0-3.2 mental health providers for every 1,000 Montana residents (Coombs, 2022). In addressing issues of accessibility, and improving the

supports available to school personnel, the proposed policy initiative looks to schools as an avenue through which every young Montanan is provided with potentially life-saving mental health services when needed.

Proposed Policy Solution

According to the 2021 Youth Risk Behavior Survey, 10.2% of Montanan students in grades 9 through 12, and 13.5% of 7th and 8th graders reported attempting suicide in the year preceding the survey (Montana Office of Public Instruction, 2021). The policy initiative is based on a pilot program carried out over the course of 2021-2022 school year. The program, referred to as Screening Linked to Care (SLTC), provided mental health screening for over 1,000 students in school districts opting to implement these services. Participation in the screening and referral program required parents' approval and the results were confidential to protect the privacy of students and their families (RBHI, 2022).

Among middle school and high school students screened through the SLCT program, 22% reported experiencing serious thoughts of suicide at some point in their lifetime, and 10% were identified as high-risk (having suicidal ideation with active planning). Among the 10% identified, 100% were connected with same-day services through a mental health provider (RBHI, 2022).

Benefits of Early Intervention

It is estimated that approximately half of all mental health disorders emerge by the age of 14, and these disorders are typically preceded by non-specific psychosocial disturbances (Iachini et al., 2015). By identifying and treating these psychosocial disturbances, prior to a full diagnostic presentation, early intervention services have been shown to alter the course and severity of impairment; decrease suicide rates; improve quality of life and overall physical and

mental health; and aid in the development of positive coping mechanisms, which equates to less intensive treatment needs throughout the lifetime (Karoly et al., 2005). The multitude of political systems impacted by the proposed policy is highlighted by Hawkins et al. (2016) in the following:

> The financial costs for treatment services and lost productivity attributed to mental health problems such as depression, conduct disorder, and substance abuse are estimated at $247 billion per year. Other costs are literally incalculable, as parents, teachers, physicians, child psychiatrists, child welfare workers, juvenile justice probation officers, and entire communities experience the adverse effects of human suffering, lost potential, and fraying social fabric. (p. 4)

With suicide quickly becoming the leading cause of death among youth between the ages of 10 and 24 (Curtin, 2020), along with the magnitude and scope of the social and economic benefits proposed by the policy initiative, legislatures and advocates must come together to ensure passage of these life saving services.

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Appendix L

SW 530: The Foundations of U.S. Drug Policy

A historical analysis of early U.S. drug policies requires an understanding of the social, political, and economic forces that helped shape their formation. Through this analysis, common themes begin to emerge including: (1) the influence of the medical community in introducing and profiting from drug sales while using their power to lobby against proposed regulations, (2) the use of drug policies as a means of gaining social control over minority populations, (3) the political and economic motivation behind drug policy formation, (4) the absence of decision-making that focuses on public health and treatment needs, (5) the use of racists rhetoric to influence public opinion and garner support for drug policy, and (6) the impact of regulatory action on public health and issues related to social justice.

Drug Use in Early America

Opium

The first drugs to warrant public attention and government intervention were opium and cocaine. The use of opium to treat a myriad of medical ailments dates back thousands of years. Due to its widespread use and popularity, a commercial opium trade spread throughout Europe in the 17th and 18th century. Due to its highly addictive nature, which requires daily consumption, opium proved to be profoundly profitable to Asian and Atlantic nations. During this time, the demand for opium transformed it from a luxury good to a global commodity (Brecher, 1972).

By the mid 1800's, the U.S. had become a major consumer of the opium trade with demand being driven primarily by its use within the medical community. China however was leading the world in opium consumption and relied heavily on the British East Indian Company

(BEIC) to supply its increasingly high demand for the drug. At the time, the U.S. was gaining its foothold as a major world power and its economic success depended primarily on its ability to foster international trade agreements. Chinese markets presented huge economic opportunity for the U.S. but at the time, China had a closed economy with the exception being its trade of opium with the BEIC (Musto, 1999).

By the 1830's, opium became a major social, political, and economic concern for the Chinese government. At the time, nearly half of China's male population smoked opium and it was reported that the entire Chinese National Army was addicted to it. The issue threated to disrupt China's political progress and left it without army personnel to defend against foreign attack. This led to China losing two trade wars with Britain, which forced the opening of Chinese ports to international trade. Despite the U.S. experiencing similar public health issues as the result of opium addiction, concern for its widespread use only began after witnessing the economic and political threat it posed to our nation's success. Prioritizing social, economic, and political power over public health would prove to be a common theme in the U.S. response to drug use and addiction (Musto, 1999).

Cocaine

Like opium, the use of cocaine can be traced back for thousands of years with its roots beginning in ancient Incan culture. Having observed Incans chewing coca leaves, Spanish conquistadors began using the drug to enslave Indians and to increase their productivity. Cocaine was first isolated from the coca leaf in 1844 and by the 1860's it had become a common ingredient in numerous beverages sold throughout Europe and North America. The United States was introduced to Coca-Cola in 1886 and its popularity saw it quickly become a household name. At the same time, the U.S. medical community recognized cocaine's euphoric

and numbing qualities and began using it to treat a variety of ailments. Cocaine was also used to increase soldiers' endurance during battle and by slave owners as a means of control and increased economic output (Musto, 1999).

The Formation of U.S. Drug Policy

By the late 1880's, many commonly used household products in the U.S. contained considerable amounts of narcotics- mainly opiates and cocaine. This availability, along with the supply provided by the medical community, led to a large portion of the U.S. public becoming dependent on these drugs without awareness of their addictive nature. It wasn't until the early 1900's that public opinion toward drug use began to change. This social shift was due in large part to public campaigns using racist rhetoric to control public sentiment and increase support for the passage of drug legislation bills. These campaigns would mark the beginning of politically motivated messaging that links drug use and violent crime, with minority populations (Musto, 1999).

Hamilton Wright was appointed under President Roosevelt, Taft, and Wilson and tasked with creating the first federal drug policy. Facing increasing international pressure to pass federal drug regulations, but with little public support, Wright resorted to using racist rhetoric and imagery to drum up support for his bills. The first campaign linked the cultural practice of smoking opium among Chinese immigrant communities with violent sexual acts that targeted white women. The rationale involved Chinese immigrants luring white women into their "dens" to smoke opium with them so that they could be sexually violated (Musto, 1999). The campaign led to the passage of the Opium Exclusion Act of 1909, which outlawed opium but only in the smoking form- the form used almost exclusively among Chinese immigrant communities. The bill acted as a means of criminalizing, incarcerating, monitoring, and ultimately controlling the

Chinese immigrant population (Begum & Murray, 2020).

The second race-based campaign under Wright centered on cocaine use among African American communities. Unlike the cultural custom of opium smoking among Chinese communities, cocaine had no historical or cultural significance to African Americans. Instead, the medical community was the first to introduce cocaine to black communities, along with the popularity of Coca-Cola following prohibition. White, inner-city business owners also provided black workers with cocaine as a means of increasing profitability and garnering control. During his second campaign, Wright and powerful media institutions used propaganda to illicit fear among white Americans of the "crazed" black cocaine user. This imagery purported that cocaine gave black men superhuman strength that made them impenetrable to the .22 caliber bullets used by police, sparking white fears about a cocaine-fueled African American uprising. The association between cocaine use and violent crime among "dangerous" black communities continues to this day and was likely formed through these early U.S. drug campaigns (Musto, 1999).

Despite lobbying from the medical community and pharmaceutical industry, the powerfully racists campaign strategies led to the passage of the Harrison Act in 1914. The act aimed to monopolize the production and distribution of drugs and alcohol through taxation, while increasing the criminalization and incarceration of African American communities. Treatment for substance abuse differed greatly among race and socioeconomic status at the time, with privileged white users attending private treatment facilities or "wellness" centers while African Americans faced incarceration, institutionalization, and forced sterilization as opposed to treatment. It should be noted that these racial and socioeconomic disparities in access to addiction treatment continue unabated to this day (Begum & Murray, 2020).

Alcohol and Prohibition

By the early 1900's, Americans were consuming more than three times the amount of alcohol as compared to today. Drunkenness in colonial America occurred primarily in the home but a shift drinking behaviors followed the spread and popularity of taverns and saloons throughout the U.S. Public concern regarding the increase in alcohol related problems led to the formation of the Women's Christian Temperance Union and the Anti-Saloon League, two of the most powerful lobbying movements in our nation's history. These movements were largely spearheaded by women and were originally spurred by concern for the degradation of Christian and family values. These pro-prohibition campaigns also used racists propaganda linking alcohol (specifically beer) to German culture, harnessing widespread anti-German sentiment following WWI to garner public support.

Alcohol was also viewed as a threat to American democracy, with the famous prohibitionist Wayne Wheeler stating, "Liquor is a menace to patriotism because it puts beer before country" (Odegard, 1928). At the time, saloons were often used to host union meetings and soon conspiracies spread linking these businesses to the organization of working-class uprisings and anarchy plots. The rhetoric used to promote prohibition was so successful that in 1920, the 18th amendment was added to the U.S. constitution. The federal statute banned the production, sale, and transport of "intoxicating liquors", while the Volstead Act later clarified the law to include beer and wine (DuPont & Voth, 1995).

Prohibition, as with earlier drug policies, caused unintended economic and political consequences. Increasing demand for alcohol on the Black Market led to a rise in organized crime and violence. Law enforcement attempts to crack down on illegal enterprises resulted in mass causalities and quickly overwhelmed federal agencies and backlogged the federal court

system (Musto, 1999). In a few short years, it became increasingly clear that the U.S. government had lost control over the situation. This, along with the threat posed by organized crime syndicates and their accumulation of economic and political power, paved the way to ending prohibition. In 1933, the passage of the 21st amendment marked the end of prohibition at the federal level. Despite the federal statute, alcohol laws differed state-to-state, with some municipalities enacting "dry" laws that continued to prohibit the sale and distribution of alcohol. In other locales, mainly in the southern portion of the United States., "blue" laws were passed that prohibited alcohol sales on Sundays due to religious obligations, many of which are still in place today (Erikson et al., 2014).

Regulation of Marijuana

During the great depression (1929-1939), poverty and rising unemployment rates created hostility and prejudice towards Mexican immigrants and the perceived threat they posed to Americans' jobs and livelihood. This minority population, among others, was associated with marijuana use and this stereotype, along with public campaigns that aimed to link marijuana with violent crime, led to the passage of the Marijuana Tax Act in 1937. On the surface, the federal rule aimed to regulate the distribution of marijuana while covertly targeting, prosecuting, and incarcerating minority populations (Begum & Murray, 2020).

The War on Drugs

The targeted enforcement of drug policies among minority populations was further solidified in 1971, with President Nixon declaring the "War on Drugs." The "war" stepped up criminalization of drug offenses, established sentencing guidelines and mandatory minimums, and increased law enforcement efforts targeting minority communities. These policies led to

triple the incarceration rates by the early 1990's and among those incarceration for non-violent drug offenses, 74% were Black. Despite these alarming statistics, the policies that created these racial disparities remain in place today. In 2019 for example, the United States saw 1,558,862 arrests for drug law violations. Among those arrested, 26% were African American despite making up just 13.4% of the total population and in contrast to the research showing similar rates of drug use across racial lines (Federal Bureau of Investigation, 2020). These discrepancies highlight the disparities that still exist in the enforcement and incarceration of our nation's drug laws and reflect the racially motivated campaign rhetoric upon which our nation's drug policies were founded.

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Appendix M

SW 531 Policy Memo

MEMORANDUM

To: Claire Wick, LCSW and Clinical Supervisor, Spot to Talk
From: Hannah Knisley, Clinical Social Work Intern, Spot to Talk
Date: February 17, 2023
Re: Opportunity to engage in state-level advocacy and leadership that directly impacts the agency and the clients we serve.

Summary

I am writing to bring awareness to an issue being debated in this year Montana legislative session. The bill (HB 252) would allocate $4.7 million annually to fund school districts who "wish to participate in mental health school screening program to identify depression, anxiety, and suicide risk in middle school and high school students", and would establish contracts or partnerships with behavioral health provides to ensure "immediate clinical followup services for students whose screenings indicate imminent risk of self-harm" (*House Bill 252,* 2023). The bill offers Spot to Talk an opportunity to engage in state-level advocacy that would help in carrying out our agency's mission to provide behavioral health services within Montana's public schools. Advocating for the passage of HB 252 would allow our agency to act as a community leader in breaking down barriers and stigma, and an opportunity to be a voice for the clients we serve, and for youth throughout Montana.

Background

A pilot program, called Screening Linked to Care (SLTC), was carried out over the course of the 2021-2022 school year and provided mental health screening for over 1,000 students. Among those screened, 22% reported having serious thoughts of suicide at some point in their lifetime, 10% were identified as being high-risk (having suicidal ideation with active planning) and amongst those 10%, 100% were provided with same-day mental health services (RBHI, 2022). These results demonstrate the impact that House Bill 252 could have on the lives of Montana's youth for generations to come, and it illustrates this unique opportunity to engage in policy advocacy that directly impacts the clients we serve and carries out the mission that our agency was founded on.

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Appendix N

SW 525: Community Action Reflection

Our group faced a multitude of challenges in our attempt to connect not only with one another, but with community stakeholders as well. These challenges preceded our initial planning process as we were given class time to formulate our focus and direction for the assignment. Our group was assigned to explore Mountain Home Montana, a local non-profit organization that provides shelter and assistance for victims of domestic violence (DV). Based on my own experience, during our initial meeting I suggested we look at the availability and accessibility of legal aid for DV victims. I shared with the group the pivotal role that a pro-bono lawyer played in helping me to retain an order of protection and how without this legal aid, I doubt I would have been able to leave my abuser. The group was enthusiastic about looking into what legal representation is available to local DV victims and I assisted in delegating sections of the assignment to each member.

What I learned from this initial meeting was my ability to take charge when a group is struggling to find direction. I do have innate leadership qualities but often find myself staying quiet if I sense another group member wants to take the lead. My ability to read the group, along with my passion and understanding for the vital role that legal aid plays in escaping a domestic violence situation, allowed me to use these leadership qualities. I also found it rewarding, healing even, to share my personal story and to use my experience to garner support and advocate for the issue.

Before concluding our first group meeting, we attempted to schedule the next time we could all meet as a group but to no avail. I would say that scheduling conflicts were easily the most challenging part of our group work. These challenges also surfaced when attempting to

connect with community stakeholders. I think this issue speaks to the workload of our profession in that community organizers and social service providers are handed caseloads that are often unmanageable, preventing the progressive action needed to change the broken systems that exist within communities across the U.S.

My Understanding

This community action project provided new insight into the complexities of navigating individuals, policies, and organizational designs that make up integrated practice. These complexities create the obstacles and barriers that make real change work happen. I also discovered the lack of clarity, organization, and general knowledge that the public, even social service providers, have as to what services are available. Our groups spent countless hours attempting to track down organizational leaders and agencies to identify what services are available, which speaks to the need for more collaboration and communication between community action networks. Through my research into successful community organizations, I discovered the importance of public information dissemination in improving access to vital social services.

My Experience

I had no trouble sharing my personal experience with domestic violence within the group setting and when asked to share in front of the class, I readily agreed. What I failed to anticipate however was how my nerves in presenting to the class triggered the trauma response that domestic violence has left me with. Although difficult, sharing my story in this setting was a powerful experience that required vulnerability but left me feeling empowered and understood. The empathy, compassion, and support I felt from the class was healing and it left me with my biggest takeaway- the true power of storytelling in community action and advocacy work.

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