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Claire CW Compton

cc243865@umconnect.umt.edu

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**From Spirit toward Liberation: MSW Professional Portfolio**

Claire Compton  
University of Montana

Deanna Cooper, MSW, LCSW, Portfolio Chair  
Jen Molloy, MSW, PhD, Portfolio Faculty Committee Member  
Kate Wiltfong, MSW, LCSW, Portfolio Committee Member

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**Acknowledgements**

This accomplishment simply would not be but for the dogs of my life. And so, I dedicate this to them. To Nixon, our ornery old boy who left us just two weeks into this MSW journey, who taught me the complex choreography of forgiveness and of grief. To Salix, our little puppy who continues to remind me to take breaks from the work, to play and laugh and learn. But most of all, to my sweet Tank girl. You saw me through the utter solitude of violence. We healed together, you and I, as we explored the secret corners of cottonwood groves and swam, graceless and happy, in icy alpine lakes. Seventeen days have come and gone without you and I hope, in the balance of your life, that I did right by you. You inspired me to be better, to live with the knowledge that love is not a finite resource, to greet each day barefoot and reckless and curious, to find divinity in the small things. Watching you off leash, bounding through the understory, running parallel to me, was to experience your story woven in mine, to recognize that maybe the tapestry of our lives together is an ode to “the wonderful things that may happen if you break the ropes that are holding you” (Oliver, 2016, p. 146). Thank you for showing me how.

Of course, the support of my family and friends has buoyed me these past two years. This work is not an independent endeavor. Whatever success I might experience is not individual but shared, a testament to the incredible people in my life, to the strength of my community. Mike, thank you for holding space for me as I processed all of the tensions and challenges, for celebrating my victories and seeing my potential when I found myself slipping into self-doubt. Thank you for your patience as I veered toward workaholicism and your forgiveness when stress and grief got the best of me. Mom and Dad, thank you for your endless belief in me, for reminding me I am loved and for your generosity in helping me to find my path in life. Aly, Julie, Lisa, and Sarah, thank you for all the Friday afternoons by the bike racks, for sharing tears and laughter and understanding, for inspiring me to live with intention and care.

And finally, thank you to the many mentors who have challenged me and carried me forward. Deanna, thank you for your grace and care when circumstances of my life impeded my work. Thank you for your encouragement and for honoring my use of storytelling as communication, despite the absurd number of pages that this requires. Jen, thank you for your leadership both before and throughout my time in the program. Thank you for taking time to speak with me when I was considering switching programs and for your continued dedication to inspiring us students to expand our thinking and dive into nuance. Kate, thank you for the endless conversations in which you both held space for my own process while challenging me to always consider myriad aspects of our patients’ lives. Thank you for helping me laugh through my imperfect moments and for fostering opportunities for me to explore budding interests.

There is never enough space to name all the people, all the encounters, all the more-than-human life that shapes us into who we are and who we are becoming. And so, I will end this by offering my gratitude to this particular place: to the UM Social Work community and to my clients and patients, to my colleagues at Missoula Aging Services and NBMI, to Tower Street and Bass Creek, to the miterwort and the ghost pipe, to the rubber boa and the meadowlark, thank you, thank you, thank you.

**Portfolio Competencies and Dimensions Checklist**

<b>Competencies</b>	<b>Narrative</b>	<b>Appendices</b>	<b>Presentation</b>
1. Demonstrate Ethical and Professional Behavior	C&A	K, S, V	
2. Advance Human Rights and Social, Economic, and Environmental Justice	S, V, C&A	K	
3. Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice	K, C&A	S, V	
4. Engage in Practice-informed Research and Research-informed Practice	K, V, S, C&A		
5. Engage in Policy Practice	V, C&A	K, S	
6. Engage with Individuals, Families, Groups, Organizations, and Communities	V, C&A	K, S	
7. Assess Individuals, Families, Groups, Organizations, and Communities	K, V, C&A	S	
8. Intervene with Individuals, Families, Groups, Organizations, and Communities	V, C&A	K, S	
9. Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities	V, C&A	K, S	
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, V, C&A		S

*“If you have come to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.”*

— Lilla Watson

## **Introduction**

Just two years ago, I was a graduate student in the English Teaching program, three semesters away from both a teaching license and master’s degree. At the same time, I was writing my own narrative, re-writing my traumas, re-constructing meaning, re-claiming my life through language and imagination and intergenerational connection to the Pacific Ocean. When I was done, I thought, *this might be worth sharing*. I thought, *this speaks to something beyond myself*.

But pursuing a career in education is not compatible with making public your background with addiction. And maybe this was just one piece of it because as I progressed with my education, as I got closer to the reality of a one-track career, as I completed coursework on educational standards, I came to recognize my incompatibility with a profession in teaching. I bristled at the thought of being in a single position for the rest of my professional life. I found myself revolting against lectures on standardized tests. In hindsight, it maybe shouldn’t have been such a hard decision. But choosing to change programs to pursue a Master’s of Social Work meant replicating patterns I’d been working hard to break. I didn’t want to be flighty, to fail to finish projects I had begun. I didn’t want to disappoint my loved ones who supported me through graduate school and I didn’t want to ask any more of them.

I took a risk. I took a risk because I was supported, both financially and emotionally. I took a risk because teaching felt limiting to me. I took a risk because I was able to do so. And the risk paid off. I found my path. Now, as I reflect back on the past year and a half, and as I begin to imagine who I want to be as a professional in this field, I find time and again I am confronted

with themes of liberation, of choice, autonomy, and visibility. For me, choosing social work acted as a kind of liberation from what felt to be a limiting, confining path; and now, I feel called to define my own social work practice as a means of liberation.

A few months ago, I printed out the quote from Lilla Watson that serves as the epigraph for this portfolio and pinned it to my wall as a guiding principle for the choices I make every day in social work practice. It is a reminder that the work is not one-sided, that liberation is mutual and collective. It is a reminder that the very privilege that enabled me to change programs and abandon a year and a half of higher education also calls me to work toward a world in which everyone can take risks for the betterment of their lives. I do not mean I feel called to liberate others; rather, I feel called to leverage my privilege to work collaboratively toward a more liberated world, knowing that my liberation is inextricably tied to others'.

Throughout this narrative, I return to themes of liberation. Each section begins by describing a personal experience that incited questions or elicited tensions. From there, I reflect on my coursework and practicum experiences, exploring these questions in the context of liberatory social work practice. These reflections are guided not only by themes of liberation, but also by contemporary social work theories. Informing my perspective of social work practice are theories that include social constructionism, which draws attention to the ways gender, race, class, and ability are products of our particular cultural context (Kang et al., 2017); empowerment theory, which simultaneously draws on individuals' strengths while challenging systems that impede human capacity (Evans, 1992); and critical theories, which aim to explain oppression through critiques of hierarchical systems of power while imagining possibilities for transformation (Moisio, 2013). What follows, I hope, is both a reflection on my growth as a

social worker as well as an exercise in imagination, creatively envisioning the ways these lessons might enable me to become the kind of social worker I hope to be.

### **Toward a Liberated Professionalism: Critical Self-Reflection and Evaluation of Values and Assumptions of Social Work Practice**

*“Apart from inquiry, apart from the praxis, individuals cannot be truly human. Knowledge emerges only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the world, with the world, and with each other.”*

— Paulo Freire, *Pedagogy of the Oppressed*

A few weeks ago, I sat straddling a table in a classroom with seven classmates and our seminar instructor as we reflected on the skills of advanced integrated practice that we had developed during our time in the program. Carhartts hitched up, legs dangling, comfortable in my skin, I kept thinking about clothing. I don't *like* thinking about clothing; it feels vapid to me. But the tension I've felt has been inescapable. Getting dressed is a chore. I have to consider the balance between showing up authentically with ensuring some level of professionalism; I have to challenge the classism and gender expectations I have internalized over the years; I have to attempt to predict the ways others will interpret me, without ever having spoken to me. And as I talk about this with my peers, I realize that it's not really, truly, about clothing at all. Clothing is a symbol of professionalism. More than that, it is a symbol of the complex interface between me as a person, the role I assume as a professional, and the various ways clients and colleagues might interpret my personal and professional identities. Because of this, something as seemingly innocuous as choosing a shirt subversively begs the question, “Who am I in relation to my clients within this specific context?” The clothing itself doesn't matter, but the question remains.

While I may have been unable to fully articulate it at the time, this is a question my colleagues and I began to explore during our very first semester in our Foundations of Social Work Practice class. As we parsed through Janet Finn's (2021) book, *Just Practice: A Social*



*Justice Approach to Social Work*, we engaged in critical reflection of our own social work practice while developing a critical consciousness that enabled us to question deeply held assumptions and beliefs. According to Finn, critical reflection and critical consciousness require reflexivity, which Finn and Molloy (2021) define elsewhere as a process that “entails the interplay of self-perceptions in relation to social context” (p. 179). This is a deceptively complex process. It requires ongoing inquiry into the ways we, as social workers, show up in social work spaces layered by history and systems of power. It also requires us to examine our own personal histories and how our experiences shape the way we engage with both clients and systems.

### ***Demonstrate Ethical and Professional Behavior***

As someone relatively new to the social work field, I found myself in practicum experiences that surfaced pieces of my own history long since unexamined. I spent my first-year practicum working for Missoula Aging Services. Part of my role involved visiting Meals on Wheels recipients in their home for intake interviews to identify any unmet needs. While many of our clients welcomed the visit, others appeared more guarded. At first, I felt that our more guarded clients just needed time to warm up, to get to know me. What I hadn’t considered was what might be at stake for these clients. I hadn’t considered the power differential that my role embodied. I saw myself as having more in common with many of our clients than with some of my colleagues. Having lived experiences of financial hardship and of reliance on social services, I struggled to see myself as part of this particular professional world. I wasn’t accustomed to holding this kind of professional power. As such, I assumed that my humanity subsumed my professional role and negated the power I held over the situation.

However, in that Foundations class, I was challenged to analyze a case study from practicum using two different Codes of Ethics (see Appendix I). For this paper, I chose to

examine the story of C., a disabled woman in her 50's living within complex social dynamics, about whom the question arose of possible exploitation. This assignment drew my attention to the complex interface between myself and C., calling upon me to critically reflect on the influence of my own perceptions of C.'s life as I considered possible ways forward. Furthermore, this process revealed to me the growing divide I was beginning to feel between myself and clients as I entered into a professional role. I began to realize that as professionals, we are expected to be accountable not only to our clients, but also to our agencies and our communities. However, as I worked through both the NASW Code of Ethics and the International Federation of Social Work's (IFSW) Statement of Ethical Principles and Professional Integrity, I also saw the ways I might make space for myself as a human within this new professional role. Integrating these professional Codes of Ethics with my own values and principles, I might grow into a practitioner that leverages lived experience with the power embodied by my professional role.

Since then, I have continually returned to the question of who I am in relation to clients. Although the answer changes every time, simply asking the question helps me to reflect on the ways my experiences and values might be influencing our encounter and examine if this is to the benefit of the client. Further, asking the question illuminates places in which I hold power, showing me not only the ways that power might be affecting the relationship, but also the ways I might share power with the client. When I think about social work in this way, the clothes I don are immaterial. My sense of a growing separation between myself and service-users dissipates. Instead, I know that what matters is showing up to the work with a continual commitment to critical reflection, to questioning and examining my practice, and to leveraging this ongoing inquiry as a means of building collective power.

**Building Liberatory Systems: Historical, Cultural, and Political Perspectives of Difference and Oppression**

*“I am writing this for my great uncle John Gibbs, the forgotten. The reclaimed... With a witness that it is not too late to create structures of care that honor his existence. To unlearn the hiding and the shame.”*

— Alexis Pauline Gumbs, on her disabled relative who died in an institution, *Undrowned*

In my final semester as an undergraduate student, I completed an independent study with a professor I consider a mentor. Focusing on ecofeminist theory, ancient myth, and trauma, I dove into a poetic exploration of the concept of reclamation—reclamation not only of the body as the site of trauma, but also reclamation of the wound itself. A key image for this work became Robert Smithson’s unrealized artistic vision of the Bingham Canyon Mine, a wound in the landscape reclaimed as something undeniably visible, rather than filled in and forgotten. This image continues to inform my perspective of trauma, particularly trauma born from structural and historical oppression. [Re]claiming the wound in this way defies efforts to fill in or gloss over undeniably violent histories. Instead, it draws attention to the resilience of life in the face of histories of violence.

Oppression embodied takes the shape of trauma. This movement from oppressive systems to embodied trauma happens every time we neglect to consider the ways that systems, historically, have been built by and for a certain kind of person, pushing forth a certain perspective on the way the world works (or should work). In this way, oppressive systems leverage their power to silence, leverage trauma itself, to maintain hierarchy. When I entered the social work field just a year and a half ago, I found myself confronted with the reality of working within social systems geared toward helping but hamstrung by the barriers that systemic oppression creates. In this tension, I began to wonder how it could be possible to work toward liberation from within systems shaped by histories of oppression.

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

In my first-year practicum with Missoula Aging Services, I regularly ran up against the barriers of broken social welfare systems. I came into the work with a strong belief that our very culture needed to shift; I took issue with the ways our elders are invisibilized in our society. But one person cannot shift a culture, and instead I set my mind to working with the tools at my disposal; primarily, referring clients to resources. However, this proved insufficient when I met a client whose primary need was housing. While the ongoing housing crisis in Missoula affects people across the lifespan, it particularly impacts those living on fixed incomes, such as older adults. The client with whom I worked was chronically unhoused, and this long-standing housing instability meant that he was disconnected from services. During our work together, I couldn't help but experience ongoing frustration with the myriad barriers we faced in connecting to services. Many times, I felt we were chasing our own tails.

As such, I was grateful for the opportunity to explore his case using Janet Finn's (2021) Just Practice framework (Appendix II). This framework asks us to consider the meanings, histories, contexts, and power dynamics influencing clients' lives and current situations. Further, it challenges us to consider avenues for possibility. "A sense of possibility," Finn writes, "enables us to look at what has been done, what can be done, and what can exist" (p. 27). Engaging with a sense of possibility not only allows us to reflect on possibilities for change in our own practice, it also helps us to creatively imagine solutions across the micro-macro spectrum, from individual lives to wide-scale change. Imagining possibilities, and working toward them, does not erase the wounds of a culture that invisibilizes its elders. It did, however, help me leverage the power that I had to build a foundation of support for this one client as we accounted for the barriers and together, navigated a way through.

After my first year, I departed my work with Missoula Aging Services and entered into a practicum with the Neurobehavioral Unit (NBMI) at St. Patrick's Hospital, which serves as an acute inpatient unit for people experiencing mental health crises. Although my bias slants against institutionalization, I had seen the life-saving benefits that these kinds of acute care units can provide: someone very close to me had been suicidal and in the throes of alcohol addiction when she entered into acute inpatient care and began to make the changes that would lead to her stability. Because of this, I entered the practicum experience excited to explore possibilities for nuance in our institutions.

As part of my role at NBMI, I engage with patients on their very first day on the unit by performing social history interviews. These interviews allow us to build a picture of our clients' lives, where they come from, what supports they have, what barriers they face, and what they hope to get out of their time on the unit. Building on the work I began at Missoula Aging Services, I approached each interview by explaining what to expect from the interview, disclosing how the information they provide will be used, and offering them choice in how much or how little they respond. This trauma-informed practice of providing "voice and choice" not only shares power with the patient, it also helps me, as the provider, to ensure that each question I ask serves a purpose for the patient and their care team.

Building trauma-informed practices is integral in working toward liberatory systems because of the relationship between trauma and oppression. In establishing practices that account for trauma, we, as practitioners, essentially make space for those we serve to be active and consenting participants in their care. As I look toward the final months of my practicum experience with NBMI, I hope to continue building on these trauma-informed practices and eventually provide a psychoeducational group on trauma. Supported by foundational knowledge

on trauma and trauma-responses, patients might be empowered to navigate lingering psychological and somatic effects of trauma more effectively while building tools to better advocate for themselves in potentially retraumatizing situations beyond the hospital walls.

***Engage in Anti-racism, Diversity, Equity, and Inclusion in Practice***

Although establishing trauma-informed practices is vital in working toward systems that promote liberation, the work must also account for the history of harm enacted by our institutions and the possibilities (or realities) of perpetuating this harm. During my first-year coursework, I had the opportunity to work with colleagues in learning about the histories and experiences of transgender and gender non-conforming (TGNC) people. This multi-part collaborative teaching-learning project culminated in the development of a training for hospice workers in providing trans-inclusive care to TGNC patients, as informed by a comprehensive literature review (see Appendix III).

In developing this training, my colleagues and I learned about the ways that institutions such as hospice care perpetuate violence against TGNC patients, sometimes unwittingly. Through explorations of histories of harm caused by medical systems, we aimed to address ongoing distrust of care professionals that TGNC individuals might experience. Through discussions of issues such as disenfranchised grief, forced outing, and posthumous detransitioning, our team worked to create a conversation around ways to support TGNC individuals at the end of life. As we worked through developing this training, I learned how systemic barriers such as gender markers and legal codes favoring blood relatives institutionalize the invisibilization of TGNC individuals and their communities.

As part of this training, we acknowledged the value of practicing cultural humility in caring for clients and patients holding marginalized identities. As I conceptualized it then,

practicing cultural humility was an essential standpoint from which practitioners could defer to patients as experts of their own experiences. What I hadn't considered, however, was my own assumption that those likely to hold biases against marginalized identities would be practitioners rather than clients or patients. In other words, I hadn't considered the role of internalized oppression that many people holding marginalized identities experience.

I was able to build on this work during a training on cultural humility at NBMI led by Dr. Ann Douglas from All Nations Health Center. Although my education had already offered me solid foundational knowledge of Indigenous history and contemporary concerns, I entered into this training with some unanswered questions. Primarily, I wondered how to address situations (as a white social worker) in which Indigenous clients express perspectives that feel to me to be the result of internalized oppression.

During her training, Dr. Douglas emphasized the disconnection from culture that Native people experienced during the Termination era as a result of boarding schools. What's more, she spoke to the resultant experiences of shame that many people felt toward their very identity. This shame is ongoing, expressing itself as a double-edged sword as experiences of shame both toward identity and toward disconnection from that very identity. After the training and as Dr. Douglas and I spoke about addressing internalized oppression, I began to understand the role of shame, and the power at stake when someone holding a marginalized identity aligns themselves with oppressive perspectives. What's more, Dr. Douglas drew my attention outside of my own experience, reminding me that these perspectives likely came from experiences of trauma and hurt enacted through lateral violence.

This, of course, is complicated when we begin to consider not only the internalization of blatantly harmful perspectives such as stereotypes, but also the internalization of worldviews.

Earlier in the year, I had the opportunity to check in with an Indigenous patient on the unit. Before my interaction with him, I read his chart, which mentioned that he exhibits some characteristics of antisocial personality. Because of my own history with people holding this diagnosis, I was grateful for this note; it allowed me to approach with caution. However, this would come at a price.

During our conversation, the patient noted involvement in traditional practices, including ceremony. He also noted that due to his experiences of hearing voices, the doctor suggested a possible diagnosis landing somewhere on the schizophrenia spectrum. Knowing that this experience might have a cultural context beyond the interpretations of western medicine, but not wanting to undermine a medical professional with expertise in treating psychosis, I made some vague suggestion of continuing to pursue traditional forms of healing. The conversation moved elsewhere from there, but I think back on this experience often. Had I let go of caution in favor of curiosity, I wonder if I might have worked to better understand this man's experience. Had I asked about his experiences with hearing voices and with ceremony instead of offering yet another suggestion from a person in a position of authority, I wonder if we might have better explored culturally relevant methods of working through his distress. I wonder, too, how a more curious, exploratory conversation might have better validated his experiences and enhanced his connection to his culture.

When I consider what it might take to build liberatory systems, I return again to that image of the wound as sculpture. Reclaiming wounds as a means of liberation requires that we account for the impacts of those wounds. It requires us to not only learn history, but to understand how that history continues to play out systematically and across our own inter- and intra-personal landscapes. Through my experiences in class and in practicum, I've begun to find



places in which I might leverage positions of relative power to imagine possibilities for transforming systems to combat invisibilization, marginalization and harm by making space for curiosity, for voice and for choice. This work is ongoing and ever-changing as each new context presents its own histories and each new client, their own stories. But as I look to the future, I know the foundations of the critically reflexive practice that I have built will help me to continue working in collaboration with clients and toward liberatory systems.

### **Collaboration as Relational Liberation: Integrating Skills, Bridging Levels of Intervention**

*“We embody whatever society shaped us to be and believe until we awaken to the reality that we can change, we can shape ourselves, we are constantly changing, and we can reorient ourselves to grow towards life that is collective and collaborative”*

— adrienne maree brown, *Holding Change*

As is the case for many who pursue careers in social work, counseling, and related fields, I have noticed throughout my life that people tend to feel comfortable opening up to me. Last fall, my partner had his friend, Sean, come stay with us for a few days. As a white, middle-aged man who works in law enforcement as a game warden, Sean’s life is influenced by systems of power that perpetuate toxic masculinity and white supremacy. His libertarian slant was born from his own experiences: Sean grew up in extreme poverty and worked hard to build a secure life for himself and his family. Although our perspectives on the social world are vastly divergent, he maintains an open mind and engages in meaningful conversation about broad social issues.

It was one of these conversations that Sean and I began during his stay with us. Beginning with explorations of toxic masculinity and the ways it harms men, we soon found ourselves in deep territory, exploring Sean’s childhood trauma. I learned about the ways his experiences with his own father informed his interactions with his daughter, both through conscious choices to act differently from his father and through subconscious reenactments of his

father's habits. Despite my knowledge of Sean's cultural and political leanings, Sean's open-minded attitude fostered a space in which I felt comfortable speaking to the influence of toxic masculinity. As such, the conversation was collaborative. Even though we were discussing *his* life and not my own, we both asked questions and integrated the others' answers as we worked together to build a mutual understanding, enhanced by our different perspectives.

In the weeks that followed, I became increasingly aware of the impact our conversation had on each of us. Sean's story led me to consider the role of liberatory practices in interpersonal work, transforming my sense of what is possible in my budding vocation. All the while, the seeds that were planted began to take root for Sean. He reached out to Mike a few weeks later with a text message: "Share [this] with Claire," he wrote, adding a link to a podcast. "Dr. Maté had me sitting in my car crying like a baby... Kind of an extension of what Claire was telling me about the trauma I experienced and am passing on."

Despite our drastically different perspectives on the world and despite my challenging him, Sean made it clear our conversation left a positive impact. Although I have a history of engaging people in deep conversations about their personal lives, this moment felt different; it was perhaps the first time I brought a contextually controversial piece of myself into the conversation. I have since wondered about the ways relational practices might serve to either reinforce helper-help receiver roles or, conversely, might bolster collaboration through mutual influence, enabling a sort of "growing together." This is tenuous ground, especially in clinical contexts in which power dynamics impact the usefulness of self-disclosure. And so, I return to this tension again and again, continually questioning the balance between service and liberation, between expertise and collaboration, between the helper and the helped.

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

As was clear to me at the time, the skills and knowledge that I acquired in the MSW program enabled me to hold space with Sean. I would not have been able to engage in as much depth only a year prior. Through both my coursework and my practicum experiences, I had the opportunity to engage with people from diverse backgrounds, often in the context of assessing their current resources, supports, and barriers to accessing the support they needed.

During my first-year practicum at Missoula Aging Services, I entered into my role with a well-meaning desire to change people's lives for the better. However, I neglected to consider the ways this desire to "fix problems" essentially led to me assuming the role of active helper, placing my clients in the role of passive receivers. As I explored in coursework during this time (see Appendix II), this meant I sometimes neglected to attend to my clients' experiences of our interactions. However, through class reflections and by utilizing the Just Practice framework, I found opportunities to develop practices that challenged the helper-receiver roles (Finn, 2021).

What I found was something that defied my early intuitive logic: the more I engaged authentically, as a person before a professional, the better prepared I was to collaborate. In hindsight, it seems obvious; when I don't feel the need to provide all the answers or all the solutions, I can listen. However, it took months of practice and reflection for me to break out of the patterns of "professionalism" and "expertise" that I had found myself re-creating.

As I entered into my second year in the program, I built on this understanding through my work at NBMI. As was the case with my work at Missoula Aging Services, my role at NBMI meant that the engagement and teaching-learning processes happened simultaneously. By performing social history intake interviews with patients, I was asked to both learn about our patients and assess their social supports, financial capacity, coping skills, and other internal and external resources. As is common when learning any new practice, my first few social histories

felt choppy. I once again felt as though I was in the active role, directing the conversation by asking question after question.

However, because of my first-year experiences and the reflective work that I had engaged in, I began to consider ways to change the trajectory of these conversations. Utilizing lessons from practice classes, I reconfigured the social history interview to facilitate flow and with suggestions for questions that allowed me to go deeper (see Appendix IV). Engaging in this process gave me ownership over the interview. I no longer felt compelled to fulfill some preconceived assumption of the role I subconsciously assumed I was expected to fulfill. Instead, I felt better prepared for authentic conversation in which assessment became more collaborative. While I still asked questions and directed the conversation, I noticed that these interactions became more spacious, opening doors for clients to walk through, if they chose to do so.

In essence, I was allowing more of myself to come into the room with patients and, in doing so, giving permission for patients to bring more of themselves. Never was this shift in dynamic more apparent than during coursework for my Advanced Practice class the fall semester of my second year. For this class, we were assigned undergraduate students with whom we would engage in three “simulated practice” sessions aimed at engagement, goal setting, and evaluating progress.

After my first session with my undergraduate partner, M., I was tasked with writing an assessment utilizing Finn’s (2021) Just Practice framework (see Appendix V). Writing this assessment emphasized for me the ways that thoughtful collaboration can be a liberatory practice. From the start, M. verbalized a desire to better prioritize and organize the demands of her life. However, I came to wonder about M.’s explicit goals. M. was very clear that she found deep meaning in learning about and practicing intentional parenting. This was not only part of

her home life, but her work life as well. While outwardly, she verbalized a desire to be more effective at meeting deadlines for her coursework, it became clear that these deadlines were not only slipping away because of her multiple obligations, but also because her coursework was not as inherently meaningful to her as her work and home life were.

It was natural, then, at least from my perspective, that the coursework would be the first to go. In essence, M. was already prioritizing her life. As we continued to explore this during our time together, we came to discover, together, that missing deadlines was challenging her own perspective of herself as a passionate student and felt concerning due to the potential for ruptured relationships with her teachers. Our work, then, was to try to find solutions that honored her passion, accounted for her myriad demands, and facilitated stronger relationships with her teachers. In other words, we no longer focused on productivity, but rather on humanity, self-compassion, and community.

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

In this way, I learned to shift the ways I conceptualized interventions. While I still practiced trusting those I served as experts of their own experiences, I began to see my role as not only facilitating others' goals, but also as helping them investigate and deepen those goals to ensure they added value and meaning to their lives. Although I wasn't explicitly aware of this at the time, this was a practice I had begun to hone during our Practice with Groups and Communities class. This course challenged us to consider how we show up to engagement in collaborative work. Through adrienne maree brown's (2017) work, we were introduced to the metaphor of "fractals" in group and community practice, the idea that "how we are at the small scale is how we are at the large scale" (p. 32). In other words, if we wanted to transform systems, we first needed to learn how to show up to the work with intention and care. As brown writes,

“In a fractal conception... I have to use my life to leverage a shift in the system by how I am, as much as with the things I do. This means actually being in my life, and it means bringing my values into my daily decision making” (p. 33).

Showing up with intention, then, became a process of investigating “how I am” in collaborative spaces and (inter)acting with intention derived from and informed by values such as humanity, (com)passion, collaboration, and community. As part of the work for this class, we engaged in a group project with the aim of developing and facilitating a group. Working with my team, I began to practice bringing these values into our process by first engaging with my teammates’ passions (humanity and compassion) and then assessing how each individual passion might inform an overall project that holds meaning for everyone (collaboration and community). It quickly became clear that people’s interests diverged from one another. While some wanted to focus on intrapersonal issues such as mental health, others wanted to examine more systemic issues such as educational accessibility. However, most people were amenable to setting their interests aside for greater cohesion.

One night, during this process, I was discussing our project with one of my teammates and asked her if we should move forward by suggesting we pursue the topic with a majority of interest. Her response challenged me. “Yes, we’re all flexible and accommodating,” she said, “but will that make for a truly meaningful experience for everyone?” In other words, she challenged me to investigate and deepen my goals for the group in order to ensure they were meaningful. Although I didn’t have an answer right away, I hung up and spent the rest of my walk thinking about this question. How do we build a collective that honors the individual? When is it ok to let go of individual goals for the good of the collective?

What I would come to during that walk was an idea that made space for each person's goals. Each of our three group facilitation sessions would address issues at the micro (intrapersonal), mezzo (interpersonal), and macro (systemic) scales, tied together by a common theme of building resilience (see Appendix VI). In a sense, this balancing of individual and communal goals operated as a preemptive intervention: challenged by my colleague to creatively explore possibilities, I was able to suggest a way forward that honored both individual and collective goals.

Since then, I have come to conceptualize interventions as necessarily values-driven. The interventions we pursue, I have come to find, must be informed by a process of deep inquiry into the goals and tensions of the work. Further, they must also be meaningful activities drawn from participants' perspectives, values, and strengths. Seen in this way, choosing interventions to suggest must not only offer space for choice, but must also integrate our own practice expertise with clients' voices, values, and meaning-making systems.

In my work at NBMI, for example, I had the opportunity to work with a patient with a diagnosis of Borderline Personality Disorder (BPD). During my first conversation with her, it became clear that this diagnosis offered her a meaningful framework with which to understand her experiences. Because of this, I informed her about Dialectical Behavior Therapy (DBT), an evidence-based intervention for people with BPD, noting that I would circle back as we began to approach discharge.

When that time came, however, our conversation meandered toward joy, exploring the activities that gave her joy—namely, metal music and horror movies—and her frustrations that she cannot enjoy these things within the context of living in a Christian treatment center. Noticing the way she lit up when describing her love of media considered taboo by her mentors,

I began to shift my perspectives of possible interventions. Instead of continuing to push the idea of DBT, we began to brainstorm ways to bring more of herself, her joys and passions, into a setting that felt restrictive. Eventually, she came up with the idea of listening to Christian metal, a nontraditional intervention inherently valuable because it came from her and which might both accommodate her self-expression while not undermining the goals of her treatment facility.

While this conversation inspired me to widen my perspective of possible interventions, I do not know if our “Christian metal music-as-intervention” was at all effective.

Evaluating these things after our patients leave our care is complicated, unless the patient is readmitted. Because of this, evaluating my practice in this setting has been a process of building a picture I know will be incomplete. However, I have been able to celebrate the small successes—emotional vulnerability with a patient widely perceived as grouchy and inaccessible, validating and normalizing the experience of meltdowns with an autistic patient, and moments of clarity and insight with patients experiencing psychosis. These moments reinforce to me the value of holding space as an intervention within itself, of witnessing others’ humanity and engaging authentically with their experiences and emotions.

Despite my challenges in cohesively evaluating my own effectiveness in practicum, I was able to practice comprehensive evaluation through my coursework in my Advanced Research class. In collaboration with my colleagues, we examined our own University of Montana’s MSW (UMMSW) program, asking questions such as, “Who is able to access a master’s level social work degree? What barriers exist for prospective students? What barriers exist for students within the UMMSW program?” and “How can student organizing help identify and overcome these barriers?” (see Appendix VII). What this evaluation process showed me was the importance of identifying places of emotional investment. Honest evaluation necessitates that we



emotionally distance ourselves from *what currently is* and instead invest our emotions in *what could be*. Effective evaluation further necessitates that we collaborate with a variety of stakeholders, investing emotional energy into those relationships alongside time and effort, in order to collectively envision possibilities for change.

Furthermore, I found that simply engaging in this process with my colleagues, collaborating not only in the vision but also in evaluating the very program within which we worked, became a liberating process. Through collaboration and by engaging with various stakeholders, I came to recognize that I was not alone in my desire for something better, not only cognitively but somatically, through sharing space and breath with others who share a passion for transformative work. Doing work as a collaborative expanded my sense of what was possible because of the strength that comes from a diversity of perspectives. As I move forward in my career, I hope to continue to find ways of evaluating practice—not just my own, but collective practice as well—that bring people together to envision something new, something better, that might help guide us toward a more liberated collective.

### **Liberatory Potentials of Small Shifts: Bringing Research, Policy Analysis, and Advocacy to Bear in Practice**

*“It is hard, being a prism in a burning city... Too many truths setting my retinas ablaze, and me, mad, mad, mad at the end of it all.”*

— Franny Choi, “The Mantis Shrimp Speaks”

In truth, I often find myself feeling that any intervention, no matter how successful, is insufficient when it only addresses singular pieces of the struggle, when it only offers incremental change, small shifts in the dial. This is a challenging feeling to sit with; it leads to cynicism and hopelessness. I don’t *want* to feel this way, but when faced with the enormity of social issues in our society, I sometimes cannot help it. In many ways, I often feel like “a prism in a burning city,” attuned to and refracting the flames of all the myriad social injustices. And

sometimes, I slip into nihilism, resigned to letting the city burn. But I pursued social work specifically because of this attunement to injustice, so, I find myself wondering how this work might contribute to radical change and if small, tangible shifts might lead to something bigger.

### *Engage in Policy Practice*

This past spring, I attended the Women's Policy Leadership Institute conference. During her keynote address, Representative Zoey Zephyr told her story about entering into the political sphere, how she was called to do so during the 2021 legislative session in which she saw a number of anti-trans bills pass by a single vote. She wondered if a single voice at the table might be enough to shift the dial, if a single trans woman could influence our political sphere. In her experience, she told us, sitting down in one-on-one conversation with a legislator can, in fact, be enough to shift that dial, and that this small change can, in fact, make a difference.

I'd heard this perspective before, but up to then I struggled to integrate it. Political systems, I felt, were inaccessible and insurmountable, too far removed to feel human. I felt powerless to change anything on the political scale. I chose social work specifically because I believe in the person-in-environment framework; I know the myriad environmental and relational factors that contribute to mental health and I am acutely aware of the ways society actively dis-ables individuals with mental health diagnoses. Despite my sensitivity to the impacts of social systems on individual lives, I saw myself addressing change on the individual level in direct practice.

However, after spending two days in workshops at the Women's Policy Leadership Institute, as I emerged from the Helena Great Northern Hotel into the bright blue skies of February sun, I found myself questioning the path I had envisioned. Growing up in the San Francisco Bay Area, I was no stranger to activism. I attended my first protest as a preteen in the

Bush administration, speaking out against a war I barely understood but knew was unjust. As I grew, I listened to punk rock and read radical zines and cultivated an ever-more-complex understanding of the ways our systems turn people and landscapes and more-than-human life into resources to be used and extracted for profit. By the time I was 28 years old, I became an executive director for a non-profit working with youth in detention centers. Still, I resisted politics. And in that bright winter sun, I couldn't help but ask myself why. I couldn't help but get curious about what shifted in me over the course of the previous two days.

That morning, I had attended the morning plenary in which a panel of Indigenous activists and leaders discussed tribal sovereignty and the ways legislation can challenge or bolster that sovereignty. Toward the end of the session, each panelist spoke to their own experiences. When the microphone was passed to Keegan Medrano of the ACLU, they shared something that felt as though it was addressed directly to me. "I often tend toward cynicism and fatalism," they said, "but I have to remind myself that those things don't liberate me." Later that afternoon, as I walked under that bright blue sky, I would identify this as a pivotal moment, the realization that a good portion of my resistance to politics came from feeling downtrodden by all the ways I see harm being perpetuated and getting stuck in that pain, rather than envisioning possibilities for progress. If I wanted to continue pursuing liberation, I realized I would need to let go of my own fatalism.

It was within this context that I engaged in coursework for our Social Policy Analysis class. For this class, we were asked to choose a policy that we would examine over the course of several subsequent papers. At the beginning, I floundered. I wanted to tie the assignment into my work at NBMI, but the important behavioral health bills under consideration this legislative session, while compelling, did not spark a drive in me that I would be able to maintain for the

rest of the semester. But I began to reflect on my experiences in practicum thus far: the client with Missoula Aging Services that was chronically unhoused with limited mobility, the other older clients who were stuck in apartments that presented barriers, the myriad patients for whom we had no other choice but to discharge to the Poverello Center or the warming shelter.

We are living in an affordable housing crisis. And too many people are suffering because of it, both physically and psychologically. Furthermore, much of the work I was doing in my practicum settings would be undone by the impacts of housing instability, which made housing an issue that left me feeling particularly cynical. So, utilizing the framing of housing as healthcare, I chose to pursue a piece of legislation aimed at addressing the housing crisis (see Appendix VII). While the work is ongoing, engaging in policy analysis enabled me not only to better understand the issue of housing, but also to conceptualize barriers to change while imagining ways of overcoming these barriers. In short, the work I did for this course began to shift my own stance toward policy. No longer intangible and inaccessible, policy work has become a place in which I feel empowered to begin to shift the dial.

Because of these experiences, I have begun to see that the beauty of this degree is in the way it enables us to work across the micro-macro spectrum to pursue social justice. As someone who fosters deep empathy for others, I cannot turn away from work with individuals. As someone with a lifelong practice of activism who has spent decades cultivating an understanding of systemic injustice, I'm beginning to find it just as impossible to ignore the work of systems-level change. And as Medrano reminded me, I must actively work against the kinds of cynicism and fatalism that keep me from seeing the possibility if I want to pursue individual and collective liberation. In the words of adrienne maree brown (2017), we must "see our own lives and work

and relationships as a front line, a first place we can practice justice, liberation, and alignment with each other and the planet” (p. 33).

### ***Engage in Practice-Informed Research and Research-Informed Practice***

In my practicum experiences, I found myself continually in pursuit of relational alignment with clients and patients. Entering the program, I felt that if something human in me could connect with something human in another, that might be enough. This humanistic perspective found purchase in Rogerian theory of practice. Carl Rogers’ emphasis on “congruence, unconditional positive regard, and empathic understanding” resonated with me, perhaps because these were the kinds of skills I was already using, but had not yet named, when friends and family members sought me out to discuss their lives (Sommers-Flanagan & Sommers-Flanagan, 2017, p. 114).

However, the complexities of clients’ lives and situations soon demonstrated to me that humanistic practice could only go so far. During my second-year practicum, I found myself questioning my own efficacy in working with patients experiencing psychosis. As such, I discovered a new hunger to better understand the mechanisms of psychosis, the ways social contexts influence psychotic experiences, and what living through those experiences might be like. At NBMI, we work with patients in the throes of acute psychotic episodes. While many of these patients demonstrate an ability to name hallucinations and delusions as experiences divergent from our shared reality, many do not. Similarly, many of these patients are willing to engage with the care team, to talk with people and to take medications, while others are not.

This, of course, is complicated by our social systems. Because our systems are imperfect, especially for those experiencing severe mental illness, many patients who do not take medications and are deemed to be a risk to themselves or others end up institutionalized at

Montana State Hospital, a place that is not always efficacious in treatment and that is notorious for losing its federal funding following a number of preventable deaths to patients in their care. Sitting with this tension—between the desire to understand psychosis as a human experience and the feeling that our systems of care are often inhumane—I began to research alternative perspectives to treatment of psychosis.

Focusing on the lived experiences of people across the schizophrenia spectrum, I discovered the work of Dr. Marius Romme, a psychiatrist who shifted the approach to treatment of psychosis<sup>1</sup> by emphasizing the reality of lived experiences and the value of peer support in coping with these experiences. Instead of pathologizing psychosis, Romme, in collaboration with his partner, Sandra Escher, came to believe that “hearing voices and unusual beliefs are human variations that need emancipation and freedom of mind” (Romme & Escher, 2012, p. 2). Their research demonstrated that so-called psychotic experiences were more prevalent in the general public than we had previously assumed. Furthermore, they found that the biggest difference between those who sought medical care for psychosis and those who did not had to do with individuals’ coping skills as well as the way they understood and made meaning from these experiences (Open Excellence, 2020).

Learning about Romme and Escher’s work caused me to rethink the way I conceptualized psychosis. Time and again, I have thought about how challenging it must be for these patients to live in their realities. Now, I am beginning to consider how challenging it must be for these patients to interact with well-meaning friends, family members, and professionals who cannot

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<sup>1</sup> Throughout this section, I use the term “psychosis” as a catch-all for what we know as “hallucinations” and “delusions.” I also recognize that this term is laden with the stigma of illness and that those operating from the Hearing Voices framework prefer terms such as “hearing voices” and “unusual beliefs.” However, in the interest of clarity and concision, I have opted for the medical term that includes perception of stimuli beyond auditory.

reach them, who do not recognize their symptoms as meaningful experiences, and who do not help them to better understand their symptoms outside of a medical framework. When I think about these patients, I cannot help but feel inspired to research and work for alternatives to the state hospital. This research, in turn, has led me to consider how shifts in our understandings of the etiology of mental illness might be a catalyst toward radical change in mental health treatment. This is not to say I do not believe in the medical model. I, alongside countless others, rely on psychiatric medications every day as a key support in living fulfilling lives. Instead, what Romme and Escher showed me was the value of envisioning liberatory possibilities informed by lived experience.

### **From Spirit towards Liberation: Assuming a Leadership Role in the Profession and Community**

*“Those of us who wish to see a truly, radically different world must demand of ourselves the possibility that we are called to lead not from right to left, or from minority to majority, but from spirit towards liberation.”*

— adrienne maree brown, *Emergent Strategy*

Recently, a dear friend of mine with whom I have collaborated on a variety of projects told me that she sees me as a leader. Brimming with pride, I shared this with my partner. Instead of celebrating with me in the joy of feeling valued, he responded simply by asking, “What does that even mean?” I froze. I hadn’t asked my friend to elaborate. Sure, I had worked in leadership positions and sure, I had skills in guiding group work, but I hadn’t truly, honestly reflected on what being a leader meant beyond those things, what it meant *to me*.

***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***

As I reflect on my work over this past year and a half, I am beginning to understand how I might answer that question. I learned from my client at Missoula Aging Services the vital

importance of ongoing critical reflection and examination of who I am in relation to those with whom I work. Another client reminded me to take stock of the situation at hand, identifying both resources and barriers, so that we might together imagine possibilities for moving forward. As I moved from clients' homes to the more restrictive setting at NBMI, I came to find it ever-more valuable to ensure every person has a voice and a choice in how they engage in treatment.

Through coursework, I found that putting these kinds of trauma-informed practices into action requires that we understand the history of harm caused by our institutions while trainings helped me to explore the complexities of cultural humility in practice.

These deep understandings of and reflections on the self as a professional working within institutions that have historically caused harm, and which have the capacity to continue causing harm, provide the foundation upon which I can engage, assess, intervene, and evaluate practice from a place of authenticity. They enable me to work collaboratively with others, to hear their stories and their goals while facilitating further exploration and deepening of those goals. They help me to let go of emotional attachment to my own work in favor of emotional investment in those impacted by my work. And from that emotional investment in others, I can start to address the broader issues that, unfortunately, make this work necessary. Guided by my practice and informed by research, I can creatively explore possibilities for systems that offer people choice and voice in pursuing their goals.

This, to me, is leadership. While my friend and others in my life may have been tuning into my passion, drive, and imagination in identifying me as a leader, this program has shown me that leadership first requires us to engage in deep listening that attunes not only to the present moment, but also to the histories and contexts that shape that moment. It requires that we ask questions, get curious, and ruthlessly pursue an amplified understanding of the situation at hand



and our own role in that situation, so that we may begin to shift the dial. It requires us to do this from a place of authentic connection to ourselves, to others, and to our communities. In essence, my social work education helped me learn how to lead in ways that feel meaningful to me. And perhaps this is, at least in part, because I have found an authentic engagement with social work practice, that this work helps me to more fully become the person I aspire to be.

From my perspective, brown's (2017) call to lead "from spirit towards liberation," is a reminder to tune into that authentic spirit, to hold space for the meeting of my spirit with yours, and to let this meeting lead us towards healing the broken systems, towards mending our collective and individual trauma. It is a call to practice authenticity with ourselves and with others. And if my liberation is truly bound up with yours, it is in this tuning in, in this connection and healing and authentic engagement, that we can work together in co-creating a more liberated world.

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**APPENDIX I: ETHICS PAPER****Comparing the NASW Code of Ethics with the IFSW's Statement of Ethical Principles and Professional Integrity**

C. is a woman in her 50's with a history of mental illness and with disabilities that impede her mobility. Because of her mobility issues, she signed up for Meals on Wheels through my practicum site, Missoula Aging Services. As part of our intake process for all new Meals clients, I called C. to schedule a home visit during which I could perform an intake assessment to ensure home safety and to assess whether or not she might qualify for other services.

C. lives in a trailer with access through the alley. On my way up to her house, I saw a young man (possibly in his early twenties) out front, working on a car. Upon entering her home, I noticed she had security camera monitors set up to watch the outside of her house. C. began telling me about some "agency" who had just paid her a visit with accusations she was selling her medications to some people she denied even knowing. Because she tells stories in non-linear ways and because she mumbles, it's challenging to communicate with C.

During our visit, C. told me a number of stories about her life, including the death of her recent boyfriend who had left behind boxes of stuff that cluttered her home. She also told me she thinks of herself as running a "home for wayward boys" and referenced the young man who was out front. She noted that many people warned her not to get too attached, that they'd end up disappointing her, but that she couldn't help herself. What's more, these "boys" helped her out. One of them had removed many of the boxes of stuff she'd been trying to get rid of.

Because I knew that in many situations with people living in poverty, relationships are often founded upon transactions, I wondered what these boys were getting out of the relationship and if she'd been giving them her medications. I also wondered if there was any cause for

concern in regards to possible exploitation and, if so, how “exploitation” was defined. Having lived in similar circumstances myself, I wondered if my tolerance for transactional relationships was “too high” or if my judgment was colored by my own biases.

Although it is important to note that in this instance, C. has a case manager who oversees the delivery of services, many clients do not. So, the question arises as to how to move forward in providing C. with services in an ethical manner while also ensuring her life is free from abuse, neglect, and exploitation. Additionally, it’s worth considering my own professional obligation to report any suspicions that C. may be selling or distributing pharmaceuticals or other drugs.

For this, we turn first to the NASW Code of Ethics. Section 1.01 of this Code dictates that although social workers’ primary responsibility is to their clients, “social workers’ responsibility to the larger society... [may] supersede the loyalty owed clients” (National Association of Social Work, 2018, p. 2). Because C.’s case is unclear regarding possible exploitation, abuse, or neglect, we must take further steps to determine the best course of action. One such step might be to perform a follow-up assessment that includes questions about C.’s “home for wayward boys,” including any negative consequences she’s experienced as well as any positive outcomes. Unfortunately, because my role comes with some authority, she may be reluctant to admit to any form of drug distribution.

Alternatively, we might look elsewhere in the Code to seek guidance. Section 1.04 (a) clearly states, “Social workers should provide services... only within the boundaries of their education, training... or other relevant professional experience” (National Association of Social Work, 2018, p. 2). As a first-year MSW student, I can readily admit that I do not have the education, training, or experience to determine whether or not “responsibility to the larger society” does indeed “supersede the loyalty owed” to C. herself. In light of this, I turn to section

2.06 (a) of the Code, which dictates, “Social workers should refer clients to other professionals when the other professionals’ specialized knowledge or expertise is needed to service clients fully” (p. 5). In C.’s case, this would mean referring her to a case manager who has experience with clients who may be involved in illegal distribution of drugs.

While the NASW Code of Ethics led us toward referring C. out to a case manager, this is not the only option for moving forward with her case. As a means of comparison, we’ll next turn to the International Federation of Social Work’s (IFSW) Statement of Ethical Principles and Professional Integrity to guide us in making decisions regarding C. It is important to note, however, that this document provides broadly-defined principles “that will be interpreted in very different ways within diverse... contexts” (Finn, 2021, p. 130).

Section 1.4 of the IFSW’s Statement states, “Social workers respect that all people have a right to privacy in their own lives unless there is a risk of harm or abuse to themselves or others” (International Federation of Social Work, 2018, p. 1). In my interpretation, the right to privacy is of prime importance. So, social workers must be sure there is a real risk of harm or abuse to the client or others. Because of this, I would want to schedule a follow-up assessment with C. to continue to gather information about whether exploitation was, in fact, happening. This is similar to guidance found in the NASW’s Code. However, the IFSW’s emphasis on the client’s right to privacy (rather than the social worker’s responsibility to society) provides an extra rationale to ensure that suspicions are confirmed before moving forward with making a report to Adult Protection Services or law enforcement.

Interestingly, the IFSW includes a principle regarding “Challenging Unjust Policies and Practices,” which dictates that social workers “must challenge... policies and practices [that] are socially unjust and undermine human rights” (International Federation of Social Work, 2018, p.

2). The NASW lacks such a requirement. This principle is a clear instance where interpretations abound. Because I staunchly oppose the criminalization of drugs, policies and practices that would result in punitive measures taken against my client do not align with my views of what is “just.” Instead of reporting her, I might take a harm reduction approach and, using a strengths perspective (as is dictated in the IFSW’s Statement), help C. identify goals and resources needed to meet those goals. For example, if one of her goals was to clean out the boxes of stuff from her home, we might work together to find a solution that does not require distributing her medication.

Because the IFSW does address the client’s right to self-determination, “*provided this does not threaten the rights and legitimate interests of others,*” it seems important to discuss whether or not there is a threat to the rights of others and of society (International Federation of Social Work, 2018, p. 1, emphasis added). The IFSW recommends that social workers “foster and engage in ethical debate with their colleagues and employers and take responsibility for making ethically informed decisions” (p. 3). In C.’s case, this might mean talking about the known facts, establishing areas where more information is needed, and imagining different courses of action and their possible outcomes. For example, C. had mentioned some urine test she had done that tested positive for methamphetamine and ecstasy. Although she vehemently denied ever taking ecstasy, she said nothing regarding the methamphetamine. So, does C.’s right to privacy and to risky behavior outweigh any suspicions about her possible role as a distributor? And does the social worker’s accountability to the client outweigh their accountability to “the employers, the professional association and to the law” (p. 3)? Because there’s no easy answer, ethical debates may illuminate a clearer path forward.

It may be important to note that the IFSW's Statement and the NASW's Code are both applicable to social workers in the US. So, the NASW's omission of any code relating to the social worker's responsibility to challenge unjust policies doesn't mean that social workers are exempt from this responsibility. Unfortunately, the flexibility of the IFSW might mean that many of these principles go unacknowledged by some social workers. This very flexibility, however, allows for the social worker's values to come into play. For example, harm reduction is very much in line with my own personal values. Having guidelines for the pursuit of social justice in situations that "undermine human rights" is of prime importance to me. It's unfortunate that the NASW seems to lack this mandate in their Code. In many respects, the NASW seems to be a much more conservative document that maintains the status quo.

What the NASW does have, though, is a clearer dictate regarding professional competencies. Although the system of professionalization is problematic in that it furthers class stratification, it does seem important to know when to refer a client out. Nowhere in the IFSW's document is there any guidance on situations in which your professional expertise is limited. Am I truly the right person to follow up on C.'s case? Or would she be better served by another professional in the community? In this instance, because of my vehement disagreement with the criminalization of drugs, I'm honestly hesitant to believe that she would be better served by a different professional, many of which have a low tolerance for anything having to do with drugs. But there are plenty of cases that I'm not comfortable handling for which the IFSW has no guidance. Regardless, taken together and weighted equally, these two documents comprise an effective (if sometimes conservative) means of decision-making in ethically grey areas.

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## **APPENDIX II: JUST PRACTICE CASE STUDY**

### **Just Practice as a Tool for Radical Engagement**

#### **Case Study**

Sam is a man in his mid-sixties of Caucasian descent.<sup>2</sup> He is affected by a physical disability, which severely limits his mobility and by hearing loss, which limits his communication abilities. He has been living in a local Missoula motel for seven months. Before this, he was residing with a friend who lives miles from town. Because he and his friend did not get along as roommates and because his friend's house was too far from necessities such as groceries, Sam moved out and began to spend what little savings he had on his motel room.

Sam connected with Missoula Aging Services (MAS) through the Meals on Wheels (MOW) program. I first met him on a routine home visit in which we assess home safety, cognitive functioning, and individuals' capacities to perform Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). During this initial meeting, Sam expressed distress regarding his housing situation. His current housing situation is financially unsustainable as it costs more to remain in the motel than he receives in Social Security benefits.

Due to his housing insecurity, Sam no longer had his birth certificate nor Medicare card. Additionally, Sam was completely disconnected from any services, such as medical care, and from any other assistance programs, such as SNAP. Although he qualifies for Medicaid, Sam is not signed up to receive it. Because of his limited mobility, Sam expressed interest in assisted living facilities. However, long term care facilities such as these require Medicaid, long term care insurance, or significant financial investment. Because MAS offers assistance in signing up

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<sup>2</sup> Name has been changed to protect privacy.

for insurance, such as Medicaid, I agreed to work with Sam on gathering missing documents, applying for Medicaid, and connecting him to additional services.

During the majority of our initial conversations, Sam expressed no history of mental health or substance abuse problems. These issues would have qualified Sam for access to the National Alliance on Mental Health's "Benevolent Fund," which offers emergency assistance to individuals with mental health and/or substance abuse problems. Additionally, they would have qualified him for Western Montana Mental Health Care's "Projects for Assistance in Transition from Homelessness" (PATH) program. However, during a recent visit in which I asked him about his previous connections to healthcare systems, Sam admitted that he had been diagnosed with depression after a suicide attempt several years prior. Sam expressed that his experience with homelessness and staying in shelters had caused him to feel hopeless.

### **Examining Key Issues through the Just Practice Framework**

In her book, *Just Practice*, Janet Finn (2016) identifies five key concepts that enable the "process of integrating social work and social justice to build a coherent understanding of social justice work...: meaning, context, power, history, and possibility" (p. 23). Examining Sam's case through this framework will help us understand what forces are shaping both his situation as well as my professional interaction with him, while illuminating the possibilities for change. It is my hope that through this process, I might critically reflect upon my interactions with clients<sup>3</sup> such as Sam and that, through this reflection, I might grow as a social justice worker.

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<sup>3</sup> I've been thinking a lot about the language we use for people who engage with services. I've recently heard terms like "participants" and "consumers," both of which cause some friction in me. In my reflections on this, I've thought about the ways various corporations use alternative terms for their employees, such as "team member," "associate," and "partner." Many of these corporations have historically or are currently engaging in union-busting activities. It seems to me, then, that these terms mask an uneven balance of power. In masking that uneven balance, a certain narrative emerges; one in which employees might *feel* like empowered members of their teams, while in practice, they are left voiceless. In this paper, I use the term "client," which may very well have its own issues. However, I do so because, to me, the term "client" is associated with some degree of autonomy while

### *Meaning*

As human beings, we are all meaning-makers. We assign and derive meaning from our interactions with other people, institutions, and the world at large. Through this meaning-making process, we come to certain understandings of our own and others' roles in the world. During my initial visit with Sam, I brought my own constructs of meaning into our interaction, just as he was bringing his. From my admittedly brief time working as a budding social worker, I have learned to ascribe a certain meaning to assessments. The Meals on Wheels intake assessment that we use at MAS is an amalgamation of questions pertaining to medical history, physical impairments, sensory impairments, ADLs, IADLs, and nutrition risk. Because it is so broad, it helps us to identify the biggest needs in an individual's ability to care for themselves. Any need that arises, from my perspective, opens up opportunities to assist our clients in staying independent. For example, cognitive decline might qualify a client for a grant-funded program that would enable them to access services such as Care Management and Home Modification. In other words, when a person is in need, that means they might qualify for extra assistance.

However, as I went through the assessment with Sam, he was almost complacent in his answers, stating that he was doing "ok" in almost every arena. He seemed almost as if he didn't want to be a bother or express any needs at all. Yet, after I went through the assessment and identified some smaller needs that arose, I asked him which of those was a priority for him or if there was anything we'd missed. He responded that his biggest priority is finding stable housing. While I cannot ascribe meaning for Sam, it seems reasonable to guess that all of the questions on the intake assessment were, essentially, meaningless in that they did not directly relate to his greatest need. What he really needs is a home.

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honoring the very real fact that there often remains a difference in power within our social system. For example, while lawyers might have more power operating within the legal system, they aim to speak on their clients' behalf.

Importantly, Sam mentioned no history of mental health problems or substance abuse on his intake. As my work progressed and I'd done some research, I found a woman who works for a program called "Projects for Assistance in Transition from Homelessness" (PATH) which helps people with mental health problems find housing. I told her I didn't think Sam would qualify, but she shared her intake with me as a sample of some of the questions that housing programs ask. I called Sam to go through this questionnaire, knowing he likely didn't qualify for PATH, but hoping to gather information that would help him. When it came to the question about a history of mental illness, Sam replied that he had no history. I followed it up by asking, "No depression or anxiety or anything like that?" Sam was adamant that he had no history of any mental health issues.

Later, I visited with Sam to scan some documents and to try to get him referred to Partnership for Health for an evaluation. As I sat with him, he told me he had been to Partnership years before for counseling after having been diagnosed with depression and after having attempted suicide. This new information, coming weeks after I'd begun work on his case, caught me off guard. I'd known there was something else going on that he hadn't shared, but when he told me he'd been diagnosed with depression, it all made sense.

When I'd asked Sam, in the context of assessments and questionnaires, about his mental health history, he ascribed a meaning to that question. I can only assume that he saw his history as a deficit in his pursuit of housing. Of course, because I knew about PATH and other programs that assist people with mental illness, I saw his history as an opportunity. I hadn't shared enough information with Sam for him to see that his history might enable him to access more services. Our systems of meaning-making were not aligned.

### *Context*

Part of this misalignment may be due to the contexts in which Sam and I live and have lived. As someone who has experienced homelessness before, I can relate to Sam's decision to avoid disclosing his mental health history. It's not only hard to talk about those vulnerable moments to a complete stranger, but it's also scary to think that some piece of your life might preclude you from gaining access to the resources you need. Unlike Sam, I have been housed and secure for about eight years. In that time, I've gone to school, unlearned some habits of defensiveness, and learned parts of how systems work. The context of Sam's life is different. I'm not sure how long he's experienced housing insecurity, but it's at least as long as I've been housed. Our initial interaction, it seems, was colored by the contexts of our own individual lives.

Further, my interactions with Sam are shaped by the physical context in which they take place. When I meet with him, I go to the motel room in which he currently resides. The space is small, cramped, cluttered, and dark. The only chair is placed next to a window unit, which is so noisy that, if I sit there, I can't hear him when he speaks. So, I perch, sometimes standing, other times squatting, in a tenuous, half-there, sort of way. Next to his bed, Sam has a plastic tub. Important mail sits on its lid, dusted in rolling tobacco. Every day I see him, TV is on, playing sports. Sam's limited mobility prevents much movement beyond his bed. This is his world. And in a few months, when what's left of his money runs out, the small comforts he has—a bed, a bathroom, and a TV—will be gone.

But there's a broader context in which Sam and I began our working relationship. In 2021 alone, housing prices in Missoula rose 22.9% from 2020 prices (Erikson, 2021, para. 2). There are simply insufficient housing units to keep up with the demand. What's more, as housing prices skyrocket, fewer people are able to pay rent. Because of this, affordable and subsidized housing options have waitlists spanning anywhere from one to five years. This trend doesn't just

impact residences but assisted living facilities and nursing homes as well. These facilities are further burdened by fallout from the COVID-19 pandemic. Caretakers and nurses are in short supply and these facilities, which generally struggle to meet the needs of residents in the best of times, have had to reduce their capacities.

### *Power*

Of course, my working relationship with Sam is also influenced by the context of my practicum site, Missoula Aging Services (MAS), an agency whose mission is to “promote the independence, dignity and health of older adults and those who care for them” (Missoula Aging Services, 2021, para. 3). The social workers at MAS, in general, practice using an empowerment model and stress the importance of working *with* clients while respecting their autonomy, even when they engage in risky behavior. I see so much value in this model, in building relationships that foster “power with” clients (Finn, 2016, p. 26). Inherent in applying the empowerment approach in micro-level social work is the practice of building clients’ sense of autonomy and self-efficacy. But for someone like Sam, who is likely suffering from untreated depression, this gets tricky. In my interactions with him, I’ve sensed how each step feels like a hurdle. Even calling 211 to request a birth certificate necessitated that I sit with him and talk to the call center on his behalf. While this is a step towards building autonomy, it’s hard to feel confident that I’m not exerting power over him and that he’s working alongside me as much as he can.

As a social worker, albeit one in the early stages of training, I am a knowledge-bearer and with this knowledge comes power. Using the empowerment approach necessitates that I teach my clients the skills and knowledge I have in navigating the system. My background in teaching has helped me to understand that, often, we need scaffolding to learn new skills. Part of having “power with” clients—especially clients like Sam who struggle with motivation due to

depression, trauma, or other mental health concerns—means consistently evaluating when that scaffolding is supporting their learning and when it is impeding their autonomy. This is a balancing act, one that changes from client to client, and one that I’m still figuring out how to effectively navigate.

### *History*

This balancing act—between supporting individuals and compromising their autonomy—has appeared on a systems-level as well. The intertwined histories of housing and mental health care in America, including the institutionalization and later deinstitutionalization of people with mental illness, speaks to this tension. While in more recent history, systems have arisen that attempt to hold “power with” individuals with mental health concerns, the historical stigma remains. People with mental illness continue to be seen as a burden, as if our failure to support them in institutions means that it’s their turn to pull up their bootstraps and support themselves. This is further complicated in Sam’s case by the ways housing insecurity affects mental health.

However, Sam is not only affected by his mental health but by his physical health as well. His limited mobility means that assisted living facilities hold the most promise for meeting his needs. While long-term care facilities initially arose in response to the deleterious effects of industrialization and urbanization on extended family care networks, funding issues and concerns over elders’ disconnection from society have meant that home-care solutions have grown in popularity in recent years (National Care Planning Council, 2018, paras. 1-3). Unfortunately, Sam has neither the family supports nor home to make home-care a feasible option.

### *Key Issues*

In Sam’s case, a number of key issues intertwine. Some, like his mental health, his physical health, his housing status, and his Medicaid eligibility, are focused on the individual.

Others, like housing and assisted living in Missoula, programs like PATH and 211, and my own role in his case, are focused on the social environment in which Sam lives. While the ultimate goal is to get Sam into an assisted living facility, as we take steps to get there, he will begin to interact with more systems that will open up doors to new possibilities.

This work is a challenge for me. I struggle when I am positioned at the interface between individuals who need services and services that simply don't work for many people. I feel powerless and angry. I think of Franny Choi's (2013) poem, "The Mantis Shrimp Speaks," in which she writes, "It is hard, being a prism in a burning city" (para. 3). What keeps me going, in these moments, is tireless compassion and a commitment to envisioning a world built upon community. Fueled by this and informed by the critical reflection practiced in this essay, I can overcome those feelings of powerlessness to examine where possibilities lie.

### **Possibilities for Change**

Regarding "possibility," Janet Finn (2016) writes that it "draws attention to human *agency*, or the capacity to act in the world as intentional meaning-making beings, whose actions are shaped and constrained but never fully determined by life circumstances" (p. 28). In other words, envisioning possible avenues for change enables us to see where we have power and to accept the limitations of our power. Further, it inspires us to "move beyond" what has historically been possible and actively construct alternative ways forward (p. 27).

In order to do this, however, I must fully reflect on my and Sam's journey thus far, take stock of missed opportunities, and take note of what I'd do differently in hindsight. In doing this, I am to not only elucidate possibilities for personal change and growth as a social worker, but also to imagine the possibilities for moving forward and working with Sam to enact change in his own life.



*Engagement and Teaching-Learning*

As mentioned above, when I first met Sam, I went through the MOW intake assessment with him. I told him the same thing I tell all our new MOW clients: that we do this with everyone and that it helps us to know what other resources we might be able to connect clients to. After going through the assessment, I wrote out all the concerns I'd found and opened up the space for him to include any further concerns. In doing so, the space became more collaborative and he spoke to his needs. However, identifying a goal impacted my future interactions with him.

From then on, my interactions with him tended to be purpose-driven. In other words, we came together to serve some purpose, whether that be calling 211 or filling out applications. Regardless of the activity, I felt as though I was in the driver's seat. I came into his home, got work done, and left. Part of this is due to the very real time constraints of this work. I only have so many hours in the day to spend with each individual I see. The other part, the part I didn't discover until after I'd surprised myself by bursting into tears in seminar and after I'd talked to my therapist, was that I was experiencing a trauma trigger. Faced with an individual who expressed fears of growing invisible to society activated my own memories of being homelessness in the same city in which I had grown up, in which my family still lived. What I wouldn't recognize for weeks to come was that my purpose-driven behavior was a now-familiar coping mechanism that enabled me to escape those feelings of sadness when confronted with invisibility and housing insecurity.

In other words, working toward the goal enabled me to disengage. Sam became less of a person and more of a problem to be solved. The power inequity between us—which exists in part because I have access to more knowledge about the systems that affect Sam—further solidified my role as a “helper” and his role as a “receiver.” Upon reflection, I wonder how this

relationship would have changed if I had slowed down enough to practice what Finn (2016) has called “anticipatory empathy,” which requires we “take time and space to feel and to be honest with ourselves about what we feel, especially difficult emotions such as fear, anger, or outrage” (p. 201). I wonder if that would have enabled me to see more of Sam’s strengths and to “recognize social, emotional, and material resources” that, in my purpose-driven mindset, I might have overlooked (p. 201).

### *Action and Accompaniment*

Although a part of me feels that I have already set a certain tone for my helping relationship with Sam and that once a tone is set, it can be challenging to shift, I know it is possible to make that shift. What it may take is overcoming the mindset that I and many others have uncritically integrated into our practice, a mindset that “often favors risk management over critical curiosity” (Finn, 2016, p. 294). Indeed, it is this very “critical curiosity” that may open up my professional relationship with Sam into one that is empowering for him.

In her discussion of Bonnie Benard’s strengths-based approach, Janet Finn (2016) identifies “acknowledg[ing] the pain,” “look[ing] for strengths” and “ask[ing] questions about survival [and] supports” as steps in building resilience (p. 278). In my enthusiasm to avoid the pain that Sam’s story caused me, I skipped over many of these steps. I wanted to jump in and solve the problem as I’d wanted, in my younger years, to have someone support me. The issue here, beyond further reinforcing the power dynamics, is that attempting to solve a housing problem in Missoula right now, without any training on housing issues, feels an uphill battle. I got burnt out and felt my pendulum swing towards apathy.

In utilizing Benard’s strength-based approach, I might open up the space for Sam to be an active participant in the change process. In drawing from his strengths, he might discover his

own resilience. In asking questions about his life, I might open the door for him to examine what's worked and, I hope, help ameliorate some of the ways depression affects our self-confidence and self-efficacy. What's more, I might facilitate his learning of skills that will help him long after I step out of his life.

***Positionality, Difference, Inequity, and Oppression***

As an individual with years of higher education and professional experience, I sometimes forget that the things that feel easy—or at least manageable—to me might feel insurmountable to others. While I'm no expert, I have some understanding of the ways that systems work. I know that engaging with one system often opens the door for others. For example, getting Sam in to see a doctor at Partnership Health Center enables him not only to receive assistance with his physical disability and mental health, but also to engage with case workers that might further advocate for his housing.

When I critically reflect, however, I begin to understand how navigating these systems takes a certain degree of systems literacy. I also begin to understand the ways that engaging in systems can often create some hesitancy. The histories of systems of care tend toward penalizing difference, and the fear that these histories create in the present day can turn some people away from utilizing systems of care. While my education may enable me to see all the structural barriers and inequities in our current system and while “It is hard, being a prism in a burning city,” this positionality comes with power, and power requires that I leverage my knowledge in ways that empower clients so that they are able to navigate systems in ways that don't negatively impact their autonomy.

A large part of this necessitates an un-learning of the ways we have historically thought about difference. Much in the way our education system is not built for neurodivergent learners,

our social systems are not built for or by people who differ from the status quo. Someone like Sam, for example, may struggle not only to navigate the world of care systems, but also to navigate the physical world. His disability prevents him from walking any further than a block while his socio-economic status prevents him from fixing his car. Further, the paratransit bus requires a doctor's referral, while accessing the doctor necessitates transportation to do so. And so, I find myself feeling like a dog chasing my own tail.

But un-learning ideas of difference asks not what is impossible, but what is possible. I'm ashamed to say I've neglected to ask Sam about his social support system because, in part, I've been trapped in this deficit mindset. By engaging with Sam about his history, about the ways he's done things in the past, and about the resources he does have, I might break out of the cycle of chasing my own tail and together, Sam and I might find a new way forward.

### **Human Rights and Social and Economic Justice**

Throughout this reflection, I have attempted to hold the tension between the responsibility I have to help Sam (and other clients like him) and the ways "help" can often compromise individuals' autonomy. This is further complicated when my own lived experience colors the ways I interact with clients like Sam. Upon reflection, I realize I have unwittingly replicated the *habitus* of centuries of social work in which social workers "help" in ways that end up stripping their clients of their voice and autonomy.

The question arises as to how we, as social workers, advocate for the rights of our clients while simultaneously ensuring that our clients are active agents in the change process. Because Sam might currently feel disempowered by his situation and because this disempowerment might impact his ability to speak up and speak out, it is my responsibility to build a relationship with Sam built on "collaboration, trust, and shared power" (Finn, 2016, p. 277). This requires deep

listening, critical inquiry, and radical empathy that not only honors Sam's experiences, but my own as well. If we as social workers do not acknowledge our own humanity, our own histories, and our own autonomy, we do not acknowledge the ways our own biases impact our practice and as a result, risk forgetting the humanity of our clients.

In my experience with Sam, as I assumed the role of "helper," I not only forgot his humanity, but also became so task-oriented that my perspective grew myopic. As I engaged in this reflective process, however, I discovered that the City of Missoula (2021) is currently in the process of addressing affordable housing through a policy called "A Place to Call Home," which attempts to address the housing problem in Missoula (para. 1). What's more, earlier this year, the "Better Care Better Jobs Act," which attempts to provide federal funding to home- and community-based services such as home health care, was introduced in the Senate (S.2210 - 117th Congress, 2021, para. 1). These two macro-level reforms—one local and the other federal—impact Sam and other MAS clients. Because of this, they offer opportunities to advocate for their passage.

It seems to me, then, that social justice work requires we build awareness on myriad levels, from our own individual processes, to those of our clients, to our communities, and beyond. This is a radical approach. It challenges us to see our own processes as interwoven through the ways we engage in practice; not something to "get over" but something to understand so that we do not get lost in the insurmountable, in "a rage gone blind from the knowledge of the stolen lands, dirty wars, honor killings, false idols, forced soldiers, and buried throats haunting every sentence," and can instead find a new way forward, side by side with those who ask for our help (Choi, 2013, para. 4).

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**APPENDIX III – COLLABORATIVE TEACHING-LEARNING PROJECT****Trans-Inclusive Hospice Care**

Coauthored by Sarah Butts, Claire Compton, Lisa Fairman, Alyssa Holly

**Needs and Recommendations**

Over 1.4 million Americans identify as transgender. Of these, over 217,000 are aged 65 years and older, making this population especially vulnerable to deficits of care due to their unique end of life care needs (Campbell & Catlett, 2019). Referred to as “Generation Silent” due to the invisibility of their needs, the aging transgender community have many end of life care needs with little education for professionals to fully attend to them (Campbell & Catlett, 2019). With the aging population expected to double by 2050 and more than triple by 2100, it is imperative for hospice care workers to be educated on the variety of individuals they will be serving now and in the future (Martins et. al., 2019).

**Cultural Humility**

Transgender and Gender Non-Conforming (TGNC) individuals experience disparities throughout their lives. When it comes to end of life care, many in this population may experience “disenfranchised grief, homophobia and transphobia from medical staff, and forced outing” (Sprik & Gentile, 2020, p.1). Care professionals working in the end of life space can help facilitate a more dignified and supportive end of life experience for TGNC and other LGBTQ+ individuals by practicing cultural humility.

Cultural humility is the practice of “engaging in critical self-reflection (understanding bias and engaging in self-correction), recognizing clients as experts of their own culture, committing to lifelong learning, and holding institutions accountable” (National Association of Social Workers, 2016, p. 16). Sprik & Gentile (2020) identify three strengths of cultural humility

training in the context of end of life care for LGBTQ+ patients. First, cultural humility training places emphasis on the individual patient and centers their “values, hopes, fears and health aspirations” (p. 5). Second, it encourages professionals to engage in self-reflection and critical analysis which helps them identify personal bias or areas of misunderstanding. Finally, cultural humility encourages active listening to help ensure that the needs and wants of individual patients are heard and honored.

### **History of Harm Caused by Medical Staff**

TGNC individuals experience higher rates of disability, depression, anxiety, loneliness, suicidal ideation, and overall poorer general health than other populations, all of which indicates a need for informed medical care (National Center for Trans-equality 2016). However, medical treatment for this population often causes more harm than good. Thirty-three percent of TGNC individuals who received medical treatment reported having at least one negative experience, such as being verbally harassed, physically or sexually assaulted, denied treatment, or having to educate their providers on transgender identities (Grant et al., 2011). These rates increased in populations where the intersectionality of race or disability existed (Grant et al., 2011). Perhaps it is unsurprising then, that 23% of respondents did not see a doctor for fear of mistreatment (Grant et al., 2011). By understanding the neglect and abuse many TGNC people have faced in healthcare settings, hospice workers will be better equipped to work alongside transgender individuals at the end of life and avoid perpetuating harm.

During clinical interactions, medical and social work staff must recognize that coming out as transgender is a vulnerable act and that patients may have faced discrimination after disclosing their transgender identity (Campbell & Catlett, 2019). Because of this, care providers must establish trust before asking patients their gender identity (National Resource Center on



LGBT Aging, 2012). Current research additionally advises that care providers develop comfort in engaging in conversations regarding gender identity and that care providers incorporate these conversations when, and only when, gender identity is relevant to the provision of care (Lippe et al., 2021; Lowers, 2017).

### **Physical Safe Space**

It is vitally important that trans-inclusive healthcare agencies create visual markers to demonstrate their commitment to trans-inclusive care. The National Resource Center on LGBT Aging (2012) recommends that agencies serving older adults include gender-inclusive options on intake forms, include gender-diverse images and language in marketing material and in agency lobbies, and highlight partnerships with other agencies serving the 2S-LGBTQ+ population. These visual cues not only foster welcoming spaces for transgender patients, they also counteract the invisibilization that occurs for members of this population. Other literature reiterates the importance of using inclusive language on intake forms, documenting both cisgender and transgender patients' gender identity and pronouns, and "creating an environment in which visual cues such as artwork or signage suggest inclusivity" (Lowers, 2017, p. 531).

### **Legal Needs and Forced Detransitioning**

In hospice settings, there is a risk that healthcare workers or family members will detransition TGNC patients by verbally, visually, or materially rejecting their gender identity (National Center for Trans-equality, 2016; Weaver, 2020). Detransitioning is a form of oppression that affects the dying or deceased and their loved ones. As Weaver (2020) observes, it impacts history, altering historical records, obituaries, grave markers, and "silenc[ing] the voices of transgender men and women who lived and died" (Weaver, 2020, p. 62).

In recognition of the posthumous detransitioning that can occur due to legal documentation such as identity paperwork, care providers must work with patients on advance directives, living wills, and Disposition of Bodily Human Remains documents (Weaver, 2020). As Weaver (2020) states, without these legal documents, “the dead are powerless to make their desires, wishes, and voices known” (p.62). There is a need to advocate for trans people, especially at the end of life, in securing proper legal documentation to prevent detransitioning and ensure the rights of the trans individual are respected. Care providers should ask patients if they are interested in pursuing legal changes to their names and gender markers before death, and should assist patients in completing these legal changes (Weaver, 2020).

On a macro level, advocates for TGNC older adults should support policies that reduce barriers to changing gender markers on identity documents and that eliminate gender markers from Social Security programs as well as Medicare and Medicaid cards (Auldridge et al., 2012). Additional advocacy work is necessary to pass statewide policies such as California’s Respect After Death Act, which requires that death certificates reflect a person’s gender identity (Transgender Law Center, 2014).

### **Social and Familial Complexities**

In order to help TGNC individuals develop end-of-life plans that reflect their overall needs and wishes, hospice care professionals must understand the unique social and familial dynamics among those in this population. Because “two-thirds of LGBT baby boomers report that they consider friends to be their chosen family,” it is important to consider the role of chosen family (Lowers, 2017, p. 526). Identifying an appropriate health proxy and/or caregiver can be challenging for many older TGNC adults. Many report uncertainty regarding who will be able to step into this role when end of life care is needed, largely due to their support systems being of a

similar age to themselves (Lowers, 2017). Transgender individuals also cited worry that estranged family members would make negative decisions for them at end of life, motivating them to complete legal paperwork ahead of time (Lowers, 2017). As hospice care workers, understanding the complexities surrounding TGNC patients' social and familial supports can help preserve existing connections and safeguard against additional stress at the end of life.

End of life considerations include: who is permitted access to the patient, who is allowed to make choices when the patient is no longer able to do so, and who is offered bereavement services. Current research stresses the value of advance care planning (ACP) to ensure that aging TGNC adults formalize and document what roles they allow for members of both their chosen and biological families (Lowers, 2017). While many older TGNC adults express a desire to include and/or reconcile with their biological family (Campbell & Catlett, 2019; Lowers, 2017), others express fear that biological family members will detransition them after their death (Lowers, 2017). Because of this variance, practitioners must approach ACP with cultural humility by asking patients who they would like involved in their end-of-life care (Campbell & Catlett, 2019; Lippe et al., 2021). However, there are some cases in which patients have become nonverbal before making these plans. If a nonverbal patient's next-of-kin is intolerant of their gender identity and chosen family, Lippe et al. (2021) advise that practitioners advocate for their patient's gender identity and for involving their chosen family in decision making and access.

Further research acknowledges that many chosen family members' grief needs are neglected. This may be especially painful when biological families detransition their loved one and present a bygone gender expression at funerals and in memorials (Weaver, 2020). Although chosen families are not legally recognized in the way biological families are, current literature

suggests that members of the deceased's chosen families be offered or referred to bereavement services (Campbell & Catlett, 2019; Lippe et al., 2021, Sprik & Gentile, 2020; Weaver, 2020).

### **Spirituality and History of Harm Caused by Religious Institutions**

Historically, many religious and spiritual communities have discriminated against, persecuted, alienated, and demonized LGBTQ people, thus turning their backs on those seeking spiritual guidance (Campbell & Catlett, 2019; Fishman & Tolentino, n.d.). The language of these faith-based communities often condemns and vilifies gender identities outside of the female/male gender binary (Campbell & Catlett, 2019). "Because of their gender identity, TI persons may be isolated or severed from the faith community by choice, social pressure, or by order of the religious authority" (Campbell & Catlett, 2019, p. 468). However, many TGNC people desire spiritual care. Because a faith-based or a spiritual care provider may not provide a safe presence, end of life spiritual needs for a trans person may not be met (Campbell & Catlett, 2019).

Although the literature is sparse on recommendations for providing religious and spiritual support to TGNC patients at the end of life, a case study by Campbell and Catlett (2019) sheds light on the unique spiritual needs of this population. This case study recommends that care providers advocate for patients' spiritual care, provide a safe space for reflection and meditation, utilize "skillful means" (i.e., the ability "to evoke the spiritual nature in another"), and recognize the patient's gender identity as a spiritual truth (p. 468). Additionally, this case study notes the value of including chosen family members in crafting a spiritual care plan. We, the authors of this literature review, additionally recommend that hospice agencies take proactive steps to build professional connections with 2S-LGBTQ+-inclusive religious institutions and leaders.

### **Training Rationale**

Following current research in working with TGNC individuals at the end of life, we approached our training with an eye for developing participant's capacity for cultural humility (Lippe et al., 2021; Sprik & Gentile, 2020). However, we recognize that cultural humility is an ongoing practice that requires continual reflection, self-critique, leadership buy-in, and commitment to upending power imbalances (Sprik & Gentile, 2020). In short, cultural humility cannot be taught in a single training but must be fostered both personally and in workplace culture.

In this training, we offer participants educational material regarding some of the adversities TGNC individuals face. We hope that this education might foster empathy for this population. We recognize that developing empathy is insufficient in addressing the disparities faced by oppressed populations. In order to address these disparities, we must also offer opportunities for work on intrapersonal, interpersonal, and systemic levels. Thus, we developed activities in which participants can critically self-reflect on their own gender socialization, highlighting the social construction of gender while unpacking gender-based privilege. We further integrated role play activities in which participants can gain practice in advocating for TGNC justice among colleagues. Additionally, we offer education and structured time in which participants can critically reflect on the systems that impact end-of-life care for TGNC individuals, including intake paperwork, official documentation, legal name changes, and insurance policies. Throughout the training, activities are interspersed with educational content, culminating in an evaluation of case studies where participants can apply lessons learned throughout the day.

We set out on this project with two main objectives: to ensure that hospice staff has the knowledge and skills to provide gender-affirming end-of-life care to transgender clients; and to

bolster practices of cultural humility among hospice staff when working with an often invisibilized population. Within these overarching objectives, we sought to ensure that upon completion of the training, participants would be able to: (1) discuss the ways gender affects issues of justice and autonomy during end of life planning and care; (2) navigate issues of gender identity and speak in depth about the ways it impacts personal and professional lives; (3) navigate complex family dynamics at the intersection of grief and transgender visibility; (4) critically reflect on the ways official paperwork—such as intake forms, death certificates, and living wills—impacts gender-affirming care; (5) facilitate open conversations with TGNC hospice patients regarding funeral planning, such as obituaries, clothing, photos, music, and ceremonies; and (6) integrate knowledge and skills required for working with TGNC patients with practice wisdom, clinical context, and patient preferences regarding gender-affirming care. We hope that this training might plant seeds and inspire both participants and agencies to evaluate cisgender biases in the provision of care.

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**APPENDIX IV: SOCIAL HISTORY INTERVIEW**

**Reason for coming in:** include origin, antecedents (situations, people, places, etc.), frequency, duration (single event and over time), what makes it start/stop, emotional management

**Coping skills:** what have you tried/what's been helpful?

**Why now? What's changed?**

**Treatment hx:** Therapy, diagnoses, hospitalizations, PCP, prescriber, therapist. What's been helpful?

**Shift:** how does this fit in the context of their life? What do you remember about your childhood?

**Development/Family:** Where? Who all lived in your household? What was your relationship like? What's it like now? Mental health/chemical dependence in family? Abuse (physical, emotional, sexual)? Bullying?

**Family psychiatric/chemical dependence hx:**

**Current relationships:** Family? Romantic? Friendships? Describe. Conflict resolution

**Current supports:** (Who would you like to be involved in your care? ROI?)

**Changes to time spent with family? Friends?**

**Current living situation:**

**Sexual orientation; pronouns; relationship status:**

**School:** What was school like for you (friends, studies, etc.)? Did you graduate HS? College?

**Current learning:** Happy w education? Learning preference. Barriers to learning

**Professional, technical, or vocational skills**

**Currently employed?** For how long? How do you feel about your job?

**Employment hx:**

**Financial concerns?** Problems w rent/mortgage?

**Legal hx:** Ever been arrested?

**Military?**

**Religion/spirituality:** Religious background? Believe in god/higher power? Practicing?

**Leisure/functioning:** What do you like to do in your free time? How has this impacted your functioning (occupational, social, spiritual, leisure, etc.)

**ADLs**

**Emotional management; Conflict Resolution**

**Problem solving; Impulse control**

**Education needs**

**Summarize, then: Treatment goals**

## **APPENDIX V: SIMULATED PRACTICE**

### **Identity and Issues**

In my Simulated Practice, I am working with M, an open-hearted woman with an abundance of energy and a cheerful demeanor. M is a student pursuing her Bachelors of Social Work and Licensed Addiction Counselor (LAC) certificate and taking 18 credits. She and her husband have two very young girls, a two-year-old and a 10-month-old. In addition to her commitments to school and family, she works full time as a visitation supervisor for families in foster care. Although at times frazzled by her life's myriad demands, M is engaged in our sessions together and is open and honest about her struggles. In our first session, she shared that she has a diagnosis of ADHD and is looking for help in organizing her life, accomplishing her goals, and prioritizing her long list of to-dos. Importantly, she noted that she utilizes a plethora of tools to stay organized, including calendars, alarms, and planners, but with limited success.

### **Positionality**

M's positionality differs from my own in certain ways. While I have the privilege of attending graduate school without working, M must juggle the demands of her education while sustaining full-time employment in order to provide for her family. Additionally, M has the responsibility of raising her children, something that I can only begin to imagine, but cannot quite grasp. However, there are aspects of our positionalities that align. We are both white students, raised as females, with a diagnosis of ADHD. This shared diagnosis, in particular, has already affected my approach with M. Because I know from experience the ways it impacts the types of things M wants to work on (organization, accomplishments, and prioritizing), I cannot help but empathize with her challenges.

### **Meaning**

M lives her life with intention. She derives deep meaning from learning and growing as a parent. In our session together, M spoke in depth about the choices she makes, day to day, in raising her children. What's more, work is a place of deep meaning for her. In facilitating family visitation, she finds plentiful lessons in parenting. Through her job, she is able to facilitate her own growth as a mother, gaining insight and wisdom as she navigates complex situations with other families. In our session together, M reflected that prioritizing her work and her family comes naturally, but that she struggles to stay on top of academic deadlines and finds herself scrambling to keep up. However, because she finds such meaning in her work and in parenting, I asked M to consider one of her goals – learning how to better prioritize – and if she might already be prioritizing based on her own internal value system. As we continue to work together, I hope we might build on this foundation and find ways to integrate meaning into meeting deadlines and keeping up with school work.

### **Context**

M's life has been colored by her own family history. Growing up in a family with a “militant” father who never took sick days, she finds she's come to associate self-worth with her abilities to work and be productive. Because of this, she admits she has a tendency to over-commit, minimizing the amount of time and energy it takes to do the things she commits to. Although she didn't speak in depth about her relationship with her mother, she did express hesitancy to allow her mother to watch her children. In fact, she expressed a deep preference for her own parenting style, which she carries out with intention, researching up-to-date literature on parenting and utilizing her learning from work and school. Because of this, she finds herself distrustful of other adults' approaches and, as a result, her childrearing and babysitting supports are limited to one other couple.

While she derives deep meaning from parenting, M admits it does not come without challenges. She notes that although she and her husband work as a team, from time to time, he “operates from his family of origin,” and replicates reactive attachment patterns he learned as a child growing up with a mother suffering bipolar disorder. Thus it is clear that the context in which her husband was raised influences her current struggles. However, because M places deep emphasis on parenting, she is open with her husband and aims to grow alongside him as a parent.

### **History**

As a woman and a mother, M’s life has been affected by historical and contemporary expectations. Until the latter half of the 20th century, women were expected to stay home and raise the children. It wasn’t until the women’s liberation movement of the 1960’s that women in the workplace became more socially acceptable. Since that time, a narrative has emerged that tells women they can have it all, that they can be mothers and workers at the same time. Unfortunately, that has come with a cost. In the context of ever-lowering wages and corporate greed, both heads of household must now work in order to provide financial stability for their family. Instead of freedom and choice, young mothers are now expected to be expert parents and productive employees at the same time, an expectation that neglects the demands of each role.

What’s more, M was raised in a society steeped in historical and contemporary white supremacy. In her article, “White Supremacy Culture - Still Here,” Tema Okun (2021) identifies “Perfectionism,” and “One Right Way” as characteristics of white supremacy culture. Because white supremacy culture is so embedded in our lives, these characteristics become internalized. For M, white supremacy culture may be affecting her ability to trust other adults to play a part in her children’s upbringing.

### **Power & Possibility**

Although our short time together limits deep exploration of white supremacist culture and its effect on M, there remains ample possibility to walk alongside her as she reflects on her tendency to over-commit and builds on her foundation of prioritizing meaningful pursuits. Through our work, we have the opportunity to examine the places in her life in which she has power. Importantly, M expressed that organizing and prioritizing are her main goals; however, she has utilized organizational tools extensively with little success. As we move forward together, we might explore what it would be like to receive extra support for the aspect of her life she finds most challenging, her studies. She may, perhaps, engage with disability services to gain flexibility on deadlines. She may even think about discussing what it would be like to pursue an incomplete for one of her classes, which she could finish over winter break. While these options do not explicitly challenge “perfectionism” and “one right way,” they do so implicitly as they reveal the various “right ways” that people might take when perfectionism is unobtainable and when all the organizational tools at our disposal do not empower us to succeed. It is important for me to note, however, that these are ideas originating within me. I must continue to actively inquire about M’s ideas for her own life. Instead of suggestions, I must offer open doors through which she might glimpse her own power and discover her own possibilities.



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**APPENDIX VI: GROUP FACILITATION PROPOSAL****Tending the Well: Discussions on Building Personal, Relational, and Communal Resilience****During the COVID-19 Pandemic**

Coauthored by Claire Compton, Deanna Duram, Mary Melissa Glueckert, Alyssa Holly, Jennifer Knudsen, and Lee Winter

**Group Formation****Introduction**

To address the myriad mental health impacts of the COVID-19 pandemic on students attending the University of Montana, social workers at the Curry Wellness Center propose to form a discussion group entitled “Tending the Well”. In this proposal, we outline the rationale behind this group and describe the agency which will conduct group sessions. Additionally, we offer insight as to how we will recruit participants to join this group, focusing our efforts on those who are statistically more likely to experience negative effects from the pandemic. We provide a sample contract for participants as well as agendas for each session. Finally, we describe the environment in which this group will take place, noting any accommodations we will make for participants, as well as providing a budget to cover expenses for the group facilitators and materials.

**Purpose of the Group**

Due to the uncertainty, trauma, grief, and isolation the COVID-19 pandemic has wrought on our world, we aim to form a group in which we can open up a discussion regarding the intrapersonal, interpersonal, and systemic factors impacting UM students’ mental health in the pandemic while fostering personal resilience and community. Informing our discussion is Loretta Pyles’ (2020) framework of the “whole self,” which includes “the body, mind, emotions, spirit,

community, and nature” (p. 182). To this list, we add “systems” due to the impact that oppressive systems have on our abilities to pursue personal and communal well-being. While this group will primarily be discussion-based, we hope to open the door and inspire participants to take action in the real world and in their real lives. However, our primary objectives are to investigate the multiple aspects of mental health, to share skills for navigating the pandemic-related challenges we face as university students, and to imagine ways of building more resilient and humanistic communities. Additionally, while this group will be open to all UM students, we aim to ensure that students who are most affected by the pandemic, including students experiencing mental illness, LGBTQ+ students, and students of color, have a seat at the table. In order to pursue the goals of this group, we will offer discussion questions, reflection activities, and helpful handouts during each session aimed at guiding our discussion and inspiring us to imagine a better university community. Additionally, we will end each session with a question to consider as well as an activity to bridge the space between group sessions and participants’ lives. This group will be led by two social work graduate students whose practicums are at the Wellness Center in Curry Health Center. These social workers’ jobs are to investigate concrete issues impacting student mental health, to work with students individually as a drop-in counselor, and to develop programs that incorporate mental health in university programs and classrooms.

### **Setting**

The Wellness Center is a subagency of the Curry Health Center (CHC). CHC opened in 1969 to originally focus on UM student’s medical care, but has since evolved to encompass students’ “whole” wellness including dental, counseling, pharmacy, and the wellness (Houghton & Romack, 2013). The Wellness Center’s mission states: “Curry Health Center Wellness works to create a campus environment which promotes a culture of health, student well-being and

success. We use data-driven, holistic strategies to help students develop improved insight, vitality, connection, purpose and balance through comprehensive programming, strong campus collaborations, and student-focused initiatives” (University of Montana, n.d.). This mission statement, along with other various resources can be found at the Wellness Center’s website located here: <https://www.umt.edu/curry-health-center/wellness/>.

Because the Wellness Center is a subagency of CHC, this agency is primarily funded by the student health service fee, a fee that every University of Montana student pays when attending UM. This funding fluctuates year to year depending on enrollment status. Other sources of income include donations from outside parties directly to the Wellness Center and grants received. With this funding the Wellness Center employs two full time staff members: The Wellness Director and a Health Promotion Specialist. Additionally, there are student interns that work in various positions including a podcast/blog team, office assistants, and Peer Wellness Educators (PROs).

Located in the East entrance of CHC, the Wellness Center can be found upstairs to the right in room 112. The Wellness Office is composed of office and meeting spaces, with private rooms to receive health coaching and a conference room to hold meetings. Additionally, the Wellness Center provides a wellness wall where UM students are able to collect free safe sex supplies, menstrual supplies, stress busting kits, and nicotine quit kits. A new amenity the Wellness Center provides to UM students is the “relaxation station” a room students can book out to enjoy 15-45 minutes of relaxation. Relaxation Station can be set up for yoga, aromatherapy, sun therapy, relaxing music, meditation, coloring, and/or breathing techniques.

### **Group Composition, Timing, and Structure**

#### **Group Membership Selection**

Because research has shown that younger, college-aged adults and students are at higher risk of experiencing deleterious psychological effects of the COVID-19 pandemic, we aim to open this group to students at the University of Montana (Lingelbach et al., 2021; Septarini et al., 2021). However, research has also shown that race (Fruehwirth et al., 2021), gender identity and sexual orientation (Fruehwirth et al., 2021; Gilsbach et al., 2021; Marmet et al. 2021), substance use (Koelen et al., 2021; Sykes et al., 2021), and prior mental health diagnoses (Gilsbach et al., 2021; Lingelbach, 2021) are additional risk factors for psychological distress in the context of the pandemic (Stamatis et al., 2021). Because of this, we hope to develop a group that represents greater diversity in race, gender, sexual orientation, and mental health status than is representative of the University of Montana population as a whole.

According to one study, symptoms of clinical depression, anxiety, and stress rose by 42.5-63.3% during the initial lockdown of the pandemic (Kaparounaki et al., 2020 as cited in Stamatis, et al., 2021). Statistics compiled locally at the University of Montana support findings of increased symptoms related to anxiety, stress, and isolation (Sykes et al., 2021). 77.7% of reporting students indicated they felt anxiety, fear, or worry, but only 23.2% were considering therapy (Sykes et al., 2021). Other resilience factors were not surveyed, but these high percentages indicate a need for students to increase skills to maintain mental wellbeing.

By focusing on university students with higher risk factors such as clinical depression, anxiety, and substance use, we hope to mitigate some of the psychological struggles these students are facing in the midst of the COVID-19 pandemic by providing activities to increase resiliency (Koelen, J., Mansueto, et al., 2021). Due to the ever evolving nature of the pandemic on our local community, a discussion group geared specifically toward building resiliency on our

campus is vital for strengthening connections and decreasing the potential for mental distress (Stamatis et al., 2021).

### **Recruitment**

To recruit group members, we will rely heavily on ASUM recognized student groups and other campus mental health resources. Beginning a month before the first group session, we will distribute fliers at the Curry Health Center Counseling, Student Advocacy Resource Center, UM Clinical Psychology Center, and to the Mental Health Allies. We will notify their counselors, psychologists, advanced graduate students, and schedulers about the existence of our group. We will encourage these providers to refer students to our group. We will also target student groups with member populations that are at greater risk of experiencing mental health issues. These groups will include the Black Student Union, Central and Southwest Asian Club, Counselors for Social Justice, International Muslim Student Association, Japanese Student Association, Jewish Life Club, Latine Student Union, One Persons, Pacific Islanders Club, and University of Montana OUTlaws. We will distribute fliers to the Branch Center, the TRIO Center, and Selena Beaumont Hill. We intend to build relationships with these programs/people who are already working to address mental health impacts of the pandemic.

In order to mitigate some of the social isolation and dehumanization of the pandemic, we will encourage participants to call the group leader with any questions and to sign up. Additionally, we will provide an email address for registration.

### **Composition**

This closed group will be capped at 10 University of Montana students who are interested in fostering resilience and community by discussing mental health factors associated with the COVID-19 pandemic. Students will be accepted into the group on a first come, first served basis.

Attendance at all three sessions is a requirement for admission in the group. Depending on demand, additional groups will be formed.

### **Contract**

#### **Tending the Well: Discussions on Building Personal, Relational and Communal Resilience during the COVID-19 Pandemic**

##### *Small Group Covenant*

Welcome to “Tending the Well.” We are so glad you are here. As we enter this space together, in light of fostering a safe, trusting, and brave community we invite you to participate in signing this covenant as a tangible demonstration and reminder of your individual commitment to integrity in our time together.

Our mission in this small group of university students is to re-engage our lives with renewed resilience and drive to pursue personal and communal well-being that has been especially challenging over the past two years of the COVID-19 pandemic.

Within our body of participants, we will encourage one another to pursue the following group goals with what we feel to be an appropriate acronym, P.E.A.C.E.F.U.L.

**P: Participation:** this group is designed to encompass all three units collectively. Full participation in all three groups is required except in cases of extenuating circumstances.

**E: Encouragement:** we understand everyone in this group is at a different part in their journey and we purpose to accept each member as we are and encourage one another toward growth and strength.

**A: Authenticity:** we will be as open with our lives as we can be in the moment in order to foster vulnerability and growth

**C: Confidentiality:** we will keep matters shared within the group private at all times. What we hear and see in this group will stay in this group.

**E: Engage:** we will do our best to bring our whole selves and share our giftings accordingly, adding energy to our space together.

**F: Fun:** we will purpose to enjoy our time together, lifting one another up as we focus on building our resilience.

**U: Unity:** we will do this together! You are no longer alone...

**L: Love:** we will choose to walk in love with one another, regardless of our past experiences. This is our chance to honor our pasts while starting anew, let us move toward transformation with love.



In full acceptance of this covenant I, \_\_\_\_\_  
recognize my commitment amongst the members of this group and will keep this document to  
remind me of the voluntary agreement I have entered into today,  
\_\_\_\_\_, 2022.

We will meet for one hour on the following dates at 1:00pm; Room 19, Jeannette Rankin Hall:

Friday, March 11

Friday, March 18

Friday, April 8

Please don't hesitate to call with any questions or concerns you may have. We will also be offering a zoom option for those who cannot attend in person, however in person participation is highly encouraged, considering the sequenced content.

We can hardly wait to see you there!

*[A UM Resource Guide attached can be found in Appendix II]*

## **Orientation**

*[Full session agendas can be found in Appendix I. Additional materials and handouts can be found in Appendix II.]*

Session 1 will focus on the intrapersonal aspects of mental health, including the body, mind, and spirit. We will begin this session with a brief mindfulness exercise with the intention

of coming into the space together. We will then go over the purpose of the group, the purpose of the session, and the agenda for the day before diving into introductions. Throughout, we will use the metaphor of “filling our cups” as a touchstone. Our discussion will center around defining mental health. Group participants will be encouraged to share aspects of the pandemic that have “drained their cups.” We will close by introducing an activity in which participants will come up with easy ways to fill their cups. Participants will be offered a take-home handout with a mindfulness activity and a prompt to prepare them for Session 2.

Session 2 will focus on participants' interpersonal relationships, both personal and professional, and how interactions within these relationships contribute to their mental wellness. Recognizing the impact of COVID-19 on students' ability to connect with others, options on how to rebuild or form new connections will be explored. Interpersonal skills that foster positive, collaborative relationships with others will be introduced. A handout will be given out suggesting ways of connecting with others while fostering growth and wellness. Discussion questions will center around how students feel their mental health is affected by their interpersonal interactions, the impact of COVID-19 on interpersonal relationships, and what skills students feel would be most and least helpful within these relationships. Finally, in keeping with the theme of “filling one's cup”, the opportunity will be provided for participants to add beneficial skills and insights they took from this interpersonal focused session into their jars.

Session 3 will be a discussion group surrounding systemic issues impacting students' mental health during the COVID-19 pandemic. The session will begin with a check-in and mindfulness activity. Following agenda setting, the discussion will be framed by prompts related to three separate terms: positionality, syndemic, and fractals. Facilitators will then connect the

“fill your cup” activity to an understanding of how fractal patterns can impact systems. The session wrap-up will include final takeaways and the distribution of a survey.

### **Environment**

This group will take place in room 19 of Jeanette Rankin Hall. This room is lit by natural light, however, warm lamplight will further illuminate any dark corners. It allows room for the small group size of 10 we anticipate serving, allowing participants to choose whether to sit at the table or on the surrounding furniture. However, it is small enough to foster a space of intimacy and support while discussing mental health and the struggles that one might be experiencing.

In recognition that not everyone is comfortable with a circle format and having everyone’s eyes on them while speaking, we will utilize the couches and scattered chairs in room 19 to provide a casual, intimate environment. This format will allow for individuals who participate within the group to have more choice in whether they face fellow participants, and hopefully reduce feelings of discomfort for participants who do not like the more direct focus caused by the circle format.

A budget of \$850 will be requested from the Curry Wellness Center for the facilitation of this group addressing student mental health. \$400 will be allocated for providing facilitators with compensation for their time preparing for the student group, responding to students registering for the group, distributing fliers, as well as facilitation of the 3 group sessions. \$50 will be used for marketing in the form of fliers placed in the University buildings outlined above. \$200 will be allocated for ASUM childcare if participants require it. \$100 will be used for printed handouts, and supplies provided to participants during the 3 group sessions. \$100 will be used for providing snacks and beverages during each session.

This group will take place on the University of Montana campus. Transportation is expected by participants, however, if they don't have a vehicle, the city bus system does have a stop through Route 8, right outside Gallagher business building. Additionally, Route 1 and Route 12 run by Arthur Ave on a regular basis. UDash lines run throughout the day and connect to Missoula College, student housing, and to Caitlin/Wyoming.

If childcare services are needed, they can be provided by ASUM Child Care located at the McGill Hall Room 001. Service will be provided from 30 minutes before the group to 30 minutes afterwards. If this is a service that participants believe they will need, we will collect their information to provide to the childcare provider, so that they will be prepared to care for the children.

In addition to providing a phone number to text or call if a student is interested in signing up for group participation, a statement will be listed on each flier stating "If you think you may have a disability adversely affecting your ability to participate in this group, please contact us. We will work with you and the Office for Disability Equity (ODE) to provide appropriate accommodations so you can attend."

In order to accommodate the precautions necessary during the current pandemic, if a group participant is needing to isolate or quarantine due to COVID-19 exposure, or are experiencing symptoms of COVID-19, they can contact facilitators to be provided a link to access the group via Zoom.

### **Summary**

#### **Conclusion**

As the world navigates the COVID-19 pandemic, social workers are faced with many opportunities to address mental health needs. This group chooses to positively mitigate stress

related to the pandemic by addressing mental wellness in three sessions; intrapersonal, interpersonal, and systemic. Through discussion with students of the University of Montana in this small group, we can find ways to harness resilience. By engaging in discussion geared toward self reflection and community with others, our group endeavors to decrease the negative mental health risk factors UM students are facing. Through this engagement we can learn from one another and refine skills to tend the well of our mental health on a personal, interpersonal, and collective level.

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**APPENDIX VII: ACTION RESEARCH TEAM PROPOSAL****Student Organizing for a More Accessible Education**

Coauthored by Claire Compton, Elliot De Bona, Cal Erasmus Tronson, Hailey Hogan, and Lee Winter

Earlier this year, students attending the University of Michigan's School of Social Work staged a walkout as part of their Payments for Placements (P4P) campaign, which seeks to redress the issue of unpaid labor in social work education (Rich, 2022). Their P4P organizing model has since been adopted among students of social work in various institutions across the country. Indeed, labor organizing has gained momentum, particularly among workers who have been excluded from many of the benefits of full-time employment at livable wages.

The authors of the present paper recognize this is an opportune moment for organizing efforts aimed at addressing inequality in workplaces. We seek to take advantage of this *kairos* to critically examine the power dynamics perpetuated within social work education, the methods of organizing which might begin to address structural inequities, and the myriad barriers to ensuring social work education practices the very values of accessibility and equity which it espouses. The current project hypothesizes that transformative organizing efforts among students of social work, in collaboration with stakeholders, can elevate student voices and in doing so, can promote equity within and access to master's-level social work education. Guided by the dual assumptions that not only do institutes of social work education replicate power hierarchies, but also that student organizing has the potential to challenge these hierarchies, we seek to pursue systems-level change through grassroots-level collaboration. To do so, we utilize guiding principles from action research and action science, which seek to transform traditional



methodologies by involving practitioners as researchers and by emphasizing critical self-reflection as a necessary aspect of the research process.

This project seeks to investigate the ways that student organizing within the University of Montana Master of Social Work (UMMSW) program might bolster educational accessibility and contribute to greater systems-level change in promoting equity and inclusion in the social work field. To do so, we first evaluate current literature on the unique challenges of social work education, emphasizing the ways that social work's espoused values are often neglected in practice. Our review of the literature offers a foundation of knowledge from which we can critically examine the UMMSW program. This program evaluation report will identify stakeholders, clarify our theoretical framework, and explore the relationship between our evaluation and the explicit principles guiding the UMMSW program. We then offer a detailed methodology, including an evaluation of our research question, our rationale for use of action research, methods of conducting a needs assessment, and any human or capital costs. Through our theory of change, we will demonstrate how a needs assessment and other interventions will contribute to the broader project of student organizing, detailing our objectives, indicators, and interventions, outlining the proposed causality, examining the importance of double-loop learning, and discussing communities of inquiry in our community of practice. We conclude with a reflection on the process, acknowledging the project's (and our own) limitations.

Throughout this paper, the questions we seek to address are: Who is able to access a masters level social work degree? What barriers exist for prospective students? What barriers exist for students within the UMMSW program? How can student organizing help identify and overcome these barriers?

### **Positionality**

“Research represents a shared space, shaped by both researcher and participants” (Bourke, 2014, p. 1). For this reason, it is essential to address the positionalities of the research team in order to understand how the authors make meaning of the work from various aspects of identity. As students enrolled in the UMMSW program seeking change within our own setting, it is especially important to locate ourselves in order to expose possible biases that can lead to false mental models.

Our team is composed of five white researchers, two women and three non-binary individuals. Everyone within this research team is enrolled in the graduate school which is the subject of this research project. Four team members have student debt. One researcher is a first generation college student. While no team members experience visible disability, several members of our team experience invisible dynamic disabilities. Our entire research team speaks English as our first language. One team member is a first generation American. In terms of religion, all researchers within our team are secular or non-denominational. As a whole, our research team believes in politics that support collective liberation. UMMSW curriculum is more catered to these religious and political leanings. Four researchers are enrolled as full-time Master of Social Work (MSW) students, while one team member is enrolled part-time. Two members of our research team are engaging in unpaid practicum work. Three researchers are working in a paid placement. Only one of our researchers has been paid for their practicum placement throughout the entirety of their educational experience.

It is important to engage in reflexivity throughout the research process, and to recognize that positionality is not fixed. As a research team, we must constantly and honestly reflect on how our lived experiences influence process and results.

### **Key Terms**

Throughout this paper, we use terms which may have a variety of definitions and applications in other contexts. For the purposes of this research project, we offer more specific definitions of the following terms.

We define *accessible education* as “equitable opportunities and support for gaining the knowledge, skills, and degree necessary for pursuing an individual’s chosen career.” This concept guides our understanding of the multifaceted ways that access to education dictates who can obtain higher-level professional positions, whose voices contribute to the ongoing development of the field, and who is left out.

We define *barriers to accessibility* as “physical, mental, emotional, cultural, financial, structural, or social elements that impede a student’s progress toward achieving their goals.” We recognize the multiple interlocking systems of oppression from which these barriers arise. We additionally note that many of these barriers remain implicit and unacknowledged in many institutions of higher education.

We define *student organizing* in this context as “a strategy utilizing collective power to identify common interests and promote and enact change within the context of a university education.” As we will further explore, organizing within this context requires inquiry in collaboration with various stakeholders in our field who experience harm from the ways unpaid practicums act as tacit endorsements of underpay, from the inequity in the distribution of higher-level positions, and from the ongoing historical narrative that centers the experiences of white social workers.

## **Literature Review**

Student organizing as a method for systemic change within university structures has a well documented history. In 1970, students at the University of Wisconsin - Madison secured the

first collective bargaining agreement for student workers on a university campus utilizing social unionism, which calls on members to engage in a wider struggle for social justice and human rights (Herbert & van der Naald, 2021). Since then, graduate organizing has continued to flourish as graduate students see a decline in social mobility and a growing pay gap (Herbert & van der Naald, 2021). Graduate student organizing has been a successful structure for challenging academic capitalism and the exploitation of labor, and the use of social unionism has aided in sustaining organizing efforts in the face of consistent changes in leadership and membership (Herbert & van der Naald, 2021).

Social work students face unique challenges and barriers in accessing and obtaining an education through a CSWE-accredited academic institution, challenges that are only amplified by membership in a structurally marginalized population. Current research suggests that students pursuing higher education within caring professions experience greater stress than their peers in other programs (Dziegielewski et al., 2004). One prominent challenge is the mandatory field placement hours social work students must obtain prior to graduation. In social work programs, students are required to accrue professional training hours in addition to their myriad academic responsibilities. Not only do the additional expectations of practicum placements compound student-related stress, but researchers have argued that the quantity of hours required for graduation have been “based on tradition... rather than evidence” (Hemy et al., 2016, p. 224). Thus, social work students are asked to endure additional stress without critical evaluation of the effectiveness of the practicum hour requirement.

Smith et al. (2020) further discuss how the requirement for field education hours reduces the discretionary time students have available for paid employment, specifying that students who do not have other forms of financial support (e.g., family) are most vulnerable to financial

hardship. Their study found that BSW students, single parents, students of color, former state wards, first-generation students, and unsheltered students report financial hardship more often than their counterparts, therefore creating inaccessibility to social work programs for structurally marginalized populations (Smith et al., 2020).

Further, as various Black feminist scholars have noted, race, class, and gender operate as mutually constituting, interlocking systems of oppression. In their article on intersectionality in the labor market, Browne and Misra (2003) point out that women of color consistently “remain at the bottom of the labor market reward structure” (p. 494). In the field of social work, the majority of positions have historically (and continue to be) held by women; however, male social workers disproportionately hold upper-level positions and thus more institutional power (Hicks, 2015). Hicks (2015) argues that describing “social work as ‘female-dominated’” is misleading because it “suggests that, merely because they are far greater in number, women hold more power” (p. 472). However, gender power dynamics of the greater society remain in place in the field of social work, as male social workers tend to hold more senior positions and thus have greater sway in social work institutions.

While students with marginalized identities incur the greatest costs to pursuing higher-level social work education, systemic issues affect the majority of students to varying degrees. Balancing field placements along with work, family responsibilities, and other study requirements impact students’ finances, family lives, employment stability, health, and attrition rates (Gair & Baglow, 2018). These challenges are amplified when these hours of labor are unpaid. Although social work students face the same student debt crisis as their peers in other programs, their financial prospects after graduation are much dimmer. Because practicum placements are often unpaid positions and require substantial amounts of student time, many

social work students face financial stress with limited hours in the day to make the money they need to support themselves both while in school and after graduation (Harmon, 2017).

Additionally, unpaid field placements negatively impact physical and mental well-being, exacerbate mental health vulnerabilities, strain personal relationships, and result in a decline in student self-care (Hodge et al., 2020). Thus, it is clear that the expectations and requirements for social work education stand in direct contrast to the social work profession and the National Association of Social Workers (NASW) Code of Ethics, which espouse values of social well-being, quality of life, social justice, and human rights (Hodge et al., 2020; National Association of Social Workers, 2017).

Unfortunately, this discord between espoused and enacted values is not limited to field education. In studying the quality of social justice knowledge and practice skills within coursework and field instruction, Bhuyan et al. (2017) found a disconnect between social justice theory, field education, and the climate of social work programs. This is supported by Murray-Lichtman & Elkassem's (2021) research, which argues that social work education engages in academic voyeurism, rendering Black students, Indigenous students, and students of Color (BIPOC) as bodies to be studied, exoticized, and theorized about without requiring active engagement in anti-racist change or action for white students. Murray-Lichtman & Elkassem (2021) endorse the concept of a "hidden curriculum of hegemony" within social work programs that reinforces social inequalities. Because this hegemony remains unexamined and "hidden," institutions of social work education might explicitly represent social justice as an institutional value, while maintaining institutional practices that reproduce racial and other societal hierarchies (Ahmed, 2012; Bhuyan et al., 2017; Murray-Lichtman & Elkassem, 2021).

It is precisely this discord between the profession's espoused values and the practice of social work education that the authors of the current project hope to address. To do so, we argue that we must answer the call that Kahn & Lynch-Binieck (2022) make for engaging in organizing work as a valuable part of higher education. Because student organizations and movements have historically and globally shifted power dynamics in academia, the authors of the current project posit that a social work student organization might catalyze system-level changes (Klemenčič, 2014). However, we must ensure this work moves past simply decrying inequalities and truly mobilizes to redress them by leveraging collective power to enact cultural and policy changes (Kahn & Lynch-Binieck, 2022).

### **Program Evaluation Report**

#### **Representation of Appropriate Stakeholder Groups**

Stakeholders for this research project include those who are impacted by UMMSW student organizing and the current operations of the UMMSW program. These stakeholders include current and former students, prospective students, social work faculty and field supervisors, student practicum sites at large, University of Montana (UM) administrators, and the client populations that graduates will serve professionally.

#### **Evaluation Theory**

This evaluation is grounded in Marxist feminist critical theory, empowerment theory, and social capital theory. Given that practicum placements are workplaces, it is vital to consider the power dynamics that occur in those spaces. Marxist theory provides a framework for understanding class conflict in this environment and has a long history of being used in labor organizing (Robbins et al., 2019). However, class alone does not account for the lived experiences of UMMSW practicum students; race and gender interact with class in workplaces,

often creating what sociologist Patricia Hill Collins (1999) has termed the “matrix of domination.” Empowerment theory will serve as a guide for action within this research, as it deals with navigating social hierarchies and gaining power within those structures (Robbins et al., 2019). Empowerment theory principles of building interpersonal power through relationships and shared resources, as well as building institutional power through community organizing are key to our understanding of how social work students might navigate the process of organizing. Finally, social capital theory as well as theories of solidarity inform our understanding of on-the-ground workplace organizing. Social capital theory “conceptualizes social relationships as resources that can be used in beneficial exchange to accomplish goals and facilitate collective action” (Robbins et al., 2012, p. 363). Thus, building social capital in the workplace through trust, reciprocity, and cooperation become imperative in working towards collective workplace goals. Additionally, literature on solidarity elucidates the importance of interdependence among distinct subgroups of people who share a common interest in the well-being of the group at large.

### **University of Montana Social Work Program Policy and Theory**

Policy and program theory of the University of Montana Social Work program includes a commitment within its mission to “promoting more just and humane social structures and outcomes within Montana, the United States, and internationally” (“University of Montana School of Social Work handbook 2022-2023,” 2022, p. 6). Additionally, the School of Social Work released a draft of Antiracist Principles intended to dismantle systemic racism. This document includes a set of action steps, each followed by more specific methods of follow through. These overarching steps include a commitment to:

- “improve and evaluate comprehensive plans to increase the diversity of our school”;



- “infuse anti-racism / anti-oppressive pedagogy into our curriculum and curriculum delivery”;
- “actively work to build our anti-racism literacy”;
- “ensure all formal and informal school policies and procedures are anchored in anti-racist practice”; and
- “build relationships with the campus in Greater Missoula Community to support anti-racist initiatives” (“University of Montana School of Social Work antiracism principles,” 2022, pp. 1-2).

Antiracist practices are vital to ensuring equity and accessibility of Masters-level social work education; thus, the current project seeks to build on the school’s current antiracist work through the inclusion of student voices and priorities.

### **Usefulness of the Evaluation**

Evaluation of the UMMSW program’s accessibility holds the possibility of significant value and may serve several purposes. These include:

- increased accessibility of the UMMSW program;
- UMMSW program alignment with NASW code of ethics and social work values to ensure better/more equitable/representative care for clients;
- elevation of critical voices of people who are unable to access the program;
- identification of current gaps in UMMSW program outreach and recruitment efforts;
- strengthening the UMMSW program;
- repairing harm for students who have been negatively impacted by accessibility barriers; and
- increased valuation of UMMSW student labor and social work labor in general.

## **Materials and Methods**

### ***Appropriateness of research question***

Kebritchi (2017) states that a research problem is deemed appropriate when it is supported by the literature, and considered significant, timely, novel, specific, and researchable. This assertion is supported by additional research on formulating research questions (Fandino, 2019; Ratan et al., 2019). We believe our research question is appropriate because the utilization of organizing to achieve equity and reduce power dynamics has been supported by literature (Herbert & van der Naald, 2021; Kahn & Lynch-Binieck, 2022; Klemencic, 2014), but not thoroughly researched and understood within this unique population, creating a novel research question. Organizing is gaining momentum in the United States, and the field of social work is not an outlier in this (Herbert & van der Naald, 2021; Rich, 2022). As support grows nationally for efforts to increase accessibility and valuation of social work labor (i.e., the paid practicum movement), it is a significant and timely question to understand how we can advance accessibility efforts within our own Master of Social Work program at the University of Montana. The scope and scale of this research project is specific and realistic, focusing exclusively on the UMMSW program.

### ***Action Research and Action Science***

While much of modern science is dominated by what has been termed the “technical rationality” model, in which researchers collect observable data, generate knowledge from this data, and leverage the resulting knowledge to develop solutions, this model has proven insufficient for social sciences (Friedman, 2006). In social practices, solutions are context-dependent, and the various contexts in which social problems arise contain myriad changing

variables. Thus, a schism arises between the knowledge that is generated from positivist social science and its applicability to practice.

Both action research and action science attempt to address this schism by closing the gap between the knowledge-creators (researchers) and the knowledge-users (practitioners) (Friedman, 2006). Action research practitioners engage in research within their own practice contexts, utilizing practice as opportunity for experiment and evaluation. As part of the process, practitioners must engage in critical reflection, evaluating their assumptions and beliefs surrounding their practice in order to develop the knowledge they need to improve and find solutions. Thus, action research assumes that practitioners' self-reflective processes, carried out in good faith, are sufficient in bringing about change.

Unfortunately, in instances in which practitioners' sense of self is threatened, defensiveness arises that may impede this process. Argyris and Schön (1989) thus differentiate action *science* as "a form of action research that... places central emphasis on the spontaneous, tacit theories-in-use that participants bring to practice and research, *especially whenever feelings of embarrassment or threat come into play*" (p. 613, emphasis added). By drawing attention to these feelings, action science illuminates instances of cognitive dissonance which may contribute to the very problems action researchers set out to solve.

**Theories in Practice.** In order to do this, action science seeks to examine the tacit "theories of action" which guide human behavior in order to make these theories "explicit so that they can be critically examined and changed" (Friedman, 2006, p. 161). In the context of the University of Montana's School of Social Work, action science has the potential to reveal the ways both faculty and students may be locked into tacit theories of action that replicate hierarchical (*power over*) structures, despite explicit commitment to democratic, justice-oriented

(power *with*) theories of action. We believe that the development of a collaborative student organization, grounded in principles of action science, will challenge the power structures endemic in academia and bolster each individual's ability to engage in social justice work.

**Model I and Model II.** However, we also acknowledge that organizing has the potential to create an "us versus them" dichotomy between those who have power and those who do not. Unions have historically arisen in instances in which industry exploits its workers while management upholds the hierarchy. Thus, workers and management are at odds. The writers of this paper recognize that faculty at the School of Social Work are committed to social justice work and are thus not analogous to managers. However, we also recognize that faculty positions are situated within a context of academic industry. Because of this, student organizing may pose both an external threat (i.e., to positions within academia) as well as an internal one (i.e., to faculty members' sense of self situated within the values of social justice).

Student organizers are not exempt from this "us versus them" thinking. Students may perceive faculty to be gatekeepers of knowledge, power, and privilege. Without understanding the structural barriers involved in change-making within the context of higher education, students might look for someone to blame and find easy scapegoats in faculty. Both student and faculty participants must critically examine biases and tensions that arise to ensure all parties continue to collaborate toward common goals. On the other hand, faculty may in fact *be* gatekeepers to research opportunities, future mentorship, letters of reference, and other forms of professional development. This power dynamic, which often goes unacknowledged, must become explicit so that psychological threats can be minimized.

As Argyris and Schön observed, "all problem-solving behaviour in situations involving ambiguous information and psychological threat could be reduced to a limited number of

patterns or strategies... maximizing unilateral control, protection of self and others, and rationality” (Friedman, 2006, p. 161). They call this theory of action Model I. Model II, by contrast, seeks to “[e]mphasize common goals and mutual influence,” to “[e]ncourage open communication, and to publicly test assumptions and beliefs” (Smith, 2013). In order to foster an environment in which Model II is the norm, student organizers must collaborate with faculty on working toward common goals while both parties commit to a co-creative process of teaching and learning.

### ***Research Methodology and Plan***

An essential piece of this project is conducting research via a needs assessment using qualitative and quantitative methods to identify barriers preventing or impeding students from accessing the UMMSW program. This mixed-method approach will be utilized to deeply explore accessibility issues related to the UMMSW program and ensure that this exploration is grounded in the experiences and language of current and previous students. To ensure validity, we will have a small group of key informants complete the survey first and assess for content and face validity, ensuring it actually and appropriately assesses accessibility concerns and barriers related to the UMMSW program (Royse et al., 2019). These test survey results will also allow us to assess inter-rater reliability, ensuring the language of the survey is clear and there is limited potential for misunderstanding (Royse et al., 2019). Lastly, the key informants will be asked to assess and rate the clarity of each survey question, which will be used to improve survey language for participants. Key informants will be identified using snowball sampling techniques, in which participants identify peers whose experiences might provide valuable insight.

For our needs assessment we will administer a mixed methods survey containing questions about UMMSW program accessibility and practicum experience to a convenience

sample of graduates and current students. This survey will be administered to previous students who graduated or left the program between the years of 2017-2022, as well as current students. Program alumni contact information will be gathered from UM School of Social Work administrative staff and participation incentivized by the opportunity to be a part of meaningful long-term change. Program graduates will be sent an email invitation with an informed consent document and a link to an online survey and the option to request a telephone survey. To encourage as many responses as possible, two email reminders will be sent to these alumni over the course of a one month period. Current students will be asked to complete the survey during their final seminar class of the Fall 2022 semester, with the seminar instructor out of the room. Students who are interested in completing the survey will be provided an informed consent document prior to beginning the survey. Students who were not present on the day of in-person administering will be sent the same email request graduates receive. Identical questions will be utilized for the in-class survey and the email/telephone survey. The survey will vary based on whether the participant identifies they held a paid practicum placement or did not hold a paid practicum placement throughout their two years, with three survey options: one for students who only held paid placements, one for students who only held unpaid placements, and one for students who had a mix of paid and unpaid placements. The quantitative component of the survey includes gathering socio-demographic data of participants, identification of the stakeholder group they belong to, and requests to rate components of their social work education and practicum experience related to accessibility. Participants also have the option of providing open-ended responses to these questions for providing further context. For the qualitative component of the survey, participants will be asked open-ended questions about their experiences seeking higher education, within the UMMSW program, within their practicum

placements, and accessibility barriers they experienced. An 80% response rate is the desired outcome (Stratton, 2021). All respondents will be invited to participate in a follow-up in-depth qualitative interview or a focus group, and asked to indicate preference if they are interested. The in-depth qualitative interviews will follow an interview script and be completed by one of the five researchers. These interviews will focus on deepening understanding of accessibility issues faced by students and graduates. The focus group will receive preliminary survey findings to begin dialogue, and allow for participants to engage in solution-focused collaborative conversation to generate suggestions for change (O.Nyumba et al., 2018). Finally, interviews will be conducted with UM School of Social Work faculty, field placement staff, practicum site supervisors, and appropriate university staff to understand university perspectives and efforts towards reducing accessibility concerns. Survey data will be compiled, anonymized, and locked securely to ensure confidentiality (Royse et al., 2019). The interviews and focus groups will be audio recorded and transcribed by the research team. Themes around accessibility issues will be identified and the transcripts will be coded using these themes. All participant responses and data will be anonymized. All participants who engage in interviews and focus groups will be provided with an opportunity to review, edit, or revise their contributions to the results to ensure accuracy. All participants will be given the opportunity to withdraw their responses and participation prior to dissemination. All participants will receive the final results of the research.

**Triangulation methods.** Triangulation is a critical piece of ensuring validity and credibility of survey results (Royse et al., 2019). As noted above, we intend to have key informants complete the survey prior to dissemination to check for validity concerns. These key informants will also provide feedback on the overall research question and design to improve credibility. Additionally we are utilizing a mixed methods research design, gathering quantitative

and qualitative data within the survey and following the survey with in-depth interviews and focus groups. Lastly we are conducting qualitative interviews with two different stakeholder groups, students/program graduates, and UM School of Social Work staff, faculty, and practicum sites.

**IRB, informed consent procedures or concerns.** This research project maintains minimal risk of harm to participants, protects the privacy and confidentiality of participants by anonymizing participant responses in surveys and interviews, and protects participants' right to withdraw from the research (Kaiser, 2009; Royse et al., 2019). Each participant engaged in this research project will be provided with an informed consent form and will be notified of the confidentiality procedures utilized within the project. The inclusion of current students holds the capacity for special concerns, and as such we will consult with the University of Montana's IRB before engaging in the research project to ensure the research poses no ethical risk to participants.

**Human and capital costs and budgeting.** As some of this inquiry is related to proper payment for labor, it is imperative that we incentivise participation in this study via financial compensation. Participants and researchers should be paid for their contributions. In order to provide a private, accessible, comfortable space for interviews, study coordinators should book a private space on the UM campus. We anticipate minimal costs related to space. In order to maintain dignity within this study, we will strive to keep costs low while remunerating all participants for their labor and time spent.

### **Theory of Change and Action Plan**

#### **Stage 1: Identifying Outcomes and Assumptions**



Theory of Change models are a backward model where the change desired is determined first and placed at the top of the model. Interventions and preconditions needed to effect that change area are formulated second. Ideally, this would exclude ineffective interventions and preconditions which were previously seen as necessary but in actuality produced a different result than the desired effect (Anderson, 2006). For example, we considered studying the potential for a scholarship model that paid for student practicums. While that might achieve increased equity in the UMMSW program, it would be a narrow effect which would not address the underlying issue, a lack of student power to address equity.

Building off the assumptions that schools of social work replicate hierarchies that impede accessibility and that student organizing examines and challenges these hierarchies, our primary outcome is that UMMSW students become organized for greater power. Because hierarchies create accessibility barriers and because organizing challenges these barriers, we hypothesize that this organizing effort will lead to a more accessible MSW education.

***Primary Outcome: MSW students organize for a more accessible education***

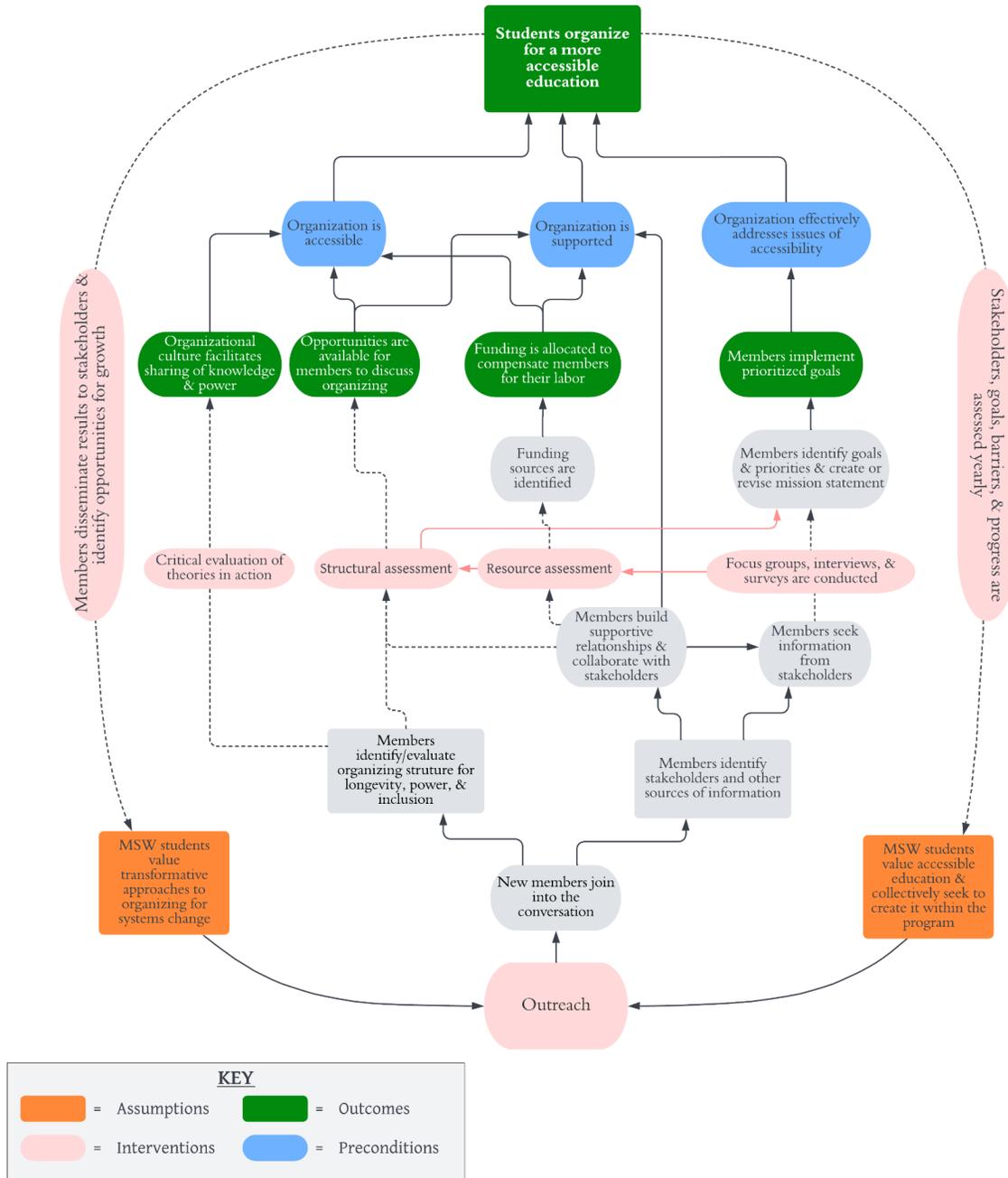
Our primary, long-term outcome is that a collaborative student organization dedicated to accessible education exists. In order for this goal to be achievable, the following preconditions must be met:

1. The organization must be accessible, embodying its own espoused values;
2. The organization must be supported, including financial support;
3. The organization must be effective, enacting the change goals that members and stakeholders prioritize.

***Assumptions***

Underlying our primary outcome are the assumptions that MSW students value accessible education and that they value transformative approaches to organizing for systems change. Due to the social justice framework from which the UMMSW program curriculum is built, we believe that the majority of students in the program either come into the program with these values or develop them as they move through the program.

**Stage 2: Backwards Map**



*Dotted lines indicate that interventions are necessary for outcomes to occur.*

*Pink lines indicate co-occurring interventions.*

**Stage 3: Indicators**

Due to the cyclical nature of this project, student priorities will change frequently. The overall goal of student organizing in this project is to create a more accessible education, but the specific ways in which that goal is implemented will shift over time as students enter and exit the program. Thus, indicators of the success of student organizing will also shift over time. For example, students organizing for increased availability of paid practicum placements might look at average practicum wages as an indicator of success:

- Outcome: Students will be better supported financially while enrolled in the UMMSW program.
  - Indicator: Increased average practicum wages
  - Population: Current UMMSW students
  - Threshold: At least 50% of UMMSW students can access a paid practicum placement

Depending on students' identified priorities and goals, the desired outcome will change, thus changing the indicators and thresholds. Because this project is specific to current UMMSW students, that will likely always be the identified population.

#### **Stage 4: Interventions**

Interventions are represented in our Theory of Change by light pink-colored shapes. These are actions undertaken by a student organization that support the desired outcome of a more accessible education. The interventions outlined are:

- Outreach: the process by which student organization members inform and invite new UMMSW students to participate in the organization. This is a vital part of the Theory of Change, as UMMSW students are only enrolled in the program for between two and four

years. The student organization will have a membership that is constantly changing, and bringing new members into the process allows it to continue each year.

- Focus groups: in-depth, qualitative interviews with small groups of stakeholders that focus on deepening understanding of accessibility issues faced by students and graduates.
- Interviews: individual conversations with UM School of Social Work faculty, field placement staff, practicum site supervisors, and university staff, conducted with the goal of better understanding the efforts UM is taking to further accessibility within the UMMSW program.
- Surveys: a mixed-method evaluation targeted to current and former UMMSW students that asks about the student experience in the program and in practicum placements.
- Critical evaluation of theories in action: answering the question, “Is the organization and its members practicing the values they espouse?”
- Resource/structural assessment: identifying financial resources that can support the organization’s work as well as opportunities through which the organization’s work might be built into programmatic structures.
- Disseminate info to stakeholders: sharing organizational work in ways that promote transparency and community accountability.
- Yearly assessment of stakeholders, goals, barriers, progress: engaging in double-loop learning by asking the questions, “Are we achieving what we aimed to achieve?” and “Whose voices are we missing?”

### **Design Causality**

As previously addressed, this project is grounded in Marxist feminist critical theory, empowerment theory, and social capital theory. Because of this theoretical orientation, its design

emphasizes four main processes: critical self-reflection; knowledge- and resource-sharing; critical evaluation of power differentials; and cultivation of critical connections.

Through this theoretical framework, we examine the question, “Does the UMMSW program do what it was designed to do?” If we are examining the program based on its mission to “promot[e] more just and humane social structures and outcomes,” if we are including the school itself as a social structure, and if we are taking into account both the school’s current antiracist work *and* the structural barriers that continue to exclude marginalized populations, we inevitably come to the conclusion that the program is *trying* to do what it aims to do (and may be making some progress), but more work needs to be done (“University of Montana School of Social Work handbook 2022-2023,” 2022, p. 6).

We, the authors herein, draw attention to the academic context in which the UMMSW program is situated. The structure of higher education mimics hierarchical structures found throughout societies built on white supremacy, patriarchy, and other mechanisms of oppression. For the University of Montana’s School of Social Work, which aims to produce graduates prepared to engage in social *justice* work, this hierarchy is antithetical to the program’s academic aims. We assert that this top-down model of academia neglects the physical, financial, psychological, and academic resources students need, disempowering students and making education less accessible for diverse learners. Thus grassroots level organizing is needed in order to address student needs from the bottom up. In order to address the disparity between intention and impact, the current project leverages the power of collective action through the interdisciplinary work of research, practice, teaching-learning, and community organizing.

However, this organizing effort can only achieve its aims if it does not further replicate hierarchical structures. It is vital to remember that traditional unions have historically elevated

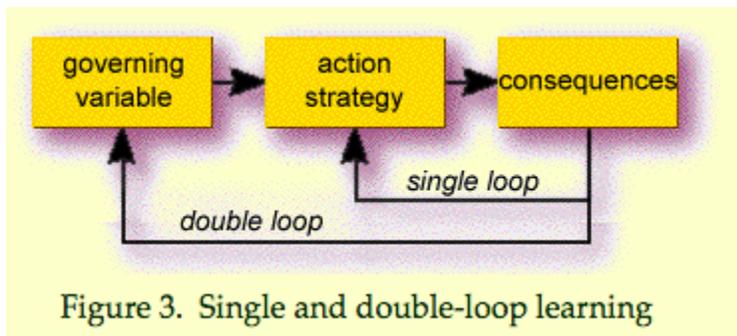
the voices of white, cis, male workers. These union structures tend toward replicating patterns of thought and behavior that align with Model I theories of action. In other words, when threats exist, traditional unions resort to methods which “maximiz[e] unilateral control,” thus cultivating an internal hierarchy (Friedman, 2006, p. 161). In order to seek transformative systems change, we must be ruthless in our pursuit of Model II theories of action which seek to make power dynamics and tensions explicit in order to work toward common goals.

By leveraging the processes of knowledge- and resource-sharing and critical evaluation of power differentials, this project challenges the hierarchy in which higher education is situated. By emphasizing the processes of critical self-reflection and cultivation of critical connections, the project safeguards against the pitfalls of traditional union structures. We earlier hypothesized that this kind of transformative and collaborative organizing effort can promote equity within and access to master’s-level social work education. If this hypothesis is correct, we expect that yearly assessments reflect fewer stressors among students’ lives, increased measures of self-efficacy among students, and greater confidence among prospective students in their ability to pursue a master’s-level education.

### **Single & Double Loop Learning**

As we descend into the “swamp of important problems” it is helpful to define our values, governing variables, and unspoken goals (Schon, 1987, pg. 3). Thus far we have identified our values as critical reflection, equity, transparency, and cooperation and our goals as greater equity within and access to the Masters of Social Work program. In theory, our values should lend themselves to a more flexible and responsive project which engages in double loop learning. As stated previously, Model II values promote double loop learning and the ability to question governing variables (Smith, 2013).

The academic system has a specific set of governing variables, the rigidity of its system will limit our group's ability to engage in double loop learning. Single loop learning happens when an organization is focused on changing action strategies to produce a different consequence (Smith, 2013). Double loop learning involves examining an organization's governing variables and a flexibility and reflexivity which could be difficult to maintain within the higher education system. Our governing variables are our participants, intermediate goals, timeline, guiding theory, and research setting. If the intermediate goal of organizing UMMSW students does not lead to greater equity and access to the program (and greater equity in the social work field) utilizing double loop learning would allow for the formulation of a new intermediate goal. The following diagram from Liane Anderson's resource paper "Argyris and Schon's theory on congruence and learning" demonstrates the widened frame which double loop learning requires.



(Anderson, n.d.)

### **Communities of Inquiry in Communities of Practice**

As Friedman (2006) asserts, action science depends upon practitioners' commitment to "probe deeply (i.e., inquire) into their reasoning and behaviour in order to make sense of them" (p. 163). This kind of deep inquiry and reflection is paramount in catalyzing change. However, it necessitates practitioners practice vulnerability and demonstrate a "willingness and ability to



formulate their claims in ways which leave them open to being proven wrong” (p. 162). Working within a Community of Practice, practitioners must develop the relational trust needed in order to authentically seek disconfirmation of deeply held patterns of thought, behavior, and choices. This practice is vital; it allows practitioners to identify places of “doubt” within their practice. Furthermore, as Friedman argues, this doubt is essential to change because it causes practitioners to “become aware of gaps, contradictions and errors in their reasoning and behavior” while “enabling them to take action” that is more closely aligned with their goals (p. 162).

The current project’s Community of Practice involves both members of the proposed organization and other stakeholders in social work education – students (future, current, and alumni), faculty, and field instructors – who benefit from improving the methods by which we educate future social workers. Currently, the inaccessibility of social work education results in a system in which a privileged few (the current authors included) have the knowledge, skills, experience, and degrees needed for engaging in social justice work at a livable wage. Thus, the privileged few become gatekeepers for defining priorities within social justice work. In developing a Community of Inquiry within this Community of Practice, we have the potential to “make choices about goals and values explicit,” which will allow the field to clarify communal goals and continually reflect and “question why [we] hold these goals/values and why they are important” (Friedman, 2006, p. 163). As a result, our Community of Practice can develop a shared understanding of the problems within social work education, shared language for defining these problems, and a shared vision for imagining possible solutions.

To develop our Community of Inquiry (CI), we must have space built into the current academic structure, because time constraints are a primary concern to students in the social work program. Therefore, we suggest critical conversations and organizing efforts be built into the

curriculum. While the details of this arrangement must be worked out by stakeholders in collaborative conversation, preliminary findings indicate the possibility of devising a leadership team composed of students and faculty which could meet regularly during seminar hour. An additional option may be to offer a one-hour introductory class during the Foundation year's fall semester once ICWA concludes. This class might focus on critical conversations regarding student needs surrounding issues of accessibility and empowerment.

Regardless of how the CI might be built into current social work education, members must have the opportunity to develop the tools needed to conduct ongoing needs assessments by gathering data from BSW undergraduates, BSW graduates, potential MSW candidates, current MSW students, and alumni, as well as identifying individuals outside the program who, for reasons of accessibility, did not pursue social work. The purpose of this needs assessment will be to identify the unique challenges of accessing UM's social work education. Furthermore, members must be willing to engage in ongoing critical reflection on their own practice as they act simultaneously as researchers and practitioners, learning about and shaping the field of social work itself. By engaging in this process, our CI can begin to lay the groundwork for systems change while simultaneously developing skills that will benefit members' professional lives.

### **Conclusion**

#### **Implications**

While the results of this action research project are not known at this time, we hope that by evaluating barriers to accessible education and cultivating a CI, the UMMSW program will continue to evolve to meet the needs of its students and of prospective students. Implications for this research can be divided into implications for the UM School of Social Work, implications for the University of Montana, and implications for the field of social work education.

***Implications for the UM School of Social Work***

Preliminary findings indicate that students currently have concerns about accessibility barriers, such as practicum wages, racial equity, availability of hybrid classroom environments, mental health support, and program costs. Current students are additionally seeking support in addressing these barriers from their peers. Furthermore, UM School of Social Work faculty have expressed interest in this project and demonstrated a willingness to work with student organizers. These preliminary findings indicate that the UM School of Social Work community is ready for change.

***Implications for the University of Montana***

There are existing efforts to organize graduate students at the University of Montana, which are currently limited to students who are employed as Graduate Assistants, Research Assistants, and Teaching Assistants. However, the findings of this research may serve as a catalyst for expanding these efforts to include graduate students from programs that do not rely on student labor to function.

***Implications for Master's-Level Social Work Education***

Implementing this research may also contribute to nationwide conversations, much like the University of Michigan's School of Social Work's P4P campaign and associated student actions. The accessibility barriers that UMMSW students experience are not unique to the University of Montana; they exist elsewhere in social work education. Bringing these barriers to light could lead to further discussion around how social workers are educated and trained. We believe this study will not only act as a catalyst for beginning organizing work in our community, but also offer a framework for transformative, interdisciplinary, and research-based

community-level change. In doing so, this study adds to the conversations occurring in schools of social work.

### **Limitations**

Like all studies, the design of this current study is subject to limitations. Methodological limitations as well as ones related to our research team could pose challenges.

Time constraints, possible limited access to data from the university and common issues associated with self-reporting could affect the findings of this study. Since the UMMSW program typically lasts between two and four years, the study will need to be completed within a short time period in order to effect change for participants. Data surrounding practicum placements and student demographics are not readily available to the public, so it is fair to wonder if this data will be made available to our research team. Additionally, data collected within interviews and surveys are self-reported, which are not always an exact representation of a particular population; some people will not participate. Participants are paid volunteers who could exit the interview or end the survey at any time for any reason, as is their right, and data collected are limited to each participant's experiences and recollections.

When analyzing results from surveys with key informants, it is important to remember this approach can lead to highly subjective data. It can be difficult to determine if stated opinions are based on something other than personal bias, beliefs, values or experience within the UMMSW program. Key informants have a stake in the game; what do our informants stand to gain or lose by over- or under-stating particular problems? It is difficult to assess the accuracy of data obtained from this approach (Royse et al., 2019, p. 76). Fear of reprisal is also a real concern for participants, which could impact findings.

As researchers, we are especially concerned with how to identify students who considered social work but opted for alternate degrees. The voices of people who have been entirely excluded from pursuing professionalization will be excluded from this study. Also, client utilization data oftentimes underestimates the problem. This research will likely not capture the financial strain that secondary social work education places on students.

Recurring evaluations are important to assure program fidelity (Royse et al., 2019). Budgetary concerns could prevent these recurring evaluations.

Due to our backgrounds as white students within the UMMSW program, our research team could hold bias that affects the results of this study. For instance, our base assumption that unpaid labor is wage theft, which enables white supremacy, impacts our research design and subsequent findings.

The findings of this study should be seen in light of expressed limitations. Union goals are dictated by changing membership, so lack of continuity might impede progress. Additionally, there is a limit to how accessible a Master's-level education can be while still operating within a university system; issues of power, hierarchy, and financial cost will be present, regardless of the progress made by a student organization to upend accessibility barriers.

## **Discussion**

When we began this project, we considered developing a scholarship program that would provide stipends to students holding structurally marginalized identities. As our discussion deepened, however, we came to recognize that scholarships replicate the very patterns of gatekeeping which we are seeking to upend. As demonstrated by the organizing efforts taking place across the nation, including in schools of social work, collective action is experiencing a renaissance and real-world organizers are affecting real-world change. Thus, we concluded that

developing a student organization was top priority. We opted to refrain from identifying any specific goals beyond the broad theme of accessibility as we recognize the value of remaining flexible to the needs of future students.

Because action research seeks not just to study and observe, but to effect change, it is our hope that those who became involved in this action research project would eventually evolve and change the project itself, and that the cyclic nature of our theory of change would allow for growth and change beyond the goals articulated here. Just as our theory of change allows for flexibility, our choice of research method, action research, is suited to the type of change we envision: change driven by participant's needs and goals.

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## APPENDIX VIII: SOCIAL POLICY ANALYSIS

### HB 407: Problem Statement and Analysis

A growing number of Montanans are facing housing insecurity, a trend that shows little sign of abating and with far-reaching consequences for the health and wellbeing of our citizens, families, and communities. Stable housing represents one of the most vital and well-researched social determinants of health for individuals and families, impacting physical and mental health (Taylor, 2018) as well as family cohesion (Bombelles, 2019). However, housing prices across our state have skyrocketed while the number of available housing units has plummeted. Currently, there is a deficit of over 18,500 homes needed to meet the needs of extremely low-income (ELI) renters in our state (Cohen, 2022). Taking into account the needs of very low-income (VLI) renters, this number would be even higher. This means thousands of Montanans are enduring the physical, mental, social, and economic impacts of housing insecurity. As Montanans invested in the future of our community, we must act to support House Bill 407 as a vital step toward addressing housing insecurity in our state.

According to the Department of Housing and Urban Development's (HUD's) Office of Policy Development and Research (PD&R), *housing insecurity* is “an umbrella term that encompasses several dimensions of housing problems people may experience, including affordability, safety, quality, insecurity, and loss of housing” (Bucholtz, 2018). In Montana, the issue of housing affordability has grown into a crisis, impacting other aspects of housing security such as quality and loss of housing. Housing is considered affordable when housing costs, including the cost of utilities, amount to 30% or less of household income (Jensen, 2018). According to the Montana Department of Commerce (2023), 40% of Montana renters are cost-burdened, spending more than 30% of their household income on housing.

Most affected by the shortage of affordable housing are ELI renters, of which 83% are cost-burdened (Cohen, 2022). Many of these renters are living on a fixed income. Among ELI renters, 20% are disabled and 28% are seniors (Cohen, 2022). Furthermore, these vulnerable populations often need housing units with greater accessibility, such as apartments on the first floor or in buildings with elevators. However, the deficit in affordable housing means that many of these residents do not have options for housing that meets their needs. As such, their ability to live independently is negatively impacted. While housing accessibility is another issue that warrants its own policy solutions, increasing options for affordable housing has the potential to alleviate many accessibility concerns. As Montanans, we take pride in our heritage and independence. In ensuring affordable housing options are available to our elders and our neighbors with disabilities, we can honor that heritage and ensure these vulnerable members of our communities can meet their basic needs.

While those living on fixed incomes are particularly vulnerable to the affordable housing crisis, the largest demographic of ELI renters (38%) are those in the labor force (Cohen, 2022). A major contributing factor is that wages have struggled to keep pace with the ever-increasing cost of housing. According to the United Health Foundation (2022), “between 2001 and 2019, median rent increased by 15%, but median renter household income rose only 3.4% over the same period” (para. 3). This disparity impacts our local economies. When low-wage workers cannot afford housing in their communities, many leave, creating a shortage of workers to fill these roles (Glaeser, 2006). In order to remain in operation, employers are pressured to increase wages to ensure an adequate labor force (Glaeser, 2006). While this is feasible for larger corporations operating on multinational, national, or regional scales, many of our local, Montana-based businesses struggle to compete. By working to increase the number of affordable

housing units available to low-income renters, we can help to grow a sustainable local economy that prioritizes Montana businesses above corporate interests.

Unfortunately, we are already seeing a worker shortage in Montana. Although the popular imagination has attributed this phenomenon to a variety of factors (many lacking concrete evidence), the bottom line is workers must be able to afford to live—and have a place to do so—in the places they work. Across our state, almost 66,000 VLI and ELI renters are cost-burdened (Montana Department of Commerce, 2023). This staggering number, comprising upwards of 6% of our entire population, does not even account for those individuals who are cost-burdened but may not be renters or may make more than the threshold for the VLI/ELI designations. At this time, over 20% of homeowners and over 35% of renters in our state are paying more than 30% of their income on housing costs (Bridge, 2022).

In addressing this crisis, it is vital to consider the root causes of housing insecurity in our state. While the disparity between wages and housing costs impacts what Montanans are able to pay for housing, programs providing rental assistance fill some of those gaps. According to the Montana Department of Commerce (2023), while there still may be some need for rental assistance, there remains to be “difficulty in finding appropriate rentals for residents with vouchers through existing programs in Montana” (p. 7). In other words, the most pressing concern for Montanans facing housing insecurity is the lack of available housing units.

This acute lack of housing is not just a concern for cost-burdened Montanans; the impact of our housing shortage extends to financially secure homeowners and prospective homeowners. As we see in other markets, when the supply of a good is insufficient to meet demands, prices increase. The same is true of housing. Over the past seven years, the number of single family homes available for purchase in Montana has decreased from 8,306 in 2016 to just 2,795 today

(FRED, 2023a). In this time, the House Price Index has almost doubled (FRED, 2023b).

Research studying 12 major metropolitan areas in the United States has shown that building new developments reduces the cost of homes (Demsas, 2022). This is important not just for homebuyers, but also for current homeowners, whose property taxes are tied to current valuations of their home. For homeowners living on a fixed income, this can be especially detrimental and impact their ability to stay in their homes.

While more housing has the potential to decelerate the property tax hikes that have been unsustainable for many community members, this does not mean that building affordable housing will diminish property value in the neighborhood, a common concern for homeowners. In fact, a 2016 report released by Trulia showed that “in the nation’s 20 least affordable housing markets, low-income housing built during a 10-year span shows no effect on nearby home values” (Young, 2016, para. 1). Other homeowner concerns include the aesthetic effect of higher-density housing and fears regarding change in our beloved neighborhoods. However, if we do not invest in solutions to the housing crisis and accommodate changes to the places we love, housing in Montana will continue to become a luxury commodity, reserved for only the wealthiest Montanans, while we watch our small businesses get priced out, unable to compete with wealthy out-of-state interests.

House Bill 407 presents one solution to stymie this trend. By incentivizing the provision of affordable housing through tax abatements, HB 407 benefits low-income renters without burdening landlords or developers. While our state already leverages federal dollars to offer tax credits to developers through the Low-Income Housing Tax Credit (LIHTC) program, developers must compete for these tax credits (Bombelles, 2018). Our continued housing crisis demonstrates that this program is insufficient to meet the growing need. Tax abatements like HB 407 have

seen success in other cities across the United States. The city of Houston, Texas is one such success story. Since 2012, “Houston has housed over 18,000 formerly homeless people” (Jensen et al., 2020, para. 28). Part of their success is due to their investment in the development of new properties. Through their tax abatement programs, the city of Houston encourages investment in “real estate that serves the public... [including] affordable housing” (“Tax Abatements,” 2023, para. 4). While this program does not account for the entirety of Houston’s success, it is a vital step in ensuring investment in housing solutions.

Similarly, solving the housing crisis in Montana demands multiple approaches that work in harmony. Building off our state’s LIHTC program, HB 407 ensures that Montana dollars are spent investing in Montana’s communities. The benefits of this extend beyond supporting our most vulnerable residents and invigorating local economies. Studies show that housing security not only benefits individuals’ physical and mental health, it also increases the effectiveness of physical and mental healthcare treatment (Taylor, 2018). Furthermore, stable housing is a cornerstone of healthy childhood development. When children are housing secure, they are less likely to have behavioral challenges and more likely to show success in academics (Bombelles, 2019). Children with housing stability additionally show better long-term physical and mental health outcomes (Bombelles, 2019). By investing in housing in our state, we can help to foster healthy and happy lives for our citizens. We can vitalize local economies in which Montana dollars are reinvested in Montana businesses. We can honor our heritage and independence, ensuring that all Montanans can contribute to and benefit from our vibrant communities.



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