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Part A: Literature Review

Introduction

The purpose of this literature review is to highlight the oppressive forces acted upon those diagnosed with chronic/long-term psychosis. These oppressive forces manifest into the form of physical, social, and economic isolation. The current research on this issue serves to define the limitations that exists as a result of this isolation. Reviewed were studies that highlight the inadequacy of mental health services in nations like the US, Canada, and the UK. Ultimately, there are seemingly unrealistic expectations for people with mental health disorders to assimilate back into society. Consequently, this contributes to the augmentation of their psychosis.

Impossibility of reconstructing and ordinary life

In a qualitative analysis conducted by eight people in recovery, there was a common narrative regarding people going through the recovery process feeling as if there was inadequate guidance towards pursuing a reconstruction of an ordinary life subsequent to successfully addressing the symptoms of their mental illness' (Davidson, Shaw, Welborn, Mahon, et. al, 2010). This was a user-led study was conducted in an effort to improve mental health programs and reduce health disparities with the involvement of community members with first hand experience of being consumers of community mental health programs in Connecticut (Davidson, et. al, 2010). Although this study potentiated some bias as a user-led study, its results are reflected by findings in Boardman's study in 2011 on the relationship between social exclusion and mental health. Consumers in Connecticut reported their active struggles with impoverished living conditions, homelessness, poverty, and unemployment, in addition to little to no consistent meaningful activities (Davidson, et. al, 2010). Similarly, Boardman noted "People with mental

health problems, particularly those with long-term psychoses [are] excluded from material resources (poverty), from socially valued productive activity, from social relations and neighborhoods, from civic participation and from health services” (2011). In other words, Boardman emphasizes is that monetary and geographical constraints override choice and decision as factors influencing the lack of participation seen among people with mental health challenges(2011). This reflects how participants in the Connecticut study felt reentry into society was unaddressed.

The CT study notes that participants feel a sense of isolation due to “multiple, repetitive, and profound losses” (Davidson, et. al, 2010). Participants wanted to move beyond learning to just exist with their mental illness (Davidson, et. al, 2010). They did not want to be defined by it, but rather wanted to find community related to hobbies, spirituality, and contributing to something beyond themselves; however, material barriers stemming from a person’s socioeconomic class (i.e. lack of money and transportation) in addition to their mental illness prevented their ability to successfully find this community (Davidson, et. al, 2010). This is similarly represented by Boardman who notes that holiday expenses, heating, appliances, bank accounts, insurance, and cars are rarely noted in the 60% of people (not including people in institutions, prison, children in the system, refugees or older adults in residential homes) in the UK who experience mental health problems (2010). He states that “This reinforces isolation and may also affect access to services” and emphasizes that “exclusion shuts people off from opportunities and choice and options in life” (Boardman, 2010).

“Peerness” and the intersection of recovery

There is emphasis on the community of recovery involving guidance and companionship from mental health providers with “lived experience” who serve as success stories (Davidson, et al. 2011). By increasing visibility of people identifying as having a mental illness in a professional setting it is thought that people with similar identities will be more apt to “reclaim their humanity” and feel more comfortable to “expose the abuses of psychiatry and prove that people whose lives are marked by distress can continue to live full and meaningful lives with dignity” (Morrow and Weisser, 2012). However there exists a hierarchy in which discrimination is impeding on the ability to fully integrate the importance of “peerness” (Morrow & Weisser). Due to stigma of what it means to have specific diagnosis, employers view people “in recovery” as having too much risk and are less enthusiastic about hiring them (Morrow and Weisser, 2012). This perception has its roots in the history of psychiatrization and the antiquated belief that people with mental health disorders need to be controlled (Morrow and Weisser, 2012).

A problem existing with peer-lead recovery (Morrow and Weisser, 2012), known as Co-opted Recovery (Harper and Speed’s study, 2012), is that it focuses on the idea of self motivation and obscures the impact of the social and material distress that exists beyond the individual. Societal expectation that recovery as seen as an individual effort ultimately sustains the injustices that happen on a daily basis (i.e. devaluing the incremental accomplishments that motivate further reintegration). This in essence discounts the importance of identities like race, religion, and socioeconomic status towards affecting and defining the individual experience and accomplishment and thus continues to isolate those in recovery as outside a societal standard of “functional” (Harper and Speed, 2012). It compares all people to a norm and compares people

with in the mental health population to each other which develops further insecurity and isolation based on expectation to meet standards that discredit the effort it takes to exist with a mental illness.

The presence or absence of social and structural obstacles due to an individual's identity serve to facilitate or impeded the progress of their recovery (Morrow & Weisser, 2012). This in isolates people in mental health services because it monitors their repeated crises and present symptoms and continually moves individuals from facility to facility (or service to service) rather than providing resources to aid people towards self stability and self actualization (Davidson et. al, 2010). Participants note how "relearning to be human needs to be understood as an accomplishment" (Davidson et. al, 2010). In expecting people to self motivate and meet the same goals that their peers meet, society is ultimately victimizing them by telling them to do better rather than providing education to others about how to work with and accept people with mental illness into everyday life.

Understandings of recovery and its expectations, highlights how mental health is an intersectional issue. Considering that there are stressors that negatively affect every individual, however there is a reciprocity in having chronic mental health issues and being in a state of poverty. "Insufficient money to participate in enjoyable activities (Caplan, 2014). Finds found in Canada, outline the cycle of poverty and how despite efforts to budget and sustain employment, they were unable to meet their basic needs let alone participate in meaningful activities or build and sustain social relationships (Robert D.. Wilton, Ph.D.. Social stigma mentioned in Wilton's study is reminiscent of Harper and Speed's findings that "Mental health service users experience devalued identities through acquisition of psychiatric diagnoses."

There is a reciprocity between poverty and being able to recover since “people with severe mental illness often live in material poverty--they have less income and more debt/financial hardship due to their reliance on welfare benefits (Boardman, 2011). This therefore reduces their ability to access basic necessities, their ability to save capital, and their ability to find and maintain social outlets (Boardman, 2011). This, contributes to what Sayce calls “entrenched disadvantage” and further points the the importance focusing on social inclusion of people with mental health problems in order to attain progress towards increasing employment and social equality in the UK (2008). Wilton terms this intersectionality as “relative deprivation” and says that people’s perception of themselves and their position in life is due to popular believed social stigmas that have to do with the narrative in which they live (2003).

The influence of macro practice on individual and families in healthcare

It is of importance to keep mental health services at the forefront of their health care equality agenda due to the due to the idea that addressing the mental health service disparity would effectively increase the rate of employment (Sayce, 2008). This study done in the UK noted that “80% of people working age with longer term mental health problems are out of work” (Sayce, 2008). They empathize the connection between unemployment the poverty experiences in younger generations; they quote their DWP Secretary of State, John Hutton, who said “child poverty is a disability issues and further point out that the demographic of people with disabilities who show the least amount of progress into important are parents with mental health problems (Sayce, 2008). Supplementary, exclusion is cumulative and effects generations of families: “22 percent of children born to the 5 percent most disadvantaged families had multiple problems at age 15 years, compared to 0.2 percent of children born to the 50 per cent

most advantaged families” (Boardman, 2011). This points out the implications of being an individual with a severe mental health disorder has on the future generations of their family system due to the current healthcare policies that are in place.

Many sources were made to pressure their policy makers towards going beyond symptom treatment noting that these practices are inadequate and sustain a societal structure that prevents individuals with severe mental health disorders from having a stable enough environment to go on to fully participate in society (Sayce, 2008). As much as this hold great importance, it is noted that funding is largely insufficient in meeting the needs of programs that level out the inequities that exist with in our current system (Sayce, 2008). It is clear that this exclusion from opportunity and participation in society readily leads exacerbated physical health problems and a decreased life expectancy. Sayce uses the term “triple jeopardy” to explain how people with long term mental health problems (i.e. Schizophrenia, bi-polar, and depression) are more likely to 1. Get major illnesses like heart disease, stroke, diabetes, breast/bowel cancer, respiratory disease, 2. Get these illnesses before the age of 55, and 3. To die from them with in five years of being diagnosed (2008). Therefore, recovery beyond the symptoms is nearly impossible because people in public housing are four times as likely to say that health had been made worse because of their housing situation (Boardman, 2011). Wilton (2003) additionally points out that that people of the mental health population in Canada are spatially isolated due to limited budgeting and congregational living facilities. He points out that in these facilities there is often a lack of privacy and security which often increases quality of life concerns (Wilton, 2003). Therefore, individuals with severe mental health issues are spatially isolated due to financial constraints

which is ultimately a policy issue that affects this population's access to jobs, transportation, services, and community.

The inconsistent definition of the term recovery serves to be problematic as well (Harper and Speed, 2012). In Harper and Speed's work, they criticize traditional definitions of recovery claiming that they "marginalize the need for social, political, and economic redistribution to address many of the underlying causes of emotional distress" (2012). They state that acquiring the identity of a psychiatric disorder affects people's ability to obtain full social, political, and economic participation (i.e. full time employment and stable housing) (Harper and Speed, 2012). There are things that Harper and Speed (2012) define as "structural facilitators of recovery" yet are poorly addressed on a societal scale. According to Sayce (2008), there are 40% of people on Incapacity Benefit (IB)-- Britain's welfare system-- who have a mental health impairment. This statistic points out that in order to address homelessness, unemployment and poverty, mental health injustices must be at the forefront of policy changes.

Conclusion and Implications for further research

Although these studies were done analyzing the structures of mental health services in multiple systems, each points out a distinct inconsistency in the adequacy of national governments in addressing mental health issues in a holistic manner. The narrative nature of the Davidson et. al and Wilton's study perhaps represented bias data due to convenience sampling, yet provided an experience-lead understanding of what it is like to live with a long-term mental health disorder in these nations. Other sources focused on historical definitions and social understandings of terms and how they contribute to the perception and treatment of individuals. This addressed the need for changes but there was little suggestion in any of the articles about

how changes need to be made and the monetary and social implications of making such changes. Sayce implies that efforts towards such change has been made, yet funding is an issue that negates progress (2008).

Further research should address not only the stigmas, inherent isolation, and unrealistic expectations of recovery from mental health disorder, but should address the idea of integration and education to increase the understanding and value of having a mental illness. There could be further research on peer groups and the dynamics that contribute to a sense of community or further sense of isolation. There can also be further research comparing mental health care experiences between socioeconomic classes. Lastly, more research can be done on the intervention effect mental illness on family systems.

Junior Year: Diversity Statement

Spooner House is an organization operated by Area Congregations Together, Incorporated that serves a diverse population of individuals affected by homelessness. From their location in Shelton, CT Spooner House exists as a homeless shelter and food pantry. The organization's efforts aim to guide clients towards establishing self-sufficient living.

Spooner House serves all genders and sexes in the New Haven and Lower Nantaughet Valley regions. Their 35 beds are available to single men, single women, two adult family units, and single adult families who are considered homeless. This ability to serve full family units is unique from any other shelter in Connecticut. However, due the children that reside at Spooner, the unable to offer beds to individuals on the sex offender registry. Otherwise, they do not discriminate based on age, race, ethnicity, gender, sex, sexual orientation, religion, ability or education levels. Although the majority of the people they serve are individuals and families that fall in lower socioeconomic statuses. Lastly, Spooner House reserves a few beds reserved for veterans referred to them from their partner organization, the Veterans Association (VA).

Residents living under the Spooner House roof are homeless. Many are faced with a range of problems including unemployment, poverty, mental health or substance abuse issues, trauma, and classicism. Comorbidity of these effects of oppression are highly common among the clients. Staff are highly diverse and are trained to work with various intersections of oppression. This staff development equips the organization to better understand the people they serve and the possible issues they face.

The intern works primarily with the Spooner House homeless shelter program. The needs of people in this program include but are not limited to assistance in finding employment

opportunities, locating housing options, and finding medical services. The client that was assigned to the intern is a single mother with a four-year-old daughter. This client has experienced domestic abuse, is recently unemployed, has an 8th grade education level, and suffers from depression. In a pseudo-case-manager-role the student sought to help her identify her goals and locate resources to fulfill her needs for self-sufficient living. As self determination is something Spooner House respects, the client's must contact medical service agencies, daycares, transportation options, housing options, employers, and other services themselves. Spooner house does not provide any counseling, support groups, or medical services, but rather, they are available as a connection to resources.

Senior Year: Diversity Statement

Clients at Bridges Health Care's Open Door Health and Wellness Clinic (previously known as the Open Door Social Club) are adults-- ranging in age from 35 to 93 years of age--that have experience with a variety of mental health and substance abuse challenges. These include but are not limited to suicidal ideation, PTSD, various mood disorders, personality disorders, depression, anxiety, addiction, and eating disorders. Often times, a client experiences a comorbidity of these diagnoses. Often resulting from these health concerns, many clients have additionally been confronted with unemployment, homelessness, poverty, isolation, and disability.

The clinic has the ability to serve all genders from 18 years of age and up who are additionally served by other programming within Bridges. The clinic has an open door policy: any client can come and go as they please as long as they are a client of Bridges. Although to be a longtime member and to take advantage of the educational opportunities offered by the club, members must pay \$12 in dues.

Due to eligibility criteria all clients are diagnosed with some sort of emotional, behavioral, or mood disorder. They are majority of club member are of caucasian descent; the two who are not are people of color. The group tends to lean towards more liberal--as opposed to conservative--political views and are US citizens of lower middle to lower socioeconomic class. Some are of self sustaining in a financial sense-- a number even employed by the organization to provide transportation to fellow club members to and from Bridges. The club is about 50% male and 50% female--assumedly all cisgendered (their gender identity is the same as their sexual biology) and majority straight identifying. A significant amount of them have experienced some

sort of trauma and/or loss in their lives due to experiences including but not limited to involvement in the military, assault, domestic abuse, or car accidents.

With regard to their sense of self, many of these individuals seem to struggle with internalizing the stigmas and negative expectations projected onto them about their disabilities and mental health challenges. Reciprocally this also affects their ability to establish and sustain healthy, long-lasting relationships. Many of the clients have been countlessly hurt by those they have been close to and the system of care to the point where they have seemed to learn to tolerate poor treatment as a means of survival. Having to deal with their intersectional oppressed identities presents to them less opportunities and more hurdles to navigate.

Junior Year: Agency Summary

Agency Overview

Spooner House is homeless shelter and a food pantry that serves the homeless population in the Greater New Haven Community Action Network (CAN), a geographical region encompassing New Haven, Milford, and Shelton, Connecticut. Spooner House's mission statement is as follows: "Spooner House is operated by Area Congregations Together, Inc. with the mission of providing food, shelter, and support services to people in need. All of our energy is devoted to helping clients establish a self-sufficient living situation. We recognize the dignity of our clients, give them our respect and deliver our services without proselytizing" ("Our Mission," 2017).

Spooner House was first established in 1979 as Area Congregations Together and had originally existed as a meal and transportation program for the elderly. Before the organization was renamed, in memory of one of the shelter's first supervisors, Area Congregations Together had been relocated from a Church in Ansonia, CT to a Fire House in Derby, CT. It was not until 1997 that the organization was known as Spooner House and then 11 years after, in 2008, it moved to its current three-floored facility in Shelton, Connecticut. Now, the agency serves as a food pantry and homeless shelter that guides individuals and families of the Greater New Haven CAN towards greater stability and self sufficiency.

Program Description

Services and eligibility criteria. The food pantry serves residents of the Lower Naugatuck Valley who meet a 100 dollar or less per month income requirement. Spooner House's main program is its shelter which provides beds to individuals, couples, and families in the Greater

New Haven CAN. Of all of the homeless service providers in this CAN, Spooner House is the only shelter that can provide shelter to whole families and single fathers. In addition to temporary shelter, the 36 bed facility provides full meals to all of its residents.

From November to March, the shelter operates a No Freeze program that provides drop-in beds at night for anyone who walks in in need of refuge from the winter weather. At full capacity, Spooner House has the potential to hold 50 people under its roof in a given night. To be eligible to be apart of Spooner House's shelter program, an individual or family must have called the 211-operator helpline, gotten on the waitlist for the Greater New Haven CAN, and be willing to adhere to Spooner House policies for the duration of their residency. Because there are so many singles shelters in the Greater New Haven CAN, Spooner will often times to offer beds to families before they do individuals. Additionally, due to their partnership with the VA, Spooner House always keeps up to three beds available for any veteran needing shelter. The only population that Spooner House does not serve are people who are on the sex offender registry.

Structure of the agency. Characteristic of organizations with bureaucratic structures, Spooner House functions with a chain of command, division of labor and specialized positions. This structure is illustrated in the organizational chart provided (See *Chart A* in appendix). The liaisons between the office staff and the residents are the senior supervisor, Colleen Steeves, and eight other supervisory staff that serve to monitor, support, and guide residents during their stay at Spooner House. Residents must first communicate with a supervisory staff member prior to any communication with Nadine Joyner, Spooner House's Case Manager. Nadine works to connect residents to health, transportation, child care, housing or any other supportive services they might require. Nadine's position equates to the Director of Operations, Liz Holcomb, and

the Development Officer, Kate Pipa. As the Director of Operations, Liz's role in the organization is to pay the bills, maintain the food and building adherence to health and safety codes, provide human resources, and oversee day-to-day activities. Kate, on the other hand, is fundamental in aspects of the organization that involve funding and outreach. In particular, she coordinates volunteers, communicates with donors, oversees Spooner House's social media presence, and coordinates fundraising events. Lastly, Susan Agamy is Spooner House's Executive Director. Her job description involves organizing and maintaining grant funding, organizational management, and communication with other Greater New Haven CAN Executive Directors.

Given that Spooner House operates greatly through a management-by-objectives lense using rational and legal authority, the agency has very specific rules and expectations of the residents. The purpose of this is so that the clients are most readily equipped to obtain housing and prepared to sustain a life outside of a shelter. The Case Manager, the nine supervisory staff, and the one intern work together to assess the needs of the residents, connect them to resources, and ultimately get them out. This is consistent with Spooner House's number one focus on the housing first initiative. This initiative focuses on diverting people who enter into the Greater New Haven CAN system to housing options and creating substantial and adequate support to prevent these individuals or a families from reentering the system

Agency funding. Annual funding from Spooner House totals to be \$400,000 per year. A large portion of the agency's funding comes from the Department of Housing in Connecticut and the Emergency Food and Shelter Program (also known as FEMA), and grants given by local banks like United Way. A smaller portion is gained through community outreach events like Spooner House's annual Walk for Hunger and Homelessness which raised \$15,000 in 2016.

Spooner house is largely dependent on their inkind resources which accounted for about \$500,000 last year. These resources are heavily used in the agency's food pantry program and meal services for the residents in the forms of volunteers and food donations. There are currently 21 meal teams who rotate to serve lunch and dinner to residents on a daily basis while several local churches host food drives apart from Spooner's own *Valley has a Heart* food drive during the Thanksgiving season. Spooner works with all of these organizations and churches as well as a separate Board of Directors to be fully functional.

Service delivery system. Once a client calls 211 and gets an assessment, they are then entered into the Greater New Haven CAN homeless shelter system. Before they are eligible for an assessment, the operator must deplete all possible options of diversion to other housing options such as friends or family. However, once they are in the system, all of the Homeless shelters in the Greater New Haven can pull clients from the waiting list and offer them a bed in one of their shelters. Once Spooner House offers a client a bed, the client has the option to accept and if they do, then they come to Spooner House, undergo a brief intake assessment, get a bed, is given a rules packet, and becomes a Spooner House resident. As a resident, clients are expected to take an active part in their journey towards housing by meeting with supervisory staff for self-help sessions, scheduling appointments with mental health providers and doctors, and searching for job and apartment options. Before 90 days, a client is expected to be in housing however they may be granted an extension if they are putting forth effort to reach their housing goals. Typically, clients who are successful seek out and take advantage of opportunities to further their progress towards getting supportive services, jobs, and ultimately housing.

Strengths of the program. This shelter program is efficient and effective in accomplishing its goals. From April to July 2016, 18 Spooner House families had successfully moved into permanent housing. Additionally, Nadine recently expressed the potential for seven current residents to be out of Spooner and in permanent housing before Easter 2017. This program is very focused on one goal and that seems to be to its benefit. For example, the day-to-day schedule is structured and predictable which helps the residents have some sense of consistency. Additionally, the staff is mixed race and gender and so are the clients. On any given day a new client can come through the door of any race, ethnicity, sexuality, or gender. The staff seems experienced with interacting with clients who have a variety of mental health issues including but not limited to PTSD in the Veterans, domestic violence, or sexual assault victims, and people with bipolar disorder, schizophrenia OCD, anxiety, or depression. A few clients receive SSDI and are unable to work, while there is also a variety in the education levels among clients. There is a clear range of individuals in the homeless population and the supervisory staff seems to work with this diversity well.

Organizational Assessment and Social Justice Issue Identification

Assessing Interventions: Preventative, Alleviative, and Curative Approaches. In many ways Spooner House is a resource that simultaneously cures, alleviates, and prevents homelessness. When Spooner House joined the Greater New Haven CAN they also agreed to join in on an effort to end chronic homelessness. In this way the program seeks to *cure* homelessness. Also indicative of this is Nadine's comment regarding a goal to put herself out of a job because that would indicate the extinction of homelessness. Additionally, Spooner House is a resource to alleviate the stressors of individuals who are homeless so that they have more

accessibility towards reestablishing employment and housing stability. Most specifically, the program alleviates the financial stress of having to provide meals as well as alleviates need to find safety/shelter for a temporary period of time. This is done with the intention to provide residents an opportunity to focus on finding employment or getting the services they need.

Lastly, Spooner not only seeks to provide opportunities for permanent housing, but they also seek to prevent recidivism back into homelessness. In this way, Spooner House is a preventative resource for their clients. Spooner House also works to prevent problems through their focus on diversion. All organizations in the CAN are mandated by the state to divert clients to informal sources (e.g. family or friends) before accepting them into the 211 system. Specifically, Spooner does this by providing food from their food bank to the family or friend taking in the client(s). This simultaneously alleviates the burden of the household taking the client(s) in and prevents the family from entering into the homeless shelter system.

Value Perspectives: Adequacy, Equity, Equality, and Collaboration

Spooner House sets a standard regarding a urgency to stop homelessness. They enforce strict rules on the residents and work to get them housing ready and housing focused. They are pioneers in the food diversion assistance and they maintain healthy relationships with their surrounding community of volunteers and donors who they rely on so greatly.

The organization seems to sacrifice equality for equity in the sense that it provides the same opportunities for all of its residents. This is considered a fault because it indicates that the organization does not take into account that some residents have limitations that inhibit their ability more than other residents. For example, it seems to be easier to navigate the system of one is going through as an individual rather than if they are a parent or family unit. Due to the strict

rules, parents must maintain work schedules that permit them to be back at the shelter when their child is back from school or daycare. These strict rules are equitable in the sense that they are enforced onto every resident in the same way, however there are not equal in the sense that some people's circumstances limit them from being able to adhere to them.

Another example would be that Spooner House sets up meeting times with people from the Department of Housing, Rapid Rehousing, the Dress for Success Program, resume building, mental health agencies etc. in order to provide opportunities for individuals to get tools that can lead them to success in the future. However, residents are notified about these meetings only a few days before which is not equitable because the people have less commitments are unequally benefiting from these meetings.

In regards to collaboration , Spooner House recognizes that it cannot be an all encompassing organization. Therefore instead of offering all different kinds of services within its walls, it collaborates and depends with organizations like VA, VNA, BH Cares, and volunteer groups in order to more fully address the needs of each resident. Since being apart of the CAN, Spooner House has agreed to be part of a collaboration initiative with all of the shelter and housing providers in Greater New Haven area, Yale New Haven Hospital, Jewish Family Services, and similar local organizations in order to expand access to all resources for clients of all participating systems. All of these organizations essentially pool their resources in order to work together and provide well rounded services to all clients. In essence, as a collaborative unit Spooner House and the Greater New Haven CAN *does* address the cause of homelessness as a social problem. On an individual level, considering Spooner House is a homeless shelter *only*, it does not fully address homelessness. Although, it can be said that Spooner House's services are

consistent with their goals as an organization for they successfully prepare their residents with resources towards permanent housing.

Evaluation of Program Effectiveness

The Spooner House homeless shelter tracks the number of people housed after termination of their program. However, clients that are discharged before successfully reaching permanent housing are not accounted for, or are their reasons for being discharged before achieving success. They also keep track of the types and make up of client units that reside at Spooner House in a given year. For example, in 2016, Spooner House provided emergency shelter to 20 veterans, 69 children, and 30 families. Ultimately, the program's evaluation process seems not to fully focus on their stated goals. To explain, they seem to only evaluate most on the amount of people entering the shelter and the amount of people exiting the shelter. They do not seem to give number on the percentages of successes and they do not seem to track clients after exiting and whether or not they re enter into homelessness. Therefore, there are gaps in Spooner House's evaluation process.

Identifying service gaps using a social justice lens. There are social inequities that exist in the Spooner House system that limit the type of people that can find success in the homeless shelter program. For example, it is bias towards individuals who speak and are literate in english. The majority of the staff are english speaking only and all of the paperwork is in english, however homelessness does not discriminate. Especially with the countless refugees seeking safety from war-torn countries this is an issue. The potential severity of this service gap is indicated when residents are assumed to be literate. For example, one recent resident was nearly discharged from the program for breaking a rule that she was not aware of. This rule was in the

rule pack that every resident gets and is prompted to read upon entrance into the program. The flaw in this system is that all residents are assumed to be able to read english and this particular woman was not able to read the rule packet and was never verbally explained the rules. It was not until she was discovered to have difficulties reading that she was no longer going through the discharge procedure.

Senior Year: Agency Analysis Part I

Agency Overview

Bridges... A Community Support System, Incorporated is a public non-profit that pursues their mission to improve the lives of people with mental health disorders and substance abuse challenges by committing to creating a “health care home” for the adults, children, and families who use their services”(Hotchkiss, 2016). Barbara DiMaura, President and CEO, is committed to establishing Bridges as a leader in community-based services(DiMaura, 2016). She works with the Board of Directors--18 individuals who are responsible for the governing the policies of the organization--lead Bridges in serving over 6,000 adults and children with mental health and substance abuse challenges across Milford, Orange and West Haven, Ansonia, Bethany, Derby, Seymour, Shelton and Woodbridge, Connecticut (DiMaura, 2016).

Agency History

Bridges... A Community Support System, Inc. was founded 60 years ago in 1957 (Hotchkiss, 2016). Throughout its history, the organization has integrated multidisciplinary and recovery-focused practices in order to provide an expansive range of behavioral health services to local residents with mental health and substance abuse challenges (DiMaura, 2016). Since its founding, the Connecticut Department of Public Health and the Connecticut Department of Children and Families have come to license the agency (DiMaura, 2016).

In an effort to increase accessibility to their services, three more Bridges offices have been established in Milford, Orange and West Haven (DiMaura, 2016). In recent years, Bridges has struggled with its fiscal health due to budget cuts to mental health and addiction services at both the state and federal levels (DiMaura, 2016). As a response to this, Bridges joined an

advocacy campaign, organized by the CT Community Providers Association, called #PeopleMatter. In doing so, they joined in on an effort to raise awareness about the repercussions of cutting mental health and substance abuse services in Connecticut (DiMaura, 2016).

Programs and Services

Listed below are the programs and services provided by the Bridges (Hotchkiss, 2016):

- **Adult Services**
 - 24 Hour Mobile Crisis
 - Outpatient Mental Health and Addiction Recovery
 - Primary Health Care and Wellness
 - Tobacco Cessation
 - Community Support Services
 - Employment Services
 - Jail Diversion Services
 - Bereavement Services
- **Young Adult Services**
 - Residential Services
 - Vocational Training Program
 - Creative Arts Programming
- **Child and Family Services**
 - Child and Family Outpatient Treatment Program
 - Intensive Family Preservation
 - Intensive In-home Child and Adolescent Psychiatric Services

- Care Coordination
- Prevention Services

As indicated, there are a spectrum of services offered by the agency. Bridges as an all-encompassing organization that seems to embody the biopsychosocial model of care. Adult Services provide an opportunity for any client to engage in a care plan that meets their biological, social, emotional, and physical needs. Even for times of crisis Bridges runs their Crisis Hotline for their clients to call in if they are in a situation involving suicide, drug overdose, assault, abuse, or any other critical emergency. For further, preventative care they provide individual counseling, case management, court consultation, vocational services, in programs like their Behavioral Health and Jail Diversion Services. These programs provide people with the ability to get the care they need whether through transportation to appointments, connections to housing, filling out paperwork, or mental health care.

Addressing the social aspect, all adult clients have the ability to join the Open Door Health and Wellness Clinic. This is where clients meet, form informal support systems, and empower each other. In addition, this opportunity provides meals twice a week and various leisurely, education, expressive, and cultural activities, for personal growth. This section of Adult services is unique and promotes community among those of the severely affected mental health population.

The young adult services are similar: they provide opportunities for housing, self expression, community, and jobs. The Child and Family Services focus on strengthening the relationships with in a child's family unit through therapy, prevention services, treatment

programs, and care coordination. These services are important for early intervention to take preventative measures for further trauma or isolation as they develop into adults.

Staff and Population Served

Staff. Since the last census in 2015, it was recorded that Bridges has 172 employees (DiMaura, 2016). The composition of these 172 was as follows: 116 full-time employees, 34 part-time employees (inclusive of contractors and per diems), and 18 volunteers/interns (DiMaura, 2016). In the same year, Bridges provided services to over 6,000 adults and children (Hotchkiss, 2016). Employees served clients in a number of venues including in the office, in client homes, and in client communities (DiMaura, 2016). Bridge's organizational chart can be seen in the Appendix as *Chart B*.

Population Served. As far as the demographics of the clientele, Bridges' serves a population that is primarily cisgendered (gender aligning with assigned sex), white identifying, and Christian. The client population present with needs that range from vocational services to mental health or addiction treatment to individual or group therapy. The majority of their clients present with one or more severe behavioral, mental health, or psychiatric challenges including but not limited to anxiety, depression, PTSD, multiple personality disorder, bipolar, and OCD. Physical challenges and sensory impairments are also common among the clientele. Many struggle with recovering from surgeries, difficulty walking, difficulty socializing, among other challenges that further impeded their independence in US society. Further, due to medical bills, need for medication, debilitating trauma, health issues, or other circumstances, the majority of clients fall in the low middle to lower socioeconomic class. That being said, Some are homeless, some receive subsidized housing or section eight, and some have poor/limiting living conditions.

Funding and Regulatory Bodies

In 2015, Bridges received \$12,736,232 in funding. \$25,443 of this money was received from private individual donations, \$8,033 from Businesses and Corporations, \$59,084 from Foundations, \$6,579 from Clubs and Organizations, and \$28,635 from Special Events like their Folks on Spokes Ride, Run, Walk for Mental Health (DiMaura, 2016). Additionally, Bridges received \$13,287 Endowments and \$144,210 from United Way and the West Haven Community Development Block Grants, as well as \$14,334 in in kind gifts (DiMaura, 2016). With regard to public funding, Bridges received \$173,281 from CT Department of Education (DiMaura, 2016). The statistics indicating what percentages of the money came from which sections is located in *Chart C* of the Appendix. In total, six percent came from local organizations, 26 % came from fees and contracts, and 68% was granted and contracted from the state and federal budgets (DiMaura, 2016).

Bridges is licensed by the Connecticut Department of Public Health, the Connecticut Department of Children and Families (DiMaura, 2016). The Periodic Medical Record Audits from HMO, DSS, and DMHAS, and DCF also hold Bridges accountable to the standard care in Connecticut (DiMaura, 2016). Lastly, the Commission on Accreditation of Rehabilitation Facilities influences Bridges' status of accreditation (DiMaura, 2016). Lastly, the organization is overseen by the an the Quality Control Council; and follows the provisions of the Continuous Quality Improvement Plan; both of which allow the organization to retain a more thorough quality of service analysis and adaptation process (DiMaura, 2016).

Part B

Senior Year: Case Analysis

Introduction

Bridges is a community mental health agency that works to serve the individuals and families of Milford, West Haven, and Orange Connecticut who experience mental health and substance abuse challenges. Their work aligns with their mission statement: “Bridges exists to improve the lives of people with mental health disorders and substance abuse challenges. We are committed to creating a “health care home” for the adults, children, and families we serve” (Hotchkiss, 2016).

With in Bridges are various programs that take a holistic approach towards mental health care. One program highlights the importance of social interaction in the recovery process. This program, the Open Door Health and Wellness Clinic--otherwise known as the Open Door Social Club (ODSC)-- is a gathering safe haven for clients to develop informal social supports. The mission of this specific program is as follows: “We provide social and psychoeducational services to empower individuals in recovery. The goal is to improve their quality of life by supporting the development of life skills, improving interpersonal skills and cultural activities that promote recovery” (Hotchkiss, 2016).

Engagement and Problem Identification

The group membership fluctuates due to the “Open Door” character of the group. In order to qualify to be apart of this organization, an individual must be a minimum age of 25 and receiving services from Bridges. The group is predominantly of white descent and following some form of Christianity. Every individual involved receives mental health or addiction

services from other programs in Bridges; diagnoses include but are not limited to depression, anxiety, OCD, schizophrenia, paranoia, borderline personality disorder, or bipolar disorder. A few members of the club are employed by Bridges to drive other clients, others hold jobs at local supermarkets, while the majority have disabilities that minimize or eliminate their ability to work. The majority of these clients live in subsidized housing either through Section 8 or some other form of housing financial assistance. These areas are sometimes disorganized and have inattentive landlords or loud/needy neighbors. Therefore, the quality of living is generally lower arguably as an effect of their status in the lower socioeconomic bracket. Additionally, they have minimal transportation and are therefore isolated to a small radius that becomes even smaller in bad weather conditions. Familial issues seems to be a common thread through all of the client's backgrounds. Whether taking the form of parental alcoholism, abuse, or neglect, the clients have negative experiences in their upbringing that seem to have impacted their current mental health habits. These things represent the homogeneity of the group composition in the sense that they all are affected by mental health stigma, yet there is heterogeneity in the spectrum of challenges and health issues that the clients experience.

Generally the group operates as its own family unit in the sense that those who have been apart of the group the longest take on nurturing roles while others become like siblings who are learning to coexist. Aside from that, there are designated leadership positions within the group. From president to vice president, to treasurer and secretary, this select group of individuals are voted into their positions in order to be the liaison between staff and members. They are regularly attending members that take on responsibilities regarding planning and making decisions as to activities that the group does throughout the year. Although tensions with in the

group or between individuals can get a little bit uncomfortable, they all generally love each other and are loyal to the group. They always ask how each other are toting and are concerned when someone doesn't show up or is sick. In this way the group is strong and caring for each other and of other outside of the club. They have a lot of passion to do good and have a lot of fruitful life experience that anyone can learn from and be impacted by.

The working agreement existing for the social work intern is for her to facilitate educational and reflective opportunities for the clients to learn and grow from. One such opportunity is a monthly newsletter in which clients are able to submit anything from art to pictures to poems, to op-eds. The intention of this intervention is to provide an opportunity for self expression for the clients and to empower them to embrace their talents and interests and express themselves to others. This is needed as a preliminary action to increase a sense of capability within the members of the club. They are creative beings who need an outlet to share feelings and express their needs/desires and this newsletter is a medium through which this can be achieved. Additionally it can be used for staff to communicate with clients about important dates and announcements for the upcoming month.

Data Collection and Assessment

Data Collection. The data collection process of this intervention is evaluating the level of engagement of the clients with the project. This is done with quantitative data collection in the form of counting the amount of submissions that are received each month. Thus far there have been twelve in January, seven in February, fifteen in March, and twelve in April.

Assessment. Building involvement for this intervention was convenient due to the accessibility of clients as they spend the majority of their time in the clinic on Tuesdays and

Thursdays. Additionally, members of the clinic read and hear the announcements and sees each other working on their articles and artwork. This in essence creates a working environment that holds other accountable and motivates them to contribute.

The rapport stage was accomplished with in the first few months of the internship as the student followed the lead of the other clinic interns as to how to engage with the clients. Towards the end of November, clients felt comfortable enough to express their interest into rejuvenating the Newsletter to the student intern and shortly after, a due date was set for the first edition. Things that prevented this group from growing were the bigger social events and breaks that occurred around holidays (i.e. Thanksgiving, Christmas, New Year's, and Valentine's day). These events increased the amount of responsibilities for the clients which prompted them to prioritize them over their involvement in the newsletter. However in seeing new editions of the newsletter, clients were more likely to become engaged because they see the final product.

Communication. Among the group specific individuals oftentimes monopolize conversation which causes others to become annoyed or unheard. Nonverbals include eyerolls or defensive posture (arms crossed). Some members need to be stopped while other need to be prompted to speak. It is important that as a facilitator there is a balance between who is speaking and an emphasis about the importance of both listening and being heard. Having the newsletter enforces a different type of communication--written communication is sometimes more clear and less emotion driven because it requires edits and more precise language. It can communicate feelings in rhythms and patterns as opposed to sounds and tones. However it has its downsides because there is no opportunity for any follow up or clarification. Considering these articles/submissions are more individually driven, it eliminates marital/relationship dyads that

exist with in the ODSC and it encourages those who are normally quite to present their opinion or give advice through a different medium.

Sociogram of ODSC Members

A Sociogram of the group is provided in *Chart D* of the Appendix.

Indicated are familial-reminiscent connections through marriage, relationships and close friendships with in the group. This affects group cohesion and the existence of group tension-- if one individual is off, the whole group seems to have a senses of it. Often times, this is communicated through individuals confiding in others. There are a few matriarchs of the group that facilitate communication and work to hold people accountable to their responsibilities, their attitudes, and their actions. As previously stated there exists an executive board that works to make sure that everyone feels included and cared for. They lead by example in their projection and acting out of group values- positive attitudes, effective communication, group motivation, and acceptance. There are also people who gravitate toward the outer circle and prefer to observe rather than engage. These people are more independent yet enjoy being in the company of others.

Over all the group has a strong sense of community. They learn from each other and are a good microcosm for a social learning theory case study. Their group cohesion could be intensified through more efficient communication. More activities (like the newsletter) with the intention to increase respect, understanding, and conversation will increase individual sense of accomplishment as well as group cohesion. Such activities highlight the talents of individuals and encourages them to actualize them as well as use them to contribute to something beyond themselves. This addresses the group's current limitations due to societal stigmas that devalue the mental health population and characterize them as less capable. It also addresses this

internalized inferiority as it allows members to more adequately realize that they have more ability to impact others in a positive way.

Goal Setting and Planning

Outcome Goals. The long term goals for this group is to be able to regularly express themselves not only to each other but beyond the walls of Bridges. It is important to learn how to express one's experiences and feelings in a way that starts a conversation with people who otherwise would not understand the impact of their decisions and life choices on others. Being able to empower clients to regularly speak upon their experiences to others is a huge step towards affirming an individual's experience and empowering them to embrace their story. Depending on the audience, breaking down these walls can impact legislative policies, loved ones of people with mental health challenges, encourage others with similar challenges, or inspire others to break down stigma by learning to be an ally.

In short term, it is important to rekindle the connection between coalitions-like Keep the Promise- and the ODSC. The newsletter would be a medium for people to announce meetings, provide letter outlines, and keep clients up-to-date about current legislation. It would be a forum for clients to practice writing letters, take charge in creating stories, and inspire others by embracing their talents.

Priorities of the ODSC lead clients to become more connected with culture, their communities, and themselves. The newsletter is feasible because it is an opportunity for clients to utilize their already existing talents. It also brings together their community in a unique way that is feasible- only a pen and paper, or a verbal idea, is necessary. And the more

encouragement they have between each other to contribute, the better they will all be at finding inspiration to become creators and team members.

Method goals. In the time frame given, a newsletter is a monthly project. This process includes encouraging clients to write or discuss about something they care about. It involves the intern to have discussions about what is important to each member and through what medium they would prefer to convey their thoughts. It increases intentionality between the social work and the clients because it allows for further conversation about values, feelings, and creative outlets. It involves active listening, careful observation, and joyful empowerment for people to want to be apart of such a simple project! The intern is responsible for getting it all onto one page and printing it to be distributed both within and beyond the ODSC. Eventually it would be helpful to use it as a forum to communicate with the administrative side of Bridges in order to explain ideas and opinions about the culture of the organization and how decisions made on administrative levels are being received by those they are serving. Each month the intern must post a due date for submissions and must put together the newsletter onto one document and print it. Other than that it is up to the clients to participate in the creation of the newsletter.

Implementation of the intervention plan

The group is a formal resource to organize the individuals for a common goal (making the newsletter). The intern uses the group to guide reflection of the individuals' values and priorities as well as to provoke conversation about current events, shared experiences, and individual concerns. In this group the intern works to facilitate engagement and communication, she teaches about how to effectively express oneself, she mediates disagreements between

members, advocates for those who do not speak as much, and organizes to stimulate greater change.

Task implementation. Implementing the newsletter is hard because it is a self motivated process. Although members keep each other accountable by working on their pieces throughout the month, it is hard to keep them engaged when the reward (publishing of the newsletter) happens days after the submission of their articles. Oftentimes members procrastinate on their projects or health issues come up that prevent them from contributing. Considering this project is very casual, this is okay and it is encouraged for members to prioritize their health over submissions to the project.

Some members do not feel able to contribute due to complications with writing. However, it is important to encourage them so that they feel included and capable. This encouragement can involve interviewing the client and writing their words down for them; nonetheless, it is important to get them involved as much as they want to be involved as opposed to what they they think they are capable of. In this way it challenges them to see that their opinions do matter and therefore validates what they say. This also exercises their freedom of speech and encourages the value of vulnerability and action to explore and develop their interests in culture, news, and art.

Evaluation

Assessment of goal attainment. The newsletters are distributed every month and there's a file that has all of them compiled if they need to be accessed. Achievement of goals can be accessed by making meeting with people who know how to write letters and do grassroots organizing in order to make change at a political level and influence legislation. Should there be

a point where Bridges ODSC regularly contacts their legislators, hosts breakfasts/meetings, attend trainings, etc clients will not only feel a sense of empowerment but also will expand their ability to receive services. To explain, if they are advocating for more money for their programs, then they will be able to develop as an organization and have more attentive/less burnt out staff as well as an increase in the quality of their services. As a result, they will have more options and more respect because in starting conversations about their experiences with the mental health system they will better communicate their needs, combat stigma, and give credibility to they system of care through which they receive services.

Feedback regarding worker effectiveness. Supervision is important in gaining feedback for this intervention. For example, a supervisors have expressed concern with a client who submitted a poem and responded by creating a group to address feelings of grief for the community as a whole. Additionally client excitement about contributing is being gauged as people have been more more apt to submit articles and artwork after seeing a few editions come to fruition. Increase interest in wanting to contribute also is a medium through which goal attainment can be evaluated. Lastly, clinician evaluation can be recognized through the student's own ability to complete the newsletter and work to integrate more and more clients.

Assessment of agency service. The Newsletter is a great way to communicate the effectiveness of agency services. Should it develop to be a forum of how specific groups in the agency are beneficial to consumers, it could be a platform for advertising as well as evaluating what services need improvement or what aspects of Bridges are doing what they are intended to do. Additionally, using the newsletter as a form in conjunction with a round table discussion of

concerns could lead to greater understanding of the needs of the clients that the organization serves and expansion of the opportunities that it provides.

The student will additionally evaluate the agency in discussion with her supervisor as to how they could have better supported the needs of their clients and address fundamental issues with in the organization.

Disengagement

Clients are aware of the student's termination in May 2018. They regularly interact with interns that come for extended periods of time and then leave and are used to the dysregulation. There clients are aware of the fact that they will have only one full time and one part time staff member to interact with after the student's termination with bridges. This remains a problem because the responsibilities put on the intern will no longer be implemented. No client has expressed interest in compiling the newsletter. Additionally no referrals are being made other than back to the fulltime/parttime staff that have been with the ODSC for the past few years.

In addition to the intern's termination, the half-time staff member is moving to a different Bridges program and will no longer be working with the social club. She does not change positions until there is a new hire for the ODSC in order to not over extend the current full time staff member. This shows a commitment of the organization to further the ODSC as a program with in their services. Exploration of the client's feelings about the termination of the intern and the staff member are evaluated through conversation.

Similar to when the summer-fall intern left in December, clients are expressing their gratitude but also displaying feelings of detachment. They express their happiness for the student to take a next step but also express their wish for the student to stay longer. There will be a group

session dedicated to discussion how clients feel about interns and their short interactions with them. This is important to discuss how they would like to be approached with these situations. It will be helpful for navigating how to interact with them as the last day comes closer. Members will continue to come to the ODSC because they are an independent community that uses each other to grow and learn.

Senior Year: Case Summary I

Identifying Information

Randall is a 57 year old cisgendered (when sexual biology and gender identity align) unmarried heterosexual english speaking caucasian male. His last name has origins from France but he rarely discusses any french relatives. The client is homeless, however he has been sleeping in his niece's basement for the winter. He has no children noted.

Although the client currently lives in Shelton, he receives services at Bridges in Milford because he used to live in Milford. It is understood that he has been receiving services at Bridges only for the past five years.

Description of the Presenting Problem

This client receives services due to his drug and alcohol abuse. He also has history of a gambling problem. The client is presently relying on Bridges to help him navigate filling out paperwork for Cash Assistance and Disability Benefits. They are also working with him in vocational services. His back injuries and memory loss prevent him from standing for more than four hours at a time or holding a long conversation.

Formulation and Case Conceptualization

Client History. Randall has a history of alcoholism in his family. He also has a history of substance abuse and gambling. His father and uncles made it a norm in his family culture even when he was young. His uncle first presented him with alcohol when he was 12 by putting rum in his coke. Randall says he has "been in and out of treatment facilities 100 times" for both alcohol and substance abuse. He smokes regularly and says he drinks at Saturday family

functions and says that he only has one or two. His case manager says that he rarely stays sober for more than a week.

He was once hospitalized for a severe car accident that he caused subsequent to drug use. Repercussions from this accident included his back injury that prevents him from standing for more than four hours. He suffers from forgetfulness and short term memory loss due to numerous concussions of undiscussed causes. He has a few misdemeanors on his record--mainly for drug possession. None of which has been in the last five years. Despite all of these setbacks, he seems determined to get back on his feet.

He is currently living in the basement of his niece and her family (husband and two kids). He rides his bike or takes the bus order to get where he needs to go. and occasionally takes jobs doing yard work with his buddies. He expresses that this is difficult because they drink a lot and it tempts him. Other than his drinking buddies, his niece, and the social club, Randall seems to have little consistent social support.

His inability to get a job or benefits discourages him and affects his prevalence for suicidality. He often shows frustration when trying to navigate the system to get disability and cash assistance benefits. He works hard to stay organized and takes direction well but he feels stuck in his situation and it's hard for him to stay hopeful from day-to-day.

Application of Theory. Social learning is applied to Randall because he learned about alcohol from the social forces around him (i.e. family/friends). He mimics these alcohol abusing behaviors of the people who he looks for for validation and the people he trusts. This is akin to how the children copied the behaviors of the adults when interacting with the BoBo dolls. In other words, because his father and uncle drank with him in the room as a kid, he learned these

behaviors and applied them to himself. He also is influenced by his friends and how they drink at work and feels apt to do the same as they do.

Change theory can also be applied to Randal's case. In regards to his alcohol use, Randall is in precontemplation do to the fact that he does not consider his weekly alcohol use at family functions something to address. He however seems to be in the maintenance stage of his drug use and gambling addiction. At anytime, however, he can be at any point in this cycle in reference to any of his behaviors. Even with his prison record, he can be considered to be in maintenance due to his ability to stay out for the past five years.

Goals, Interventions & Evaluation

The goals of working with this client is to keep him accountable, gauge his willingness to change, and his thoughts of hopelessness. Presently, Bridges is working with him to encourage him to keep going to AA/NA/GA, a case manager is working with him to obtain cash assistance and disability, and ultimately to get a job. It has been suggested to send him to a homeless shelter, but he has rejected the offer due to previous experience in a shelter when someone stole his belongings. The client has expressed difficulties getting to appointments and interviews due to bus schedules and the weather. Other than that he seems to be working towards the goals that have been set forth for him. He comes regularly to the social club and seeks help when needed. He has a pattern of (what his clintials perceive as) self sabotage that prevents him from taking some necessary steps into maintaining a job or getting what he needs. This could arguably be a symptom of his suicidality and more work with him could be done to build his confidence and feelings of capability.

Disengagement

The client knows that the student will be leaving in May. Beyond initial disclosure, there has been little opportunity to address the need to process through the relationship or the need for further counseling. The client seems indifferent about the termination due to prior experience with student interns coming and going throughout the years. The client might hesitate to come to the club however considering I am not his case manager, he will continue to know that the club is a safe place for him and that his case manager is still available- little change will occur upon the student's departure.

Senior Year: Case Summary II

Identifying Information.

Rosalie (Name changed for Confidentiality) is a 61 year old cisgendered (when sexual biology and gender identity align) female white, straight english speaking woman of Catholic italian descent. She has been diagnosed with what she refers to as being “morbidly obese” she has a co occurring diagnosis of borderline Personality Disorder-- both of which are reasons why she was referred to Bridges Health care by her insurance company. She is a member of the social club and is a divorced mother of two sons (ages 30 and 35) to whom she seems to have a secure attachment. Her father and mother are both deceased and she continues to grieve them years after.

Description of the Presenting Problem.

In the first initial session, the client is understood to have been seeking services due to their heart related conditions and their sleep apnea that resulted in their over-eating addiction and social isolation. They also presented problems in a social aspect due to their diagnosis of Borderline Personality Disorder. It was discovered that they were referred to a Dialectical Behavioral Therapy group program that they no longer attend. The client understands that they are in the program because they have an addiction to food and needed a lifestyle change. More specifically, they seem to come to the social club program to take advantage of the opportunity for making friends and getting out of the house.

Formulation and Case Conceptualization.

Background Information. Rosalie is understood to be a very creative individual as indicated by her ability to expresses herself by writing poetry. Additionally this can be inferred

through her physical presentation: she has short partially colored hair, small, meaningful tattoos, and consistently expresses the importance of being yourself and accepting others. She is very good at partializing her journey to take incremental steps to address her over eating habits. This is indicated in her celebration of losing two pounds and her keen understanding about needing to take her recovery day-by-day. She is very sentimental and good at recognizing feelings of sadness, perhaps to a fault when she expresses a continued state of mourning for her father and her mother.

From her childhood, she seems to recall her mother's insecure nature. To her recollection, her mother often expressed jealousy when she or her two older sisters spent time with her father. In reflection on her previous marriage, she expressed her ex-husband's emotionally abusive nature. In particular, she noted the hypermasculinity that her ex husband projected onto her sons.

Her sleep apnea has recently seized as a result of the weight she has lost. Additionally she has a stent in her heart due to a health problem also relating to her obesity. She has had problems with overeating but now works to eat portioned and healthy meals. From a clinician perspective, an LCSW at Bridges noted that Rosalie often makes really intense friendships and then pushes them away as indicative of Borderline personality disorder. All-in-all, Rosalie seems to need to work on expressing herself, coping with sadness, and recognizing herself worth.

Application of Theory. Bandura's Modeling concept applies to Rosalie's case. Modeling is apart of social learning theory where individuals learn from observing and learning from the experiences of others (Bandura, 2007). Part of the group DBT session involves engaging in conversation with other people with similar issues (What is Dialectical Behavior Therapy, n.d.).

In this way, Rosalie can learn about alternative coping methods from other clients and, perhaps, mimic habits that have lead to their successes (Bandura, 2007).

In regards to behavioral change theory, Rosalie did not find the need to change her habits of overeating until she realized the urgency in regards to her health and possibility of dying. In another sense she realized that if she continued to remain in the precontemplative stage, then she will not able to be there for her sons in the future (Prochaska, et. al. 2002).. In recognition of this she moved to contemplative and subsequently the preparation stage of change (Prochaska, et. al. 2002).. Currently she is taking action as she regulates her diet and learns about more techniques towards her success in losing weight little-by-little.

Ainsworth's Attachment Style theory and Erikson's Human development theory relates to Rosalie. It can be proposed that Rosalie's currently presenting attachment issues with her son are rooted in her mother's jealous and insecure demeanor during her childhood. In a clearer sense, if her mother felt not good enough, she may have ignored Rosalie's cries as a baby during Erikson's trust vs mistrust stage (Summary Chart, n.d.). This could have affected Rosalie's future ability to trust that her two sons love her without constantly contacting them and knowing about their whereabouts. In a sense since she did not successfully fulfill the threshold of establishing trust as a baby, she continues to struggle with this in her later life.

Goals, Interventions & Evaluation.

Goals. In working with this client, it is important to understand her situation from her perspective. It seems as if she is grieving her father and her mother and I feel as if it is important to address that as to also address the attachment issues that she experiences in her relationships.

Within the abilities of the intern, it is important that Rosalie is heard, understood, and guided towards better understanding her grief, emotions, and identity.

Interventions. Interventions that have already been discussed include continuing to work with the DBT program as well as being able to sublimate her grief and emotions into her writing and coloring as means of coping (What is Dialectical Behavior Therapy, n.d.). Making her aware of her options with in Bridges is additionally important-- the organization offers grief groups and other social group that may help this individual further establish lasting skills. It is important to refer out because the student is not trained to adequately meet this individual's needs.

Evaluation. This client is seemingly self sufficient and meeting their goals. As previously discussed, she has been doing well in respect to her dieting habits as well as being very self aware of her emotional state. Full understanding of the client's situation has yet to be established. It is important that rapport continues to be established and the conversation guided towards a solution focused narrative.

Disengagement.

Termination Process. Thus far, the client knows that the termination date for Sacred Heart interns is in the end of may. Other than that, no preparation has been done.

Termination Reaction. It is anticipated that the client will withdraw from telling the clinician personal details when termination closes in. Perhaps they may become more distant or even react with sadness or anger.

Post Termination. Upon termination the client will continue to show up at the social club and participate in her already existing activities-- the only change is that the intern will not be present on Tuesdays and Thursdays.

Junior Year: Case Summary

Identifying Information

The Client. Melody is a 31 year old cisgender female. She is straight, was never married, but has a history of physically abusive relationships. Her primary language and ethnicity is Portuguese, but she speaks english and has been educated up to 8th grade. She is also and able bodied citizen of the United States and Roman Catholic.

Family. Melody is a mother and caregiver to her four year old daughter, Charlotte. On occasion, Charlotte will visit her father, Michael (33) on weekends or holidays.

Referral. The client was referred to Spooner House through Connecticut's 211 system. This client entered Spooner House on February 6th, 2016.

Description of the Presenting Problem

The client was seeking services because she had been in an abusive relationship and moved out of the apartment that her abuser inhabited. Melody expressed that she understood that she would have more success finding a job and permanent housing if she entered the shelter system (as opposed to staying on her friend's couch) because then the government would consider her to be "literally homeless" and she would be able to get more resources.

Formulation and Case Conceptualization

Background Information. At the time of entering into the homeless shelter system, Melody was unemployed. The only income she had was TANF and Child Support. She was not yet receiving mental health services for her depression and trauma from her domestic violence experience and neither was her daughter (who was a witness to her Mother's domestic violence). Melody was involved in the child protective service system because she was in the process of

being evaluated for her level of ability to care for Charlotte. Because of her depression, she has a history of self medicating with marijuana and self harm. She however, uses her daughter as motivation to not use or engage in self harm. Other than that she considers herself healthy and able and willing to work.

Connecting Theories. Considering that Melody is a 31 years old, she is developing through Erik Erikson's intimacy vs isolation stage of psychosocial development. Considering that she has experienced domestic violence, she is, perhaps, students in her ability to achieve intimacy with other people. This also, perhaps, affects her relationship with her daughter. At first her interactions with Charlotte demonstrated a possible attachment problem, however, further into seeing the client, this was not the case. However in applying Erikson's theory to Charlotte, four years of age and being in a setting where her father was abusing her mother, she may have the idea that she was the cause of her mother's abuse. This, in return, would cause distress for the child and are the basis for possible socioemotional issues in the future if not properly addressed.

Another theory that can be addressed is Maslow's Hierarchy of Needs. This theory demonstrates the idea that people need to fulfill their basic needs before being able to reach their maximum potential. Spooner House addresses the need for safety, shelter, and food (the first tier of needs that need to be met) and then connects them to resources as far as mental and physical health on an as need basis. From there the residents can feel more secure to go out and get jobs, get income for an apartment, or care for their kids. Melody demonstrates this because her outlook on being at the shelter was to address these needs to food and shelter so that she can start getting an income, better addressing her domestic violence trauma and eventually find permanent housing.

Social Learning Theory can be applied to the Spooner House shelter system in the sense that all of the residents are at different parts of the process in finding permanent housing. In this way they learn from each other in the sense that they follow similar steps toward getting permanent housing. They, essentially, imitate each other not only to learn the rules of the shelter, but also give each other advice in finding jobs and other resources. For example, after Melody got a job at Wendy's, shortly after, another mother at the facility got a job at Wendy's as well. Additionally, this theory can be applied to Charlotte in the sense that if she saw her mother being abused at home, then, perhaps, in her formative years, she will learn to look for similar behavior in her friends or romantic partners.

Goals, Interventions, and Evaluation

Goals. The goal of working with Melody was to connect her to mental health resources, encourage her to find employment, and give her the resources to find and sustain permanent housing.

Interventions. Spooner House connected Melody and her daughter to BH Care which is a mental health agency. Here they received mental health services in order to address Melody's Depression and trauma as well as possible vicarious trauma experienced by her daughter Charlotte. Through Melody's previous connection to the Center for Family Justice, she received a housing voucher in order to help her find a permanent place to live. Ultimately, Spooner House provided shelter and food to melody and her daughter so that they had the stability of their basic needs in order to find employment, mental health services, and housing.

Development of Case. The client has successfully received a housing voucher through the Center for Family Justice. She is also receiving Mental Health services from BH Care. Lastly,

she is currently employed at the Wendy's and working 32 hours per week. She is scheduled for discharge within the upcoming weeks. Melody has been so successful that Spooner House chose her as a representative to speak to the legislator to provide testimony to advocate for more funding to homeless shelters.

Disengagement

Termination Process. The client is in preparation for her own discharge. We have not been meeting as regularly. Instead of once a week, we have been meeting once every two weeks. Since she has an apartment viewing scheduled she is going to be leaving herself in the next week or two which happens to be the same time of termination. She has also been seeing a second self help staff in addition to me and knows that this staff member is her resource when I am no longer at the agency.

Termination Reaction. The client is excited to move out of the Shelter. She is excited to finally have her own place and be able to provide for her daughter. She is happy to have a lot saved up (because Spooner House requires that residents save 40% of all of their income while residing with them). Her daughter, Charlotte, is happy to go into their own home as well. As there is movement through the stages of termination, Melody and Charlotte are being made aware of the situation and of the person who will be their new self help supervisor. Considering that the Melody and Charlotte are also terminating their time at Spooner House, they are excited to move out and live on their own. In their exit of the agency, they are connected to resources like BHCare, childcare services, and domestic violence groups in order to further support their success in not returning to homelessness.

Post Termination. After termination, it will not be long until Melody, herself, will no longer be with Spooner House. For any time before she leaves, she will be seeing the other staff member for self helps. But otherwise, she will continue to be working, going to BH Care for mental health services, and transitioning towards getting permanent housing for her and her daughter.

Capstone II

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Program Evaluation (Agency Analysis Part II)

The Program and its Goals

Bridges... A Community Support System provides an opportunity for its clients to form informal social relationships with each other through their Open Door Social Club (ODSC) program. This program was created in 1991 in an effort to create a space where consumers of Bridges could have more opportunities to engage socially, take advantage of recreational and educational activities, and advocate for the health and wellness of people who are in recovery. This program works to achieve these goals through social and educational programs, events, and unallotted leisure time that gives people the opportunity to interact with each other and learn about themselves and how to help each other.

Program Staffing

There are currently three staff members and two interns at the social club. One of the three staff members is the Social Club Director who oversees what is being done and facilitates communication between Bridges as an organization and the two other staff members. Of the two other staff, only one is full time and the other one is parttime a social club staff and part time a student case manager in an effort to work to get her LMSW. One intern was present until December the 5th 2017 and the other is there for 16 hours a week until early May. Additionally from September until December a class of 13 Occupational Therapy students came and did activities with the clients every Thursday from twelve o'clock to three o'clock PM.

Program Strengths

The program is a place of consistency in its client's lives; it reaches its goal to promote socialization among its members, it offers programs to further the learning and engagement of

the clients, and it exists as a safe place to grow and make mistakes. The club is very self sufficient, the members gain inspiration from each other and are passionate towards learning, being challenged, and helping each other feel cared for and supported. This is demonstrated in the executive board that exists to sustain the club as a fully functional organization. They have formed a beautiful social network that is so well enmeshed that they could work together to accomplish a lot beyond themselves.

Program Demographics

Demographically, the consumers of the program are mainly cisgendered (when one's self identified gender aligns with their biological sex), white identifying, and Christian. By nature of the agency and whom they serve, all of the client population of the ODSC present with one or more severe mental health or psychiatric challenges including but not limited to anxiety, depression, PTSD, multiple personality disorder, bipolar, and OCD. In addition to these challenges, some have physical challenges or sensory impairments that further impeded their independence in US society. Further, an understood majority hold more liberal--rather than conservative--political opinions and there are few individuals of color and who are LGBTQIA+ identifying. The gender ratio of the regularly attending members seems to be about 60%male and 40%female. Some are homeless and many receive subsidized housing or section eight.

Curative, Alleviating, or Preventative?

Considering social support is a significant protective factor, the ODSC aims to create alleviate and prevent problems. The program can be considered supplement treatment because in choosing to participate with the club, an individual could be challenged to alleviate a their current stressors and communicate their worries but also can be further supported with a social

network that can help an individual implement and practice coping skills and therefore prevent further compromising situations.

Value Perspectives

Adequacy. To meet the needs of its clients, the ODSC is open from 8:30 AM until 4:30 PM Mondays, Wednesdays, and Fridays as well as 8:30 AM until 6:30 PM Tuesdays and Thursdays. They expand their accessibility by providing transportation to residents of Milford and New Haven but also have an open door policy where any client of Bridges can join the community. The program also offers members of the club to hold leadership positions and jobs: aside from being apart of the executive board, members can also become peers that work as case managers for other Bridges clients, or (if able) they can become paid drivers for Bridges.

Equality. The open door structure of the club as well as the workday hours and option for transportation definitely attend to expanding the accessibility of the club. However, it can be argued that the club does not cater well to individuals who work during the day or who need daycare and therefore has the potential to be more equitable in that respect.

Collaboration. The ODSC works as an addendum to consumer treatment with in the Bridges healthcare system. Each individual in the ODSC program engages in treatment on a more therapeutic level either with a case manager, therapist, nurse, professionally facilitated group, or other clinician lead treatment. Although encouraged to use the resources within Bridges, some clients do go beyond Bridges to work towards a more holistic recovery. In this way Bridges could create more options beyond the walls of the organization to better meet the needs of some of their clients; but all in all, the interdisciplinary workings of the organization itself do speak to their ability to collaborate well among themselves.

Evaluation of Effectiveness

The ODSC holds a focus group meeting every tuesday. This is where they bring up any ideas, or concerns they have to the Bridges staff who are incharge of the club. They have a suggestion box where any member can submit their concerns, complaints, criticisms, or comments. However, beyond these opportunities, there is not structured evaluative measures that this program has formally implemented.

Gaps in Service

The ODSC is effective in the sense that it is what it is: a social club. However given the potential each individual has both separately and together, the club has the tools to be something more. As much as it exists to be an environment of leisurely socialization, the staff of the club ask for more activities to be done with the client. Although friends, the members have the potential to even further rediscover each other and themselves in different ways. Through team building and self reflection, this can be accomplished and their potential can be even more realised. There is great opportunity with in this club for the members to voice themselves and become a body of influence beyond the entity of the club. They have the power through stories and mutual support to make an impact and promote change on a more macro level and in that way the organization can better serve themselves, its members, and the world beyond.

This would have a reciprocal benefit for bridges as a whole in the sense that by reaching beyond the ODSC, these individuals and their stories can appeal to supporters who have the ability to donate, learn, and be impacted by the wholesome, loyal, and loving people within the ODSC.

Macro Change Plan

On both the clinician and the client level, individuals have been discussing the lack of funding and support of mental health services. Creating a change in these regards could be done on multiple levels. Most directly influencing policy, the organization as a whole could take a step to communicate directly with their legislators. Whether inviting them to a breakfast at the social club or taking a trip to the legislative house in New Haven, it is possible to intervene with a task group to compile consumer and clinician produced written and spoken stories as to why it is important to fund mental health services.

Concurrently, creating newsletters as an outlet of expression, forum of communication, and monthly team building activity could more actively realize the potential for the ODSC to make organizational and policy level change. The overwhelming amount of creativity and care within the members of the social club is currently not being utilized fully. A newsletter with columns including but not limited to food, movies, politics, art, celebrations, and upcoming events has the potential to bring people together, advertise about the organizational wide letter drive, and ultimately empower clients to effectively articulate their needs. It can be a different medium through which clinicians can become more aware of what strengths their clients have outside of the therapeutic relationship.

Combined, these two interventions have brought the clients at the ODSC together to increase their self awareness, practice interpersonal skills, and rediscover the power they have as individuals and a group to make a difference and be agents of change. The newsletter was successful and additionally connection to a advocacy coalition was a small but necessary step towards greater change. They are now more connected and have a meeting with them in May.

Quality Improvement Ideas

Since being introduced to Bridges in September 2017, the social work student-intern recognizes the high standard of care to which this organization strives to maintain. In her six months, she has additionally noted a few areas of potential that Bridges has yet to actualize. One such area is their high reliance on fall-to-spring interns. Due to budgeting constraints, interns are crucial in this system of care, however this reliance proves to be inconsistent. It can be argued that six months of care is better than no care at all, however inconsistencies in providers can decrease a client's trust in the system. This could make it continually harder for some clients to build rapport with future interns which could inhibit their progress. Therefore, it is concerning as to the increasing amount of reliance that is being put on interns at Bridges.

Another note of improvement would be the working environment. Bridges is a very efficient and welcoming place. That being said, an atmosphere of spirit, passion, was often missing. This could be a result of overloaded workers, or personal stressors, and the intern's lens is bias based on the particular people she encountered. As a baseline, the people I encountered talked about clients as if they were annoyed or thought their actions were ridiculous or intrusive. And as mental health professionals, I'm sure their love for what they do drives their work but is stifled by the amount of work. Most notably, language used by those she worked with was dismissive, demeaning, and minimized client concerns. Perhaps in the form of a training, or panel with the client's themselves, there could be a forum on the impact of certain language with mental health and substance abuse. Providing a panel with clients would empower clients to have a voice, create an open environment for conversation, and educate clinicians about the sensitivity of language.

Similarly, a forum through which clients can give feedback to the agency seems to be inexistant. Upon offering to conduct an open quality of care forum with clients in October, no follow up discussion occurred. It is important that an organization takes the time to understand where they are falling short from the client perspective in order to better their care and services. Creating an opportunity for clients to have an open town hall styled comment session could further allow clients vocalize their needs and feel important and heard. Moderating would be necessary as to allow time for no client to be slighted, but as consumers of Bridges services, it is important to get their feedback both good and bad to better the organization as a whole.

The history of the social club seemed to have been more interactive and more client driven in previous years. Given different changes in staff and budgeting, the amount of interaction seems to have decreased. However there are cost effective ways of creating opportunities for clients to learn about the community around them. There are resources that the student feels are not being utilized. There are many local businesses and organizations that the club could connect to. Creating relationships with the police department and fire departments would build rapport and trust between clients and these professionals. Making this connection could create a safer living situations by breaking down mental health stigma and create personal relationships among the FD/PD and those they serve. Additionally, relationships with local restaurants and other businesses could increase opportunities for clients, this could be a means of not only getting out of the club, but also educating the community, and exposing clients to possible jobs or social connections. Additionally, many of these companies might have a desire to volunteer their services or to donate a gift cards or two as a means to receive tax deductions, so making these connections could have financial benefits as well as social-emotional benefits.

Description and Purpose of H.B No. 5035

H.B No. 5035 exists as plan to allocate funds to various services in the state of CT. It is titled “An act Adjusting the state budget for the biennium” and was introduced by Representative Aresimowicz of District 30, Representative Ritter of District 1, Senator Looney of district 11, and Senator Duff of district 25 in the February 2018 legislative session. The provisions made by the enactment of this bill will be effective as of July 1st 2018 and will end on June 30, 2019.

There are several coalition efforts towards advocating for more funding being allocated to mental health, substance abuse, and homeless services. There are efforts to improve these agencies that will require application of evidence based practices, training, and assessment in order to work towards success. Ultimately, the purpose of focusing on this bill is to oppose cuts to the Department of Mental health and Addiction services.

Implications of H.B No. 5035 on social work and the clients

H.B No. 5035 or any legislation that has to do with funding of Behavioral and Mental Health Agencies is important to Bridges because Bridges is a mental health and substance abuse agency that would be able to benefit from a grant like this. They provide behavioral health care and are presently having issues with keeping it staffed and running due to funding issues. Should an organization like Bridges receive this kind of grant funding they could improve their quality of care. It would prevent Bridges from making some cuts to salaried, employees, and programs. This would benefit the workers by decreasing their caseloads (or rather increasing the agency’s ability to serve more and/or serve in better quality). This would have an additional effect on the clients who would benefit from this more individualized

programming/opportunities which would ultimately lead them towards a more successful recovery.

Being a Change Agent

As a change agent, it has been important to reconnect Bridges with an statewide advocacy organization called Keep the Promise (KTP). Bridges has worked with KTP in prior years-- they have worked to coordinate legislative breakfasts and brought the Open Door Social Club members to Hartford to testify. In recent years, they have not have the staffing to be able to keep this relationship going. As working with Bridges progresses, it's been a goal to reconnect their clients with KTP as a way to empower them to use their stories and their energy to yield difference/change for themselves and people like them. In recent months, KTP has been working to support mental health and substance abuse populations by fighting against Medicare Cuts and advocating for more DMAHAS funding. KTP is working to bring clients to the capital (Hartford) in order to testify on behalf of theses issues as consumers. Additionally, letters are being written in order to further express our concern for this issue as a greater entity.

Writing to A Legislator

The Legislators of Milford on Bridgeport Avenue are Representative Kim Rose, Senator Gayle Slossberg, Senator Richard Blumenthal, Senator Christopher Murphy and Congresswoman Rosa DeLauro. Governor Malloy would be an additional person to write to on this issue. These are people who vote on this issue and would need to hear from their constituents about why they should keep funding going towards DMHAS. Clients of Open Door Social Clubs in CT testified on February 23rd in an effort to not allow cuts towards mental health services.

The aforementioned legislators were contacted via email in March 2018 with the following letter:

Dear [insert respective name here],

I am a social work student working at an agency in your district in Milford. I am a voting citizen and am writing to request your support for **H.B No. 5035**. Your support is crucial for the future of Behavioral and Mental Health Services in the state of Connecticut.

As someone who works directly with the mental health and substance abuse population it is concerning to see funding being taken away from where it is needed the most. In Boardman's Connecticut mental health study in 2011, he studied the relationship between social exclusion and mental health. These Connecticut citizens reported their active struggles with impoverished living conditions, homelessness, poverty, and unemployment, in addition to little to no consistent meaningful activities (Davidson, et. al, 2010). They additionally face stigma within their system of care that prevent them from moving beyond learning just existing with their mental illness to engaging in more meaningful activities (Davidson, et. al, 2010). I urge you to recognize their existence as contributive members of society who deserve opportunities to live healthy, happy, and substantive lives.

Efforts to provide such opportunities of individuals of this population are being affected by budget cuts such as those without your support of **H.B No. 5035**. Their entitlements and services are at risk. Every day I see them grow from each other with programs like the Open Door Health and Wellness Clinic which serves to provide social, cultural and education opportunities for these individuals that they would otherwise not have the option to partake in

due to lack of transportation and lack of community. One particular client comes to the clinic often and says “I know I have to come when all I want to do is stay in bed and sulk. Suzanne (another client- name changed for confidentiality) always told me ‘it’s when you don’t want to come that you know you need to come because it’ll make your day better seeing everyone’. That has proven to be a fact every time I make an effort to get here”.

Services like these clinics are on the line if cuts are made and it is important that the allocation of funds continues to go towards these services by voting in favor of **H.B No. 5035** Not only to increase the ability of professionals to help these populations but also to increase the ability for these populations to help themselves. Eliminating funding also puts the existence of the Regional Mental health Boards at risk. These boards are important in maintaining a standard of care for the most vulnerable of populations in our state. I urge you to make choices that align with the values of our country to provide *everyone* with an opportunity to succeed.

Please respond in writing,

Rachel Zacharczyk

3730 Madison Avenue

Bridgeport CT 06606

Part A: Professional Development Activities

Junior Year: Organizations and Memberships

SHU Gender and Sexuality Alliance. As the President of the Sacred Heart University Gender and Sexuality Alliance (SHU GSA), and former Vice President, I have gained experience in facilitating group discussions and experiences, creating meaningful advocacy/awareness events, and coordinating community building social activities. My goal was to build community among LGBTQ* persons on SHU campus as well as advocate, education, and promote LGBTQ* justice. Over the 2016-2017 school year we participated in a variety of activities including a ribbon campaign for HIV/AIDS awareness, funding the first agendered speaker to present at SHU, hosting an LGBTQ* vigil, and coordinating an LGBTQ* panel.

Delta Sigma Epsilon: National Honors Society for Catholic Colleges and Universities. DES is an honors society that expects students to meet standards in community services and in academics. Being apart of this society has provided the opportunity to be apart of a community of scholars who are dedicated to giving back and living to the standards of the Catholic faith. it is an amalgamation of spirituality, service, and learning that Sacred Heart and an institution prides itself to be.

Xi Xi Chapter of Phi Alpha Social Work Honors Society. Since being inducted as a member this past spring, I have grown to better understand the community of professionals that we have as social workers. The dedication that every individual in this organization has to their profession has held me accountable and motivated me to be a better student and seek more opportunities to learn, grow, and develop as an individual and a prospective social worker. I have learned the importance of community, in reaching out for help, and of learning from each other.

Sacred Heart University Thomas Moore Honors Program. Being apart of the the honors program at Sacred Heart University has provided me with an opportunity to take more challenging classes with more vibrant discussions about spirituality, politics, and philosophy. it has been an opportunity to expand my ability to think critically and beyond the classroom. These classes have been an source of empowerment for me to apply my learning towards listening with patience, reading with consideration, and taking action with passion.

Senior Year: Organizations and Memberships

SHU Gender and Sexuality Alliance. As the President of the Sacred Heart University Gender and Sexuality Alliance (SHU GSA) for the past two years I have put the social work practice into action in the roles of facilitator, organizer, educator, and advocate. Through these roles, I have had the privilege to watch the GSA grow beyond being just a social club. Although rooted as such, it now additionally serves a greater purpose: to promote LGBTQ* justice and inclusion on our private, catholic university campus. From social club, to social justice advocacy organization, we work to establish and maintain an inviting and welcoming community for all. Our current work includes working with the university's Title IX coordinator to redesignate all of the single person bathrooms to be identified as "Gender Neutral Bathrooms". Beyond that, we have sponsored the first two transgender identifying speakers to present at our university, coordinated multiple panels of LGBTQIA+ identifying Sacred Heart Students and Faculty, and have been working with our neighboring University (Fairfield University) to start a conversation about gender inclusive housing with residential life here at SHU. Professionally GSA has challenged me to apply the social work skills from class into practice.

Residential Life at Sacred Heart University. Residential Life has been an organization that has challenged me to serve as a resource and guide within my residential hall. Overseeing 48 students over the past six months has given me experience with crisis intervention and holding people accountable for their actions. My creativity has additionally been stimulated through the creation of programs, decorations, and mentoring relationships. Akin to social work, there were many times when my prioritization was key and patience was challenged. Through interpersonal conflict between staff members and residents, I was additionally able to learn conflict resolution skills. This experience has taught me to be a better leader through observation, listening, noticing, educating, and empowering my residents and my colleagues.

Habitat for Humanity SHU Chapter. As a member of Habitat for Humanity I have had opportunities to go on week-long alternative break trips to South Carolina, Delaware, and Mississippi. Habitat for Humanity has not only sharpened my knowledge about construction and contracting, these experiences have given me the opportunity to reflect on myself and grow from within. On these trips me and about 17 other students would go to a different state for a week, and partner with a Habitat for Humanity affiliate to help build homes, forge communities, and instill hope. Both on these trips and with the affiliate in Fairfield, I've gotten opportunities to meet homeowners, learn about Habitat as an organization, reflect on myself and my privilege, and become culturally competent about homelessness.

Junior Year: Conferences, Seminars and In-Service Training

Child Sexual Abuse Prevention Certification (SW276). This training educated us on how to properly address instances of suspected abuse as well as how to identify situations where there

is possibility of sexual abuse to a child. This is applicable when a social worker is working in a setting with kids, parents, and potential sexual abusers.

Suicide Prevention Training. In this training, I learned about how to identify an individual with potential suicidality, how to evaluate the potential for an attempt to be made, and how to appropriately and adequately intervene if a person is possibly suicidal. It provided resources that guide someone on how to ask someone if they are suicidal, and how to guide them towards getting help.

Communities as a Campus tour of the South End of Bridgeport. This walking tour involved visiting historical locations in the South end of Bridgeport to learn about its past history, current issues, and future policies. It took a macro perspective on how history, environment, and geography shapes the structural racism and classism that exists in Bridgeport, CT. A post-activity reflection paper focus on the mechanisms of oppression that were experienced by the community as a whole. It increased my awareness of the issue of homelessness, what is currently being done to combat it, and of my own privilege as a University student in a neighboring town.

Lobby Day. This gathering of social work college students provided an opportunity for me to learn about how social workers can influence policy. Through grassroots methods, providing testimony, or even writing a letter or making a phone call, social workers can community with legislators about the issues that their clients are facing. It is important for social workers to take an advocacy role in order take steps to change oppressive conditions that the populations they work with face. In doing so they give a voice to underprivileged groups in society.

Tyler Ford: Breaking the Gender Binary. As GSA President, I had the opportunity to both coordinate and attend this colloquium. Upon coordination, I networked with various organizations around SHU in order to acquire funding to bring Tyler Ford to campus as a speaker. Having made connections with Residential Life, Title XI, and Student Government, it was a worthwhile experience to learn about the large amount of support for LGBTQ* issues on SHU campus. In attending this colloquium, I was further educated about the experiences and struggles of transgendered individuals. Tyler talked about their personal story, educated about the LGBTQ* gender and sexuality spectrums, and brainstormed with the audience about what changes could be made at SHU to be more inclusive to transgender and gendered individuals.

NASW-CT Town Hall Meeting: "The Trump Presidency, How do we Respond?". The 2016 Presidential election has affected and will affect the social work practice in micro, mezzo, and macro ways. This meeting was a gathering of social workers who discussed their own experiences, the experiences of their clients, and the fears about the election of Donald Trump on future policies. This experience was beneficial in providing support for the social work community and thinking together about how to address the immediate impact that their clients are experiencing.

True Colors at University of Connecticut 2017. I had the opportunity to coordinate SHU GSA's attendance at TrueColors, a two day LGBTQ* Conference at the University of Connecticut. From this experience I not only gain experience in coordinating events, but I also participated in six professional development presentations. These included a college LGBTQ* organization meetup as well as presentations informing educators and clinical professionals about working with transgendered and other LGBTQ* youth and their caregivers in child

protective services, homeless services, the criminal justice system and private clinical practice.

This conference was very educational and taught me about other disciplines' roles in working with LGBTQ* youth, the transgender/agendered/nonbinary individual's experience, and how to work with parents and children in mediating conflict rooted in identity and expression.

13th from Slave to Criminal with one Amendment Colloquia. This colloquia was a movie about the institutional racism that exists in United States Society. It poses that the presentation incarceration system is an evolved form of slavery in our country. From this movie, I was educated a lot what influences our government's policy making, the persuasion tactics of the Republican party, the experience of the black individual, and the unawareness of the repercussions of having privilege among United States Citizens.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) training. This training teaches preliminary assessment tools to determine the severity of an individual's substance use, to intervene on a basic level to motivate behavioral change, and to appropriately identify cases in which a referral is needed.

Senior Year: Conferences, Seminars and In-Service Training

2018 Hudson Bay Network Field Manager Conference This conference was an opportunity to gather with other Field Managers with in the Hudson Bay Network in preparation for the summer Canvassing season. This conference is crucial in the empowerment and training of those teaching and leading novice and prospective canvassers towards success. It provided skills towards bettering group cohesion and keeping a positive work environment. As a networking event, it allowed us to learn about different struggles and accomplishments with in

other offices as mean to provide discussions about interventions and suggestions to find even more success in the upcoming year.

True Colors Conference at University of Connecticut 2018. This opportunity allowed the student to network and learn about career paths involving the LGBTQIA+ population. During this two day conference, she engaged in discussions about the challenges of being an LGBTQIA+ identifying professional, serving the LGBTQIA+ populations, and the experience of living on the intersections with various oppressed identities while simultaneously identifying as LGBTQIA+. The seminars that I attended this year were more practice focused than the seminars the year before due to my nearing transition out of the collegiate environment. Having a very young perspective it was beneficial to be in the room with other clinicians, educators, ministers, and professionals who simultaneously had experience I was curious to learn about and asked for input that I could give as both a student and a semi-professional.

Opium Use Prevention Week & Seminar: Jeff Hatch. Being apart of this joint effort between the psychology and social work departments was a beneficial experience. Listening to Jeff Hatch's journey as a professional storyteller and educator rejuvenated my confidence in the sharing your journey. He artfully used his story to inform SHU students and faculty about the intricacies of drug and alcohol addiction. It was helpful as an intern in a mental health and substance abuse clinic as well as a friend who knows people in recovery. His work was inspiring, motivation, and affirming for me as a prospective organizer. His work is what moves, motivates, and makes change to policies. He is an example of what I strive for for my clients to become.

Sacred Heart University Interdisciplinary Palliative Care Conference 2017. This professional development event was an opportunity for me to learn more about social work in a

more systematic lense. Among the helping professions there is simultaneously a lot of overlap and a lot of disconnect. This conference made more apparent the service gap we have in our national system of care in regards to the need for more interdisciplinary collaboration and decision making. It also increased a sense of urgency to figure out a way to better address how to best meet the needs of workers, patients, and families making palliative care decisions.

2017 Hudson Bay Network Canvasser Conference. This conference was a gathering of canvass organizations from all over the country. It addressed the importance of starting conversations, taught us how to organize support, and prompted us to reflect on our own identities and how they motivate us to do what we do. It provided resources and empowerment to learn how do what we do as organisers in a more efficient way. This applies to social work on a macro change level because it furthered my learning about grassroots organizing.

Sacred Heart University Residential Life Interactive Training. Training with Residential life was a week long intensive experience. We did real life simulations of crisis situations involving domestic violence, drug and alcohol documentations, hate crimes, and roommate conflicts. Additionally we were taught about the resources on campus including Public Safety, Campus Operations, Information and Technology, and Title IX. There were lectures and discussions provided to increase understanding about intersectionality and the challenges of minority students on our campus. There was also opportunity to discuss ideas that would be beneficial towards recognizing and celebrating diversity on SHU campus. Although focused towards the Residential Life perview, this training was greatly applicable to my internship and my personal life.

Junior Year: Professional Reading*Annotated Bibliography I:*

Friedson, M. L. (2015). Psychotherapy and the fundamentalist client: The Aims and challenges of treating Jehovah's Witnesses. *Journal of Religion and Health, 54(2)*, 693-712.

doi:10.1007/s10943-014-9946-8

Friedson writes to inform practitioners on potential difficulties they may encounter when working with clients with Fundamentalist belief systems. The focus of Friedson's findings is on the Jehovah's Witness community in relation to Psychodynamic Therapy. She explains how this belief system upholds its followers actions, thoughts, words, and deeds to the standard of the literal interpretation of The Bible which, as Friedson cites, can cause a follower to hold subliminal feelings of guilt, shame, and unworthiness. In application to practice, she notes how many victims of sexual abuse, and people of the LGBTQ* community are negatively affected by their Fundamentalist upbringings and seek "outside" help at the expense of being shunned by their community. Lastly, Friedson warns that Clinicians working with people who practice such fundamentalist faiths should refrain from their own judgment and be aware of the possible judgments that the client might have of the clinician.

This article was very helpful and very applicable and serves the purpose for which it was intended. There is a client at the Homeless shelter who is a Jehovah's Witness with whom the caseworker has been expressing trouble in regards to "getting her to open up". Perhaps it is possible that this client does not believe in therapy or asking for help outside of her faith group. In that case, then she would have no interest in opening up to the case manager or any other staff.

This article provided insight on how to navigate a conversation with this client and, perhaps, gain rapport and get to know what resources she needs.

Annotated bibliography II:

McCleary, L. (2002). Parenting adolescents with attention deficit hyperactivity disorder: analysis of the literature for social work practice. *Health and Social Work, 27(4)*, 285-288.

McCleary addresses the theories and research that inform the role of social work practice while working with client systems who seek help with parenting adolescents with attention deficit hyperactivity disorder (ADHD). The author provides the definition, symptoms, and impact of ADHD on an individual. She explains how ADHD affects an individual's social interactions, ability to focus, and temperament. The relationship between parental stress and ADHD is found to be reciprocal where dysfunctional parenting can be both a risk factor of childhood ADHD as well as a cause of increased parental stress. McCleary overviews the variety of ADHD treatments that address the environment and biology of a child with ADHD. She provides parental guidance towards decreasing stressors regarding ADHD as well as how to best address a child with ADHD. These options include parental training, using community supports/positive role models, and among other psychosocial interventions. All-in-all, McCleary is informative, thorough, and knowledgeable on the topic she writes about. She points out the inconsistencies and gaps she experienced while researching ADHD, and she recognizes the need for further investigation in order to more effectively help this population.

This article is applicable towards working with family systems in the homeless population because there are parents who are homeless and who struggle to figure out how to best parent their child with ADHD. It is important to inform these parents of their child's treatment options

as well as connecting them to resources that provide education and/or support regarding parenting a child with ADHD.

Annotated Bibliography III:

Hamilton A.B., Poza, I., Hines, V., and Washington D.L. (2012). Barriers to psychosocial Services among homeless women veterans. *Journal of Social Work Practice in the Addictions, 12(1), 52-68.*

Female Veterans are a sector of the United States homeless population who are often forgotten about. This article provides insight about how a female veteran experiences homelessness and what gaps there are in homeless services. This study follows three focus groups from the Los Angeles, CA area that identify three barriers female veterans face when seeking services: lack of information about services, limited access to services, and lack of coordination across services.

The article cites experiences of individuals within these focus groups.

A problem exists because most of the women did not know that women's veterans services existed until years after their discharge. Even more problematic, their peers, not professionals, were the sources of the information they needed in order to be connected to services.

When in the system, homeless services are often more available to male veterans, individuals (no children), and people with substance or mental health issues. Women are often only offered mixed-gendered care what often pose psychological and physical safety risks that are inappropriate for women who have sexual trauma. Even during termination of services, most women express not having exit interviews in order to evaluate other potential service needs.

To conclude, this article informs of unjust practices in veteran services. Individualization of care but be prioritized in order to attend to the spectrum of needs of people that seek services. At

Spooner House, this article reminds the importance being mindful of the experiences and unique needs of the female veterans who enter the shelter.

Junior Year: Supervision

Upon my entrance into Spooner House on the days I was interning (Tuesdays and Wednesdays), I would stop by my supervisor's office for 30 minutes to check in, ask questions, reflect and propose plans. This time allowed me to process my thoughts about conflicting feelings regarding Spooner House or its clients. For example, when I was confused about whether it was appropriate to disclose that I am gay to the clients, my supervisor was able to talk it out with me and give me guidance. It also helped me to focus my implementation of my ideas for programming to help the residents. This helped me to be able to start implementing a open children's therapy session on site.

Senior Year: Supervision

At Bridges the clinical supervisor and the student would schedule a meeting for one hour every week. This hour would depend on their availability. This time was used to process conversations with clients, process thoughts, bring up concerns and conflicting feelings, and make plans for further action. The supervisor would provide insight and guidance to concerning situations as well as provide encouragement for any ideas brought up by the student. For example, regarding the student's concerns with potential confidentiality breaches with her task supervisors, her sight supervisor suggested to start a conversation. The conversation that happened shortly afterwards helped the student to better understand the perspectives and actions of her colleagues.

In addition to clinical supervisor meetings, the student met with her program supervisor for an occasional thirty minute time period. In these meetings the student and her program supervisor would discuss the work that she was doing with the clients. This supervisor would additionally approve the student's ideas and work to make plans towards their implementation.

Junior Year: Meetings

My internship at Spooner House gave me the opportunity to sit in on both duty coordinator supervisors (DCS) meetings and operations meetings. In doing this I had the opportunity to see the policy making process of the Greater New Haven Coordinated Access Network (CAN) in action. These meetings consisted of all of the DCSs or CaseWorkers/ Operations Directors of the homeless shelters in the Greater New Haven CAN. In this way I was simultaneously exposed to the people expressing the problems of the CAN and the people creating the solutions. Essentially it was an opportunity for me to learn how the CAN evaluates and reinvents the implementation of their Housing First initiative. It was an in-the-field example of incrementalism in the homeless shelter system of Connecticut.

I also engaged in self-help meetings with the two Spooner House clients I was assigned to. These are weekly one-on-one opportunities for the clients to update Spooner House on their progress, ask for any clarification, and identify any further need for resources that are preventing them from successfully finding permanent housing. These meetings were also opportunities for me to use my motivational interviewing skills in order to empower the clients of their capabilities, set their goals, and ultimately move them towards success.

Senior Year: Meetings

Bridges provided an opportunity to engage with the other interns at the organization on a weekly basis. This meeting was majority Masters of Arts in Social Work students with few Bachelors of Arts in Social Work students as well as a Masters in Nursing. It was an opportunity for those involved to discuss concerns and gain input for how to deal with difficult situations. Interns additionally shared case presentations and sought input and criticism. Speakers from different programs in Bridges would come and explain their role in the organization so as to give student the opportunity to understand the various in office services they could use as referrals.

Bridges has Team meetings every Tuesday which exists as a means of implementing interdisciplinary, person centered practice. In other words, it is an opportunity for clinicians of all different disciplines to gather and express concern over individual clients. It is an invitation for those working at the agency to work as a team to offer the most holistic service options. As an intern the student was able to present a case or a concern about any individual client at the Open Door Health and Wellness Clinic. She did this a few times in order to seek input and resources on how to navigate a situation with a client who was continuously being denied his entitlements.

Keep the Promise (KTP) is a political advocacy and education coalition that unites the Open Door Health and Wellness Clinics around Connecticut in a common effort to fight for funding of Mental Health and Addiction Services. The student intern worked to set up the Clinic's ability to attend KTP's Monthly meeting. This was important as a means to empower political advocacy and personal growth for clients who chose to participate. At this meeting there were updates and connections rekindled in order to work towards further mingling between the

two organizations. A meeting was set up for after the intern leaves so the Clinic can host one of KTP's housing advocacy meetings. This was important as it will encourage future advocacy opportunities in regards to Legislative Breakfasts, Lobby Days and further involvement in KTP events.

Junior Year: Volunteer Opportunities

SHU Habitat for Humanity alternative spring break. As a member of Habitat for Humanity I have had opportunities to go on week-long alternative break trips to South Carolina, Delaware, and Mississippi. Habitat for Humanity has not only sharpened my knowledge about construction butu has also proved me an opportunity to reflect on myself and grow in a personal way. On these trips me and about 17 other students would go to a different state for a week, and partner with a Habitat for Humanity affiliate to help build homes, forge communities, and instill hope. Both on these trips and with the affiliate in Fairfield, I've gotten opportunities to meet homeowners, learn about their experiences with homelessness, and reflect on myself and my privilege.

Viva Nicaragua Service Learning. Similar to being apart of Habitat for Humanity, I have had the opportunity to be a participant on an international mission trip to Granada, Nicaragua. The population I worked with in Nicaragua were women in a home that served the physically disabled and the elderly. Aside from doing this, I was immersed in Nicaraguan language, family, food, and history. On a macro level I was able to understand the United States influence on Nicaraguan Government during the Presidencies of Carter, Reagan, and Bush. Additionally, I observed and analyzed family structures and gender roles/expectations among the people who I encountered. On a mezzo level I got to analyze and participate in the group dynamic of the 17

participants , the professor, and the Viva Nicaragua leaders. Finally, on a microlevel, I had the opportunity to talk (broken spanish) to my host family and the Nicaraguan people we encountered, and learn about the stories of the clients of the home I volunteered at.

YouthWorksMissions. In Summer 2016, I traveled to Milwaukee, Wisconsin and worked as a program and music coordinator for a Christian Missions organization. On a mezzo level, I learned conflict resolution and team working skills with the three other YouthWorks employees. Additionally I worked to create and coordinate meaningful reflections/community activities for 40 to 70 students each week. This involved networking with the church we lived in as well as community partners as a means to provide educational opportunities for the students to learn about the racism and classism that exists in the City of Milwaukee. As a prospective social work student, I was able to apply my clinical level skills when talking to the participants of the Missions program, my mezzo level when coordinating activities in the community, and my macro level when analyzing the racial and socioeconomic disparity between downtown Milwaukee and the outer suburbs.

Senior Year: Volunteer Opportunities

Tunnel of Oppression (with Reslife). The Tunnel of Oppression is an interactive display at Sacred Heart University that represents different intersections of oppression. Through Residential Life, I learned of an opportunity to get involved with this project. I worked with one of my superiors in order to put together a room representing the LGBTQ* intersection. Using my connection to the Gender and Sexuality Alliance of the University, this was an opportunity to gather testimony to use the power of a story in telling the experience of being an individual who

identifies as LGBTQ+. In this display we used our space to represent the arc of coming out of the closet.

Habitat for Humanity SHU Alternative Spring Break MARCH 2018. The conclusion of my Habitat for Humanity experience at Sacred Heart University was an alternative Spring Break trip to Athens, Georgia. This trip was supplementary to the experience of being in the HFH club on campus. On this trip my leadership skills were strengthened in ways that they had not been on previous trips as a result of my seniority. Through integrating my knowledge from four previous habitat trips, I was able to recognize my ability to be a point of guidance and observation. It felt easier to step in a background role that encouraged others to challenge themselves, notice when others needed to talk, and delegate when people looked like they wanted a job.

MonmouthCares. This internship was an effort to gain exposure to the system of care in New Jersey. During her time at the organization, the student was able to create an electronic list of updated resources in the Monmouth County area as well as assist in completing the agency's six-month NOMS and NATL surveys. From this experience she learned about taking billing notes as well as the process and importance of evaluating the services that an agency provides.

It was also helpful experience in being able to recognize and self advocate about the skills that she was not able to understand. For part of the internship, the student was working with the IT department of the agency. As much as she met with her supervisor and as much as he knew what he was doing, she found herself constantly lost and made it know that this was not a job that she was capable of completing.

Part B: NASW Code of Ethics

Junior Year

1.03 Informed Consent

In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible. (National Association of Social Workers, 1999)

As indicated in this competency, a social worker must ensure that a client is fully informed upon the pretenses of their participation in a program. The social worker must use clear and understandable language to communicate costs, rules, the right to withdraw, other alternatives, and the opportunity to ask questions. For clients who have difficulty reading or clients are are not literate, it is important that the social worker take measures to either read aloud or provide an interpreter in order to help clients understand what they are consenting to.

In Spooner House it was brought to my attention that one of my clients was about to be discharged because she had broken a rule in the Spooner House rules packet. It had been a few days since she had gotten the packet and I was curious as to why she had not “gotten to reading it yet” as she expressed in our self-help meeting. During this meeting, my supervisor assigned me to start preparing her for discharge, I had discovered that she was not as literate as she said she was in her intake upon entering. I expressed this to my supervisor who then gave her a pardon and had another staff member go over the rules with her verbally. In this way she had not yet

fully consented to following the rules at Spooner House and it would have been unethical to make her adhere to rules she did not yet understand or properly consent to.

1.07 Privacy and Confidentiality

Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep 11 OE-BRO-47318.Code-2018.qxp_Layout 1 9/20/17 9:23 AM Page 11 information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed. (National Association of Social Workers, 1999)

It is important that a social worker informs their clients that they are a mandated reporter. Or as section 1.07 C of this clause states, "The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person." In my field experience I have encountered the need to disclose information my supervisor and colleges that one client was at risk for wanting to harm herself. Even after initially evaluating for whether she had a definitive plan or not, I deemed it important to tell the other staff the situation. In this way I was upholding the Privacy and Confidentiality clause of the NASW Code of Ethics and stepped into my role as a mandated reporter.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability. (National Association of Social Workers, 1999)

Social workers must act as advocates for individuals who cannot advocate for themselves. One client at Spooner House has learning disabilities and was originally described to be as “not as smart as her daughter” and “have a low IQ” and “has trouble expressing what she needs”, but after my first self-help session with her, I discovered that when given time to explain, she will explain in great, depth, and clarity. For past month that she has resided at Spooner House and I acted as her liaison between her and the Case Worker. At times, I felt the need to step in to advocate for the needs of this individual as the Case Worker was not respecting our client’s point of view. I believe that me speaking up and holding my supervisor accountable for her microaggressive comments, I was able to uphold the Discrimination clause of the NASW Code of Ethics.

Senior Year

1.02 Self Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others. (National Association of Social Workers, 1999)

The social work student's commitment to self determination (1.02) is indicated by her request to receive permission prior to the implementation of any projects or groups at the social club. The student additionally involves the clients by requesting ideas to create and help to lead group sessions. The intention to work with, rather than for, the clients is important to note when permission is requested. It shows a clinician's responsibility to meet a client where they are at and move at a pace that the client is setting. Being able to have a discussion as to what options there are is essential in establishing self efficacy and a demand for work.

1.04 a Competence

Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience. (National Association of Social Workers, 1999)

As a preprofessional, it is important to acknowledge any inability to properly perform certain tasks. It is important to acknowledge when a client's narrative moves beyond the scope of the social work practice and indicates a need for referral. Failure to do so results in malpractice. In alignment with this competency, the student often requests input and direction from her supervisors when approaching situations involving coworkers and clients that are unfamiliar. For example, one client showed signs of potential suicidality and the student acknowledged the potential danger by asking for help and advice as to how to best address the client. She has also had conversations regarding the baseline behaviors of clients as a means to express concern while simultaneously learning how to distinguish between "normal" and "concerning".

1.05 Cultural Awareness and Social Diversity ©

Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability. (National Association of Social Workers, 1999).

The student engages in conversations about culture with her clients. With one client, she inquired about the norms of abuse in their Cuban culture. They also discussed his disability as an effort to learn more about the forces of ableism. With the same client in addition to a client from Puerto Rico, she discussed the specifics of their comfort level with their outwardly identifying themselves with their ethnic identities and their opinions of their own culture juxtaposed to United States culture. In this way, the student seeks better understanding about what the client's challenges mean to them. In a different scenario, the student attended a conference regarding LGBTQ+ identities as a means to better her professional development when interacting on with transgender and LGBTQ* individuals.

1.06 b Conflicts of interest (c)

Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple

relationships can occur simultaneously or consecutively.) (National Association of Social Workers, 1999)

It is important to establish social boundaries in the social club. defining the role as an intern is essential to establish authority and respect as a pre professional. Having these boundaries is important as they are an expression of how the relationship is client focused. Having outside connection with the client infringes on the ability of the clinician to think objectively about the client's due to the fact that it would affect the additional non therapeutic relationship. The student is exercising this code in disclosing only necessary information to the clients, not friending them on social media, and establishing the role of a clinician on the premise. Any potential of a dual relationships is inappropriate and must be discussed with a supervisor.

1.07 Privacy and Confidentiality.

Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed (National Association of Social Workers, 1999) .

The social worker practices privacy and confidentiality when changing the names in her papers. She also only lets relevant people know about client situations. To further explain, she only expresses concern to other clinicians in the helping network that need to be informed about

updates about given clients. In this way she does not disclose information to third parties unless the clients has intent to harm either themselves or another person. For example, one client expressed potential suicidal ideation and the social worker only addressed the situation to necessary parties in a private setting. This was beneficial to ensure the client's safety as well as the student's understanding of the client's diagnosis and further necessary information. Another instance when the student practice competency 1.07 is when she sees her client outside of the organization, per usual contact, when she saw her client in the mall she did not initiate conversation. Additionally, one of her client's boyfriends is in one of the student's classes and the clinician makes a conscious effort not to give any indication that she is an intern at Bridges and has discussed the appropriate conduct with her supervisor.

2.01 Respect of Colleagues (a)

Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues (National Association of Social Workers, 1999) .

The student addressed potential points of conflicts with colleagues by asking her supervisor for advice. When faced with confusion and discomfort in regards to a dichotomy between the very gentle, caring, stern, and loving relationship that clinicians maintained with the clients clashing with the negative dialogue (deficit based language), discontented dialogue, and potential confidentiality issues, she brought forth her concerns to her supervisor and henceforth navigated various conversations with these clinicians to better understand their roles within the organization in relation to its history. Additionally, she found a greater understanding as to where they hope to be in the future juxtaposed to their current roles at Bridges. Beyond this point of

discomfort, she respected their practice and has since come to realize that these conversations were important for them to do their job.

2.03 Interdisciplinary Collaboration (a)

Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established (National Association of Social Workers, 1999) .

The student presented interest in interdisciplinary collaboration by attending team meetings at 1:00 pm on Tuesdays. At these meetings professionals of many disciplines gathered to collaborate and come to conclusions about what to do regarding specific cases within the agency. The student practiced by acknowledging some of her own concerns with specific clients and presenting them to the team as a way to discuss possible interventions and actions plans to address the issues. Additionally, when the student has concerns about clients, she asks her task supervisors for their expertise and knowledge of the individual and the situation as a means to better learn which colleague to talk to in order to make a meaningful intervention.

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice. (National Association of Social Workers, 1999).

The student works to make client's needs known. She worked as a liaison between them and the agency in order to make know their concerns with with their. bathroom conditions, fire safety hazards, and potential spoiled meats. Beyond the walls of the ODSC, the student works to engage ODSC members to be their own political megaphones. She has encouraged letter writing participation to local politicians as a means to gather public statement for greater social change. She has engaged clients in conversations about the importance of voting and contacting their legislators. Lastly, she has reconnected the club with an advocacy group called Keep Promise Coalition. This group is a collaborative effort between clinicians and clients that exists to work with clubs to host legislative breakfasts, go to Hartford for lobby days, and empower them in other ways to have their voices heard.

Junior Year: Strengths

Unbiasedness. The student is invested into fully understanding situations before making decisions. This demonstrates her value to see situations from an omnipresent point of view. Although this often takes more time than what is allotted, it is important to have this skill so as to more adequately mediate conflict, identify the cost and benefits, and see situations from multiple perspectives. She is able to analyze decisions, interventions, and situations from multiple perspective in a micro, macro, or mezzo sense.

Intentionality. Rachel has put a lot of thought into the work that she does. She does not seem to want to take action without having an end goal in mind. She does not make a decision or implement a program without understanding the reason for its importance. What she creates has purpose and this is important for Rachel to use in her career so that she is able to empower and guide herself and others towards success.

Active Listening skills. Although listening takes time, in her self help sessions, Rachel demonstrated thoughtful and attentive listening. From affirming nods and noises, to clarifying questions, Rachel demonstrated her ability to listen to clients and pinpoint the issues that they are concerned about. She seeks to listen to gain a full understanding of a client's perspective of their situation. In this way, she becomes more adequately equipped to meet the client where they are and more effectively can address their needs. However this can be detrimental in more time sensitive settings.

Senior Year: Strengths

Unconventionality. The student's approach to understanding her role and integrating her talents in the ODSC seemed to push the limits of social convention. The student's sociological point of view prompted ideas to become involved beyond the clinic which was contradictory to her direction to limit her view to being in the clinic. Having an adventurous and creative spirit, she saw potential beyond what was already being done at the clinic and had a vision to act upon it which is seen as a strength because it provides the clients with new ideas and new energy that would have otherwise been dormant. Her creativity and emphasis for collaboration was additionally helpful towards challenging the client's images of themselves and their capabilities.

Adaptability. Due to the spontaneous nature of the Open Door Social Club, the student needed to be adaptable in order to navigate the unpredictable situations. Being presented with a group of people with mental health disorders often provoked interpersonal conflicts that needed to be addressed. Whether pulling people aside, taking people out of situations, calming people down, or creating a group to indirectly address an issue, the student was able to access and react to the happenings within the walls of the Social Club. Whether it was someone being too overbearing, someone with paranoia ruminating about the worse possibilities, someone saying inappropriate comments, or someone having a flashback, there were many points where the student had to observe, understand, and delegate in order to reach a resolution.

Observant. The student is a self-described wall flower. She enjoys and values being along in a group settings. In the social club setting this allowed more intimate one on one discussions because the student was able to understand clients' habits and behaviors beyond a therapeutic office session or a group. This in turn, enhanced socializing and allowed to ask more intentional

questions and make observations about client's behaviors throughout the day. This also gave the student an opportunity analyze group dynamics and relationships over the course of her six month internship experience. Thus allowing her to create group activities that focused on growing the loving and caring connections that existed between the members.

Junior Year: Areas for Growth

Verbal conciseness. Verbal arguments made by this student were often limited in strengths by her unfocused flow of thought. Her desire to fully encompass all possible perspectives essentially weakened the presentation other thoughts and the potential impact of her arguments. By preparing three or four supporting arguments before presenting herself to a group, she can develop to be a more effective advocate, communicator, and leader. As an addendum, she will also develop her presence as a leader and a public speaker.

Giving constructive criticism. As in intern it was hard to communicate points of criticism. Perhaps due to a lack of knowledge it never felt appropriate to point out situations that, from an intern's perspective, were felt to have been handled inadequately. It was hard to formulate an explanation as to what was believed to have been not handled correctly because the intern, herself, had a limited perspective point of most situations. This could be addressed in the future by formulating and respectfully asking clarifying questions as to why some decisions were made and the rationale behind them.

Asking Questions. The student hindered herself and her potential by not seeking advice, clarification, and understanding about her role at Spooner House. This effectively limited her impact at the agency and slowed her progress with her clients. By not asking questions to clarify the boundaries about what was possible for her to implement at the agency, she missed opportunities to connect with the children, solve conflicts between residents, and further help residents towards their goals. This could be solved by increasing her confidence in asking questions, intervening, and proposing ideas. Her intentionality needs to be straightforward and well thought out and she needs to be prepared for follow-up questions and further explanation of

her ideas and their goals. This could also be understood better with writing down bullet points in order to better explain her thought process, the reason for her confusion, etc.

Senior Year: Areas for Growth

Confidence. The student has challenges with being confident in her ability to make connections with her clients. It is important for the student to gain a sense of autonomy and ability without the need for verbal affirmation. There have been instances where the student was able to be bold and confident in her intentionality; however this is a skill that the student needs to continue to hone in order to find greater success in her career. For example, during groups that the student ran, the conversation was sometimes scattered and unfocused. It was difficult, but through trial and error, she has been increasingly able to navigate group discussion surrounding one subject. With practice these skills will become more instinctual.

Cautious. The student has a tendency to be hesitant and cautious in the process of implementing. Due to her desire not to impose on either her client or her colleagues, navigating ways to respectfully implement and discuss her ideas was found to be a challenge. Her hesitation came to point of conflict when her supervisor expressed concern about her comfort with in the organization as a whole. The multiple people that the student was working with including the 20+ clients, the 10 other interns in the social club, the 2 task supervisor, their supervisor, and her supervisor, it was hard to find the appropriate manner through which implementation was respectful. This conflict could have been avoided with communication, questions, and discussion. Through these things, it additionally allows others in on the creative process, allows for needed input, and fosters a collaborative work environment. Having practice and preparing

plans before discussions will increase the student's feelings of capability and decrease her need for outside affirmation for her actions and ideas.

Utilizing Supervisors. There were times when the student failed to use her supervisors for navigating communication through the organizational hierarchy. For example, when making a decision about working on an outside project, the student felt empowered by her seminar class to advocated for her time and made a decision to not continue with the project. The student, however, neglected to consulting her supervisor before making this decision. Conflict could have been avoided if the student better communicated that in her time working on the project she felt like an inconvenience in addition to her excitement to implement the ideas that were finally being discussed and were coming to fruition. Her desire to be fully invested in her 16 hours/week was clouding her need to work with others and find common ground.

Junior Year Self Care

I run, I play guitar and sing, I volunteer, and I laugh with people. As someone who has value in being still and being with others I appreciate moments that allow me to just exist. I make conscious effort to leave my room and talk to people on campus so I can socialize and remind myself of the community around me. Additionally, I take time away from people by going on a run or playing my guitar. and I also take time to be with people by sitting with them, playing board games and video games with them, going to get coffee or lunch, and just making memories. Lastly I volunteer as a source of inspiration and vitality of spirit. People that I encounter while volunteering often have beautiful stories that can be simultaneously heart wrenching but also affirming. All in all spending times with others reminds me that I am not

alone in this world and allows me to care for myself better when I'm alone (taking showers, watching television, exercising, calling a friend, etc.)

Senior Year: Self Care

Self care for me takes the form of finding creative outlets. From working on theater shows, to singing in an all women's choir, to watching projects others have created, it is important for me to find community through expressions of self. Considering my value in the telling of a story, it is important that I find ways to listen to others and vicariously learn through their experiences. This is what motivates me, inspires me, and sparks my passion.

Beyond, being outside is important for centering my spirit. Whether choosing to walk to class, going on a run, or taking a hike, feeling the air on my face, and hearing leaves crinkle under my feet grounds me and helps me to pause and appreciate what is around me. Very opposite, I also enjoy cleaning and organizing. These activities serve as a puzzles and mindless motion that results in feeling accomplished and rejuvenated when I am finished.

Junior Year: Professional Development and Relationships

As a professional there were many challenges that were overcome while at Spooner House. Most notably, there were times where clients felt unheard by the Case Manager and were subsequently advocated for by the intern. Ethically, it was hard to determine as to where or not certain possibilities were included in the role of intern, however it was eventually learned that asking can help identify possibilities, provide clarification, and demonstrate concern. To be fully engaged with the intern role, it was important to communicate with supervisors and other staff and this importance was highlighted during the experience. This was highlighted most often in

instances where communication was not present for this caused tension, problems, and an ineffective working environment.

From going to meetings, it was evaluated on how most policies are incrementally made and originally addressed at a grass roots level. Experience was gained from seeing how the CAN interacted, their purpose, and their success in achieving goals. This applied to further understanding the importance of roles like executive director. The connections made have been terminated. The only maintenance of the contacts made will be in the form of reference letters if needed or applicable to future jobs or internships. Additionally, a possible follow up on residents will be performed, but nothing much more.

Senior Year: Professional Development and Relationships

The student has a sense of independence that conflicted with the rigidity of the system of care with in Bridges. However, the value that the student puts on respect supersedes her need for creative independence. Her efforts to amalgamate the two were met with apathy and minimal guidance which made it difficult to navigate the system. Subsequent to expressing her unease, she was met with concern.

Professional Development opportunities within the organization were minimal. Crossover to programs outside of the one assigned were not opportunities readily available. One opportunity that the intern had the opportunity to be involved with was being able to sit in on a Women's Dialectical Behavioral Therapy group; however, due to billing constraints, the student was not able to go beyond sitting in on the group.

In reflection, the student seeks leadership that provides a template, while simultaneously leaving room for creativity. In other words, there needs to be clearly set goals, and many ways to

get there. The minimal guidance displayed by her superiors deterred the student from actualizing her potential at Bridges. This however guided the student to the realization of the professional mentors that she looks for for the future.

The student's experience with the Keep the Promise Coalition served to rejuvenate the student's spirit for grassroots work. The professionals with Keep the Promise valued the importance of the clients and used their privilege to be megaphones to the needs of the individuals they served. The relationship between the student and KTP was one of mutual respect and recognition of the student's ideas, willpower, and motivation to work together towards influencing policy.

The connections between the intern and the clients were professionally challenging due to the informal nature of the Open Door Social Club Setting. Setting boundaries was a skill that was developed during the intern's time. Many of the clients asked questions about the student's personal life and being able to balance the idea of vulnerability and professionalism was and will continue to be a learning curve. The provisions of HIPPA and the NASW Code of Ethics prevent the legality of any relationships between the clients and the intern beyond the walls of Bridges. Therefore, once the professional relationship has been terminated, the clients will continue to be unable to contact the intern. Beyond the clients, the only maintenance of the contact between the agency and the student will be in the form of reference letters or evaluations for future opportunities professional or otherwise.

Junior Year: Values and Beliefs

An attempt to mutual understanding is important when dealing with conflict. Being at Spooner House only reinforced this value because it showed how detrimental a situation can get

with the absence of this mutual understanding. For example, one resident was almost discharged from the program without being able to adequately explain her situation.

Additionally, the importance of cultural competence and humility was reinforced. With such a broad population of people who are homeless, a diverse population of people were encountered at Spooner House. It was important that questions were asked about traditions and practices, and that research was done to further understand the difference between cultures/belief systems.

Patience is a value that was tested. It is hard to determine when it is appropriate to be patient because although patience leads to more judicious decisions, it can also lead to miss opportunities. For example, the kids therapy group was started too late because it was not understood that it was needed until too late. From this it was learned that critical thinking can only be beneficial when used in a timely fashion.

The belief that handling conflict in a way that is straightforward, open minded and non accusatory was both challenged and reinforced. The Case Worker at Spooner often handled)and encouraged other to handle)conflict by means of avoidance and non confrontation. This was disturbing, but there was a purpose to it in the sense that if everyone stayed to themselves that they could be more focused on leaving the shelter. It was preferred form the intern's perspective that the conflicts among the residents be mediated by the caseworker through conversation, but also served to push people to want to leave the shelter sooner. Although this was not agreed upon, it was respected and understood.

Senior Year: Values and Beliefs

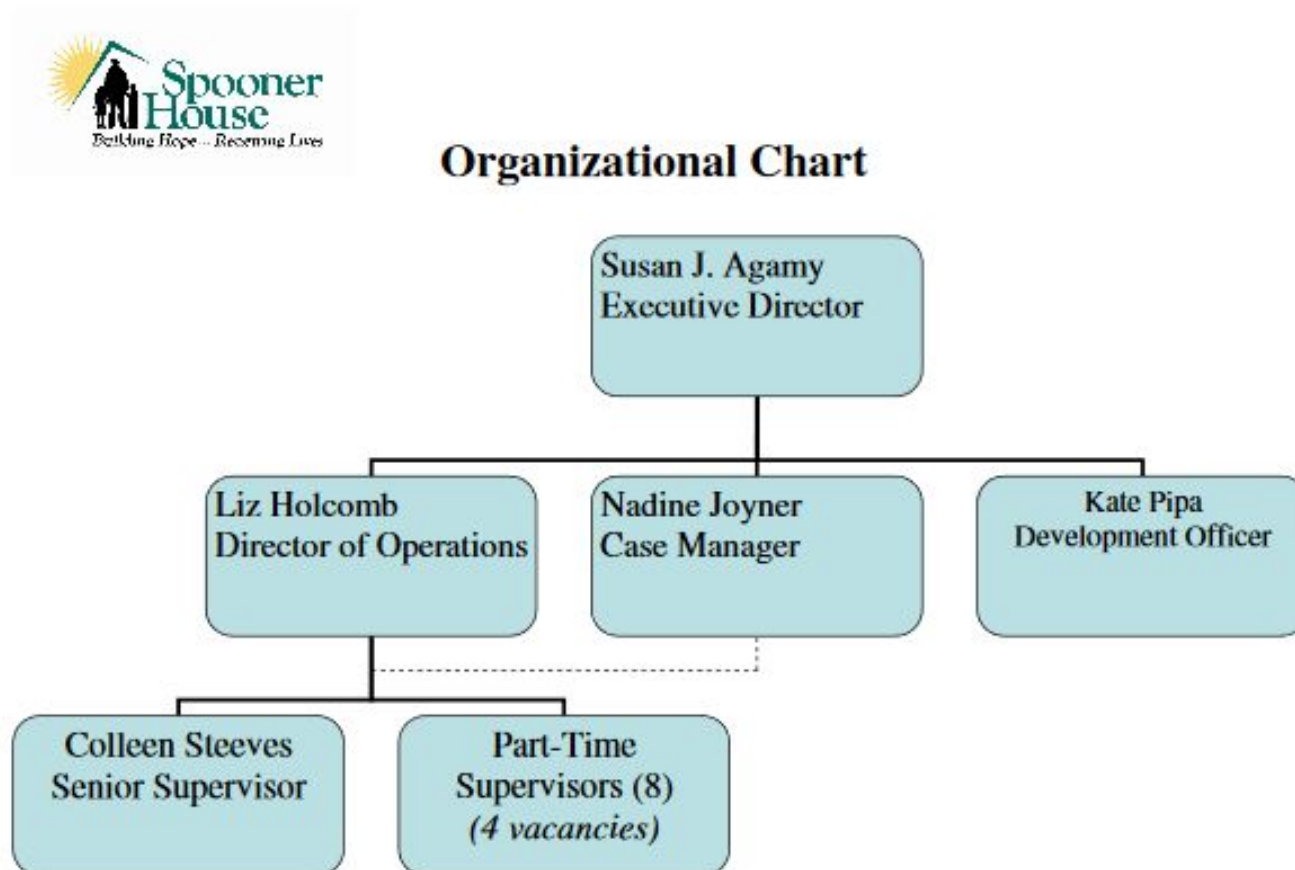
It is evident the value that the student puts great value into vulnerability and storytelling. She is journey oriented and loves the idea that people are made up of their experiences. The groups that she facilitated during her time as an intern at Bridges reflected this value. She encourages clients to embrace their stories and use it to encourage and motivate others. Whether it was asking about their day or prompting them with a question about their values, she worked to give space to the individuals in her group to talk, give input, and express themselves through art, action, and reflection.

The students believes in the importance of passion and intention. In an work environment, passion yields investment, investment yields hard work, and hard work yields results. Having intentional goals communicates to clients that they are capable of more than they think and more than society tells thinks. The power of having belief in someone is motivating and have the intentionality to tell them provides recognition, affirmation, and motivation to become even more. With in Bridges it is important to maintain this spirit as it is a good reminder to coworkers that our work is important and impactful, and more importantly to our client that we care for them and believe in their potential.

Freedom of expression the idea is also very important. As indicated by her work with the newsletter, the student hopes that she communicated that everyone ideas and feelings are beautiful and valid. She wanted to instill the feeling of capability and evoke self reflection. She feels that these are all factors that are important for personal growth. In this sense, she considers herself results oriented but journey focused. And she hopes that her implementation of the newsletter was the first of many steps towards greater forms of self expression and discovery.

Appendix

Chart A: Spooner House Organizational Chart. (“Our Mission,” 2017).



02/17/17

Chart B: Bridges Organizational Chart (DiMaura, 2016)

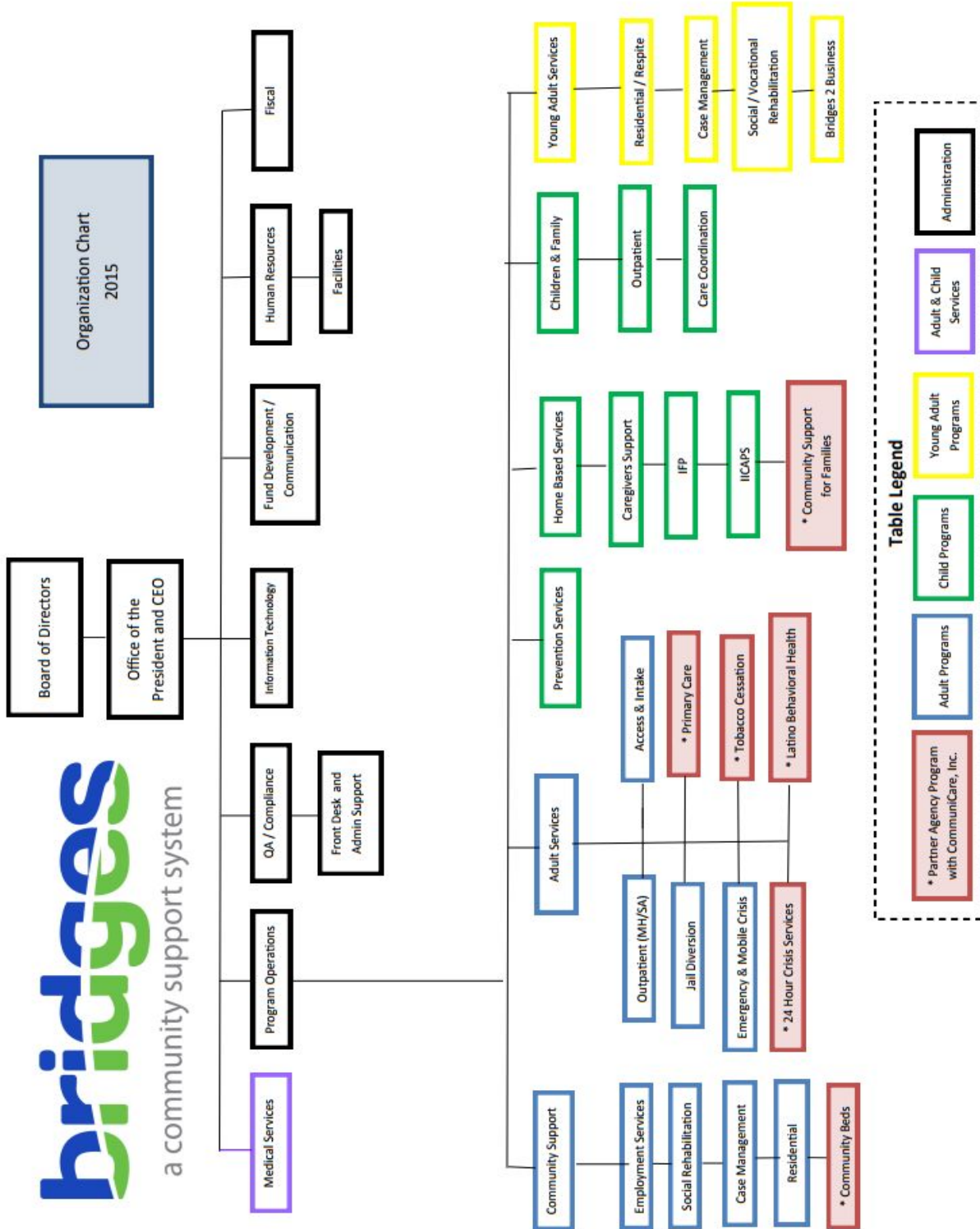


Chart C: Bridges FY15 Sources of Support (DiMaura, 2016)

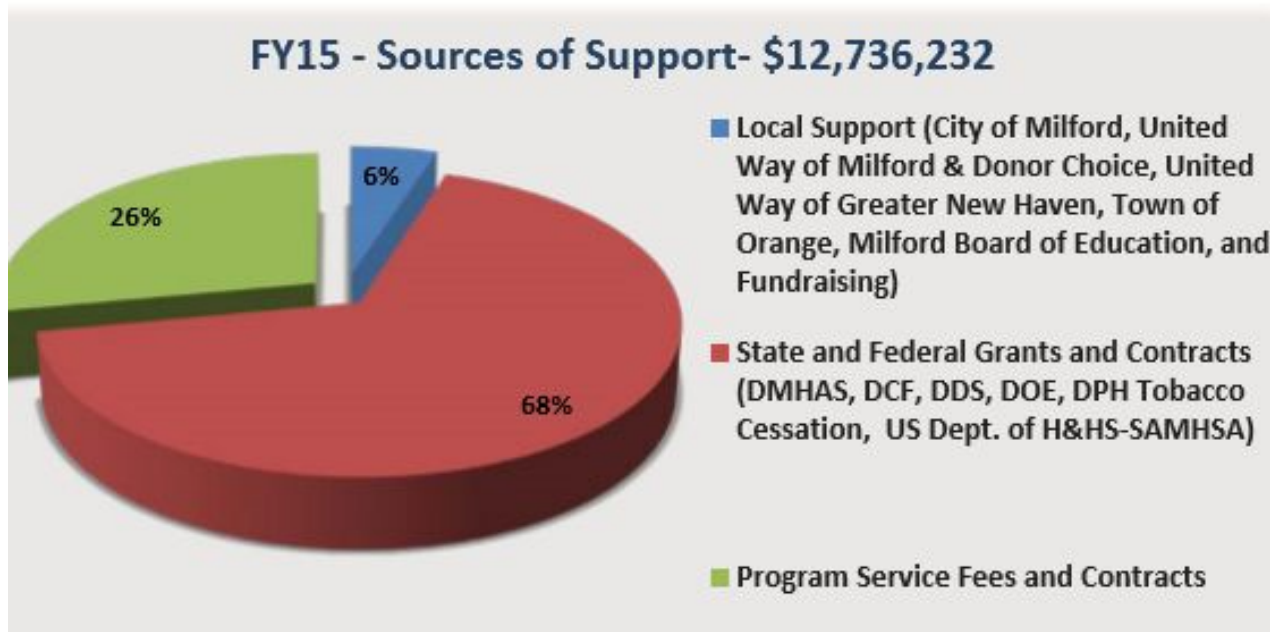
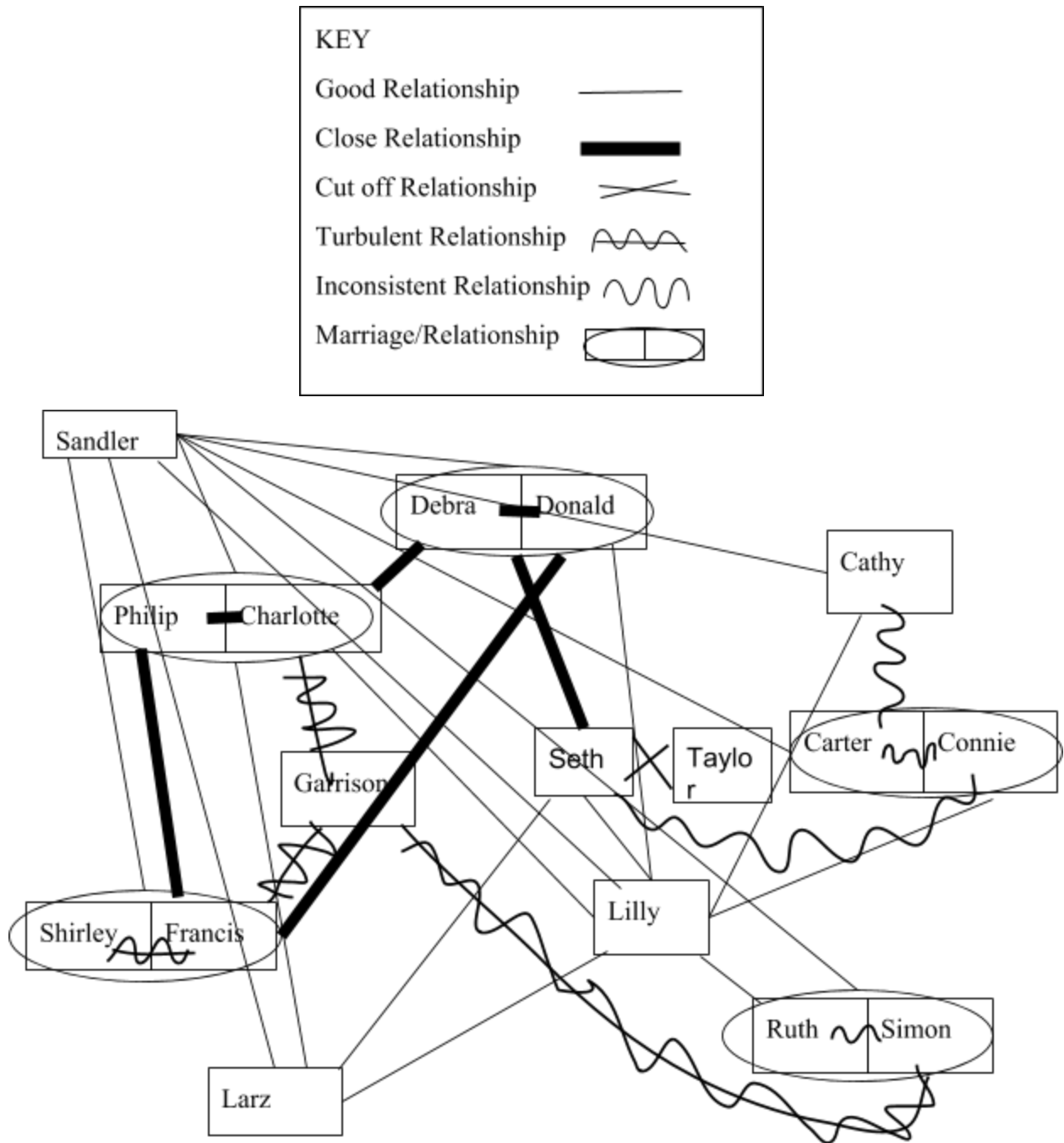


Chart D: Bridges Open Door Health and Wellness Clinic Sociogram

** Names changed for confidentiality



References

- Bandura, A. (2007) *A History of Psychology in Autobiography* (9th ed.). Washington: American Psychological Association
- Boardman, J. (2011). Social exclusion and mental health - how people with mental health problems are disadvantaged: An overview. *Mental Health and Social Inclusion*, 15(3), 112-121.
- Boston College Center for Work & Family (2001). *Bristol-Myers Squibb On-site Child Care Center Assessment*. Retrieved from https://workfamily.sas.upenn.edu/sites/workfamily.sas.upenn.edu/files/imported/pdfs/BMS_Onsite_Childcare.pdf
- Burud, S. L., Collins, R. C., & Divine Hawkins, P. (1983). Employer Supported Day Care. *Children Today*, 12(3), 2-11.
- Caplan, M. A. (2014). Financial coping strategies of mental health consumers: Managing social benefits. *Community Mental Health Journal*, 50(4), 409-14.
- Davidson, L., Shaw, J., Welborn, S., Mahon, B., Sirota, M., Gilbo, P., . . . Pelletier, J. (2010). "I don't know how to find my way in the world": Contributions of user-led research to transforming mental health practice. *Psychiatry*, 73(2), 101-13.
- DiMauro, B. (2016). *Bridges... a Community Support System, Inc. Annual Management Report 2016L Fiscal Year 15- July 1, 2014 to June 30, 2015* (pp.1-32). Milford Connecticut: Quality Assurance/Compliance Department.

Duncan, M. V. (2010). *Homeless parents seeking employment: A phenomenological study* (Order No. 3423943). Available from Sociology Database. (759823970). Retrieved from <https://sacredheart.idm.oclc.org/login?url=http://search.proquest.com.sacredheart.idm.oclc.org/docview/759823970?accountid=28645>

“Find your legislators.” *Connecticut General Assembly*, Ct.gov, 12 Feb. 2018, www.cga.ct.gov/asp/menu/cgafindlegresults.asp?TownName=Milford.

Harper, D., & Speed, E. (2012). Uncovering recovery: The resistible rise of recovery and resilience. *Studies in Social Justice*, 6(1), 9-n/a.

Hotchkiss, M. (2016) Bridges Fact Sheet (pp. 1). Midford, CT: *Bridges Healthcare*. Retrieved October 4, 2017, from <http://www.bridgesct.org/website/publish/newsroom/index.php?Fact-Sheet-12>

“H.R.5035 .” *Congress.gov*, Library of Congress, 5 May 2017, https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB-5035

“Keep the Promise coalition” Keep the Promise Coalition, KTP CT, 2022, <http://www.ctkeepthepromise.org/>

Morrow, M., & Weisser, J. (2012). Towards a social justice framework of mental health recovery. *Studies in Social Justice*, 6(1), 27-n/a.

National Association of Social Workers. (1999). *Code of ethics of the National Association of Social Workers*. Washington, DC. NASW Press.

“Our Mission.” *actspooner.org*, Spooner House Shelton, 2017, <http://www.actspooner.org/>

Prochaska, J.O., Redding, C.A., & Evers, K. (2002). The Transtheoretical Model and Stages of Change. In K. Glanz, B.K. Rimer & F.M. Lewis, (Eds.) *Health Behavior and Health Education: Theory, Research, and Practice* (3rd Ed.). San Francisco, CA: Jossey-Bass, Inc.

Sayce, L. (2008). Thinking big: Mental health at the heart of the equalities agenda. *A Life in the Day*, 12(1), 21-23.

Summary Chart. (n.d.). Retrieved October 23, 2017, from <http://web.cortland.edu/andersmd/ERIK/sum.HTML>

What is Dialectical Behavior Therapy (DBT)? (n.d.). Retrieved October 23, 2017, from <https://behavioraltech.org/resources/faqs/dialectical-behavior-therapy-dbt/>

Wilton, R. D. (2003). Poverty and mental health: A qualitative study of residential care facility tenants. *Community Mental Health Journal*, 39(2), 139-56.