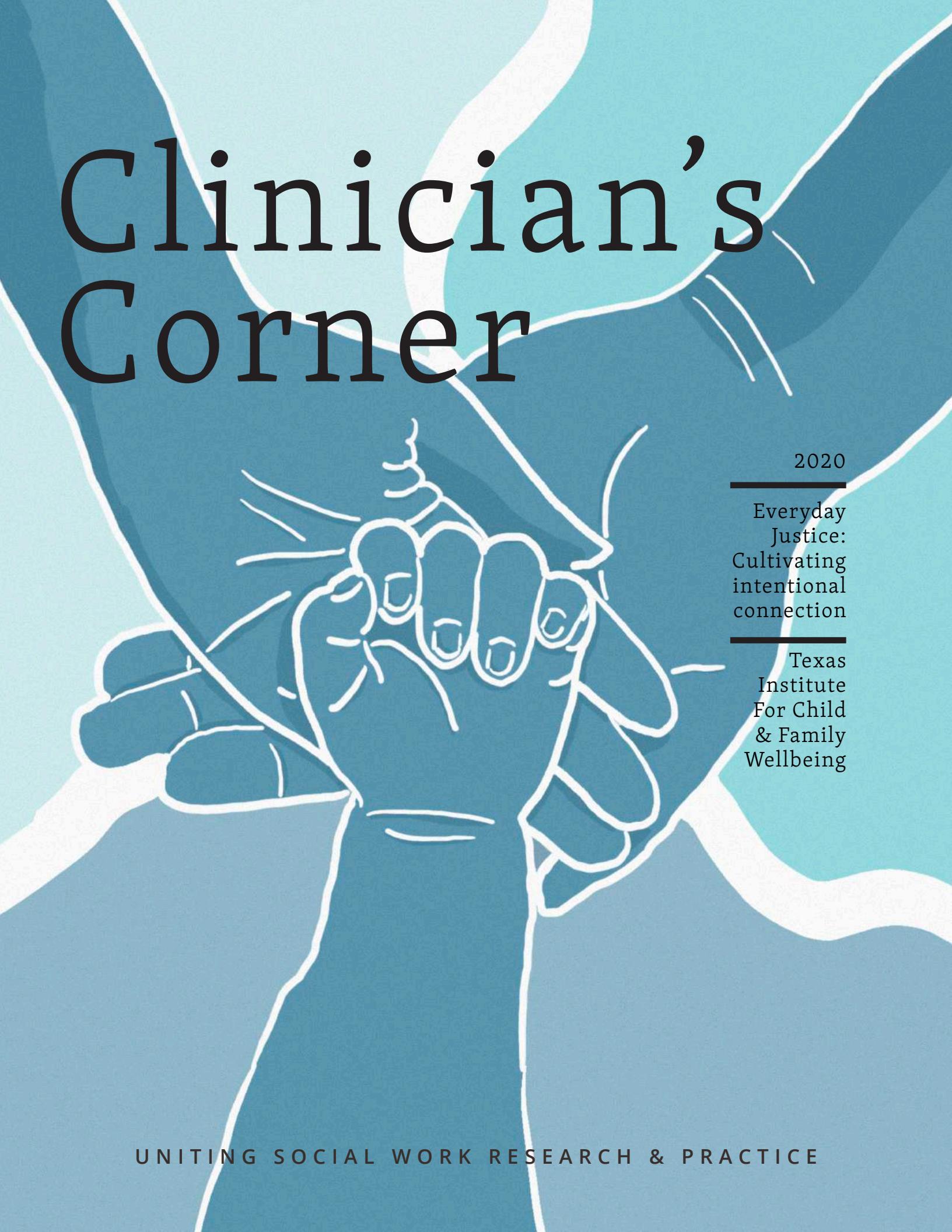


Clinician's Corner



2020

Everyday
Justice:
Cultivating
intentional
connection

Texas
Institute
For Child
& Family
Wellbeing

UNITING SOCIAL WORK RESEARCH & PRACTICE

Letter from our Associate Director

Welcome to our third installment of the Clinician's Corner. Our Institute developed Clinician's Corner as an effort to connect social work practice and research in a two-way conversation. By cultivating this intentional connection through our work, we aim to highlight the importance of social work practice as it informs research inquiry, and also share the ways in which research findings inform effective social work practice. Social work researchers and clinicians have the same goal of improved wellbeing for our clients and communities. It was for this reason that Clinician's Corner was developed to honor that goal by opening up dialog, creating shared language and understanding, and asking what we all need to know more about.

Our first edition of Clinician's Corner examined the latest on the research and intervention related to Adverse Childhood Experiences, and our second edition delved deeply into the benefits and challenges of evidence-based practice. For this 2020 edition, our staff decided to explore research and practice related to integrating social justice into our everyday actions.

Our team has always felt strongly that social justice is an area that is pivotal to address with practitioners and researchers in order to have a meaningful impact on client and community wellbeing. Of course, this year has reaffirmed that belief. Both COVID-19 and the continued violence against Black Americans exposes inequities related to race, ethnicity, and income that go far beyond what is currently being covered in the news.

Despite our long-held commitment to social justice, we first and foremost acknowledge that we are learners more than we are experts, and hope that this edition reflects our continued dedication to listening, learning, and advocating as a part of the ongoing larger movement to address social injustices.

In this 2020 edition of Clinician's Corner, we have continued our tradition of including thoughts and experiences from practitioners in our community. In February of this year,

we held our annual child welfare conference. This conference is geared towards practitioners and clinicians working directly with children and families. In an effort to bring in more contributions from the front lines, this year we asked our 220 attendees to respond to two questions: "How do you seek justice in your daily life?" and "How do you practice social justice in your work with children and families?" Throughout this digest we have included their amazing responses.

The content of Clinician's Corner 2020 is divided into three sections familiar to social work practice: Self, Clients and Systems. Each section explores social justice from a different lens, and provides guidance for practitioners and researchers.

Self: This section focuses on how the practitioner can begin this work within themselves, which prepares them to promote social justice in a larger context. Sarah Sloan shares how to re-engage with your social justice values when the going gets tough. Adam McCormick explores implicit bias within our profession, while Ana Vidina Hernández, Jillian Severinski, Anayeli Marcos, and Dora Gonzales ask us to reconceptualize our role as helpers, using examples from their work with asylum-seekers at our Texas-Mexico border.

Clients: How do we lean into social justice when working with our clients? We begin this section with an interview with Scott Sells who provides us with practical tools to use within the client-practitioner relationship, and Jolynne Batchelor shares applicable ways we can incorporate social justice into practice while working with families in the child welfare system.

Systems: In this section, we explore ways to increase social justice within already existing systems. We begin with several voices from the Black Mamas Community Collective, where Michele Rountree, Nakeenya Wilson, and Joyce James share how they are working to address maternal health disparities systemically. Jennifer Lawson provides guidance on how to use program evaluation as a conduit for social justice. Tanya Rollins asks us to reconsider how we engage with pre-existing communities, and our Institute Director, Monica Faulkner, closes our 2020 edition with an outline on how to bring shared leadership into an organization.

We want to extend a special thank you to all of our contributors for sharing their time and expertise during these extremely trying times. And we want to thank you, our readers, for joining us on this journey to re-commit ourselves to finding new and improved ways to transition our social justice values into everyday action. While we know it is a challenging journey potentially filled with risk, discomfort, and mistakes, we think it is worth it to join in the conversation to better impact the wellbeing of our clients and communities.



Beth Gerlach, Ph.D., LCSW

Associate Director, Texas Institute for Child & Family Wellbeing

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Contributors

ARTICLE AUTHORS:

Jolynne Batchelor, Ph.D., LCSW, Research Associate, Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, University of Texas at Austin

Monica Faulkner, Ph.D., LMSW, Director, Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, University of Texas at Austin

Dora Gonzalez, LMSW

Ana Vidina Hernández, MSSW, MA, Girasol Program Coordinator, Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, University of Texas at Austin

Jennifer Lawson, Ph.D., MSSW, Director of Research & Evaluation, Texas Alliance of Child and Family Services

Allie Long, Digital Communications Coordinator, Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, University of Texas at Austin

Anayeli Marcos, MSSW Student, Steve Hicks School of Social Work and Lozano Long Institute of Latin American Studies, University of Texas at Austin

Adam McCormick, Ph.D., MSSW, Associate Professor of Social Work, St. Edward's University

Tanya N. Rollins, MSW, Child Welfare Professional and Lecturer

Jillian Severinski, MSSW Student, Steve Hicks School of Social Work, University of Texas at Austin

Sarah K. Sloan, LCSW-S, Clinical Associate Professor, Steve Hicks School of Social Work, University of Texas at Austin

VOICES OUT IN THE FIELD:

Reeva Anderson

Erin Argue

Cara Burke

Taylor Goodman

Laura Honsig

Ashley Hutchinson

Ella Johnson

Tammy Linseisen

Kimberly Lowery

Molly Mead

Graciela Moller-Xavier

Sylvia Olson

Beth Philbeck

Gabe Ramirez

Carolyne Rodriguez

Nisa Sheikh

Sherri Simmons-Horton

Chrissie Smolders-Gomez

Madison Swenson

Kevin Thomas

Krista Wilbur

Mary Williams

15 Anonymous Submissions

PROGRAM EVALUATION PARTNERS:

Charity Eames & Megan Green,
DePelchin Children's Center

Sadie Funk & Stephanie Madrigal,
First3Years

CLINICIAN'S CORNER TEAM:

Kaitlyn Doerge, MSSW, Research Coordinator, Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, University of Texas at Austin, **Editor**

Monica Faulkner, Ph.D., LMSW, Director, Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, University of Texas at Austin, **Author & Editor**

Beth Gerlach, Ph.D., LCSW, Associate Director, Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, University of Texas at Austin, **Editor**

Allie Long, Digital Communications Coordinator, Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, University of Texas at Austin, **Co-Coordinator, Author & Editor**

Kate McKerlie, MSSW, MPH, Communications Director, Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, University of Texas at Austin, **Co-Coordinator, Designer & Editor**

Swetha Nulu, MPH, Assistant Director of Research, Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, University of Texas at Austin, **Editor**

Everyday Justice within The Self

“ MY PERSONAL COMMITMENT TO SOCIAL JUSTICE IS SHOWING COMPASSION AND A WILLINGNESS TO LEARN FROM PEOPLE OF ALL WALKS OF LIFE. EVEN WHEN WE CAN'T UNDERSTAND WHAT IT'S LIKE TO BE A DIFFERENT GENDER/NON-GENDER, RACE, ETHNICITY, RELIGION, ETC. — WE CAN ALWAYS EXPAND OUR WORLDVIEW AND OPEN OUR MINDS TO NEW IDEAS. WE CAN AND WE MUST... BECAUSE THAT'S WHAT HUMANITY IS.

-ELLA JOHNSON

“ BY ENGAGING IN CONVERSATIONS WITH MY PEERS DOING SIMILAR WORK ABOUT UNCONSCIOUS BIASES.

-CARA BURKE

“ I ASK HARD QUESTIONS AND LISTEN TO THE RESPONSES EVEN IF IT'S HARD OR UNCOMFORTABLE TO HEAR. I PUSH BACK ON UNJUST SITUATIONS, EVEN AND MAYBE ESPECIALLY WHEN IT'S "JUST THE WAY THINGS ARE."

-MADISON SWENSON

“ EDUCATING MY FAMILY AND FRIENDS IS IMPORTANT TO ME AS WELL AS CONTINUING MY OWN KNOWLEDGE IN REGARDS TO SOCIAL JUSTICE.

-ANONYMOUS

“ I GREW UP IN AN EXTREMELY WHITE, MIDDLE AND UPPER CLASS COMMUNITY IN SOCAL. FOR ME, SEEKING JUSTICE IN MY LIFE MEANS RECOGNIZING MY BIASES AND DOING THE WORK TO UNDERSTAND WHY I HAVE THEM AND HOW I CAN CHANGE THEM. I AM LEARNING THAT MY SENSE OF JUSTICE CAN AND SHOULD BE ADAPTED WHEN I TAKE INTO ACCOUNT OTHERS' EXPERIENCES.

-KRISTA WILBUR

“ I SEEK JUSTICE BY BECOMING MORE EDUCATED IN ALL TOPICS AND ANY SPECIFIC TOPICS MY FAMILIES FACE — KNOWLEDGE IS POWER.

-ANONYMOUS

“ BEING AN AFRICAN AMERICAN SINGLE MOM IN THIS COUNTRY IS HARD! MANY PEOPLE DON'T CONSIDER OR INCLUDE MY OPINION. WHAT I DO TO PROMOTE SOCIAL JUSTICE IN MY OWN LIFE IS BY MAKING MY VOICE HEARD. ATTENDING WORKSHOPS, SPEAKING ABOUT MY EXPERIENCE AS A SINGLE MOM ON A LARGE PLATFORM OPENS UP THE DISCUSSION REGARDING SINGLE MOMS.

-ANONYMOUS

“ CLARITY STARTS AT HOME. I BELIEVE THAT PEOPLE ARE TRULY EMPOWERED WHEN THEY ARE ENGAGED AND GIVE THEMSELVES A SEAT AT THE TABLE. VOTING, TO ME, IS A BIG PART OF THAT, ESPECIALLY FOR PEOPLE OF COLOR. SO, I HAVE BEEN ON A CRUSADE TO MAKE SURE MEMBERS OF MY LARGE EXTENDED FAMILY ARE REGISTERED TO VOTE. I HOST SUNDAY DINNERS AND PASS OUT VOTER REGISTRATION CARDS, THEY FILL THEM OUT AT MY HOUSE, AND I MAIL THEM.

-SHERRI SIMMONS-HORTON

PULLING Back The COVERS

MAKING A PERSONAL COMMITMENT TO REENGAGE IN SOCIAL JUSTICE



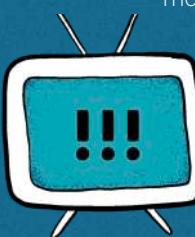
By Sarah K. Sloan,
LCSW-S, Clinical Associate
Professor, Steve Hicks
School of Social Work,
the University of Texas at Austin

Recently, I've noticed a shift among social workers around me, from students to seasoned practitioners alike: we're all feeling increasingly overwhelmed. When faced with such daunting problems as growing economic inequity, systemic racism, and discrimination, it can be difficult to find concrete ways to fight against feeling hopeless about the feasibility of real change. What can we do about that, and where do we start?

REDISCOVER WHY YOU ENGAGE

Feelings of hopelessness can affect both beginning and experienced social workers. Even the most energized advocates working against injustice can feel stuck. We know something must change, but we often struggle with how to begin or where to put our energy. At the same time, I also acknowledge that some of us cannot look away because our own basic rights are in jeopardy of being dismantled. I understand how feeling overwhelmed can keep us from engaging, but not everyone has the privilege to look away. In addition, given that some communities are experiencing what feels like increasingly oppressive policies, such as family separation at the border, social workers who are on the frontlines often witness the traumatic impacts of these policies long before a story makes it to the nightly news.

So, first we can accept that engaging in social justice work is hard and necessary. Even when the world feels chaotic enough to want crawl back



in bed and pull up the covers. Yet, when we committed to social work, we knew that we were enlisting in a profession that elevates social justice as a core value and asks its practitioners to "promote the general welfare of society, from local to global levels" (NASW, 2017). If that were not enough, we are also called to "Engage in social and political action, expand choice and opportunity for all people and prevent and eliminate domination of, exploitation of, and discrimination of any person, group, or class" (NASW, 2017). To engage in this way can feel daunting, and yet many of us were drawn to the field exactly because of this social justice commitment.

It is undoubtedly difficult to have the emotional and physical capacity to engage in social justice as a social worker, especially when your daily work involves advocating for and uplifting families living in a world that makes it increasingly difficult for them to succeed. While there are many different ways to engage in social justice work, it's important to explore different efforts in order to find a form of engagement that fits you.

When we look to the dictionary definition, "to engage" means to "participate or become involved in" (Oxford Online Dictionary, 2020). How do we get involved while also serving our clients and caring for ourselves and loved ones?

One answer is by intentionally and actively striking a balance. The importance of self-care is crucial to this balance, but it can be difficult to find time to prioritize self-care or even know what it is. Self-care is defined as "any activity done deliberately in order to



take care of our mental, emotional, and physical health" (Michael, n.d.). For example, I consider singing and songwriting as part of my self-care because these activities make me feel creative and open. Self-care is different for everyone. Ask yourself what you can do each week that makes you feel alive and present.

SELF-COMPASSION IS A FORM OF DISENGAGEMENT PREVENTION

While many social workers are well aware of the need to prioritize self-care, the future of self-care is being directed toward "self-compassion" (Neff, 2015). On Dr. Kristin Neff's website, she writes, "Instead of mercilessly judging and criticizing yourself for various inadequacies or shortcomings, self-compassion means you are kind and understanding when confronted with personal failings – after all, who ever said you were supposed to be perfect?" Self-compassion is a small revolution because it gives us the space to treat ourselves as kindly as we wish to treat others. Additionally, self-compassion can work as a buffer to prevent the feeling of depletion, on a personal and a professional level.

The other side of this balance is engagement. If you feel stuck, research an issue that first brought you to social work. Then, consider finding organizations that are addressing related problems and try volunteering for thirty minutes to an hour a week. For instance, I have a deep concern about the state of the criminal justice system. When I learned about the Seedling Foundation, an organization that supports children with incarcerated parents, I signed up to be a mentor to a girl who had a parent in prison. For me, this was a great way to get involved since it is a small commitment of an hour a week, but the personal connection has strengthened my desire for jail and prison reform.

LET'S ENCOURAGE EACH OTHER TOWARDS COLLECTIVE ACTION

In Saul Alinsky's seminal book on community organizing, he states that, "A good tactic is one [your] people enjoy" (Alinsky, 1971). It is important that we don't dismiss the joy that can come from collective action. I have a remarkable social work colleague who posts daily on social media about concrete actions she takes to create a better world. She has posted for over 1080 consecutive days and each entry includes individual and collective activities that are activist and self-care oriented. Her commitment is inspiring and contagious, and every time I read her posts, I feel motivated to act. For example, during the last election, I joined her to provide water and snacks at a very busy polling site to encourage voting despite the long lines. Now is a perfect time to pick a partner or a group of friends and find creative and joyful ways to encourage each other in the fight toward a better world.

Author Edward Everett Hale wrote, "I am only one, but still I am one. I cannot do everything, but still I can do something; and because I cannot do everything, I will not refuse to do something that I can do." Let's change the narrative and engage in one thing we can do. Our collective action can change the world, one hour at a time.



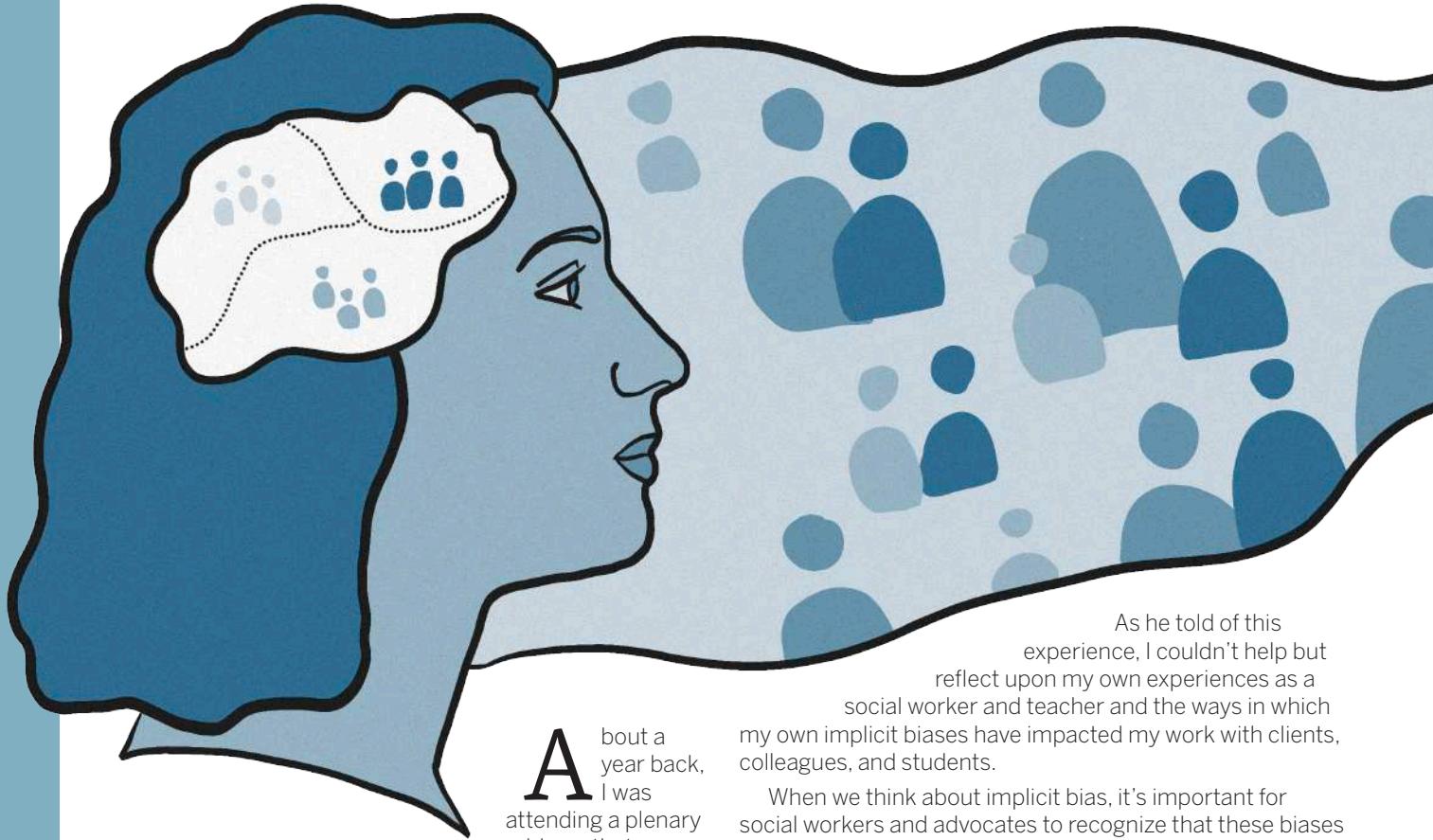
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Invisible Car Seats

Examining our implicit biases as social workers

By Adam McCormick, Ph.D., MSSW,
Associate Professor of Social Work, St. Edward's
University



About a year back, I was attending a plenary address that was being given by a colleague who is a respected social worker and child welfare scholar. In an effort to highlight the pervasiveness of implicit bias, he told a story of an experience from decades earlier that he had navigated as a child abuse investigator. He had noticed that when preparing to go out to investigate child abuse reports in more impoverished urban communities, the investigators would often take car seats with them in the event that they would have to initiate an emergency removal of a child. While this might seem like a necessary precaution to take, the speaker was quick to note that his team of investigators were much less likely to take along a car seat to investigations in more affluent areas of town.

As he told of this experience, I couldn't help but reflect upon my own experiences as a social worker and teacher and the ways in which my own implicit biases have impacted my work with clients, colleagues, and students.

When we think about implicit bias, it's important for social workers and advocates to recognize that these biases reside deep in our subconscious and are very distinct from the known explicit biases that we might attempt to change or remedy. The way that I have come to introduce the differences between explicit and implicit bias to my social work students is to explain that explicit biases are those that you have probably been asked to reflect on and write about in just about every course that you've ever taken, while implicit biases are the type that you've probably never talked about before. The fact that implicit biases are so deeply harbored in our subconscious makes them much more difficult for us to recognize and therefore more pervasive in our relationships with clients and colleagues.

As social workers and child welfare advocates, we are well aware of the reality that we can't address an issue or

problem if we don't first acknowledge that it exists. While it might be easier for many of us to recognize the systemic and structural injustices of racism, sexism, homophobia, and transphobia that impact our clients, acknowledging the presence of our own implicit biases can be just as important in our efforts to advocate for those on the margins.

In my work with LGBTQ+ youth in the foster care system, I have heard of numerous experiences of more overt and explicit forms of bias. More overt forms include the

rejection of youth from their families or foster families, the refusal to acknowledge a youth's pronouns, and threatening placement or enforcing rigid double standards. This bias has served as the foundation for statewide policies and lawsuits that threaten the rights and safety of LGBTQ youth and families. I have also heard numerous accounts of the implicit bias that LGBTQ youth have experienced from social workers, foster parents, and other well-meaning helping professionals.

Examples of this form of bias often include unintentionally misgendering youth, embracing certain stereotypes, and attributing many or all of young person's challenges to issues related to their sexual orientation or gender identity. While it might be unintended, it is evident in the stories of many LGBTQ+ youth that this form of implicit bias has impacted their safety and permanency in many ways.

The acknowledgement of one's own biases can have a profound impact on their relationships with clients and colleagues. Being open and willing to acknowledge the presence of implicit biases has the potential to create a dynamic in which a professional can be more responsive to the feedback of clients and colleagues. Furthermore, simple acknowledgement of one's own biases can also foster a greater sense of humility that is instrumental in establishing connection and trust in professional relationships. More simply put, acknowledging and responding to our own implicit biases can enhance a professional's capacity to be inclusive and affirming in their own work and further enhance the inclusivity of the systems that they seek to change.

When working with populations on the margins of society, the implicit and unconscious biases helping professionals may carry will have consequences. While the consequences might be less tragic than those in fields like law enforcement, the reality is that the unconscious bias that would contribute to a social worker taking a car seat into a neighborhood made up of poor people of color is built upon the same foundations as those of a police officer who perceives a level of threat from unarmed black person that simply doesn't exist.



For many social workers and child welfare advocates, coming to terms with the reality that they possess some subconscious biases often directly contradicting the values, issues, and convictions that are at the very core of their professional identities can be a challenge. The reality is that the professional identities of so many social workers and child welfare advocates are built upon their courage and capacity to tackle challenges that often seem overwhelming and insurmountable to others. While the training that social workers receive to address implicit bias can be helpful, it is important to recognize that this work is ongoing and fluid. As social workers, we want to routinely reflect upon the ways that our own biases might play in our decisions and actions. Asking ourselves why we're making certain decision or engaging in a certain plan of action can be a great place to start. Furthermore, being open to feedback and even some constructive education from clients and colleagues as it pertains to bias can go a long way in engaging a practice that is rooted in cultural humility. For social workers who work in fields like child welfare that have a long history of discrimination against families of color and LGBTQ+ individuals, social workers must be especially mindful of the role that bias plays because the status quo approaches to working with certain groups is likely already rooted in bias. This is especially seminal for those social workers who might carry a lot privilege related to their own identities. Addressing one's own biases and the impact that those biases have on the populations and communities that we are so passionate about is a challenge that is simply too important to overlook.

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Shared humanity as a tool to dismantle oppression in our immigration system

Article By:

Ana Vidina Hernández, MSSW, MA, Girasol Program Coordinator, Texas Institute for Child & Family Wellbeing, the Steve Hicks School of Social Work at the University of Texas at Austin

Anayeli Marcos, MSSW Student, the Steve Hicks School of Social Work and Lozano Long Institute of Latin American Studies at the University of Texas at Austin

Jillian Severinski, MSSW Student, the Steve Hicks School of Social Work at the University of Texas at Austin

Dora Gonzalez, LMSW

OUR IMMIGRATION SYSTEM IS CONFUSING ON PURPOSE

So often as social workers, we are trained to understand the individual, the family, the child. To think of the immediate intervention, the possible solution for a problem, the nearest referral. It is when we engage with the larger systems of oppression that we may feel overwhelmed, helpless, or unsure how to proceed.

It is particularly easy to feel overwhelmed or confused reading about the current state of our immigration system. In fact, inundating people with a sense of confusion or emergency fuels oppression. When people feel overwhelmed, it often engages the "freeze" response. Continuously changing policies overnight, decreasing transparency, and increasing policing tactics serves to create a feeling of crisis.

BUILDING CONNECTION AMIDST UNCERTAINTY

In the face of uncertainty, we have to start simple. As social workers who hold close the value of social justice and self-determination, one of our most powerful tools is to intentionally hold onto our own humanity as we try to support the humanity of others.

In order to work together, we must first see each other and bear witness to our shared humanity. It's a normal reaction to "freeze" or "take flight" from these overwhelming policies. But to look away is to make a division between "us" and "them." "They" and "their problems" do not go away. It is simply a privilege to be able to "look away," and the act of intentionally or unintentionally not seeing derives from an emotional response.

To work through this and create systemic change, we must first notice our personal biases, discomforts, and fears. We have to name them and speak about them in order to move past the guilt, shame, and overwhelming feelings.

The act of intentionally seeing and humanizing others can be radical. Our

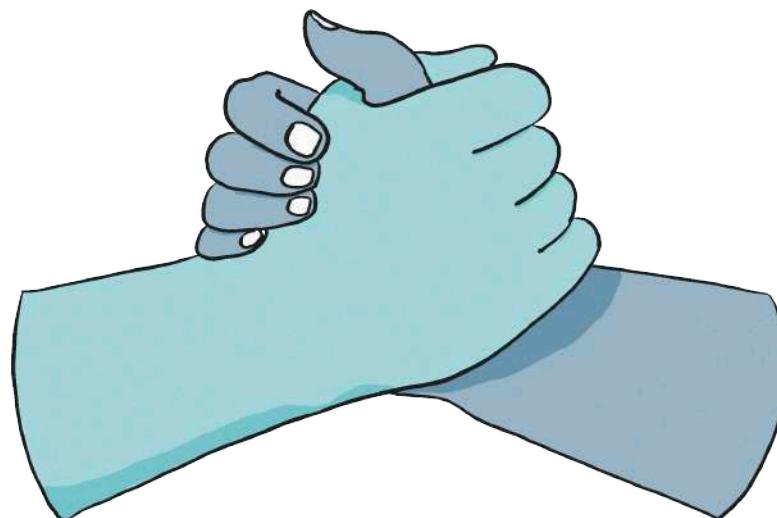
immigration policies are causing the nation to "look away" from migrants who are stuck on the other side of the border, locked away behind bars in detention centers, or "hidden" in plain sight through silence and fear of speaking out about one's documentation and status. It also "otherizes" migrants at our southern border when people are looped together and called "Mexican" or "Central American," when in reality people detained at the border are also Angolan, Brazilian, Congolese, Russian, Haitian, Nicaraguan, Venezuelan, Cuban, Eritrean, among many, many other nationalities.

THE IMPORTANCE OF SOCIAL SUPPORT

Research shows social support (a sense of belonging, interaction with others, and tangible connection) is a vital protective factor for health outcomes.⁶ It is both the existence of social support and one's belief that they have access to it that have been shown to make a difference.⁷ We know that we heal in relationship to others.⁸ We know that an effect of oppression is isolation. As social workers in this field we can continue to center community in our work.

A good first step is to remember the words of Lilla Watson, Indigenous Australian artist, activist, and academic:

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



We can center community by remembering we are all tied together by a shared humanity. We can center community by remembering the strong networks of support and resilience that brings immigrants to our country, to our agencies, to our office door. We can center community by recognizing the vast networks of organizations around the U.S. and the world that are doing the day-to-day work of supporting immigrants in collaboration with others. We can understand what we each have to offer through our skills, passions, and knowledge, and start to think about how that fits in with this broader network. Feeling overwhelmed is okay. The antidote is connection.

As you consider what your own contribution will be to this work, we invite you to remember that all skills and approaches in social work have a place. On our

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Self

most recent border trip, we brought bubbles to the border – a seemingly simple idea, but a powerful tool for play and connection. As we move forward with our experiences, we must consider how we can remain connected to those who face oppression and use our voices to speak to those in power to affect change. We invite you to ask not “What can I do?” but “What can we do?”

We can follow the lead of organizations such as the Texas Refugee and Immigrant Network, Sueños Sin Fronteras de Tejas, the Angry Tias y Abuelas RGV, United We Dream, and RAICES when they raise the alarm about abuses against immigrants in and out of detention. We can network together to contribute our talents to create art, music, events, fundraisers, and campaigns that support immigrant rights.

The immigration issue will not be fixed tomorrow, or in a week, or even months from now. Systemic change requires group effort, community outreach, and strategizing not only to address immediate concerns, but long-term issues as well. Let's not take the burden of trying to solve the issues by ourselves, and instead join forces to share the load, strategize, and take action together.

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ABOUT GIRASOL

Girasol is a program at the Texas Institute for Child & Family Wellbeing that focuses on work at the intersection of immigration and mental health. Our values are social justice, connection, and growth. Our mission is to provide trainings, consultations, and resources to build a network of trauma-informed professionals that support immigrant families. Because of this, we are constantly thinking about social workers' roles in this field and the importance of bridging connections. We work to realize our vision of a global community that prioritizes the mental health and wellbeing of all immigrant families through our trainings for students and professionals, our work with immigrant families in detention centers and at the border, and by increasing resource access for immigrant communities.

Girasol created this initiative to sustain the test of time; recognizing that this 'crisis' was situated in a larger socio-historical context and could not be solved in one day but needed to be witnessed, examined, and problematized. In this effort, Girasol has fostered strong partnerships with agencies, shelters, organizations, and student groups to engage in community-driven, grounded, and flexible work.

To learn more and get involved, visit www.girasoltexas.org.

Everyday Justice with Our Clients

“ I STRESS THE IMPORTANCE OF BEING HONEST AND TRANSPARENT WITH PARENTS AND FAMILIES SO WE CAN CORRECTLY GET THEM RESOURCES. I TREAT FATHERS WITH SAME RESPECT AND DIGNITY AS MOTHERS TO ENCOURAGE THEM TO ENGAGE IN THE PROCESS AND FEEL SEEN AND HEARD. I LET THE CHILDREN KNOW THAT THEY ARE NOT IN TROUBLE. I RESPECT RELIGIONS AND CULTURES.

-BETH PHILBECK

“ I SEEK JUSTICE IN MY DAILY LIFE BY ADVOCATING FOR THE CHILDREN AND FAMILIES ON MY UNIT'S WORKLOAD AND BY ENSURING EACH FAMILY IS TREATED WITH DIGNITY AND RESPECT AND THAT THEIR CASES ARE HANDLED WITH A SENSE OF URGENCY, AND THAT MY STAFF ENSURES EACH FAMILY'S CULTURAL NEEDS ARE MET WHILE THEIR CHILDREN ARE IN CARE.

-KIMBERLY LOWERY

“ I TRY TO ACKNOWLEDGE THE SPECIFIC BARRIERS A CHILD MIGHT FACE DUE TO BEING IN FOSTER CARE, THEIR RACE OR ETHNICITY, SEXUAL ORIENTATION, AND LEGAL STATUS. I TRY TO FIND RESOURCES TO MEET THEIR NEEDS AND LIFT THEM UP, REALIZING THAT THE KIDS ARE EXPERTS AND I AM THERE TO LEARN. I WANT TO EMPOWER THEM BY MEETING THEM WHERE THEY ARE, BUT BELIEVING THEY CAN GO FURTHER TOO.

-CHRISSEY SMOLDERS-GOMEZ

“ I SEEK JUSTICE BY WATCHING AND SUPPORTING THOSE AROUND ME WHO NEED SOMEONE TO SPEAK UP OR SUPPORT THEM. EVERYWHERE I GO I AM OBSERVING WHAT GOES ON AROUND ME. I STEP IN WHEN I AM NEEDED — I DON'T WALK AWAY — WHETHER IT BE ASSISTING WITH LANGUAGE SUPPORT, PROVIDING UNDERSTANDING, OR ACCEPTANCE!

-ANONYMOUS

“ I WORK WITH POPULATIONS THAT NEED ADVOCATES. HOWEVER, I'VE FOUND THE TENDENCY TO SPEAK FOR MY CHILDREN INSTEAD OF USING MY PRIVILEGE TO HELP GIVE THEM A PLATFORM TO SPEAK THEIR OWN TRUTH AND EXPERIENCES. BY HELPING MY CLIENTS HAVE OPPORTUNITIES TO EDUCATE OTHERS, I FEEL THAT WILL HELP UNDERSTAND THE CHALLENGES THEY FACE.

-KEVIN THOMAS

“ IN MY DAILY LIFE, I SEEK JUSTICE BY LOOKING FOR OPPORTUNITIES TO ADVOCATE AND CARE FOR AT RISK POPULATIONS. JUSTICE MEANS YOUR PROBLEMS ARE AS IMPORTANT AS MINE AND I WILL FIGHT FOR THEM THE SAME.

-TAYLOR GOODMAN

“ WHEN I AM TIRED, WEAK, UNWILLING, I REMEMBER WHY I DO THIS JOB. IN THE 60'S AND 70'S NO ONE WAS SHINING A LIGHT IN MY HOME, AND HAD THEY, FOUR LITTLE GIRLS WOULD HAVE LIVED DIFFERENT LIVES. I WANT TO BE A LIGHT.

-ANONYMOUS

“What could I have done differently?”

Empowering clients through the use of several practical tools: An interview with Scott Sells

Interview By: Allie Long, Digital Communications Coordinator, Texas Institute for Child & Family Wellbeing

“In trauma-informed social work, there's tons of models designed to help the traumatized child, but there's not a lot of support out there for the traumatized family. If the family remains unchanged, they will be just as traumatized as the child. And the fact of the matter is, families will do well if they can—they just need the concrete tools, inspiration, and confidence to get to that point.

Dr. Scott Sells shared this message to a sold-out training of 150+ engaged social workers in Austin, TX, in late August of 2019. Dr. Sells, a Social Worker and Marriage and Family Counselor, has over 20 publications and has authored three books, including “Treating the Traumatized Child: A Step-by-Step Family Systems Approach.” In his own client sessions, Dr. Sells specializes in difficult cases with families that have not previously been successful with other counselors. He is the founder of the Parenting with Love and Limits (PLL) model and the Family Trauma Institute.

After the workshop, we got the chance to sit down with him and learn a little more about patterns of change, common treatment misperceptions, and how experiential exercises in client settings have the power to create huge paradigm shifts within the client-practitioner relationship.

TXICFW: In your experience within the field of social work, can you talk a bit about how you go about helping families while also addressing all the systems and structures that affect them?

DR. SELLS: Over the last 20+ years, I've tried to find the right words to explain what I do from a strengths-based perspective. What I've found, and I can't stress this enough, is that families, individuals, couples, children—people in general, will do well if they can, but they often lack the tools and skills to do so. When therapists or family members point to children as resistant, unmotivated, or untreatable, that's really only acknowledging a behavioral response to a bigger issue. While those negatives might appear to be the problem being treated on a surface level, it really means that the tools the therapist is using



Dr. Scott Sells began the Family Trauma Institute in 2001 after almost a decade of research on parenting and family trauma. Since then, the Institute has grown to include articles, trainings, webinars, and concrete workbooks that can help practitioners become family trauma experts using the Family Systems Trauma (FST) model.

At its core, the FST model helps practitioners better stabilize cases of extreme behaviors in children before active trauma treatment takes place.

To learn more about the playbook that led to Dr. Sells' in-person presentation, please visit his website at

www.familytrauma.com

are not working. Sometimes in counseling, we can forget that families are coming for tools. It's our responsibility to be constantly reassessing and re-examining the tools we're providing, especially if they don't seem to be working.

We talk systems, but our educational system and our experiences are often linear focused with labeling. Look at how much time is spent with the DSM 5 to diagnose someone, look at how many assessments are done to get at the labeling. And when you label, you can't externalize the problem.

A lot of times when we work with families, we haven't yet been trained in high-level systems thinking. This means that instead of addressing the root of a problem, we tend to try to help the family individually. When we see parents and children in this isolated way, we don't think to mobilize their village or even ask about it, which puts the family at a huge disadvantage. I've found that during conversations with families, time and again they are clearly saying to me, "Help me work smarter, not harder. Give me a written plan around a specific purpose that I can get a hold of and organize my village to bring everyone together." In response to this call, my team has created several "trauma playbooks" as a way to provide immediate and concrete step-by-step procedures to families so that they can move beyond the trauma in order to heal in the here and now.

For example, we had a parent who was about to lose her kid for not paying her utility bill. Well, the therapist that was assigned to the case from Child Welfare just kept seeing the mom individually for depression and the child individually for being part of community service. And what's really happening is that the family who has an at-risk child that may be removed is completely overwhelmed and feeling isolated. They needed the pastor, father, and CPS worker all in one room for a town meeting to try to figure out how to keep the lights on, how to get the Salvation Army to donate bedding, etc. Once that became clear, we wrote an action plan for who was responsible for what, what time of day certain tasks needed to be accomplished, and how we intended to stick to our assigned tasks. After we'd completed our trauma playbook, the mom said "You know what? I feel less depressed," and the child was stabilized instantly.

TXICFW: What are some concrete tools clinicians can use to empower and engage the families they work with?

DR. SELLS: For therapy to end properly, it must begin properly. At the beginning of my career, I was feeling overworked and overwhelmed. The time I had to connect with clients felt minimal, and my frustration at client no-shows was rough. Over time, what I began to see was the reason families weren't engaging or weren't showing up was simple: people don't care how much you know until they know how much you care. After I had this realization, I went back to the families I'd previously worked with and said, "You are the experts. What do we as social workers have to do differently to engage and motivate you?"

From eight years of research and speaking with over 1,000 parents in 15 states, I came up with the five FST Motivational Phone Call Technique questions. These questions were created for social workers to build a soft start-up with clients over a phone call prior to the first session. It only takes 15 minutes, but the show rate skyrockets to 80% or higher.

THE FST MOTIVATIONAL PHONE CALL TECHNIQUE

QUESTION #1	What are some of the difficult experiences that you have had to suffer in the last year because of the problems you have been having with your child or teenager? Estimated time of completion = 5 minutes
QUESTION #2	When I get to know you better, what qualities and strengths will I come to admire about you as a [person, parent, spouse, etc.]? Estimated time of completion = 3-5 minutes
QUESTION #3	What do you think will happen to [your teen, child, marriage, or you personally] if the problems you described earlier remain unfixed in the next three months, six months, or even a year from now? Estimated time of completion = 3-5 minutes
QUESTION #4	Have you seen a counselor for any of these problems before? [If yes] What have other counselors missed with you? The reason I ask is that I do not want to make the same mistakes twice. Estimated time of completion = 2-3 minutes
QUESTION #5	Do you want to fix the problem or problems you listed [list them] fast, medium, or slow speed? Estimated time of completion = 1 minute

This call is all about building a relationship where you get to say, "Tell me about some of the difficulties that you've had," and then you move into a strengths-based question, like, "We don't know each other, but if I get to know you better, what qualities and strengths would I see in you as a parent or as a person?" People are shocked by that question. What's more is

CLINICIAN'S CORNER 2020

Clients

when they come in for the first session, they're ready and open for change—even their body language is more open. This is true in all areas of the system. Part of what this model does is it creates common language across systems to break silos.

TXICFW: Building relationships prior to meeting with a family through this technique is such a wonderful way to start to create trust and rapport with clients. How do you go about ending a session in order to accurately assess how it went for the client?

DR. SELLS: As humans, we all share the core value of wanting to feel needed, acknowledged, and heard. A wonderful way to honor these values for yourself and your client is by asking for feedback. This can certainly be intimidating, but our research has shown that there are significant outcome improvements when therapists have access to real-time client feedback on a session-by-session basis.

Based on the FST Family Systems Trauma Model, we developed the FST Ethnographic Interview for therapists. We found that it's really good to elicit formal client feedback by making our clients the experts at the end of each meeting. This is a crucial time where you can take 10 minutes and say, "I want to ask you a couple questions about your experience today. I know it might feel awkward at first, but I have a thick skin, and your honest answers are going to help me get better at what I do." This gives clients the space to explore their own voice so that they feel more empowered to be honest. And it also gives the therapist a more holistic view of what is and isn't working in client treatment. So, the two go together like peas and carrots.

TXICFW: A powerful component of your work is that you have created so many concrete tools for clinicians to better engage with families. Do you have any final words of wisdom to share with us on why you think these tools have been so effective for you in your own practice?

THE FST ETHNOGRAPHIC INTERVIEW FOR THERAPISTS

QUESTION #1	Overall, what was most helpful in today's session?
QUESTION #2	Overall, what was least helpful in today's session?
QUESTION #3	What did I do or say as your therapist that was most helpful?
QUESTION #4	What did I do or say as your therapist that was least helpful?
QUESTION #5	What would need to happen in future sessions to make them more productive or of value to you or your family?

DR. SELLS: I think small successes breed success. That's why I broke down the family systems trauma model into 12 core techniques, starting with the motivational phone call and ending with the ethnographic interview. My hope is that at least one of these tools will help clinicians to ask different questions that allow them to see a different side of their clients in order to better help them. Just like families want to see concrete success immediately, so do counselors. That and they want to see change. And when they don't see change, they can get overwhelmed, and when they get overwhelmed, that can lead to burnout. So, the way I change families is the same way I try to help change the workforce—with one victory at a time. Quick victories lead to hope and competency leads to change.

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Everyday Justice with Our Clients

“ AS DAUNTING AS BATTLING INJUSTICE CAN BE — THE PERSUADING, THE PROTESTS, THE POLICY DRAFTING — THE WORK OF SOCIAL CHANGE STARTS WITHIN THE INDIVIDUAL. AS CLINICAL SOCIAL WORKERS, IT IS OUR MISSION TO EMPOWER THE STRENGTHS OF PEOPLE, AND HELP THEM NAVIGATE THE WORLD ACCORDING TO THEIR VALUES. IN MY PRACTICE, I INCORPORATE THE RESEARCH OF DR. BRENÉ BROWN TO HELP INDIVIDUALS DEVELOP MEANINGFUL INTERACTIONS AND BATTLE CYNICISM, SHAME, AND VARIOUS FORMS OF INTERNAL AND EXTERNAL OPPRESSION.

-GABE RAMIREZ

“ I SPEAK UP FOR THE FATHERS OR MALES TO RECEIVE SERVICES. IN THIS WORLD THE MAJORITY OF TIME THE MOTHERS ARE THE ONES THAT APPEAR TO RECEIVE SERVICES. LOTS OF CHILDREN NEED MALE ROLE MODELS IN THEIR LIVES.

-MARY WILLIAMS

“ IN MY ROLE AS A LEGAL ADVOCATE WITH SAFE ALLIANCE, I TRULY BELIEVE MY ENTIRE JOB IS A COMMITMENT TO SOCIAL JUSTICE. I WORK WITH SURVIVORS OF DOMESTIC VIOLENCE AND SUPPORT THEM AS THEY NAVIGATE THEIR CPS CASES. I WORK HARD TO ADVOCATE FOR THE CLIENT'S TEAM TO WORK WITH A TRAUMA-INFORMED APPROACH, KEEPING IN MIND THE DOMESTIC VIOLENCE LENS. WE OFTEN SEE MOMS BEING PUNISHED FOR THE VIOLENCE THEY HAVE ENDURED AND MY JOB IS TO SHOW THE COURT THAT WHAT MOM WAS BEING PUNISHED FOR IS ACTUALLY PROTECTIVE FACTORS. MY ROLE ALSO INVOLVES EXPLAINING CPS CASES IN LAYMAN'S TERMS AND WHAT CLIENTS SHOULD EXPECT WHICH TO ME IS INHERENTLY SOCIAL JUSTICE ADVOCACY.

- NISA SHEIKH

“ I PRACTICE SOCIAL JUSTICE BY PAYING ATTENTION TO HOW MUCH SPACE I TAKE UP, AND STEPPING BACK. MY GOAL IS TO BE A SUPPORT, NOT TAKE OVER. FAMILIES ARE THE EXPERTS, AND I NEED TO LISTEN.

-MADISON SWENSON

“ I PRACTICE SOCIAL JUSTICE IN MY WORK BY HONORING MY CLIENTS' STORIES AND EXPERIENCES WITHOUT IMPOSING MY VALUE SYSTEM ON THEM OR DISMISSING THEIRS AS WRONG/BAD/LESS THAN. I PRACTICE SOCIAL JUSTICE BY HEARING AND WORKING TO MEET THEIR NEEDS, NOT MY OWN.

-KRISTA WILBUR

“ BUILDING RELATIONSHIPS WITH RELATIVES TO CREATE FUTURE PLACEMENT OPTIONS AND KEEP A CHILD OUT OF A NON-RELATIVE (FOSTER) PLACEMENT.

-LAURA HONSIG



Principles for Building a Socially Just Child Welfare System

**By Jolynne Batchelor, Ph.D., LCSW, Research Associate,
Texas Institute for Child & Family Wellbeing**

The current foster care system is not designed to be fair for anyone – children, birth families, foster families, or professionals who want to help but find helpful actions are restricted within a coercive and controlling system. While none of us entered child welfare with the intent of furthering social injustice, the structure of our system can be so overwhelming that it almost forces us to sabotage the parent-child relationship- the very one in need of repair. Despite the limitations, each of us can promote a more just foster care system by adhering to the following five principles.



Differences are strengths.

The transference of parental rights and responsibilities to the state is more pronounced if the family is poor, a minority, or both. Families are often judged on the individual behaviors of a parent rather than considering the whole of the family system. As an example, interdependency among kin networks can be an advantage leveraged to keep a child safe, yet we continue to judge parents by white middle class standards of self-sufficiency. Safety is not a universal concept but rather socially constructed through a white middle-class paradigm. Each family's form of safety might look different, yet it still equates to safety. We must take care to avoid scope creep as well. Families become involved with child protection systems due to danger and risks to children. When these are resolved and the changes can be maintained by the family, the system should exit. The tendency to overstay involvement with families due to differences in priorities or values rather than danger or risk to children is great, particularly when the family looks different than our own.

PUT IT INTO PRACTICE:

- Work with optimism and hope rather than explaining problems as pathological and terminal.
- Find out what is already working in families to keep their children safe and help them do more of it.
- Work within the other person's worldview.
- Maintain flexibility in your approach to the variety of presenting problems and cultural, ethnic, and social contexts brought to you.
- Take strong stands against maltreatment by people and systems and at the same time advocate for children, families, those living in poverty, and those affected by racism.



Rescuing children is not the same as justice for them.

Every person involved in the child welfare system must avoid casting ourselves as a savior. Protecting children is honorable work but overprotecting them is wholly insensitive to the value of all the relationships that came first for the child and will always be most important. Too many children grow up isolated and lonely in the child welfare system, without a connection to those whom they belong. Many of their parents before them did, too. This has contributed to generation after generation of trauma and disproportionate representation in the child welfare system. Proof of these broken or lost relationships can be seen in the pain and grief we see in the children and families with whom we work every day. The substitution of natural relationships with professional associations undermines the value of family relationships. Valuing a child's naturally connected network over others mitigates the damage we can unintentionally do.

PUT IT INTO PRACTICE:

- Remember that relationships with families must be thoughtfully, rigorously collaborative to adjust for the power differential between families and professionals.
- Understand that families will always be more important to children than you are. Help change relationships, not individuals, for the better.
- Call people by their name when talking to them or about them instead of their roles: "the mom," "the victim," etc. Calling people something other than their name dehumanizes them.
- Be willing to work with both the abused and abusers, because you have to know what is right, what is wrong, and be able to draw the line so that the family or social system can understand what to do.
- If you find yourself angry about how a parent treated a child, ask how you can treat the parent in a way that mirrors how you hope she will grow to treat the child.

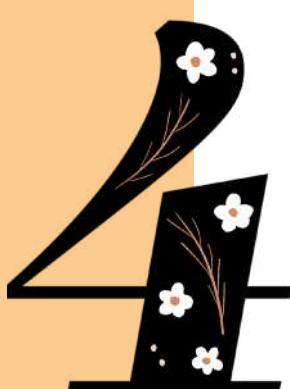
We should share power with families.

We can best build a child's safety and wellbeing with their families, not in spite of them. Partnership with families is possible even when we have to use our authority. We can connect with families by intentionally finding ways to understand and honor their experiences and points of view, even when agreeing with some of their behavior is not possible. Most of them know more about surviving than we ever will. Treat families as the experts on their lives and be open to ways they can keep their children safe without necessarily relying on formal services that are often designed to work only for certain groups of people.

Instead, allow parents the opportunity to have a say in the kind of help they receive. Beware of inviting family members to the table to check off a box, only to tell them what they need to do without truly eliciting their input, then blame them when they stop coming to the table. Offer families real choices, not threats disguised as choices, i.e., you have the choice to comply or your child will be removed, or visits will be denied. When professionals understand the context in which child maltreatment occurs instead of ascribing blame for the maltreatment to a parent's moral failing, they may be more able to work together with families to build safety at home. This does not mean that we cannot also hold bottom lines for safety, but rather that compassion creates opportunities.

PUT IT INTO PRACTICE:

- View your clients as experts.
- Make sure families contribute to the plans you make and that they land in the practical reality of each family.
- Balance authority with partnership.
- Use common language instead of professional jargon. Jargon creates relational distance.



Adults are accountable to children.

Adults must prioritize involving children in planning and decision-making in an intentional way. While there is often a lot of talk about including children's voice, this is rarely operationalized. Children have a right to understand why they are in foster care, what will happen to themselves and their families, and how decisions about them will be made. Stop making excuses that children are too young or fragile to have information or participate when they usually know better than anyone what has happened in their family. Even pre-school age children can typically share their worries and hopes about their family, and we can find ways to ensure their words or pictures are included safely in adult conversations and decisions. Granted, there are social standards for child safety that adults must uphold. However, defining what is "safe" in a family should include children's feelings about what they experience as safe and not safe. Children's ideas about safety can be very different, and often more powerful, than the ideas of adults. The best measure of the adults' changes are changes in the child. Children will change for the better as they feel safer and more secure.

PUT IT INTO PRACTICE:

- Promote change rather than insight without action; focusing on solutions and new behaviors rather than analyzing dysfunctions.
- Be transparent. Make your worries about what will happen to the child if nothing changes – and what you write about the children and families with whom you work – open and available to the people they concern.
- Help people take responsibility – of parents for children, of professionals for clients, of supervisors for supervisees, and of yourself for your outcomes. Instead of labeling clients as resistant or noncompliant, ask what you could have done differently to encourage a different response.
- Make judgements about outcomes based on parents' behaviors, specifically their interactions with their children, not compliance with services.



Nearly any connection is better than none.

Encouraging connections is more important than correcting them. Interactions must happen before they can be changed. A grandmother who "enables" the child's mother or who argues with her about parenting is better than a grandmother who is unaware of the problem. Birth parents and foster parents who disagree over what is best for a child are more helpful to the child than parents who never talk at all.

Children who are overprotected from the false promises of a parent are deprived of the opportunity to challenge the parent who let them down. The parent is deprived of the opportunity to face up to the challenge, or take accountability for not facing up to it. Parents will rise to the occasion in the context of a respectful decision-making process that genuinely takes their expertise and ideas into account. When denied these interactions with their parents, children can feel their family has been persecuted by the system and will take on the adult task of protecting and defending them, or blame themselves for what has happened in the family.

PUT IT INTO PRACTICE:

- Make the tone of your interactions warm and respectful.
- Mobilize extended family to reorganize themselves to help parents ensure the day-to-day safety of children.
- Break down barriers between people instead of building them.

Everyday Justice within Systems

“ I EDUCATE MYSELF ON ISSUES OF LGBTQ. I EDUCATE MYSELF ABOUT SUICIDE AND HOW TO RESPOND APPROPRIATELY. I ADVOCATE FOR MINORITIES. I PASS MY KNOWLEDGE ON TO THOSE WHO LACK UNDERSTANDING. I ALSO LEAD BY EXAMPLE. I AM A SUPERVISOR. IF I EXPECT MY ADVOCATES TO SEEK SOCIAL JUSTICE, I MUST DEMONSTRATE THIS AND SHARE IT WITH THEM AND SET A HIGH LEVEL OF EXPECTATIONS AND STANDARDS FOR THEM TO REACH.

-SYLVIA OLSON

“ I TRY TO BE COHERENT. WHAT I BELIEVE AND TEACH GUIDES THE WAY I LIVE. WHEN I SEE INJUSTICE IN MY COMMUNITY I TRY TO BE SUPPORTIVE AND ACT. TRANSLATING TO A SPANISH SPEAKING PERSON. HELPING MY NEIGHBORS. BEING POSITIVE. I TRY TO BE HAPPY AND MAKE PEOPLE AROUND ME HAPPY.

-GRACIELA MOLLER-XAVIER

“ I'VE TRIED TO ENSURE THAT ALL THE CLIENTS I WORK WITH HAVE EQUAL OPPORTUNITIES TO SOCIAL SERVICES AND I HELP TO ELIMINATE BARRIERS THAT MIGHT LIMIT THEIR ABILITY TO QUALIFY FOR A SERVICE. IF A CLIENT CANNOT MEET THE QUALIFICATIONS TO RECEIVE A RESOURCE OR SERVICE, THEN AS A HUMAN BEING AND CASE WORKER I ADVOCATE FOR MY CLIENT AND SPEAK TO COMMUNITY LEADERS TO PROVIDE MORE AVENUES THAT WILL ENABLE ACCESS TO RESOURCES AND SERVICES TO THOSE WHO ARE DEEMED AS DISADVANTAGED AND UNDESERVING IN THE EYES OF SOCIETY.

-REEVA ANDERSON

“ I TRY AND ENSURE THAT WITH EVERY INTERACTION I HAVE WITH THE SYSTEMS, ORGANIZATIONS, AND CLIENTS, I'M APPROACHING IT THINKING ABOUT IT WITH THE LENS OF THOSE WE SERVE. I HAVE NOT LIVED THEIR EXPERIENCE, BUT I CAN DO MY BEST TO HONOR THEIR EXPERIENCE WHEN I MAKE DECISIONS.

-ERIN ARGUE

“ I HAVE ALWAYS WORKED TO BRING INTEGRITY AND AUTHENTICITY TO MY WORK BY ENSURING THE VOICES OF YOUTH AND FAMILIES WITH LIVED EXPERIENCE IN THE CW SYSTEM WERE AT THE FOREFRONT! THIS INCLUDES POLICY AND PRACTICE EFFORTS ALIKE! THIS IS AN ABSOLUTE MUST!

- CAROLYNE RODRIGUEZ

“ I PRACTICE SOCIAL JUSTICE BY DOING MY BEST TO BUILD TRUSTING RELATIONSHIPS WITH ALL OF THE INVOLVED PARTIES -- CASA, ATTORNEYS, PLACEMENTS, AND MOST IMPORTANTLY PARENTS AND KIDDOS. BUILDING ALL OF THESE RELATIONSHIPS, BEING TRANSPARENT WITH EVERYONE (ESPECIALLY THE CHILDREN), HAS HELPED US WORK TOWARDS THE BEST POSSIBLE OUTCOMES FOR OUR FAMILIES.

-MOLLY MEAD

SHOWING UP FOR BLACK MOTHERS:

How one organization is taking a holistic approach towards maternal health disparities

By: Allie Long, Digital Communications Coordinator Texas Institute for Child & Family Wellbeing

“It’s important to note that the experience of Black moms is not monolithic,” shared Nakeenya Wilson, M.A., Executive Director of the Black Mamas Community Collective. “When we talk about people’s health and their lives, we have to consider how we care for each individual patient based on their needs.”

At a 2018 Texas legislative briefing on Black maternal health, Nakeenya shared her story with the Women’s Health Caucus about the medical complications impacting the birth of her second child. “When I was in the hospital about to give birth, there was no consideration given to the fact that I had a high-risk pregnancy and needed a certain level of care,” Nakeenya was filmed saying. “One of the things that could have made the biggest difference in my birthing experience would have simply been if I’d been listened to by my doctors and healthcare practitioners. I wasn’t trusted to know my body or be able to communicate my needs, and because of that I didn’t feel my experience was believed by the healthcare system. Although that was my personal experience, I think those are things we all want from anybody caring for us.”

Nakeenya’s experience may be her own, but it illustrates a problem disproportionately impacting so many women in America. Black women die at three to four times the rate of their white counterparts during pregnancy or childbirth (Centers for Disease Control and Prevention [CDC], 2020). Put another way, Black women are 243% more likely to die from pregnancy-linked complications, which is one of the widest of all racial disparities in women’s health. Additionally, the unrecognized bias in the health provider communication or care of Black women places them

at a higher risk for postpartum depression going unidentified. According to the 2018 Maternal Mortality and Morbidity Task Force and DSHS Joint Biennial Report (2018), Black mothers in Texas are dying at a rate 2.3 times as high as white mothers regardless of income, education, marital status, or other health factors. In almost 80 percent of pregnancy-related deaths, there is at least some chance of preventability.

“In many ways,” said Nakeenya, “the Black mom is the pillar of both the Black family and the Black community. In order to help these populations, you first need to understand the importance of serving Black mothers.”

BLACK MAMAS ATX

Founded in 2017 Black Mamas ATX is comprised of researchers, social workers, policymakers, public health professionals, and community activists who are primarily Black women that have survived their own pregnancy and child birthing traumas. The collaborative was founded by Michele Rountree, Ph.D., Associate Professor and Distinguished Teaching Professor at the Steve Hicks School of Social Work at UT Austin. The Black Mamas Community Collective was culminated through Dr. Rountree’s interconnected body of research, teaching, leadership, and service, focusing on the promotion and prevention of health disparities for marginalized communities, particularly for Black women.

“This is such a unique approach to disrupting maternal health disparities,” said Dr. Rountree. “Our work is inspired by the Black tradition of granny midwifery, where mothers receive prenatal, birth and



postpartum support from Sister Doulas, which then transitioned to Sister Circles where mothers are able to support one another. To avoid sending mothers back into environments that may not be responsive to the needs of Black mothers, healthcare professionals are provided training to analyze their practices and policies from a race equity lens. A campaign has been executed to increase community awareness of maternal health disparities and solutions, we have advocated for equitable maternal health policies and have engaged the community in changing the environmental hindrances to Black mothers being able to thrive.

"Additionally, a community-based participatory research approach has been instrumental in documenting the equity impact of this important work. The foundation of this movement has been the group of strong, powerful, beautiful Black mothers, activists, leaders and fighters who have refused to believe that these statistics are even remotely okay. We believe the cost to families and communities of losing Black mothers to preventable pregnancy-related complications can be changed. Our actions have been aligned with our core belief that we must do better and can do better—as a state and nationally."

BUILDING A SOCIAL MOVEMENT

It's important to get one thing straight: Black Mamas ATX is not a non-profit or a research entity, but rather a social movement. "Our organization is a holistically formulated response to the systemic racial disparities that Black women experience in the American Healthcare System," Nakeenya explained. "It makes no sense that women are dying from giving life. We should all care about that. We should all want human beings to have proper access to care. We might not all have the same core values or lens of how life should be lived. But at the most basic level, humanity for all people should be a given."

Nakeenya, like many of the mothers involved in the Collective, had her own difficulties with pregnancy and was left feeling isolated after the birth of her third child. "I didn't recognize that I was experiencing a Perinatal mood disorder five months post-partum. These disorders tend to peak within the first three months of childbirth, but it's really different for everybody. The fourth trimester is very much an unspoken time where new mamas need the most support."

Especially in cities with high transplant populations like Austin, this time can be difficult to navigate without the help of a support network. "In 2019, my youngest child was almost one and I really felt the need to further expand my own village while still trying to work through my own post-partum anxiety and depression. And I realized very quickly that so

many other Black mothers were in need of the same thing."

HOW THE BLACK MAMAS COMMUNITY COLLECTIVE WORKS

From the beginning, the focus of Black Mamas ATX has been to provide moms with the knowledge of and access to prenatal and postpartum home visiting care. Nakeenya described adequate care as so much more than a regular checkup. "It's about providing women with access to prenatal and post-partum care that they feel to be responsive to their needs as a patient. This has to include a provider who really listens and is aware of the increased risks that Black mothers face."

Outside of traditional healthcare providers, the Black Mamas Community Collective has two full time Sister Doulas who offer their services at no charge for Black Mamas ATX mothers. "Studies show that there are psychological benefits related to being around other women during pregnancy," shared Nakeenya. "And our Sister Doulas expand the layers of support for our mamas. They meet once a month to help each mother design an individual birth plan, weekly the first six weeks postpartum, and through the first year."

In addition to the Sister Doula program, Black Mamas ATX also offers monthly Sister Circle support meetings as a way for mothers in the community to connect about their childbirth experiences. In professional and academic settings, the Collective partners with Joyce James, LMSW-AP, and a founding member of Black Mamas Community Collective, to provide her Groundwater Analysis on Racial Inequities Workshop to healthcare professionals. This workshop focuses on the systemic rather than the individual factors of racism that prevent institutions and systems from creating an anti-racist culture that holds the system accountable for achieving racial equity.

"We know that there are great individuals already working in the healthcare system who understand these complex issues," said Joyce. "But when we leave major life or death decisions solely to individuals, there is a level of personal choice or bias that can impact how Black mothers are treated. The system should be preparing medical professionals to be consciously aware of our socialized assumptions around race. We have been taught to believe a lot of harmful misinformation that we have not given

Doulas are non-medical professionals who provide continuous physical, emotional, and informational support to mothers shortly before during, and after pregnancy (Black Mamas ATX, 2020).

The Black Mamas Community Collective at the Texas Capitol in 2019.



CLINICIAN'S CORNER 2020

Systems

the space to fully examine. And until we examine those policies and practices that are just wrong, we continue to operate under damaging false assumptions."

In a recorded Black Mamas ATX webinar called "Centering Black Mamas: The Right to Survive and Thrive," Joyce shared how she goes about conducting her work with the Collective. "My focus is to help systems become more accountable for lifting the oppression and burden off of Black mamas who have had to bear this for far too long. This work starts with a willingness and a commitment to understanding institutional and structural racism as the underlying cause for the racial inequities that Black mamas experience—not only in healthcare, but in their relationships to all helping systems."

The Groundwater Analysis Workshop, through pre/post surveys and evaluations, documents significant increases in participants' levels of awareness and consciousness, as well as the beginning of the development of a "racial equity lens" to begin to identify and call out racist practices that need to be undone in health care and in other helping systems that oppress Black mamas.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

To achieve racial equity and eliminate the health disparities faced by Black mothers, Nakeenya and Black Mamas ATX are creating organizational structures and strategies to inspire group action. It is a daunting task, but as Nakeenya calmly put it, "This, like any other major undertaking, is just an elephant you have to eat one bite at a time."

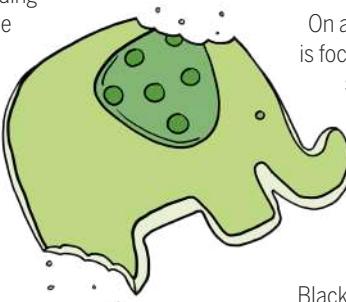
The collective succeeds as a movement because of its broad scope. "We try to take a wide-angled lens to help care for Black mothers, because the issues we experience are systemic," said Nakeenya. "In every way, society was not built with Black people in mind—in fact, it's often been built at the detriment of Black people's health and wellbeing. When we formed the Collective, we knew we'd be spinning our wheels if we only focused on smaller notions like 'that Doctor is racist.' We didn't want to simply address the obvious elephant in the room. We wanted to think bigger than that."

Thinking big is one thing, but actually getting to the point of creating tangible change across systems sometimes feels like an entirely different...well, elephant. "First off, we need to work with people who want to work with us; who have a curiosity and openness around improving the outcomes for Black mothers. A large way we've gotten a key hold is by simply presenting the data, because data doesn't lie about what's going on. Once we connect with partners and organizations whose fields of work align with ours, we then focus on getting the message out as widely as possible," explained Nakeenya.

Spreading their message as widely as possible comes from the group's intrinsic mode of viewing the problem holistically instead of attending to a singular access point or issue at a time. In this way, the Collective is structured to address all levels of the Social Determinants of Health.

Black Mamas ATX is largely a volunteer-run grassroots start-up, which means they are incredibly mindful that their work will not happen

overnight. But the momentum that comes from the interest and concern of community members and health advocacy professionals wanting to work with the organization has rapidly spread outwards. "We know that we can't just start at the top if we're trying to equip Black mothers and families with the knowledge and awareness of how they can effectively advocate for themselves. We want to empower our mamas to say, 'This is the care that I'm expecting because these are the risks that I'm facing.' Every mother has the right to change providers if they're not getting what they need," shared Nakeenya.



On a larger level, the Black Mamas Community Collective is focused on expansion, and from all angles. During their second grant cycle, they increased their scope from serving Travis County to include both Hayes and Williamson Counties as well. While reproductive health advocacy work has traditionally treated institutional bias and racism as a smaller prong of the overarching discipline, the BMCC places this necessary contextual component at the forefront.

Black Mamas ATX addresses systemic inequities at all levels—trainings, with their educational programming, and through the policies that they support. "In our communities, we're assisting our employees to get their health certifications and we're paying 2.5 times minimum wage," Nakeenya explained. "These are local, low-wage mamas, some of whom are from East Austin's Rosewood community, which was the first African-American public housing complex in the nation. We work hard to make sure they're getting a living wage so that we can add another means of financial stability. Once certified, these mamas are combining their lived experience with their training to serve other Black mothers in their own community. Our goal is to add on a midwifery offering, and to provide every Black mama who wants a doula in the Central Texas area with a doula. I don't know that there's another entity in our state or even in our country that's addressing all of those levels at the same time."

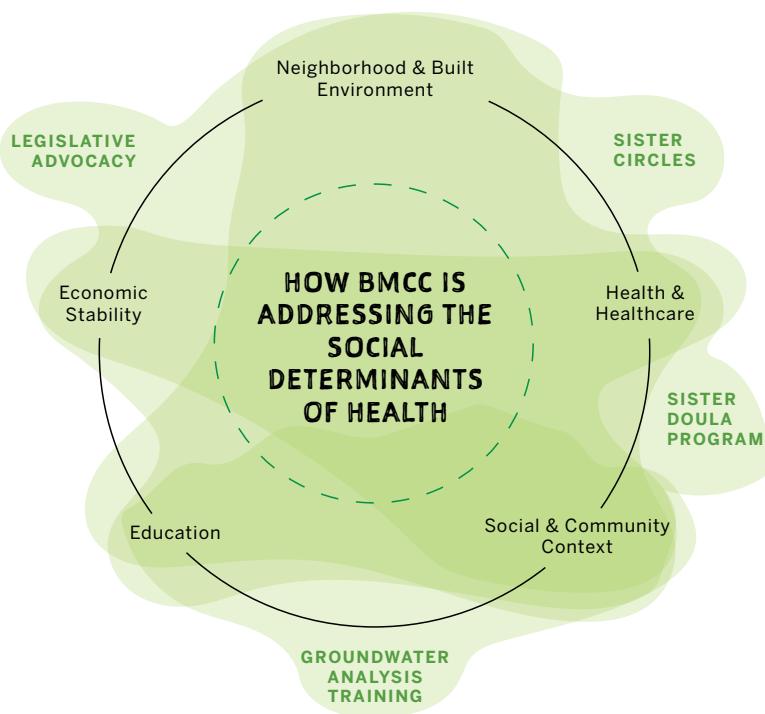
Black Mamas ATX also have their eyes set on the 2021 legislative session, where they will be pushing out a number of bills they're supporting related to Black maternal health policy. "So really, when you think about it," shared Nakeenya, "We're going for change from the bottom and top, in order to meet in the middle."

Last legislative session, the Black Mamas ATX policy subcommittee hosted a legislative briefing session elevating the voices of directly impacted Black mothers while advocating for the expansion of Medicaid coverage for a full year, supporting doula services and educating health care professionals about the impacts of bias and institutional racism as critical to addressing inequities in maternal health outcomes.

SOCIAL WORKERS & THE MOVEMENT

Through all of these levels of change, social workers have served as key stakeholders and allies in furthering the efforts of the Collective. "We love collaborating with social workers because they are already doing such important work in the realm of social determinants of health," said Nakeenya.

Social workers are uniquely positioned to join this already successful and growing movement through their understanding of both person-in-environment and systems-level frameworks, which are fundamental



BMCC is unique because its programs and initiatives address multiple social determinants of health at the same time.

pillars of practicing social work and a crucial component of systemic change through any social movement. "Between their clinical expertise and their existing knowledge of local resources, we know that social workers hold such an important role in our organization's advocacy efforts," said Nakeenya. "We also know that this movement's success is contingent upon community collaboration, and social workers provide further ignition in the spread of our movement. We want to hear from them, and work with them."

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HOW TO GET INVOLVED WITH BMCC

Donate: BMCC accepts checks made out to UT Austin – Memo: "Black Mamas ATX" 1925 San Jacinto Blvd., D3500, Austin, TX 78712, or card donations which can be made at <https://bit.ly/BMCCdonate>

Volunteer: Visit their events page on their website for the most up to date list of opportunities at <https://blackmamasatx.com/events/>

Subscribe to Black Mamas ATX: You can do this by visiting <https://bit.ly/BMCCsubscribe>

Host a free groundwater analysis training: Contact Joyce James through her website: <http://www.joycejamesconsulting.com/>

For more information, visit their website: <https://blackmamasatx.com/>

According to the Office of Disease Prevention and Health Promotion, **Social Determinants of Health** are "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks...Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience 'place' and the impact of 'place' on health is fundamental to the social determinants of health—including both social and physical determinants" (HealthyPeople.gov, 2020).

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Program Evaluation

So much more than an evidence building tool

By Jennifer Lawson, Ph.D., MSSW, Director of Research and Evaluation, Texas Alliance of Child and Family Services

When considering what it means to pursue social justice, program evaluation is likely not the first thing that comes to mind for many people. While advocacy remains a critical tool in promoting social justice, evaluating programs can also serve to advance the interests and wellbeing of vulnerable populations by ensuring that clients involved in social services receive the most effective care to meet their needs.

UTILIZE THE POWER OF QUALITATIVE NARRATIVES

One way that program evaluation can elevate social justice issues is through using qualitative narratives.

Individual success stories can be powerful narratives for providers to communicate the impact of their work on clients' lives. These qualitative narratives, however, generally cannot provide evidence about how well a program or intervention is working to meet the needs of a client population. Collecting evidence to tell us whether a program or service is working as intended teaches us what works, and for whom. Since the goal of social work is to promote the best possible outcomes among the clients we serve, social justice compels us to evaluate whether the work we are doing is achieving the outcomes we intend.

" Program evaluations have allowed us to see our growth realign our methods for serving families. When we get a survey or an evaluation back from the team, we're able to really dive deep in terms of what we're seeing to more quickly figure out what can we do to better serve our clients. Just yesterday, we actually used our most recent program evaluation report as a means to really talk about racial equity within our Safe Babies team. Being able to see the data that helps support our work and our values is huge. Similarly, with our stakeholders, being able to show them the alignment of work being done across the county shows that that we want to both see and hear their voices in our report. Our report has been better able to serve our clients, stakeholders, and enable us to more holistically advocate for child welfare change."

-Stephanie Madrigal, First3Years

INCORPORATE CLIENT FEEDBACK IN EXISTING DATA COLLECTION

Within service agencies, program evaluation means collecting and analyzing data to track whether clients are improving in areas targeted by services. Collecting data does

not have to mean hiring researchers or designing a complicated study. Most agencies are already collecting data on their clients – whether through assessments that are administered to determine client needs and treatment goals, or even surveys to get direct feedback from clients. By using information on client progress and perspectives, agencies can examine this data to evaluate whether they are seeing desired changes at the client level.

OPENNESS IN PROGRAM EVALUATION: WHAT PARTS OF THIS PROGRAM MAKES IT WORK, AND FOR WHOM?

When evidence collected for high-quality program evaluation suggests that programs or services are meeting goals, agencies have an empirical basis to demonstrate to funders and other stakeholders that their services are meeting client needs, and they can amplify the work that they know is helping clients. Conducting program evaluations, however, doesn't guarantee positive findings, nor should program evaluation be conducted solely to "prove" that something works.

Rigorous program evaluation requires an openness to learning that services are not leading to the changes that were expected or desired. This openness, or even humility, reflects a true commitment to social justice by prioritizing the wellbeing of our vulnerable or at-risk populations over maintaining a favored program, model, or method of delivery. Program evaluations that do not show desired outcomes can serve as catalysts for agencies to reflect on what may need refinement or adjustment to move toward more effective client services. Just as you would want your own doctor to use empirical evidence in addition to practice experience to select a treatment, our clients deserve services that also have evidence of effectiveness beyond just practice experience, anecdotal information, or the popularity of a program.

Agencies can use resources they already have to conduct program evaluations to build evidence on whether programs are working as intended. Good program evaluations should start with a logic model to create a clear, shared understanding of how services may lead to desired outcomes. Once that shared vision is made explicit, an evaluation plan can help guide the process of what data is needed, where to get that data, and how to collect and analyze it. Ideally, program evaluation should become an ongoing process within an agency rather than just a one-time undertaking.

In short, building evidence to guide agencies toward optimizing practices that address clients' needs is a social justice imperative. Just as advocacy can change policies to create better conditions for clients' growth and success, program evaluation can change how agencies meet clients' and community needs within a social service context.

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Sitting at the

Thoughts on reshaping how our systems engage with community

By Tanya N. Rollins, MSW,
Child Welfare Professional and Lecturer

A key aspect of social justice and equity work within systems is community engagement. Unfortunately, systems do not know what it means to engage communities. We hold meetings at 2 p.m. on a Wednesday afternoon then ask why persons with lived experiences aren't present. We say that we invited community leaders, but we just don't understand why they will not come to the table. When community does come to the table, we silence their voices by speaking in bureaucratic languages, becoming defensive the moment a negative word is spoken, and exerting our power as the decision makers.

This became clear to me when I attended a meeting with a pastor and his colleagues. The meeting was at the pastor's church in the middle of day and the attendees were predominately people representing systems. The pastor sat silently through most of the meeting. As the meeting was winding down and the decision was made to come back for another meeting, the pastor asked if we wanted to hear his plan. Everyone responded with a "yes," and then he began to speak. He was interrupted multiple times and it was obvious the plan was decided before we walked into his space. He challenged us to listen and let him take the lead. After all, it was his church in his community and we had come to him. He spoke, we listened, and then I experienced a first: the executive system leader in the room agreed with the pastor's plan and indicated that the pastor would lead the effort. Power and control were momentarily shared.

It occurred to me in that moment, we entered someone else's space as if we controlled it. We acted ambivalent to the impact of systems of oppression on this community. In other words, we exerted the power of systems and were prepared to check the "engaged community" box.

Since then I have learned that if we want to succeed in transforming systems to meet the needs of the persons

Same Table:

utilizing the system, then we must be willing to become critical lovers of our systems.

To do this, we must ask ourselves if we really want to sit at the table with community. Oftentimes, the unfortunate answer is no, we do not. The truth is we never intended for community to be at the table. Most of us were socialized through education and professional experiences that taught us that our jobs in social services are based on the notion that communities need us to survive and we do not need them to write the policies and practices guiding service provision. Systems were not designed for this and they were not designed to service the communities that are disproportionately represented. We must admit our skill at providing the illusion of engagement – a skill set that includes blaming communities for not sitting at their predetermined place at the table or for not remaining at the table systems set.

Admitting this truth is the first step in authentic community engagement. Authentic community engagement means that we are willing to hear the good, the bad, and ugly about how systems are operating. It entails learning the systems of oppression existing in America and the trauma inflicted on communities of color and persons who are impoverished. We must engage in critical self-reflection in an examination of biases (implicit and explicit), microaggressions, and our role in perpetuating systems of oppression. Ultimately, it would mean conducting a power analysis and admitting that no matter how well-meaning systems (and thus, the individuals working in them) are, they can be a foot of oppression on communities that have been marginalized.

There are community engagement models and we can effectively collaborate with the communities that systems have been charged to serve, but not until we have put in the work. The work is heavy and exhausting, but a change must come. We owe it to the children and families we have been charged to serve.

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Avoiding the Hero Trap:

How to be brave through shared leadership within an organization

**By Monica Faulkner, Ph.D., LMSW,
Director, Texas Institute for Child &
Family Wellbeing**

"...Whereas power usually means power-over, the power of some person or group over some other person or group, it is possible to develop the conception of power — with, a jointly developed power, a co-active, not a coercive power."

-Mary Follett

Conversations about system-level change often center on advocacy and organizing to impact external systems. However, systems-level change also requires us to look internally at our own agencies just as much as we seek to change external systems. Specifically, leaders should continuously look for opportunities to improve systems and uncover unintended reinforcement of inequality. Using current theories and research, this article presents three practical ways for staff and agencies to self-evaluate and identify issues.

AVOID THE HERO TRAP

At their best, non-profits rely on collective efforts to improve the greater good. At their most questionable, non-profits are driven by those who have privilege and want to be heroes. People are drawn to non-profit work because they believe in a common goal and they seek to contribute to that goal (Silard, n.d.). Even though we all want to make a difference, the hero or 'savior mentality' impedes social justice efforts (Flaherty, 2016).

Foster care provides an interesting example of how guilt can misdirect resources from the root cause of a problem. When good people are introduced to the complexity of foster care and experiences of youth, they want to help. However, that help can be steeped in a desire to save the children by starting a new non-profit or directing funds to programs that duplicate services that already exist. While those efforts are beneficial for the child at that time and rewarding for the funder, they further perpetuate a system that seeks to save a child rather than lift up that child's family. In short, they



ignore the larger social justice issues that push children into the foster care system: poverty, racism, lack of mental health and substance use support, and structural barriers like lack of safe housing, child care, etc. Ignoring these issues means that good intentions simply treat the symptoms of the problem while continuing to perpetuate the causes of a problem.

SHARE LEADERSHIP

Management theories have extensively examined how to make people good 'followers' so that work gets done (Tams, 2018). Transactional leaders adopt a more traditional hierachal approach that relies on rank, position, compliance and rewards for producing results. In this model, work gets done because workers focus on their own self-interest (Odumeru & Ogbonna, 2013). In non-profit agencies, there are no financial rewards and there tends to be little space for career advancement because of ebbs and flows of program funding. Thus, some non-profits have sought transformational leaders. These leaders motivate groups to achieve outcomes by inspiring staff to work towards a collective goal (Lorinkova & Perry, 2018). Transformational leaders provide individualized

support for staff, they motivate through inspiration, they foster innovative ideas, and they provide an idealized role model for staff (Antonakis & House, 2002).

While transformational leadership seems most appropriate for non-profit agencies, it relies on having a charismatic leader who essentially acts as a hero. This top down approach clearly delineates leaders and followers and in doing so, eliminates much of the grassroots energy that gives rise to creation of non-profits and social movements.

To stay rooted to the social justice aspect of this work, non-profit agencies should consider adopting shared leadership models and relying less on heroic leaders. Shared leadership is a collaborative leadership process where teams collectively share responsibilities normally designated to a single leader (Kocolowski, 2010). Because staff working with clients are closer to the issues and the roots of the problems, it is essential that they be involved in setting a trajectory for the agency. Without their involvement, much of the social justice roots are lost. A simple example of shared leadership could be involving team members in budgeting and strategic planning as much as possible. Another example of shared leadership is encouraging teams to set their own trajectories and manage themselves. The critical piece is allowing mistakes and course corrections along the way.

EXAMINE VALUES & BE BRAVE

Heroism in leadership creates systems driven by egos. When leaders are ego-driven, mistakes, new ideas, and energy from staff can be viewed as threats rather than opportunities. So, when we elevate leaders to charismatic positions of power, we shut off innovation and move farther from our social justice value.

As leaders, we can avoid this heroism by defining our values and using those values to filter our decisions. In *Dare to Lead* (2018), Dr. Brené Brown challenges us to live into our values by selecting two values that are guideposts. Agencies should also select shared values and then actually define what it means to work within those values, as well as what it looks like when an agency steps out of those values.

As an example, our agency recently began defining our values and social justice was clearly a top value. We felt that living within that value means that we constantly examine how our research findings are interpreted from an anti-racist lens. Much research points out racial disparities in outcomes, but we want to make sure we link those disparities to root causes of inequality. We felt that living outside our values means not providing our research participants with information about our findings in ways that are accessible. To us, that means we spend extra time and effort on creating materials that are understandable to non-researchers.

Living into our values also requires us to be brave to face vulnerability. In leadership roles, it means we challenge ourselves to be inclusive, supportive, and authentic while facilitating challenging conversations. Leaders have to be able to receive feedback that they don't want to hear, to make mistakes, and to encourage their team to make and own mistakes. In particular, leaders have to be vulnerable enough to hear that their agency may not be having the impact they thought. Rather than dismiss that feedback, lean into it. As Dr. Brown says, "embrace the suck." Trust your team to reexamine your efforts and how they align with your values, and then be brave enough to shift course.

FINAL THOUGHTS

Even with the best of intentions, leaders in non-profits can steer their team down paths that actually perpetuate social inequity and squander resources better used to address the root causes of problems rather than the symptoms. A brave leader, one who is ready to forgo the heroism, can maintain the course by staying grounded in social justice and the values of their agency.

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The University of Texas at Austin
**Texas Institute for
Child & Family Wellbeing**
Steve Hicks School of Social Work