Although the entirety of each student’s Personal Practice Model paper is necessarily shared with the student’s Master Project committee, some aspects can be of a personally sensitive nature that the author does not feel comfortable sharing with all others who may read his/her document. Therefore, any blanked-out passages you may see in this paper have been deleted by the author for protection of his/her personal privacy.
1. Introduction

As described in the Personal Practice Model Masters Project Path (Spring, 2008), the personal practice model is a, “learning experience that will help students gain increased professional self-confidence through identifying and evaluating our current social work knowledge and skills, to further develop our personal model for social work practice” (p.4). In creating this PPM, I hope it will further enhance the skills I have acquired through classroom work, field experience and life experiences. I chose to write a PPM because it will help me understand who I am as a social worker; if I need to enhance or change something about my practice and the kind of social worker I want to be in the future. Looking introspectively into one’s own experience can be hard because you get to see some of your weaknesses, but in the end, it is all worthwhile because I value the idea of always improving and learning about myself. I will begin by identifying the practice components, my influences, and my area of special interest. I will conclude with interviewing practicing MSW’s in my area of interest; and this will help me create a model that will facilitate my unique approach to social work practice.

2. Practice Components

A. Natural Helping Skills

As described in the PPM Manual (Spring 2008), developed by Don Carpenter, PhD in the Department of Social Work at UMD, natural helping skills are acquired with little or no consciousness or planning on my part. These skills happen spontaneously and I continue to use them along with other skills I learned through formal training. Empathy is something I was born with or possibly learned at a very young age. It is a very important skill to have, especially in the human service industry, and also in life itself. Ever since I was a little girl, I have always felt
touched or very saddened when I saw or heard stories that involved people getting hurt, hearts being broken or people trying to deal with the hardships of life. I am the person who gets teary eyed when I see commercials about mistreatment of children and even animals. In my practice, I have had to exercise this skill daily because I do work with kids who have had lived experiences that I would never imagine for anyone. Life filled with abuse, violence, drug use and discrimination. At one time, I had five girls in my chemical dependency group and they have all been sexually and physically abused. My empathy came through by acknowledging, validating and normalizing their feelings.

Being optimistic is another skill that I possess. My mother has had a huge influence on my outlook on life. No matter what hardships came along, I just remember her being calm and always smiling. She never said or let on that she could not overcome an obstacle. I saw a quiet strength and determination whenever she wanted something accomplished. Seeing her this way always improved the atmosphere of our family, keeping us relaxed and happy. I try to be as happy and optimistic about life and this carries over into my work as well. So if something drastic does arise with me or with the people around me, I try to offer positive feedback and hope. I was working with an adolescent who was feeling guilt and shame over relapsing by smoking marijuana after being sober for 14 months. It was difficult for this client to let go of the relapse. My intervention with him was helping him understand that relapsing is a normal part of the recovery process and it's something that he can learn and overcome.

Another skill I have is being a good listener. I have always been a quiet child, always observing my surroundings and listening to conversations. My friends would tell me about their problems all the time in high school and I learned that listening to them is all that they needed. In high school, I realized that it was a helpful skill. In the social work field, I believe that I will
need to be a good listener if I am going to be helping my clients through the problem solving process as they search to find solution to their problems.

B. Learned Skills and Roles

Establishing trust is a skill that I have learned through life, work experience and also formal education. I think I have always been able to make others feel comfortable around me so that they can talk to me about anything. For example, working with adolescents who have alcohol and drug problems, I can put them at ease and built an alliance with them by making sure I explain the rules and expectations of the program. When my clients understood that confidentiality is a big part of the work we are going to be doing together, building rapport becomes easier.

Another skill that I have learned is eliciting information, particularly through my work with adolescents with chemical dependency and my internship with at risk youth at a residential treatment program. It is tough to get information out of these particular clients, which is often due to their addiction issues as well as the multiple issues they face in their lives. Therefore, clarifying responses is a very important practice in social work as this will help the social worker understand the client. For example, I utilize motivational interviewing techniques with my client’s and it is all about eliciting information and solutions from the client so they can develop a plan that will help them. I was able to utilize my skills as a therapist, advocate and case manager. For example, through my internship at the Women’s Resource and Action Center, I played the role of advocate and case manager. A student came in to inquire about acquaintance rape on behalf of her friend and I was able to provide helpful information and referral information for the student who felt victimized. I also provided referral information for the student who came in to the Center for her friend as she seemed affected as well by the situation. I
was able to use my therapist skills and to protect the confidentiality of both the situation and student reporting. Unfortunately, the reporting student had already talked to quite a few people before she came to me so the situation was no longer confidential in that sense.

C. Guiding conceptual Frameworks

The strengths based theory serves as one of my guiding conceptual frameworks. It is very important to utilize individual's strengths in helping them improve their lives. Our clients are equipped with certain strengths that, we as social workers, can help them identify so they can make the necessary changes. The MSW program at the University of Minnesota-Duluth is an advanced generalist program that teaches how to practice with individuals, families, groups, organizations and communities. I have learned that this theory can be used in all systems and yield significant results.

As social workers, it will also be important to understand the barriers that will affect each individual client in trying to reach their goal of improving their life. It will be the role of the social worker to advocate and help the client realize or see the change for themselves. One practice model that fits into my personal practice model is the Life Model. This model gives the social worker and the client a level playing field to start working from and both the worker and the client are viewed as equal partners in working towards making changes in the client’s life. The Life Model strives for empowerment of individuals and it works towards breaking down boundaries.

D. Decision-Making Methods

In the social work practice, workers at times have to trust their instinct or intuition when making decisions. I know that sometimes in my personal life and even in my practice, I have made decisions based on a “feeling” I had and I have been accurate most times. Through my
internship at Woodland Hills residential treatment program, I was able to use my intuition and informed the staff that there could be a possible run from one of the residents and I was correct. I believe that one gets feeling about others, even though one might not have concrete proof or evidence.

Although I do feel that making a decision by following your intuition works in certain situations, I have learned that utilizing research and theories also helps the decision making process as I will describe in an example below. I have also learned that personal style and even a worker’s personality can be used in practice and decision making. I think that being able to utilize all the different decision-making techniques actually works more effectively. In my personal practice it will be important for me to always listen to my intuition, but also have an awareness of evidence-based practice and best-practices in social work. With the client’s that I will be working with, it will be imperative to utilize the best approach that will benefit the client’s specific needs. The client’s that I will be working with will have different sets of problems, so using my “intuition” and my experience will be helpful.

In making a decision, an example of when I have been able to utilize a combination of approaches like strengths-based, motivational interviewing and intuition would be through my work experience with adolescents with alcohol and drug problems. My population is adolescents, but they all present different unique problems besides alcohol and drug issues. I had a client who had some impulse control issues and struggled with expressing his emotions appropriately while in a group setting. In one of the group sessions he became very agitated, frustrated and verbally aggressive towards that counselor when talking about forgiveness. This kind of behaviors usually disrupts a group and can become uncontrollable at times. So instead of taking the particular client out of group for his behaviors, I let him verbally express himself and this helped him vent. In this
example I did also keep in mind my guiding conceptual framework of strengths based. I believe that letting the client vent helped him get some feelings out and this in turn empowered him.

E. Views of Practice Efficacy

In my social work practice, evaluating effectiveness is very important. One way I would evaluate the effectiveness of my practice is when I continue working with former clients. When my clients return for services, I feel I must have been effective. For example, I have had so many adolescents in my drug and alcohol group, that have asked to come back to group or to have an individual session with me after they had been discharged from my program. Another way I can examine my effectiveness is by looking at my client’s treatment plan to see if every goal was completed. In working with the adolescents, I have been able to practice utilizing the strengths based technique and client directed treatment. Identifying their stage of change in the beginning of treatment would help me in creating a treatment plan that will benefit the client. So I would consistently reflect with the client on their progress of treatment so we remain on the same plan. I have used utilized tools like the Outcome Rating Scale and Session Rating Scales to also measure my effectiveness. My clients rate me on how they feel about their treatment plans, alliance, interventions and group process and how it is helping or not helping them.

In terms of convincing others that my methods are valid, I would explain to them my rationale for using a particular approach through providing information on evidence based practices. If a client asks me if my approach would work, I would explain to them my past experiences with other client’s and how it had helped them. I think that making sure that the client understands what kind of approach is utilized and having them add their input will help to increase effectiveness and validity. Ensuring that I am engaging in best-practices through
keeping up with recent research will also help me explain my approach; including identifying and analyzing the recidivism rates of my clients.

F. Human Diversity and Cultural Competence

Human diversity and cultural competency are crucial parts of practicing social work. As mentioned in the PPM guidelines diversity comes in all forms like gender, age, sexual orientation, race, ethnicity, cultural background, marital/family status and social class. As a social worker, I would be expected to be aware of all the different kinds of diversity and provide services that meet each client’s unique qualities and needs. Unfortunately, in school we are not completely taught how to provide cultural sensitive services for individuals from every diverse background. However, there are universal things that need to be applied when working with any client such as, building trust and treating the client with respect. We are able to provide services when we are aware and knowledgeable about a client’s background. This way we will not make wrong assumptions, assessments or decisions when working with people who are different from us. As workers, when we practice culturally competent work we are able to provide interventions that will work for that specific individual. We can gain this experience by directly working with different groups. I do not believe that just by reading about how to work with African Americans or Asian people can make us culturally competent workers.

In my life there have been experiences with human diversity that have led to the development of my personal practice model. My African background taught me to always respect others. When I moved to the United States 10 years ago, I was immersed in a completely different culture. I do not know why it was easy for me to embrace others of different ethnicities and backgrounds. I joined the International Club and the Black Student Association at University of Minnesota Duluth and it helped me in learning more about other cultures. We were involved
in so many activities and conversations that gave me more insight and understanding about others. This knowledge was not just about different races, but also gender, class, age and sexual orientation. There are subgroups with each of these different diverse groups that we must learn about. All my current friends are from different ethnic/cultural backgrounds and continue to teach me about how they live. When I started working with adolescent at Woodland Hills Residential Treatment Program, I learned about working with certain age groups from different socio-economic cultural backgrounds. I facilitated a group for women of color and this experience taught me about women's issues in general, and also issues that are prevalent to their ethnic backgrounds.

I believe that these experiences, have taught me that we live in a world that will always be diverse in so many different ways. Ultimately, every individual deserves to be respected and we should all strive to learn about others. Though this is my hope that we all learn about each other, I do know that this will not happen overnight. Even in my own practice, I will strive to continue being culturally competent and respecting diversity. My definition of professional cultural competence is having an understanding and awareness of other cultures in order to provide services that are respectful to one's culture. As a professional, we must strive to learn all we can about diversity and other cultures so that we start getting rid of those biases that we have been taught growing up. As a social work practitioner, I see myself functioning competently and having an understanding that there is still so much to learn and I will strive for continued awareness.
G. Social Work Values

The definition of values as stated in the PPM manual (Spring, 2008) is a quality that individuals hold as meaningful to them in their lives. One of the qualities or attitudes I live my life by is respecting personal freedom. This for me means that everyone has the right to be an individual and be able to live life on their own terms. I value equality because no one has the right to make other individuals feel inferior because we are all human beings at the end of the day. Loyalty and honesty is what I strive to show in all my relationships and I expect others to do the same for the relationships to work. I value helpfulness and kindness, because I cannot imagine a world where we exist without it. It has been something that I have exercised as a child because this value was instilled in me by my parents. Another attitude I hold worthwhile is social justice. I believe it shares the same ideas as equality because it strives for equal distribution of opportunities in our societies.

I value diversity because it makes for a better learning environment. Two other values I believe in are accountability and integrity. I always try to teach or encourage both of these values with the adolescents I work with. If everyone could take ownership of their actions, this world could be a better place. I value learning, not just in formal settings, but in life itself because that is how we grow so we can in turn, teach others. Lastly, one of my biggest values is hopefulness. I feel that looking at the more favorable side of conditions in life is a better way to live life. 

Looking at my personal values, I think that they give a good description of the kind of social work values that I do hold and use in my practice. These values also make me who I am, and who I am is what I bring to my profession. Without integrity, optimism, social justice, helpfulness/kindness, equality and respect, I do not believe that one can work in the human service industry and these values would be hard to teach someone. I do hold the traditional values of social work which, as
explained in the PPM Manual (2008), tend to be respect for human diversity, client self-
determination and the right to experience the benefits of social justice.

The primary source of the social work values I hold comes from how I was raised by my
parents, particularly my mother. In growing up I used common sense in identifying what my
values are as well. Professional education has been another source of where I learned my social
work values, especially when it comes to social justice and advocating. I have had the privilege to
learn about the American history and the oppression of Native American people and other people
of color have endured and continue to endure, so I believe that being in this MSW program has
been a good way for me to learn and continue to build on my skills and values. My personal
values are compatible to my professional values. It would prove to be difficult to fight for social
justice and equality in my professional life, if I do not personally hold it as something worthwhile.

3. **Definition Guidelines for Source of PPM Influence**

A. **Life Experience**

There are many areas of my life experience that have taught me about “helping” and
human behavior. I grew up in a family where respect was very important, especially for your
elders. I think that I have continued to practice this in my personal and professional life. Growing
up in a family of six siblings and being the third oldest, taught me about role modeling to my
younger siblings. When working with adolescents, I have made sure that I am aware of my
behaviors and would only conduct myself as a good role model in front of my clients. My mother
 taught me about “helping” and even human behavior. She showed me and my siblings what
forgiveness and patience is all about. I say this because my father was not always the best father.
He was a verbally abuse father to everyone and also had and continues to have a drinking
problem. My mother has continually shown me what resilience is. Through this brief experience, it has taught me about human behavior and definitely increased my understanding about abuse and addiction. I believe this has helped me in my practice with adolescents who have similar backgrounds.

Other ways I have learned about helping is when I went to boarding school. Some of the students there would not get visits from their parents and if it was someone in my close circle, I would always invite them to visit with my family. High school brought on other life experiences that helped me improve on my interpersonal skills. I learned it was easier to make friends when I was being myself. I have been trying to always teach the kids that I worked with that your individuality is important, so be proud about being unique and different from others.

B. Theories of Human Behavior

My theories about human behavior come from my helping professions and academic disciplines of psychology and social work. My undergraduate degree is in Psychology and with this background I learned about learning theory, cognitive theory and psychodynamic theory. This has contributed to my personal practice model because I utilize all of them when working with my clients. Through my internship working with at risk youth at Woodland Hills residential treatment program, using learning and cognitive theories has helped me understand how to effectively help the kids start thinking differently about their actions. For example, with cognitive and learning theory, my client’s have learned negative behaviors that have yielded negative results for them. So with these theories, my clients would learn more about the rewards that come with changing their behaviors and start making good decisions. The psychodynamic theory has helped me understand how the residents past or life experiences shape how they see life today.
From the social work perspective, the strengths perspective has assisted me in being able to identify the strengths in my clients and using these skills to help them improve their lives. For example, I worked at Woodland Hills with an adolescent who was American Indian. She seemed knowledgeable and actively involved in her culture. Through her treatment plan, she focused on her culture and cultural views about using chemicals. One of her assignments was to talk to her grandmother, who she respected dearly, so she can get a clearer understanding about her people and culture. This strategy helped this client identify what was most important to her, which was not to use anymore.

C. Research

To be an effective social worker, or even in any profession in the human service industry, it is vital that we keep up with current research and the ability to evaluate one’s own effectiveness. I think that at times, some social workers can get caught up in just doing the work, instead of providing services that are based on best practices. When I started the MSW program, I had limited research knowledge. However, through the program, I have gained more experience in conducting single subject designs when evaluating the effectiveness of interventions with adolescents. I have also learned about conducting cultural competence assessments at the agencies where I interned. Through the Women’s Resource and Action Center, I was able to learn how to conduct an evaluation of the sexual assault policy at UMD. I conducted a survey to identify better ways to get students familiar with the services provided by the WRAC. The experience I have gained through the program has been quite influential for me because now I can evaluate the services and programs of agencies and the impact they have on clients.
D. Practice Settings

I strongly believe that the agencies and practice settings I have had the privilege of working with has influenced my personal practice model. I completed an internship at the Woodland Hills Residential Treatment program. The structure and organization at this agency was easy for me to navigate as I knew the hierarchal structure since I had worked with everyone in the agency and also knew their roles. I would say that the supervision I had from my supervisor helped immensely because she took time to mentor me and answer any questions I had about the agency and my practice. She took interest in my wellbeing as well, not just with my education and practice development. Working with these youth taught me about the struggles and rewards of working with this age group. I learned that it is difficult to tell youth that they need help, but you can always see a glimpse of hope when the walls they have built up break down.

When I interned at the Women’s Resource and Action Center, the structure of the agency was a bit hard to follow. At times there was a sense of teamwork between the interns, but it was mostly everyone completing their projects on their own. I believe the supervision could have been exercised a little bit more, but overall it was a good experience working for an agency that was more school and community based and dealt with macro issues at the community level.

I also interned at Fond du Lac Human Service and the organizational structure of the agency was easily understandable. The supervision I received by my MSW supervisor was an integral part of my learning as well as completing my learning assignments on the macro level. I was able to develop my professional identity by shadowing mental health case managers and by discussing the importance of cultural competency, even in a cultural specific agency. I was also able to participate in changing and developing the Violence in The Workplace policy for the agency. Another learning assignment I completed was auditing client’s charts for future
accreditation and switching to electronic files. The biggest thing I did learn from my internship was the importance of collaboration and networking. I learned this from attending the Indian Health Service- National Behavioral Health Conference, where representatives from different agencies from all over the country shared what is working for them in helping clients. It was good to focus more on the macro level of social work, but I did sincerely miss directly working with clients. Even though these organizations varied in structure, practice settings and the supervision I received, I feel confident in my ability to do work in all these areas. But, my interest will always be in direct service with individuals, groups and family.

E. Special Mentor

I would have to say that the person who has largely influenced by personal practice model has been my supervisor at my previous employment at the Center for Alcohol and Drug Treatment. She is a social worker herself and also a licensed alcohol and drug counselor, which are both my areas of interest. She has encouraged me to have confidence in my practice, opened my eyes to different approaches when working with clients and has helped me become independent in my practice. For over five and a half years, she motivated me to further my education and knowledge in the human service industry. When consulting about clients, she would always challenge me to use current research and best practices. I believe that all her support, encouragement, challenges and validation has been very beneficial to the development of my personal practice model.

F. Formal Social Work Education

My MSW experience at UMD has greatly influence my professional development. This program has helped me in learning and preparing to work in different areas of the social services
field. I have become better at advocacy, critical thinking, using different approaches in solving problems and working with a diverse group of clients. I have gained knowledge and experience in the theories, interventions, policies and approaches to utilize when working with individuals, groups and families. While all the above has played a significant part in my program, building relationships and gaining support from future colleagues in the program has also influenced my development.

Unfortunately, my time in the program has not always been great, especially in my last year. It seems as though my faith in justice and the school system was decreasing, but fortunately, I always try to find a learning theme within each adversity. Through the negative experiences I have had with the program, I have learned a lot about myself that I can take with me in my personal practice. I have learned to stand up for myself in times of injustice. I believe this has increased my skills in advocacy because it will be my job to stand up for my clients in future practice. I have learned that I am stronger than I thought I was and actually have a voice, even when sometimes it does not get heard. I now know how to gather support for an issue I believe in as I think this will be important in future practice with clients. I am confident that all the positives and negatives experiences I had have made me and will continue to make me an effective social worker.

4. Special Interest

My area of interest in the social work field is in chemical dependency. I feel that chemical dependency creates problems in individual’s lives or it can exacerbate existing problems. As workers, we then get to help individuals improve their lives, not just in the area of drug and alcohol abuse, but all other areas of their lives. The chemical dependency field is very
broad. I have worked with adolescents, adults, every gender and ethnicities. For my personal practice model, I will be focusing on my interest in chemical dependency with adolescents. My interest in this field, started about five years ago when I was introduced to working with adolescents at the Woodland Hills Residential Treatment program. At first, I was not sure if this was the population I would want to work with but I started seeing the big part I could play in their lives. I think it has been quite a challenge, but I know my clients do learn something from treatment and the residential program.

This population peaked my interest because it is very challenging. Most of my adolescent clients come from low-socioeconomic status backgrounds and they have learned negative survival skills that are hard to break. But what I have seen over the years is that they are just kids who have witnessed a lot in their life time and do want help. It has been hard to see some of the adolescents I have worked with change and have hope, but still reside in same the environments that make it hard for them to maintain changes. Since going through the program, I have learned different approaches in my practice when providing services to this client population. Utilizing the strengths based approach, cognitive- behavioral approach, the ecological theory and motivational interview techniques has been effective.

One of the things I have seen as the most important factor in being effective with this population is building rapport and trust with them. It is very difficult because the adults that have been in their lives have broken that trust in the past, so the kids are guarded. I have learned that sticking to my word and staying consistent with my behaviors helps in role modeling healthy behaviors to the clients. Something that continues to amaze me is the resilience that this population shows. Most of the adolescents I have worked with have been through traumatic events, living in poverty, dealing with severe family issues, gang involvement and having no
support or a role model in their lives. Most of these situations then make it easy to escape life by using drugs. As workers, we then step in to offer help that is sometimes not wanted, but with time some clients open up and start being accountable and asking for help.

Something that continues to motivate me when working with at risk youth is that I get to do some early intervention and preventative work with them so that the disease of chemical dependency does not continue into adulthood. Even though teens sometimes are very resistant and ambivalent about their using behaviors, they will learn something from being in treatment and hopefully think twice before going back to using. So my personal practice model was developed by the education I have received, the experience I have gained through my internships and personal work experience.

5. Literature Review

According to the Office of Applied Studies (OAS) in the Substance Abuse and Mental Health Services Administration (SAMHSA), a 2006 U.S study reported that a third of teens between the ages of 12 and 17 drank alcohol in the past year and a fifth used illegal drugs (SAMHSA, 2007). According to the National Survey on Drug Use and Health (NSDUH), in 2006, large numbers of teens tried substances like alcohol and other drugs. The statistics showed that “7,970 drank alcohol for the first time; 4,348 used an illicit drug for the first time; 4,082 smoked cigarettes for the first time; 3,577 used marijuana for the first time; 2,517 used pain relievers non-medically for the first time; 1,603 used inhalants for the first time; 1,281 used hallucinogens for the first time; 909 used cocaine for the first time; 860 used stimulants non-medically for the first time; 236 used methamphetamine for the first time; and 86 used heroin for the first time” (SAMHSA, 2007, p.3).
As with any risky behavior that teen’s are involved in, there are always some risk factors that fuel the behaviors. Teens are more prevalent to engage in high risk factor, therefore, drug and alcohol may exist (Thatcher & Clark, 2008). The identified risk factors for substance use disorders are considered heritable, environmental, and phenotypical factors (Clark & Winters 2002). In the article by Thatcher & Clark (2008), heritable factors are associated with genes; environmental factors include things like peer influence, parenting practices and substance availability, among other factors. The interaction between these two risk factors then determines an individual’s phenotype which is defined as the observable behaviors of an individual. So having an understanding of these factors has helped in developing effective prevention and efforts.

In providing chemical dependency services, there are challenges or barriers that have been identified in screening and treating teens. Leslie (2008), reports that there is a lack of screening when it comes to drug and alcohol abuse and risk factors in adolescence. Teens have complex issues that make it difficult for practitioners to treat. Leslie (2008), identified that in a 2007 survey in Canada about half of the youth who went into treatment had a mental health diagnosis like depression or anxiety. Evidence chronicling research and the effectiveness of approaches used in the treatment of adolescents with drug and alcohol abuse is limited (Leslie, 2008).

In the past, the approach used in treating alcohol and drug abuse in teens was mainly abstinence-based, in other words, total abstinence was encouraged. However, this approach was identified to be not as effective in the reduction of alcohol and drug abuse in teens (Leslie, 2008). Approaches like cognitive based therapy have also been utilized in providing interventions in alcohol and drug abuse treatment for adolescents. Evidence shows that the use of CBT when working with groups and individuals directly impacted a decrease in adolescent substance use
Therapeutic alliance has also been seen to be a positive factor in the successful treatment of teen chemical abusers (Darchuck, 2007).

Harm-reduction strategies are more effective in treating substance abuse in teens because it accepts the desire that teens may choose to use alcohol and drugs, but be able to recognize the physical and psychological consequences of continued use (Leslie, 2008). Compared to the abstinence-based approaches, harm-reduction strategies focus on decreasing risks incurred by use through motivating positive behavior that can include a decision to abstain or cut down use (Leslie, 2008). Another counseling approach that is being widely used is motivational interviewing as it addresses a teen’s ambivalence or resistance to treatment and change and other studies have indicated that this type of intervention has decreased the use of harmful chemicals (Marlatt & Witkiewitz, 2002). Despite all the studies that have been done on effective approaches to treating drug and alcohol dependency in teens, there still remains a need for more research in this area (Darchuck, 2007; Leslie, 2008).

I believe that chemical dependency is a widespread brain disease that is going to continue needing vast research and empirical evidence if social workers and licensed alcohol and drug counselors are going to provide effective services to clients. As mentioned above more research is needed in treating teens with dependency issues. In order to eliminate adult chemical dependency issues, we have to tackle this issue in adolescence always remembering that our services will have to continue being culturally competent and evidence-based practice.

6. Interviews

In order for me to prepare for my social work practice, obtaining views from selected MSW social workers and comparing the experiences with my own, provides me with more knowledge of what to expect and other ways I can improve my practice. The hands-on training
and educational experience I have received have been very influential, however talking with other practitioners will add to my effectiveness as a social worker. I have always believed that we can learn from textbooks, but being able to actually talk to a current practitioner in the field makes it more real and relevant.

It is important for me to have discussions with other MSW practitioners in preparation for my personal practice model. It is also as important to make sure that they are meaningful as possible by utilizing qualitative research methodology. So I interviewed three practicing MSW’s in my area of interest, chemical dependency. They were all asked the same research questions including some additional questions about my special interest. They were asked:

1. Describe the major guiding conceptual frameworks you use in your practice? (models, theories, strategies)

2. How do you assess your cases and projects to determine what the problems are?

3. How do you measure the effectiveness of your work?

4. What major issues or challenges do you find in your work, and do you believe they should be addressed?

5. Describe the differences you see in working with different populations?

6. In what ways do you take care of yourself to avoid burnout?

7. **Methodology**

**A. Sample Selection and Description**

The sample used in this qualitative research was a purposive sample. It consisted of three currently practicing MSW chemical dependency social workers who were selected for their willingness to respond to the questions regarding the three major areas of social work practice. Individuals I had a relationship with were not selected to participate. This included UMD faculty, my supervisors, individuals I had a relationship with that would influence the responses.

The interviewees were contacted by phone initially and then a face to face contact was scheduled so they could read and sign the consent form. I was fortunate that all three participants
accepted the invitation to be interviewed and they completed and signed the consent forms. There were three female interviewees and the interviews took place at an agreed upon private location for each person. The individuals I interviewed all declined to have the agencies they work for identified. They are all practicing MSW and LADC counselors with post-MSW experience ranging from 4-7 years.

B. Data Collection

The interview process began with me stating my appreciation to the interviewees for agreeing to participate in the interviews. I made sure to explain to the interviewees that their response will be confidential in order to put them at ease. I explained that their input was valuable and that I would clarify any unclear question from my interview guide. I also stated that I would ask for clarification of their responses to make sure that I understood them. The interviews took varied times in length, from about 1 ½ to 2 hours. I used a tape recorder and took notes to record the information I was receiving.

C. Data Analysis

I identified three common themes: the individual theoretical approaches, methods of assessments and how they evaluated their interventions. Themes were identified by similar words or approaches used by each practitioner. By asking the same questions to all three participants, I was also able to identify similarities in their practice. I made sure that the information I was analyzing was accurate by comparing my notes and tape recorded information.

D. Validity Concerns

In qualitative research, there are always concerns with obtaining and reporting the accuracy of the collected data. To ensure accuracy and validity of the data I made sure to ask the
interviewees the same exact questions in the same order. I tape recorded the responses throughout the whole interview and also took notes. I made sure that I clarified my questions, so that the interviewee understood what I was asking them. I also used probing questions in order to clarify their responses.

E. Analysis and Discussion

During all the interviews, there emerged themes from the responses of the interviewees. The first theme was the educational level of and the professional practice models of all three respondents. They all received a Masters in Social Work degree. There was a similarity in how they started their social work practice. They all identified getting into the field because they wanted to help improve the lives of others. Another similar response by all three respondents was the practice approach of utilizing the "confrontative" approach when providing drug and alcohol services to clients. Since receiving their masters, they have developed different approaches or frameworks in assessing and evaluating individuals. They now make use of approaches like the strengths-based and person in environment approaches in their professional practice. Throughout the interview, this theme about the ecological theory was prevalent in all my respondents. They could not stress enough that there are many factors that impact an individual with chemical dependency problems. One of the respondents stated that, "Most of the clients I have worked with have limited or even a lack of resources but they still have multiple systems that they need to navigate on top of personal problems." Another respondent said, "I cannot count how many times I heard the frustrations from my clients about not being able to come in for a group session because they did not have day care or a way to get to group." Another response made by an interviewee was, "There are many systems at work with any individual client and as social workers, and we need to take this into account when providing interventions and services."
ecological approach as a guiding conceptual framework was universal in the responses providing in all three interviews.

The second theme was self-care to avoid burnout. All three participants they all summed up that it helps to leave work at work. One of the interviewees stated that they make it a point to “not discuss their occupation and all that comes with it outside of work.” Another stated that, “it helps when I can decompress from work for thirty minutes to an hour after work every day.” The last participant stated, “I am still trying to learn everyday how to leave work at work...some days I am good at it, but other times it is really tough.” All three identified several activities that they partake in that they help them take care of themselves, examples identified being, “working out”, “eating a balanced meal”, “doing yoga” and “scrapbooking.”

The third theme was lack of collaboration. One respondent stated, “alliance between chemical dependency services, probation and mental health services is not always there.” Another stated, “in some of my cases, I hardly hear from some of my client’s probation officer until the completion of treatment.” Another identified that, “collaboration between systems is very important in working towards helping improve the lives of our clients and we need to improve on that.” So collaboration with other disciplines greatly impacts the effectiveness of our practice as well. All three interviewees were in agreement about this challenge and they suggested more involvement is needed within the systems that are working towards the same goal of helping clients.

The fourth theme was the need for effective evaluation of one’s practice and also having thorough and up to date information on best practices. One respondent stated, “I have worked with some practitioners who were not knowledgeable about current research, assessment and
interventions that are best practice with the population they are currently working with.” All the respondents agreed. One respondent stated, “being able to evaluate how effective my services are has helped me greatly in the last two years in improving how I provide services to my clients.” Some stated that their evaluations were not very formal. For example if a client feels comfortable enough to come back for help from the same counselor that means a strong alliance was built and the services you provided for that client were effective. Other methods to evaluate effectiveness that was brought up were if the clients continued to stay sober, though it is hard to track all the clients. Also utilizing tools like the session rating scales has been helpful in one of the respondents practice as this gives the client power to identify what is working for them in their treatment and what is not.

In conducting the MSW interviews, I realized that all three respondents supported the concepts and practices that I have learned through academia and work experience. I found out that one’s personal practice is always under construction no matter how long you have been in the field. One respondent stated, “I feel like I am always learning something new every day I go to work.” Another reported that, “I make sure to immerse myself in all the new information out there so I know that I am doing all I can to provide effective services to my clients.” I learned that the themes identified by all respondents including collaboration, self-care and evaluating effectiveness are very important in practicing social work. I also learned that approaches used by practitioners in the field have changed over the years from utilizing more of the “confrontive” approach to “strengths based” approach. I will make use of all these important aspects in my personal practice model. Having the privilege to interview three MSW’s in the chemical dependency field was very beneficial. I was able to get different perspectives on practice approaches and adding the literature review, enhanced my knowledge about practice in the
chemical dependency field. Having a variety of interviewees who have been in the field for different lengths of time helped me recognize that with time one can only get better in their practice. But, most importantly, by utilizing best practices, you will always be providing effective services to our clients.

As discussed in the interviews, working with individuals, family, groups, organizational and communities are important aspects in working with person in environment and systems theory. As an advanced generalist practitioner, I will be able to fulfill multiple practice roles as a social worker and in developing my PPM, I was able to identify and include the importance of bringing evidence-based practice skills to all interventions. For example, with the teens I have worked with at Woodland Hills, a big part of building rapport with them is embedded in building a trust level with them. However, it is also very important to understand family relationships and try to help the teens open up dialogue that will improve those relationships. Most of the work in chemical dependency is in a group setting and with trying to work on the organizational level; this is when agencies like Woodland Hills have to be aware of best practices and research that will provide effective services to clients. Within the community, agencies will provide effective services if there is a level of collaboration. For example, county services including, child welfare, chemical health services, family services, probation, hospitals, therapist and chemical rehabilitation services all have to be working toward a common goal for each individual client.

F. Summary

Putting together this personal practice model was very insightful and valuable to me for my current and future practice in social work. I think at times little effort is put into reflecting on how we provide services as workers. So having this opportunity to look at my academic, personal and work experience puts a lot of very important things in perspective. Developing my
PPM helped me sort out, in a concrete and conscious way, my ideas and thoughts about social work and how I want to practice. I have developed self-confidence in how much knowledge and experience, academically and personally, I have gained in preparation of working in the social work field. The literature review helped me learn more about chemical dependency and I have confidence in my ability to continue utilizing best practices. Also, conducting the interviews with three practitioners in the social work and chemical dependency field assisted in boosting my knowledge in chemical dependency. It was beneficial for me to identify similarities in my current practice compared to practitioners in the field today and how it will impact my future practice. Themes I have identified in my personal practice model, like strengths-based, looking at person in environment, effective evaluations of one’s practice and continuing to be knowledgeable to best practices, were the same themes identified by my participants. I believe that these similarities with other practitioners in the social work field will continue to help me develop my practice and reinforce practicing evidence based practices.

My PPM has helped me recognize that each individual practitioner does possess uniqueness in the way they will provide services to clients. However, there will always be those aspects of practice that are similar and important for all practitioners to believe in. Things like empathy, cultural competence and providing services that are best practice are the essentials of social work and I have begun learning and will continue to learn how I want to practice in order to have my own unique style. I think that continuing to develop such things like a personal practice model, does leave room for continued efforts towards improving one’s practice and ways to evaluate the way services are being provided.

While I believe that I have gained vast knowledge and experience through the social work program, work and personal experience, I am ready to build on these experiences in the
field. I know there will always be more to learn in the social work field and the best way to learn would be to start practicing. In my practice, I plan to continue seeking advice and guidance from other practitioners in my field. I would like to become part of a greater team of professional working towards helping clients in need. I do believe that one can never be completely culturally competent, so I will always work towards taking opportunities that will provide me with more knowledge and awareness as I will continue working with a diverse population of clients. In providing best practices to my clients, I plan to stay current with the literature and research in the social work and chemical dependency field and always utilize my own cultural beliefs in working with other people.

All in all, my personal practice model is a unique blend of my personal, educational and work experience that I will always expand on as I progress in my practice as a social worker and chemical dependency professional. Developing my PPM has helped me identify areas that I will need to work on and improve about myself, personally and in my practice and the areas I do have strengths in. I have become more aware of how my past, current and future experiences will impact my practice and I strongly believe that completing this practice model has been a valuable experience and I will continue to look at, develop and evaluate my future practice using this process.


PPM CONSENT FORM

Please sign giving your consent or non-consent for students to review your PPM.

_____ YES you may allow students to review my PPM.

__X__ NO you may not allow students to review my PPM.

Name:  __ Tendai Nicole Zawaira ____________________________________________________________________________________________

Signed: ______________________________________________________________________________________________________

Date: 8/31/2012
Putting together this personal practice model was very insightful and valuable to me for my current and future practice in social work. I think at times little effort is put into reflecting on how we provide services as workers. So having this opportunity to look at my academic, personal and work experience puts a lot of very important things in perspective. Developing my PPM helped me sort out, in a concrete and conscious way, my ideas and thoughts about social work and how I want to practice. I have developed self-confidence in how much knowledge and experience, academically and personally, I have gained in preparation of working in the social work field. The paper identified practice components, my influences, and my area of special interest. It concluded with interviewing practicing MSW’s in my area of interest.

The practice components were natural helping skills, which were being an optimist, good listener and capable of showing empathy. The second component was learned skilled roles and for me, those were, trust, eliciting information from others. Guiding conceptual frameworks are strengths-based theory and the Life model which gives the social worker and the client a level playing field to start working from and both the worker and the client are viewed as equal partners in working towards making changes in the client’s life. The Life Model strives for empowerment of individuals and it works towards breaking down boundaries. Another component was decision making skills utilizing ones intuition and the identified evidence based approaches/theories that work. The next component was views of practice efficacy which helps describe how I would evaluate my effectiveness as a practitioner as ways to convince others how my practice works. The paper also went into discussing human diversity and cultural competency, which are a big part of social work and my life experiences have helped me start a path of continued competency. The next components were social work values, which some are derives from my life experiences as well.

The next part of the paper describes the guidelines for source of my PPM influence. These were life experiences that have taught me about helping and human behavior. When we then include theories I have learned over the years like the learning theory, cognitive theory, psychodynamic theory and the strength perspective, have helped shape how I view and help human behavior. Also through the research I have done, the practice settings I have had the opportunity to work in, I have gained more knowledge of the practice of social work. My mentor, who was my supervisor at my first job, has also been a big influence in guiding my PPM and what I choose to do in the future professionally. And attending UMD for my first degree in psychology and then my masters in social work, I have been able to utilize all that I have learned into becoming a social worker. My special interest in social is chemical dependency, especially working with adolescents, but I am not opposed to working with adults as well.
Keeping with the theme of evidence based practice, my PPM also included a section on substance abuse issues with teenagers and approaches that have been seen to work. I believe that chemical dependency is a widespread brain disease that is going to continue needing vast research and empirical evidence if social workers and licensed alcohol and drug counselors are going to provide effective services to clients. As mentioned above more research is needed in treating teens with dependency issues. In order to eliminate adult chemical dependency issues, we have to tackle this issue in adolescence always remembering that our services will have to continue being culturally competent and evidence-based practice.

As part of developing my PPM, I also conducted interviews with 3 candidates who are in my field of interest, chemical dependency. Through this qualitative interview process, I learnt that approaches used a while ago, had now evolved and all the participants identified that evidence-based practice is what they now do. There were similar themes identified by all three participants that I identified with and they include: educational level, the importance of collaboration, burnout and self-care techniques, the effectiveness of evaluating one’s practice and evidence-based practice. As discussed in the interviews, working with individuals, family, groups, organizational and communities are important aspects in working with person in environment and systems theory. As an advanced generalist practitioner, I will be able to fulfill multiple practice roles as a social worker and in developing my PPM, I was able to identify and include the importance of bringing evidence-based practice skills to all interventions.

My PPM has helped me recognize that each individual practitioner does possess uniqueness in the way they will provide services to clients. However, there will always be those aspects of practice that are similar and important for all practitioners to believe in. Things like empathy, cultural competence and providing services that are best practice are the essentials of social work and I have begun learning and will continue to learn how I want to practice in order to have my own unique style. I think that continuing to develop such things like a personal practice model, does leave room for continued efforts towards improving one’s practice and ways to evaluate the way services are being provided. I do believe that one can never be completely culturally competent, so I will always work towards taking opportunities that will provide me with more knowledge and awareness as I will continue working with a diverse population of clients. In providing best practices to my clients, I plan to stay current with the literature and research in the social work and chemical dependency field and always utilize my own cultural beliefs in working with other people.

All in all, my personal practice model is a unique blend of my personal, educational and work experience that I will always expand on as I progress in my practice as a social worker and chemical dependency professional. Developing my PPM has helped me identify areas that I will need to work on and improve about myself, personally and in my practice and the areas I do have strengths in. I have become more aware of how my past, current and future experiences will impact my practice and I strongly believe that completing this practice model has been a valuable experience and I will continue to look at, develop and evaluate my future practice using this process.