My Personal Practice Model
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This document, which constitutes a statement of my own unique approach to social work practice, contains my views of seven components of social work practice: 1) natural helping skills that I use in practice, 2) the learned skills and roles that I use, 3) my preferred conceptual frameworks, 4) my approach to human diversity and cultural competence, 5) how I determine my practice effectiveness, 6) how I make practice decisions, and 7) the value base underlying my practice and my professional ethics. I have also described a social work practice area of special interest, which is working with American Indian children and families, and completed literature reviews of six of the seven components focused on it. To further help me identify and evaluate my Personal Practice Model I interviewed three MSW social workers and related their views on certain aspects of social work practice to my own.

The natural helping skills I identified are trustworthiness, listening, humor, and patience. The skills and roles that I have learned in various educational/training experiences are supporting the client, establishing rapport, the use of humor and reinforcing the client's strength. The roles I use are being an advocate, case manager, educator and enabler. The conceptual frameworks that I use to guide my practice are the Red Road Approach, the Cree Medicine Wheel, the Strengths Perspective, Maslow's Hierarchy of Needs and the Empowerment Theory. My basic approach to considerations of human diversity and cultural competency is characterized by taking a spiritual approach, and becoming proficient in cultural competency according to Cross' Cultural Competence Continuum. To help determine my effectiveness in practice I use Goal Attainment Scale and Talking Circle. I make practice decisions through use of spiritual
direction, discussion with colleagues, performing self-assessments, applying decision making frameworks, participating in collaborative teams and culturally sensitive practice. The value base which is the foundation of my social work practice is characterized by not looking adults directly in the eyes, quietness, patience and time orientation (not being controlled by clocks). I make ethical decisions in my practice by a non-material work ethic, working with the community and not just the individual and recognizing the importance and worth of those with whom I am working.

My literature reviews pertaining to the six PPM components helped me to gain new understanding about my area of special interest. I learned as I researched the six components, that I had been using some of the techniques talked about that I really hadn’t put a name to, for example, establishing rapport with the client and the use of advocacy. Additionally, I learned that the Red Road approach to helping people is a circular model and that I have been living that in my recovery process as well. This circular model entails spiritual, mental, physical and emotional growth, and I have been practicing this philosophy in my life as well as in helping others with it.
INTRODUCTION

MY UNDERSTANDING OF THE PERSONAL PRACTICE MODEL

My understanding of the personal practice model is that it is an in-depth look at how I have and will continue to work in social work. It is a summation of my personal practice experiences and the social work theories and practices I have learned throughout my life learning and professional education. These experiences with family, jobs and relationships have made me who I am today as an Advanced Generalist Social Worker.

The Personal Practice Model (PPM) encourages me to think about what influenced me to choose this path. It also gives me the chance to critique what I have learned as an undergraduate student in Human Services.

The Importance of Identifying and Evaluating my Personal Practice Model

I have done many evaluations of my personal and professional life. I’ve been taught by some very wise people, elders included, that critiquing oneself is a form of trimming away the old negative way of living to allow the good red road to come to light. So the process of identifying and evaluating what works in life in a good way is not new to me. I have found that if I do not identify and evaluate my own practice, I will not truthfully know what will work best for me as a genuinely good social worker. This has not always been the case in my life; I had to learn basic survival skills through a very hard existence.

As I have come to learn through my Masters in Social Work (MSW) courses, the PPM model is probably always going to be in a transitional state as I develop in my professional life. I believe this to be fact, because I am continually undergoing change. In a year or two, I may revisit my Personal Practice Model and might discover that this
was my truth at the time, but that my reality has changed once again. This is true for
work that I have done in my undergraduate school years; as I look back, I can see how I
have grown. More and more, I have learned that to stay stuck in one mode of thought,
behavior or belief is not always a good thing.

So my continual journey into self-discovery has brought me here to Duluth,
Minnesota enrolled in the Masters in Social Work program. In one class taught by
Professor Don Carpenter we studied the Turner book, Social Work Treatment. A chapter
First Nations” by Nabigon & Mawhiney (1996) notes:

When we listen to our inner self, we get in touch with our inner spiritual fire.
Facing the pain and understanding takes courage. Most people do not consciously
start a journey of personal growth unless the pain of not growing is greater than
the pain of growing. However, once the journey is started, it is virtually
impossible to return to the old ways of relating, and the journey is a constant,
ongoing process of change (Turner, 1996, p. 21).

Since my pathway in the past was self-destructive through addiction, I was forced
into treatment to seek help and form a new way of living. I now have that inner spiritual
fire that sustains me and I would not want my journey in this life any other way.

My career as a social work practitioner is in a constant process of change. I
understand that I can not go back to my old way of relating to people. I recognize that I
am no longer the person I used to be when I was actively involved in addiction. Dr.
Thomas Peacock, a noted American Indian scholar and author, told me that he knows
from personal experience that “you can never return home again” (personal
communication, October 15, 2003). I have learned to always educate myself, to develop
and strengthen my good qualities, and to practice high quality social work. I know that I because of my continuing education, I can never go back to the old way I lived again.

**MY SPECIAL AREA OF INTEREST**

I have worked with Native American families throughout my years in the human services field. My most heart-wrenching work has been with pregnant women and their children. Many times I would be confronted with the problem of young girls that had their children removed because of drug or alcohol addiction or abuse of some type. I would take these women on home visits to see their kids. These kids had often been in foster care so long that they began to bond with the foster parents. Frequently the children would not want to return to their family of origin. To make matters worse, the children most generally were placed in Non-Indian homes. The rationalization expressed by social workers who worked with these families was that there were too few American Indian homes for placement. I agree that there is a great need for more Native American foster/adoptive homes and that there are not enough American Indian people volunteering to care for Indian kids. However, I believe that these social workers failed to go beyond our Nebraska community to actively search out American Indian relatives with whom to place these children.

Working in this field, I developed a desire to acquire an education that specifically focused on the Indian Child Welfare Act (ICWA) and best practices in working with American Indian children and families. In addition, I wanted to increase my knowledge about Native American based social work practices.

I was born and raised in Pine Ridge, South Dakota, a state that has an exceptionally large number of children in out-of-home Non-Indian placements. I know
that hiring American Indian practitioners knowledgeable in ICWA is vital to work in striving to keep our kids within the tribe. Being aware of American Indian cultural practices and the value of the extended family helps me as a social worker to honor the best interests of American Indian children and families.

**Description of Special Interest**

The ICWA was made into law in 1978. Prior to the implementation of this Act, American Indian children throughout the United States were being removed from their homes in record numbers. Since the time of initial missionary contact with Indigenous people, Indian children have been placed in boarding schools, farmed out as hired hands to white farmers, or fostered and adopted out into non-Indian homes in great numbers—with the latter continuing through the present. ICWA works to maintain children in the tribe, preferably with relatives. B.J. Jones (1995), in his ICWA manual, states that:

ICWA is a realization that Native Americans have unique practices and traditions regarding child-rearing that are not susceptible to judgment using a non-Indian barometer. Indian children were raised by their families within the context of a larger clan, oftentimes related either by blood or marriage, whose responsibilities extended to all children in the clan and not just lineal descendants. (p. 5)

In passing ICWA, Congress was aware how important it was to raise American Indian children in their culture of origin. ICWA also emphasizes the importance of honoring the sovereignty of tribes in the United States.

Along with my interest in ICWA, I feel that it is very important to have healthy and spiritually balanced American Indian professionals working in social work agencies. The model that is most aligned with my interest on this subject is the Medicine Wheel.
American Indian spiritual-based approaches, such as the Medicine Wheel and use of the sacred pipe and talking circles, are healing forms of practice that empower American Indian families. According to Weaver (2002):

The path to wellness in indigenous communities is often referred to as the Red Road; a journey and way to well-being that First Nations people must travel in order to be truly well and healthy human beings.... Balance, wholeness, integrity: these are just some of the terms associated with wellness in First Nations/Native American communities (p. 1).

Although there are many models within the American Indian community to follow, as a Lakota, my beliefs center around the Medicine Wheel approach which is based on following the Red Road Model. Hilary Weaver notes, "many First Nations people see the Red Road as the only true way of good living and existence for American Indian people" (Weaver, 2002, p.1). The Red Road model promotes the idea that when one is on the Red Road they are spiritually-centered. The Medicine Wheel teachings promote ideals such as living clean and sober and being helpful to others:

Among the Lakota, all that is sacred is embodied in the circle or hoop. The four sacred parts represent the four directions, four sacred colors, four parts of the spiritual world and the physical world, four values of the Lakota Oyate (respect, generosity, wisdom, and courage); four stages of life; and much more. The hoop represents, in totality, the circle of life (Pathways, 1999).

Using the Medicine Wheel to promote values that are sacred to the Lakota is important to how I practice and promote healthy ways of living with my clients. In describing the Red Road model, Phillip Standing Crow, a former alcohol counselor at the Dakotah Pride Center in Agency Village, South Dakota (1987) says that:
The Red Road means balance with self, fellow person, nature and the cosmos, concepts reaching back to the original teachings of the Red Race. This holistic teaching focuses upon finding harmony through recognizing dual existence’s or opposites and finding a balance within these dualisms. It encompasses the blending of forces (energies) to enhance an individual’s awareness and journey in life with his or her purpose of spiritual evolution (Standing Crow, p. 8).

American Indian people who have grown up with this philosophy stand a better chance of developing a healthier lifestyle when using this guide. To me this approach in helping clients is honoring strengths that are already inherent within them.

Despite the fact that Rick Thomas, the co-founder of the Red Road Approach, “has been training and presenting key note addresses on a National level for 20 years” (2003, p. 1), American Indian approaches such as the Medicine Wheel and Red Road Approach are only recently being presented in social work texts. One such publication by Gayl Edmunds (1998) has applied the Red Road approach to chemical dependency treatment:

The Red Road philosophy of alcohol and drug abuse treatment encompasses balance, harmony, and the understanding of the Lakota term “Mitakuye Oyasin” (all my relations).... The term Mitakuye Oyasin recognizes that we are all related. The making of relatives is an important teaching of the Lakota way of life (p. 1).

As a practitioner, I feel that it is important to become knowledgeable about what is written on treatment plans and models for American Indians. If that material is not yet published, I will often go out into the field to learn from cultural specialists. I find that applying my knowledge on best practice found within the American Indian community, I
am a much better practitioner. I find my approach to be a kinder, gentler way of healing for our American Indian children and families. As an American Indian practitioner I can use my assessment of where clients are on the cultural continuum to determine whether or not spiritual-based interventions are appropriate.

**Importance of My Special Area of Interest for Social Work**

Demonstrating cultural competence, emphasizing family preservation and work with extended families, exemplifying spiritually-based practice, and effectively implementing ICWA are especially important for effective social work. Cultural competence is important in ensuring that workers understand the populations with whom they work in the context of their unique environments. Furthermore, social workers are mandated by the social work Code of Ethics to be culturally competent.

I have developed much cultural competence by being immersed in cultures different from my own. This is a great way to widen cultural competence and appreciate one’s work as a “global practitioner.” I got the opportunity to travel to Peru. There I learned much about Quechua people of the Andes Mountains. I find that, although there are 1000s of miles separating us, I can appreciate the similarities between the Quechuan and Lakota people, as well as our differences. I have never thought of the variety of cultures in the United States as a melting pot, although I was taught this in grade school. Cultural competency in my experience, means acknowledging the unique lifestyles of all people we encounter.

Family preservation helps individuals stay connected to their relatives and tribe so that they have strong support networks. Family preservation is especially important to American Indians in light of their history of having their families weakened by oppressive U.S. government policies. Research shows that American Indian children
raised outside of their culture of origin encounter many problems. These problems include alcoholism, suicide ideation and attempts, abandonment issues, and identity crises - to name a few. For instance, a 1994 study involving “Split Feathers” - a self-identified name of American Indians who grew up in non-Indian adoptive or foster homes - found that most Split Feathers interviewed had emotional problems, suffered from alcoholism and substance abuse, and/or had difficulty because they “looked different” than the kids in the foster homes. As one interviewee put it, “the bonding you speak of never existed, not between me and my adoptive parents. As an adult, I have experienced some feeling of not belonging....” (Split Feathers, p. 6).

Building on the strengths of extended families is a critical part of effective social work practice with Native Americans. As noted by Terry Cross, in Cross-Cultural Skills in Indian Child Welfare, “The extended family may be a major resource for the client or a source of multigenerational dysfunction” (p. 39). The Indian child welfare worker should be committed to working with the extended family to determine the degree they support their clients (Cross, 1996). Extended family cannot be bypassed when working with American Indian clients; they are key players in family decision making.

Spiritually-based social work - rarely emphasized in European American texts - is important in order to have connection to a Higher Power for guidance. I strongly believe that having a spiritually-based social work background will give credibility to my professional practice. Spirituality in many American Indian families is a major factor in their functioning effectively in their jobs, families, and community. When working with any family or individual, I take time out for myself to smudge with sage and cedar; this gives me the direction and strength I need to effectively guide clients.

Lastly, I believe that implementing ICWA is critically important in helping
American Indian children and families. In this respect, I agree with Jones (1995) that "ICWA is a realization that Native Americans have unique practices and traditions regarding child-rearing that are not susceptible to judgment using a non-Indian barometer" (p. 5). How is it possible for non-Indians to make a judgment about what is best for the American Indian child when they have not grown up in American Indian culture and thus can't be knowledgeable about the quality of their upbringing?

I was brought up in two worlds, the non-Indian world and the Indian world of the Pine Ridge reservation. I sometimes get frustrated and resentful of non-Indian people who can not make that paradigm shift to see from a non-Western world view; that is, who can't "step out of the box" to try non-traditional methods of social work practice. American Indian helping traditions represent a holistic approach that is important for good social work practice. By utilizing American Indian helping approaches in my social work methods, I will empower and educate clients using best practice and culturally relevant helping skills.

**DESCRIPTION OF MY PERSONAL PRACTICE MODEL**

**NATURAL HELPING SKILLS**

*Trustworthiness:*

Where did I acquire this skill of being a person that could be trusted? I think that much came through my experiences with a 12-Step recovery program. I never had a desire or concern about being trustworthy prior to entering a 12-Step program. I lived in a "dog-eat-dog" world and was on a fast track. I was self-centered, strictly for myself and my needs and wants. As I entered a new world, free from addiction, I experienced a way of life that was alien to me. Yet this was something I needed for survival, like
struggling for air.

The people in the 12-Step program instruct the newcomer in life coping skills. One major suggestion was to practice trustworthiness and from there one learns to trust others. This didn’t make much sense to me as a fledgling newcomer. I learned at a young age to require people to first demonstrate their trustworthiness before I would reciprocate. I pointed my finger outward in blaming others for my faults before I found out in recovery that I was responsible for my own actions.

I observed the way my sponsor Donna treated me. I was skeptical about telling her anything about me because I was not a person that could be trusted; therefore I knew that I could not trust anyone. I knew that others would just as easily hurt me as I them. I learned this growing up in an alcoholic home and it stayed with me throughout the years.

As time went on in this program, I realized that I had to tell Donna about my life of active addiction and what caused me to get there. I knew that if I didn’t follow the instructions set out in this program, I might not stand a chance of getting clean and sober. In my recovery I learned how to live by example of others in the program. I especially learned the most from my kind and loving sponsor Donna. I learned a great deal about holding myself up as a respectable woman, to talk truth and develop trustworthiness.

Donna helped me get there, never judging me and always using her humor to lighten me up. She loved me and taught me how to love myself as well as others. She never broke my confidence up to the day she passed on. I came to know her, to trust her and then to love her in her goodness to me and all others she met. She will never be forgotten.

*Listener:*

Since I was little, I have been a good listener. Growing up in an alcoholic home, I learned at an early age that it is best to be quiet. Listening was imperative to safety. If I
didn’t listen closely, I might not be able to protect myself or my younger sister. This might sound farfetched to people who haven’t grown up in the world of alcoholism, but I was so good at listening that people never really noticed me in the same room. The point I want to convey is that the way I grew up and what transpired from that time has, to a degree, shaped the person I am today.

I am a soft-spoken woman and I take my time in responding to conversation. I sift through and make sure I understand what is being said. My listening skills are honed to a proficient level as compared to where I began in my early years of academia. With this skill, I am able to hear what my clients are saying and am open to showing respect to their ideas of what works for them.

In the past, I was not an active listener. I would be trying to construct some worldly words of wisdom or be trying to figure out how to “fix” clients. I did this until I realized that I wasn’t connecting with my client. I was feeding my ego by spouting some “profound statement” that was supposedly going to help me “fix” that person sitting across from me. Today, I say a prayer before I talk with anyone about personal issues. I have discovered that what I have in natural helping skills are gifts that have come to me because I have opened my mind to a Higher Power. Becoming an active listener has helped me evaluate my practice with clients without hindering them by continuously suggesting steps they should take to help themselves.

My Humor:

Humor is a big part of my life. Having grown up with lots of extended family around, we kept close by laughing and joking with each other. American Indian people have their own type of humor that might seem offbeat to a non-Indian. Humor helps us through many hard times.
Humor, it is said, is good medicine. It costs nothing to make people smile, to lighten their world when times are hard. Humor also helps people put a new perspective on their plight. After all, none of us are getting out alive and life is too short to be angry or hurting all the time.

I strive to bring a light heart to the client that rarely has much to laugh about. This in turn helps the client to relax and not feel so intimidated upon entering my office. As a client I have felt this intimidation. I find that I am off to a good start if I can bring a little humor into my client’s life and put them at ease in stressful times.

Patience:

I went to a Catholic boarding school on my reservation, Holy Rosary Mission in Pine Ridge, South Dakota (the name was later changed to Red Cloud Indian School, to capitalize on the fact that Red Cloud is buried in the cemetery there). At this school, I stood in many lines waiting. We were always waiting to go to dinner, to go to church, to take a bath, to get shots, and so on. This may have been my start of learning patience. Of course, I had all the patience in the world when it came to getting shots since, because my last name starts with a Z, I was always the last to get them.

I would say that I am a fairly easygoing individual and this has been a plus in my work as a human service practitioner. I’ve worked with many American Indian, people as well as Hispanic migrant farm workers in Nebraska. With American Indian people, you learn that there is a pause before they begin to answer a question; it can be from 3-4 seconds, maybe longer. If you are non-Indian this pause can be interpreted as either not hearing what is asked or non-cooperation. Being American Indian myself, I know the reason for this pause: the person is taking time to think out their answer.

Most of the Hispanic people whom I’ve worked with at the Multicultural Human
Development Center Nebraska Association of Farm workers came from Mexico and were not fluent in English. I used my minimal Spanish speaking skills to do applications to determine eligibility of clients for General Education Diploma (GED) and English as a Second Language (ESL). Often I would have one of their relatives who spoke English accompany them to interpret for me. This was a slow process at best, requiring the client and I to develop patience while they attempted to communicate their past job history.

All four of these natural helping skills are essential components to being a quality social worker. The National Association of Social Workers Code of Ethics states that we as helping professionals must be “rooted in a set of core values . . . service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence” (NASW, 1999). My natural helping skills uphold the dignity and worth of the person and give utmost respect for the importance of human relationships. Although I am not totally proficient at practicing these skills, I continue to educate myself, review where I am lacking and continue to hone my social work skills.

LEARNED SKILLS AND ROLES WITH LITERATURE REVIEW

Because I trusted him, he trusts himself more; because I cared for him, he is now more capable of caring for himself; because I invited him to challenge himself and because I took the risk of challenging him, he now relates better both to himself and to others. Because I respected his inner resources, he is more likely to tap these resources.

(Egan as cited in Pillari, p. 223)

Practice techniques and Skills:

The learned technique of supporting the client, takes me back to my undergraduate days at Western Nebraska Community College in Scottsbluff, Nebraska. My professor in Human Services, Dr. Guy Wylie, said that we should not refer a client to
a program we would not be willing to go to ourselves. To me that meant that if I was not at a level of healing with my own issues, I would not be effective working with clients in referring them to needed services. I would need to step back and reevaluate my social work abilities to become more effective in helping.

I believe that human services work is a process of giving a helping hand to fellow human beings who are vulnerable and oppressed, without judgment. In my personal life struggles I have always been the main critic of my life experiences. I was helped by caring people who understood me and walked through recovery with me without judgment. These counselors didn’t see me as a bad person. The *NASW Code of Ethics* (2004) states the importance of human relationships: “Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities” (p. 5). As an American Indian social worker, I follow best practice by supporting clients and not placing judgment on them. I do these things to ensure their utmost safety and well-being as we work together to develop a case plan.

Through my years of experience as a social work practitioner, I have learned that **establishing rapport** with clients is important when eliciting information. In working with American Indian families, Martinez et al. (2001) states in the manual *To Build a Bridge: Working with American Indian Communities*: “Patient listening skills are essential” (p. 45). “Trust and mutual recognition are key to the provision of accurate and reliable information” (p. 52). Having been involved in various types of group sessions, I have observed that most people like to talk about themselves. I establish my rapport with clients by talking with them about their interests and thereby gain their trust. I have
found that it is not difficult to elicit information once rapport is established. Once a client becomes comfortable with me, I can usually lead the conversation and topic with just a few words; thus I am more apt to get accurate, reliable information.

I feel that it has also been imperative in my work to get past my own prejudices and broaden my comfort zone to include all races, sexual preferences and religious beliefs. As a practitioner, the capacity to establish rapport and extend a comfort level is indispensable in the social work profession when working with a diverse population. As noted by Joe (1989) in *Collaboration the Key, A Model Curriculum on Indian Child Welfare:* “The degree to which a service provider understands or establishes a rapport with an Indian client therefore is largely determined by his or her willingness to transcend his or her own sociocultural values” (p. 18). As an American Indian practitioner, I feel that I have gained the trust of clients by honoring their value systems and showing respect for their beliefs and culture. Looking at the client in the context of their environment is a holistic approach which is more aligned with American Indian philosophy. If I were to support only one area of the client’s needs and ignore other critical areas, I would leave this client lacking in a true helping relationship.

Another practice technique that I feel works well in most settings is the use of humor to put my client at ease. Initially, when a client seeks help, they frequently feel quite vulnerable. To make them feel more at ease, I will shake their hand and often use humor to open a discussion. I believe, as an American Indian practitioner, that laughter sometimes helps to ease anxiety. As I mentioned in the previous section of my paper, Native people use “Indian humor” with each other all the time in most any circumstance.

American Indian literature talks about the “Heyoka Society” in Lakota culture. The Heyoka (contrary person) is the one whose role was to bring humor to the people.
When times were hard and food was scarce the Heyoka would be the one that could brighten up a dismal time. Black Elk talks about how heyoka's would use humor in ceremonies,

But in the heyoka ceremony, everything is backwards, and it is planned that the people shall be made to feel jolly and happy first, so that it may be easier for the power to come to them. You have noticed that the truth comes into this world with two faces. One is sad with suffering, and the other laughs; but it is the same face, laughing or weeping. When people are already in despair, maybe the laughing face is better for them; and when they feel too good and are too sure of being safe, maybe the weeping face is better for them to see. And so I think that is what the heyoka ceremony is for (Neihardt, 1997, p. 145).

On my reservation some of the Indian people I work with could be from this Heyoka society as it is still a part of Lakota culture. As an American Indian practitioner, I could do an environmental assessment in this type of situation to determine if humor would be appropriate to use.

There are different types of ways in which American Indian people use Indian humor. In fact, American Indian children learn this humor at a very early age. I believe that American Indian children and families have built their resiliency through the use of Indian humor. In the manual Cross Cultural Skills in Indian Child Welfare (1996) Cross states that: “the use of humor is an important part of Indian culture. A good indication of rapport is the client’s joking with you” (p. 34). When working with American Indian children and families, it is important to understand that humor is an important element of their everyday life and is a learned coping skill.

It is also important to be aware of other cultures when using humor. A non-Indian
practitioner might be shocked by the intensity of Native humor and it can sometimes sound quite offensive to an “outsider.” Sheafor and Horejsi’s *Techniques and Guidelines for Social Work Practice* (2003) state that, although using humor eases frustration in doing social work, it may or may not be appropriate with clients. Thus it is best to conduct a “humor assessment” to determine if humor would be deemed funny or offensive to the client.

Finally, I think that reinforcing a client’s strengths is empowering to them. Throughout the graduate program, it was acknowledged that the social work profession is evolving more toward strengths-based approaches. Rethinking the traditional medical model and switching our focus to the strengths of the individual, helps clients to find positive qualities within themselves. They then begin to feel more invested in the case planning process. Furthermore, reinforcing clients’ strengths is more apt to result in permanent changes: “The strengths perspective rests on the observation that it is much easier to help a client achieve positive and lasting change by building on his or her strengths than by trying to eliminate his or her problems or deficiencies” (Sheafor & Horejsi, 2003, p. 93). For American Indian families it is important to identify their strengths in order to make a positive and lasting change. Undeniably American Indian families have had a constant invasion of their privacy by non-Indian agencies since the 1800’s and are untrusting of social workers in general. By focusing on family strengths, practitioners will develop a better bond and trust with them and progress can then be made.

**Practice roles:**

Looking back over the years as a human services professional, I have worked in multiple roles as a practitioner. These multiple roles always involved advocacy on some
level. As an advocate, I have assisted families on many different levels. According to Sheafor and Horejsi (2003), advocacy is “the act of directly representing, defending, intervening, supporting, or recommending a course of action on behalf of one or more individuals, groups, or communities with the goal of securing or retaining social justice” (p. 95). In working at a variety of different agencies, I have supported and advocated for clients who have been treated unjustly and looked upon as unapproachable. In my representation of clients to secure and maintain social justice that is rightfully theirs, I’ve gotten a good feeling that I am doing work that is indeed worthwhile.

As an advocate, I have been available to assist families in connection to appropriate services. I helped a family get in a warm home in mid-winter. The home they were living in had holes in the walls and windows, and mice were encroaching on their living space. They couldn’t get the landlord to fix the house even though many calls had been made to him. The couple had two small children and an elderly mother living with them. Their happiness to enter a warm, secure home was something I can look back on with a smile. Advocating for families has been very rewarding to me.

Another skill I find important to the social work profession is to be an effective case manager. Sheafor and Horejsi (2003) define case management, in part, as gathering information and assessing the client’s circumstances in order to address their needs. I held a job as case manager for the Oglala Lakota Healthy Start, a program based in Pine Ridge, South Dakota. I made family home visits, at least monthly and often more frequently, depending on the circumstances related to their situation. This was an incentive program wherein I gave points to the parents for baby items if they kept their appointments with their doctors and the well-baby clinics. The families I worked with were high risk pregnancies and consequently my effective information gathering and
assessment skills were important to help them plan and focus on good health care for their unborn children. If I was not consistent with follow-ups with the families, many of these women would not get adequate health care. Case management was imperative to my work with these families to insure healthy children.

As a case manager I developed more skill in writing specific, treatment-centered progress notes. I feel that this is a vital part of any social work job. In case notes, we used the acronym S.O.A.P:

1. What the client Says,
2. What you Observe,
3. What is Assessed,
4. And the Plan to help the client with positive outcomes.

It was instilled in me to "write it down" as part of good case management practice! Sound case management practice dictates that "if it isn't written down, it didn't happen." I documented what was said, what I observed and how, or if anything was resolved.

I try to make my practice consistent with Saleeby's *Strengths Perspective* (2003) emphasis on using goals that are "specific, doable, concrete, positive, and have a good chance of success. The strengths model of case management is a set of orientations, appreciations, and methods that flow from the idea of empowerment" (p. 157). I sit down with my clients and set concrete, specific goals I know they can achieve. Much of my background is in case management and with practice I continue to develop my skills in this component of social work.

The emphasis on meaningful case notes is also consistent with Cournoyer's (2003) stress on good writing when he notes the following three points: 1) "good writing skills help avoid labeling, assumptions, speculations that could be harmful to the client."
2) Social workers recognize that “words are not the thing” and “maps are not the territory.” 3) Therefore, their use of language in writing is as careful as are the words they speak to their most vulnerable clients” (p. 3). As a social work practitioner, it is important to be prepared with quality professional documentation that accurately represents the client.

Additionally as a social work practitioner, I have had the role of educator. Many of my clients were school dropouts. I've interpreted complex forms as well as described available resources and services for clients so they would be prepared for appointments. Because I have worked with many clients with drug and alcohol problems, I have had to be a teacher when conveying the importance of following rules and understanding consequences such as the removal of children from the home. I have also taught clients how to deal with crises. Sheafor and Horjesi (2003) emphasize the importance of this: “Much of social work practice involves teaching clients or client groups to deal with troublesome life situations or to anticipate and prevent crises” (p. 58). The fact that I am a recovering alcoholic has actually been a positive influence for some of my clients. This has made it easier for me to be of help to people during those life crises occurrences that bring them to the attention of social services. They find in me an understanding, non-critical social worker ready to help in whatever capacity I can.

In the role of enabler, I have learned to assist my client through stressful times until they are comfortable doing this on their own. Kirst-Ashman and Hull (2002) note that: “The enabler role involves providing support, encouragement, and suggestions to a client system so that the client may proceed more easily and successfully in completing tasks or solving problems” (p. 75). In my beginning years of social work, I would enable people to the point of dependency. They would leave not trusting their own ability to
forge ahead alone. This was a faulty type of enabling. I have since learned to assist clients and terminate the helping process when they can function well without my help. This is not only good enabling, but valuable experience. I have learned the skill of "teaching the client how to fish instead of continually providing the fish." Finally I have to say that my outlook and gained knowledge came from much trial and error.

**Summary of my Learned Practice, Techniques, Skills and Roles**

My initial reason for entering the social work field was that I had encountered several social workers whom I considered unqualified in helping clients. I wanted to be a professional who would treat people the way I wanted to be treated. I have sat on the other side of the desk and been treated as unworthy of receiving services from the worker assisting me. I do not want my clients to feel that way. I want my American Indian children and families to benefit from my experiences and expertise and feel respected and empowered when they enter my office.

The Masters program has helped me hone skills and discover techniques that will help me deal with the hardships that our clients are facing. I rarely laugh at a client’s struggle, but—having been in their shoes previously -- I respect and honor their story.

**CONCEPTUAL FRAMEWORK WITH LITERATURE REVIEW**

The five conceptual frameworks that have had the most impact on my practice are: the Red Road Approach, the Cree Medicine Wheel Guide, the Strengths Perspective, Maslow’s Hierarchy of Needs, and the Empowerment Theory. Some are rooted in European-American literature and some on American Indian tradition, but all are consistent with my American Indian values and world view.
Through my sobriety, I have learned to practice the **Red Road Approach** to healing. I find this approach is a strong guiding model for some American Indian people. When off the good red road you must travel back through ceremony. Ceremony involves taking instruction from elders and medicine people, maybe going into sweat lodge, sun dance, or vision quest. Weaver (2002) in: *Perspective on Wellness: Journeys on the Red Road*, explains that “In the Lakota philosophy, the phrase mitakuye oyasin emphasizes that we are all related. The well-being of one group of people necessarily influences the well-being of others” (p. 4). With this model, a spiritual, mental, physical, and emotional foundation of the people is important to the growth of American Indian children and families.

The Red Road attributes are represented in a circular model. The circle symbolizes the idea that growth is interdependent, and that one must experience healing spiritually, mentally, physically, and emotionally. The circular model also represents the well-being of the tribe which depends on individual growth, and care and concern for the children - always remembering that we are all related. As an American Indian practitioner I can use this tool to evaluate where my client is at physically, mentally, spiritually and emotionally. This assessment method would provide me with information in determining how best to work with my client/s. For example, I would suggest the client get a physical assessment as well as a mental assessment. As this model represents a holistic social work practice, I would include the involvement of a medicine man or healer for consultation.

When social work assessment focuses totally on Western models of practice, it lacks cultural competence, and thus credibility to some American Indian clients. For instance, because Western practice is linear in thought and action, it is inconsistent with
American Indians’ life view. Thus, they find it difficult frequently to determine the practicality of doing things according to non-Indian social work dictates and policy. Weaver (2002) argues that American Indian needs have been defined by European Americans for so long that it has led to low self-esteem, disempowerment, and demoralization. She concludes that “clearly, we have a long way to go to reach the balance and wholeness described in the traditional teachings of the various First Nations, yet we still have teachings and teachers that can help us find our way on the Red Road” (p. 5).

Nabigon and Mawhiney (1996) describe the Cree Medicine Wheel Guide for Healing First Nations. This approach, like the Red Road model, uses the Medicine Wheel guide to working with American Indian clients. Medicine Wheel teachings “assume that all humans can exist in balance with themselves, their families, communities, and their natural surroundings. ...The Cree teachings, which include the medicine wheel, the hub, and the four directions, provide a map to restore an individual’s spiritual balance” (In Turner, 1996, p. 19). Social workers who use the Medicine Wheel concept to help clients will notice how this model is not only non-linear, but adjusts itself to American Indian clients’ belief systems in ways that make practice more effective. In addition, Social workers will develop more cultural competency by educating themselves about the Medicine Wheel theory.

Another conceptual framework that I have found to be consistent with my belief system is the Strengths Perspective. This model focuses on the positive strengths of each individual. The individual has the opportunity to develop their goals according to what they feel is best suited to them. The more traditional medical model of social work tends to rather exclusively focus on client problems (Goodluck & Willeto, 2000). This model
often overlooks the strengths clients show in successfully adapting to day-to-day challenges. The client has strengths to survive in this world that many times are not looked at from the medical model standpoint. The latter fails to recognize that “each person has a unique and special story to tell and that each individual should develop his or her own vision and direction for a healthy future” (Goodluck & Willeto, 2000, p. 8). Clients who have been bogged down in the former “deficit perspective” methods of social work find the strengths perspective validating and empowering to them (Goodluck & Willeto, 2000).

In my undergraduate school years I developed a strong belief in Maslow’s *Hierarchy of Needs*. Wikipedia (2005) defines Maslow’s hierarchy of needs as a theory that, “contends that as humans meet their basic need, they seek to satisfy successively higher needs that occupy a set hierarchy.” For example, I could not develop much interest in going to college until I had my immediate needs met first. That is, I had to first be certain that I would have enough money to live on and care for my children before I could think of attending school. I believe starting with having their basic needs satisfied is just as important for the clients I work with. In this respect, my past social work experience included helping people with food when their shelves were near empty; and assisting a client in searching for a secured locked apartment building in order to get their child back into the home. Food and housing are among basic needs that require immediate attention before clients can focus on other areas of concern. As an American Indian practitioner I do not believe that it is productive to help clients attain higher level needs until their basic ones are met; but at the “higher levels” Maslow talks about spiritual guidance as often being critical for a family to gain a healthy lifestyle.

I also feel that my personal practice model is also aligned with the *Empowerment*
theory. Gutierrez (1990), in Working with Women of Color, describes the empowerment perspective as being focused on increasing the “personal, interpersonal, or political power” of clients so they can take action to “change and prevent the problems they are facing.” And he contrasts this with a focus on merely facilitating client “coping or adaptation” (p. 149).

Empowerment is especially important to American Indian children and families.

**VIEWS OF DIVERSITY & CULTURAL COMPETENCY WITH LITERATURE REVIEW**

“Oh, the comfort, the inexpressible comfort of feeling safe with a person, neither to weigh thought nor measure words, but pouring them all right out, just as they are, chaff and grain together, certain that a faithful hand will take and sift them, keep what is worth keeping, and with a breath of kindness, blow the rest away.”

Anonymous - Shoshone

*(Native American Wisdom, 1991)*

Looking at this component, I reflect back to a few years ago when I was asked by a woman I shall call “Sue,” to sponsor her in the twelve step program. Sue was transsexual, describing herself as a woman trapped in a male body. Her denial of this (and I assumed, probably fear) was so strong that she lived most of her life as a man. When Sue got sober she came to the realization that she could no longer live her life dishonestly. She divorced four children later and changed her name to Sue. She maintains a strong relationship with her ex-wife but struggles connecting with her children.

When I saw Sue in the program, I had the feeling that she was going to ask me to sponsor her. Once she did ask me, I told her I would think about it. I considered her request for about two weeks before I agreed. I was afraid because I did not know how to
help her and also feared what others would say if they saw me with her. However, I knew that I could not deny her need for sponsorship; this was not the ethical thing to do. A quote from the NASW Code of Ethics (1999) says; “Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice” (p. 1). I ultimately worked through this ethical dilemma and developed a positive relationship with Sue.

From a spiritual perspective I asked myself, “What would my Higher Power do in this situation?” Weaver states it well in her article, Indigenous People and the Social Work Profession, “without balance in their own lives, helpers are not able to provide competent services. Social workers should be grounded in their own cultures and spirituality” (p. 6). I believe that people come into our lives for a reason and Sue came to me for a good reason. She opened my mind and my world to a diverse culture that previously I had little knowledge of, and because I am grounded in my own culture and spirituality I was able to get beyond my bias and assist Sue without harm to her.

I also talked my dilemma over with my sponsor and realized that as a recovering alcoholic and social worker, I had acquired the ability to work with people from diverse groups. Canda and Furman in Spiritual Diversity in Social Work Practice write that social workers who are spiritually-centered will give care and respect to people who are different culturally, ethnically, in religious practices, or in any other way (Canda & Furman, 1999). Sue appeared to be comfortable with me, continuing to meet with me and becoming a good friend.

I find that it has been experiences like the one that I had with Sue that gave me the desire to go into social work. Furthermore, in the 12-Step program we learn “to walk our talk.” This means to me that I must speak my truth. If I want to be a healthy, caring
professional I must walk in areas others might not want to tread. I can change and accept others; go against the flow of public opinion.

In addition to my professional experiences with diversity and cultural competence, I also lived a somewhat diverse lifestyle growing up. My mother is Oglala\(^1\) Lakota and French. She married a Hispanic man when I was quite young. Our home life revolved around my American Indian extended family, language and traditions, as well as the Mexican American language and traditions. My mom was a superb cook, making excellent Mexican dishes as well as fine Lakota meals. My American Indian relatives and friends would stop at our home on their travels from Colorado to Pine Ridge reservation and always enjoy my mom’s great cooking.

I was born on the Pine Ridge reservation in South Dakota, but I lived much of my life in Nebraska as there was little work on the reservation for my family. Our little area of town in Nebraska was considered to be the poor side of town. It was the barrio (Mexican-American community). The barrio consisted of many Mexican-American families, our Native/Mexican-American family, one European-American family at the end of the road, and interestingly enough, one African American family that lived in the basement of our house.

The really nice thing about our community is that we all got along quite well with each other. We walked to and from school together as a group. We might tease each other but nothing was said to harm each other regarding race. In our group there were American Indian girls (my sister and I), African Americans, Mexicans, and one European-American girl. We would hold house parties, listening to soul music and dancing, forgetting our worries for the time. During this time we were growing up I

\(^{1}\) Oglala - Siouan people inhabiting the Black Hills area of South Dakota
cannot remember many fights. There were no shootings or stabbings at our get-togethers; nothing like this happened in our little group. We were young and enjoyed living for the music so we could learn the latest dances. Times were good when the music played and carried us away to a better place.

Growing up in a blended culture, it has been easy for me to acquire a thirst for knowledge about other cultures. I cannot say that I am totally culturally competent according to Terry Cross’ Cultural Competence Continuum: Agencies and Professionals. According to Cross, cultural competency ranges from cultural destructiveness (where one is intentionally destructive), to being totally proficient in cultural competency (holding culture in high esteem) (Cross, 1989). Though I might not have yet reached Cross’ ideal, because of my personal experiences, I have always effectively strived to become a social worker practicing advanced cultural competency and acceptance with diverse populations. As my sponsor would put it, I can “love the unlovable.” Many times in my own life I have been the unlovable one. I can also honestly say that the clients and others that have come into my life have taught me how to do this, not all the wordy books I have read about diversity.

Diversity and cultural competence has always impacted me as a minority. Throughout my life I have had to do things according to the dictates of the European-American culture and it has not been easy. If I find this practice to be difficult in my life as French/Lakota, I know it is hard on other American Indian people as well. Throughout my years as a social worker, I have talked to other professionals that have difficulty understanding why American Indian clients do what they do. Being in a professional capacity I have had discussions with them regarding respect and honoring American Indian beliefs and practices.
With classes like American Indians and Social Policy and Dynamics of American Indian Families taught at the University of Minnesota, Duluth, (UMD), we have become more culturally competent, enriched social workers with better understanding of the populations we work with. Furthermore, in my experience in the social work program we were required to devote a certain number of hours to working with a diverse population we were not familiar with. This was a great experience for me. Growing up in a small Nebraska town there wasn’t much diversity. And, although most of the diversity in Duluth is at the university, I had opportunity to become involved in many treasured experiences--for instance, involving diverse food, dance, and languages--that will remain with me for a lifetime. One experience that was especially valuable was participating in a summer Social Work program in Peru. Developing friendships outside the country is something that I wouldn’t have had the chance to do if I had stayed in Nebraska.

**DECISION MAKING WITH LITERATURE REVIEW**

My decision making skills have evolved from personal experiences as well as a sought out my Higher Power for assistance and have long learning process. Beginning with my involvement in the 12-Step program, I've also gotten direction from colleagues. My decision making processes have also been defined by performing self-assessments, applying formal decision-making frameworks, participating in collaborative treatment teams, and applying culturally sensitive practice. These methods and understandings have helped develop my decision making skills.

I use what I learned in the 12-Step program to guide me in my daily decision-making both personally and professionally. For example, in the 12-Step program I have learned to contact my sponsor to help me in weighing the pros and cons of difficult
decisions. When using this technique in professional practice, I often seek out advice from my supervisor or colleagues. My experiences with this 12-Step program have made me a stronger social work practitioner through actual practice and application of decision-making methods.

The ability to commune with a higher power is stressed in my 12-Step program. As Bill W. states in the Alcoholic Anonymous book (2001), “I was to test my thinking by the new God consciousness within” (p. 13). As an American Indian, my belief system is based on Tunkasila, who is recognized by the Lakota as our higher power. When I am in need of help with decision-making, I will often burn sage and set out tobacco asking Tunkasila to guide me. This method of decision-making is something that has been passed down from my ancestors but is also supported by the 12-Step program. I have learned in recovery not to make major decisions without prayer and talking them over first with someone whom I trust.

I am a strong believer in self-assessment by doing a personal inventory. This method is something that was also learned through the 12-Step program. Performing a personal inventory is based on assessing my actions on an individual level which includes life challenges with alcoholism and other hardships. In doing this, I have followed Shakespeare’s advice: “This above all, to thine own self be true…Thou canst not then be false to any man” (Shakespeare as cited in Loewenberg, Dolgoff & Harrington, 2002, p. 57). In the 12-Step program, “To thine own self be true” is also cited on the medallions received for annual periods of time in recovery. Since entering recovery, striving to make my life decisions by being true to myself is something I’ve utilized on a daily basis in my personal life as well as in my social work practice.

For my social work practice, I often rely on formal frameworks when making
decisions. One formal framework, Loewenberg’s et al. (2002) Ethical Assessment Screen, works well in helping clients with a concrete method of making decisions. The initial steps involve identifying:

- the problem
- all persons involved
- who should be involved in the decision making process
- setting goals and objectives

Then one needs to:

- select the best strategy
- implement the strategy
- evaluate how well the results work within a set time

Although this model was developed for ethical decision making, it can also be used with social work decision making in general. In my work with families, following this model has been an excellent tool to implement in order to help them focus on one task at a time. By applying this framework to my social work practice, I am able to help my clients with their problem-solving skills as well as their ability to bring about change through their own efforts which develops feelings of self-efficacy.

In order to promote better decision-making concerning clients or caseloads, I value working in teams within a department or interagency. In my internship with the Center for American Indian Resources, I have participated in weekly team review meetings involving Fond du Lac Human Services and St. Louis County Social Service ICWA caseworkers. To make decision concerning clients, both teams discuss shared caseloads and try to help each other with resolutions concerning American Indian families and children. These team meetings are helpful to both the social service agency
and the client in creating a team effort involving both American Indian and Non-Indian involvement. American Indian social workers contribute knowledge about decision-making from a native perspective in ways that help non-Indian social workers understand the dynamics of American Indian families. Being involved in these meetings has helped me broaden my scope of understanding decision making and how it applies to assisting children and their families and has been a tremendous educational experience.

Culturally sensitive practice is very important to me not only as an American Indian, but also as a social worker. Red Horse, Martinez, Day, Day, Poupart and Scharnberg (2000) write in *Family Preservation: Concepts in American Indian Communities* about how imperative it is in child welfare decision making to include traditional Native American cultural ways with European American social work practice in order to reclaim extended family networks. The authors also recommend developing tribal models that illustrate how to work best with Indian families and "reflect our (Indian) ways and our values" (p. 65). Because culturally sensitive practice is important to me, my PPM model includes integrating cultural practice elements in decision making in order to be more effective in working with American Indian children and families.

One way to practice culturally sensitive practice is to understand best practice from an American Indian viewpoint. For example, European American social workers in practice generally work with the biological family for placement of a child. But in working with American Indian families, I look for kinship care systems, such as extended families, for placement of children. Exploration in this area is critical to reunification of families. Once I have found an extended family member for reunification, I base my placement decisions on what would be most culturally appropriate in terms of best practice and the best interests of the child.
Culturally sensitive practice involves being able to communicate effectively with my clients which in helps me develop my professional decision making skills. For example, silence is a respected part of communication with American Indians. When a client pauses, it is respectful to wait until they have formulated a response. American Indian people primarily use reflection as a decision making method to understand issues that they are confronting. If it appears that your client is hedging on making a decision it may be because of his or her internal pace—taking time to think things through and not acting hurriedly when it comes to making life decisions. For American Indians, understanding communication styles and how they directly affect decision making is valued and viewed as respectful.

In addition, it is important to understand concepts of time. For American Indians, the concept of time is different from the mainstream value. For non-Indian people, time is critical and is upheld as a very important value. To American Indians, there is value in living at a slower pace of life and accepting how decisions are made outside of the realm of the European American knowledge base. American Indians believe time is something that is seen as "a reverence for ‘the word’. …keeping one’s word was a measure of integrity" (Traditional American Indian Leadership, 1997, p. 2). American Indians see time as non-hurried and decisions are not to be made hastily. Time is also connected to traditional belief systems as something that only a higher power can control.

In conclusion, decision making in American Indian country must include cultural sensitivity. Social work practitioners need to embrace these differences and integrate their understanding of those differences into their practice. It is important to not only recognize, but honor, differences in each tribe in order to be a better social worker. By integrating my learning experiences with my practice, I have developed a more sensitive
approach to decision making and feel that I have become a much better social work practitioner.

**PRACTICE EFFICACY WITH LITERATURE REVIEW**

It is said in the 12-Step program that the mind is like a bad neighborhood you don’t want to travel there alone. This applies to my practice; I depend upon feedback I get from evaluations to ensure that I do quality work. There are three methods I use to evaluate how effective my social work practice is with clients. These are a structured goal-setting procedure, talking circles and client satisfaction surveys.

The structured goal setting procedure I use is *Goal Attainment Scale (GAS)*. GAS involves formally eliciting feedback from clients about the effectiveness of the helping process. As developed by Siegel (1988) it involves four steps: 1) information gathering 2) targeting areas for change 3) writing a set of outcomes for each area and “scoring” them according to clients’ perception of their desirability; and 4) setting a target date to chart what has been accomplished (Siegel, 1988). The second step consists of the client answering questions such as, What are the most and less unfavorable outcomes? What are the more and most favorable outcomes? What is the expected outcome?

I prefer this approach because it is short and gives the client the opportunity to be involved in the helping process. The only thing I would add to Siegel’s framework is a question about what the client would like to see accomplished in future sessions.

An example of how a client with a chemical dependency diagnosis might complete the GAS process is as follows:

<table>
<thead>
<tr>
<th>Scale 1</th>
<th>Scale 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes</td>
<td>Alcoholism</td>
</tr>
</tbody>
</table>
Personal Practice Model, Char Zephier

| Most unfavorable outcome likely (score – 2) | Loss of sobriety | No contact with sponsor or friends |
| Less favorable outcome (Score -1) | Relapse – weekends, A.A. on holidays | Contact with sponsor every other month, contact with friends once a month |
| Expected outcome (Score 0) | Continuous sobriety A.A. once a month | Contact with sponsor monthly Contact with friends twice a month |
| More favorable outcome (Score +1) | 30 days sobriety A.A. once a week | Contact with sponsor every week, contact with friends once a week |
| Most favorable Outcome (Score +2) | 6 mos. sobriety A.A. three time’s a week | Contact with sponsor daily first year, friends twice weekly |

This method helps a client by looking at whether or not he/she has reached the anticipated outcome/s through the use of this scale.

Another method I use to evaluate program effectiveness is Talking Circles. In *Family Preservation: Concepts in American Indian Communities*, Red Horse, Martinez, Day, Day, Poupart, and Scharnberg (2000) state that use of Talking Circles helps to provide in-depth knowledge about American Indian culture and values and what works in Indian Country. American Indian elders are key informants with “expertise regarding cultural knowledge, attitudes and beliefs that guide tribal standards in family life” (p. 33). As a participant in Talking Circles, I can testify to the power of the Circle to get information from community members regarding effective services in the community. Talking Circles are a safe, positive way of acquiring feedback from the elders and the community regarding effectiveness of programs or organizations.

An example of how Talking Circle was used on my reservation was described to me in a talk with Ms. Darla Korol, MSW (personal communication, June 15, 2004)
formerly of Chadron, Nebraska. She discussed a substance abuse program she assisted in evaluating while working in Pine Ridge, South Dakota. The program, called \textit{Nag'ikicopi} – \textit{Calling the Spirit Back} operated under \textit{Wakanyeja Oawiciyapi Inc.}, a chartered organization of the Oglala Sioux Tribe located in Porcupine, South Dakota. It began its five-year funding cycle in 1999 by delivering a wraparound model of care for Lakota families and children in crisis. This program was unique in that it was the first wraparound program funded by the Substance Abuse Mental Health Services Administration (SAMHSA) to include a culturally specific component.

Another unique part of Nag'ikicopi is that traditional leaders, Rick Two Dogs and Richard Moves Camp, two medicine men on the Pine Ridge, South Dakota reservation, evaluated the effectiveness of the program through use of a Talking Circle followed by sweat lodge and a feast. The questions asked during the Talking Circle were: What were the strengths and weaknesses of the program? and, Was the use of Lakota language important in the learning process? Nag'ikicopi was taught solely in the Lakota language.

Korol stated that it is imperative to any well-designed program that clients evaluate it. She administered a client satisfaction survey to determine effectiveness of the program. She stated that clients have a point of view that may differ greatly from what staff feel is effective.

To monitor and evaluate with client’s input--like Korol, Two Dogs and Moves Camp did--develops sensitivity to client/s best interests and aids in my professional growth, which is very important to me as an American Indian practitioner. Clients have the right to evaluate social service techniques and implementation of them. To keep culturally specific information available for clients is professional social work at its best and promotes their right to choose programs most suitable to them.
VALUES AND ETHICS WITH LITERATURE REVIEW

Growing up in an extended family, I learned the values of the American Indian way of life. I learned that parenting was given not only by my mother but also by many aunties and uncles. I also grew up living much of my younger years in my grandparent's home. What I have noticed since that time is that much of what I learned was innate. No one told me that I should not look adults directly in the eyes. Other things that were learned and practiced without verbal instruction were values like quietness (non-Indians often interpret this as aloofness, possibly even ignorance on some topic being discussed) and patience and time orientation. As mentioned previously I stood in many lines throughout my years at boarding school and developed skill at being patient. I lived in a fairly flexible home; business was taken care of as it was ready. We didn't always eat at a specific time, people rarely showed up at a set time for visits. Things were relaxed and no one was shamed for “showing up late” or being on Indian Time. The term Indian time is joked about and pretty much accepted in my culture.

The value of Indian time I have lived much of my life by is reflected in Dubray's book Human Services and the American Indian (1992) wherein he elaborates on time orientation as well as talking about a non-material philosophy of life of American Indians. Many American Indian tribes adhere to present time orientation. Dubray says: "Indians are not clock watchers in their domestic life" (p. 50). He goes on to say that the Western worldview of preoccupation with the future, such as stockpiling things, arises out of insecurities relating to the fear that one will not have what they need to survive. American Indian philosophy says through thoughts, attitudes and beliefs, we form our reality (Dubray, 1992). By embracing the understanding of time from an American Indian worldview, clients that I work with who are American Indian will benefit from
both my sensitivity and understanding.

Concerning time, I value a more easygoing type of living where time is not the dictator of all that I do. Although it is important in setting appointments I do not worry so much about families showing up exactly on the designated time. Indian time gives one a window that honors American Indian values and lifestyle. I consider how important being on time for a particular appointment is. Life is too short for me to worry about a client showing up late. If I need to see a client right away I will make a call or attempt to do a home visit.

My non-material work ethic value is primarily based on experience growing up with little material wealth, mostly just enough to get by. When my mother passed on she didn’t leave much for us materially. Although I did acquire land from her—and this is something greatly treasured—I, like her, have not accumulated much to give to my sons. I have taught them to work for things they want. I often see families fighting over material things after parents have passed away and this leaves a wide rift of hurt and grief instead of comforting each other through hard times. To American Indian people when one accumulates or hordes many possessions that person is thought to be stingy and selfish. The quality of the person you are is shown through how much you give away. To give up your most prized possessions shows great character and attests to the values you hold in sharing with your community.

Related to this non-material work ethic value, I think about my job with the Oglala Lakota Healthy Start program based in Pine Ridge, South Dakota. There was a Reduction in Force (RIF) at the end of the funding cycle and we were asked by the company if we wanted to roll our IRA’s into another account, or close the account and take the money. Most of the girls I worked with withdrew their money from their IRA’s.
To close out an account and use the money for present needs is not unusual in my culture. Relating this to the American Indian value of giving, Cross in *Cross-Cultural Skills in Indian Child Welfare: A Guide for the Non-Indian* (1996) says: “Because of the belief that Mother Nature will provide or replenish, saving for the future is not highly valued in Indian communities” (p. 22). Because it was holiday season and family is important, we felt it was a good idea to close our accounts. I believe that due to my continual use of prayer and meditation, my Higher Power will provide what is needed. I do the footwork to keep bread on the table and I am taken care of by the Creator.

These values of not looking adults directly in the eyes, time orientation and non-materialism have provided me with a greater connection with my American Indian clients. Sometimes even in my own culture Indian people will judge me by looks. They do not realize until we talk that I have grown up much like them, with extended family and respect of elders by not looking directly at them, or that I do not expect them to be avid clock watchers. This similarity in our lifestyle establishes a comfort zone and a foundation that reassures them I know where they are coming from. I accept these valued qualities because they are comparable to what I grew up with.

The *NASW Code of Ethics* (1999) focal values of service, social justice, importance of human relationships, inherent dignity and worth of a person, integrity, and competence are essential in my vocation as a social worker. I embrace these ethics in my personal life as well as professional work that I do. I occasionally feel that this Code of Ethics is stringent and I fail to follow them perfectly, but I do the best I can to uphold them.

One part of the Code of Ethics I find that has been compromised by human service professionals is that of privacy and confidentiality. Part 1.07 section(c) says
“Social workers should protect the confidentiality of all information obtained in course of professional service, except for compelling professional reasons” (p. 6). In Indian country, on or off reservations, people know each other and many are related. In one scenario a man had gone in for AIDS testing and shortly thereafter the Indian community knew what he had tested. This is devastating when private information gets out to the community by health professionals. It is my job as a professional to keep information confidential and clients’ records in locked files. Relatives must not know anything about with whom I work. Professionally and personally I am known as a closed mouth individual and for that I am grateful since this helps me in my work and private life.

Valuing the whole community--family, clans, tribes, and not just the individual client--is important to me professionally. As Cross indicates in Guide for the Non-Indian (1996): “The construct of the groups being more important than the individual means that most Indian people value cooperation over competition” (p. 22). Being an American Indian practitioner I look at the individual as part of a whole network and not just the client sitting before me. Cooperating with this vast network of people in American Indian society, whether on a reservation or an urban setting, holds true today as much as it did in the past in work in child welfare, and this I highly value.

As an American Indian social worker, I value acknowledging the worth of each individual I encounter in my job. “Non-interference with individuals aligns with inherent dignity and worth of a person.” “…practice must occur in a less intrusive manner or through channels in which interference is sanctioned” (Cross, p. 21). When I am in the workforce and observe vulnerable clients treated poorly by social workers, I reaffirm my ethical position. I reiterate the vow I made to myself when I chose this profession, to be a better social worker than those that I had to deal with in my life. I believe treating others
the way I would want to be treated helps me establish a strong bond with my clients and in turn, this strengthens my social work practice.

LEARNING FROM PRACTITIONERS

The continued development of my PPM involved interviewing three MSW's that are working in my area of special interest. These social workers have been in the field practicing for many years, and tapping into the knowledge they have gained throughout the years has been a great resource for me. I then had the ability to look at my own practice style and see how it complements or contrasts with those that I interviewed. This component of my PPM was the most enjoyable.

QUALITATIVE RESEARCH METHODOLOGY UTILIZED

Sample Selection and Description

The sample selection of the practitioners I interviewed was purposive. They were chosen because of their work with American Indian populations, their education and their experience in this field. Those who were precluded from this sample were UMD faculty, staff who were in a supervisory relationship with me, and any practitioner that might have a relationship with me that would potentially bias their responses.

I initially made contact with the interviewees by telephone to explain to them what I was endeavoring to do and to determine their willingness to participate. Once their willingness was confirmed, I mailed the consent form to the two out-of-town interviewees and personally hand-delivered a form to the one local practitioner. All signed the form and sent it back to me. I let them know if they so chose, they could keep a copy for their records. I asked each participant if they would be willing to have their interviews audio recorded, and all stated that this would be fine. I reassured them that the
tape would be destroyed once I transferred the information to a hard copy.

Respondent “A” is a female who received her MSW at UMD in 2004. She has worked in social work since 1997 with a special focus with the Indian Child Welfare Act. She is an enrolled member of an Ojibwe tribe in Wisconsin. She currently works in Duluth as a social worker in an ICWA Unit that was established in 1999.

Respondent “B” is a Dakota native from South Dakota. She received her MSW at the University of Denver in Denver, Colorado in 1986. This social work program had a special focus on social planning and administration. She presently works for a Dakota Tribe in South Dakota hired as an ICWA Specialist. She is one of the few American Indian MSW's in South Dakota at this time.

Respondent “C” is a Lakota woman also from South Dakota. She received her MSW at the University of Utah in Salt Lake City in 1989. At the time the University had received a grant to recruit Native Americans and to integrate Native American content into their curriculum. This was generalized as much as possible so as to not be tribe specific. She is now working at the Indian Health Services in South Dakota as a Clinical Social Worker.

Data Collection

The first interview I did was face-to-face. The other two interviews were phone interviews. All three interviews were tape recorded. I developed a guide with open-ended questions to keep the process on track. The four main questions I asked were centered on models, theories or approaches used; how their work is assessed; how the effectiveness of their work is measured; and what the major issues and challenges they encounter are. I included a probe with of the third of these four primary questions. My questions and probe are included in Appendix A.
My interviews were scheduled for two hours each in order to provide sufficient time for the questions and general discussion. A week prior to the interviews I discussed the questions with each participant so they could formulate responses once we sat down for the interview. During the interviews I asked for clarification or elaboration when appropriate. To set the respondents at ease I talked with them about the confidentiality of my paper and included reassurance that if any question I asked made them uncomfortable they had the right to pass on it. During the interviews I stopped whenever I heard something that I might want to quote and asked their permission for this and then reread the quotes to them in order to be sure I got the exact content.

Data Analysis

After each interview, I transcribed the data from my interviews onto my computer. For each question I read the data over several times and identified themes that were similar and those that were different between respondents. I then extracted my direct quotes and relevant topics tied to my interviews. Lastly, I organized my contents and placed the findings under the title “Identified themes.”

Validity concerns

Qualitative research has its own concerns regarding validity of what is said by respondents. To provide accurate information from all three respondents I used a tape recorder to avoid loss of vital answers and selective hearing by this interviewer. The interview guide helped focus on the four major questions and I asked for clarification when a response was not clear, thus reducing the possibility of vague, unclear answers.

SUMMARY OF THREE PRACTITIONER INTERVIEWS

The first interview I conducted was on January 24, 2005, here in Duluth at the
practitioner's place of work. She has worked with American Indian children and families pre-MSW for approximately seven years. This practitioner just recently received her MSW in May 2004, so her post-MSW work is nine months. She is currently a social worker in the Indian Child Welfare Unit at a local public agency. Prior to this job she worked in the ICWA unit for a Minnesota tribe.

The second interview I did was on December 20, 2004, and was done by telephone. This interviewee was a female social worker with about 19 years post-MSW work. She is working for one of the larger tribes in South Dakota as their Indian Child Welfare Specialist. She has done work as a Medical Social Worker in an Indian Health Service program.

The third interview was on March 10, 2005 and also done by telephone. The interviewee was a Native American female who had 16 years of post-MSW work. She is currently working for American Indian children and families with her tribe in South Dakota. Previously she worked for eleven years as a social worker supervisor with a national organization that had an office on the reservation.

RESULTS

Identified Themes

1. Do you use any particular social work theories, models or approaches in your work?

   All three of the respondents connected with at least one social work theory, model or approach although they were all different. One of the practitioners utilizes cognitive behavioral approach as her favorite in working with clients. “Basically I guess, I like that particular model because it kind of focuses more on people, empowering people to begin to change.” Another stated she implements the task-centered approach in much of her
work although she favors American Indian approaches with her Native clients. She also referred to the ecological approach; “Can't just, you know, [work with] that one client, but you know, the whole family gets affected, and you need to include their environment, what's going on in their environment at the time.” The third respondent stated she didn't recognize any specific approach in her work but does refer many of her clients to American Indian healers for help beyond her knowledge base. She did state that in her work “You’ve got to get the people to trust you, work at rapport with American Indian families. ...You establish a relationship by respecting yourself. One has to practice what they preach.”

2. How do you determine what problems to work on with your clients?

Of the three respondents, two stated that they ask the clients what they want to work on and then set goals to achieve them. The third interviewee said that she works on the presenting problem, what the client came in for. She stated that many times the work is crisis-centered.

3. How do you make a determination if the work you are doing is effective?

All three do a review of numbers of clients they serve--one on a monthly basis and the other two do quarterly reviews. Two of my respondents stated that they go by client self-reports of what they’ve accomplished. One stated that it's hard to get clients to keep appointments partly because many are “crisis-oriented.” However, she frequently sees and is able to observe the progress of those who want ongoing help. Another respondent stated that she goes by what is written in the case plan to determine if change has happened within a three month time period.

Can you give me examples of any formal evaluation tool you use?

All three stated they do not use a formal evaluation tool to find out if their work
has been effective. However one interviewee did state that her agency has a client satisfaction survey that the clients can turn in if they want to. She told me she doesn't remember the last time she handed one out personally.

4. What major issues and challenges do you see in work with American Indians and how do you believe they should be addressed?

Everyone had a different response to this question. One mentioned that the biggest issue in Indian country is what the people are dealing with related to their environmental health. She sees a lot of homelessness and drug/alcohol addiction. She said she was more involved in community organization before she got this current job. Now she tries to encourage clients to get help through treatment options that are available and educate themselves to take advantage of the local college to receive help in getting jobs.

Another mentioned politics as the challenge in her work. She says that to make change there needs to be a new system of voting on the reservation. Now people can buy votes from people by buying them liquor. “There needs to be qualifications for good leadership.”

The third respondent mentioned resources--money for programs is the biggest factor she faces in her work. There isn't enough money to help the people because of budget cuts. She said this could be addressed by doing more social action. However, she said their workers are so swamped they just don't have time to do this.

Overall the themes I identified involved programs lacking sufficient money to effectively help families, quality leadership in the tribe, and community organization that consists of social action to bring about change.

What I Learned from the Interviews
I enjoyed doing the interviews and was honored to talk to people who have been working in Indian child welfare for so many years. My views on Indian child welfare are similar in many ways to what was discussed in the interviews by all three of my respondents.

All three, as American Indian practitioners, recognize the importance of implementing traditional native models to assist their clients with holistic methods of healing. By this I mean that all three have either utilized or referred clients to American Indian healers. I've heard from many clients, and learned from research, that American Indian clients heal more positively when they are connected with traditional medicine people and ceremony.

I agree with the interviewees that said community organization and social action are imperative to help people in their communities. They talked about the struggles that clients have with getting sober and with looking for jobs in rural communities and also emphasized the fact of workers being “swamped with cases.” There just isn't enough time or workers to get involved in more community organization and social action. I have, in the past, been involved with community organization and it takes a good leader to get people motivated in their communities to want to work toward change. Motivation is the key. With the changes to the welfare system that are happening, I see that more people are getting involved in making better life decisions for themselves and the future generations.

Making political leadership more healthy takes some time and changes are still needed, according to one interviewee. It's surprising to me to learn that people seeking tribal positions have the power to buy votes with liquor. Yet if you go to a reservation and talk to the grassroots people you are likely hear a similar story. I agree that there
needs to be strict rules regarding elections and how candidates acquire votes on reservations. I know that this is a hard thing to do because relatives hold power in these positions and changes sometimes don't happen because violence is used or there is cover-up of misuse of funds.

**SUMMARY OF MY PERSONAL PRACTICE MODEL**

This document, which constitutes a statement of my own unique approach to social work practice, contains my views of seven components of social work practice: 1) natural helping skills that I use in practice, 2) the learned skills and roles that I use, 3) my preferred conceptual frameworks, 4) my approach to human diversity and cultural competence, 5) how I determine my practice effectiveness, 6) how I make practice decisions, and 7) the value base underlying my practice and my professional ethics. I have also described a social work practice area of special interest to me, which is working with American Indian children and families, and completed literature reviews of six of the seven components focused on this. A literature review was not undertaken on the first PPM component – natural helping skills – since it had been previously determined from the experience of students in previous years that little published material is available relating specifically to this topic. To further help me identify and evaluate my Personal Practice Model I interviewed three MSW social workers and related their views on certain aspects of social work practice to my own.

The natural helping skills I identified are trustworthiness, good listening, using humor, and showing patience. The skills and roles that I have learned in various educational/training experiences are supporting the client, establishing rapport, the use of humor and reinforcing the client's strength. The roles I use are being an advocate, case
manager, educator and enabler. The conceptual frameworks that I use to guide my practice are the Red Road Approach, the Cree Medicine Wheel, the Strengths Perspective, Maslow's Hierarchy of Needs and the Empowerment Theory. My basic approach to considerations of human diversity and cultural competency is characterized by taking a spiritual approach, and becoming proficient in cultural competency according to Cross' Cultural Competence Continuum. To help determine my effectiveness in practice I use the Goal Attainment Scale and Talking Circles. I make practice decisions through use of spiritual direction, discussion with colleagues, performing self-assessments, applying decision making frameworks, participating in collaborative teams and demonstrating culturally sensitive practice. The value base which is the foundation of my social work practice is characterized by not looking adults directly in the eyes, quietness, patience and American Indian time orientation (not being controlled by clocks). I make ethical decisions in my practice through a non-material work ethic, working with the community and not just the individual and recognizing the importance and worth of those I am working with.

My literature reviews pertaining to the six PPM components helped me to gain new understanding about my area of special interest. I learned as I researched the six components, that I had been using some of the techniques talked about that I really hadn't put a name to, for example, establishing rapport with the client and the use of advocacy. Additionally, I learned that the Red Road approach to helping people is a circular model and that I have been living that in my recovery process as well. This circular model entails spiritual, mental, physical and emotional growth, and I have been practicing this philosophy in my life as well as in helping others with it.
MY UNDERSTANDING OF THE ADVANCED GENDERALIST PERSPECTIVE

The advanced generalist degree has given me a much broader perspective than the education I received in my undergraduate social work classes. My pre-MSW educational background and work experience were focused primarily on the micro level working with individuals, families and groups. My MSW has proven to be a well-rounded degree. The focus has been on community organizing; research; working with Native populations and with rural communities; social policy and action; and working with systems at the micro, mezzo and macro levels.

The micro level consists of working with individuals, families and groups as targets of change. For example, my work with Native families could involve establishing talking circles for families who have children placed out of the home and for foster families. Mezzo level consists of work with organizations. Where American Indian families and children are concerned, establishing an organization in their community to ensure that children are always kept within the tribe is essential to tribal sovereignty. Monitoring the court process to make sure that ICWA guidelines are followed could be a part of this organization’s policy. In regard to the macro level, an advanced generalist social worker can work as a catalyst to organize the community to become involved in a national effort of Native organizations that are in the forefront of work with state-level and other governmental change agents to keep the ICWA as a strong force to be recognized throughout the United States.
COMPARISON OF MY PPM WITH THE ADVANCED GENERALIST PERSPECTIVE

In comparing my PPM with the Advanced Generalist Perspective I found like approaches in work with families. I found that cultural diversity is important in social work and I have attempted to put this into practice in the different jobs I have held in the past. I’ve made a good attempt at learning Spanish as I was teaching English to the migrant farm worker. It was a win-win learning experience.

I began my individual search for Native spirituality, and my literature review regarding work with families revealed that guidance from this philosophy of living has been helpful to many Native people where European American systems have failed.

Another part of being an Advanced Generalist social worker can involve social action. I have some experience in this area. I have found since going through the program that this is crucial to developing quality programs for oppressed people. One of my instructors in the MSW program described social action as people drowning in a river. Where one person can go in the water and start pulling the people out, a social activist will go to the head of the water and find out what is causing the people to drown and begin to implement change so that the people will not get to the point of drowning. I too believe that there are more people needed at the head of the waters. I feel that I am heading in the right direction and I have more of a voice and knowledge I can use to begin change.
MY FUTURE GROWTH AND DEVELOPMENT AS A
FUTURE SOCIAL WORK PRACTITIONER

My future growth and development as a social worker is always going to be in the process of change. I have always sought out new theories and ideas that fellow practitioners are implementing in their work. In doing this PPM I have taken an in-depth look at my profession and I've looked at my assets as well as areas of work I need improvement in. I also recognize the constant need to develop as a professional. In order to do this, I often attend workshops and conferences focusing on social work and best practice. This is something that is coming and I know that “hands-on” practice is where much of my expertise will be developed. Additionally, I now have a strong desire to become the social activist that has been awakened through my MSW education. I was an activist in the past and today my voice can be one of strength and compassion and not of anger and violence as it previously was.

Thanks to the educators at UMD I have stepped out of my small world in Nebraska and come to the realization that social work is not about sitting back and getting a paycheck as I've seen many in my life do. Social work is about really being there for the people that come in to our lives and empowering them “to be a part of change they want to see in their communities,” as Gandhi put so well. I could never go back into the community I came from in Nebraska and watch apathetically as I used to when derogatory statements were made in the paper about Native people and not put my voice into the mix. Now that I have learned what I have, I want to go out and find like-minded people to make positive change in our communities, step-by-step.
APPENDIX A

Questions for Interviews

1. Do you use any particular social work theories, models or approaches in your work?

2. How do you determine what problems to work on with your clients?

3. How do you make a determination if the work you are doing is effective?
   
   Probe: Can you give me examples of any formal evaluation tool you use?

4. What major issues and challenges do you see in work with American Indians and how do you believe they should be addressed?
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