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MSW Capstone

Angela Marple
Eastern Kentucky University, angela_marple@mymail.eku.edu

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Angela Michelle Marple

Department of Social Work, Eastern Kentucky University

SWK895: Integrative Capstone

Ann Callahan

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I. Integrative Advanced Generalist Practice

The CSWE generalist competencies are the same as EKU's specialized practice competencies for integrative advanced generalist practice, with the exception that EKU's specialized practice competencies for integrative advanced generalist practice is geared toward applying those competencies in an interprofessional setting. "Generalist practice competencies are extended and enhanced so that students can deepen, strengthen, and grow their generalist practice knowledge, skills, values, and cognitive and affective processes associated with the behaviors necessary to facilitate interprofessional collaborations. Each competency description is expanded with a rationale that clarifies how EKU's specialized practice curriculum builds advanced generalist behaviors as part of the educational process. The dimensions of knowledge (K), values (V), skills (S), cognitive (C), and affective (A) processes are described as well" (EKU Department of Social Work, 2021, p. 32-33).

II. Practice Setting

I have completed my MSW field practicum under the Housing Authority of Danville's non-profit umbrella, Families Forward, as the Emergency Housing Coordinator. Emergency Housing is separate from, though founded by, the Housing Authority of Danville, to "find creative solutions to homelessness in Boyle County (Tim Kitts, personal communication, 2021). The program is supported by funds provided from an Emergency Solutions Grant. "The purpose of the Emergency Solutions Grants (ESG) program is to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG provides grants by formula to states, metropolitan cities, urban counties, and U.S. territories to support homelessness prevention, emergency shelter and related services" (U.S. Government, 2021).

To holistically assist these individuals, I have formed and worked with an interprofessional team. After individuals are placed into housing, it is mandatory that they participate in a structured program that provides them with employment and permanent housing assistance, as well as empowerment and domestic survivor activities at our community center from 8 a.m. to 4 p.m. The interprofessional team consists of myself and one other social worker, as well as community partners such as Goodwill Employment Services, New Vista mental health services, and GreenHouse17. “Working together with other agencies in the community creates a cohesive environment where program participants can easily heal and overcome barriers” (G. Campbell, personal communication, 2021).

III. Competency 1: Demonstrate Ethical and Professional Behavior

The American Psychological Association defines an ethical dilemma as “a situation in which two moral principles conflict with one another” (American Psychological Association, 2020, para. 1). According to the NASW, in social work, “an ethical dilemma occurs when a circumstance in which two or more professional ethical principles conflict” (NASW, 2008). For example, the right to Self-Determination vs. the client’s Right to Confidentiality when contemplating suicide. The social worker must decide which value should be upheld, and what the right decision is. Ethics are NASW values, in motion.

An ethical dilemma that I have experienced in my practice setting while working within the interprofessional team occurred when the employment specialist asked for personal information obtained by myself during case management with a client. The team member asked me if a specific program participant was attending substance abuse IOP classes. I knew that this individual had been attending IOP classes, but she asked that I keep this information confidential to avoid any bias from the Emergency Housing staff. This was an ethical dilemma because I had

to decide between Interdisciplinary Collaboration, and my program participant's Right to Confidentiality.

I shared this dilemma with the Executive Director of the Housing Authority, and he advised I should not breach the participant's Right to Confidentiality as there was no professional reason why the employment specialist needed to know that personal information about the resident, as the lack of that knowledge would not hinder her from completing her tasks within the team plan. As George, a classmate, pointed out during our discussion, "there is so much stigmatization regarding IOP programs that it prevents individuals from seeking help in the first place (G. Gaertner, personal communication, 2021). Sharing this information could have tarnished the trust I have developed with that participant, affecting our relationship, which is another conflicting value. I am happy with my decision to uphold the resident's confidentiality.

Solving an ethical dilemma is never black and white. Thankfully, there are models social workers can follow to help them make the right decision. The ETHICS model is a step-by-step guide for ethical problem solving and can be applied in the interprofessional setting. The first step of the ETHICS model is to *examine* the situation and values. This allows social workers to explore the situation without jumping into action to make a quick decision. The second step of the ETHICS model is to *think* about the NASW Code of Ethics, relevant laws and/or workplace policies and practices that apply to the situation. In the third step of the ETHICS model, the social worker is called to *hypothesize* all the possible decisions or options. Madison, my classmate, and coworker, pointed out, "it is important for the social worker to not place judgment or look for the best options, instead social workers should consider all of the options" (M. Linville, 2021, personal communication).

After considering all the options, in the fourth step of the ETHICS model, the social worker should *identify* the consequences of each option, weighing the possible risks and benefits of each. In the fifth step of the ETHICS model, the social worker should *consult* with others. Good sources for consultation may include colleagues, supervisors, professors, other professionals, or someone knowledgeable of the legal aspect of the dilemma. In the sixth and final step of the ETHICS model, the social worker should *select* an action, document the process, and garner *support*. "Documentation is important throughout and there needs to be evidence of your decision-making process. Get support to implement the selected action and to manage reactions from stakeholders. Record the selected action, implementation plan and required support. Document the client's or their decision maker's consent to the plan" (Ontario College of Social Workers, 2021, p. 6).

Collaboration is defined as "professionals assuming complementary roles and cooperatively working together, sharing responsibility for problem-solving and making decisions to formulate and carry out plans" (O'Daniel & Rosenstein, 2020). My field supervisor, Gwen, stated "maintaining client confidentiality during team-based care can be tricky, but it is doable" (G. Campbell, 2021, personal communication). The client must consent to their information being shared between professionals, and this is accomplished by asking the client to sign a Release of Information, giving written consent. While it may be time consuming, there are other steps collaborating professionals must take to protect client confidentiality. Examples include, keeping records locked, whether on a computer or in a filing cabinet, only allowing people with a need to see information the ability to access them, holding discussions about the client and case in private to prevent others from overhearing, and monitoring who gains access to records to ensure that they are being used appropriately. "In all instances, social workers should disclose

the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed" (NASW, 2008).

Ethical codes of interprofessional team members are similar to NASW Code by requiring professionals to "obtain informed, written consent from the client prior to sharing any information to ensure client autonomy and confidentiality" (Paproski & Haverkamp, 2000). This upholds the NASW Code requiring social workers to obtain written consent before sharing client information as well as client Privacy and Confidentiality in the absence of a client's imminent harm to themselves or others. My agency's Executive Director, Tim, pointed out that "interprofessional ethics don't just involve the client, they also apply to the professionals working together" (T. Kitts, 2021, personal communication).

The American Medical Association Code of Ethics states that medical professionals are "expected to uphold professional standards of conduct not only in their relationships with clients, but also in their relationships with other professionals" (American Medical Association, 2021, para. 1). NASW Code states, "social workers should avoid unwarranted negative criticism of colleagues in verbal, written, and electronic communications with clients or with other professionals," and that "social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients" (NASW, 2008). This means that upholding interprofessional ethics includes being respectful and acting in a professional manner with all collaborating team members.

Conflicting values can be negotiated among interprofessional team members by referring to conflict resolution theory and research, and by implementing evidence-based strategies to

manage conflict such as active listening, clarification, negotiation, and constructive conversation. “Conflict resolution theory guides the informal or formal process that two or more parties use to find a peaceful solution to their dispute” (Harvard Law School, 2021, para. 1). While conflict can be a positive force for change by offering different perspectives from multiple professionals, conflict can also have a negative impact on the client and thus resolution should be a top priority for all members of the interprofessional team.

Troy, a classmate, noted “it is important that the worker maintain professionalism and practice communication skills to ensure they validate the conflicting professional’s input while remaining steadfast in the ethical framework that informed their decision. The worker should remain open minded to new ideas and suggestions however and should consult with colleagues and supervisors when confronted with these decisions” (T. Mansfield, 2021, personal communication). According to the Thomas-Kilmann Conflict Mode Instrument, used by Human Resource professionals around the world, “there are five major styles of conflict management—collaborating, competing, avoiding, accommodating, and compromising” (Walden University, 2017, para. 2).

IV. Competency 2: Engage Diversity and Difference in Practice

It is important to maintain an ongoing commitment to cultural competence when working within an interprofessional team. “Cultural competence is loosely defined as the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own” (DeAngelis, 2021, para. 1). My field supervisor said cultural competency goes beyond building relationships with diverse clients and professionals, it is an important key to “helping to eliminate racial, ethnic and socioeconomic injustice” (G. Campbell, 2021, personal communication). “Relationship building is fundamental to cultural competence and is based on

the foundations of understanding each other's expectations and attitudes, and subsequently building on the strength of each other's knowledge" (ACECQA, 2016). Being culturally competent manifests by "being aware of one's own world view, developing positive attitudes towards cultural differences, gaining knowledge of different cultural practices and world views, and developing skills for communication and interaction across cultures" (ACECQA, 2016).

Clients will always know more about their needs than anyone else, including us as social workers and other interprofessional team members, this is where cultural humility comes in. "It requires you to step outside of yourself and be open to other people's identities, in a way that acknowledges their authority over their own experiences" (McGee-Avila, 2018). This factors into being culturally competent as a team because clients of diverse cultures will have a different view of what their needs are, and how best to solve them. Some clients may prefer natural, holistic approaches such as meditation, while others may prefer a clinical approach such as seeing a counselor to discuss their problems. I have found that cultural humility allows the interprofessional team to be flexible with each individual client, and to learn and grow while working with diverse clients through the Emergency Housing Program, making the team more culturally competent. The Executive Director at my practicum always says "walk and talk alongside a resident and you will learn something about yourself or the world, through them," (T.Kitts, 2021, personal communication). As a team serving unique and diverse clients, we have a responsibility to "recognize and value the diversity of our clients. We must enter our client relationships with cultural humility, acknowledging that we are always in the process of learning and growing" (Waters & Asbill, 2015).

Diversity and difference manifests on every interprofessional team through diverse cultural competence, expertise, viewpoints, morals, values, skills, abilities, resources, beliefs,

and experience. Interprofessional teams in themselves are diverse and different. Interprofessional teams involve individuals from different specialties, disciplines, or sectors, working together to provide integrated and complementary services and engage in comprehensive and informed decision making" (Craven & Bland, 2006). Diverse interprofessional teams may present both challenges and opportunities. "Diverse professional memberships will be linked to positive group outcomes through the availability and integration of knowledge, and also to negative outcomes through misunderstanding" (Mitchell et al., 2009). "Frequently cited advantages of interprofessional collaboration include improved planning and policy development, more clinically effective services, and enhanced problem solving" (Atwal & Caldwell, 2005). As my classmate, Madison, mentioned this week in her discussion board, "Respect is conveyed for all parties involved with an interprofessional team through open-minds and a willingness to learn" (M. Linville, 2021, personal communication).

It is of utmost importance to convey respect for diversity and difference in interprofessional teams. Respect is the feeling of regarding someone well for their qualities or traits, but respect can also be the action of treating people with appreciation and dignity. This can be done by remaining open and receptive to diverse ideas and perspectives, negotiating, and compromising opposing viewpoints, being committed to respectful communication, and trusting each professional to lead the way in aspects of their specific expertise. As a social worker, the mental health clinician from New Vista, a community partner on the interprofessional team, has more knowledge in their expertise than me and I must respect that in their portion of the client's care plan.

V. Competency 3: Advance Human Right and Social, Economic, and Environmental Justice.

Many of the Emergency Housing Program clients experience structural disadvantages and oppression. During interprofessional collaboration, we can advocate for human rights and advance justice by advocating for our clients' needs to be fairly met by the other professionals we are collaborating with. We can advocate for our clients to gain adequate housing, food, income, and healthcare in respectable conditions. Some professionals we collaborate with may not be well educated in cultural competence or human behavior theories and may have biases and opinions about the vulnerable populations we serve. In this week's discussion, a classmate, Troy, said "being knowledgeable of diverse backgrounds and cultures and understanding the implication it has on the person-in-environment ensures that the client is treated as an individual" (T. Mansfield, 2021, personal communication). As interprofessional team members, we can help bring understanding to other professionals through conversation, sharing our expertise and knowledge on cultural competency, and advocate for their fair treatment to advance justice.

VI. Competency 4: Engage in Practice –informed Research and Research-informed Practice

When developing a plan for client, interprofessional team members, as well as "social workers use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. They comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge" (Simmons University, 2021, para. 1).

Practice-informed research is when members of the interprofessional team contribute to the knowledge of their profession to advance their field. The National Association of Social Workers' Code of Ethics addresses evaluation and research standards in section 5.02 suggesting that "social workers should promote and facilitate evaluation and research to contribute to the

development of knowledge" (NASW, 2008). When discussing this with my agency's Executive Director, he said, "this is why it is so important for social workers to intentionally pursue a high level of research-based competence both while they are in school and after graduation" (T. Kitts, personal communication, 2021). Contributing to practice-informed research for any interprofessional team member may mean asking a trained, experienced researcher to assist with carrying out the research to have the research findings accepted and published in a peer-reviewed article.

Research-Informed Practice is a process using research, evidence, and theory when understanding and creating solutions for client's problems. Interprofessional team members, as well as "practicing social workers should be important participants in promoting, formulating, conducting, interpreting, and utilizing research" (Rowan et al., 2018). Social work, as well as any profession, is a science that involves using proven research to best serve client populations. For example, research-informed practice has proven that harm-reduction techniques can be helpful in helping a client overcome addiction. This is a newer recognized approach compared to abstinence. Staying up to date in research-informed practice requires interprofessional team members to make a commitment to lifelong education and seeking out new information and techniques.

Providing services for the homeless population requires diverse disciplines to come together to meet the population's varying needs. "The needs of the homeless are multifaceted and thus require expertise of an interprofessional team to help break down barriers and achieve positive outcomes for the clients served" (Carpenter et al., 2020). My field supervisor says, "our Emergency Housing Program wouldn't be possible without the professional partnerships I have collaborated with to serve our clients" (G. Campbell, personal communication, 2021).

Interprofessional practice may be viewed as a system's approach to helping homeless individuals. Some professionals may provide health services while others help find employment.

Using research to inform my approach to interprofessional teamwork will be essential in reaching my goal of helping homeless individuals and families obtain permanent housing. Many of my program participants have had inadequate physical and mental health care, have struggled with substance abuse, and have been victims of domestic violence. My field supervisor pointed out to me, "it is important to delegate participant problems to the professionals who have knowledge and expertise about them because you cannot work out of your scope of practice" (G. Campbell, personal communication, 2021). "Cohesive interprofessional teamwork is essential to successful healthcare services. Interprofessional teamwork is the means by which different healthcare professionals - with diverse knowledge, skills and talents - collaborate to achieve a common goal" (Sacaria, 2016, para. 1).

Interprofessional teamwork is important because there are other professionals that have skills and knowledge to offer my program participants that I lack. To form the interprofessional team for our clients, I researched which professionals would be relevant to the program participant's problems and developed a plan to have diverse professionals come to the community center to offer groups and services to my program participants, giving them a higher chance of overcoming barriers that are preventing them from obtaining permanent housing.

VII. Competency 5: Engage in Policy Practice

Working within an interprofessional team has many advantages when it is appropriate to engage in policy practice.

> "Policies have an impact on the work of social workers and may limit the profession's ability to promote efficacy in service delivery to consumers. It is our responsibility as social workers to abide by the NASW Code of Ethics by participating in policy practice and integrating it in our work with individuals in direct practice interventions, with groups, and at the organization and legislative levels" (Aquino, 2017, para. 3).

When researching barriers to homeless individuals in our community with the interprofessional team, we learned of issues in our community. In the beginning, many residents of our county were unaware that there was a homeless problem, making them reluctant to get on board with supporting our Emergency Housing Program. This was a result of homeless individuals not being allowed to sleep in public spaces, parked cars, or to set up tents, despite a lack of any shelters or assistance in our county. The other residents didn't see any homeless individuals in the town, so to them, they did not exist.

To bring an awareness of the increasing homeless problem in our community, myself, and other members of the interprofessional team started attending city commission and fiscal court meetings every month. I brought homeless applications that clients had filled out, and other members of the professional team brought copies of documents that clients had filled out when requesting their services, noting they were homeless. We brought photos of homeless camps that were set up outside of the city limits, and witnesses from 24-hour businesses such as Planet Fitness and Walmart who explained that some homeless individuals are hiding in plain sight in their parking lots.

Since it was illegal to sleep in public and in parked cars, our interprofessional team argued that many homeless individuals are out of hope and face threats to be jailed when they are

caught doing these things while we were still waiting for funding to open our shelter. I am proud to say that myself, and Roger Fox from Shepherd's House, even made the newspaper. After many months of consistently showing up, our community leaders compromised and designated a huge, unused parking lot behind the police station, as a designated safe place for homeless individuals to park and sleep. While this was a small policy change, it was a huge win for the homeless population in our county.

VIII. Competency 6: Engage with Individuals, Families, Groups, Organizations and Communities

The beginning of addressing the increasing homeless population in our community involved my favorite aspect of social work, meeting individuals, families, and groups right where they are at to interact with them. The engagement phase was important to the interprofessional team because we wanted to create positive contacts. We used empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies to set a good tone, garner support, and gather perspective. We embraced and respected diverse cultures and traditions, viewing each person, family, and group uniquely. The interprofessional team did home visits, attended community events, and set-up tables downtown to create a space where engagement would come naturally.

While engaging with individuals, the interprofessional team was able to get an understanding of the problems they were facing in terms of finding affordable housing and adequate jobs. This allowed the team to determine the theories and frameworks we could frequently use while working with them. We found that being empathetic and showing the individuals that we wanted to create change established a trusting relationship.

While engaging with families, we realized the impact homelessness was having on their lives. Many families described instances where they were sleeping on couches of another family

member's home and how that created barriers to nutrition, hygiene, and a sense of peace in the family. The interprofessional team found that housing homeless relatives was putting family members own homes at risk due to the landlord threatening eviction and the rising cost of their utilities. One family shared with us that their water had been shut off due to an increase in their charges due to other members of their families staying with them.

While engaging with organizations, we were happy to find that two churches in our community were aware of the rising homeless population and had been opening their gym for homeless individuals to take shelter in during extreme weather when contacted directly. We learned that they wanted to do this more frequently, but due to a lack of donated items and supervision, they could not. During this engagement process, the interprofessional team was able to gain a better understanding of the needs of individuals, families, and groups in our community, as well as develop relationships for possible collaborations in the future.

IX. Competency 7: Assess Individuals, Families, Groups, Organizations and Communities.

Before the interprofessional team could decide how to best combat the homeless problem in our community, we had to conduct a thorough assessment. This involved collecting and organizing data, critically thinking, and applying our knowledge of human behavior as a team. During the engagement process, we asked individuals, families, and groups to fill out simple questionnaires describing the prevalence of homelessness and the barriers they felt were contributing to it. We used these questionnaires as part of our assessment to gain knowledge of the current situation.

When assessing homeless individuals and families, we collected data about them, their current housing and employment situation, how frequently they found themselves homeless, and

how long they had currently been homeless. Interviewing individuals gave us a basis for their needs, strengths, and weaknesses, and which theories and frameworks could be best applied to assist them if they decided to enter our program. We also collected data from families who were not homeless, but who were housing another homeless family such as utility increases, how long they had been housing homeless individuals and families, and how much support they could continue to offer.

When assessing groups and organizations, we collected data on how many homeless individuals and families were coming to them for support, how much they were spending financially on homeless intervention, and their desire to collaborate on finding a solution to the homeless problem in our community. All these assessments contributed to how we would form the program, develop mutually agreed upon goals, plans, and interventions for homeless individuals and families, and how we would move forward as an interprofessional team.

X. Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities.

After our assessment, the interprofessional team got together to plan our interventions. This was tricky because we had not yet received any funding for our program, meaning we did not have an actual shelter for clients, but we could provide supportive services and give them a safe place to sleep. We had each applicant of the Emergency Housing Program come to the Housing Authority's community center. If the applicant agreed to the mandatory program, they were allowed to enter a shared living situation in one of two four-bedroom apartments that the Housing Authority had reserved for our program. When creating plans, goals, and interventions for clients the interprofessional team applied a task-centered practice model to support the client's outcome. "Task-centered practice is a short-term treatment where clients establish specific, measurable goals. Social workers and clients collaborate and create specific strategies

and steps to begin reaching those goals" (Simmons University, 2021). As a team we created goals and strategies with each individual client. After completing their individual plans, our goal was for the individuals to overcome each barrier that was contributing to their homelessness, in hopes that they would never become homeless again.

A social work theory we applied to support the client's outcome is the Systems Theory. "Systems theory assumes that human behavior is the result of a larger system comprised of several elements, including the relationships between these elements, as well as external factors like their environment (Russiano, 2020). As a team we chose this theory because there are many pieces of this client's life that are broken and affecting their behavior when they enter the Emergency Housing Program. Since family is a large part of each client's system, when possible, we integrated the individual's family into their plans as a means of support. That support came in many forms such as emotional, helping with transportation, and healing broken relationships.

The Biopsychosocial approach was also an important tool used while working interprofessionally to help the client. "The biopsychosocial approach systematically considers biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery" (Frankel, 2013). Most of the clients in our program have physical and mental health deficiencies that are contributing to their homelessness, unemployment, inability to form social relationships, and low self-esteem. These issues must be solved simultaneously by an interprofessional team to help the clients reach their goals. To make this possible, we were able to collaborate with a women's group from a local church. The group agreed to host a self-empowerment group three times a week at their church. During the group, physical and mental health providers would come in to host mental health workshops and physical health fairs.

XI. Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations and Communities.

Although at this time it has, at the conclusion of my field practice, the Emergency Housing Program had still not received any financial or structural support from the community. However, the interprofessional team remained determined and completed what you could refer to as a BETA version. We continued to house six homeless females between two reserved apartments within the housing authority, meeting with them daily from 9am-4pm at the community center. Once a client obtained a full-time, adequate job, they only had to participate in the community center activities when they were not working.

Each day of the week, a different interprofessional team member came to help the clients with the area of their expertise. These professionals consisted of a doctor on Monday, a mental health professional on Tuesday, an employment specialist on Wednesday, and a domestic survivor advocate on Thursday. We also had a real estate agent come in Friday of each week who was familiar with many landlords in our community, and rental vacancies. Each professional would concentrate on the section of the client's broken system that they could assist with. As a social worker, I supported the clients with their interventions when the other professionals were not there by helping them use the internet, providing laptop rentals, and arranging transportation to appointments and jobs when needed. There was no time limit that clients could participate in this program if they were actively participating and moving forward with their individual plans.

After three months, the interprofessional team joined together to evaluate how the program was going. We gave the participants who were still with us the same simple assessment form they filled out at the beginning of their time in the program. We had two women exit the program because they had obtained adequate employment and housing and no longer needed our

services. They met their goals! We had one woman exit because she did not want to follow the mandatory portion of the program, so we could not follow up with her. We had one woman exit to enter a substance abuse program, she would return to us when she finished, but we could not follow up with her. We had two women still working their plans and moving forward but found through the assessment that their health had improved, they had gained soft-skills, and were continuing to work the program while they looked for employment that would be sufficient to afford an apartment.

We also interviewed families of the individuals who were in our program. The families all reported less stress and improved financial wellbeing since the homeless family member had been in the program. Their utilities had decreased, they had enough food to feed their own families, and the relationship with their loved ones in our program had improved.
Local churches and organizations reported less instances of homeless individuals coming to them for shelter, sleeping in their parking lots, and asking for assistance.

Due to the positive changes noted above, our evaluation led us to believe that we were on the right track to combating homelessness in our community. We did make one change to the program, requiring all applicants to submit to a drug test upon entrance to the program. This change will allow us to reroute actively using applicants to a substance abuse program so they can get the support they need. Participants in the Emergency Housing Program are not allowed to use drugs or alcohol at any time.

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