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Interprofessional Collaboration for Addiction Intervention in a Community College Setting

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Abstract

Substance abuse has become a major problem in our nation. It is no surprise that a great percentage of people have admitted that prior to their arrest they had either been drinking or using illicit drugs. When they commit these illegal acts, they then begin to cycle through the criminal justice system. It is also not obvious whether they have an AUD or SUD or that they are chemically dependent. In fact, some of them at this stage will still be in denial that there is even a problem, especially if the offense is something that does not come with a major consequence.

College campuses possess a great need for interventions for substance misuse. College campuses are saturated with young people who are growing and developing, along with dealing with educational and sometimes social barriers and may turn to alcohol and/or drugs to cope. Working as a part of an interprofessional team can help serve the clients at a greater rate. There are nine competencies used by social work professionals as guided practices. There are also other disciplines that have codes of ethics that may or may not resemble the ethics used by social workers. The key is to stay focused on what is best for the clients being served and the purpose of the service delivery.

In the future, working with a team of professionals who are educated on addiction as a disease and not a choice, and those who are willing to advocate for treatment options to those who misuse substances instead of a punitive approach is my aspiration. Interventions should be continuously researched, and customized to meet the needs of each individual client. Ensuring to not make the assumption that the same measure will work for everyone.

Interprofessional Collaboration for Addiction Intervention in a Community College Setting

Substance use disorders (SUD) undermine the quality of life for individuals, families, and society. People who struggle with SUDs are also more likely to live in high crime areas, or environments that are conducive to violence. It is not uncommon for people to commit a crime while under the influence of drugs or alcohol or both. Roughly 12 million people go through the criminal justice system each year with over one third of people arrested under the influence (Humphreys, 2012). Forty-two to fifty-eight percent of people who were incarcerated reported the use of a substance prior to their arrest. Fifty-eight to sixty-eight percent of people who are incarcerated satisfy the criteria for a SUD (Moore et al., 2019). Addiction among youth is a radical cause for concern. When people abuse substances for a longer period, their rehabilitation time can take that much longer and be more costly.

Historically, there has been a negative connotation associated with having an addiction. For someone with type II diabetes, they may have made poor choices in life associated with a poor diet, and little to no exercise. They may have a family history of diabetes and genetics is the reason they become diagnosed with type II diabetes. Yet, they are not labeled criminals when they develop diabetes. Could it be that one poor decision caused them to go into addiction? Did they grow up in a home that with substance abuse and it became learned behavior? Or could they have been taking legal prescription drugs and became addicted? Community advocates are needed to provide education about the disease of addiction, how brain function relates to addictive behaviors, and non-addictive ways to help people cope with life stressors (El-Guebaly, 2007).

Another way to combat the disease of addiction is to “normalize” help seeking behavior by offering addictions intervention alongside traditional services in an educational setting. Access to

this support in a neutral environment serves to universalize addictions intervention and, thus, has the potential to destigmatize help seeking behavior that can operate as both as a form of prevention and intervention. The following paper is about a group that targets college students for substance use disorder prevention and recovery services. I developed and coordinated this group with my colleagues and students. I engaged in advocacy to destigmatize having a substance use disorder as well as advance the importance of alternative ways of addressing addictions through education and support that, ultimately, allowed me to hone my practice of interprofessional social work.

Applying the Interprofessional Social Work Practice Competencies

Based on the ECU MSW (2022) program definition of interprofessional social work practices and interprofessional behaviors, which is based on Bronstein's model for interprofessional collaboration. It is defined as "an effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own" (Bronstein, 2003, p. 299). This approach applies to my practice setting because it is essential for the success of the program design for each discipline to contribute their professional knowledge and skills to achieve the common goal of aiding each client to successfully enter recovery. Criminal justice professionals such as the judge and prosecutor would contribute by agreeing that offenders who have nonviolent minor drug charges would be diverted from the charge if they agree to complete a treatment program. Parole and probation officers would be a great asset to the interprofessional team as they will likely have some of the clients on their caseload. We would also want to include several staff members from different residential and outpatient rehabilitation facilities, that we can refer clients to, detox facility contacts such as hospital staff, housing stabilization agencies who may be able to help with affordable housing, other social service agencies such as

community action and God's Pantry that can help as well with other resources such as food, utilities, and other resources that may be needed to help the client get back to being self-sufficient.

Practice skills that can help to enhance my approach for interprofessional social work practice is to engage with the interprofessional team setting customized care plans for the clients to enhance their chances of successfully entering recovery. Also ensuring that we use evidenced based practice skills as intervention strategies to best serve our clients. We can also ensure we are actively engaged in the community to ensure prospective community partners are aware of our services and can become partners as needed. An example of this would be to set up a table at a community resource fair and share the service delivery options that we have to offer with members of the community. I would love to enhance my level of comfort in speaking to a large group, I would love to enhance my active listening skills, and work on organizational structure when working at the mezzo level. It is not uncommon to be aware that self-care is an essential part of being a social work professional. The NASW Code of Ethics even affirms this by including in its policy that it should be taught to all forthcoming practitioners. Burnout and stress are key contributors in social work, as we learn to balance our work and home lives. We conversed about burnout, and how not taking out time for yourself, both mentally and physically can bring this about much faster. "Make sure you take time out for yourself!" My supervisor also encourages me to practice self-care on a regular basis due to the complexity of my job, but she stressed this even more when I informed her, I would also be completing my practicum here as well. As mentioned above, the complexity of the work done by social workers increases consistently. It is pivotal to be equipped with the tools and knowledge of taking care of yourself while being an active change agent to those underserved and underrepresented in the world

(Eaves, 2018). Some of the self-care strategies I plan to take advantage of are utilizing mental health days, staying in tune with my spirituality, and taking proper care of my physical body by making better meal choices and being active for about 30 minutes per day. Self-care should be intentional. Social Work professionals should seek to commit to activities consistently to eliminate and reduce stress (Bloomquist et al., 2015).

Exercising Social Work Values and Ethics

One of the members of the interprofessional team promised one of the students she would “guarantee” she passed the class if she remained sober. This student was also a participant in my work study program and stated she needed to ensure she remained sober so she could pass her class. With more thorough probing, she eventually explained to me that her instructor would ensure she passed if she remained in recovery. For anyone who truly understood addiction, this would be a clear sign of behaving unethically.

I will be using the ETHIC decision making model to demonstrate this ethical dilemma I have experienced while working with other members of an interprofessional team.

Evaluate- One of the members of the interprofessional team was an instructor and had a very close relationship with one of the students. The student was a member of our Addicts and Allies student-led group. Students felt comfortable to release most of their personal information with the faculty member. Her central focus is the student achieving academic success.

Think- The NASW code of ethics states that social workers should continually remain competent and develop professionalism in knowledge and skills in a multitude of areas as it relates to the field. It is vital that as a social worker, I stay up to date with information concerning addiction, and interventions.

Hypothesize- While I did understand the faculty member had the student's best interest at heart, she was hurting her as well. The student would now feel pressured to remain sober for academic reasons which could be detrimental to her mental health and could even result in her dropping the class if by chance she were to relapse.

Identify- If the instructor was truly educated on addiction as a disease and not a choice, she would better understand why this was not such a good plan for the student to achieve success. The instructor could potentially benefit if the student remains sober and passes the class, but this could result in her not being prepared for the classes to come, or the knowledge needed to enter the work field.

Consult- I spoke with the instructor regarding her "promise" to the student and explained why this behavior was unethical and why as a social worker with a duty to adhere to the NASW code of ethics, I would be obligated to speak to my supervisor. The faculty, the department chair and I had a meeting about this unethical behavior, followed by a meeting with the faculty member and the student apologizing and explaining why her promise to her was unethical.

All professional practices have a set of codes to abide by that shields them from government involvement and minimize or hinder disagreements internally (Litwack, 2003). My practicum placement is in an educational setting working with students who have a history of substance abuse. Other professionals that I collaborate with are educators. They have various backgrounds but their central focus as part of the group we serve is teaching. Educators have a clause in their code of ethics about dignity and worth of the person (NEA), which is also in the NASW code of ethics. It is important in interprofessional teams that they can effectively work together to best meet the needs of the clients. It is also pivotal for professionals to be knowledgeable or have some awareness for the code of ethics and/ or policies that apply to other professions within the

interprofessional team they are a part of (Mönkkönen et al., 2021). Professionals hold different values based upon their duty to the client and therefore there sometimes may be a clash between professionals about how to reach optimal care for the client.

There are five established components that formulate interprofessional collaboration. Those constructs are interdependence, newly created professional activities, flexibility, collective ownership of goals, and reflection on process. Each of these constructs helps to strengthen interprofessional collaboration and creates a sense of structure in the process (Iachini et al., 2018). In social work we rely on the NASW code of ethics for knowledge and guidance of how to be a professional social worker. Each profession as mentioned above has its own set code of ethics. At times, it is possible for one or more professions to clash on intervention strategies because they have different values, agendas, and approaches when servicing clients. There have not been any issues with the interprofessional team that I am currently working with, but I will give an example of something that could potentially happen with my team. If the interprofessional team and I were looking to create an intervention strategy for our client group, the educators may place more emphasis on their grades and academic performance. Whereas I would be more focused on overcoming social barriers that would cause them to relapse and then focus on their academics. Educators value education. They have a commitment to educate their students. Social workers cater to the basic needs of clients. Although we value the goals that our clients set, including academic goals. We value ensuring that the basic needs of our clients have been met above all else.

Being Culturally Responsive

Members of the interprofessional team approach social justice issues by advocacy, education, and research. In this respect, their position is like that of social workers who also advocate, educate, and lobby for change. I was able to speak to an educator while completing my practicum, and she was able to further explain her position on social justice issues. She explained that as an instructor at a community college, many of her students come from low-income families. She went on to further explain that many of the social justice issues that are present in our community affect many of our students. “Often, people think that addiction is something people choose to do, or that life would be much better for them if they just stop, many of them have no idea that it just isn’t that easy” (C. Pelphrey, personal communication, March 28, 2023).

Interprofessional collaboration practice can be culturally responsive to intersecting statuses, such as gender, race, ethnicity, and socioeconomic status by advancing human rights and social justice by ensuring service delivery is accessible to all, and that all members of the interprofessional team are educated on addiction as a disease, and go through training and team building exercises, for the betterment of the clients they serve. I believe it would also be beneficial for the interprofessional team to go through cultural sensitivity training. There are people from different races, ethnicities, genders, and socioeconomic statuses, who battle addiction. It is important to be knowledgeable with terminology when working with members from LGBTIA+, it is important to be knowledgeable about resources available for underserved minorities, and for them to have compassion for people who battle addiction no matter what path they chose in life, regardless of the walk of life they come from.

As I think of my skillset, as a social worker, I see overlap with mental health, and substance abuse counselors. Boundary setting is one of the ways the code of ethics overlaps, ensuring that

dual relationships do not exist, in a way that a current or former client could be exploited or hurt. The NASW code of ethics states, “Social Workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries” (NASW, Standard 1.06). The American Psychological Association (APA) and the National Association of Alcohol and Drug Addiction (NAADAC) counselors have similar statements. The NAADAC code of ethics principle 9 states, “The NAADAC member shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship. The NAADAC member shall not exploit relationships with current or former clients for personal gain, including social or business relationships” (NAADAC).

I think uniquely social workers present the interprofessional team with a diversified point of view, with adherence to the NASW code of ethics, being able to work in a plethora of disciplines and with people from different walks of life. We are prepared throughout the course of our education to learn to be sensitive to the different cultures, values, and underserved minority groups.

Evaluating Evidence for Individual and Effective Practices

According to research, it is important to connect with other disciplines and practitioners to ensure they can establish alternate coping mechanisms, and post recovery care. The complexity of services needing to be rendered to clients cannot be fulfilled solely by social workers (Iachini et.al, 2018). As behavioral health concerns continue to be on the rise, we are reaching a greater need to have more interventions for the public health crisis at hand. More people are dying from

drug overdoses than from automobile accidents (Bommersbach et al., 2018). Public and behavioral health generally go hand in hand, thus further demonstrating the need for more substantial collaboration. Statistics also show that behavioral health is affecting public health at a more alarming rate. “The suicide rate in 2015 was about 13 per 100,000 people, the highest rate since 1986 and an increase of 24% since 1999. More people now die from drug overdoses each year, approximately 64,000 in 2016, than are killed in automobile accidents” (Bommersbach et al., 2018 p. 1334).

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clients set, including academic goals. We value ensuring that the basic needs of our clients have been met above all else.

Preparing, Engaging, and Assessing

Task centered practice, contingency theory, ecological systems theory, and empowerment theory are the theories and perspectives I plan to use with my group. The task centered practice model is used for short term intervention strategies, and it has modifications based on level of practice whether I be micro or mezzo. The focal point of this practice behavior is contingent on the client and what they feel is cause for concern. The practice aids clients in defining the issue, distinguishing action steps that should be taken to determine how to rectify the problem and begin to execute those tasks as they work towards the goal (Reid, 1997). Contingency theory is evidence based and the psychosocial therapy associated with it has been used for substances such as cocaine, which has no FDA approved drug to help treat cravings. Psychosocial treatments have proven to be highly efficient in minimizing substance use. Offering an incentive to minimize drug use is part of the contingency theory. The incentive they receive is contingent on the detection of the substance in their bodies (Holtyn et al., 2017). Since I am not physically able to offer incentives due to not having funding available, I have decided to suggest that each student puts away one nickel for each day they remain sober. Not to ever take any away if they do relapse, but to use that to encourage them to keep pushing toward the goal of living a drug free life. Ecological systems theory provides a framework that the multiple systems surrounding a person affect their development (Ozaki et al., 2020). I plan on sending out a survey to group members about the systems that they were directly apart of, to distinguish a direct correlation between group members and the effectiveness of those systems and using illegal substances as a coping mechanism. I will keep the names anonymous and ask each student for their permission

to use the data obtained for educational purposes only. Empowerment theory in my opinion should be a given when working with this population. Often, they are degraded in our society, and a popular statement that people like to make is that they “choose” to do drugs, or they can simply make the decision to stop, and research tells us that it is a bit more complicated than that. Physical and mental illnesses are common contributors as well as trauma and chronic illness (Manning & Greenwood, 2019). Specifically, psychological theory focuses on competence and self-esteem. Resources, and participation in intervention strategies contribute to empowerment as well (Hunter et al., 2012). I believe this will be the most important practice to use with this population. I want to continuously stress the importance of them controlling their own success and that it is obtainable.

“The researchers also found statistically significant correlation between the type of professional and their competencies in interprofessional collaboration, with the highest levels of competency occurring among social service professionals....” (Iachini et al., 2018). In promoting an interprofessional team it is pivotal that the team is competent with the population in which we are serving and that the vision we each have for our clients is supportive of the same if not similar goals. I am prepared to meet with members of the interprofessional, focusing specifically on those who do not have social service backgrounds and present evidence-based knowledge of intervention strategies that would work best for our group of students. I believe it is important to value the knowledge base of other professions as well and would be willing to learn from them, with hopes of them being able to learn from myself and the other social workers as well. “I like the diversity of our team, I believe we can learn a lot from each other, even from personal or professional past experiences” (S. Ross, personal communication, April 19, 2022). “I am so happy that you have decided to work with us. I know that the team you all have will be able to

help keep us steering down the right path” (S. Kidwell, personal communication, April 19, 2022).

Setting Goals, Planning, and Contracting

Interprofessional teamwork should be transdisciplinary. Multidisciplinary action routinely has a team of professionals who collaborate, gain knowledge of the values of other professions then goes off to work on their own. Interprofessional teams should collaborate, and continuously work in conjunction to achieve the best work outcome (Iachini et al., 2018). The interprofessional team coordinates with the student group to set goals. In fact, the students make their own goals, and we assist them with making sure the goals are specific, achievable, and that they won't be crossing any boundaries. Since the group is student lead, we trust that they will set goals for the group that will be effective for every member, as well as the community when the goal is to have them involved. Sometimes the students of the group like to confer with members of the interprofessional team, for guidance on goals that they have already set. For example, the group set a goal for finals week that they would practice self-care by taking the time to do something they enjoy for at least an hour, for the entire week. I suggested that they continue the self-care throughout the summer, especially for those who chose not to enroll in summer classes. They may choose to pick up more hours at their place of employment, or if they are able, just use the time to relax. “Practicing self-care just seems like a chore at times, I know it sounds crazy, but sometimes I don't think of how important it is to take care of myself” (A. Riddick, personal communication, March 26, 2022).

Social work skills that I believe are important to ensure the social determinants of health used by the interprofessional team to inform intervention planning for our client group are communication, active listening, cultural competence, and advocacy. Communication is

important, especially amongst the interprofessional team planning and assessing the group for best practice and intervention strategies. Also, communication is important amongst the groups since they do lead, to ensure we are providing them with the necessary resources and information. We want to communicate to make sure there are no issues of discrimination, even if it is being done unconsciously. One thing that I noticed was there was a student who was not in active addiction and had never been who felt like she was not being included. She stated that she felt more at ease communicating this with a member from the interprofessional team instead of addressing the group. When the professor, spoke with the student leader, she stated that she often did not feel comfortable asking the student questions because she was unsure how she would feel about answering them since she had never used drugs. She explained how terrible she felt and that it was never her intention to leave anyone out or make any group member feel insignificant. “When I first came up with the idea to get the group going, my main objective was to make EVERYONE feel wanted, and safe” (S. Kidwell, personal communication, March 28, 2022).

Active listening is used by the interprofessional team when a concern is brought to any of us by a student who may be concerned with the health and safety of another student who is actively using, may or may not be part of the group, and is not seeking recovery. The Addicts and Allies participants are knowledgeable about damaging substance abuse can be mentally, socially, and physically. When they are concerned with the life of another struggling addict, it is pivotal to ensure they know we hear them, we empathize with them, and similarly would like the individual to get help as well. Active listening is pertinent in assuring the client that we care for them and build rapport with the client so they can begin to trust us (2021). Cultural competence is important as well, using the example that was also used for discrimination, being competent with this group who have self-proclaimed they are/have been an active user, or know someone

close to them struggling with addiction. Understanding minority cultures, helps to better understand person in environment theory and why some of the students may have in the past or currently choose drugs as a coping mechanism. Cultural competence is like examining personal biases and considering the skills and knowledge base needing to be obtained, to best serve underrepresented clients (Feize & Gonzalez, 2018). “Program evaluation methods can be used as an advocacy tool by counselors to identify and enhance services to minority and underserved clients” (Astramovich & Hoskins, 2013). Although it has not been put into place as of now, I would love to use an evaluation tool with this group to certify we are using best practices to serve our students. “I would love to have a way to monitor our progress in this group” (S. Ross, personal communication, April 7, 2022).

Applying Practice Theories and Skills

Iachini et al. (2018) describes facilitators and barriers to collaboration by mentioning structural characteristics as being essential to the success or failure of the collaboration. He begins to mention the importance of administrative support, and how it constitutes a stronger interprofessional team with support from administrators and/ or leaders. He further goes on to explain how it is vital for the interprofessional team to focus on the mission of the organization or company in comparison to their specific profession. An example of this would be a doctor who is dedicated to the health of their patients and receiving adequate healthcare services; however, they may encounter a patient who is also homeless, and thus has a hard time keeping up with their prescribed medication. They may want to step outside their scope of practice and connect them with a social worker or case manager who can connect them with resources to a shelter or help them find affordable housing.

Concrete ways that interprofessional collaboration is being used as part of social work intervention is through collaborative communication, providing suggested resources to the group, as well as providing feedback when warranted by the group members. The interprofessional team collaborates when resources are needed from the group. Collaborative communication seeks to provide complex service delivery that cannot be achieved alone. Different disciplines can share their different thought process for one desired outcome (Hayward, 2021). The educators are amazing at providing information about academic concerns. For example, there was a student who was stressing about her SAP appeal and was not sure if she had written enough or provided adequate documentation to have the appeal approved. The interprofessional team was able to collaborate to help ensure the student had a good case to appeal, so she would not have to drop her classes. I asked her to reach out to the rehabilitation facility she was housed at during the time she began struggling academically and she was able to get a statement from them. One of the educators currently has her in class and agreed to write her a letter of recommendation. Most if not all the interprofessional team was able to pitch in to assist this student during a time that was very stressful for her. "If I had not been part of this Addicts and Allies group, I never would have reached out for help. I would have probably just allowed the SAP to be denied and gave up. It might have even led to me using it again (J. Doe, personal communication, March 27, 2022). It meant so much to me personally that we were able to use our strengths, skills, and professional knowledge, to keep this student enrolled in school. Sometimes, the group will ask the interprofessional team for feedback when they are organizing events or community outreach events. We allow them to handle all the groundwork, but there are times they will follow up with us to ensure they are not violating anything that is unethical, or breaking school policies, or being biased against any certain group. They wanted to host a bake sale, to raise money for the group.

They had the bake sale originally scheduled during Ramadan, and a member of the interprofessional team realized this, and informed the group that they should pick another date. The students were very alarmed and realized it was vital to ensure all students would be able to participate if they chose to, so they decided to go with another date. The interprofessional team and I worked together to help them configure another date. The issue was, it was nearing the end of the semester, and there were a lot of ends of the year events already taking place. We were able to collaborate as staff and faculty, to ensure the dates did not overlap with other events. The group decided to pick up the bake sale when they return in the fall. “Structural characteristics are one set of factors that can influence collaborative efforts. Structural characteristics are often thought of as “ways that an organization and supervisor allocate resources and assign work that either supports or poses barriers to collaboration” (Iachini, 2018).

Policies shape processes with our group because we can assist them with facilitation of the group, we offer our acquired professional knowledge base, and skills, and we help them organize and effectively improve organizational functioning of the group. Intervention strategies are based on the needs of multiple clients from one client systems. It could be a family or a group that present similar needs and need intervention. We often collude with other agencies and organizations to provide them with needed resources and advocate for effective, efficient service delivery (2020). As part of an interprofessional team, we take pride in serving our clients as a group, and individually if needed. Our client population generally possess similar needs, which is helpful when we are already familiar with resources to provide them. An example being when students ask for information on local NA/AA meeting spots, we have a compiled list that we can provide them with. Also, when the need is for educational issues, such as discrepancies with financial aid, or needing extra help in class from one of our tutors. “Tutoring has really helped

some of us, I was never the kind of student in school that would go to tutoring because I felt I wasn't smart. Now I know that acknowledging that I need the extra help really makes me smart" (B. Johnson, personal communication, May 3, 2022).

As before mentioned in the previous question, interprofessional collaboration seeks to combine thought processes, and professional knowledge of different disciplines, to achieve a desired complex outcome (Hayward, 2021). Interprofessional teams can be a group of diverse professionals, with diverse backgrounds, collaborating to provide acquired professional knowledge and skills for efficient service delivery (Skyberg, 2021). Interprofessional team members may be culturally diverse, they may have knowledge of different cultures based on a personal lens, and they may be competent about other cultures based on professional experiences and working with different groups and cultures. Combining the knowledge that each interprofessional team member knows helps to deliver quality service to clients in the group. being one of two of the black women on the interprofessional team, I was once able to convince a client to attend our sessions. The student felt as if she would not "fit in" with the group because she thought all the Addicts and Allies members were white and did not feel her experience with addiction would be relatable to the other group members. I was able to speak with her and share with her my experience dealing with a loved one who was an addict and assured her that you addiction was not bout color at all and asked I she would give the group a chance. "It wasn't really that I was thinking about color, I just did not want to feel like the odd one out, When I saw you in the meeting, I didn't think you had any personal experiences with it, just thought you were helping out" (A. Lear, personal communication, March 27, 2022). Although this situation does not fall under trauma or a complex need, the student deciding to join the group could

potentially benefit the student if she is ever faced with a complex need and would like assistance from the interprofessional team.

Evaluating, Ending, and Documenting

I aspire to work in a position that advocates for drug offenders who have been diagnosed with substance use disorder (SUD). This position would work directly with the criminal justice system, and outside agencies, where offenders can receive effective drug treatment. Advocacy and education would be a huge role for me, as I seek to advocate for this vulnerable population that society has commonly criminalized for this gruesome disease. For the context of working on an interprofessional team, my aim is to gain community partnerships with organizations who would be asset to effectively contributing the betterment of this population, and ensuring they receive the guidance and resources they need to enter recovery. I would develop rapport and work to establish a good working relationship with members of the criminal justice system and these agencies as well. Ideally, the team would consist of individuals who are educated and passionate about working with those who have been diagnosed with SUDs.

Endings are difficult because as social work professionals, we build working relationships with our clients that allows them to become fond of us as helping professionals. Likewise, as we work closely with our clients, and begin to see them consistently, our human nature can cause us to develop a fondness for our clients. This fondness can especially be established as we work alongside our clients, assisting them in ensuring their basic needs are met, establishing goals, meeting their goals, and providing necessary resources when they are faced with a crisis.

Initially, as social work professionals, we like to build trust with our clients. We get to know them, as well as allow them to get to know us as their case worker/ and or counselor. We exhibit

social work skills such as showing empathy, active listening, and reflection. By doing so, the client is aware that we are attentive and inclined to hear them out and assure them that we are focused on their needs. In contrast it is important that we do not provide a façade to our clients that we are “miracle workers” and can solve all their issues. This is a depiction of building trust as well, being honest with them.

As clients meet with us consistently, overtime, we earn their trust, and they begin to be more open and honest with us regarding their barriers, crises, and unmet basic needs. As we listen to them, showing empathy is not just a skill for us, it is an experience for us as well. If I can take the opportunity to become personal for a moment, I personally chose this profession because I enjoy working with vulnerable populations and being an advocate for equity and equality.

Listening to clients becomes vulnerable as they inform us of the barriers working against them, and needs currently unmet, it is natural for us to sympathize/empathize with them. We develop a fondness for them as we work in conjunction with them to reach their goals, provide them with resources to overcome those barriers, and assist them with empowerment helping to build their confidence in achieving those set goals.

In conclusion, all these factors in as to why endings are hard for us as well as the clients. It is vital that we factor in, during the introduction, that there will be a termination of services.

Preferably, a clear and concise time frame of when services will be terminated. It provides closure to us as the helping professional as well as the client and helps to end the professional working relationship as well in a healthy way. Clients should not be surprised when the time comes to terminate our services. In fact, ultimately that should be their goal. Our services should be used as a steppingstone to help get them to where they need to be. It is also possible for termination of services to occur before the set time frame. If a client is eager to meet their goals,

and they get the ball rolling, and meet their goals in a swift and efficacious manner, services provided to the client may become unnecessary, and early termination may occur. Clients may become complacent while working with us, which can include them wanting to backtrack, to prolong the working relationship. It is important that social workers provide a succinct explanation regarding the importance of termination of services to them. The services we provide to our clients are forever and should be treated as a temporary aid to getting through whatever it is they are experiencing. Similarly, as social workers we may find other employment, receive a promotion that causes us to work with clients less, we can go on an extended leave, retire, etc. If any of these circumstances occur for us, our clients would be assigned to a new social worker. If any of these situations should occur, our clients should feel comfortable with the transition. This could include familiarizing them with other staff employed with your organization and educating them about the mission and values of the organization they are receiving services from. These simple processes could be just what the client needs to transition comfortably to receive services from another helping professional.

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