AN INTEGRATED COMMUNITY-CENTERED CLINICAL APPROACH TO
SOCIAL WORK: PRACTICING WITHIN A SCHOOL AND COMMUNITY SETTING

A Field Practicum Report
Submitted to the Faculty of Social Work
In Partial Fulfillment of the Requirements for the
Degree of Master of Social Work

University of Regina

By
Ian Shaw
Regina, Saskatchewan
April 2020

Copyright 2020: I. Shaw
Abstract

The following is a practicum report regarding my MSW practicum experience at St. Mary’s Wellness and Education Centre, an elementary school within the Greater Saskatoon Catholic Schools. The purpose of the practicum was to gain graduate level social work knowledge and practice as it relates to an integrated approach to social work practice through facilitating the role of school counsellor within the school. This report provides a description of the theoretical approaches of an integrated Community-Centered Clinical practice, Solution-Focused Brief Therapy (SFBT), and a Two-Eyed Seeing approach; and how integrating these theoretical approaches creates a culturally-informed and integrated (micro and macro) social work practice. This report outlines the application of these approaches through the practice of individual counselling, group work, community initiatives, and interdisciplinary teamwork in order to provide benefits to the students and the community. Through sharing stories and personal reflections which are framed within the literature, this report provides insights into developing cultural competency within social work practice and the challenges associated with integrating Indigenous and Western knowledges and worldviews. Lastly, this report suggests that building a holistic approach to social work practice requires an understanding of the benefits of an integrated approach to practice that embraces the value of both micro and macro practice, and the importance of developing cultural competency when working with members of Indigenous communities.
Acknowledgements

I would like to begin by thanking Rebecca Bosch and Owen Fortosky for providing me with this practicum opportunity. Without both of your willingness to take me on as a practicum student, this learning opportunity never would have taken place. I deeply appreciate all the time and conversations we shared together. This was an immensely rewarding learning experience and I owe each of you a large debt of gratitude for it. As well, I would like to thank Kokum Celia for providing me with immeasurable knowledge and teachings. I would also like to thank the St. Mary’s students, staff, and community for welcoming me into their school and allowing me to learn and work alongside with you.

I also owe my academic supervisor and academic committee member, Dr. Randy Johner and Dr. Funke Oba, thanks for their continuous support and guidance during my field practicum experience. As well, I appreciate both of your contributions and feedback during my writing process.

I would like to thank my parents and sister for their support. They have provided me with unconditional love and assistance throughout my entire life. I would also like to thank my own family, Nikita, Maddox, and Callum, for their patience and support during this lengthy process. To my sons Maddox and Callum, thank you for providing me the inspiration and motivation to accomplish my academic goals. You both make me want to do better and be a better person. Lastly, Nikita, I owe you the most gratitude of anyone, thank you for your patience and providing for our family during this process.
# Table of Contents

Abstract .............................................................................................................. i
Acknowledgments .......................................................................................... ii
Table of Contents .......................................................................................... iii
List of Tables and Figures .............................................................................. vi
Glossary ........................................................................................................ vii
Introduction .................................................................................................... 1

Practicum Objectives ..................................................................................... 2
  Practicum Goals ............................................................................................ 2
  Practicum Activities ....................................................................................... 4
  Practicum Role .............................................................................................. 5
  Rational for Practicum .................................................................................. 6

Overview of the School and Community ...................................................... 8
  Pleasant Hill Community .............................................................................. 9
  Development of St Mary’s Wellness and Education Centre ...................... 10
  School Description ....................................................................................... 11
  School Resource Challenges ....................................................................... 13

Overview of School Counselling ................................................................. 16
  School Counselling in the Greater Saskatoon Catholic Schools .............. 18
  Referral Process and Counselling Process at St. Mary’s ......................... 20
  Role as School Counsellor .......................................................................... 21

Solution Focused Brief Therapy ................................................................. 24
  Key Tenets of Solution Focused Brief Therapy ...................................... 26
Research Supporting Solution Focused Brief Therapy……………………………29
Solution Focused Brief Therapy in the School Setting…………………………31
My Clinical Counselling Experiences Using SFBT......................................33
My Evaluation of the SFBT Framework.......................................................39
Integrating Clinical and Community Social Work Practice..........................42
Advocating for an Integrated Approach....................................................44
Community-Based Practice Model..............................................................45
Community-Centered Clinical Practice Framework.....................................46
My Community-Centered Clinical Practice Experiences.............................49
  Group Programs......................................................................................49
  Engaging with the Community...............................................................53
  Interdisciplinary Initiatives.....................................................................57
  Developing Interpersonal Working Relationships...................................57
  Participating in Group Based Interdisciplinary Initiatives......................59
Indigenous Worldview...............................................................................61
  Two-Eyed Seeing.....................................................................................62
  Integrating Two Eyes............................................................................66
  Learning from an Elder..........................................................................67
Reflections.................................................................................................70
Positioning.................................................................................................70
Personal Reflection.....................................................................................72
Ethical Considerations..............................................................................77
Conclusion.................................................................................................80
References

85
List of Tables and Figures

Table 1 - Characteristics of Community-Based Practice………………………………45
Table 2 - Core Skills of Community-Centered Clinical Practice………………………48
Figure 1 - Diagram of Integrated Approach to Social Work Practice…………………82
Glossary

Aboriginal - Aboriginal refers to First Nations, Métis, and Inuit people as referenced in the Canadian Constitution (First Nations Studies Program, 2009).

First Nations - First Nation is a term used to describe Aboriginal peoples of Canada who are ethnically neither Métis nor Inuit (First Nations Studies Program, 2009).

Indigenous Knowledge - The established knowledge of Indigenous nations, their worldviews, and the customs and traditions that direct them (Hart, 2010).

MĒ TA WĒ TĀN - Cree for “let’s play” (CTV Saskatoon, 2013).

Medicine Wheel - An Indigenous metaphor that represents the interconnectedness of the intellectual, spiritual, emotional, and physical aspects of being (Greater Saskatoon Catholic School Division, 2008).

Métis - Métis refers to a collective of cultures and ethnic identities that resulted from unions between Aboriginal and European people in what is now Canada (First Nations Studies Program, 2009).

Oskāpēwis - Cree for “helper” or “Elder’s Helpers” (Celia Clennell, personal communication, January-April 2019).

Seven Grandfather Teachings - Traditional teachings that provide guidance within the Indigenous culture (Celia Clennell, personal communication, January-April 2019).

Western Knowledge - Eurocentric perspectives of thought, education, and worldviews (Hart, 2010).

Worldview - Cognitive, perceptual, and affective maps that people continuously use to make sense of the social landscape and to find their ways to whatever goals they seek (Hart, 2010).
Introduction

As part of my Master of Social Work (MSW) program, my goal was to engage in a field practicum experience, where I could develop a culturally-informed integrated approach to social work practice, in order to provide a holistic approach to working with youth and their communities. To achieve this goal, I engaged in a field practicum at St. Mary’s Wellness and Education Centre, an interdisciplinary elementary school in the Greater Saskatoon Catholic School Division (GSCS), under the supervision of two professional associates. During my practicum, I engaged in a variety of social work interventions through individual clinical counselling and community-based macro initiatives.

The aim of this practicum report is to provide a description of three theoretical approaches (i.e., an integrated Community-Centered Clinical practice, Solution-Focused Brief Therapy (SFBT), and Two-Eyed Seeing principles) that provided the foundation for my holistic and culturally-informed integrated (micro and macro) practice; and to share stories or personal narrations from my practicum placement that strengthened my social work practice within these three theoretical approaches. The report begins by outlining my objectives, goals, and rationale for the practicum placement, providing an overview of the school and community, and offering a broad summary of school counselling. This is followed by a review and a description of several stories or personal narratives of Solution Focused Brief Therapy (Connie & Metcalf, 2009; Franklin et al., 2016; Guterman, 2013) and Community-Centered Clinical Practice (Austin et al., 2005) frameworks that provided a foundation for my integrated approach to micro and macro social work practice along with the Two-Eyed Seeing (Bartlett et al., 2012) approach that
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE
guided my practice, reflections of my social location, and experiences of working with Indigenous (see Glossary) youth, families, and communities.

The report concludes with the ethical considerations when practicing within an elementary community school; as well as an overall evaluation of the benefits of using these three approaches (i.e., an integrated Community-Centered Clinical practice, SFBT, and Two-Eyed Seeing principles) and how integrating them into a holistic integrated approach is beneficial for social work practice. To protect the anonymity of all students I engaged with during my practicum, when referencing them or their experiences, I chose to use gender neutral language.

Practicum Objectives

The learning objectives and purpose for this practicum experience was to gain knowledge and practice in clinical counselling interventions, to develop an integrated micro and macro approach to community practice, and to cultivate cultural competency in my social work practice. I accomplished these learning objectives by entering a field practicum at St. Mary’s Wellness and Education Centre (St. Mary’s), which is an elementary school in the core neighbourhoods of Saskatoon, between January and April of 2019. During this time, I was placed in the role of school counsellor; and was supervised by two professional associates, the principal of the school and the school counsellor.

Practicum Goals

Prior to my practicum, I had three main goals which supported the development of a culturally-informed holistic integrated social work practice. The goals for my practicum were as follows:
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

1. To develop knowledge and practical experience related to Solution Focused Brief Therapy (SFBT) theories, techniques, and strategies, specifically as it relates to counselling students in the elementary school system. It was my desire to learn the value of SFBT as a clinical approach to social work practice and to gain direct experience in clinical social work using SFBT with students.

2. To develop knowledge and practical experience related to community-based social work practice; specifically, as it relates to participating in interdisciplinary programing, developing holistic, and capacity-enhancing youth programs for the students at St. Mary’s; and participating in school and community events. The goal was to engage in an integrated culturally-informed holistic social work practice utilizing both micro (with individuals) and macro (with groups) practice theory (such as SFBT) and skills (such as interpersonal communication skills) with individual students and in larger group initiatives (such as developing capacity enhancing youth programs and participating in interdisciplinary initiatives) that would provide benefits to the students, the school, and the community.

3. To expand my cultural competency in social work practice by learning about diverse Indigenous knowledges, values, and worldviews (see Glossary) and how to integrate that knowledge, those values, and worldviews into my practice. Because I worked in a predominantly Indigenous community, I hoped to achieve my practicum goal of gaining knowledge and experience working with Indigenous students and families. In addition, as part of the learning process in gaining this knowledge and integrating it into my practice, I aimed to reflect on
these experiences with the students and their families. These reflections would critically examine how my biases, prejudices, stereotypes, and assumptions inform my worldview; and how I was able, or not able, to integrate this knowledge in order to attain a more culturally-informed practice.

**Practicum Activities**

I engaged in several learning objectives to meet my practicum goals. My first learning objective was to engage, listen, and learn from as many people as possible as there would be a wealth of knowledge and a variety of people I could learn from in the practicum setting. One key aspect of Solution Focused Brief Therapy (SFBT) is that the clients are viewed as the experts on their own lives (Kelly et al., 2008). With this SFBT principle in mind, I aimed to accept everyone’s expertise as it related to the school/organizations they worked in or attended, the community they lived in, their history, and cultural practices; I believed this could maximize my learning potential during the practicum.

My second learning objective was to participate in as many culturally-based activities as I could during my time at St. Mary’s, therefore developing my cultural competency. I felt that my participation in multiple activities would maximize learning opportunities and would accelerate my integration, inclusion, and acceptance into the community. I anticipated that being an outsider (i.e. non-Aboriginal) would minimize my ability to build relationships within the community. Based on research conducted on outsiders entering Aboriginal (see Glossary) communities, in order to be able to fully engage with the community, I would need to be inquisitive, genuine, honest, humble,
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

respectful, authentic, and self-confident in order to earn the trust and respect of individuals in the community (Bennett et al., 2011).

My third learning objective was to meet and consult regularly with my two professional associates. Having two highly qualified professional associates was an extremely beneficial asset to achieving my practicum goals. Both these individuals have extensive experience in micro and macro practice within the school system, in understanding the challenges families and the community face, and in integrating different interdisciplinary initiatives to create change in the community. I was able to have regular in-depth conversations with my practicum associates regarding social work practice skills and values while also learning about macro practice in the school and the community. These three learning objectives acted as a guide for me to achieve my practicum goals and provided the foundation for the role I would engage in at St. Mary’s during my practicum.

Practicum Role

The primary role I engaged in during my practicum was that of a school counsellor at St. Mary's. I was able to fulfill this role under the supervision of and support from my professional associates, the school principal and the school counsellor. In this role, I provided individual and group counselling sessions to 14 students between Grades 1 and 7 and facilitated leadership capacity building with a group of 12 Grade 7 and 8 students. I also engaged with teachers, educational assistants, learning assistance teachers (LAT), school staff, families, elders, Ministry of Social Services workers, community members, along with many others to learn about the student needs at the school and the support services I could offer that could be beneficial for the students.
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

During my practicum, I also worked with youth in non-clinical social work roles, such as facilitating lunchtime and after-school programs, developing youth programs, and participating in other school activities (Delgado, 2000). These opportunities allowed me to engage in and cultivate relationships with many students; as well as, provided me with the opportunity to practice elements of SFBT such as focusing on strengths, doing more of what is working, and exception finding, outside of traditional therapeutic interventions in a clinical setting. Other activities I took part in were monthly staff and interdisciplinary meetings, providing resources and information at three-way conferences (where parents, students, and teachers meet to discuss the students’ progress), meeting with community-based organizations in Pleasant Hill where the school is located, participating in cultural and spiritual practices within the school and the community, and reviewing literature related to my practicum experiences.

Rational for Practicum

I chose St. Mary’s as the ideal practicum setting for me as I anticipated that I would be able to enhance my social work practice in two of my areas of interest: (a) engaging youth in micro based individual counselling and (b) engaging youth in macro based community practice development. Furthermore, I would be able to explore the notion of what a combined integrated approach of micro and macro social work practice would look like. In my experience with community services in Saskatoon, the opportunity to engage in both these areas simultaneously are limited.

My primary areas of interest for social work education and practice relate to working with youth. Over the past eight years, I have been employed at the Saskatoon Open Door Society, where I have been developing, facilitating, and evaluating youth
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

programming for immigrant and refugee youth in Saskatoon. During this time, I have been able to engage with hundreds of youth, learning about their developmental and integration needs, the challenges they face, and the requirements needed to work with them directly to address their needs, while also advocating for newcomer settlement requirements.

Through my experience of working with these youth, I believe that there is a need for strong micro practice skills, as individual clinical work is necessary for addressing developmental, behavioural, or mental health issues within individual youth. As most youth are involved in the school system, the school counsellor position is a role that is primarily responsible for addressing these types of issues. It was my belief that through a practicum experience in the school system, I would be able to work directly with youth and enhance my micro social work skills.

An integrated micro and macro social work approach appeals to me, as in my experience in the social work field, many organizations and professionals solely focus on working in only one of these two domains. Many professionals that I have worked with have focused too heavily on only working with clients in a clinical setting, where the client comes to them for services and they often decline the opportunity to interact with their clients in their communities. Conversely, there are many community-based professionals who, in my opinion, lack the necessary core micro based skills that are required for successful outcomes when working with individuals or communities. My own approach to my professional work has been to balance both these two domains and this practicum was an ideal opportunity to explore what a Community-Centered Clinical
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

Practice would look like within the boundaries of a school and a community already heavily involved in interdisciplinary and holistic programming.

As this practicum placement existed in a largely Indigenous community of Saskatoon, I knew I would be afforded the opportunity to experience being a non-Indigenous male practicing social work directly with Indigenous youth, families, and their community. Baskin (2006) states that “the profession of social work has not tended to be friendly towards Aboriginal peoples. Rather, it has often been intrusive, judgmental, controlling, and harmful” (para. 1). In order to avoid being those things, I used a Two-Eyed Seeing approach to learn the value of Indigenous knowledge and worldviews; and self-reflect upon building a culturally-informed social work practice that combined both Western and Indigenous ways of being. As well, it was essential for me to gain an understanding and appreciation for the lived experiences of the individuals that I hoped to work with at the school and in the community. I also felt that it was critical for me to learn about their community and resources the school provides to their community.

Overview of the School and Community

St. Mary’s Wellness and Education Centre is an elementary school located in the Pleasant Hill area of Saskatoon. St. Mary’s was developed and currently runs as a partnership between the Greater Saskatoon Catholic Schools (GSCS), the University of Saskatchewan’s (U of S) College of Medicine’s Department of Pediatrics, and the Saskatoon Tribal Council (STC) to create a community-based model of well-being where education, health, and culture are integrated for the benefit of the community (GSCS, 2008).
Pleasant Hill Community

St. Mary’s was developed as a long-term response to the educational and wellness needs of the families and community within the Pleasant Hill area of Saskatoon. Pleasant Hill is one of the older communities in Saskatoon and is part of Saskatoon’s five core neighbourhoods. These five neighbourhoods are home to a large majority of Saskatoon’s lowest socioeconomic residents (Morrison & Politiques, 2011).

According to the 17th edition of the *City of Saskatoon’s Neighbourhood Profiles* (2018), the current population of Pleasant Hill is 5,233 individuals, with the majority of residents having a personal income below $15,000. When compared to the rest of Saskatoon, Pleasant Hill residents have a median total income of close to half that of the other residents in Saskatoon ($21,030 vs $39,250). Aboriginal people and people living in lower socioeconomic communities face a larger health inequity compared to non-Aboriginal people and that is reflected in the Pleasant Hill community, where approximately half the residents are Aboriginal (Anderson, 2013).

There have been several reports released by the Saskatoon Health Region such as the *Health Disparity by Neighborhood Income* (2006), the *Health Disparity in Saskatoon: Analysis to Intervention* (2008), and the *Healthy Families + Healthy Communities = Healthy Children* (2012) that all highlight the health disparities, particularly those for youth, that exist in Aboriginal and low income communities. These reports found that lower income neighbourhoods such as Pleasant Hill have a higher rate of suicide attempts, mental disorders, injuries, diabetes, heart disease, sexually transmitted diseases, teen births, and infant mortalities than higher income neighbourhoods do. Furthermore, these reports find that youth in these lower income neighbourhoods suffer from inferior
In these communities, there also exist high rates of children in foster care, drug use, homelessness, poverty, crime, and other negative factors that negatively affect the neighbourhood (Lemstra et al., 2006; Lemstra & Neudorf, 2008; Neudorf et al., 2012). A number of community services have attempted to alleviate some of these challenges. Examples of these services are ones that address nutrition, such as the Saskatoon Food Bank, the Friendship Inn, and the lunch program within St. Mary’s, all of which operate directly in or near to the community. Overall, the conclusions that these reports offer is that lower socioeconomic status and Aboriginal cultural status are strongly associated with poor health outcomes and risk behaviors, and unfortunately, the Pleasant Hill community faces all of these challenges.

Development of St Mary’s Wellness and Education Centre

Originally built in 1913, St. Mary’s was the oldest Catholic school in Saskatoon and operated as a community school for the Pleasant Hill area (National Trust for Canada, n.d.). In 2006, the Saskatoon Health Region and the Greater Saskatoon Catholic School’s Board of Education explored partnerships with the provincial government, the University of Saskatchewan, and the Saskatoon Tribal Council to staff the original St. Mary’s community school with Canada’s first in-school pediatrics clinic (EFN, 2017). This pediatric clinic ran out of a renovated classroom and offered several children’s health programs and medical services to students and members of the community. In 2008, the Saskatchewan government announced that it had committed funding for the construction of a new St. Mary’s school, which would be renamed the St. Mary’s Wellness and Education Centre. The original St. Mary’s community school continued operations until 2012, at which time the St Mary’s Wellness and Education Centre
opened. With the new school in operation, the older St. Mary’s school was shut down and demolished at the direction of the City of Saskatoon (National Trust for Canada, n.d.).

St. Mary’s operates in partnership with the U of S’s College of Medicine’s Department of Pediatrics and the STC in order to offer a vision of holistic well-being; where culture, academics, and health are integrated to offer the best resources to the youth and families within the Pleasant Hill community (GSCS, 2008). The community development orientation of St. Mary’s takes a holistic approach to the development of the child based upon the four key areas of a child’s development and wellbeing. These four areas correspond to the four directions of the traditional Medicine Wheel, a significant symbol within Aboriginal spirituality that “challenges us to address the needs in each of these four realms in order to achieve balance and peace” (GSCS, 2008, p.2). The North direction of the Medicine Wheel represents the development aimed at intellectual/learning wellness, the East direction represents the development of spiritual/cultural wellness, the South direction represents the development of emotional wellness, and the West direction represents the development of physical wellness (GSCS, 2008).

School Description

St Mary’s is made up of roughly three hundred and fifty students within two pre-Kindergarten (K) and 15 K-8 classrooms. In each K-8 classroom, in addition to the assigned teacher, there is an educational assistant (EA), which is not typical of many elementary schools within Saskatoon (Owen Fortosky, personal communication, January-April 2019). The reason for the high number of EA’s is that the GSCS allocates EA’s to each school based on the number of special needs students registered at each school; and
INTEGRATED APPRAOCH TO SOCIAL WORK PRACTICE

St. Mary’s has a high number of special needs students. Other staff at the school include a principal, vice-principal, a First Nations Elder from the community, an Aboriginal Student Achievement Coordinator (ASAC), a part-time school counsellor, a part-time speech pathologist, a nutrition coordinator, two physical education release teachers, a Cree teacher, an English as an additional language (EAL) teacher, a math coach, and three learning assistance teachers (LAT). EAs and LATs fulfill two different needs at the school with EA’s being support staff that work alongside teachers and LATs being teachers who typically work outside the classroom providing instruction to individual youth. As well, within the school, there exists several interdisciplinary programs such as the pediatric clinic staffed by two pediatricians, a mental health counsellor, a psychologist, a nursing residency program, an optometrist office, and a high-performance agility program, which “provides the kinds of fitness and developmental opportunities typically only accessible to children and youth in affluent families” (GSCS, 2008, p.7).

The student demographic at St Mary’s is predominantly Indigenous. The principal estimates that roughly 90% of the students are of Aboriginal background. There is also a growing number of immigrant and refugee students, particularly in the younger grades within the school. Other key demographics of the students at St. Mary’s are the number of students who are in care or who were a part of the Ministry of Social Services systems. As the students move in and out of care on a regular basis, the principal and school counsellor estimate that the number of students in care at any point of time is between 30 and 50 students at the school.

Another attribute of the students at the school is attendance. Based upon conversations with the principal, roughly 10% of students at the school have serious
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

attendance problems, while typical schools have a rate of about 5%. This challenge is related to funding cutbacks of family support and the reality that Indigenous youth have a higher absenteeism rate in elementary school in Canada (Education Connections, 2017). While it has been difficult for researchers to identify the exact cause for this higher rate of absenteeism, factors such as the legacy of residential schools, the high rate of social disadvantage in Indigenous families, and the high rates of mobility between schools have been identified as contributing factors (Education Connections, 2017). For example, in my personal experience, when speaking with students at the school, some students were very open about the fact that their parent or guardian did not require them to attend school daily; and that they were free to stay home based on their own choice. There were also instances that I was aware of, where children were not allowed to go to school on a specific day as they were responsible for helping with the care of a younger sibling or were required to help with another task.

School Resource Challenges

The two main school resource challenges that St. Mary’s suffers from are related to funding cutbacks and reductions of support positions within the school. Similarly, to other schools in Saskatoon and in the province, St. Mary’s suffers resource challenges due to funding cutbacks by the provincial government (CBC News, 2018; Maze, 2020; Short, 2019a). With regard to individual school funding, the principal shared that the GSCS funds are based on policies of equality, not equity (Owen Fortosky, personal communication, January-April 2019). These policies lead to each school being funded an exact amount per student registered at that school. Using this approach, schools are funded using the same formula whether they are in an affluent community or a lower
These funding cutbacks have also led to many schools in Saskatoon having to completely cut or understaff several support positions or services within the schools (Maze, 2020; Shield, 2017; Short, 2019b). An example of a position being cut is the removal of a community liaison worker at St. Mary’s. In the past, there was a community liaison worker located at the school whose role was to be a conduit between the school and the students’ homes. This staff member was responsible for providing the support many families required to attend school. As stated earlier, St. Mary’s has roughly double the number of students with serious attendance problems compared to other schools; and the community liaison worker was responsible for meeting with families in order to address these attendance issues.

Another example of these funding cutbacks is the understaffing of support services who support high needs students. At St. Mary’s, it is primarily the responsibility of the EA’s to provide extra day to day and learning support to students in need. While St. Mary’s has a high number of EA’s, there are far more students in need of extra support than the staff can provide. When speaking with different EA’s at the school, I found that a common concern of theirs was being responsible for so many high needs
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

students, along with their other responsibilities which include providing general classroom assistance, providing one-on-one educational support to students, and doing administrative work. Many of these high needs students require full time supervision as their disabilities require continuous supervision, which includes recesses and lunch times. To facilitate these full time supervisions, and to fulfill their other responsibilities and entitled breaks, the LATs develop a rotating weekly schedule for the EAs. This schedule creates an element of conflict between the EAs and the LATs, as some EA’s feel that they have more responsibilities than other EA’s and school staff. These EAs are concerned that they overworked, and that the workload is not shared equally.

These examples are not limited solely to St. Mary’s as many other schools within Saskatoon face similar resource issues (Maze, 2020; Shield, 2017; Short, 2019b). What these examples (i.e. loss of staff) highlight are that when school boards take an equality over equity approach to school funding and overall education funding cuts lead to support services being decreased or being understaffed, highly Indigenous communities such as Pleasant Hill will suffer the most. In 2014, the provincial government created the Education Sector Strategic Plan, where they established a graduation target of 65% for Indigenous students for 2020. In the 2018-2019 school year, the Indigenous graduation rate was only 44.5% and the Ministry of Education acknowledges that they will likely fall short of their 2020 target (Vescera, 2019). While there has been significant progress made in improving Indigenous education, such as the partnership between the GSCS, the U of S, and the STC for the development of St. Mary’s, funding cutbacks and reductions of support positions within schools only impedes essential goals such as improving education in highly Indigenous communities.
Overall, the youth and families of the Pleasant Hill community face many challenges. These challenges are related to poverty, homelessness, and health-related issues such as addictions, mental health concerns, physical health issues, and significant safety concerns. Education and higher graduation rates correlate strongly with higher incomes, lower chances of being involved in the criminal justice system and overall social gain; all components of improving positive outlooks and addressing challenges within communities (Vescera, 2019). As stated earlier, in order to respond specifically to these health challenges, the GSCS, the U of S, and the STC partnered to create a new model that takes a holistic approach to the development and promotion of health and well-being of the Pleasant Hill community members. This model involved building a new school that is connected to a comprehensive pediatric clinic; and includes many interdisciplinary initiatives designed for providing a holistic approach that meets the intellectual, spiritual, cultural, emotional, and physical needs of the students and families in the Pleasant Hill community. One of these resources in the school is the school counsellor position, whose responsibility is to support the personal, social, emotional, and academic growth of students at the school (GSCS, n.d.).

**Overview of School Counselling**

The school counsellor is a role within the GSCS that is part of their student support service team. While the position of school counsellor is common in many school systems, there currently exists a wide variation in school counsellor practices (Baker, 2001; Green & Keys, 2001; Scarborough & Luke, 2008). Originally, the role of school counsellor evolved from the guidance counsellor position, who provided vocational guidance for students in the early 1900’s and little support for the cognitive or emotional development of the students (Lambie & Williamson, 2004; Miller et al., 2012). In the
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

1970’s, in the United States, school counselling underwent a considerable shift from being unilaterally focused on vocational guidance to becoming a comprehensive emotional, social, and personal developmental counselling program based on the work of Dr. Norm Gysbers (Miller et al., 2012). Dr. Gysbers created a model for a comprehensive guidance and counselling program which provided “guidance curriculum, individual planning, responsive services, and system supports” to students within a school (Gysbers, 2001 p.101).

In the 1990’s, the America School Counselor Association (ASCA) drafted official national standards for their school counselling programs based on the work of Gysbers’ model and consultations with other experts. Originally, these standards related to three key areas related to student development: academic, career, and personal/social (Miller et al., 2012). These standards grew into the ASCA national model in 2003 and continues to evolve to more specific areas related to social, emotional, and academic development of students such as advocacy, academic performance, bullying, school attendance, classroom behaviour, substance abuse, cultural awareness, and individual and small group dynamics (Miller et al., 2012; Scarborough & Luke, 2008).

In Canada, there is no national school counselling association model for appropriate role definition, or regulation for school counsellors. Currently these aspects are regulated by each individual province, with few provinces having strong regulations for the school counsellor position (Reavie, 2015). This challenge leads to an absence of unified guidelines for the qualifications and responsibilities of school counsellors in Canada. In Saskatchewan, the Ministry of Education “does not publish guidelines defining required qualifications, role definition, or professional registration for school counsellors.}
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

counsellors” (Reavie, 2015, p.3). The Ministry has decided that these responsibilities fall
to each individual school division to determine. Currently within the GSCS, the
qualifications and role definition for school counsellor are outlined in their *Role of the
Elementary School Counsellor* document (GSCS, n.d.).

**School Counselling in the Greater Saskatoon Catholic Schools**

The primary role of the school counsellor in the GSCS is defined as “to build
capacity and advocate for students and families by supporting their personal, social,
emotional, and academic growth” (GSCS, n.d. para 1). This role is guided by the GSCS’s
Student Learning Model (SLM), which is broken down into five domains: Quality Core,
Plus, Focused, Specialized, and Intensive Needs (GSCS, n.d.). These domains represent
the level of support services received by students in the school. An example of these
levels are Quality Core services such as psycho-educational programing taught to all
students and Specialized services such as individual counselling that only 5-10% of
students would receive. While school counsellors are expected to work within all five
domains, their role is to primarily support and advocate for students are through the
Focused and Specialized domains (GSCS, n.d.).

The main tasks within the Focused and Specialized domains relate to providing
students with individual counselling support, small group counselling, providing referrals
to programs and resources within the GSCS and to outside resources, supporting student
transitions, communicating with families and staff, attending internal division meetings,
conducting Violence Treat Risk Assessments (VTRA), and providing other
formal/informal assessments (GSCS, n.d.). While these are considered the school
counsellor’s main tasks, the role is encouraged to be fluid and diverse in order to meet the needs of the students and their families.

School counsellors within the GSCS are each assigned several schools by a Superintendent of Education based on each individual school’s needs. The number of elementary schools that are assigned to each counsellor ranges from between three and seven schools each. Each counsellor is assigned a weekly schedule at the start of the school year that outlines which days and how much time the counsellor is to spend at each school. Based on the high needs of St. Mary’s, my professional associate, the school counsellor was scheduled to be at St. Mary’s for two and a half days a week. On the other days of the week, the school counsellor was responsible for two other schools. During a monthly staff meeting of elementary school counsellors in the GSCS, which was held at Pope John Paul II School, many challenges of the position were shared. The pressing challenge of school counsellors in the GSCS is the maintenance of a large caseload as each counsellor is responsible for several schools. An example of this challenge is the school counsellor’s caseload at St Mary’s which roughly comprises 41 students (Rebecca Bosch, personal communication, January-April 2019). This caseload does not account for the number of students and families to whom she provides unofficial support, or her caseloads at her other schools. These large caseloads can be directly related to the school counsellor to student ratio, which was shared during this meeting, of approximately one school counsellor for every 1,000 students in the GSCS. Based upon the GSCS’s SLM, the expectation is that 5-10% of students would receive specialized services such as individual counselling, this would theoretically lead to each school counsellor within the GSCS being referred 50 to 100 students for individual counselling.
Referral Process and Counselling Process at St. Mary’s

As the main task of the school counsellor within the GSCS is to provide necessary services and supports to the students at the school, referrals come from a variety of internal sources within the school, with most referrals coming directly from teachers and LAT’s. The referral process is now primarily done through the CLEVR system, an electronic data collection system that provides schools software tools to manage and process student information, used by the GSCS. Through this system, school staff can make online referrals to the school counsellor for students identified as in need of support. Once the referral is received, a collaborative process is initiated where the school counsellor and staff member who made the referral meet to discuss the context of the referral and what support the counsellor can provide. Sometimes the services can be short term interventions conducted by the school counsellor, while at other times it may be a more complex process and may involve an interdisciplinary team or a referral to an outside agency. For example, if a student was having behavioural difficulty in class, they would initially be referred to the school counsellor for services. If these behaviours were deemed significant or there is a belief that there could be an underlying medical condition, they would be referred to the interdisciplinary team, as there are medical professionals that would assist in providing a more comprehensive treatment plan.

Students are referred for support services to a school counsellor for several reasons. At St. Mary’s, students were referred for a variety of reasons such as anxiety, social skill development, anger management, behavioural concerns, emotional difficulties, self-esteem, and grief. Students were also referred for more serious issues such as being removed from their family and being taken into care by the Ministry of
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

Social Services, post-traumatic stress disorder, parental divorce or neglect, suicide ideation, severe violent episodes, and suspected physical, emotional or sexual abuse.

While the goal of school counselling within the GCS is to support the learning needs of the students and to focus solely on issues that affect their day to day academics, the serious challenges that the students face at St. Mary’s directly impacts their learning environment and subsequently makes it difficult to screen out issues that are not typically considered within the role of a school counsellor. An example of this is divorce, which is not viewed as a large priority for school counsellors as it primarily relates to a home issue rather than a school issue. In these cases, school counsellors will connect students and families with outside resources or will provide support on a short-term basis while external interventions can be arranged. Comparatively, when a student is taken into care by the Ministry of Social Services, the school counsellors offer far more support in these circumstances. In these cases, the school counsellor would potentially meet with the youth on a regular basis, connect with their family service worker, correspond with their group home, offer support to the parent to connect them with resources, and provide other services during this time of need.

Role as School Counsellor

During my time at St. Mary’s, I was engaged in the role of school counsellor. Being a full-time practicum student, I was given the opportunity to work with several students on a weekly basis in order to provide individual and group support. The majority of the youth that were referred to me, were in care of the Ministry of Social Services and were facing challenges related to being removed from their family and being placed in care of the Ministry. My initial approach to engaging in individual counselling sessions
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

with students during my practicum was to attempt to schedule my weekly sessions with each student or student group. Weekly sessions were chosen as a starting point based on my conversations with the school counsellor. While the school counsellor had a difficult time maintaining weekly sessions due to her large caseload; with my smaller caseload and the fact that I would be there on a full-time basis, gave me the opportunity to hold weekly counselling sessions.

To begin each counselling process, I would receive an initial referral from the school counsellor, and I would discuss the referral both with her and the original referrer. In these conversations, we would discuss the original purpose for the referral, what interventions have already taken place, a brief history of the student, their current living situation, their primary contact for permission, and what the student’s strengths were. Afterwards, I would arrange to meet the student in a one on one counselling session or in a group format. While the majority of students were referred to me for individual counselling, based upon conversations with my practicum associate and teachers, some group sessions were formed either due to multiple students in the same class having a similar need for social skill development or siblings who were going through the same experiences (i.e. being removed from their parent and being put into care of the Ministry). I conducted my individual counselling sessions in a variety of locations within the school. Fortunately, St. Mary’s is a large school with many rooms for the interdisciplinary initiatives that are facilitated within it. When it came to group sessions, the options were more limited, so I alternated between an empty office and the library, depending on the size of my group. When both those two locations were being used,
teachers would graciously offer me their classroom if their students were out of the classroom during that period of the school day.

To conduct regular scheduled sessions with students, I attempted to create a consistent weekly schedule with each individual youth or group. I believed that this consistency would be beneficial for the students, as it would provide them with structure for our interactions and for their academic day/week. Creating a system that increases structure and predictability is a core element of developing successful behavior support interventions (Kelly et al., 2010). While developing a predetermined schedule seemed practical, it was difficult to achieve. What I learned early on was that there were many different circumstances that could interrupt the predetermined schedule such as special events within the classroom or school, absenteeism, and various other occurrences. My approach evolved over my practicum and during the latter stages of my practicum, I would meet with two to three youth a day between recesses; as early mornings and later afternoons had a higher frequency of disruptions and absences. At the beginning of each week, I would prioritize specific youth on my caseload based on such factors as their rate of absenteeism or whether the youth was facing a particular difficulty which would require additional sessions, such as being removed or changes to their living situation, a request from their guardian or Family Service Worker, a significant setback in their progress, or engaging in a negative behavior that requires a quick response.

The majority of my counselling individual sessions would follow the same, consistent format where we would begin each session by checking in with how the student(s) was doing and discussing what they had been up to or the changes that had occurred since the last time we met. As many of the students that I counselled were in
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

care, significant changes occurred often and without much notice. We would then either engage in some small talk or go directly into counselling interventions that addressed the initial purpose of the counselling referral or a newly arisen issue. The group sessions I facilitated also followed the same format except I carefully monitored the checking in and small talk time, as with multiple students, this process could take up the majority or the entire session. During my counselling sessions, I used a variety of methods to engage the youth, such as having simple conversations, using worksheets, engaging in art, playing games, going for walks, and many others. For these counselling interventions, I used Solution Focused Brief Therapy (SFBT) principles, as the theoretical foundation. Prior to my practicum placement, I selected SFBT as the therapeutic foundation for my micro practice for two main reasons: its focus on strengths; and my personal affinity for SFBT.

**Solution Focused Brief Therapy**

Solution Focused Brief Therapy (SFBT) is a growing therapeutic intervention within social work and other health care professions. Recently, SFBT has been proposed as an alternative counselling approach within school settings to the more commonly used pathology-orientated medical models of intervention, such as psychotherapy (Connie & Metcalf, 2009; Ginerich & Wabeke, 2001). With the focus on examining potential solutions to issues and recognizing that the clients are the experts in their own problems, SFBT moves away from viewing students as deficient towards helping them build resources and using motivations within clients to solve their problems.

The SFBT framework was developed by Steve de Shazer and Insoo Kim Berg during the 1980’s as an expansion of the Mental Research Institute (MRI) model for
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

therapeutic intervention. The foundation of SFBT is built on the principal within the MRI model that change in the client can be made through a shift in perspective rather than focusing on past events (Nichols, 2014). These cognitive shifts in perspectives and behavioural changes are created using a collaborative based approach emphasizing that the client focus on potential solutions and on achieving future goals. This framework was an entirely new way of thinking in the family therapy field, where previous models focused on the roots of the problem clients faced, SFBT focused solely on the client’s strengths and solutions (Franklin et al., 2016; Guterman, 2013).

SFBT is based on the epistemological foundation of postmodernism, specifically a social constructionist position (Franklin et al., 2016; Guterman, 2013). Social constructionism is a theory of knowledge that states that knowledge is “not an objective representation of nature but, rather, a linguistic creation that arises in the domain of social interchange” (Guterman, 2013, p.17). In short, it states that one’s reality exists in the domain of language between the relationships people have with one another. This reality is created through dialogue with other people, the social systems they interact in, and their environment, which in turn directly impact their behavior.

According to social constructionism, language and dialogue are the root of how an individual creates their own world through their interactions with others. SFBT focuses on using the language and dialogue of the client in order to re-frame the challenges they are facing. In this framework, the counsellor plays a participatory role in the clinical process, rather than the role of observer (Guterman, 2013). In SFBT, the foundation of the intervention is a collaborative approach between the client and the counsellor, where the client’s understanding of problems and changes are co-created.
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

This collaborative approach of the counsellor using the client’s own words and responses was pioneered by Steve de Shazer (Macdonald, 2007). He originally created it as a means for building relationships with clients quickly; however, it grew into important tenets and aspects of SFBT such as re-framing and client-centered dialogue.

Key Tenets of Solution Focused Brief Therapy

SFBT is based on several key tenets designed by Steve de Shazer and Insoo Kim Berg. Over the years, several authors have developed and refined these tenets as they have expanded on the theoretical approach to represent the best practice of SFBT (Connie & Metcalf, 2009; de Shazer et al., 2007; Guterman, 2013; Kelly et al., 2008; Kim & Franklin, 2009; Macdonald, 2007).

Working collaboratively with the client to develop an image of a realistic solution is the first key tenet of SFBT’s foundation (Connie & Metcalf, 2009). SFBT interventions do not focus on pathology or problems, instead focusing the client on their already existing strengths and coping abilities which they can use to address their issues (Macdonald, 2007). The counsellor’s role in therapeutic relationships is to be a curious questioner, who asks questions that elicit the client’s strengths and helps them to navigate a path towards their own solution (Kim & Franklin, 2009). In order to initiate change within the client, SFBT begins with focusing the client on their present behaviour and determining what is important to them. This presenting behaviour must be clearly defined and a realistic goal must be agreed upon by the counsellor and client (Connie & Metcalf, 2009).

A second tenet of SFTB relates to doing more of what works and less of what isn’t working. If a client is already doing something that is effective, then the task is for
the counsellor to encourage the client to do more of that behaviour (Connie & Metcalf, 2009). As a practitioner of SFBT, the counsellor must be tenacious regarding discovering positive behaviours that the client is currently doing. It is important in SFBT that positive behaviours be reinforced, while negative behaviours be suggested for change. If something isn’t working, the counsellor must promote the client to change their behaviour. This tenet highlights the fact that if something is not working, then that behaviour cannot be considered a solution to the problem (Connie & Metcalf, 2009).

A third tenet of SFBT is to understand that problems do not exist all the time and exceptions exist (Connie & Metcalf, 2009). The SFBT approach to seeking exceptions to the problem is to make the client understand that there are exceptions where they are in control and can delay or change their behaviour. These exceptions are often small, and the client may not be fully aware of their existence, but once located, they can be focused upon to grow into the realization that solutions do exist (Connie & Metcalf, 2009). Through focusing on exceptions to the problem and past successes, SFBT works on identifying new ways of solving the problem in the future.

Another tenet of SFBT is recognizing that small steps can lead to big changes in an individual’s life. The focus of SFBT is not on creating immediate changes that address the client’s problem, but rather focusing on small steps and measurable goals that will lead to positive change (de Shazer et al., 2007). Change takes time and the most enduring changes will take place over an extended period. This systemic approach believes that any small change in one part of a system can lead to changes in other parts of the system, which will lead to other changes until the problem is no longer present (Guterman, 2013).
The fifth tenet is that the future is creatable and the goal of SFBT is to impart an optimistic viewpoint on the clients, where they can imagine their future without the problem being present. This is done using positive language that elicits hope as the future has not yet been determined and removing negative language such as the words “can’t” or “won’t” (Connie & Metcalf, 2009). Language is essential for SFBT as it directly affects how these behaviours are viewed. Positive, hopeful, and future focused language is the language of solutions, while problem talk and past focusing suggests the permanence of a problem (de Shazer et al., 2007). By reframing any pessimistic language into positive language, the counsellor can imbue a sense of hope in the client. By engaging the client to imagine their future on future terms or as a future reality which they can bring into being, the counsellor is imparting a future orientated perspective that allows the client to view their thoughts, feelings, and actions as positive steps towards their preferred future self.

These tenets highlight that the foundation of SFBT is the process of working collaboratively with the client to develop future solutions instead of focusing on the past manifestations of their problems. SFBT promotes clients to identify exceptions to their problems, to recognize their already existing coping skills, to review what behaviours have been working, and to understand that many small changes can lead to their therapeutic goal. These tenets have made SFBT appealing to a variety of social work practitioners. As more social workers have used SFBT and its tenets, there has been a growing demand for research to provide empirical evidence that supports the framework.
Research Supporting Solution Focused Brief Therapy

While SFBT has become a more common therapeutic intervention used by school counsellors and social workers, the approach is relatively new compared to other therapeutic approaches. While there is an abundance of anecdotal evidence that offers support for SFBT, there have been a growing number of studies which provide empirical evidence that support its effectiveness in short term counselling sessions. Currently within the education system, there is a drive towards qualifying interventions to meet a standard of evidence-based practice (EBP) (Franklin, 2005; Kelly et al., 2008). While EBP has many definitions that come from the medical and education field, the basic definition as it applies to social work therapeutic approaches are “practices that have been established through a combination of empirical research and standards for practice stemming from that research” (Franklin, 2005, p.172). As SFBT has been advocated by many as being effective both inside and outside the school setting, numerous SFBT advocates have been conducting research to achieve this standard of EBP.

One of the earliest evaluations of SFBT was done at the beginning of the century. Gingerich and Eisengart (2000) conducted the first systematic qualitative review of SFBT, reviewing 15 controlled outcome studies on SFBT conducted in the 1980’s and 1990’s. Following this review, Kim (2007) and Kim and Franklin (2009) conducted meta-analyses that examined the overall effectiveness of the SFBT therapeutic model using studies conducted after 2000.

These meta-analyses found that overall, SFBT demonstrated a small positive treatment effect. Kim (2007) deemed this small positive treatment effect as comparable to the effect sizes found in other psychotherapy meta-analyses, which signaled support for
the approach. Kim and Franklin (2009) examined primary studies of SFBT that solely focused with students or within a school setting. This meta-analysis produced mixed results in that SFBT demonstrated its effectiveness as a counselling method in addressing a range of academic and behavioural problems within a school setting, but ineffective with helping to improve attendance or raising grade point averages. While the results of the study were a mixed result, the overall outlook presented by Kim and Franklin (2009) were that the results were promising.

More recently, Gingerich and Peterson (2013) conducted a systemic qualitative review of 43 studies where SFBT was used in psychotherapy and behaviour change applications. This review included unpublished studies, studies in other languages, and studies that would typically be excluded from a meta-analysis due to a small sample size. In their review, they found that 32 of the studies reported significant positive benefit from an SFBT intervention. Furthermore, the study found that in many cases, SFBT produced outcomes that were equivalent or better than other alternative treatments. The review concludes that there is a strong degree of evidence that supports SFBT as an effective treatment in a wide variety of behavioural and psychological outcomes.

Overall, these reviews and meta-analyses of SFBT demonstrate that the approach is a promising therapeutic intervention that needs to be further studied. Many of the more recent studies have found positive results of SFBT for a wide variety of demographics, particularly students. These results demonstrate that SFBT can be considered as a therapeutic intervention for emotional, behavioural, and academic problems in schools and can perform as well as other psychotherapies (Franklin, 2015). Currently, SFBT is on a trajectory to be considered a strong evidence-based practice. While some researchers
suggest that it should be considered as EBP in the context of clinical interventions (Gingerich & Peterson, 2013), others suggest that more research needs to be conducted in order to achieve the goal of EBP (Franklin, 2015).

**Solution Focused Brief Therapy in the School Setting**

Based upon the growing research supporting the benefits of SFBT, many school social workers and counsellors have adopted the therapeutic framework (Kim & Franklin, 2009). SFBT has been applied in the school setting to address several problems such as student behaviour and emotional issues, academic problems, and social skills (Franklin, 2015; Franklin et al., 2008; Kelly et al., 2008; Kim & Franklin, 2009; Newsome, 2004).

In addition, SFBT offers several advantages over traditional therapeutic approaches that makes it an ideal intervention for the school setting. Kelly et al. (2008) states that the advantages of SFBT in a school setting are that it is strengths based, client-centered, portable, adaptable, and brief.

Kelly et al. (2008) found that the strength-based nature of SFBT is a benefit within schools because the school counsellor interacts with students even when they are not in a therapeutic session (i.e. counselling session); and therefore has the opportunity to observe their clients handling their day-to-day challenges. Through these opportunities, the school counsellor can see their clients do a variety of things well and can use those observations to help their client recognize those inherent strengths when they are in their session (Kelly et al., 2008). All youth are able do something well and when working with students using SFBT, it is about helping them identify these strengths. The possibilities for change in students within the school setting are endless; and the school counsellor can harness any observed small changes to help youth make big changes in their behaviour.
Given that SFBT is client-centered, and that, from my observations, students are constantly seeking control of their daily school lives, it is seems plausible that a client-centered approach to intervention should appeal to most students (Kelly et al., 2008). In the client-centered approach of SFBT, the clients are responsible for determining their own goals and making decisions about how and where they make changes in their lives (Kelly et al., 2008). This approach empowers students to be the driving force behind the therapeutic sessions and therefore makes them a more active participant in the endeavor, as they are the ones providing the direction of their treatment. SFBT emphasizes how the clients view their own problems and how they can find solutions that fit their preferences. The empowering nature of SFBT is viewed as a positive when working with students of culturally diverse backgrounds. As SFBT views the client as the expert, it removes the school counsellor from a potential authoritarian role. Furthermore, it enables the school counsellor to view the student’s issue from their perspective and worldview, rather than insisting that the student adopt the perspectives and worldviews of the counsellors (Kelly et al., 2008).

The portable nature and adaptability of SFBT is an advantage in the school setting because while SFBT is a therapeutic practice, there are numerous opportunities within the school setting where the approach can make a difference (Kelly et al., 2008). The techniques rooted in the SFBT approach can be used in a variety of settings within the school; and while interacting with students, staff, parents, and community members. Techniques such as scaling, and exception questions can be used when talking with teachers and parents regarding student behaviour or when doing conflict mediation between students in the classroom or at recess. The adaptability of the framework and its
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

techniques means that it can be used in conjunction with a variety of cognitive or behavioral approaches to meet the needs of the student (Kelly et al., 2008).

Being brief in nature, SFBT is an advantage due to the nature of school counselling. As a school counsellor, caseloads are often quite large as students have a variety of short term and long-term needs. Students may require short-term counselling services related to a specific incident and SFBT can be adapted easily into a single session treatment process (Kelly et al., 2008). Furthermore, the strength-based approach of SFBT can benefit students who need long-term treatment plans. According to the experiences of Kelly et al. (2008), they often saw students who wound up having several distinct solution-focused brief therapies over the course of the year and while the process was similar in each instance, the challenges changed based on each arising problem.

Overall, SFBT offers several advantages over traditional therapeutic approaches. The advantages of being strengths based, client-centered, portable, adaptable, and brief along with the research supporting the framework makes it an ideal intervention for the school setting. Using SFBT concepts and techniques, I was able to engage students in counselling interventions to address their referred issues and challenges.

My Clinical Counselling Experiences Using SFBT

As I began working with students in micro clinical interventions, I established three initial phases based on the SFBT approach to guide my therapeutic interventions with the students. These phases were designed to use SFBT concepts and techniques to establish an optimistic viewpoint for our counselling sessions that were based upon building rapport, establishing focus for interactions, initiating change efforts, and
sustaining those efforts (Connie & Metcalf, 2009; de Shazer et al., 2007; Guterman, 2013; Kelly et al., 2008; Kim & Franklin, 2009; Macdonald, 2007).

The first phase was building rapid rapport with the youth to get them to join the counselling process (Kelly et al., 2008). One of the challenges of working with the students at St. Mary’s was that many of them had suffered serious trauma in the past and that these negative experiences had forced them to withdraw from relationships and develop maladaptive behaviours such as avoidance (Saltzman et al., 2001). For me to effectively work with them, I needed them to trust me. While this was not an easy task, I knew that without building rapport with the students, I would not have had any realistic chance of getting them to actively participate in our sessions (Kelly et al., 2008).

To build rapport, I learned as much as I could about each youth that was referred to me prior to meeting with them. I spoke with the teachers, LAT’s, parents and family service workers regarding the student who was referred for counselling services to learn what areas the youth succeeded at and was passionate about. This provided me not only with the rationale for the referrals but also provided me with an entry point to elicit positive responses with the students. For the initial sessions with the students, I primarily spent time getting to know them to build rapport, sharing who I was and my purpose, and what the purpose was for our meetings. This was designed to establish an early optimistic viewpoint for our sessions (Connie & Metcalf, 2009).

The second phase was to ask questions about the challenges that led to their referral and to establish the focus and goals for our collaborative sessions (Kelly et al., 2008). The youth that were referred to me were referred for a variety of reasons such as mental health concerns, behavioural concerns, and social skill development. In addition,
most of the students who I engaged with were in care of the Ministry of Social Services, which added concerns of how they were adapting to their changing living situations.

While the referral was the initial reason for me engaging with the students, in the effort of establishing a collaborative environment for our sessions, I asked them what they wanted to gain from our sessions. This is the first key tenet of SFBT, which is working collaboratively with the client in order to determine what is important to them and to develop a vision of a realistic solution (Connie & Metcalf, 2009).

In many cases, the referral goal and the student’s goal were surprisingly similar, especially with the older students. I attributed this congruency to how cognitively aware they were regarding the challenges they were experiencing and the impacts those challenges were having on their lives. As well, many of them have engaged in some type of counselling intervention, that provided them with experience engaging with counselling practitioners. In cases where the referral and the student’s goals were not initially congruent, I engaged the student in a deeper conversation regarding how those two goals could be linked. One example of this was a student who was referred to me because of behavioural concerns from their teacher. When I collaboratively engaged with the student, they felt that their in-school behaviour was a problem, but their priority was to be less lonely, sad, and scared due to being removed from their family and put into the care of the Ministry. Both their in-school behaviour and their feelings of loneliness and fear were more than likely developmental responses to the trauma of being removed from their family. I spent the time discussing with the student how these two areas may be linked, connected, and that it was possible one was a response to the other (Saltzman et
Through asking a series of questions to the student, they were able to reach that realization on their own.

When establishing a goal with each student, it was extremely important to frame the sessions around determining what an achievable goal could be (Kelly et al., 2008). Many of the students were in an all or nothing mindset, which meant that they were focused on completely solving their challenges or not trying at all. Based on the SFBT approach, I emphasized that we were trying to look for small goals that could be achievable and one of our goals was to not create unrealistic expectations (Kelly et al., 2008). An example of this was working with a younger youth who was having trouble listening and being physically aggressive with other youth. Their initial goal was to never push or punch ever again. I shared with them that we could aim for a much smaller goal as “never again” is a very long time. What we agreed would be a better goal was to not push or punch for the rest of the week. This more realistic goal was something the student could realistically achieve; therefore, failure and frustration was less likely (Kelly et al., 2008).

Once an achievable goal was established, we moved into the third phase of my SFBT approach which was creating and maintaining small positive changes through using SFBT techniques (Connie & Metcalf, 2009). By creating small changes, I could promote a sense of control and responsibility within the student and encouraged them to take small steps to create bigger changes. These small changes were created and maintained through using SFBT techniques such as exception questions, the miracle question, and asking scaling questions (Connie & Metcalf, 2009; Guterman, 2013; Kelly et al., 2008).
Exception questions seek to identify times when the student’s problem did not exist. (Connie & Metcalf, 2009; Guterman, 2013). This is an essential aspect of SFBT as it engages the student to work towards finding solutions (Guterman, 2013). This can either be times before the problem existed or instances when the problem was not manifesting. Exception questions help the students think about their past pragmatically by identifying times when the problem wasn’t affecting them (Kelly et al., 2008). A simple example of an exception question is asking the student if they can remember a time when their problem did not exist or was there a day/time recently when they did not notice their problem.

The miracle question is a specific type of an exception finding question as it focuses the student to think of imaginable exceptions (Guterman, 2013). This future-focused question is designed to encourage the student to picture a scenario where their problem is solved or does not exist (Connie & Metcalf, 2009; Guterman, 2013; Kelly et al., 2008). This involves asking a question such as “If you went to bed tonight and you woke up tomorrow and your problem was solved, what would be the first thing you noticed that was different?” The purpose of this question is to get the student to understand that there is a realistic solution to their problem, understand that it can be an achievable goal, and to create a detailed picture of what that goal looks like (Kelly et al., 2008).

Scaling questions are a type of assessment questions that are used to monitor the severity or frequency of the student’s behaviour, monitor goal progress, and deconstruct negative thinking (Guterman, 2013). Scaling techniques are also effective at uncovering exceptions as it gets the students to attempt to discern differences and thereby identify
exceptions. Scaling questions are also beneficial when student’s do not want to talk in-depth about their challenges and instead gets them to quantifiably think and respond about their challenges using a number scale (Guterman, 2013). Examples of scaling questions are “Between 1 and 10, with 1 being as bad as the problem has even been, how are you doing today?”

During most of my counselling interventions with students, I primarily focused on working with them to identify previous solutions and exceptions to their problems. Using SFBT techniques such as exception questions, the miracle question, and asking scaling questions helped the students recognize that exceptions to their problems potentially existed and motivated them to identify and recognize past exceptions when their problem did not exist (Kelly et al., 2008). To achieve this (i.e. searching for exceptions), I used the approach of being a curious questioner and pressed the students to think and remember when the problem didn’t exist and what was different at that time. Exceptions are often small and occur outside a person’s awareness of the problem (Connie & Metcalf, 2009). I worked with them to understand that these solutions and exceptions existed; we just needed to find them. This was achieved through asking questions, offering compliments, and providing positive reinforcement when we achieved progress (Connie & Metcalf, 2009; Guterman, 2013; Kelly et al., 2008). I also used scaling questions to get students to think about what incremental improvement would resemble, such as going from a 2 to a 3. This technique was extremely beneficial as it placed the students in an incremental improvement mindset. I would ask how they were doing with their goal on a scale of 1 to 10 and then I would follow up that question with what would a 5 look like compared to a 4 or how could you move from a 3 to a 4?
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

My micro social work practice was centered on creating and maintaining small positive changes using the SFBT approach. Once rapport was established and a goal was co-determined, I focused on motivating the student towards creating and maintaining small positive changes. All these SFBT techniques were used as a means of facilitating these small changes within the student. These small changes are best created and maintained through the identification and uncovering of exceptions (Kelly et al., 2008). The overall purpose of my interventions was to increase positive expectancies within the students and to foster affirmative emotions, such as hope and optimism, that are associated with positive outcomes (Franklin et al., 2016).

My Evaluation of the SFBT Approach

Many aspects of SFBT were beneficial for the students during our counselling sessions. The fact that SFBT is a collaborative positive approach that focuses on a student’s already existing strengths, resources, and motivations to solve their challenges was very well received by the students. This strength-based approach, which took an encouraging outlook on the interventions I conducted, created a positive atmosphere for counselling sessions within the school. The strength of SFBT was that it engaged youth to be active participants in the counselling sessions; and that it is not built on the client deficiency model, but on the strengths of the client. Being able to engage students in various aspects of SFBT, such as focusing on small changes, was appealing to them and created realistic outcomes that they could benefit from. Many of the students came into our counselling sessions expecting the goals of the sessions to be large and unobtainable, but once they discovered we were only targeting small change, their perspective shifted towards being more engaged in the intervention we were undertaking. Another aspect
that was well received by the students was the collaborative approach of SFBT, with the students being viewed as the experts in their own lives (Kelly et al., 2008). Frequently after I asked a question to a student they would respond with “Aren’t you supposed to be telling me?” I responded that I didn’t have the answer, but that maybe together we could figure it out.

Another strength of SFBT was being able to emphasize the tenets of the approach in an easy to understand manner for the students. Small easy to remember positive mantras such as “small changes lead to big changes” and “do more of what works and less of what doesn’t” were well received by the students I engaged with. Using positive language, such as the mantras, and reframing the student’s language from negative talk to positive talk was another strength of the framework (Kelly et al., 2008). Moving the students away from negative words was not an easy challenge, but it was essential to the positive client-centered dialogue of SFBT. In addition, using the client’s exact words was an empowering aspect of SFBT. I tried to use the student’s exact words as often as I could, except when I was changing the negative language into positive language. An example of this was changing negative phrases such as “I suck at this” to “I am just learning something new and I can only get better.”

While I was able to experience several strengths of SFBT, I also experienced some challenges as well. One of the challenges related to the language used in SFBT. As SFBT focuses on using the language and dialogue of the client, I experienced more difficulty using the approach with younger and less cognitively developed students. I found that those students struggled with concepts such as the miracle question and understanding exceptions, while also having difficulty engaging in the collaborative
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

based approach of SFBT. In order to address these challenges, I supplemented my interventions with younger students with workbooks that I either had or borrowed from my practicum professional associate in order to engage the students in activities that were designed to address the purpose for their referral to me. Workbooks I used were *My Special Feelings*, a workbook on helping students express their feelings and *Ten Things to Do Instead of Hitting*, an anger management workbook.

Another challenge I identified was the lack of a comprehensive manual which outlines the specific procedures for engaging in a SFBT based intervention. Franklin (2015) states that the current greatest need for the SFBT approach are detailed treatment manuals and treatment adherence measures for the specification and proceduralization of SFBT itself. I read many books and articles regarding the framework prior to my practicum, which suggested to me that SFBT is as much of a philosophical approach to counselling as it is a detailed framework. I asked myself many times over the course of my practicum if I was correctly following the procedures of the framework. New clinicians, when learning the SFBT framework, frequently rely on experienced SFBT practitioners or supervisors to provide feedback regarding the appropriate use and timing of all SFBT techniques (Franklin et al., 2016). In order to improve my application of the SFBT framework, I relied on brief note taking prior to each session and constantly revisiting books and articles on the framework after each session.

During my time at St. Mary’s, the Solution Focused Brief Therapy (SFBT) framework acted as my foundation for micro clinical interventions with students. As I stated earlier, I chose SFBT for two reasons, the strengths of the framework in the school setting and my personal and professional affinity for the framework. From my practicum
experience, I learned that aspects which were appealing for a school setting were the client-centered nature of the framework which focused around the concepts of empathy, trust, and empowerment. In addition, its nature of being an alternative intervention to therapeutic frameworks based on the client deficiency models matched the holistic approach which St. Mary’s uses to engage its students and the community.

Two of SFBT’s concepts that resonated with both myself and my students were that an individual’s own inherent strength will ultimately be the source of their solution to create positive changes and that solving problems comes from taking small steps rather than large changes. Connie and Metcalf (2009) state that for a practitioner to be effective using SFBT, the framework must “fit the therapist’s personality and theoretical beliefs about the therapy process” (p.19). Over the course of my practicum, I learned that SFBT is not only a solid match for my own views of the therapeutic process but did prove to be an effective framework for creating positive changes with the students I worked with.

The SFBT approach provided me with the theoretical and therapeutic foundation for my social work practice during my practicum. To achieve my goal of integrating SFBT tenets and techniques into larger initiatives such as group and community programming, I needed to explore and understand integrated frameworks of social work practice that use micro practice theory and skills in macro initiatives.

**Integrating Clinical and Community Social Work Practice**

Individual casework is only one method of intervention used to address the personal, social, and emotional growth and challenges of youth within a school or community. Micro social work practice and the use of frameworks such as Solution Focused Brief Therapy has been demonstrated to be effective in addressing youth issues at the interpersonal level (Franklin, 2015; Franklin et al., 2008; Kelly et al., 2008; Kim &
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

Franklin, 2009; Newsome, 2004). On the other hand, in order to address youth problems at the community or social level, macro practice can be far more beneficial. The terms micro and macro practice are synonymous with clinical and community practice within the social work profession (Austin et al., 2005). While many social workers prefer to operate solely either in clinical micro practice or macro community-based practice, in order to provide a holistic support for individuals and the community, an integrated micro and macro practice must be adopted (Austin et al., 2005; Austin et al., 2016; Gillespie, 2013; Knight & Glitterman, 2018; Liddell & Lass 2019).

The longstanding tension between the micro and macro domains within the social work field has been identified as a growing issue by many professionals (Austin et al., 2005; Austin et al., 2016; Gillespie, 2013; Johnson, 1998; Knight & Glitterman, 2018; Liddell & Lass 2019; Rothman & Mizrahi, 2014). Originally, when the profession was developing, social workers were imbedded in both micro and macro practice (Delgado, 2000; Rothman & Mizrahi, 2014). Over time, the divide between micro and macro practice grew within the social work profession.

This divide is related to two main factors. The first factor is that most social work practitioners limit themselves solely to micro or clinical practice (Knight & Glitterman, 2018). According to Austin et al. (2005), clinical social workers make up the largest proportion of social workers within the National Association of Social Workers. This trend is found similarly in Canada, but with a relatively smaller percentage engaged in private clinical practice (Edwards et al., 2006). This overwhelming representation within the field can be attributed to two underlining aspects. The first is that clinical practice has been seen by many social workers as the path towards legitimizing and professionalizing
social work as an occupation within the human service fields (Lindell & Lass, 2019). The second is that many social work schools have shifted away from teaching community practice towards focusing primarily on clinical and psychotherapy-focused practice. While most social work programs offer classes in both domains of practice, clinical practice dominates in most social work programs and schools (Knight & Glitterman, 2018).

The second factor related to the divide between practices are the different viewpoints each domain subscribes to. As most of those in the social work field primarily view themselves as micro clinical social workers, the predominant viewpoint within the profession is that assessment and intervention should be done at the intrapsychic and interpersonal level (Gillespie, 2013). This leads micro practitioners to spend most of their efforts working with clients solely in face to face therapeutic settings and not spending time working directly in the clients’ communities (Austin et al., 2005). Macro practitioners on the other hand focus their time working directly within the communities to promote change. This singular perspective leads them to be less interested in developing and enhancing their micro skills as they prefer to focus on the outcomes of their community efforts (Knight & Glitterman, 2018).

**Advocating for an Integrated Approach**

This growing segregation in the social work profession between micro and macro practice has had a profound impact on the development of integrated practice methods. Clinical based practice has grown dramatically in popularity with both schools and practitioners; leaving community practice on the outside of relevancy (Liddell & Lass, 2019). The necessity for the development of an integrated micro and macro practice that
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

is aware of the existing tension and promotes collaboration between these two domains has been presented by several authors (Austin et al., 2005; Austin et al., 2016; Gillespie, 2013; Johnson, 1998; Knight & Glitterman, 2018; Liddell & Lass 2019; Rothman & Mizrahi, 2014).

Within the literature that supports the need for an integrated practice framework, there are two frameworks which have been advocated. The first is a Community-Based Practice model developed by Johnson (1998) and the second is a Community-Centered Clinical Practice framework offered by Austin et al. (2005). These two approaches offer perspectives in how to engage in integrating micro and macro perspectives into an approach that values the shared characteristics and core skills of each domain of practice.

Community-Based Practice Model

The Community-Based Practice model developed by Johnson (1998) believes that, in order to create positive social outcomes, social workers need to provide an integration of micro and macro service delivery strategies that are implemented in the context of the local community. This model is made up of six characteristics of community-based service delivery, which are summarized in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Characteristics of Community-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbourhood based and family focused.</td>
</tr>
<tr>
<td>Strengths and empowerment orientation.</td>
</tr>
<tr>
<td>Cultural sensitivity and multicultural competency.</td>
</tr>
<tr>
<td>Comprehensive services.</td>
</tr>
<tr>
<td>Access to integrated services and supports.</td>
</tr>
<tr>
<td>Teamwork and leadership skills.</td>
</tr>
</tbody>
</table>
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

The model takes the position that community-based services need to be centralized in a shared location within a community and need to take a bottom up approach to community development. As well, the model believes that the social work practice should use empowerment and a strengths base approach as the primary strategies for creating positive outcomes. One of the strengths the model stresses is the importance of diversity and cultural practices within a community and that social workers practicing in that community must develop knowledge skills and attitudes to enhance their cross-cultural practice (Johnson, 1998). The model also stresses the importance of providing a wide variety of services within a community such as individual support, groupwork, and capacity building. Another essential characteristic of the model is the development of interdisciplinary groups with other professional and paraprofessional individuals and organizations. This includes understanding aspects such as community consultations and liaising, which are essential for a community-based practice (Johnson, 1998). Johnson’s (1998) model was part of establishing the discussion within social work literature regarding the importance of the integration of micro and macro practice. This model has become the foundation for other developments in this area, such as the Community-Centered Clinical Practice framework (Austin et al., 2005).

Community-Centered Clinical Practice Framework

The Community-Centered Clinical Practice framework builds upon Johnson’s (1998) Community-Based Practice model by combining direct service delivery with community development activities (Austin et al., 2005). The Community-Centered Clinical Practice model expands on the community-based practice model by focusing on three areas of skills: micro skills, macro skills, and skills common to both domains of
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

practice. The foundation of this framework is that through understanding these domain specific and shared skills, social work practice can operate on a continuum between micro and macro practice while also keeping the depth of domain specific specialization (Austin et al., 2005).

The first area of skills within the Community-Centered Clinical Practice model are core micro skills. Core micro skills consist of having a knowledge base of clinical social work practices which relates to human development, basic psychological processes, and multiple therapeutic theories of intervention. Within micro skills, this knowledge base is combined with understanding the impact the cultural dimension has on practice along with clinical skills such as engaging collaboratively with clients, establishing empathy, supporting the capacity of clients to stay motivated, and evaluating the helping process (Austin et al., 2005). Core macro skills is the second area within the framework and these skills focus on promoting change in the larger systems that individuals are members of, such as their community or school. Core skills in the macro area relates to establishing trust and cooperation, assessing group and community needs, engaging members of the community, intervene to promote prevention of problems, and evaluating the effectiveness of the chosen community intervention (Austin et al., 2005).

The final area of the framework is the common practice skills which are skills that apply to both micro and macro practice within the Community-Centered Clinical Practice framework. The five common skills in this area are relationship building, assessment, promoting and engaging in change strategies, the effective use of self in developing empowerment within the client and the use of empathy and cultural sensitivity (Austin et al., 2005). These common skills are the most important group of skills within the
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

framework as they promote the recognition of commonalities in both domains of social work practice. Table 2 provides a summary of the core practice skills of Austin et al.’s (2005) Community-Centered Clinical Practice framework.

Table 2

_Core Skills of Community-Centered Clinical Practice_

<table>
<thead>
<tr>
<th>Core micro practice skills</th>
<th>Core macro practice skills</th>
<th>Common practice skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ability to establish empathic, strength-based helping relationships with diverse clients.</td>
<td>Engage with the community members.</td>
<td>Relationship building.</td>
</tr>
<tr>
<td>Ability to engage clients in the process of clarifying their needs and goals.</td>
<td>Assess group and community needs and goals.</td>
<td>Assessment.</td>
</tr>
<tr>
<td>Collaboratively helping clients to acquire new understanding and solutions.</td>
<td>Determine pathways for helping with problems.</td>
<td>Promoting and engaging in change strategies.</td>
</tr>
<tr>
<td>Supporting the capacity of clients to stay motivated and connected to the process of change.</td>
<td>Intervene to promote prevention of problems.</td>
<td>Effective use of self in developing empowerment within the client.</td>
</tr>
<tr>
<td>Monitoring and evaluating the helping process.</td>
<td>Evaluating the effectiveness of the intervention.</td>
<td>Use of empathy and cultural sensitivity.</td>
</tr>
</tbody>
</table>

In order to develop an integrated approach to social work practice, I engaged in a Community-Centered Clinical Practice that operated on a continuum between micro and macro practice and incorporates skills and activities from both domains. The framework also highlighted the importance of aspects such as empathy, trust, empowerment, developing comprehensive group programming within a community, building
relationships with other professionals and paraprofessionals in interdisciplinary teamwork, and the importance of cultural sensitivity and cultural competency within the practice (Austin et al., 2005).

**My Community-Centered Clinical Practice Experiences**

To be effective in creating positive change within the students and community, I needed to engage in both individual counselling and community-based initiatives and the Community-Centered Clinical Practice framework provided me a guide to accomplish that. My application of this framework involved integrating the theoretical perspectives, techniques, and strategies of the Solution Focused Brief Therapy (SFBT) framework in the community-based initiatives I engaged in at the school; and using those community initiatives to augment and inform my individual counselling practices. The three community-based areas I focused my macro practice goals were developing holistic and capacity enhancing youth programs within St. Mary’s, engaging with the community, and participating in interdisciplinary initiatives at St. Mary’s. For example, I developed a student leadership program, presented an information booth for the community, and participated in interdisciplinary meetings at the school. I created the foundation for my Community-Centered Clinical Practice through integrating micro practice into these three areas. The first area that I focused on was developing and facilitating group programming in the school, as it provided me the opportunity to directly implement SFBT practices into larger student group settings.

**Group Programs**

When it comes to integrating clinical and macro practices, group work modality in a community context is a powerful intervention to achieve both individual and
community improvement (Knight & Glitterman, 2018). Community-based macro social work goes beyond areas such as administration and social policy and looks towards the development, implementation, and evaluation of innovative community initiatives (Delgado, 2000; Johnson, 1998; Knight & Glitterman, 2018). My desire to engage in group programming during my practicum placement was based on my personal experience working with newcomer youth, both inside and outside the school system. These populations are generally considered high-risk and are not always referred to in-school counselling to address their developmental, social, and emotional needs. Reasons for a non-referral may include that the student may not be viewed as a priority case, their issues may not be impacting their daily school lives, their issues or they themselves may not respond to individual one on one work, or their guardians may not approve of a formal intervention (Rebecca Bosch, personal communication, January-April 2019).

Group programing, on the other hand, can be considered as an alternative to individual micro work when working within a community. Group programing promotes individual development through validating their experiences, offering peer support, providing social skill development, and enhancing qualities such as empowerment, self-esteem and acceptance (Knight & Glitterman, 2018). Group work has been demonstrated to have positive improvements at the individual level of empowerment and the community level for promoting positive change in the environment (Knight & Glitterman, 2018). Another benefit of group programing is that it can be a social work intervention which does not appear to be “social work”, which encourages youth participation among those students who do not want to be engaged in a formal therapeutic relationship or setting (Delgado, 2000).
The group programming that I accomplished during my practicum experience were based in two areas, facilitating lunch time and after school programming and developing a youth leadership program within the school. During lunch and after school, I engaged in three different art and sports programs. These were coaching the boys’ basketball team, facilitating a weekly after school soccer game, and participating in the weekly after school art program. The rationale for developing and facilitating these programs was based on the argument that Delgado (2000) supports, which is that it is essential for the social work profession to develop group interventions that integrate arts, humanities, and sports to create a holistic and nondeficit approach to serving youth. This argument is based on the historical role social work had using these approaches as vehicles for delivering services, the need youth and communities have for after school programming, and the important social and psychological development youth gain from participating in group activities. He believed that social workers have focused too heavily on clinical responses to youth needs and challenges, when as a profession, we must have an interest in serving youth within a community context using nonclinical approaches (Delgado, 2000).

When facilitating these programs, I attempted to integrate many of the tenets and techniques from the SFBT framework within my Community-Centered Clinical Practice. For example, when working with the youth, I emphasized that small steps could lead to big changes. In my coaching, I continued to reinforce with them that we were looking for small improvements each practice and that these small improvements could lead to much larger ones. Another aspect of SFBT I integrated into these programs was focusing on strengths rather than deficits and encouraging the use of positive language. While this
INTEGRATED APPRAOCH TO SOCIAL WORK PRACTICE

was not an easy task, as the youth who participated in these programs had a natural
tendency towards focusing on deficits and negative language, I did my best to support
and reinforce positive language within the groups.

The other area of group programing I developed was a capacity enhancing youth
leadership program for the older students at St. Mary’s. Youth leadership development is
a fundamental aspect of the St. Mary’s community development model as it emphasizes
that the student leadership group within the school is central and is an equal stakeholder
partner within the school (GSCS, 2008). As well, many researchers working in the area
of community development stress the importance for youth leadership capacity building,
especially as it relates to Indigenous communities (Delgado, 2000; Johnson, 1998; Knight
& Glitterman, 2018).

The leadership development program that I developed and facilitated was targeted
to Grade 7 and 8 students in order to prepare them to attend a high school youth
conference in Saskatoon. The goal of the program was to meet with students over the
course of four sessions leading up to the conference. Each session was designed to build
off core leadership skills such as communication, empathy, collaboration, and self-
awareness, while integrating key components of the SFBT framework such as focusing
on strengths, doing more of what is working, exception finding, and creating an
optimistic creatable future.

For the program, I was able to recruit 16 youth to participate and the Grade 7 and
8 teachers allowed me to use class time to facilitate the program. An important aspect of
SFBT that I wanted to highlight each week was that each youth is the expert as it relates
to their own experiences and lives. The purpose of the youth conference was to get youth
to share their voice and to describe how the services and decisions that are made by the levels of government affect them. I wanted to empower them to share how they are affected by things such as policing, transportation, social services, and their experiences dealing with those issues.

The outcome of the conference was better than anticipated. Prior to the conference, I was concerned that the youth would be overwhelmed as participants in large group sessions with older high school youth. While it took time before many of the youth opened and shared their perspectives as it related to civic issues, each of them were active and attentive listeners. During the portion of the conference when youth could directly ask the stakeholders questions, two of the youth from the group asked pointed questions and shared their concerns with the City of Saskatoon transportation representative, as these youth were dependent on the buses in Saskatoon as their main means of transportation. When evaluating the leadership development program, I felt that there was some strong progress in many of the youth’s leadership skills. The feedback the youth shared was that they enjoyed both the program and the conference and were interested in attending next year. I felt that the program challenged the youth to take positive steps towards their preferred future self and recognize their existing potential as leaders in the community.

**Engaging with the Community**

Throughout my practicum, I participated in several events based in the school and in the community. According to the Community-Centered Clinical Practice framework, a fundamental community practice skill is the ability to engage with community members to assess the community’s needs and goals (Austin et al., 2005). One community event I
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

participated in was the three-way conferences, which is where teachers, students, and parents meet to discuss the progress of the student. For this event, I worked with the nursing practicum students to provide information booths at the front of the school. As the nursing practicum students were focusing on providing health information, I focused on providing information sheets related to housing, addictions, and counselling services as they were identified as community needs by my professional associates. As well, I also provided information sheets regarding the importance of sleep for youth, based on my direct experience working with youth at the school. My information booth also contained informational brochures from community organizations, which I collected after I had conversations with the organizations about their services; and from those conversations, determined which services would be beneficial to the students and their families.

As we were set up in the front of the school, everyone who entered the school passed directly through the information booths. I was able to engage with the people as they came into the school, explained what information I had prepared, and answered questions related to the information. In order to present the information in the simplest manner, I developed single information sheets related to each topic. This way I could present the most directly relevant information, such as organization names and contact information, along with a brief description of services offered. In evaluating the event, I quantitatively tracked which information sheets were taken the most frequently and qualitatively assessed which areas people were most interested in learning about. The data from this evaluation, revealed that housing resources was the overwhelming area most people had interest in, while counselling services was the area with the least amount of interest. This evaluation highlighted to me the hierarchal nature in which people view
their challenges. What I took from this experience was that people in the community prioritized addressing housing challenges over addictions and counselling services because without stable housing, they cannot begin to address their other challenges.

Another community event that I engaged in was a Pleasant Hill community meeting to address the growing concern of homicides occurring in the community. This event was hosted by the community association at Station 20 West and was attended by the police, the health region, the Mayor of Saskatoon, city councilors, community-based organizations, and many members of the community. In total there were over 100 people in attendance. This event was organized in a World Café framework; where tables were set up to discuss the assets the community possesses and the needs/wants the community had in a variety of areas. Many aspects of this event echoed practices within the SFBT framework, such as recognizing members of the community as the experts on community challenges and moving away from a deficit viewpoint of the community to one that recognizes its currently existing strengths. Furthermore, the World Café framework engaged in a collaborative approach to discussion through using the community members own words and responses to create a perspective of the community.

During this event, I went from table to table; mostly listening to what others had to say. I recognized again, that as an outsider to the community, it would be best for me to listen to the expertise of the community members. Many people talked about the need for youth programing in the community; and I spoke about the existing after school programing at St. Mary’s such as the after school Canadian Tire JumpStart program, the art program and the City of Saskatoon’s MĒ TA WĒ TĀN program (see Glossary). Other issues that arose were the need for larger Aboriginal representation within organizations
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

such as the police and health region, the need for Indigenous approaches such as healing lodge treatment centres, a restorative justice approach to crime, a community-based gang strategy, and Aboriginal cultural programming to support youth and families. Another relevant outcome from the event was that a student who was involved in the leadership program I facilitated at the school spoke at the event and shared their perspective of the needs of the community. This event demonstrated a few things regarding the need for community-based group programming. It demonstrated the need the community has for more after school youth programming, the validity of the programing approach I took within the school, and the importance for youth leadership development within all communities.

Other community events that I participated in that expanded my cultural learning were the community feasts and weekly smudges at the school. Community feasts are traditional Aboriginal celebrations that coincide with the change in seasons and members of the community are invited to attend along with the students and staff. My first feast was the first experience I had in the St. Mary’s community; and was a very eye-opening event that set the standard for how much learning I had to do related to cultural competency. Throughout the year, there were also weekly smudges at the school that were open to all the members of the community. Smudges have deep symbolism within the Indigenous culture and represents the purifying of oneself or a space. While I had attended smudges in the past, this was my first experience doing so on a regular basis and in a large group setting. Through engaging with the community, I was able to interact and learn directly from its members about their community, culture, and the assets and needs they have. To take an initial step towards addressing these needs, it requires the
collaboration between a number of individuals and organizations and one method of establishing this collaboration is through interdisciplinary initiatives.

**Interdisciplinary Initiatives**

The third community-based area that I was involved in was participating in interdisciplinary initiatives at St. Mary’s. Participating in interdisciplinary initiatives is a fundamental aspect of social work practice in community-based social work frameworks (Austin et al., 2016; Delgado, 2000; Johnson 1998; Lightburn, 2001) and in school based social work (Frey et al., 2017; Kelly et al., 2008; Mellin, 2009; Powers et al., 2013; Teasley & Richard, 2017). These interdisciplinary collaborations are designed to identify key stakeholders and integrate their goals and agendas into a singular holistic approach, which benefits the communities they are working with. Throughout my practicum, I engaged in several interdisciplinary relationships and initiatives with several key stakeholders within the school and the community. I would classify these initiatives in two categories, developing interpersonal working relationships and participating in group based interdisciplinary initiatives.

**Developing Interpersonal Working Relationships**

Developing interpersonal relationships with the staff at St. Mary’s was the first interdisciplinary initiative that I undertook. There are many different professionals working within St. Mary’s and developing relationships with each of them was incredibly important, as they provided me with essential knowledge and access to best achieve my goals. As I was working with students that I had not established relationships with, the school staff was essential in providing me some context to the school and their lives. I needed to develop strong working relationships with the school staff at St. Mary’s, as this
INTEGRATED APPRAOCH TO SOCIAL WORK PRACTICE

relationship was essential to the success of the micro work and group initiatives I engaged in with the students.

Establishing interdisciplinary relationships are not always easy. School social workers and teachers have different goals but can work together to achieve a shared agenda. The teacher’s primary role was to maximize learning outcomes and student achievement, while my role was to support “their personal, social, emotional, and academic growth” (GSCS, n.d., para 1). Developing an interdisciplinary relationship between teachers and school counsellors means contributing to each other’s agendas and integrating goals to become shared outcomes when possible (Powers et al., 2013). Examples of this relationship were the regular meetings I had with teachers of youth who I worked with. These meetings were usually weekly and primarily discussed updates related to the student’s behaviour or changes in the student’s living situation. These meeting were beneficial for both of us. For example, the teachers were able to update me whether they noticed any changes the student had in the classroom and I was able to update them with changes to living arrangements, as I was in more frequent contact with their family support worker.

Another key interdisciplinary relationship was the connection to the Ministry of Social Services. As many youth at St. Mary’s are currently in care of the Ministry, having contact with the Ministry is essential as changes to the students’ cases are not shared proactively. As most of the students on my caseload were in care of the Ministry, I was in contact with several different family support workers. This relationship allowed me to gain updates about each student’s current situation and I was able to share things I saw in the youth such as emotional, social, and behavioral changes at the school. I used this
relationship to advocate on behalf of the students as many of them had questions about their current situation and felt that their family service worker was not communicating with them.

The relationship between the Ministry of Social Services and the education system requires a partnership between both systems. Both my practicum associates understood the importance of this interdisciplinary relationship and had spent the months prior to my practicum establishing a formal relationship between the school and the Ministry. Near the end of my practicum, the relationship was established and a supervisor from the Ministry was spending time directly in the school. The goal of this partnership was to develop build a better reputation and relationship for the Ministry within the school and the community while also providing the school with a single point of contact within the Ministry for their students in care.

**Participating in Group Based Interdisciplinary Initiatives**

A final interdisciplinary initiative I participated in were the group interprofessional meetings. These were meetings made up of many of the different professionals that worked internally within the wellness centre, and some engaged external professionals. While each of these interprofessional meetings had different professionals attending, the overall purpose was to figure out how to implement interventions that promote the best interests of the student. An example of these meetings were the monthly school and clinic team meetings held between the medical professionals at the clinic and school staff. These meetings were attended by the pediatric doctors, mental health counsellor, and psychologist from the clinic along with the school counsellor, principal, and LATs from the school. The overall format of the session was
the school sharing updates about a student’s behaviour in class along with their concerns; and the health professionals advising how these behaviors could be related to their mental or physical wellbeing. Many of the conversations revolved around medical dosages and booking appointments for future examinations or counselling sessions.

As some of the students that were discussed during these meetings were not on my individual caseload, I spent most of the meetings listening to the interactions between the members at the meeting. As each student was brought up, individuals working with the student or family would share their experience with the student and any changes they had recently identified. One area I contributed to was with information I acquired through the group work I was facilitating during my practicum, given that the groupwork gave me regular contact with many students. With this information, I was able to provide context to the rest of the team regarding their current behaviour as many questioned the effectiveness of medication. This example demonstrated to me the value of school counsellors engaging with youth through other mediums and developing relationships outside of individual micro counselling sessions (Delgado, 2000).

During my practicum, I was afforded the opportunity to participate in many different interdisciplinary initiatives. Exploring interdisciplinary relationships is a core aspect of macro based community social work. Through gaining experience participating and understanding these relationships is essential for Community-Centered Clinical Social Work Practice (Austin et al., 2005; Johnson, 1998). Interdisciplinary initiatives work in a collaborative manner to integrate mental, physical, and community health programs in order to engage in a holistic approach to serving students and the
INTEGRATED APPRAOCH TO SOCIAL WORK PRACTICE

community. School based social workers are essential to these initiatives as they connect the school, family, and service organizations together.

A beneficial aspect of learning and developing a Community-Centered Clinical Practice is that it puts into perspective underlying challenges within the social work profession and it is a framework for the development of an integrated social work perspective which is necessary to address these challenges. While this framework highlights the importance of social work practice aspects such as cultural competency, it does not offer support in how to develop this area of practice. In order to develop cultural competency, specifically as it relates to working with Indigenous communities, I looked towards another approach. Two-Eyed Seeing offers an approach to the development of cultural competency and similarly to the Community-Centered Clinical Practice framework, it understands the importance of acknowledging and valuing different perspectives and worldviews which are required to provide solutions to challenges we face (Bartlett et al., 2012; Martin, 2012).

Indigenous Worldview

The need to expand one’s cultural competency in social work practice is an essential element of the Community-Centered Clinical Practice I was engaging in during my practicum and also one of my practicum goals. Being a non-Indigenous social worker, who was practicing within a predominantly Indigenous school and community, my practicum goal was to develop my cultural competency working with Indigenous individuals and community. Weaver (1998) states that in order to work effectively with Indigenous communities, social workers must become culturally competent with cultural competency being based off three major principles. The first principle is that providers
must be knowledgeable about the group being worked with. The second is that they need to be self-reflective and recognize biases within themselves and within the profession. The third principle is that they must integrate this knowledge and reflection with practice skills (Weaver, 1998). In order to understand the history of colonization, Indigenous worldviews, and to critically examine how my own culture and biases effected the people and community I was trying to assist, I engaged in a Two-Eyed Seeing approach to help me to integrate Indigenous knowledge, values, and worldviews into my practice and reflections (Baskin, 2006).

Two-Eyed Seeing

Two-Eyed Seeing is an approach brought forward by Mi’kmaq Elders, Albert and Murdena Marshall, from Unama’ki (Cape Breton), Nova Scotia, in 2004 (Bartlett et al., 2012). Two-Eyed Seeing has been described as an ethical protocol, a guiding principle, a framework, and a philosophy or way of life (Wright, Gabel, Ballantyne et al., 2019). Bartlett et al. (2012) describes Two-Eyed Seeing as believing that there are diverse understandings and perspectives of the world and that to understand the world and to provide solutions to the challenge’s communities are facing, one must acknowledge and respect the value of each perspective. Two-Eyed Seeing values viewing the world using one eye grounded in Indigenous worldviews, while the other eye is grounded in Western ones. This concept was originally developed as a strategy to encourage First Nations (see Glossary) students to pursue a study of science through promoting equally Indigenous and Western ways of knowing but has since grown as a guide for intercultural work. In addition, it is advocated by the Canadian Institutes for Health Research, the Natural
Two-Eyed Seeing is a guiding principal used by many individuals and organizations, specifically as it relates to research collaboration with Indigenous communities. Wright, Gabel, Ballantyne et al. (2019) conducted the first integrative review of the approach to clarify how Two-Eyed Seeing has been used to date; they identified several fundamental aspects of a Two-Eyed Seeing approach. One aspect of the approach is that it values both Indigenous and Western worldviews as having important contributions to knowledge and understanding. This approach recognizes that the Indigenous and Western ways of knowing each represent an eye and that through seeing with both eyes simultaneously, one can gain a holistic worldview that is more beneficial than a partial worldview. Furthermore, through reflecting on the differences between the perspectives, worldviews, beliefs, and values of each eye, beneficial outcomes in any situation are more likely to be achieved (Wright, Gabel, Ballantyne et al., 2019). Elders Albert and Murdena Marshall used the analogy of two trees holding hands beneath the ground; using their roots to describe the joining of two ways of knowing together despite their differences (Wright, Gabel, Ballantyne et al., 2019).

A second aspect is that it encourages the blending and merging of Indigenous and Western knowledges (Wright, Gabel, Ballantyne et al., 2019). Two-Eyed Seeing believes that neither way of knowing is more important than the other and one should not dominate. Thorough the careful integration of two ways of knowing, it offers a way of “walking in two worlds” (Greenwood et al., 2017, p.183). Sometimes walking in two worlds is easy as the worldviews each complement the other and create a wholeness.
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

Other times it is more challenging as the ways of knowing differ significantly and require deeper individual reflection. The weaving perspective is essential as it creates a state of equal importance, where in some situations one perspective may further our understanding of a specific concept more than the other perspective, but in these situations, both must be respected and considered (Bartlett et al., 2012).

Another key aspect of Two-Eyed Seeing is that it promotes a decolonizing approach (Wright, Gabel, Ballantyne et al., 2019). There is a significant amount of research that has documented the negative impacts of colonization on Indigenous communities through Treaties, the Constitution Act of 1867, and the Indian Act of 1876 (Greenwood et al., 2017). In order to address the negative effects of colonization, there have been substantial demands to the Government of Canada to acknowledge the history of colonization and to take measures to transform the systems that have caused generational sufferings for the Aboriginal people (Greenwood et al., 2017). Two-Eyed Seeing promotes a reflection on the role colonization plays in the differences between Indigenous and Western perspectives of ontology, epistemology, methodology, and knowledge objectives and how these differences were shaped by colonization (Wright, Gable, Bomberry & Wahoush, 2019). Two-Eyed Seeing promotes a decolonizing approach as it stresses that Indigenous knowledge, values, and worldviews are equal to that of Western communities and therefore are critical for any meaningful and substantial decolonization effort.

A fourth aspect is that it is inherently a strengths-based approach (Wright, Gabel, Ballantyne et al., 2019). One negative ramification of colonization is the stereotypes that Indigenous people and communities are weak and their worldviews and ways of knowing
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

should be considered as being lesser to that of Western ones. Two-Eyed Seeing emphasizes the strengths and resiliency of Indigenous communities and recognizes the essential perspectives their worldviews and ways of knowing bring to any holistic view of the challenge’s individuals, communities, and nations are having. Two-Eyed Seeing is a strengths-based approach that aims to emphasize the strengths of Indigenous communities and to abolish the perpetuated negative stereotypes of Indigenous people as being weak or being unable to contribute to the solutions necessary for the improvement of their communities (Wright, Gabel, Ballantyne et al., 2019).

A final aspect of Two-Eyed Seeing is that it is an ethical and respectful way for people with different perspectives to come together (Wright, Gabel, Ballantyne et al., 2019). This is an important aspect of the approach as it relates to co-learning from one another. Co-learning involves working collaboratively where differing epistemologies and ontologies are shared, with each group learning from one another and together through examining commonalities and differences (Martin, 2012). This co-learning requires each individual or group to look beyond their own beliefs, values, perspectives, and opinions in order to understand that the beliefs, values, perspectives, and opinions contribute something unique to each situation (Martin, 2012). Creating an environment of co-learning requires bringing thoughts into an ethical space that acknowledges, honors, and values Indigenous ways of knowing and encourages a deeper exploration of the diversity of worldviews that will help Indigenous and non-Indigenous communities to work collaboratively with other groups to address their challenges (Greenwood et al., 2017).
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

Engaging in Two-Eyed Seeing is not simply the process of taking two different worldviews and integrating them together. It is a challenging endeavor that requires the Indigenous and non-Indigenous practitioners to have a familiarity, respectfulness, and willingness to learn each other’s knowledges and worldviews (Wright, Gabel, Ballantyne et al., 2019; Wright, Gable, Bomberry & Wahoush, 2019). Two-Eyed Seeing requires the humility to understand that all knowledge systems and worldviews only offer a partial perspective of reality (Martin, 2012).

Integrating Two Eyes

The Two-Eyed Seeing approach was relevant to my practicum experience as it provided me a guide to develop cultural competency and possessed strong similarities to the social work frameworks I was practicing. Two-Eyed Seeing is similar to the Community-Centered Clinical Practice framework as both frameworks recognize the importance of developing a holistic approach through the integration two different perspectives. In the case of Two-Eyed Seeing, the approach focuses on recognizing both Indigenous and Western ways of knowing, while Community-Centered Clinical Practice focuses on integrating both micro and macro social work practice into a single framework.

Two-Eyed Seeing also shares some similarities with the SFBT framework as they are both considered to be strengths-based approaches to work with individuals and communities. Two-Eyed Seeing focuses on recognizing the strengths and resiliency of Indigenous communities, while SFBT focuses on a strengths-based approach to social work practice. Another similarity shared between Two-Eyed Seeing and SFBT is that they are both based on a social constructionist position. Two-Eyed Seeing recognizes the
interconnections and relationships that make up our perspectives and believes that knowledge is produced through our social interactions (Martin, 2012). These similarities created a harmony between Community-Centered Clinical Practice, SFBT and Two-Eyed Seeing that provided me with a theoretically holistic culturally-informed framework for my social work practicum experience.

In my approach to Two-Eyed Seeing, I focused on the fundamental aspects of the philosophy to guide my exploration for integrating an Indigenous worldview with my existing Western worldview; and how to critically examine how my beliefs, values, biases, perspectives, and opinions effected the people and community I was trying to assist. To begin to integrate an Indigenous worldview with a Western one, it requires the non-Indigenous practitioner to have the support of other individuals with Indigenous knowledge and perspectives (Wright, Gabel, Ballantyne et al., 2019). In many cases this involves learning from Elders, who are the traditional knowledge holders within First Nations communities and from other knowledge keepers of the Indigenous community who were willing to contribute their knowledge, wisdom, and lived experience (Wright, Gable, Bomberry & Wahoush, 2019).

Learning from an Elder

As it was my goal to learn and understand an Indigenous worldview, my first challenge was that I do not have Indigenous lived experience and therefore could not comprehend their experiences. In order to gain a deeper understanding of this worldview, I spent time learning and listening to the Aboriginal staff at the school and participating in Aboriginal cultural practices throughout my practicum. When non-Indigenous individuals seek to join, participate or practice within an Indigenous community, it is
beneficial for them to seek a “gatekeeper” who has knowledge and experience in both worlds of service and therefore can act as a bridge between those worlds (Whiting et al., 2018, p.139). For me this primary individual was Elder Celia Clennell, who was the Elder and Kokum at St. Mary’s Wellness and Education Centre. Elder Celia Clennell, who everyone referred to as Kokum, which is the Cree word for grandmother, spends time with each class where she teaches the students Indigenous ways of knowing, Indigenous culture, and the history of the First Nation people in Canada. Kokum Celia takes the role of a Kokum for all the staff and students at the school and provides support for each one of them.

Fortunately for me, being in a school setting helped my learning experience as Kokum Celia and other Aboriginal staff were already engaged in teaching the students about their Indigenous culture, history, and worldviews. This enhanced my learning as they were experienced instructors who were open to teaching and sharing with me. During my time with Kokum Celia, I was able to learn many aspects related to First Nations culture and worldviews. Kokum Celia taught me the importance of teaching the First Nations culture, as she considered education the path to reconciliation. She shared that the first thing that was taken from the First Nations people was their language and only through teaching Cree to First Nations youth can they recover their identity and independence. She also shared with me the importance of First Nations teachings such as the Medicine Wheel and the Seven Grandfather Teachings (see Glossary). Kokum Celia focused on teaching the Seven Grandfather Teachings because it is the foundation for life and is “where everything comes from” (Celia Clennell, personal communication, January-April 2019). Kokum Celia also taught me the importance of being respectful of
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

First Nations cultural practices such as the feasts, smudges, and the offering of tobacco. She shared the significance of following the specific protocol and why each aspect was important. These aspects ranged from the direction you walk at the smudge, the hand with which you pass tobacco, and the manner to which you are supposed to sit at the feasts (Celia Clennell, personal communication, January-April 2019).

More important than these cultural teachings, Kokum Celia taught me about being a non-Indigenous helper working with Indigenous youth. She told me that “people would be more willing to listen to me due to my skin color” (Celia Clennell, personal communication, January-April 2019). This statement shared the importance for me to recognize my privilege when working with the students and understanding the weight that it carries. She shared that when the students listened to me, I should remember that even if they forgot what I told them; they would not forget how I made them feel. In addition, she advised that I needed to be genuine with the students as they would see right through me if I was not. She also taught me to be aware of the generational pain, trauma, and suffering that exists in First Nations communities, particularly in the Pleasant Hill community. She informed me that while the youth at the school don’t fully understand what happened to their relatives; they do understand that their relatives are hurting. This sense of pain leads the students to be protective of their parents and that no matter what happens in their lives, they are still flesh and blood regardless of the violence, substance abuse, or separations that occur. She stated that this is lifelong and intergenerational trauma which many individuals are suffering from and that I needed to remember patience when working with these families (Celia Clennell, personal communication, January-April 2019).
Elders are an essential resource for any individual working with First Nations families and communities. They provide cultural guidance and mentoring that is essential for developing Indigenous knowledge (Bennett et al., 2011). The collective nature of Indigenous knowledge rests on stories that are drawn from the practical experiences of the Elders (Martin, 2012). Kokum Celia referred to this as Elders going through the four directions of the Medicine Wheel. When we discussed Two-Eyed Seeing, Kokum shared that she understood its value as she has Western knowledge (see Glossary) from nursing, social work, and teaching, while also possessing Indigenous knowledge. For me, my experience with her highlighted the aspect of knowledge gardening, where seeds of knowledge are shared from Elders and planted in an individual’s mind. This sharing of knowledge does not produce its full results immediately but can take many years of self-reflection to fully bloom and be fully appreciated or understood (Schmidt, 2019). The knowledge I gained from Kokum Celia provided me with a guide to follow when developing my own reflections and gave me an entry point to these reflections, through analyzing the deep rooted experiences and beliefs that compose my sense of self.

**Reflections**

**Positioning**

Critical reflection is an essential aspect of Two-Eyed Seeing, specifically regarding the decolonization aspect of the approach. Decolonization is the critical examination of recognizing that both Aboriginal and non-Aboriginal individuals have been influenced by colonization and the ongoing practices and systems directly related to colonization have impacted their biases, prejudices, stereotypes, and assumptions that inform their worldviews (Martin, 2012). Therefore decolonization is the development of
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

critical-awareness where we examine our own cultural identity, develop our own self-awareness of cognitive biases, and understand that how we have been impacted beneficially or negatively from the colonial system, which has massively impacted all communities (Martin, 2012).

Thinking about my social location provided me with a place to begin my reflection process as it defines who I am, how my personal experiences has shaped my life, and how these experiences influence my worldview (Pease, 2006). I am a cisgender Caucasian male in their mid-30’s, who was born and raised in a middle-class Catholic family in Saskatoon and is now a father of two children. My privileged position has provided me the opportunity to expand my Western knowledge through attending post-secondary education, such as my Master of Social Work program. My post-secondary education has shaped my adult experiences by providing me with knowledge I have gained through privilege, such as theoretical perspectives and values. These experiences, knowledges, perspectives, and values have provided me with a partial worldview that has created my own cultural identity and cognitive biases that influence the way I work and engage with others.

Even though my social location differs from the people I was working with due to my power and privilege, I was able to build connections through possessing and demonstrating qualities such as being empathetic, inquisitive, genuine, honest, humble, respectful, and authentic (Bennett et al., 2011). While I knew I would be considered an outsider during my practicum, by possessing and demonstrating these qualities, there were very few instances where students, school staff, or community members treated me negatively or refused to engage with me. This could have been related to my position of
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

privilege, as a response to qualities I possessed or demonstrated or the positive qualities of the students, school staff, or community members. Through building relationships with the individuals and community, I was able to begin my reflection with how my own background and privilege have influenced my values, biases, and beliefs and how these impacted my practicum experience.

Personal Reflection

My reflections took several different methods which included journaling, note writing, developing session reports, asking questions, and engaging in discussions. One personal area I reflected upon that affected my practice was my personal belief in the role parents play in a child’s life. My initial reflections demonstrated that I had a bias towards the traditional Western family system and values. I struggled early on in my practicum reconciling the differences I believe parents play in their child’s lives, compared to that which I was seeing within the students I was counselling. What I saw and heard from students was that their parents often engaged in high risk behaviors, developed poor parent-child relationships, did not provide parental support (i.e. support the interests of the child, offering encouragement, etc.), and often left parental responsibilities to their extended family.

Using a decolonization approach to challenge this worldview, I began to understand the role colonization played upon the development of my own beliefs and the lived experiences of the families I was working with. I was raised and raise my own family in a traditional Western approach. This approach was afforded to me and now to my own children because of how my family and I have benefited from colonization. What colonization afforded me were parents who had the time, resources, and capabilities
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

to raise me in a traditional Western manner. This approach to parenting is deeply rooted in my cognition as it was what I experienced from my earliest memories; and it are these experiences that guide my own parenting approach.

On the other hand, the negative effects of colonization have had intergenerational impacts on the families from the St. Mary’s and Pleasant Hill community. Many of them have had relatives in residential schools and the negative effects of these schools are being seen directly in the current families. One staff member at the school shared with me that while I may not agree with the parenting choices and styles that many parents have chosen based upon my own privilege, I must accept that these parents are making their own choices based upon what they feel they need to do. Furthermore, traditional Aboriginal families value the interconnectedness and interdependence of the extended families and that grandparents, aunts, uncles, and cousins play a more significant role in an Aboriginal family than they do in a traditional Western family. To reconcile these differences, I approached a new perspective by taking a strengths-based perspective by no longer focusing on the deficits I was observing in the families based on a western worldview of families and parenting styles, but instead, focused on the strengths and resiliencies in these families from two eyes, my western eye and with an Aboriginal eye that Kokum Celia was teaching me to see from. Through this effort, I was able to develop a deeper respect and understanding towards the lived experiences of the students and families I was working with. Because I saw how parents were working to overcome their challenges and how they used their support structures to help them was deeply enlightening for me; and these observations began my path of decolonization reflection.
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

In addition to personal reflection, I also reflected on two areas for my social work practice. The first area was reflecting upon the western knowledge that I was learning during my practicum, which related to the micro and macro social work frameworks I was practicing. This related to how I was using the framework and techniques, evaluating their effectiveness, and areas that I could adjust and improve within them. This reflection generally took place after each session I facilitated, whether it was an individual counselling session, a group-based program, or an interdisciplinary initiative.

The other area of reflection was engaging in Two-Eyed Seeing. This reflection was at a deeper internal level which had me questioning how I could engage in integrating both Indigenous and Western worldviews into my social work practice. While I was learning about traditional knowledge such as the Seven Grandfather Teachings and the Medicine Wheel, I struggled attempting to integrate these knowledges into my practice. The primary reason I struggled was that I was wary of culturally appropriating Indigenous knowledge (Martin, 2012).

An example of this struggle was when I was working with a youth who had challenges being honest and respectful towards other people in their life, with my initial efforts to help resolve this issue being unsuccessful. When searching for an alternative approach, I looked towards the Seven Grandfather Teachings, which are traditional Indigenous values and teachings (Hope, 2016). Honesty and Respect are two of the seven teachings and I thought of using the teachings to guide my approach with the youth. Before doing so, I considered the implication of perpetuating colonization through appropriating Indigenous knowledge. I considered if it would be ethical and/or respectful for a non-Indigenous practitioner to use these teachings, potentially in an ineffective or
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

inappropriate manner. Unfortunately for me, I did not recognize this potential opportunity and the ethical dilemma until I only had a few weeks left in my practicum experience. At that time, Kokum Celia was preparing her retirement from the school and I did not have the opportunity to broach the topic with her. Even with that challenge, I understood the potential value of using these teachings, in order to address my concerns of appropriating Indigenous knowledge, I attempted an indirect approach based on the SFBT framework, which was treating the client as the expert. In this approach, I asked the youth if they could explain the Seven Grandfather Teachings to me. I asked follow-up questions hoping to create a link between these teaching and the youth’s current behavior but unfortunately in this case, the youth did not make the connection.

One area where I felt I made progress was in integrating Indigenous knowledge and worldviews into my social work practice was recognizing the importance and significance of Aboriginal cultural practices. During my time at St. Mary’s, I was afforded the opportunity to participate in weekly smudges, drumming/singing/dancing sessions, and end of season feasts. Over the course of my practicum, I learned the significance that these cultural practices have in Aboriginal communities. I was able to learn and reflect upon the meanings behind each cultural practice, whether it was my role in the drumming circle, the significance of each song that was sung, the importance of offering an Elder tobacco, and many others.

The first day of my practicum experience coincided with the winter feast at the school. A First Nations feast generally has many cultural protocols which must be followed, and my first feast was an overwhelming experience. For the second feast, I had the opportunity to participate in the role of Oskāpēwis (see Glossary). In this role, along
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

with other male students and school staff, we were responsible for serving the food in a specific manner and order to the attendees. This involved smudging oneself and the food, moving around the gym in a clockwise direction starting with one type of food before moving to the next, serving the Elders first, participating in the pipe ceremony and making sure no food was thrown away. Each of these aspects played an integral role in the feast and I learned the significance of each aspect of the feast. Reflecting upon these cultural practices helped me gain a deeper understanding of Indigenous worldviews. My initial feast was an overwhelming experience because I had no foundation of Indigenous knowledge to guide my perceptions. Once I had gained introductory knowledge on Indigenous knowledge and worldviews from Kokum Celia and the other Aboriginal staff, I was able to apply that knowledge when making connections to the cultural practices I observed or participated in, which demonstrated my desire, appreciation and respect for Indigenous knowledge, practices, and worldviews.

Two-Eyed Seeing challenges us to learn to see the world in a way that simultaneously appreciates the strengths of the Indigenous knowledge and worldviews with one eye and a Western perspective with the other (Marshall et al., 2015). It involves an individual constantly examining their own perspectives, beliefs, values, biases, and opinions to fully appreciate commonalities and differences between the worldviews (Wright, Gabel, Ballantyne et al., 2019). Engaging in Two-Eyed Seeing is an immensely slow and complex process, that even when one is being active and intentional about it, it takes a significant amount of time and energy. The analogy of knowledge gardening is an apt analogy as it illustrates the time it takes before the blooming of Two-Eyed Seeing (Schmidt, 2019).
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

My application of Two-Eyed Seeing was not without challenges. It required me to be humble in what I did and did not know, to possess an ongoing willingness to learn, to build relationships with an Indigenous Elder, and to spend time reflecting on my experiences (Wright, Gabel, Bomberry & Wahoush, 2019). Although, while at St. Mary’s, I felt that I was unable to fully integrate Indigenous knowledge and worldviews into my direct social work practice and initiatives; integrating a Two-Eyed Seeing perspective into my practice did provide me with some context and understandings that are needed when working with Indigenous youth and communities. As a non-Indigenous social worker, I began my journey towards a Two-Eyed Seeing approach by learning to respect, understand, and value Indigenous knowledge through learning from Kokum Celia, the other Aboriginal staff, and participating in Indigenous cultural practices. My journey continues.

Ethical Considerations

There are several ethical challenges when practicing in a school setting with several different interdisciplinary initiatives like St. Mary’s. In order to address these challenges, school counsellors, and social workers rely on the ethical and professional standards established by their professional associations (GSCS, ND). As a social work practicum student, it was my duty to follow the ethical guidelines and standards of practice determined by the Canadian Association of Social Workers (CASW) and the Saskatchewan Association of Social Workers (SASW). Both these organizations provide a Code of Ethics and a Standards of Practice for social workers to guide towards an ethical practice within the social work profession.
During my practicum, most of the ethical challenges that I experienced revolved around the concept of confidentiality, which is a fundamental value of ethical social worker practice (CASW, 2005). According to the CASW (2005) *Code of Ethics*, confidentiality is “a cornerstone of professional social work relationships” (p.7). Maintaining strict confidentiality is difficult in a school setting as there are several confidentiality challenges. Challenges that I identified during my practicum were how much information to share with teachers and other interdisciplinary staff, the rights guardians have to be informed of and consent for interventions, the confidentiality limits each student possessed, and the guiding principle of the best interests of the child. In order to alleviate these challenges, I was upfront and direct with the staff and students I was working with in order to demonstrate transparency of the boundaries and limits of confidentiality (CASW, 2005).

An example of this transparency was the confidentiality speech I gave to each student prior to engaging them in a counselling session. I stated in the simplest terms I could what information would stay confidential and what information I would be obligated to share. I also stated that there could be information that falls between those two areas and that if it did come up, I would ask their permission to share that information with their teacher, guardian, family service worker, or other relevant party. The need for this type of transparency was evident when one student disclosed to me that they had just been inappropriately touched or assaulted at school. The student was in a severe panicked and emotional state when they disclosed and requested that I not share the disclosure with anyone. Fortunately for me, my professional associate was with me at the time and I was able to remind the youth of the confidentiality conversation that had
occurred in our prior sessions. I felt that I made the student more accepting of the need to
inform the principal of the event, as we had previously discussed my confidentiality
limits and my duty to report in our first conversation. If I had not had this initial
discussion and had instead broached the issue of confidentiality when they were in
distress, the student could have felt guilt, shame, upset, or that I have broken their trust
(Blundo & Bolton, 2017).

Another example of where I struggled with confidentiality was the instance where
I disclosed that a student was no longer taking their medication during a monthly group
interprofessional meeting to discuss cases at the school. During this meeting, when the
health practitioners and LATs were discussing why they were unable to identify why a
youth was not responding to their medication, I disclosed that the youth had shared with
me that they were no longer taking their medication. This information was given to me
unsolicited and initially confused me as to why the student would even bring it up in
conversation. The reason why I struggled with this decision was that the student may not
have intended me to share that information. While this information was disclosed to me
when I was facilitating an afterschool session and in front of another youth, this student
did know I was at the school fulfilling the role of school counsellor and I did not know
for certain their intention for disclosure. In this instance, I relied on SASW Standards of
Practice which states that “a social worker may disclose information to persons within
their organization who, by virtue of their responsibilities, have an identified need to
know” (SASW, 2017, p.12). In this case, I deemed this information as necessary for the
doctors to know as they were the ones responsible for prescribing medication to this
youth. I did not want them to consider a change in medication or doses without having this necessary information.

Other challenges to confidentiality I identified during my practicum were that it was easy for other students to identify students receiving counselling interventions, that it was challenging to ensure complete privacy for individual and group counselling sessions, and that school staff occasionally engaged in conversations about students in front of others. While it is impossible to completely reduce all these challenges, I was constantly engaged in taking small steps to reduce these challenges the best I could, such as not always pulling youth from class personally, setting up “do not disturb” notes on doors, and asking school staff to speak in private or afterschool when there are fewer people around.

**Conclusion**

The overarching goal of my MSW practicum experience was to develop a culturally-informed integrated approach to social work practice. The three frameworks and approaches I followed to meet this goal were SFBT, Community-Centered Clinical Practice and Two-Eyed Seeing as I felt that each of these frameworks could each contribute individually and collectively to this goal.

Each framework provided me with assistance and guidance to facilitate the interventions and initiatives I undertook at the school and contributed to my individual practicum goals. SFBT demonstrated the benefits of being a strength-based approach, focusing on incremental improvement and being client led; all of which were key factors in promoting positive change within the students. A Community-Centered Clinical Practice framework provided an outline for how to engage in social work practice that
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

operated on a continuum between micro and macro social work practice. A Two-Eyed Seeing philosophy guided my approach for helping me to learn how to integrate Indigenous knowledge, values, and worldviews into my Western knowledge and experience of social work practice. These frameworks are more than a collection of techniques or guidebooks to follow. They should be considered a philosophical approach or a mindset. These frameworks provide a source of reflection which establishes a way to conduct oneself both within practice and within one’s daily life.

What I learnt from engaging in these frameworks through reading, interventions, initiatives, conversations, activities, and personal reflections were that they all shared a strong connection and symbiosis to one another. When reflecting about how these approaches complement one another, I am reminded of the teachings of the Medicine Wheel and the importance of interconnectedness within Indigenous culture. One should view these frameworks from a perspective which identifies and understands the interconnections between them. SFBT and Community-Centered Clinical Practice are connected through offering a social work therapeutic framework that has tenets and techniques that can be applied to both micro and macro social work practice. Community-Centered Clinical Practice and Two-Eyed Seeing are connected as they both understand the value between blending two different perspectives or knowledges to gain a holistic viewpoint. Two-Eyed Seeing and SFBT share a connection by both emphasizing a strength-based perspective and by understanding that positive changes will come from an individual’s or a community’s own inherent strength. Individually, each of these approaches provide numerous benefits to social work practice but when used in conjunction, they present a truly holistic approach to social work practice (see Figure 1).
Overall, this practicum demonstrated the benefit and practicality of working with youth, families, and communities through an integrated holistic approach to social work. Without the ability to work in both the micro and macro domains of practice, a social work practitioner would be limited in the diversity of interventions which they are able to engage in. From my perspective and experience while at St. Mary’s, being knowledgeable and being experienced in facilitating interventions and initiatives using both domains of practice and using ‘two eyes’ is critical to the future of the profession.

For many years there has been a growing recognition of the importance of social work and other services to be offered directly within communities. This community approach to service delivery is essential for working with individuals and families who are in dire need of support. In the core neighbourhoods of Saskatoon, there are several services and organizations who work in coordination with one another with the aim of providing holistic solutions to the problems that exist. To improve effectiveness within these services and organizations, human service workers must be guided by social workers and other professionals who take an integrated approach to practice, where micro
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

practice informs macro practice and vice versa (Austin et al., 2016). For example, macro practitioners such as directors, managers, and community organizers would possess micro knowledge and skills regarding the development of client empowerment, psychological processes which impact behaviour, and clinical practice that can guide interventions. As well, it would require micro clinical practitioners to possess knowledge and skills related to community engagement, the creation, facilitation, and evaluations of programs, and to the development of interdisciplinary partnerships with other organizations (Austin et al., 2016).

While it is impractical to require all professions that are engaged in community-based work to possess these qualities, social work is an ideal profession to act as a bridge between those who practice solely in the micro or macro domain. This integrated practice does not require a social worker to abandon the pursuit of specialization or to reduce their practice solely to a generalist approach. An integrated approach seeks social workers who understand that practice needs to operate on a continuum between micro and macro and that specializations can only enhance their overall practice (Austin et al., 2016). By having social workers who practice an integrated micro and macro approach at all levels of these systems, organizations, and service delivery would truly represent a holistic approach to working with individuals and communities. Possessing an integrated approach to practice that operates within micro and macro practice is both the original foundation of the profession and its future (Austin et al., 2016).

In conclusion, I undertook this practicum experience at St. Mary’s Wellness and Education Centre in order to meet my three overarching goals of gaining micro and macro social work practice experience, understanding the benefits of an integrated
holistic approach to practice, and developing cultural competency when working with Indigenous students, families, and communities. The professional knowledge, experience, and reflections that I gained from this endeavor did provide me with a new perspective on holistic social work practice. The personal reflections that I have gained, both from reflecting upon my own beliefs and from understanding other worldviews, values, perspectives, and lived experiences have enabled me to become a more knowledgeable social work practitioner. I am eternally grateful for the practicum experience but also for all that the individuals within the St. Mary’s community, who have taught me and shared with me through this experience.
References


INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

Oxford University Press.

https://www.caswacts.ca/sites/default/files/attachements/casw_code_of_ethics_0.pdf


CTV Saskatoon. (2013, April 3). Program aims to teach girls about aboriginal culture. https://saskatoon.ctvnews.ca/program-aims-to-teach-girls-about-aboriginal-culture-1.1223217


Education Connections. (2017). Strengthening attendance and retention of Indigenous youth in elementary and secondary schools in Canada and beyond. http://www.afn.ca/event_download/478e1939-2d72-47c0-83ef-05440aee1381/40754b7b-4569-43fc-82e5-6aa212f01b21/544475d1-9b73-4a1d-
INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

9a39-559dce3bf3fb/D5.%20FNEII%20-%20Attendance%20Environmental%20Scan.pdf.


Frey, A. J., Raines, J. C., Sabatino, C. A., Alvarez, M., Lindsey, B., McInerney, A., &
Streeck, F. (2017). The national school social work practice model. In L. V. Sosa, T. Cox, & M. Alvarez (Eds.), *School social work* (pp. 27–38). Oxford University Press.


Greater Saskatoon Catholic Schools. (n.d.). *The role of the elementary school counsellor.*


Greenwood, M., Lindsay, N., King, J., & Loewen, D. (2017). Ethical spaces and places:

https://doi.org/10.1177/1177180117714411


https://doi.org/10.1177/1049731507307807


https://www.saskatoonhealthregion.ca/locations_services/Services/Health-Observatory/Documents/Reports-Publications/HealthDisparityRept-complete.pdf


https://www.saskatoonhealthregion.ca/locations_services/Services/Health-Observatory/Documents/Reports-Publications/Lemstra_HealthDisparity_2006.pdf


https://doi.org/10.1080/08841233.2018.1548408


https://doi.org/10.1080/00377310109517635

INTEGRATED APPROACH TO SOCIAL WORK PRACTICE


INTEGRATED APPROACH TO SOCIAL WORK PRACTICE


INTEGRATED APPROACH TO SOCIAL WORK PRACTICE

school-division-faces-job-cuts


