

Empowering Young Mothers:
A Field Practicum Report
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Abstract

This report discusses my experiences as a Master of Social Work (MSW) practicum student from University of Regina at a community agency, Family Service Regina (FSR). An overview of the agency and its Teen Parent Program are included in the report. Formal individual counselling and group work were incorporated in the practicum placement, as well as support work and community presentations, through the Teen Parent Program. Theories implemented in individual counselling sessions and the processes of facilitating a ten week “When Love Hurts” group are discussed. These theories are feminist approach, client-centered approach, solution-focused brief therapy, motivational interviewing, and narrative therapy. Approaches used in above mentioned practicum experiences will be discussed in relation to ideology, theory, values, ethics, relationships, skills and strategies. The report ends with a brief discussion on empowerment and conclusions in relation to visions for future work as a social worker.

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To my parents: thank you for all that you do for me and for making the last two and a half years of my education possible - there are no words to describe how grateful I am to have you. To my sister Gordana and my daughter Elena – thank you for brightening my days, I love you beyond words.

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Introduction

In undertaking my Master of Social Work Degree, my goals in expanding my academic knowledge and professional practice were to enhance and further develop counselling skills and to apply and expand my theoretical knowledge as it relates to counselling. I strongly believe that as a social worker, the clients I work with, regardless of the settings or systems where practice takes place, can greatly benefit through the work that I do only if I continually work on learning new knowledge, digging deeper into various theoretical approaches and applying this to my everyday practice.

The practicum was completed over a three month period, from September to December 2014, at Family Service Regina (FSR). I wanted to work within an agency that offers counselling services. I also wanted to have an experience in a non-government agency, as my professional career thus far has been within government agencies. What I knew of Family Service Regina, prior to my practicum placement, was that they offered counselling services to individuals, couples and families of our community. What I learned as I started my placement was that they not only offer counselling services, but that they also offer a wide range of other services which will be further discussed in the later pages of this report.

My learning goals for the practicum were the following: to enhance counselling skills and gain experience using direct individual counselling with teenage mothers; to become educated on completing addictions assessments; to become familiar with the programs of Family Service Regina, including Community Counselling, Domestic Violence Outreach Program and Teen Parent Program; and to enhance research skills, build skills around group facilitation and giving presentations. I was able to successfully meet all of the above learning goals in this three month, 450 hour, practicum experience.

I am extremely grateful to have had the opportunity to work within the Teen Parent Program, in various roles. I was able to act as a support worker, counselor, advocate, and co-facilitator of an educational group. I had the opportunity to participate in giving presentations in the community on agency services, as well as obtain basic knowledge on completing addiction assessments. Further, I was able to attend trainings and seminars at and outside the agency. My experiences, new skills learned and existing ones enhanced, and my personal/professional reflections during my practicum placement are discussed in this report.

About the Agency

Family Service Regina was founded in 1913 (Pitsula, 2001). It is a not for profit agency governed by a volunteer group of board members. The agency's mission and vision statements are as follows: "Family Service Regina strengthens individuals, families and communities through responsive leadership and innovative programs and service (Family Service Regina, 2015, para. 6). Family Service Regina envisions a safe, inclusive and vibrant community in which all people are resilient, confident and filled with hope" (Family Service Regina, 2015, para. 7). Having initially opened its doors over a hundred years ago, the agency has an extensive history of providing services and serving individuals and families of our community.

Family Service Regina's mandate is "to support healthy families and strong communities, recognizing that these go hand in hand. We know that when we help an individual or a family, the benefit flows to the entire community" (Family Service Regina, 2015, para. 1). The agency offers services to any community member that may require them, and serves a diversity of individuals. Family Service Regina "offers support, hope and opportunities to help people grow healthy families and strong communities" (Family Service Regina, 2015, para. 3), through Counselling, Teen Parent Program, Seniors' Programs and the Domestic Violence Program. Within these programs, various support and educational groups are also available.

Counselling services are offered to individuals, couples and families. This includes the Employee Assistance Program and the Walk-in Counselling Clinic. The Teen Parent Program is available to young women and men who are either expecting a child or are parenting; this program is described in more detail later in this report. Seniors' programs include Older Adult Response Services (OARS) and Grocery Delivery for Seniors (Family Service Regina, 2015). Older Adult Response Services offers supports to seniors based on their unique needs (Family

Service Regina, 2015). Those who would benefit from this service include older adults experiencing elder abuse (financial, physical, emotional), or those living in the community independently who lack family or other community supports (Family Service Regina, 2015). Grocery Delivery for Seniors consists of a group of volunteer high school students who deliver groceries to seniors (Family Service Regina, 2015). The Domestic Violence Program is involved with victims of domestic violence who refer themselves to the program or are referred by the Regina City Police. The service they provide may be one-time to continuous involvement including advocacy and emotional support. Participation in all/any services the agency provides is voluntary.

Being a not for profit agency, FSR has faced many challenges over the years with attaining funding to keep its doors open (Pitsula, 2001). Services the agency provides, other than counselling, are provided free of cost, with the exception of a few groups. Counselling fees are based on income (with a set maximum per session), thus removing the barrier for those who have a low income and may not be able to afford the service. During my time at FSR, the agency staff worked on receiving additional funding in order to offer child-minding service for various groups run at the agency. For one of the groups, they were able to procure funding and the service is available for a trial period.

Teen Parent Program

The Teen Parent Program offers support and guidance to young mothers ages 13 to 21. It is also available to young men who are fathers or are expecting to become a father. The program consists of two full-time teen parent workers employed by FSR. The role of Teen Parent workers is to provide guidance and support to young parents within a multidisciplinary team. The program is part of support services offered at the Shirley Schneider Support Centre (SSSC)

located at Balfour Collegiate. Teen Parent workers are accessible at SSSC as well as at FSR. The majority of service users are students from the SSSC.

Shirley Schneider Support Centre (SSSC) is an education program designed for pregnant and parenting young women (Balfour Collegiate, 2014). “The support centre is a caring, trusting, supportive environment for pregnant and parenting teens in pursuit of education, self-esteem and lifelong learning” (Balfour Collegiate, 2014, para 1). Services at SSSC are available to pregnant and parenting young women only. Although the Teen Parent Program is accessible to young fathers from the community, all of the clients I interacted with during my practicum were female.

Guidance and support provided through the Teen Parent Program includes: crisis intervention, assistance in obtaining child care, education planning, transportation, problem solving, group support, infant development education, decision making, assistance with housing issues, career planning, legal referrals, relationship counselling, financial information, access and custody referrals, and referrals to other supportive services (Family Service Regina, 2015).

Support offered to young mothers through formal services such as places of education and employment, counselling services, income assistance and housing services play an important role, in addition to formal supports such as family members, friends and/or neighbors (Schrag & Schmidt-Tieszen, 2014). Where informal supports are lacking, the need for formal supports becomes even more significant. Teen parent workers identify existing support networks with young mothers and provide services based on assessed need to those who get involved with the program.

Anyone attending SSSC can potentially become involved in the Teen Parent Program. One may access services by voluntarily contacting one of the workers from the program, or they can be referred by a teacher at the school. In providing school engagement support when there might be attendance issues, the workers might be the first ones reaching out to the student. At times teachers raise concerns and a worker may reach out to the student to offer support.

Young women access services and supports offered by the program for a variety of reasons. These reasons include requiring a phone number to contact a social worker at the Ministry of Social Services or seeking someone to talk to regarding issues such as anxiety, depression, death of a loved one, or following an episode of domestic violence.

The Program provides young mothers the opportunity to determine their direction in life, define their own success and foster decision making. This is accomplished without treating young mothers as a problem that needs fixing, as may be implied by societal views of teenage pregnancy (Weed, Nicholson, & Farris, 2015). Stereotypes held in society regarding teenage pregnancy are mostly negative and “teenage mothers are generally considered to be young women deficient in morals and conduct...” (Arai, 2009a, p. 19, as cited in Weed, Nicholson, & Farris, 2015).

Young mothers experience “a level of judgment and hostility across a wide range of social sites such as schools and education facilities, health, welfare and housing services, in their neighborhoods, and from their families” (McDermott & Graham, 2007). Support, guidance and assistance offered through the Teen Parent Program, combined with the specialized learning environment provided to young women at the SSSC, creates an atmosphere of empowerment to young women. Having access to resources such as the Teen Parent Program in a school environment allows young mothers to break away from societal stereotypes and judgments. In

utilizing services available to them during my practicum, young women described feeling more connected to society.

Ideology

Theoretical frameworks influence and shape our ideologies and how we perceive the world. Traditionally the focus of social work has been on the individual and his/her environment (Coady & Lehmann, 2008). This theoretical framework stems from the person-in-environment perspective which is informed by the ecological systems theory (Coady & Lehmann, 2008). Within this framework, the focus is not solely on the individual, rather on the individual as part of other systems (Payne, 2005). Social problems and individual problems can be explained, understood and improved by an exploration of individual's social connections and relationships. The person-in-environment approach, along with feminist theory, person-centered approach and strength-based theory, provides an overarching ideology for understanding the issues experienced by adolescent mothers.

Perspectives on Adolescent Mothers

Issues of adolescent girls are complex. Issues of adolescent mothers are even more complex. Adolescent mothers are going through changes and growth themselves and are attempting to meet their own developmental needs, while at the same time facing challenges of fulfilling the needs of their child/children (Pryce-Robertson, 2010). Young mothers also face stigma that is attached to having a child at a young age (Weed, Nicholson & Farris, 2015). These young women face a multitude of societal barriers, socio-economic barriers, and oppressive barriers which exist and make it difficult if not impossible to flourish as members of society. The stigma attached to teenage pregnancy (Weed, Nicholson & Farris, 2015) combined with barriers young mothers face have an effect on their self-esteem and their self-confidence.

The person-in-environment framework (van Wormer, 2007) shapes my own ideology together with feminist beliefs discussed later in this report. Systemically and academically we explore different ideologies; however their meaning lies with the human experience. Framing my own experience within these theories has allowed me to develop richer connections between theory and practice. Growing up during a time of conflict in Eastern Europe followed by immigrating to Canada, building new relationships, and complicating my micro, mezzo and macro systems added new depth to my world view. The fluidity throughout my personal experiences, including attempting to manage academics and a career while taking on the challenges of single parenting, has further shaped my ideologies and created new spaces for connections within my practice.

An individual's or an organization's ideology guides the development of processes and approaches in dealing with presenting client issues and social problems. Family Service Regina's ideology uses a client-centered approach in the provision of their services (Family Service Regina, 2015). The client-centered approach to service delivery (Rowe, 1996) is evident in the way FSR strives to make services available based on client's needs. The agency is continuously evaluating and enhancing services as client need change (Family Service Regina, 2015). Their ideology is also driven by the principles of a strengths based approach (Saleebey, 2002). The agency's focus is on working together with people and drawing from people's strengths (Family Service Regina, 2015). The agency recognizes the power and abilities people already have within them. They work to help individuals to identify and utilize their own strengths, abilities, and potentials through the work they do every day.

Family Service Regina recognizes the struggles that young mothers face. The agency has placed their Teen Parent program in the school to ensure services can be accessed where these

girls are already engaged. This creates safe spaces for young mothers to connect with Teen Parent workers without having to leave the school. I believe the barriers that exist can be removed with help of services of FSR in conjunction with supports provided by SSSC.

Family Service Regina ensures they are not doubling existing services: Teen Parent workers work closely with other service providers at the school including Addiction Services, Planned Parenthood and the Elder involved at the school. This allows for a holistic approach to the agency's service delivery (Payne, 2005), and incorporates additional support systems for clients. Stemming from the ecological systems theory, an awareness and inclusion of a multiple systems is important in working with individuals (Payne, 2005). For service providers to have an understanding of the biological, psychological and social maturity of young mothers in order to provide appropriate service is equally important (Pryce-Robertson, 2010).

Along with considerable knowledge related to adolescent development, I believe recognizing and exploring underlying issues is vital in helping young mothers. The young women I worked with during my practicum came to see me with a presenting problem such as housing, employment or childcare. Underlying issues were even more serious and complex problems such as violence in their lives, poverty, abuse, alcohol/drug use, mental health issues. This became evident through discussions with young women and through counselling sessions.

It was evident throughout my practicum that young mothers require encouragement and emotional support to believe in themselves. They require moral support to be able to flourish, succeed and overcome the barriers they face. Integrating my personal perspectives together with FSR's approach to service delivery gave me the opportunity to provide counselling to young women. Through counselling, I offered emotional support, guidance, compassion, encouragement and advice (when appropriate) in a respectful, nonjudgmental way. I observed

young women leaving my office feeling uplifted. I found having a counsellor accessible on-site at the school was beneficial to the students. They were able to drop-in and discuss issues when they needed to without having to make appointments.

Theory

One of the main learning goals for my practicum was to have direct counselling experience in order to improve and enhance my counselling skills. In my previous roles as a social worker, providing brief counselling to clients occurred; however, I have never had experience providing more intensive counselling services.

Initially, the practicum plan was that the two Teen Parent Program workers would refer four to five students to me. However, my role expanded from counsellor to a full Teen Parent worker. Teen Parent workers handle presenting issues such as housing and general support. The counsellor would address more complex mental health concerns such as anxiety, depression or eating disorders. Because of this, the line between providing general support and acting as a counsellor was somewhat blurred. The majority of the counselling that occurred at SSSC was crisis counselling.

My interest in counselling led to researching the theoretical perspectives as they apply to counselling. I found the following five theoretical approaches as most relevant to my practice. They are the focus of this report and include: feminist approach, client-centered approach, solution-focused brief therapy, motivational interviewing, and narrative therapy.

Feminist approach

Feminist theory is connected with my social work practice. At the core, both hold beliefs in the worth of all human beings. Since the birth of feminism, it has evolved through different 'waves' and a variety of feminist perspectives exist today. These include: Liberal feminism, Radical feminism, Socialist or Marxist feminism, Black feminism, and Postmodern feminism (Payne, 2005). These perspectives were developed to help explain inequalities between women and men (Payne, 2005). Initial concerns of feminism, dating back to the 1800s, were regarding

property and political rights in relation to gender differences (Payne, 2005). Prejudices oppressing women have been challenged by feminists all over the world (Basu, 1997, as cited in Dominelli, 2002). Inequalities between men and women persist and gender continues to be the defining variable of disparities between men and women (Davis, 2001), “social relations continue to privilege men simply because they are men (Dominelli, 2002, p. 85).

Feminist social work takes into account the intricacies of women’s lives and attends to women’s needs in a holistic manner (Dominelli, 2002). Dominelli (2002) summarizes the main ideas manifesting in feminist social work which include:

...valuing women’s strengths; eliminating the privileging of certain groups of women to prevent difference from becoming a basis for unequal power relations between different groups of women; considering women as active agents capable of making decisions for themselves in all aspects of their lives; locating individual women in their social situations and acknowledging the interconnections between the individual and collective entities relevant to them; providing women with the space to voice their own needs and solutions to problems...(p. 162-163)

In addition, Dominelli (2002) emphasized the importance of being aware of the diversity among and between women. Understanding the complexity of women’s issues begins with recognizing these differences. Women’s issues and women’s lives are further complicated by intersectionality; a term used in feminist theory to describe how oppressions do not exist independent of one another, rather as interlocking. (McPherson & McGibbon, 2010).

Feminist intersectionalities are intricate (McCall, 2005). They accentuate the interconnected effects of oppressions faced by women stemming from race, class, gender, sexuality, etc. (Thornton Dill & Kohlman, 2012). Robinson (1993) indicates that

“...disadvantaged gender, race, class and cultural positions may provoke feelings of powerlessness and, by breaking the silence about the enormity of those intersections while also focussing on client strengths, counsellors might encourage their clients’ empowerment” (as cited in Menz-Verhulst & Radtke, 2008, p. 5). Exploring the multiple, interconnected systems of oppression provides for a better understanding of women’s identities in relation to their social location. For example, individual experiences of women living in different aspects of poverty uncover differences and similarities of those experiences with respect to intersectionality. Intersectionality unveils similarities and differences related to oppressions faced by women compared to other women, and are complex, exploring them allows for finding new ways of knowing and recognizing clients’ perspectives (Menz-Verhulst & Radtke, 2008).

Perry (1993) explains, there is not one way of feminist counselling that we can learn, rather, feminist ways of counselling is in the counsellor’s approach and the way he/she connects with clients. “It is essentially a perspective that allows fluidity, acknowledges interconnectedness and encourages exploration” (Walker, 1990, as cited in Perry, 1993). In using a feminist approach to counselling, counsellors require an understanding of issues that women bring to counselling as well as awareness that presenting issues often are representative of other, deeper, underlying problems (Twist, 2005, as cited in Ross, 2010). These underlying problems are often related to external factors, such as oppression or poverty. Identifying the connection between individual issues and external factors which influence them is a central aspect of feminist counselling (Evans, Kincade, & Seem, 2011).

In working with a diverse client population, being aware of one’s own personal values and beliefs is vital. We all have different life experiences which shape us into who we are and what opinions we may have on various social issues and social problems. By having this

awareness and an utmost respect for diversity for individuals, we are able to place the client first. This means attending to client's needs and focusing on their preferences, as opposed to our own. Respecting the client and recognizing that he/she is the expert on his/her own life allows the feminist counselor to develop meaningful therapeutic relationships with the client. (Evans et al., 2011). Feminist counsellors ensure that their own beliefs and values do not influence their clients (Enns, 2004) and they are open regarding their own values in order for clients to be able to make their own decisions regarding working with specific counsellors (Evans, et al., 2011). Openness concerning personal values relates to self-awareness, which is essential in counselling. Self-awareness allows us to understand our own beliefs and values and to be conscious about our attitudes towards issues that affect individuals. These issues, whether political, psychological, or sociological are ever changing. It is through self-awareness and continuous learning that feminist counsellors grow and increase their awareness (Enns, 2004), thus becoming better helpers. As Enns (2004) elaborates, feminist counsellors "expand their own worldviews by becoming informed about the life experiences of diverse groups of women..." (p. 20).

Learning from our clients about their lived experiences needs to happen in every session. Ethical guidelines for feminist social work indicate:

a feminist therapist is aware of the meaning and impact of her own ethnic and cultural background, gender, class, age, and sexual orientation, and actively attempts to become knowledgeable about alternatives from sources other than her clients. She is actively engaged in broadening her knowledge of ethnic and cultural experiences, non-dominant and dominant. (Feminist Therapy Institute, 2000, p. 2)

My background knowledge and understanding of feminist theories allowed me to explore issues through a lens of critical challenge, by taking into account and exploring oppressions

faced by clients, such as racism or sexism. Feminist approach to practice helped me understand the connections, interconnections, and intersections of oppressions faced by young mothers during my practicum. My personal experiences helped me understand, appreciate and sympathize with the multitude of difficulties young mothers face. I am familiar with the challenges associated with raising children, living on a limited income, attending school, maintaining employment, while at the same time attempting to remain mentally healthy. Combining my knowledge obtained through academics and personal experience, I was able to assist young women I worked with to identify their own oppressions such as cultural background, gender, and age, which are disempowering to them. Once they identified oppressions, together, we explored ways in which these oppressions affected presenting problems and issues young women were dealing with, related to their mental health. This exploration led the young women towards personal growth, change, and empowerment.

Client centered approach

The client centered approach, also referred to as person centered approach, is an approach to counselling developed by Carl Rogers (Miller, 2012). Rogers, the “father” of client centered approach, believed in the fundamental good in people and their ability to make their own decisions (Shebib, 2007). The key concepts of the client centered approach are: self-actualization, self-concept and self-structure, unconditional positive regard, working alliance, congruence and empathy (Miller, 2012). These concepts are considered necessary in order to build and maintain a relationship with a client. Rogers referred to this relationship as a therapeutic alliance (Shebib, 2007). The concepts of empathy and unconditional positive regard are briefly discussed here.

Empathy, which is a common theme in counselling, is described by Miller (2012) as a therapist's way of being able to see the world like the client would see it. Empathy is one of the key concepts of client-centered approach and is seen as a necessary skill in therapy. In therapy, this approach requires the counsellor to set aside his or her own feelings and reactions to what the client is saying or feeling. As indicated by Gilliland and James (1998), "empathy becomes judgmental when the counsellor not only reflects the client's feelings state but also applies his or her own emotional yardstick in measuring its appropriateness for the client" (p. 117-118, as cited in Shebib, 2007).

Unconditional positive regard in a therapeutic relationship means to accept clients as they are and to accept their feelings as they are, without any conditions (Miller, 2012). It aligns with the core values and principles of social work. To use unconditional positive regard is to respect a client and to have the "ability to recognize the inherent worth of people, regardless of their behavior" (Shebib, 2007, p. 9).

For counsellors to effectively communicate with others in a therapeutic relationship, an awareness of self is essential. At times, social workers are required to take a more directive stance in their practice which can conflict with this counselling approach (Miller, 2012). However, it is still important to implement the key ideas of this approach in our working relationships with clients.

In building relationships with clients during counselling sessions throughout my practicum, I was conscious of being empathetic and client-centered. I provided a non-judgmental and safe environment for young women to express themselves and tell their stories. I ensured that the young women felt heard, understood, and respected, regardless of what was being discussed. Most importantly, I demonstrated my value of the young women's ability to

uncover solutions to individual problems by themselves and utilizing my skills and knowledge only as a guide and support towards solutions.

Solution Focused Brief Therapy and Walk-in Counselling

The approach of solution focused brief therapy focuses on strengths, positives, and solutions. It emphasizes outcomes or results. Walter and Peller (1993) state that conversation regarding solutions and desired change is foremost in the counselling session. It should happen early in the counselling process.

Solution focused brief therapy is used at FSR in walk-in counselling (Family Service Regina, 2015). An individual seeking counselling in dealing with a current issue can benefit from a single therapy session when this type of solution focused brief therapy is applied. It differs from other types of therapy in the way that the counsellor will work with the individual towards resolving the issues at hand. The issues will likely be resolved or solutions to the issue will be figured out in one single session. The counselor will focus on the individual's strengths in the session, drawing from what has worked in the past, as a way of solving what the issue is now. The focus is on the current issue that the individual is dealing with and not something from the past.

One of the ways a solution to an issue can emerge is by the counsellor using the "miracle question." Such question might look like: "If a miracle happened tonight and you woke up tomorrow and the problem was solved, what would you be doing differently?" (Walter & Peller, 1992, as cited in Walter & Peller, 1993, p. 80). During my practicum, I frequently found myself using miracle questions. By doing so, I observed that the issue seemed less of an issue after she answered a miracle question. By exploring the miracle question, the solution quickly became

evident. The approach seemed to work well with walk-in clients. Clients are able to come up with solutions quickly and move on with the rest of their lives.

Should the problem require more than one therapy session, the individual may seek further counselling to address it. At FSR, when a person requires counselling beyond the one session, he/she may be referred for further counselling and placed on the community waitlist.

Elsewhere in Canada, walk-in counselling clinics use solution focused therapy in helping people. In Calgary, Alberta, a walk-in single session therapy clinic has been successful in its service delivery since opening its doors over twenty years ago (Harper-Jaques, McElheran, Slive, & Leahey, 2008). Walk-in single session therapy service is also available in the United States, Great Britain, New Zealand, Australia, and among other places (Brown, 1984, Campbell, 1999, Manthei 2006, as cited in Slive, McElheran & Lawson, 2008). The most important component of “brief therapy” and walk-in clinics is having the service available to clients when they need it, as opposed to waiting on a waitlist for weeks to see a counsellor. Harper-Jaques et al. (2008) provide an overview of the walk-in model.

Effective help can be provided in one hour. Clients are the best judge of what they need and when they need it. A therapist is a consultant who works with the client to address the need. The resources and competencies of the client can be mobilized to move the client toward problem solution. Risk of harm to self and/or others is always addressed and action is taken by the therapist, if indicated. (p. 42)

Research indicates a high satisfaction rate with walk-in counselling (85-90%) (Miller, Slive, & Protinsky, 1997, as cited in Slive, McElheran, & Lawson, 2008).

The waitlist for counselling at FSR was approximately two months long. Having a service like the walk-in clinics is client oriented and can decrease waitlist times for counselling.

I found that the clients who “walk-in” found solutions and addressed their issues in one session. Solution-focused brief therapy also proved to work well at the school’s SSSC, with walk-in or drop-in counselling. Problems would be solved with one single session which was beneficial to the students.

Brief therapy works in some instances but not in others. As a Teen Parent worker, I knew more about the complexity of the issues facing some of these young women. One session was not going to address the situation every time. At times, I felt pressure from other workers to take on these young women in counselling sessions. However, these students were not ready to address those issues and did not return. It was clear that readiness for change is a crucial component of helping. Meeting a client where they are at and focusing on their readiness are of utmost importance. Slive et al. (2008) advise that one can do more harm than good with a client when trying to work on something more than the client is ready. For example, the client will resist change and it could make the situation worse.

Motivational Interviewing

Motivational interviewing is a style of communication that can be utilized in many types of therapy, counselling, and assessments. Its roots come from clients who struggle with addictions. As Axsen (2014) explains, motivational interviewing uses “change talk” that seeks to decrease ambivalence and increase motivation to change. “Change talk is any self-expressed language that is an argument for change” (Miller & Rollnick, 2013, p. 159). “Change” refers to change (or thinking about change) of a particular behavior, for example smoking or eating habits. Motivational interviewing can be defined as a communication style which is collaborative and is used to strengthen an individual’s motivation and commitment to change (Axsen, 2014).

Defining characteristics of motivational interviewing are that it is client-centered and empathic in its approach to counselling practice (Axsen, 2014; Miller & Rollnick, 2002). The general principles of this approach, described by Miller and Rollnick (2002) are to: express empathy, develop discrepancy, roll with resistance, and support self-efficacy. Expressing empathy builds rapport with a client and demonstrates acceptance which increases the likelihood of change. Discrepancy refers to the discrepancy between the current and preferred state (Miller & Rollnick, 2002). To develop discrepancy is to explore the desired results of change (preferred state). Miller and Rollnick (2013) refer to this process as “instilling discrepancy” for those less motivated (involuntary clients). Involuntary clients can be court-mandated clients required to meet with a probation worker as part of conditions on their court order. Instilling discrepancy should be gradual and slow (Miller & Rollnick, 2013). Rolling with resistance is to accept client resistance without challenging it and creating arguments. By recognizing and accepting client resistance, an opportunity is provided for the counsellor to try a different approach. Here, the counsellor can offer new perspectives; however, the client should remain his/her own source in searching for solutions (Miller & Rollnick, 2002). Supporting self-efficacy means to support the client’s own beliefs about his/her ability to change. This is essential as the counsellor’s own beliefs and views about the client’s ability to change are irrelevant in this approach; the client is the one who is responsible for carrying out the actions towards the change (Miller & Rollnick, 2002).

Using the above principles of motivational interviewing allows the client to feel understood and attended to (client-centered) in the session. The ultimate goal is to guide the client toward change talk. As Axsen (2014) explains, the fact that this style is both client-centered and “guiding” may create confusion. He elaborates that “guiding” refers to asking

specific questions in moving the conversation toward the “possibility of change”. It also involves using advanced listening skills in order to be able to identify “change talk”. The skilled counsellor uses strategic questions that encourage change.

Motivating people to change is accomplished by strengthening “personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change” (Axsen, 2012, p. 2). This is done within an atmosphere of acceptance and compassion (Axsen, 2014). People are often resistant to change. I believe that this style of counselling has an effect on reducing resistance. Miley, O’Melin and DuBois (1995) indicate that social workers should: “...incorporate the assumption of clients’ expertise, and then the notion of clients’ resistance melts away” (p. 228). In my experience, to lessen client resistance is not as simple as Miley, O’Melin and Dubois (1995) describe. However, I agree with Miller and Rollnick (2002) who indicate that when there is reflection and support, resistance will decrease. In a session when the approach is confrontational and directive, resistance increases. In his presentation on motivational interviewing, Axsen (2014) also spoke about people’s problems as separate from people. Separating the “person” from the “problem” is essential. Once an individual is able to see their “problem” separate from themselves, change can begin to take place.

Motivational interviewing was a new concept for me. I attended a presentation/training on the topic early in the practicum and this allowed me to implement it in my sessions. I followed up and further researched the topic. Its core principles sparked an immediate interest because I liked its approach and its assumptions. Throughout my practicum, finding connections to motivate individual change were ever present. In working with one young mother, we explored one instance that opened the door to deeper possibilities for change.

Narrative therapy

Narrative therapy is a collaborative approach to counselling that considers people as the experts of their own lives (White, 2007). According to Morgan (2000), narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centers people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives. (p. 2)

People tend to internalize their problems believing that they are the problem. In doing so, this takes them farther from resolving the problem(s) (White, 2007). In narrative therapy, the main concept is to externalize the problem from the person. In doing this, externalizing the problem, “the problem becomes the problem, not the person” (White, 2007, p. 9).

Narrative therapy provides an individual with new ways of knowing. By asking the right questions, the therapist allows the client to re-tell and re-author his/her story. The client can find new narratives, thus new ways of looking at problems. The process of narrative therapy, however, is not solely telling and re-telling stories. “It is an active deconstruction of oppressive and unhelpful discourse” (Brown, 2007, p.3). Identifying the connection between knowledge and power is part of the deconstruction of discourse and constructing new ways of knowing (Brown, 2007). In my discussion of the knowledge and power relationship, Michael Foucault’s work requires mention (White & Epston, 1990, Brown, 2007). Foucault’s main interests focused on power and how it is exercised within social systems (Misselbrook, 2013), emphasizing the relationship between knowledge and power is inseparable (Brown, 2007).

Having an awareness that power exists within a social work role is imperative. In a therapeutic relationship, having the awareness of the relationship between power and knowledge allows the worker to be client-centered. In using the frameworks of narrative therapy in counselling, the therapist believes that he/she does not have all the power or all the knowledge. The emphasis is on the client being an expert of his/her own life. When this power and knowledge is shared between the therapist and the client, the client is able to feel empowered from within through re-telling his/her story.

In counselling sessions during my practicum, I implemented the narrative therapy approach with my clients. I honoured young women's stories by enabling them to tell their stories in their own way. In relation to the issues young women came to me to discuss, I listened, asked questions, and helped guide them towards externalizing these issues. Through a process of externalizing the problem, young women were able to shift the focus from themselves towards resolutions to the problem. The process of externalization allowed the young women to tell the same story differently and gain alternate perspectives regarding presenting issues. Resolutions also included focusing on individual woman's strengths to identify ways in dealing with similar issues in the future.

Values

The underlying values and principles of FSR (some of which were mentioned earlier in this paper) are congruent to social work values and principles, as outlined in the *Canadian Association of Social Workers (CASW) Code of Ethics* (2005). As a social work practicum student and a social worker, bound by the values and principles of the *Code of Ethics*, it was easy to recognize the similarity in the values of the agency and those within the social work profession.

One of the social work values in the *Code of Ethics* (CASW, 2005) relates to integrity. “Social workers value openness and transparency in professional practice and avoid relationships where their integrity or impartiality may be compromised, ensuring that should conflict of interest be unavoidable, the nature of the conflict is fully disclosed” (p. 7). Equally, FSR emphasizes integrity within one of their values indicating: “We are accountable for our decisions and the use of resources provided to us, as well as being transparent and acting with integrity in all that we do” (Strategic Plan, 2013, p. 5).

Respect and dignity are other important values of the agency. Family Service Regina indicates “We respect and show compassion for our clients, staff and volunteers” (Strategic Plan, 2013, p. 5). The agency also has a respect for diversity and believes in the inherent good of people (Strategic Plan, 2013). Within social work practice, respect and dignity are imperative. The first value listed in the *Code of Ethics* (2005) is respect for the inherent dignity and worth of all persons. Some of the value’s underlying principles include “respect the unique worth and inherent dignity of all people, respect the diversity among individuals, uphold each person’s right to self-determination, and respect the client’s right to make choices based on voluntary, informed consent” (p. 4).

Throughout my practicum placement, I was able to observe that the values FRS upholds are a part of daily practice. Whether at the agency or in the community, I saw staff always relating to clients with respect and dignity. The agency provides service to individual clients, couples, families, groups, and strives to eliminate all possible barriers for access of their service. They display a non-discriminatory and respectful way to serve our community.

Ethics

During my practicum, I had discussions with social workers about ethical issues and dilemmas. The most commonly mentioned ethical dilemma was related to boundaries. “Social workers maintain appropriate professional boundaries throughout the course of the professional relationship and after the professional relationship” (CASW, 2005, p. 11). Boundaries in a social worker’s relationship with a client refer to the limits the worker assigns to that relationship. Setting boundaries ensures that the relationship serves the needs of the client, not the social worker (CASW, 2005).

Another common ethical dilemma was “conflict of interest”. *Guidelines of Ethical Practice* (2005), a guide to ethical practice states, “social workers consider carefully the potential for professional conflicts of interest where close personal relationships exist or where social, business or sexual relationship with colleagues are contemplated or exist” (p. 12). During my practicum placement, there were times when potential ethical dilemmas may have occurred had I not taken the necessary steps to avoid conflicts of interest. I always ensure my boundaries were clearly defined with every client I worked with. This was done by clarifying my role and its limitations. For example, I explained that I was not able to meet clients outside of the school to go for coffee or engage in any type of “friend” relationship; however, I was able to meet them outside of school for a counselling session.

Both of the above ethical concerns fall into the category of relationships. In over seven years of social work practice and having always worked directly with clients in “front-line” work, I have formed countless relationships with clients and their families. Being familiar with the *Guidelines of Ethical Practice* (2005) and always being aware of those guidelines in working with people allowed me to recognize a potential dilemma and deal with it before it happens. For

example, at the beginning of my practicum, the students at SSSC were divided into two groups. One would be my clients; the other group of students would be clients of my co-worker. As new students would register throughout the semester, they would be placed on one of our lists as clients. One student registered mid-semester who was known to me through a personal relationship with her family member. My co-worker and I had a discussion about this and immediately decided that this student would be placed on my co-workers client list. This action avoided a potential conflict of interest.

As a social worker, I have the responsibility to “avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment” (CASW, 2005, p. 11). In order to protect client’s interests, I may at times have to end my professional relationship with a client and refer to another qualified professional (CASW, 2005, p.11). I am grateful for having awareness in my professional practice to be able to recognize potential situations that may create conflicts of interest. I am also appreciative for having the knowledge and familiarity of the *CASW Guidelines for Ethical Practice* which holds me ethically responsible to my clients, colleagues and profession. Having this knowledge and awareness in relation to my practicum experience allows me to reflect on my relationships with clients and confirms that my professional practice does adhere to the CASW guidelines.

Confidentiality

“Social workers respect clients' right to privacy. Social workers do not solicit private information from clients unless it is required to provide services or to conduct social work research” (CASW, 2005, p. 6). In the Teen Parent Program, services are provided based on individual need at any given time. Although the workers of the program work closely with other professionals within a multidisciplinary team, confidentiality is always maintained, unless a

student gives the worker permission to share information with the other professionals involved. This also holds true in other areas of services delivery within the agency. The emphasis on confidentiality in working with a younger population is extremely important. This was evident to me as a number of young women were reluctant to share information or to seek counselling outside of school. They feared that what they shared would be repeated to family members or teachers. Time and again, I revisited the subject of confidentiality with clients to reassure them that nothing they say to me will be shared with anyone without their permission. I also informed clients of limits to confidentiality and if there was a risk of harm to self or others, I am obligated by law to report it.

Information sharing occurs every day in social work practice. Whether through assessment with clients, through conversations with family members, through meetings with other professionals involved in client care; giving information and receiving information regarding clients is part of the work I do. Keeping confidentiality is second nature to me as it has been taught since the first social work class I have taken. Because of this, I may at times forget to explain to those I work with about confidentiality, assuming that they are already aware of our rules regarding confidentiality. I have been reminded of the importance of explaining confidentiality and its limitations to clients at the first meeting with them, and thereafter as necessary through this practicum experience. As confidentiality is one of the core *Guidelines for Ethical Practice* (2005) for social workers, I felt it was important to mention my observations in relation to it here.

Relationships

Self-awareness plays a major role in social work relationships. Hennessey (2011) emphasizes the importance of self-awareness for social workers and within social work relationships. Whether working at the micro, mezzo or macro level, social workers are building, maintaining or ending relationships, in working with people and for people. Relationships are important in social work, and working collaboratively with other agencies and professionals is essential in social worker practice (Weinstein, Whittington, & Leiba, 2003). For the purpose of the report, worker-client, worker-worker, and agency-community relationships are discussed, as observed and as participated in during the practicum placement.

Worker-Client Relationships

Clients' relationships with counsellors influence change in therapy (Duncan et al., 2004, as cited in Schrag & Schmidt-Tieszen, 2014). These relationships are sought to be trusting (Schmidt-Tieszen, 2014), built on respect, active listening, and empathy (Duncan et al., 2004, as cited in Schrag & Schmidt-Tieszen, 2014). Empathy is an essential component of a social worker's relationship with a client. Empathy relates to understanding of a person's feelings, experiences, or emotions. Hennessey (2011) describes the concept as being difficult to define. He explains empathy in relation to social work as:

...a way of practising social work that requires the worker to offer their own self in relationship, for it is only by opening themselves up in this way that they permit their client's feelings to enter into their own consciousness. (p. 81)

The type of agency or practice setting where a social worker is employed or the type of role the social worker plays will have an effect on how relationships are built and maintained with clients. Social work can be practiced in schools, health settings (mental health, long term

care facilities, hospitals, etc.), social services, corrections and community development agencies. Social workers roles include those of child protection workers, counsellors, mental health workers, addiction counsellors, and probation officers. Relationships that our clients form with a counsellor will differ from the relationship with a probation officer. The counsellor/client relationship may represent one of guidance and support. The probation officer/client relationship differs in that the probation officers represent an authority figure that is enforcing rules on the client. Empathy should always be present, regardless of the types of relationships.

Establishing relationships with clients is part of social work practice. In my professional experience relationship building begins at the assessment process. Rapport is built and a worker-client relationship starts. Whether this is a voluntary client, through my employment with the Health Region, or an involuntary client, through my employment with Corrections, Public Safety and Policing, the initial process or 'Intake' was structured. I met with my clients either in their homes or in my office, during scheduled appointment times.

I was somewhat overwhelmed at the beginning of my practicum placement because all my 'clients' were in one place at the same time. They were at school where my office was located. My struggle was how to establish meaningful client-worker relationships with everyone, in the same place and at the same time. What I soon realized is that I needed to relax and rely on my already existing relationship building skills, concentrating on one client at a time and displaying empathy in client meetings. Framing my process within feminist and narrative theory requires me to recognize systemic barriers to my client connections. My connections to the structure could have affected my counselling process; however awareness of my location within the system allowed for authentic reflection and connections. Along with support from my supervisor, co-workers and teachers at SSSC, I was quickly able to adapt to this new role, the

new environment and establish relationships with the students.

Worker-Worker Relationships

As social workers, we have ethical responsibilities when it comes to professional relationships, as outlined in the *Guidelines for Ethical Practice*. Being able to work together encompasses many skills, and underpinning knowledge, and there is good evidence that social workers place great store in them (Whittington & Bell, 2001, as cited in Whittington, 2003, p. 49). Whittington (2003) explains these skills include:

use of formal and informal networks; communication, managing confidentiality, forming co-operative working relationships, negotiating working agreements with other professions; the ability to challenge discrimination by other professions; ensuring the social worker's professional point of view is heard; conducting multi-disciplinary meetings; conveying the agency's policies; handling conflict; adapting to change. (p. 49)

Collaborating with others is part of the client-centered approach to social work practice. Regular contact with other professionals provides a social worker with the ability to liaise and ensures best practice for his/her clients.

At the SSSC, the multidisciplinary team consists of teachers, Teen Parent Program workers and daycare representatives. The team meets regularly to discuss student progress and issues that may arise. This approach is beneficial to everyone involved. It gives the opportunity to know what is going on with students and to figure out a way to best support them.

Information is only shared on a "need to know basis" ensuring the client's confidentiality is always protected. Teen Parent workers only share information with other members of the team when a consent form has been signed. Consent forms are given to students at the beginning of the school semester.

Agency and Community Relationships

FSR works collaboratively with community agencies. Community impact is part of FSR's strategic direction (Family Service Regina, 2015). As such, the agency "engages collaboratively and in partnership to address social issues to improve or maintain the well-being of all in our community..." (Family Service Regina, 2015). I was fortunate to be a part of FSR's community partnership during my practicum placement in more than one setting.

Community Agencies & Schools Supporting Youth (CASSY) is an annual, one day conference held in Regina. Agencies include Child & Family Services, Greystone Bereavement, Addiction Services, Planned Parenthood Regina, Regina Open Door Society, Missing Children's Society of Canada and FSR. In the conference, workers provide agency information. The attendees of the conference, in addition to agency representatives, are members of the school system who work with children and youth, such as teachers and social workers. This is an opportunity for those working in schools to become familiar with community agencies and programs. It is also an opportunity for agency representatives to familiarize themselves with other community agencies and build partnerships with one another. I had the chance to attend this conference as a student representative of FRS and its Teen Parent Program along with a co-worker. In participating in community events such as this one, FSR displays its interest in collaborative work with others in the community. I believe that by being invited to events as these year after year, the agency has established strong relationships with other community agencies and systems.

In addition to the conference described above, I also took part in giving presentations in the community. These presentations were in relation to the Teen Parent Program and abusive relationships / healthy relationships. During my practicum placement, the agency received three

invitations for presentations in local high schools, of which I was able to attend two. A co-worker and I attended to two separate classrooms of grade twelve students and presented on what an abusive relationship is and what a healthy relationship is (in relation to the topics discussed in the group we facilitated “When Love Hurts”). We also brought a student with us from the SSSC to briefly talk about her experience, as a young parent, to both of these presentations.

Another presentation I participated in was at Gemma House. This presentation was to a small group of young “at risk” women, regarding abusive / healthy relationships. And lastly, my co-worker and I presented to a class of future youth workers at Saskatchewan Polytechnic on the Teen Parent Program as well as other programs offered by FSR. In completing and participating in various presentations and the conference over a short period of time, I learned that FSR has an active involvement in the community, and holds true to its strategic plan of partnerships and collaboration with others.

Strategies and Skills

Family Service Regina offers multiple services. The agency and its staff employ a variety of skills and strategies in working with individuals and groups, as they deliver these services. The agency demonstrates a respect to individual autonomy and all services are voluntary. Service delivery in the agency recognizes individual diversity and people's varying needs for accessing the agency.

Building skills around group facilitation was one of my practicum learning goals. I have never participated in facilitating a group previous to this practicum. I describe in detail the process used at the agency regarding one of the groups they offer in relation to literature on group facilitation and social work.

Group facilitation

Group facilitation and group work is part of social work practice and is an effective way in helping people.

Social group work is a very positive and optimistic way of working with people. It is truly empowering and affirming of people's strengths. In fact, the very act of forming a group is a statement of belief in people's strengths and in the contribution that each person can make in the others' lives. (Kurland and Salmon, 1998, p. ix, as cited in Furman, Bender & Rowan, 2014)

Social workers lead and facilitate various types of groups. Furman, Bender and Rodwan (2014) elaborate on different types of groups: educational groups, therapy groups, psychoeducational groups, task groups, support groups, self-help groups, community organizing groups, and empowerment/liberation groups. In his model, Anderson (1997) discusses the main themes called the "five-stage model". Each group stage consists of a main issue which needs to

be resolved. Once the issue is resolved, the group can move to the next stage. The five stages are: (1) pre-affiliation/trust, (2) power and control/autonomy, (3) intimacy/closeness, (4) differentiation/dependence, and (5) preparation and termination (Furman, Bender, & Rodwan, 2014).

Pre-affiliation/trust refers to the initial stage of group work process. In this stage, participants are testing the group and are unsure as to how much of themselves they should commit to the group. The main issue to resolve in this stage is member trust. Once group members create a sense of trust with one another and the facilitators, they are able to devote themselves to the group (Furman, Bender, & Rodwan, 2014).

The second stage is power and control/autonomy. Furman, Bender and Rodwan (2014) explain members during this stage struggle between being “owned” by the group and making the group their own. Conflict that exists in this stage comes from members looking for autonomy within the group. The facilitator’s role is to challenge the group member’s authority while being supportive and offering encouragement (Berman-Rossi, 1993). Trust is increased within the group once this conflict is resolved.

In the third stage of group process, intimacy and closeness is developed. As intimacy and closeness grows, progression is made toward the work and purpose of the group. This is where members are enabled to express their feelings and share with the rest of the group (Furman, Bender, & Rodwan, 2014). The facilitator employs his/her skills to guide the group toward communicating and addresses any resistance by the members (Berman-Rossi, 1993). “In the context of this closeness, group members can take emotional and behavioral risks that they never thought possible” (Furman, Bender, & Rodwan, 2014, p. 13).

During the differentiation/independence, it is the facilitator's role to assist members in identifying any remaining issues that need to be resolved or discussed in group (Berman-Rossi, 1993). Here as well, the facilitator needs to ensure group members can have their needs met once the group ends. This is completed by ensuring members have supports in place outside of group (Furman, Bender, & Rodwan, 2014).

In the final stages of group process, separation/termination, the facilitator addresses any anxious feelings group members may have regarding group and the group process coming to an end (Berman-Rossi, 1993). Furman, Bender and Rodwan (2014) emphasize the importance of not rushing through this final stage indicating "good endings are essential in life for good beginnings" (p. 14). Being familiar with the stages of group dynamics and processes, it was easy to recognize where one stage ended and the next stage began in co-facilitating the group discussed below.

"When Love Hurts" is a ten week educational group for young women who have experienced abuse in their relationships, past or present. The group meets once per week for two hours in the evening from six to eight o'clock. The age range for the group is from 13 to 21. The group is facilitated by the Teen Parent Program workers and is run two times per year: once near the beginning of each school semester. The group is a closed group and attendance is voluntary. However, it is expected for the participants to attend every session, once they sign up for the group. A certificate of attendance is awarded following completion of the group. Should participants miss more than three sessions, they are asked to discontinue with the group and sign up for the next group. Narrative and feminist theories are driven by deconstruction to facilitate new perspectives and possibilities. In co-facilitating this group, I had the opportunity to explore new ways of walking through the world with the participants; doors to change were opened.

As FSR's service delivery is accommodating to client's needs, transportation and child-minding is provided for group participants. A huge barrier is removed for those wanting to attend the group due to this free service. Normally when group is held, more are signed up than end up completing the group. Fourteen young women signed up to attend the group I co-facilitated. Out of the fourteen, five completed and received certificates.

Various important topics related to abuse and relationships were covered. The group's objective is to provide important information to participants. We used "participant guided learning" to provide them information that they want to know and learn about. A number of key topics were selected by the leaders. Then, the participants were given the opportunity to select the remainder of the topics that they are interested in by voting at the first session. The topics we covered were: history and socialization about male/female relationships, exploring the different types of abuse, cycle of violence, safety planning, effects of abuse on children, grieving and rebuilding after a relationship ends, counselling, budgeting boundaries, healthy relationships and sexual health, healthy decision making, addiction to chaos, and self-esteem.

Social workers are trained in an awareness of personal biases and critical thinking; which are essential skills within group facilitation and group maintenance roles (Hackney & Cormier, 2012). While co-facilitating the group, personal biases did not interfere with the group and group dynamics, or individual participants. Everyone's views and ideas were welcomed and respected. Participants were encouraged to participate in discussion; however, when participants chose not to participate, this was accepted as well.

Endings of relationships and groups are of importance in social work. Different types of feelings can be experienced by group members, regardless of the reason for the ending, such as loss, or fear, rejection or anger (Furman, Bender, & Rowan, 2014). In our group, there were

comments made about feeling sad about the group coming to an end; however, preparing for an ending and having a “wrap up” night worked well. The information sharing ended in the ninth group meeting, and the tenth and final meeting was set aside for final thoughts and something “fun” to do. This lighter session was a break from the nine weeks of heavy and what most would consider not pleasant topics. We watched a movie and ordered in food as our “wrap up” night. This made the transition of ending the group easier for some participants. For others, the ending of group was more of a relief, as Furman, Bender, and Rowan (2014) indicate, a sense of relief might be brought to some at endings of “intense groups”.

Evaluation and feedback is another important part of group work skills and group facilitation. I wanted to ensure that the participants are able to indicate what they found worked well for them in the group. “...the ending of group should include evaluation of the success of the group...” (Furman, Bender, & Rowan, 2014, p. 56). I wrote an evaluation form for the participants and had them complete it. The conclusion from the evaluation indicates that everyone was able to learn from material covered. The group was of great benefit to those who attended and the participants would recommend the group to others. In addition to the final evaluation, group members filled out a scaling evaluation at the end of group each week, rating the sessions. The input of participants allowed for improvements.

Co-facilitating this group was a positive learning experience for me. Having learned in class about forming and facilitating groups, but having never facilitated one, I was very impressed to see the way FSR workers ran this group. The group was run as it was described in my textbooks. My co-facilitator followed the guidelines from the beginning to the end. When the group ended, she ensured to discuss seeking outside supports with the members. It is

important for group members to obtain formal or informal support from others now that the group is over (Furman, Bender, & Rowan, 2014).

Outcome Evaluation

During my practicum placement, a new tool for measuring outcomes was developed. “Outcome Star” is a series of tools that are designed to measure and support the progress of change in working with people (Outcome Star, 2009-12). Based on Outcome Star, a similar instrument was developed by my practicum Field Supervisor. It is scale-based and consists of nine areas including: housing, support networks, legal issues, health and well-being, money, parenting, education, hope and safety. I had the opportunity to begin implementing this tool with clients at SSSC.

As mentioned earlier in this report, FSR continually evaluates its programs and services to meet client needs. Outcome evaluation is important in social work practice to ensure client satisfaction and effectiveness of services (Shulman, 2009). I utilized this tool in practice by asking clients to identify which area they wanted to focus on improving. I asked clients to identify one to three areas. Next, we discussed where the client is at on the scale on each of the nine areas. Following their assessment, I lead a discussion regarding actions required to reach the goal for each area. The client would choose a timeline to reach each goal and when the outcome measure would be reviewed. For example, “hope” scale identifies “one” as being hopeless and/or helpless, and “ten” as feeling confident, valuing who she is, feeling strong and wanting to support others.

I believe the development of this tool is significant in measuring the success of the Teen Parent program. Its content of topic areas is relevant for the clients it was designed. Implementing the focus area in a counselling session also worked well in keeping the

conversation on the task. Unfortunately, I was not able to follow up with the young women on their progresses due to the completion of my practicum.

Empowerment

When we develop relationships throughout our lives, valuing and fostering individual experience allows for us all to own our journey. According to Shebib (2007).

the foundation for empowerment in counselling is the belief that clients are capable and have a right to manage their own lives. In order to empower clients, counsellors need to forgo controlling them, demystify the counselling process, promote client self-determination, advocate for progressive changes in the system, and assist clients to change established patterns of thinking and acting that are interfering with their lives. Counsellors can help clients change established patterns through five major activities: motivating, confronting, helping clients think differently, goal setting, and action planning. (p. 222)

If summarizing the hopes or outcomes of counselling could be described in one word, the word I would choose would be “empowerment”. The client can be empowered to make desired changes, look at their problem in a different way, and become motivated to change their negative behaviours or habits.

The Teen Parent program empowers students in many ways. By having Teen Parent workers to assist with transportation needs eliminates barriers when they have scheduled appointments outside of school. To have the option of accompaniment to various appointments (ie. to a meeting with a child protection worker) provides the girls with support and at times advocacy. Providing education and information on available community programs and how to access them is also an important part of empowering girls.

The positions I held were as a practicum student, a teen parent worker and counselor. I recognized my own “power” as a social worker. Awareness of this “power” was and is as

important as empowering others. Imbalance of power does exist. It exists in the very fact that I am older, more experienced and in a position of authority. The mere imbalance of the power can create domination or a “power-over” a client. Instead of dominating, awareness, recognition and understanding of our power lead to using it to empower others. If there is lack of awareness, because “power” comes with the roles we play as social workers, there will not be empowerment to clients. Miley and Dubois (2008) define empowerment in social work as creating ways “to enhance their [clients] social competence and to realize the benefits of an expanded base of societal resources and opportunities” (p. 34). I believe that this is how the Teen Parent Program empowers young mothers.

Conclusion

In completing my practicum placement at FSR, I felt that my entire Master of Social Work degree experience came together. The three months spent at the agency provided me with an amazing learning experience where I was able to grow professionally. I had the opportunity to establish new relationships, enhance old and build new skills. This practicum allowed me to reflect on how my past social work experience influences my daily work and decisions I make both personally and professionally.

I was able to meet all of my learning goals through working within the Teen Parent Program as a support worker and counsellor, co-facilitating a group, observing an addiction assessment, and participating in a number of community presentations. I also faced some challenges with regards to counselling, which in turn, gave me the opportunity for further research. In addition to agency work, I had the opportunity to attend agency seminars which advanced my knowledge.

My experience at FSR and with the Teen Parent Program was a very fulfilling one. I learned about the agency programs and other agencies in our community. The social work community needs to continue to evolve regarding client-centered and client driven practice. By working with young women throughout my practicum, I have worked with them in valuing their power, their knowledge, and themselves. These are the places where we can all learn from. I know that I will confidently refer future clients to FSR, knowing that the agency stands behind its mission and value statements. Through the practicum, what I have learned and experienced, I will be able to store in my “tool box” and use in my future practice as a social worker.

This practicum experience has definitely increased my awareness on teen pregnancy, the difficulties that teen mothers face, the issues and barriers that exist which influence their

education, and their lives altogether. The young mothers, I had the pleasure of working with for three months, are such strong and amazing individuals. I would like to express my gratitude to them, once again, for allowing me to share in their experiences, as without them, this practicum would not have been possible.

Throughout this process, I grew with my clients and my clients had the opportunity to use my experience and knowledge. The young women I worked with have great value, strength and know their own stories well. We worked together to find different ways for engagement in the world. We worked to recognize complications in their lives and within that challenged to surpass said complications. These processes made space for individual authenticity for lives being lived.

To further support adolescent mothers attending school at the SSSC, I believe the Teen Parent program would benefit its clients by adding accessible professional counselling to its existing services. To further support the community, I believe that the walk-in single session counselling service at FSR should be advertised and expanded.

In the work we do as social workers, I find it important to remember, “when, as a social worker, you respond with love towards a specific individual you are also responding at the same time to a general need in humanity” (Hennessey, 2011, p. 3).

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