

Final Draft

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Essay 1: Contextualization

Introduction

In August of 2021, I sat on the porch of one of my professor's homes and listened while he talked about the importance of contextualization. It was the first time I had heard about contextualization, but I quickly learned it would be an important factor in community development. Professor Inslee describes contextualization as "the practice of designing programs and processes with attention to the particular cultural characteristics and inherent resources of a given people, place, and time" (2021). Learning the importance of contextualization through my fieldwork and experiences has shown the necessity of context in community development. Taking the time to learn about the unique intricacies and characteristics within a community can lead to learning about the real problems of community members, which ultimately leads to a long-lasting solution, not a temporary fix.

Contextualization Importance

To attempt community development without contextualization would be to think the puzzle is complete without all the pieces. Creating a sustainable plan, project, or intervention must align with the values, needs, and culture of the different contexts developers work with. It may seem easy to fill a simple need, but without the component of contextualization, envisioning a solution for a sustainable future will only lead to disappointment. Contextualization requires taking the time to learn the culture that we address and work towards the best solution that fits within that context. When I think of examples of contextualization, I think of the Hmong Health Theater.

Dwight Conquergood found himself at one of the filthiest and most difficult Hmong refugee camps, tasked with creating a health education program for those living there. Conquergood came in with the idea to do a performance theater to bring awareness to the

importance of personal hygiene and for the Hmong to take advantage of some of the health programs and resources available to them. From the beginning of his time there, he learned the importance of contextualization and taking the time to learn the stories of those you are trying to serve. The example of contextualization first becomes apparent with the rabies vaccination clinic. The Hmong needed help understanding the concept or the reason for vaccination. Because of how it was communicated at the first clinic through flyers and signs, no one took their dogs in. However, when Conquergood assembled a theater troupe and organized a "rabies parade" that would make its way through the entire camp using characters relevant to Hmong storytelling, lore, and culture, they were able to vaccinate more than 500 dogs. Conquergood took time to do extensive research and fieldwork and to create relationships and build trust with the Hmong. He contextualized his approach to spreading awareness about a healthy environment through relationships and knowledge of the best solutions and relevant communication for the Hmong people. Throughout his time at the camp, he became a beloved character who symbolized hygiene, and his service outlasted his time there.

Vulnerability is an essential aspect of understanding context. Brene Brown talks about the power of vulnerability and asserts how we both fear and crave it. We are all vulnerable at some point in our lives. We are meant to share our lives and trust that we can be vulnerable and still have others around us. It is essential to extend vulnerability and lean into it in contextualization. Vulnerability requires relationship and trust, and neither occurs if our only goal is finding a solution. Building that relationship is necessary to identify a true need.

Seth Holmes is another author who expounds about why contextualization is essential and that a relationship is a vital piece. In his book, *Fresh Fruit Broken Bodies*, Holmes recounts his time working with migrant workers from Mexico on fruit farms along the west coast between Washington and California. During his research, he lived, worked, and traveled with the migrant

workers, even embarking on the dangerous journey across the border between Mexico and the United States. He formed relationships with these people, felt what they felt, and experienced what they experienced. He celebrated birthdays, anniversaries, and everyday life with these people to better understand their lives. His goal was to bring awareness to the injustices and the vast mistreatment of Latino migrant workers and to create a better policy to ensure better health and wellness for these workers. Holmes demonstrates the importance of learning context to work towards the best solution. Within real relationship come real problems and then real solutions to work towards. Instead of simply working towards fulfilling a need, contextualization reveals what should be addressed and the best way to address that issue in any community.

Contextualization in the Foster Care Community

It was interesting to learn about the influence of mainstream culture on the culture of the foster care community. Working within a subculture can present a challenge when practicing contextualization because the subculture has values that differ from and are similar to regular societal norms. Individually, those in foster care still know central stream values and ideas. However, because of their life experiences and numerous transitions, they often have “spaces” where they differ from mainstream culture. In looking at Hofstede's indices, an insight into six categories of cultural dimensions in any given country, I was interested to learn about the US indices and to realize how they have influenced the foster care community. Hofstede's six indices are power distance, individualization, masculinity, uncertainty avoidance, long-term orientation, and indulgence.

I can see how these indices play into the culture, and I can think of an example for each from everyday life. However, at first, I struggled to see differences when comparing them to those of the foster care community. I thought there were going to be differences. While the foster care community can lean more collectivistic than individualistic and may have a higher sense of

uncertainty avoidance, finding prominent factors that stood out from the average population because of constant uncertainty took time. Some characteristics are distinct to the foster care community, but not enough for me to confidently say they sway the overall results from Hofstede's Indices.

While I intend to serve and help equip a CASA volunteer, my gaining as holistic a view as possible of the foster community was important. In one of the interviews with Emily, a foster mom, I learned more about the foster care community. While talking to Emily, I heard her say that being a part of the foster community is "not just something you do but can be a complete lifestyle!" (Christiansen Interview). She explains the intricacies and different requirements you have when choosing to become a foster parent. Not only are you responsible for taking care of another child in your house, but you are also responsible for making sure they make all required visitations, court dates, appointments, and any other obligations required. You also are the one who sees and deals with the emotional impact of parent visitations and has to navigate how to maintain a relationship with the biological parents to the best of their abilities. That is just on the foster parent's side. The biological parents must go through a series of milestones or specific goals by a particular time to maintain their parental rights. That can range from various tasks and benchmarks needed to create a safe environment so that they can see their children again. It is a CASA goal to build a relationship with the child, foster parent, and biological parent. They get a broad view of where a child came from, how they are currently living, and what determines where they will live next. Focusing more specifically on making mental health and wellness a priority of foster care, I was interested to learn about the foster community as a whole and the piece that mental health plays.

To better gauge the mental health challenges within my community of the Flathead Valley, I sent out a survey to all CASA volunteers. I wanted to see if they had any interest in a

mental health manual and to ask what mental health challenges, they want to learn more about. These could be challenges they have experienced with the foster children they have helped in the past or are currently representing. Because I gained access to the CASA database, I also ran a report on the reason a child was removed from a home, as that can help identify potential emotional and mental impacts carried over from the environment, they were living in.

Among other duties, a CASA advocates for what is best for the foster child within the court system. It was essential to learn about the specific mental health needs within my community instead of creating a manual about commonly seen problems spread across the country. There was much interest in depression, anxiety, PTSD, and ADHD. Those who responded also said they would like a mental health awareness manual and would be interested in learning about these during training. When interviewing Cindy, an employee of CASA for Kids, I asked if there was a lack of awareness of mental health, to which she said, “Definitely. She added that “it is prevalent and not something people know how to or are equipped to deal with” (Basnett Interview). Being equipped to recognize symptoms of mental illness can lead to advocating for a diagnosis, more help in school, therapy, or whatever it may be that can help a child's well-being. A manual can help advocate and create greater understanding and a deeper relationship between CASA and the foster child, creating a positive relationship in the child's life that can have a lasting impact. My learning more about the foster care community and the foster care community within the Flathead Valley is a part of contextualization that can best serve in helping create a mental health awareness manual for CASA volunteers that can allow them to advocate for the best care possible.

Creativity and Innovation

Creativity and innovation are essential factors in contextualization. Every culture and community have a unique makeup and identity. The more we learn, the more we will see how

each community is unique. Charles Vogl touches on some of the unique aspects of community and emphasizes that each community is different and has its own dynamics, rules, and ways of participating. Thus, adapting the right solution to each community should be a creative and innovative process. We may often assume that creativity means some art form or something that follows along the artistic route, but creativity comes from thinking outside the box and beyond what has already been done.

David Damberger speaks on his experience with failure during a project that came from a lack of contextualization. As a young engineer, he was a part of Engineers without Borders, tasked with creating a well in Africa and a rainwater catcher that could be turned into a source of fresh water in India. However, when they left, the wells went unused and eventually broke. Instead of learning about the needs or what the community could maintain, engineers came in with a preplanned solution that had been done before and left before the community used it. As Meyers states in *Walking with the Poor*, "When we usurp their story, we add to their poverty." (174). When they returned to repair one of the wells in Africa, Damberger noticed an identical setup just a few feet away. When he asked what it was, villagers responded, "Oh, that is the American well" (Damberger 2011). Damberger, a member of a Canadian team, was still if the Americans had done the exact thing, and because no one in the village knew how to maintain the well, and it had broken and gone unused. Because they simply had an end goal in mind, there was no room for contextualization. Contextualization can be a great space to think creatively and innovatively. Incorporating the unique fingerprint of the community, we can find a solution that engages community members, increases participation, and creates the potential for a sustainable project.

Future Contextualization

Contextualization is an important lesson, and I am still trying to practice it. Incorporating contextualization is an integral part of the future. For me, with a future in vocational ministry that involves church planting and missions involves contextualization, as I will be finding myself in various communities throughout my lifetime. While I cannot explain exactly what it all looks like, I can say that the main goal is to communicate the gospel, and the vehicle in which the gospel will be shared is vital. To convey the gospel effectively, I will have to take the time to create relationships, build trust, become a part of a community, and learn the values that make that community unique. At my current job, we have five different campuses. Every town is different, and every church plant looks different. While we look similar in terms of environment, use the same language, and convey the same message, each campus caters and reaches out to its community in vastly different ways. Learning the context of wherever we find ourselves is crucial in becoming a part of the community and bringing lasting change.

Conclusion

Contextualization is a vital piece of community development. Understanding what makes a community unique, understanding the different dynamics, and creating solutions based on the specific needs of a community can create a lasting impact. I have learned more about the conditions within the foster community and ways in which we may reach a solution to help solve some mental health problems within the foster community. Contextualization is essential in creating a solution that outlasts you and caters to the community.

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Essay 2 Qualitative Inquiry

Introduction

In the ICD program, qualitative research has been a hallmark feature, primarily as we pursue information for our thesis projects. Qualitative research seeks to gain knowledge through stories. It goes beyond obtaining the numbers and statistics and looks for the stories behind the numbers. Its characteristics are reflected in the ICD's values and can become helpful tools within community development and in creating social change. Ideally, it focuses on community culture and the human element, gives voice to the voiceless through building relationships, and works with objective facts to provide a fuller picture of the topic. In my project regarding the foster care program, qualitative research assures that mental health is a valid issue. Regardless of the project, qualitative research requires frequent evaluation so developers can better ensure a program's long-lasting sustainability.

Qualitative Research and ICD Values

One of the key values of qualitative methods is in cultivating stories over numbers, giving soul to the work and data collected (Stringer). In relation to core ICD values of "collaboration, copowerment, and contextualization" (Inslee 2021), the qualitative method can help us find the real need and reveal the best solution. These values complement qualitative research, as the goal of these values requires us to learn the story that is present. These stories and experiences help researchers better engage with the culture to discover needs and solutions (Merriam and Tisdell 6).

In qualitative research, it is essential to focus on culture and human society to learn the community's patterns, thoughts, and dynamics (Merriam and Tisdell 29). Engaging through group activities, learning the culture and language, and creating a firsthand experience enables the researcher to move beyond being an observer into a participating role within the community

(Merriam & Tisdell). With qualitative research, it can be easier to collaborate and work with those we are trying to help.

Professor Inslee has shared the story of two former ICD graduates, Katie and Danielle, and their qualitative research. As these two women came together to find a solution that would help prevent the trafficking of girls and women, their qualitative research showed that creating a product that could be made and sold for profit would be a beneficial solution. Previous solutions were for girls and women to create beaded products. However, those beaded products were not profitable or attractive to the girls and women making them. After learning more about the people they were working with through interviews and observation, they discovered a rich history of textile creation (2021). This led to the creation and founding the SameThread Clothing Co., where the goal is to empower women and create opportunities for vulnerable women to make a livable wage and avoid prostitution (Metzger & Neufeld 2015). They may only have discovered the area's rich history of textile making because they had learned about the women's lives in the Isaan region of Thailand. Qualitative research led Katie and Danielle to collaborate with the Isaan women to help break the cycle of sex trafficking within their region. If, instead, Katie and Danielle had only gathered numbers and data, they might have missed their creative solution, one that would allow women to stay out of prostitution and take pride in their work which honors their traditions and history (Metzger & Neufeld 2015).

Qualitative Research and Community Development

A key value of qualitative research is that it gives the voiceless a voice, allowing space for a marginalized group to be seen and heard (Stringer). Thus, it goes beyond simply sharing a story to help create a more even playing field for all. Flattening the power dynamic lends itself to defining a highly collaborative and copowering solution (Butcher, 2022). Using copowerment instead of empowerment creates a shared power that eliminates conflicting power dynamics

between a developer and the group they are working with. With relationship building and growing trust, copowerment naturally invites collaboration and creates a space where people who feel voiceless and powerless can help drive the movement or solution toward change.

A majority of my fieldwork has relied on qualitative research. While learning the difference between objective and subjective viewpoints (Sunstein 7), qualitative research has helped me better define and work through the differences between each viewpoint and learn how to use them both in research. Objective thinking tends to remove all emotion. In objective research, an individual typically cannot allow outside emotions, thoughts, or opinions, whereas subjectivity embraces the exact opposite. It creates space for personal thoughts, opinions, and emotions to play a part in viewpoints and observations. Developers can pair these two viewpoints to consider personal feelings, thoughts, and opinions, but emotions should not lead the charge (Sunstein). Qualitative research uses both objectivity and subjectivity. Over time as relationships grow, qualitative research can help developers add to the interpersonal process (Butcher 2022). In this process, subjectivity can help shape the developer's viewpoint, but objective research is necessary to reach the goal. Qualitative research also allows the researcher to frame the full details and perspectives about an issue so that they can create workable solutions for any problems, not simply for what appears wrong. (Hammond 20). This kind of copowerment framing creates a way for the voiceless to have a voice and gain some control over their lives. It can all lead to a deeper understanding of an issue, revealing fundamental problems and productive solutions.

For example, in my fieldwork, qualitative research has allowed me to gain deeper insight into the intricacies and dynamics of foster care. Knowing that qualitative research focuses on cultivating relationships and working closely with those you are trying to help has been especially helpful when working with foster care.

Qualitative Research and the Mental Health Awareness Manual

Through my MA project, I have begun to delve deeper into the foster care community. I have used qualitative research to develop relationships and a broader understanding of this community. One of the foster moms, Emily, I interviewed has been a friend of mine for some time now. Through that relationship, I have gained insight into their foster journey and have specifically learned more about the foster community concerning mental health. Emily and her husband have been foster parents for five years. They have three children of their own and have adopted one little girl from foster care, and they are soon to adopt another little girl. Throughout their time as foster parents, they have realized that they are part of a much larger community than they often realize. Emily commented that foster care is much more than a community; it is a lifestyle (Christiansen Interview). The uniqueness of the foster care community has created its own lifestyle that accompanies the commitment to foster care. Within that commitment, Emily also understands the power of relationships and creating a community between foster parents and biological parents.

With so many different people and changing dynamics, it is also important to look at the mental health aspect within the foster care community. It is not easy for a foster child to go through a system that includes a series of changing dynamics, yet the relationships need to be maintained and positive (Sheppard 2022). Awareness of the different impacts and struggles that come from an environment a child was removed from creates greater understanding and relationship. For example, Emily refers to a "colorful womb experience," which refers to the different substances or abuses that happened to the child's mom while pregnant and which impacted the child's future development and behavior tendencies. In all, from talking to foster parents, CASA volunteers, and CASA staff, I have found that the importance of relationships and creating a positive environment for foster kids is a recurring theme. I have learned from a

CASA volunteer, Theresa, that her highlight as a CASA volunteer is the focus on relationships cultivated between a CASA and foster child (Interview). Cindy, a CASA employee, beams about "her kids" and her relationships with them over the years. While it is unfortunate for a child to have a long-term CASA, it can become a positive experience through the relationships forged (Basnett Interview). Cindy also sees the importance of mental health within the foster community and says that a Mental Health Awareness Manual can be a valuable resource for the CASA volunteers. The manual can aid those involved as they build trust, further relationships, and work towards better care for foster children. It will focus on the importance of relationships and will help volunteers gain a better understanding of a foster child's emotional and mental state, so it can be an excellent tool for developing deeper trust and relationships. While the manual will be targeted for CASA volunteers, it can also help share information about mental health to foster parents, biological parents, and anyone else involved in foster care. So, in using both objective and subjective facts about mental health, the manual will display the qualitative research process in its implementation.

Measuring Impact

In the initial discussion of creating a mental health manual, it was noted that something like it still needs to be created within the CASA organization. Because it will be a first of its kind, there will be much room for correction and learning. If all goes as planned, the mental health manual will first be distributed to CASA volunteers within the Flathead Valley, MT. The initial pool of impact there may be small, but it will still offer constructive feedback on the manual. CASA has asked me to lead training as a way to debut the manual and oversee feedback and evaluations that emerge. The manual will also go through the CASA organization and mental health professionals within the valley. CASA will review it to approve its content and ensure it will be helpful. The mental health professionals will provide extra backing and ensure

that all information is accurate and easily understood. This initial evaluation will provide professional feedback before being distributed to CASA volunteers who will undergo training in using the manual. They will then fill out a survey to provide feedback, allowing them to address topics they would like to investigate more.

Introducing this manual to CASA volunteers may also be the beginning of CASA's advocating for mental health care in cases that are not extreme or emergency. For instance, when observing court hearings where CASA advocates spoke, I noticed that the mental health care topic did not arise. Instead, they explained how a child felt about their current situation and if that child wanted more or less visitation with their biological parent. After the manual is distributed and put to use, I plan to sit in on more court hearings to see if CASA advocates for mental health care and how judges respond to the request. I will check with CASA to learn their perspective on using the manual to serve foster care folks and advocate for mental health care. CASA employees who have long-established relationships with the CASA volunteers will also be able to provide more insight into how the manual and training have been received. By working closely with the volunteers, they can gauge the impact better than I may be able to.

Implementing Qualitative Research in Community Development

As community developers provide sustainable solutions, whether a manual or something else, it is important for them to include qualitative methods through their various projects' implementation and evaluation. As they begin to see the effects of change or learn where they can improve the original, it is important that they recognize and continue the relationships formed at the beginning of the process, relationships that helped lead to the creation of their project as they gathered and shared facts and stories. Continuing to gather and share stories and experiences will address any changes that have occurred since the beginning and welcome newcomers in a community to be agents of change and become part of the project that relates to

them. Continuing these and other qualitative research methods through the evaluation stages of a project will ensure a project geared towards a solution by making adjustments necessary to bring sustainable change.

A qualitative approach to community development provides tools that allow a community developer to build relationships and trust and to establish a way for those who feel they have no power, a chance to gain power and create change within their community. Taking the time to truly learn about the community and culture they are serving, observing, and understanding the context, and seeking practical solutions through information gathered through qualitative measures can make a community developer an impactful agent of social change. Coming together to create a shared experience and learn firsthand about a community's struggles and problems allows them to work toward sustainable solutions. Qualitative practices open the door for collaboration and copowerment, leading the community to become agents of change. As community developers, our goal should be to use qualitative practices to create sustainable solutions that outlast us and continue to serve a community well.

Conclusion

The ICD program values and community development aspect highlights the influence of qualitative research, a research process that moves beyond gathering only numbers and data to learn about the people and the stories behind the numbers. The characteristics of qualitative data are building relationships and working towards a solution together by seeking collaboration and copowerment. Community developers can implement qualitative research practices by working together toward a solution to create lasting change and impact.

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Essay 3 ICD Values

Introduction

The last two years have been a journey toward my personal transformation, my deeper understanding of justice, and the role I play in bringing change. As I have learned and begun to practice the principles and values of the ICD program, I have seen a transformation in how I view social justice and the world around me. Anyone is capable and called to be an agent of change. As individuals, we have to decide to act on that call and be okay with being uncomfortable because of it. Personal transformation does not come without sacrifice. As we confront biases, judgment, and prejudices, we are tasked with unlearning harmful tendencies and supplementing those tendencies with truth and grace. Redefining social justice also creates space for reconciliation, strengthening relationships, and encouraging copowerment. The ICD program has deeply impacted my perspective of the world and my role. For example, my personal transformation has particularly transformed how I define social justice and its relationship with the church. I am now encouraged to continue this personal transformation, become an agent of change, and work towards incorporating the church in social justice efforts.

Personal Transformation

Throughout this program, my process of personal transformation has been an abrupt yet slow process. Abrupt in the sense that I have had to come in direct contact with my biases and prejudices and have had to identify harmful thoughts and behaviors. However, it has been slow in the sense that it takes time to unlearn these habits and biases and replace them with truth. As Brenda Salter McNeil writes, "Catalytic events allow us to move from isolation and stagnation of life in homogeneous groups and break through into a new reality" (McNeil 49). As a catalytic event can begin and transcend into chaos, what is left is the potential to build something new that can lead to sustainable transformation. It has been a learning process of confronting how I have

seen the world and correcting how I see it now. I grew up with a narrow worldview and learned that I need to expand it.

Growing up in Montana, I had very little exposure to any racial or even intellectual diversity. My life has been one of similar beliefs, thought patterns, prejudices, and worldviews, and anyone who thought differently was often looked down upon or alienated. To break out of the homogeneous group would have been a definite exile, and it was never worth it to me to upset the status quo balance. However, I have realized there is so much more to the world than Northwest Montana represents, and if I do not challenge my past, my preferences and prejudices will remain untouched and unchanged. I must be willing to confront and shift my ethics to become an agent of change.

Becoming an agent of change and even belonging in the development world requires a personal transformation of our worldview and ethics so that we become open-minded and accepting of different ways of life. My ethics are shaped by what I practice (Moe-Lobeda 260). If I practice thinking differently and implementing what I have learned and will continue to learn, my transformation process will continue. What I have learned does not end when this program ends, but it is the springboard to what will come. However deeply embedded my worldview may be, I realize I must find the strength to change and grow.

Redefining Social Justice

Social justice has come to mean a deep sense of correcting what has been wronged and working towards a sustainable solution. It means going beyond sharing an Instagram story that will bring awareness to an issue such as health care for all. It means discussions of differing perspectives, seeking reconciliation, and paving ways for a lasting change in the habits and interactions of community members. In fighting for reconciliation, I have learned that social justice is not just a compartment of my life but something I should include in everything I do. I

must actively participate and seek to gain knowledge so that I can participate in the conversation (Southside Rabbi 2022) and love my neighbor to the best of my abilities despite our differences. Cynthia Moe-Loebeda explores the biblical concept of loving our neighbor in the context of environmental justice. She proposes that our neighbor goes beyond someone local and extends into the world we have been tasked with stewarding and appreciating (261). Moe-Lobeda's question implies that in any realm of social justice, our neighbor could be and should be anyone. As community developers, we should be willing to love, welcome, and seek to understand the "neighbors" we want to help and fight for reconciliation.

This understanding is new to me, as I have compartmentalized each aspect of my life. For instance, I separate work, family, technology, and even faith. Once a task has been dealt with in one space, I move on to the next and often do not allow any compartments to intersect. Julie Clawson writes that "too often we live compartmentalized lives that do not allow for the different spheres of our existence to interact" (Clawson 13). Learning to break down our compartments and live a life not defined by the different tasks is not easy, but it is a process essential for social change which does not exist in one space but is interwoven into all aspects of life. Recognizing this fact and leaning into it instead of trying to compartmentalize and control it can lead to collaboration with others who may not agree with us. From that collaboration, we may build relationships that can lead to reconciliation in areas where social change is needed.

Justice has come to mean reconciliation, restoration, and seeking equity. To me, it means seeking it in a way that exemplifies God's love for the world. Justice can also sound harsh and demand revenge. Check the daily news, and this revenge justice is evident. However, if change makers seek justice through that lens, we cannot collaborate well or work together toward a sustainable solution. Clawson points out that practicing justice is more about moving away from retribution and towards restoration (23). Seeking justice is really an act of love centered around

relationships, and for me, that is a mind-altering concept. I had assumed for so long that social justice had to be centered around building a nonprofit, creating community efforts, working towards fundraising, and spreading awareness about a particular issue. For me, social justice has been so rooted in tasks and significant public action that I had entirely skipped over the importance of relationships. Nevertheless, when I think of Jesus, I see that he focused entirely on relationships.

Jesus came for me and everyone in this world so that we can have a relationship with him if we choose. A relationship with Jesus is not forced upon us; it does not exceed our boundaries or anticipate an immediate change of heart. Instead, Jesus lived his "relational" life in an effort toward reconciliation and justice. If we learn from Jesus's style, we understand that viewing justice through the lens of reconciliation can lead to a more holistic approach toward change. Because I see myself as following Jesus, I need to learn more about social justice so that I can better engage with my community and encourage others to become involved, too.

To accomplish this goal, I need to move the conversation of social justice into all areas of my life. Because I intend to go into ministry as a career, those life areas will likely include church planting, missions, and continuing to pastor wherever my family and I may go. In all, I can integrate our church into the community and work towards change by actively participating in each. I want to influence our social justice conversation towards a more positive perspective, whether it is health care, human rights, discrimination, or even politics. However, bringing up these social issues and suggesting different viewpoints seems threatening to some. Being patient with the conversation and coming at it through the lens of reconciliation and love could open it, especially if I remain neutral and listen. Perhaps in this way, I can build relationships and establish trust even if speaking with those who may disagree with me. It is not always easy, but being patient and focusing on relationships starts with those around me. Being willing to initiate

the conversation and work towards bringing awareness to destructive thought processes and interactions can be the first step I take in engaging with my family, my work, and the community about social justice.

Copowerment in Ministry

Currently, I am working and serving in a traditional ministry position. I am the Young Adult Pastor and a part of the Connect Team of my church. My role is to create opportunities for individuals to connect and create a community beyond our weekly gatherings. I see a future in ministry in different capacities, such as church planting and missional work. Though unsure of the path to get there, I am confident that I will always be a part of ministry, which in itself is relational, and I firmly believe that copowerment – working together – should be a concept practiced in every ministry setting. A pastor's job is to shepherd and guide but not carry an individual's faith journey. Copowerment can create space for both the individual and pastor to walk together in figuring out what it means to follow Jesus and develop a lasting, life-changing relationship with him. To do so means that I will lead with a passion for others to know Jesus so that they receive eternal life, not simply go through the motions (Kuenkel 257). Leading with passion invites copowerment because passion is the driving point that will invite others to join us as we work towards a common goal.

Copowerment within ministry allows an individual to reflect on and identify any negative habits and patterns and embark on the new, positive journey of building a life in Jesus (Lederarch 30). This journey happens through the relationship and discipleship opportunities a pastor or organization offers. However, while the work of copowerment starts on this kind of individual level, it should also leak into the community. A pastor should create an opportunity for an individual's relationship and personal reconciliation; however, the relationships need to address both personal and community transformation, particularly as they relate to social issues

and justice. For example, Israel Olofinjana, regarding the church and racial reconciliation, believes that the emphasis on justice should be a key goal of whole-life discipleship (4). Olofinjana's belief is relevant to all aspects of justice, and the idea of whole-life discipleship is a concept that should be a part of all followers of Jesus. John Ortberg speaks on whole-life discipleship in his book, *The Life You've Always Wanted*. He believes that our faith or spiritual life should not be based on our works or how often we read the Bible or pray but on our seeking a complete transformation. In essence, we should focus on who we are becoming rather than on what we do (Ortberg 39). Again, copowerment helps us define who we are becoming; it helps us challenge our faith, seek transformation, and go beyond the church building and out into the community.

Social Justice and the Church

Throughout this program, my theology has been challenged and shifted to incorporate aspects of social justice. I know that God is big enough to handle social justice issues and viewpoints that differ from those in my upbringing. Though I may have felt threatened, I have realized that my theology was not under attack but expanding to understand God's love for me, others, and the world better. I have learned that followers of Jesus should seek justice as we steward what we have been given. This concept includes living with what we need and not in excess, encouraging others to do the same, and working to reduce the damage already done. We act knowing we will stay safe in God's provision. St. Basil's theology of evangelism and social action captures this idea as the ethic of sustainability, and it is something believers can incorporate and practice. The ethic of sustainability is the idea that God has provided for all humanity's needs if we do not live in excess but seek to use only what is necessary. God takes care of his children, and as his children, we should deeply care for what he gives us on this earth. While I am in the beginning stages of expanding my theology and understanding what God calls

us to do, I feel a sense of urgency to incorporate it into my current church and in any future church.

Evaluating the relationship between the church and social justice has been one of the most significant shifts I have experienced in my theology. I believe that we, "the church," should be the hands and feet of Jesus. The church does not depend on one location once a week. Instead, it is the work of those transformed and moved to action to bring compassion and justice to their community. At the same time, I do not often see that thought process as normal among church participants. Richard Beck explains that fact by stating that "the church is pulled away from life rather than toward a deeper participation" (153). He means that we have pulled away from those Jesus calls us to love to stay in our clean comfort zones, even knowing that Jesus lived among the poor and outcast.

Jesus came and lived life radically. He created a community of disciples who were uneducated, sinful, and rejected by society. He ate dinner with a tax collector and protected a prostitute. He offered eternal life to a woman who had had multiple husbands, and he healed on the Sabbath. Everything Jesus did was counter-cultural to the religious standards the Pharisees and Sadducees had set. Today, he calls us to go beyond the temple walls and be active participants in the world he has called us to love. However, more often than not, we create boundaries and separate ourselves from people today who resemble those with whom Jesus spent time (Ortberg 31). We create a comfortable existence and community of like-minded individuals, and when that community feels threatened by outsiders, we react in disgust and rejection (Beck). As I look at a life of ministry, I am determined not to create a clean and comfortable experience but to offer a place for all and invite the rejected in with open arms. The work has begun in my heart with my intention to spread Christ's love to others. Because my theology has been

challenged and transformed from what is comfortable into what is serving, I hope to create a church body of believers actively seeking personal and community transformation.

Conclusion

As the ICD values have begun to reshape my thinking and confront biases and prejudices, I sense a responsibility to be an agent of change in my community. I will continue to reject false notions of change and work to create sustainable change in my heart. Only then may I encourage change in the hearts of others. This process has only begun, I have so much yet to learn, but with God's grace, I will "get there."

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Project Proposal: Mental Health Awareness Manual

Introduction

In the foster care system, it is no surprise that a child's life, no matter how old the child, is turned upside down in an instant. Every aspect of their life is uprooted from their homes, where they live, where they go to school, whom they spend their time with, and so many other factors that we may not think of. No matter how dysfunctional, their normal changes instantly, and they may experience an emotional and mental toll, something that often goes unnoticed. Due to the nature of their previous home environment, they may also sustain lasting emotional and mental after-effects due to their exposure to substance abuse, violence, constant stress, and many other circumstances a child should never witness (Sheppard 2022). Because a foster child goes through many difficulties in the system, there is a clear need to advocate for their mental health care, and CASA for Kids can do exactly that.

CASA for Kids is a national nonprofit organization created to advocate for the needs of a foster child within the court system. All decisions are made for the foster child in the court system, and when a CASA (Court Appointed Special Advocate) is there, too, they can also identify mental health needs and advocate for the child. A CASA volunteer cultivates and maintains a relationship with the foster child, biological parents, foster parents, social/case workers, and anyone involved in their care (Carro CASA 101 Training). They can see the whole picture and understand the best decision for the foster child they represent. Theresa, a CASA volunteer for thirteen years, reflects on the unique relationship a CASA has and places importance on the relationship with the foster child she has represented throughout the years (Kennedy Interview). Suppose the CASA can use that relationship to better understand and

identify the child's mental health issues and is also aware of available resources. In that case, they can better advocate for the foster child's care.

To help improve the mental health and well-being of a foster child, those who advocate for their needs must understand the importance of mental health and be able to identify specific mental health struggles. A better understanding of a foster child's struggles can enhance existing relationships so that they become more supportive, understanding, and positive (Sheppard, 2022). A CASA volunteer might turn to a mental health manual to help prepare CASA advocates to spot mental problems. This mental health manual will provide information on specific mental illnesses, suggest signs to look for in the CASA's child, and explain how a CASA volunteer can best advocate for them. It will help CASA advocates identify specific mental health struggles, have confidence in navigating relationships with the child they represent, and accurately represent their needs in the court system.

Foster Care and Mental Health

When it comes to advocating for mental health care for foster kids, we need to open up a broader conversation so that we can gain or create accessible mental health care for those in the foster care system. Compared with the general American population, foster care individuals often have a significantly higher rate of mental health challenges. Up to 80 percent of children in the foster care system have mental health challenges compared to 18-22 percent of the general population (NCSL 2019). This severe need must be addressed. On this topic, when meeting with Cindy, an employee at CASA for Kids, I asked if she had witnessed or experienced mental health challenges of the children she has worked with and if there were roadblocks to receiving any forms of intervention. Her response was an immediate, "Absolutely" (Interview). Regarding the system as a whole, it is evident that there are gaps in care. Whether these gaps come from a lack of resources for mental health care, a lack of enrichment activities, or the constant moving and

rehoming that can take a toll on a child's mental health (Basnett Interview). It is essential that we address caring for the mental health of foster youth. A foster care child enters the foster system because their environment was no longer deemed suitable or safe for that child. Often, they have been exposed to substance abuse, violence, and mental illness in a parent(s), as well as physical, mental, or verbal abuse, plus many other circumstances that a child should never experience in a normal way of life (Sheppard 2022). While interviewing a foster mom, I heard her comment that foster care is a broken system filled with broken people (Christiansen Interview). Looking from the outside in, it can be easy to see a broken system and accept that fact. If no one pushes the conversation of advocacy for improving the system, it will remain the same. However, instead of looking to change an entire system, starting small, perhaps with mental health needs, and starting the conversation within a local foster care community can be essential.

Over the past year and a half, in the ICD program, we have been learning about the importance of contextualization, collaboration, and copowerment. These three principles shape the International Community Development program and push those who are in the program to look beyond a surface problem and work towards meeting a real need within the community they serve. Learning that change can start small is important because looking at the entirety of the problem is a daunting task, and to feel like you have to solve it all yourself seems an even more significant undertaking (Clawson 15). Starting with one's community can lead to a solution that has a greater impact than anyone may have thought possible. For example, every town, county, state, and country is unique and has its own unique characteristics. At our program orientation, the uniqueness of each cohort member's background became evident through our culture presentations. Each shared where they were from, what shaped them, and how their current environment continues to impact them. Though most of the cohort is based in the states, each has a unique makeup of characteristics and values, and we can say the same about each community

we serve. An essential aspect of development is ensuring the type of relief we choose to offer is suitable to the community context (Willis 51). Choosing to create an intervention for the foster care system in my community, the Flathead Valley, MT, is my step towards continuing the conversation of advocating for mental health care within the foster care system.

Intervention Strategy

To improve the mental health and well-being of a foster child, those who advocate for their needs must understand the importance of mental health and be able to identify specific mental health struggles. A better understanding of these struggles can enhance existing relationships so that they become more supportive, understanding, and positive. Toward that end, a mental health manual will allow CASA advocates to identify specific mental health struggles, have confidence in navigating relationships with the child they represent, and accurately represent their needs in the court system. This mental health manual will provide information on specific mental illnesses, the relative symptoms the child might display, and ways in which a CASA volunteer can best advocate for them.

The Mental Health Awareness Manual I have prepared will equip CASA volunteers with a broader awareness of some mental health challenges within the foster care community, specifically in the Flathead Valley. After conducting surveys, running reports and interviews, and narrowing some of the foster care needs, I trust the manual will give CASA volunteers an awareness of the mental health challenges they may encounter with the foster children they represent. *It is important to note that the manual does not enable anyone to diagnose any other individual with a mental health problem. Only a mental health professional can make such a diagnosis.* However, by gaining awareness of the symptoms, a CASA can begin to advocate by exploring a diagnosis or working with a foster care individual toward some treatment plan or options. CASA employees and potentially mental health professionals within the community will

read the manual to ensure it offers accurate information and meets CASA's standards before CASA volunteers can use it. The ultimate goal is to offer "manual training" to CASA volunteers, which could occur in an all-day event or in another manner, hoping to serve CASA volunteers best.

Manual Overview

During my fieldwork, I sent a survey to all CASA volunteers to ask which mental health struggles they would like to learn about; from that survey, plus other different reports research, I comprised this list to create the manual. The manual reviews eight different mental diagnoses, ranging from ADHD to PTSD and other commonly seen diagnoses in the foster care community. The manual briefly describes a mental health problem, explains signs or symptoms, and provides ways for the CASA to advocate for the foster child with relevant symptoms.

Because of the number of children in the system and the lack of enough volunteers, not every child is appointed a CASA, but if a child is assigned a CASA, they have more of a voice in court where most decisions are made (Carro CASA 101 Training). The court will ask practical questions such as where the child lives and with whom (biological or foster parent), length of time expected for the child to live there, their visitation frequency, school attended, and many other details that significantly impact a child's life (Hindt 2022). These questions can also aid the CASA in gaining an insight into the child's mental health, which can also lead to advocating for their care and any intervention.

The first way a CASA can advocate for their foster child's mental health, as listed in the manual, is to advocate for an official mental health diagnosis. While they may suspect a mental health challenge, gaining access to treatments or resources on a hunch can be difficult. A CASA advocates in the court but also attempts to create a positive relationship with the foster child and gain insight into their life. If a CASA thinks a child has a mental health problem, the CASA

should keep a behavior journal for each time they spend with the foster child. A behavior journal can record any persistent behavioral problem, apart from regular mood swings, and note any behavior that might warrant attention. Keeping track of their moods and behavior can even show if emotional lows or highs correlate with specific events or circumstances such as visiting a parent, meeting with a social worker, living with a specific foster parent, or any other type of event that can impact their mood and behavior. Jennifer, a paraprofessional in the school system and the pastor's wife in her local community has spent some time with foster youth in her community. She said it is essential to distinguish what is behavior that can be corrected and worked on and what may be mental health issues (Lindgren Interview). A behavior log can show the pattern of behavior and become useful in advocating for the foster child in general. It can also provide evidence that leads to seeking a diagnosis and treatment options or that leads to life modifications that can alleviate stress or lead to factors that can impact their mental health and well-being.

I will present this manual to CASA, and they will distribute it as they see fit. The manual uses specific language, such as referring to the foster child as "kiddo" and CASA volunteer as CASA. This is standard language within the organization and among volunteers, and it creates familiarity in the manual. Will it be useful? When speaking with the former director of CASA, Jamie stated that it would bring awareness to so many situations and mental health symptoms (Campbell, Interview). It has been important to keep the manual simple so that we can build on it in the future. The manual format is straightforward, with easy-to-read bullet points and succinct details that help avoid confusion. I used the software Canva to create the manual, but others can easily use another program to duplicate, edit, or add to it, all with the goal of seeking help CASA and its volunteers work to understand and treat foster care children with mental health problems.

After talking and working with CASA volunteers for the first manual distribution, I have learned that they want to distribute it, plus related training to all volunteers. Local mental health professionals and employees will have to approve the manual and training curriculum before training dates can go on the calendar, but hopefully by late spring or early fall of 2023. Per CASA's request, I will lead the first training and distribution of the manual, but CASA employees will monitor this session. After the training, I will send a follow-up survey to the participants to determine if the manual and training were helpful, to ask what needs improvement, and to glean where more or less information can lead to the clearest overview and the best way to advocate for the foster child they represent.

Conclusion

Foster children experience a lot of transition and often witness traumatic and stressful events which can be challenging for them to navigate (Hindt, 2022). Having a CASA is so helpful because they can understand and see specific, resulting mental health symptoms and can advocate for an official diagnosis and treatment plan. The Mental Health Awareness Manual (see Appendix) can enable CASA volunteers to begin a conversation toward initiating and providing better mental health care for foster care children. It has been an honor to partner with CASA to create the manual, which can hopefully become a valuable resource in advocating for the proper care and treatment of a foster child's mental health needs. Becoming aware and capable of advocating for change in mental health awareness and treatment can create a better tomorrow for a foster child.

Appendix: Mental Health Awareness Manual



MENTAL HEALTH AWARENESS MANUAL

CASA FOR KIDS



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Introduction

Welcome to the CASA Volunteer Mental Health Awareness Training Manual. I am so excited that you have chosen to learn more about the mental health needs in the foster care community! It is no surprise that a foster child goes through A LOT of transition and change within foster care. Often, their entire lives are uprooted, and even though their environment was harming them, that was all they have ever known. It was their “normal.” Having their “normal” taken away may cause emotional and mental upsets and turbulence as they try to navigate all the changes they are going through. As a CASA volunteer, you have a fantastic opportunity! Throughout your time representing your kiddo, you get to know them and cultivate a meaningful and positive relationship with them, which is greatly needed! As you develop your relationship, it can also be helpful to recognize the signs and symptoms of different mental health behaviors and diagnoses. This manual will explain some of the most commonly seen mental health diagnoses within the foster care system, symptoms to look for, and how you can best advocate for your kiddo. Also provided are local resources that can potentially be offered as a way to help your kiddo. While this manual DOES NOT give you the power to diagnose the foster child you represent, it gives you the power to identify potential struggles and advocate for the best care possible. As a CASA, you have an amazing opportunity to advocate for a better tomorrow for a child, this manual helps with that!

ADHD

What is it?

Attention Deficit/Hyperactivity Disorder is a disorder most commonly seen in children and adolescents, marked by hyperactivity, difficulty concentrating, and impulsivity. They may show inattentiveness, hyperactivity, and impulsive behavior (Black 45).

Symptoms/Signs

- Inattention
 - Often fails to give close attention to detail
 - Difficulty sustaining attention in activities or tasks
 - May come off as distracted when being talked to
 - Lack of follow-through
- Hyperactivity and Impulsivity
 - Often fidgets, taps, and squirms when having to sit still
 - Leaves seats when they are supposed to be in their seat
 - Feelings of restlessness
 - Talk excessively
 - Often interrupts or intrudes on others

How Can I Advocate for my Kiddo?

- **Advocate for an official diagnosis**
 - A great first step would be to start and keep a behavior journal for every time you are with your CASA kiddo. Keep track of potential symptoms, how frequently they occur, if there are any patterns, and any other potential concerns you may have to advocate in front of a judge to seek resources for obtaining an official diagnosis
- **Advocate for the best learning environment**
 - The best environment can pertain to school. With a diagnosis they can be enrolled in an IEP to help gain access to a more focused learning environment to help their grades and participation within the classroom.
 - Also advocate for an outlet of their energy and create an opportunity to express themselves through extracurricular activities, hobbies, clubs, and other alternatives. This can be a conversation you have with both foster and biological parents
- **Advocate for the right medication type and dosage**
 - Advocate for the right brand of medication, dosage, and if the medication is actually helping them improve. Continue to keep a behavior journal after they are placed on medication to see if there are improvements, or other effects.

Neonatal Abstinence Syndrome

What is it?

Neonatal Abstinence Syndrome can occur when a baby is exposed to drugs in the womb before birth. This syndrome most often applies to exposure to opioids and can cause a baby to experience withdrawals after birth (Stanford Medicine Children's Health).

Symptoms/Signs

While symptoms can vary depending on the type of drug, how long ago the drug was taken, and if a baby is full-term or premature, withdrawal symptoms can begin 24-48 hours after birth or 5-10 days after birth. The most commonly seen symptoms seen are:

- Trembling
- Too much crying or high-pitched crying
- Sleep problems
- Tight muscle tone
- Overactive reflexes
- Seizures
- Yawning, stuffy nose, and sneezing
- Poor feeding and sucking
- Vomiting or diarrhea
- Sweating
- Fever or unstable temperature

How Can I Advocate for my Kiddo?

A diagnosis of Neonatal Abstinence Syndrome is based on the substance abuse history of the mother. It is based upon a scoring system that requires a complete history of the substance use, including the last time a drug was taken. Treatment varies depending on the age, general health, and severity of the condition. Advocating for the proper care and treatment for a baby going through withdrawal ensures that they receive the best care possible. As they go through withdrawals, it must be done through medical supervision. Knowing what to look for may be helpful in advocating for a diagnosis. If a diagnosis can be made, it can be good to advocate for various developmental benchmark tests for a child to go through as they grow up, as any mental or developmental delays may not be apparent until they are older. Advocating for various development benchmarks can allow for early diagnosis of other mental health diagnoses and early intervention.

Oppositional Defiance Disorder

What is it?

Oppositional Defiance Disorder is characterized by negative and disobedient opposition to authority figures. Marked by irritability, anger, defiance, temper, and display disruptive behavior. While this disorder is rare, it can be seen primarily in boys before puberty (Black 297). It is important to note the difference between transient defiance and a consistent display of opposition.

Symptoms/Signs

- Angry/Irritable Mood
- Often loses temper
- Easily annoyed or touchy
- Often angry or resentful
- Often argues with authority figures
- Actively defies or refuses to comply with requests from authority figures
- Deliberately annoys others
- Blames others for their mistakes or misbehavior
- Direct spitefulness or vindictiveness

How Can I Advocate for my Kiddo?

- **Advocate for an official diagnosis**
 - A great first step would be to start and keep a behavior journal for every time you are with your CASA kiddo. Keep track of potential symptoms, how frequently they occur, if there are any patterns, and any other potential concerns you may have to advocate in front of a judge to seek resources for obtaining an official diagnosis
- **Advocate for the right type of therapy**
 - Various types of treatment that include parent training, parent-child interaction therapy, individual and family therapy, cognitive problem-solving training, and social skills training for both biological and foster to give them the best tools they need to best cope and deal with aggressive situations (Mayo Clinic).

Panic Disorder

What is it?

Panic Disorder is a recurrent unexpected panic attack categorized by feelings of extreme discomfort, fear, or anxiety. It reaches its peak within minutes, physically affecting the body (Black 134).

Symptoms/Signs

- Accelerated heart rate, pounding heart, palpitations
- Sweating
- Trembling or shaking
- Shortness of breath
- Feelings of choking
- Chest pain or discomfort
- Nausea
- Feeling dizzy, light-headed, or faint
- Chills or heat sensation
- Numbness or tingling

How Can I Advocate for my Kiddo?

- **Advocate for an official diagnosis**
 - A great first step would be to start and keep a behavior journal for every time you are with your CASA kiddo. Keep track of potential symptoms, how frequently they occur, if there are any patterns, and any other potential concerns you may have to advocate in front of a judge to seek resources for obtaining an official diagnosis
- **Advocate for right type of treatment**
 - Advocating for best type of therapy such as cognitive behavior therapy can help them to learn more about their disorder, coping mechanisms, and how to overcome fears and specific situations that may trigger a panic attack (Mayo Clinic)
- **Advocate for the right type of medication**
 - Advocate for the right brand of medication, dosage, and if the medication is actually helping them improve. Continue to keep a behavior journal after they are placed on medication to see if there are improvements, or other effects.

Persistent Depressive Disorder

What is it?

Persistent Depressive Disorder is commonly referred to as depression and can be a consistent state of a depressive mood.

Symptoms/Signs

- Depressed mood for most of the day, for more days than not
- Poor appetite or overeating
- Insomnia or hypersomnia(excessive sleeping)
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feelings of hopelessness

How Can I Advocate for my Kiddo?

- **Advocate for an official diagnosis**
 - A great first step would be to start and keep a behavior journal for every time you are with your CASA kiddo. Keep track of potential symptoms, how frequently they occur, if there are any patterns, and any other potential concerns you may have to advocate in front of a judge to seek resources for obtaining an official diagnosis
- **Advocate for right type of treatment**
 - Advocating for best type of therapy such as cognitive behavior therapy can help them to learn more about their disorder and coping mechanisms. You can also advocate for temporary or long-term counseling.
- **Advocate for the right type of medication**
 - Advocate for the right brand of medication, dosage, and if the medication is actually helping them improve. Continue to keep a behavior journal after they are placed on medication to see if there are improvements, or other effects.

PTSD

What is it?

Post Traumatic Stress Disorder (PTSD) can occur after an individual, including young children, has been exposed to or witnessed a traumatic event and finds themselves reliving or experiencing those same feelings of fear and high-stress events (Black 178).

Symptoms/Signs

- Recurrent involuntary and intrusive distressing memories of a traumatic event
- Recurrent distressing dreams
- Difficulty falling asleep, staying asleep, or having restful sleep
- Traumatic-specific reenactment play in children
- Avoidance of distressing memories, thoughts, or feeling
- Irritable or angry outbursts
- Reckless or self-destructive behavior
- Hyper-vigilance
- Exaggerated startle response
- Concentration problems

How Can I Advocate for my Kiddo?

Note: It is important when looking at PTSD, ADHD, or panic disorders to understand that they may look similar on the surface. Knowing the difference between the disorders is important to advocate for the best care.

- **Advocate for an official diagnosis**
 - A great first step would be to start and keep a behavior journal for every time you are with your CASA kiddo. Keep track of potential symptoms, how frequently they occur, if there are any patterns, and any other potential concerns you may have to advocate in front of a judge to seek resources for obtaining an official diagnosis
- **Advocate for right type of treatment**
 - Advocating for best type of therapy such as cognitive behavior therapy can help them to learn more about their disorder, coping mechanisms, and work through their traumatic events
- **Advocate for the right type of medication**
 - Advocate for the right brand of medication, dosage, and if the medication is actually helping them improve. Continue to keep a behavior journal after they are placed on medication to see if there are improvements, or other effects. While medication is sometimes used, advocate more for therapy than medication (ADAA).

Social Anxiety Disorder

What is it?

Social Anxiety is a disorder to describe feelings of fear or anxiety when coming into situations or environments that involve coming under scrutiny or coming into contact with strangers. This disorder may cause individuals to shut down or not act like themselves in a social setting (Black 131).

Symptoms/Signs

- Fear or anxiety about social settings
- Individuals feel like their actions will lead to negative evaluations of who they are
- Avoidance of social settings or endured with intense fear and anxiety
- The fear, anxiety, or avoidance can cause severe distress or impairment in living daily life

How Can I Advocate for my Kiddo?

- **Advocate for an official diagnosis**
 - A great first step would be to start and keep a behavior journal for every time you are with your CASA kiddo. Keep track of potential symptoms, how frequently they occur, if there are any patterns, and any other potential concerns you may have to advocate in front of a judge to seek resources for obtaining an official diagnosis
- **Advocate for right type of treatment**
 - Advocating for best type of therapy such as cognitive behavior therapy can help them to learn more about their disorder, coping mechanisms, and how to overcome fears and specific situations that may trigger a panic attack.
 - Advocate for small familiar settings of family and friends to increase social interaction
- **Advocate for the best learning environment**
 - The best environment can pertain to school. With a diagnosis they can be enrolled in an IEP to help gain access to a more focused learning environment to help their grades and participation within the classroom.
- **Advocate for the right type of medication**
 - Advocate for the right brand of medication, dosage, and if the medication is actually helping them improve. Continue to keep a behavior journal after they are placed on medication to see if there are improvements, or other effects.

Toxic Stress

What is it?

Toxic Stress happens to a child after being stuck in fight or flight mode for long periods. Due to living in constantly high-stress environments, their body signals them to be on high alert and in the fight or flight response most of the time, and it can impact a child's development. To best understand toxic stress, watch this video! <https://www.youtube.com/watch?v=aKU4pAs3A3c>

How You Can Best Work With Your Kiddo

Toxic stress can be important to understand as this can impact your interactions with your kiddo. If a child is stuck in fight or flight mode, it can often impact their decision-making, impulse control, and emotional regulation. This section is less about how you can advocate for them and more about your understanding of where an emotional outburst or other behavioral issues may stem from. Understanding toxic stress can create space for more patience and grace in your interactions with your kiddo by understanding that their actions may be fueled by something else they may not know how to control. Learning how to distract from an issue that may be upsetting, practicing/doing breathing and calming exercises together, and encouraging them to vocalize what it is they are feeling and being a safe place can create deeper, meaningful interactions and cultivate a deeper relationship with your foster child. Again, watch the video to understand Toxic Stress best!

Wrap UP

Thank you for taking the time to learn more about these mental health issues and help advocate for a better tomorrow for a CASA kiddo! I hope this manual has been beneficial for you in gaining a better understanding of some mental health issues within the foster care community. Understanding the primary symptoms and signs of these mental health issues can begin a conversation towards getting a foster child the help and resources they need to help navigate life healthily and positively.

Community Resources

Counselors:

Carrie Thell

Colleen Lee

Don Kelly

Heidi Devine (child and adolescent therapist)

Kathleen Hayden

Lisa Johnson (child and adolescent therapist)

Mark Odell

Tom Gutsschenritter

Mental Health Organizations:

Advanced Hope Counseling

Sunburst Health

Thrivology

Support/Mentorship Organizations:

CASA for Kids

Child Bridge

CRYJ - Center for Restorative Youth Justice

The Heart Locker

Mentorship Programs:

Youth Dynamics

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