

Helping Before Help is Needed: Crisis Prevention and Self Actualization in Room One's Direct Services



The project group and the sponsors (From left to right: Davis Hatton, Kelly Edwards, Stephanie Foster, Maureen Collins, McKenzie Harris, Meli Bernal)

Meli Bernal, McKenzie Harris, Davis Hatton
UEPP 471 Campus Sustainability Planning Studio
August 2024

Sponsors:

Maureen Collins, Kelly Edwards, Erin Flahive – Room One Direct Services
Joshua Porter – Sustainability Pathways Program, Western Washington University



Table of Contents

Executive Summary.....	3
Introduction.....	4
Methodology.....	5
Results.....	8
Research Topic Delegation.....	8
Detailed Findings.....	9
Recommendations.....	12
Community Outreach and Engagement for Prevention.....	12
Interventions Adapted from Clinical Psychology.....	15
Consistent and Comprehensive Educational Horticulture Programs.....	22
Connection to United Nations Sustainable Development Goals.....	27
Top Three Recommendations.....	30
Budget.....	35
Conclusion.....	37
Appendices.....	41
A: Keeping Tabs on Our Tabs: Search Terms.....	40
B: Resources for Further Research.....	41
References.....	46

Executive Summary

Room One has been serving the Methow Valley community for 26 years, providing social services to all of its community members through the work of its 14 amazing staff members. The nonprofit began with the goal of preventing domestic violence and supporting vulnerable women, but has since expanded to provide social services ranging anywhere from SNAP benefits to social justice advocacy. Recently, Room One has been facing an increasing number of clients in need, in addition to decreasing funds. The expensive housing market and general economic inflation have made it harder and harder to subsist in the Methow Valley as a full-time resident and in-person worker. These issues combined with a lack of federal social services have led more community members to rely on nonprofits like Room One.

A goal for Room One is to tackle the rising need for care by shifting their focus to building client resiliency and self-actualization, instead of the past model of responding to crisis and working to make ends meet. Room One's staff wants to promote lasting well-being, instead of just survival. The purpose of this report is to showcase interventions currently being used for these purposes by similar organizations outside of the Methow Valley, and to provide resources for further learning and research for the Room One team. As such, this report includes a description of our research process, a list of interventions we found, a top three interventions selection, and suggestions for further research.

The recommendations reported in this paper fall into three categories: outreach and engagement, one-on-one strategies adapted from the psychology field, and food education and access.

- ★ Regarding outreach, the top recommendation was outreach focus groups. To better understand and address barriers to accessing Room One services and outreach, focus groups can provide insight into community opinions and recommendations.
- ★ Regarding one-on-one strategies, the top recommendation was trauma-informed care practices. Many psychotherapies work toward the goal of self-efficacy and resilience, so the suggestions in this category of the report are often eclectic, taking inspiration from many theoretical domains.
- ★ Regarding food education, the top recommendation was a more developed and consistent educational horticulture program focused on cultivating community-building cooking classes.

Introduction

The same colonial tools of erasure and subjugation used against Indigenous peoples in the United States have often been done under the guise of doing what is best for Indigenous people. With active learning of the complex history of The Methow people, also known as the mətḥʷu, and all the other nearby bands of the Confederated Tribes of the Colville Reservation including Entiat, Chelan, Nespelem, San Poil, Chief Joseph Band of Nez Perce, we are grateful for the ongoing action and participation to make this land a better place for all, and credit much of the ideas and methods of sovereignty and self-actualization that will be mentioned in this report to the indigenous peoples that are still fighting for their sovereignty and land back today.

We recognize the danger that comes with trying to help people without intentional collaboration. From putting time into learning and re-learning what white saviorism can look like specifically in the context of social work if the aim of work is not centered around resolving the need for social workers at the core. Room One is organized to avoid ill-mannered social work with empowerment strength-based practices to:

- Increase individual's self-efficacy,

- Raise individuals' critical consciousness about socio-political realities,

- And increase individual's connections to the community.

Our group's project started with Room One's Self-actualization strength-based practices already in place. Looking into data Room One provided us about what services and program referrals were used in the past years, we found fresh produce, family support cash assistance, and individual advocacy (comprehensive personalized plan to address individual's needs) were by far the most used services. However, Room One is experiencing an increase in clients as well as decreasing funds. To counteract this, Room One is looking to implement more strategies and methods to shift its focus to evidence-based prevention practices rather than in-the-moment crisis management.

We chose to focus our energy on looking for methods to increase accessibility to Room One, education-based prevention actions, and engaging people before a crisis happens by reducing stigma and encouraging stability. When conducting our background research we closely collaborated with Room One's staff in cross-checking with what preventative methods Room One has already looked into.

What we found in our analysis tightly ties into increasing individuals' connections to the community to foster a social fabric that supports all individual's four realms of physical, mental, emotional, and spiritual health. That presently supports individuals and creates a support system stronger than the support just Room One can give for when hardships do happen.



Image credit: <https://roomone.org/about>

Methodology

Deciding on a strategy

Room One's desired deliverable was a list of existing successful interventions and programs that focus on preventing crises by nurturing community stability and resilience. To provide this deliverable, we conducted research online to find examples of such interventions and programs that could be applied to Room One's Direct Services. Because our project's main task was comparing practices, benchmarking was the main research method used for this project. Benchmarking allowed us to create a list of categories in which to compare the existing interventions, so we could clearly report each case to Room One, along with the ways that each practice was similar to/different from the others. While we had originally planned on using these categorical comparisons to create a benchmarking table as a summary of our findings, we decided against that in the end. After sharing our findings as a group, we realized that the intervention ideas we found were too varied to compare with something like a benchmarking

table, which would have relied on each intervention being somewhat similar in order to be a useful comparison tool. Instead, we opted to describe each intervention in a way that best suited the nature of the idea, and how it can be applied to Room One's practices. For example, a food education grant idea could not be described in the same way as a clinical psychology theory idea, or an outreach idea. In case Room One is interested in using a benchmarking table for future research, we included our benchmarking table template in Appendix B1.

While getting in-person data through focus groups or interviews may have helped us get firsthand accounts of the valley's needs, we decided that Room One itself is likely well aware of such needs already, and that our resources would be better allocated toward research on other areas of the state and country. However, in creating a personalized food education program's structure, we did get the opportunity to conduct interviews with the following people: Kelleigh McMillan, the director of Red Shed Farms and close collaborator with Room One; Lindsey Ashford, the head horticulture teacher at Liberty Bell elementary-middle-and highschool; Kathy Borgersen, a past food educator and outreach employee at Room One; Lori Valentine, and Stephanie Foster, co-leaders of the food access program at Room One to get specific input for what food educational programs could succeed at Room One.

Research Process

Our team approached the search for crisis prevention and community resilience interventions by delegating a different subject to each member. Since Room One's goal of reducing crises and improving community members' stability and resilience is all-encompassing, we thought the problem would be best tackled by narrowing the scope of our research into three specific categories. We chose categories based on the team members' interests and prior knowledge: Meli researched methods of outreach and engagements of clients, McKenzie researched one-on-one tactics from the clinical psychology field that could be adapted to Room One's case managers, and Davis researched examples of community-focused food education and food access programs. By splitting the research into these three sections, we were able to cover a lot of ground and find a varied list of intervention ideas, while not trying to approach the whole problem at once.

Before beginning the search for interventions, our team gathered some background information about Room One through in-person meetings and Room One's pamphlets and demographic breakdowns. From these resources, we found information about Room One's values, clientele, and services provided, which informed us as we looked for suitable interventions.

To find intervention ideas, each team member approached their research slightly differently, based on their main topic:

- ★ **Meli** pulled from academic articles that touched on the importance of outreach in a public health and social service setting and different methods for outreach. She primarily used

Western Washington University's Library resources and Google Scholar. She found that terms such as “outreach methods and engagement for social services” gave her good reference points for her research. In addition, Meli’s work with the Foundation for Youth Resiliency and Engagement (FYRE) gave her an opportunity to see how outreach is done within an organization that is centered around the same mission and has a similar target audience. Meli had informal discussions with employees at FYRE about the purpose and intent behind their outreach.

- ★ **McKenzie** began her research by reviewing articles and powerpoints from a recent class of hers at Western Washington University (Adult Interventions in Mental Health). Since she was focusing on strategies for Room One staff to use that would increase clients’ self efficacy and mental/emotional resilience, she looked for clinical psychology methods that could be used by people without counseling certifications. The most useful materials from the mental health interventions class were instructions/worksheets for tactics like recognizing maladaptive self-talk (Smith, n.d.) and challenging life scripts (Smith, n.d.), as well as lecture slides for interventions like Acceptance and Commitment Therapy (Smith, 2024). She also searched for interventions online using Western Washington University’s academic library, and Google Scholar. When searching online, the most useful search terms were “community health interventions,” “crisis prevention in social work,” and “trauma-informed care.” For a more complete record of search terms used, see Appendix A. From online searches, the most helpful materials were slideshows from a community health conference (National Association of Community Health Centers, 2024), and sources that corroborated the value of the interventions that had been found.

- ★ **Davis** connected her educator experience working with Classroom In Bloom this summer to what educational programs Room One showed interest in imagining the construction of the new teaching kitchen. She conducted research, interviews, and connected with past food program leaders from Room One in focusing on what the structure of an improved food educational program could look like. Tying the framework into the Sustainable Development Goals targets, actualized using principles presented by the Social and Solidarity Economy Collective Work of the United Nations Inter-Agency Task Force on SSE (UNTFSSSE).

Finally, each team member created a list of the most promising interventions and strategies, which we compiled into a main list. Then, we chose one top recommendation from each of our categories, to make a “top three” list, as Room One requested. By using benchmarking and comparing the existing interventions we found, we were able to choose a list of diverse and unique practices being used for community resilience. This will hopefully give Room One many ways to approach their prevention goal; if one intervention doesn’t fit, a different one might.



(credit: Instagram @roomone_twisp)

Results

The following section outlines our three research categories in more detail, and describes the general landscape of information found in each category.

Research Topic Delegation

Outreach and Prevention:

Meli's past experiences with outreach as a maker for change and community building led to her wanting to focus on outreach and prevention for intervention strategies. Room One has expressed a want for getting people through the door and engaging with Room One in a more relational sense. Doing so would not only increase connections between the organization and the Methow Valley community members but would also increase awareness and accessibility to the organization. Outreach strategies serve as a step towards increasing engagement.

One-on-one Psychology:

McKenzie chose to focus on psychological strategies for one-on-one interactions because some of the most important crisis prevention work is done through one-on-one conversations. Based on all of our meetings with our Room One sponsors, it's clear that two of Room One's main values are strengths-based care, and the idea that every client is capable of growth and happiness. McKenzie's research will hopefully contribute to Room One's goals by suggesting ways to engage with clients that will 1) help the clients develop their sense of self-efficacy, and 2) gently address common mental health struggles that may keep clients from reaching their potential.

Food Education and Security:

Davis chose to focus on food insecurity and its role as a determinant of individuals' financial stature and well-being indicator. In a study done by the Canadian Journal of Public Health between 2011 and 2016: a serial cross-sectional analysis examined how Household food insecurity, sense of community belonging, and access to a regular medical doctor as mediators in the relationship between mood and/or anxiety disorders and self-rated general health. The study found “In 2016, sense of community belonging and food insecurity significantly mediated the effect of mood and/or anxiety disorders on self-rated general health. Access to a regular medical doctor did not mediate this relationship.”(Nehumba, D., Paiero, A., Tafessu, H. *et al.* 28 June 2022) Additionally, we have data that backs up what scientists have known about how not having a diverse diet impacts our physical health. Specifically, “Food insecurity has been consistently associated with poor health outcomes in children, including poorer overall health status, acute and chronic health problems, and limited healthcare access” (Thomas MMC, Miller DP. *et al.* 2019). Highly processed food is often targeted at food insecure individuals as a band-aid fix, by being the cheapest items at most grocery stores. Highly processed food is also what is dominating at food banks due to USDA Food Safety guidelines that say, “These foods are considered low risk for causing illness and can be provided without obtaining a permit from the local health department.” (USDA Food Safety and Inspection Service.2015) The focus on processed foods has in part led to a decline in horticulture and culinary skills. This severs a connection from a natural meeting place into how people and the planet tie together that cultivating and cooking food offers.

Detailed Findings

Outreach and Prevention:

To tailor the research to better-fit Room One, Meli purposely looked into outreach methods for social services and nonprofit organizations. Setting those parameters allowed Meli to get an understanding of outreach within a structure and organization like Room One. Most of the academic literature was centered around the importance of outreach as a tool for accessibility for people at-risk (Grymonprez *et al.*, 2017; Oldeide *et al.*, 2021 Grymonprez & Roose, 2022). When searching for strategies, she had a hard time finding specific methods and relied on an article that surveyed outreach staff on their perception of their work and strategies that worked for them (Tembreull & Schaffer, 2005). From that article, Meli was able to pull outreach strategies such as focus groups, coalition building, and educational events and did individual research for each one to get a better understanding of their implementation and intent. Meli will dive into each strategy and how it could be implemented into Room One’s programming.

One-on-One Psychology:

While there have been plenty of studies done on each therapeutic method referenced in the Recommendations section, many of these studies were done in counseling or medical contexts, which made it hard to find information that was really applicable to Room One. In addition, it was difficult to find information about what counseling practices were even allowed to be used by social services staff without counseling/therapy licenses. In the end, McKenzie tried to create a list of one-on-one engagement strategies that have been previously used in counseling, but have principles that could be taken and used by Room One Direct Services staff. For example, Carl Rogers, a founder of humanistic psychology, posited that there were three crucial aspects of counselor behavior that were needed for client improvement: unconditional positive regard, congruence, and empathy (Yao and Kabir, 2023). These principles can be used by anyone, so McKenzie included them in her recommendations. In general, all the research found for this segment of the report focused on the value of client agency, and the help of a guiding “counselor” figure. One might conclude from this that on a large scale, these values are currently considered crucial in the field of community health work. The interventions involved a range of somatic, cognitive, and emotional strategies for improving client stability. Some interventions focused on body exercises for self regulation, some focused on identifying maladaptive thought patterns, and some focused on emotional integration and sensitivity.



Image Credit: Room One

Food Education and Security:

Room One currently offers fresh food free for the taking in collaboration with Red Shed Produce, The Cove Food Bank, Methow Valley Family Health Centers, Classroom In Bloom, The Nutrition Program for Women Infants and Children, and The Independent Learning Center.

Room One is currently building an educational kitchen in the new building next door that will be finished in two years. This building plans to further expand existing food education programs in Room One. Furthering the need for additional food educational programs to be set up. Currently, there is only one gardening program wrapping up in August. The already established community garden program is limited to those who have access to it because the garden is on a community member's private property. Past educational food programs have happened at Room One, but not in a frequent fashion.

In expanding their educational food programs, ideas of cooking easy, nutritious meals for families, gardening groups (focusing on food sovereignty and education on how to prepare food you grow), easy recipe cards to hand out, and supporting folks to understand nutritious foods more (for example, partnering with a nutritionist or nurse to provide education) all came up as possible classes to do in the future. In my research and interviews, all of these program ideas need to respect barriers folks have in getting to food educational programs, specifically when it comes to childcare time poverty, which is where you don't have enough time or energy to make health decisions because you are working so hard to make ends meet.



Room One common room (credit: Davis Hatton)

Recommendations

Room One requested a comprehensive list of models and tools that can be used for prevention in direct services, along with a selection of three top ideas, based on our research. The following section begins with our intervention recommendations, organized by the three main topics of research. Each topic will have a list of recommendations, along with monitoring/budget information (if relevant), and how the recommendations interact with the systems they exist within. After the three main categories of recommendations, there will be a section to integrate the United Nations Sustainable Development Goals into this project. Lastly, the Recommendations section will conclude with our top three intervention recommendations.

Community Outreach and Engagement for Prevention

The three main recommendations concerning community outreach are focus groups, coalition building, and educational events. The following will include descriptions of the three approaches and the ways in which Room One can implement them.

Room One Outreach Focus Groups

In sum, focus groups are gatherings of a small set group of people to hold discussions over a topic or question with the hope of gathering opinions and recommendations. Focus groups typically include people who have a relevant stake or relationship to the topic, as their input can provide valuable insight and perspectives (Community Tool Box, n.d.). The diverse perspectives provided through this strategy further support systems thinking by supporting discussions across

perspectives and recognizing the different levels of systems at play for an individual and a larger community.

In the context of Room One, focus groups could be implemented to include community members that have and have not received services from Room One. The intention behind these focus groups could vary depending on the wants and needs of Room One. In terms of outreach, the groups could provide insight on how aware the larger community is of Room One's programming and impact while also serving as an outreach tool on its own. The topics could touch on barriers to accessing Room One, levels of understanding of Room One's services, and tips on increasing outreach, engagement, and becoming more accessible. When implementing focus groups it is important to consider time and place. Creating a series of focus groups all at different times could help in increasing access to Room One and addressing time poverty.

Focus groups as a form of understanding barriers to resources and outreach have been successfully implemented in the past. The Downtown Women's Center, a Los Angeles based organization that aims to support and empower houseless women and gender diverse individuals conducted focus groups in 2017 to get a better understanding of barriers to housing for people who have experienced domestic violence (Downtown Women's Center, n.d.). Their report provided valuable perspectives on barriers to access, support and advocacy, community building, and self-trust. The organization was able to create a list of recommendations for actionable next steps in increasing access (Downtown Women's Center, 2017).

Focus groups, like the one referenced above, provide opportunities to listen directly to community members. For that reason, they serve as a great resource for input and recommendations on the needs and wants of the target audience in a way that is engaging to the community. A successful implementation will look like a series of focus groups that result in a well rounded recommendation list of actionable next steps for outreach.

Coalition Building for Outreach

Our second proposal for outreach and engagement is coalition building. Coalition building is a lot broader than focus groups and tends to have multiple organizations and individuals tasked with working together to achieve a common goal (NCJFCJ, n.d.). Coalitions can prove to be beneficial in improving outreach and engagement, strengthening partnerships between organizations, increasing resources and capacity through the partnership of organizations, and providing diverse perspectives (Ilny.us, n.d.; Tembruell & Schaffer, 2005; NCAN, n.d.). In addition, a well thought out coalition with varying perspectives and a strong goal between them fosters a systems thinking environment.



Image Credit: <https://roomone.org/programs/okanogan-healthy-youth/youth-leadership-council>

Room One is in close collaboration with multiple organizations across the Methow Valley and greater county. These partnerships allow for greater connection to community members across towns while further strengthening the support they can provide. Creating a space where organizations and community members can meet to discuss issues of accessibility, awareness, engagement, and outreach will not only be beneficial to Room One but also to community members and organizations that are a part of the coalition. This recommendation essentially calls for an additional branch to Room One, similar to their Board of Directors and Youth Leadership Council (YLC). The Board of Directors serve as a guide to Room One's work and the YLC is a council in partnership with FYRE that uplifts youth voices by addressing issues rural teens face (Room One, n.d.). We bring this to contextualize the recommendation in the current work Room One is fostering. There are multiple organizations across the Methow Valley that provide services adjacent to Room One. Being able to build off of each other's work, voices, and lived experiences could provide a variety of solutions to increasing outreach and engagement for all.

There are a multitude of resources on the successful implementation of a coalition that are easily accessible through a google search, however, the general formation of a coalition follows the outline of identifying the issue at hand. In this context, the issue would be methods and strategies for increasing outreach and engagement particularly in rural environments. The next step would be to identify potential members, in applying this to Room One, members might be organizations that follow a similar mission like FYRE and the Okanogan Behavioral Healthcare (OBHC) both of which are in partnership with Room One. There is also potential to include other organizations or individuals that have different missions but similar ideals of increasing resources to community members. Doing so would provide diversity and open conversations that look into community needs that surpass the services that Room One, FYRE, and the OBHC provide. Finally, generally speaking, the last steps in the implementation of a coalition would be to develop the operational end of things such as objectives, strategies, and goals. Ideally, the coalition will positively impact each organization and individual that is a part of it. To do this, objectives and goals should be general so that it is applicable to more than one organization but are specific to the main issue.



Image Credit: <https://www.onecommunityglobal.org/stages-of-community-building/>

Educational and Community Events Centered Around Art and Empowerment

The final recommendation for outreach and engagement is the increase of educational and community events centered around art and empowerment. Room One holds a variety of events like support groups for parents, safe sex and relationship education classes for youth, adulting 101 series, and youth leadership (Room One, n.d.). We believe that the events Room One offers are great in that they are community driven and offer support in a wide variety of topics. Our recommendation would expand on this by creating more events that are activities based and centered around themes such as identity, and healthy friendships. Studies have shown that art provides a variety of benefits including improved mental health, creativity, self-esteem, and when done together, can create a sense of belonging and community (Mental Health Foundation, 2019; Loeuy, 2022).

Our recommendation would be to create a series of events that connect a theme to an art project. The event would be centered around a theme and include discussion questions pertaining to the theme that the participants would engage with throughout the event. To keep this consistent and engaging, the theme and type of art would change per event. This would not only support peer to peer connection building but would address Room One's goals of creating more relational connections with clients and supporting self-actualization through the creation of a space that is intended to foster community, identity, and empowerment. In addition, the events themselves would serve as an outreach tool and would support systems thinking by providing a space people can attend to find community, share perspectives, craft and learn from one another. Reviewing the success of this implementation would entail gathering information on attendance and overall impact of discussions and art activities on the clients.

One-on-One Interventions Adapted from Clinical Psychology

Focusing on outreach to community members who haven't visited Room One, as described above, contributes to the goal of prevention by decreasing barriers to access. Once

people are in the doors, however, prevention work looks slightly different. The next section of this report outlines how Room One’s direct services might integrate clinical mental health interventions to promote resilience in their clients. The main recommendations regarding adapting clinical psychology tactics to Room One’s one-on-one client interactions are listed below. More detailed descriptions of each are after the bullet list:

- ★ Acceptance and Commitment Therapy
 - Helps to increase frustration tolerance and psychological flexibility
- ★ Carl Rogers’ Humanistic Therapy: conditions for therapeutic relationship
 - Unconditional positive regard, congruence/genuineness, empathy
- ★ Identifying and challenging maladaptive life scripts
 - Strategies adapted from Narrative Therapy and Cognitive Behavioral Therapy
- ★ Trauma-informed care
 - Regulation exercises, and strategies for staff to be actively anti-traumatic to clients

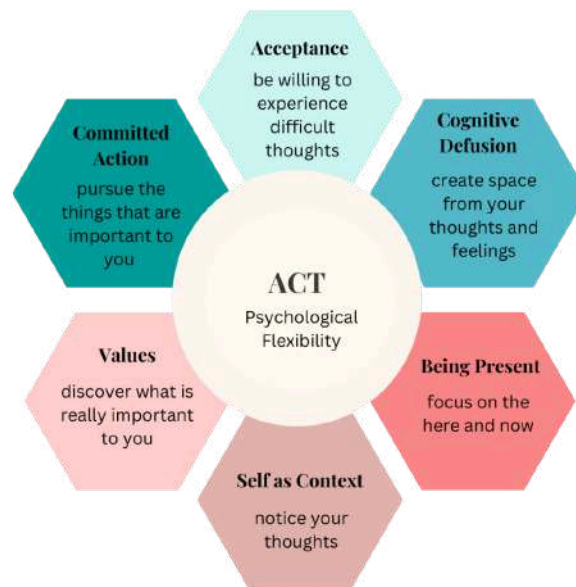


Image credit: <https://www.healthandhealingtherapy.com/mental-health/approach/acceptance-commitment-therapy/>

Acceptance and Commitment Therapy:

Pioneered by Stephen Hayes, ACT is a branch of therapy that aims to increase psychological flexibility by encouraging mindfulness, presencing/acceptance of current circumstances, and commitment to meaningful action (Smith, 2024). ACT approaches mental health treatment with the assumption that denying one’s difficult thoughts and feelings, and

trying too hard to change things that are out of one's control, cause suffering. When one suppresses or fights their feelings, the deeper they will sink into them, like quicksand (Smith, 2024). However, when one mindfully observes their genuine state, and accepts their psychological experience, they become capable of taking meaningful action in line with their reality and their values. ACT shares many common threads with Dialectical Behavior Therapy, another counseling strategy that involves mindfulness and calming inner chaos (Chapman, 2006). DBT may be another avenue of future research for Room One to look into.

ACT methods vary, but some examples include guided or self-guided meditation, or exercises to help clients become more in tune with their inner state. For example, one educational strategy is to teach clients about the "struggle switch," which is a figurative explanation of how our reaction to feeling a "bad" emotion can exacerbate that emotion (People in Pain Network, 2015). Another common type of exercise is visualization or reframing of a client's experience. For example, using a chess metaphor, many clients view themselves as their emotions; like they are chess pieces being moved involuntarily across the board. A counselor may prompt the client to view themselves as the chessboard instead; the context in which the game of emotions is taking place (Chapman, 2006). Subtle shifts like this separate a client's consciousness from their emotions, which can encourage self-observation, and lessen the power of negative emotions over a client. For more sources about ACT, as well as a few studies of ACT in rural populations, see Appendix B3.

The "vital condition," based on Thriving Together's model, that best fits ACT is freedom from trauma, violence, and addiction (Thriving Together, n.d.). Acceptance and Commitment Therapy could be a useful framework to be used in Room One's Direct Services, because it provides a set of interventions and mindsets that could be imparted on clients who struggle with emotions or thoughts that overwhelm them. In one-on-one meetings, staff could adopt ACT-inspired strategies by encouraging clients to spend a few minutes taking inventory of their emotional and mental state. From there, the client could be guided in mindfulness techniques to reflect on how they're feeling, or separate their sense of self from their overwhelming thoughts and feelings. A client who has been successfully introduced to ACT will be skilled at recognizing their emotions and performing self-regulation techniques to acknowledge these emotions without fighting them. They will then be able to make meaningful decisions within the bounds of whatever is unchangeable in their circumstances. There is no official certification for Acceptance and Commitment Therapy, but from a brief online search, there are many trainings and workshops available to learn more about it. Some of these trainings may cost money, but much research can be done on ACT without a budget, using open access sources, libraries, or youtube videos.

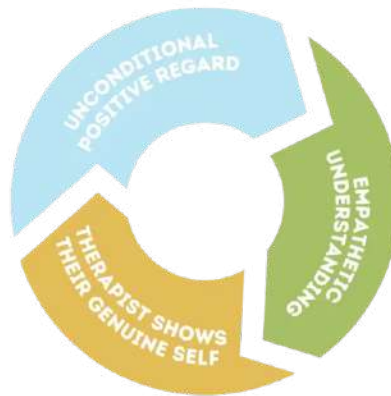


Image credit: <https://www.oasisriverrecovery.com/person-centered-therapy/>

Carl Rogers' Humanistic Therapy:

Room One already does a great job of letting clients be their own experts, and being empathetic and validating of clients. Because of this, Rogerian methods may seem redundant to include in this report, but we think that they present a unified theory that's well understood in the social services world, and can therefore be a more concrete reference for behavior than individual messages like "be empathetic," "validate the client," or "be genuine." In addition, Rogers' method (person-centered therapy) has deep wells of research and theory backing it, which could be useful pools for Room One staff to look in during future research. Looking into person-centered therapy could help Room One's direct services team find interesting resources and studies regarding their current goal of using strengths-based care to build up clients' self-efficacy. We view this segment of the recommendations as a validation of Room One's practices, and an open door for further research.

Carl Rogers, an American humanistic psychologist, pioneered person-centered therapy, a method that helps clients pursue their ideal self by focusing on deepening the relationship between client and counselor, and letting the client be the self-motivated expert in their life (Smith, 2024). According to one of McKenzie's psychology professors (Dr. Aaron Smith, whose lecture notes are frequently cited), Rogers' methods have become among the most commonly used in current counseling practices, because of their success rate and applicability to any client. Person-centered approaches are unique among psychology domains because they capitalize on the fact that the therapeutic relationship is crucial to the outcome of therapy regardless of the type of therapy used (Norcross and Wampold, 2011). The first tenet of counselor behavior in person-centered therapy is unconditional positive regard, which refers to showing validation to the client and meeting them wherever they are with a positive attitude. To illustrate this, Rogers famously said that "when you criticize me, I intuitively dig in to defend myself, however when you accept me as I am, I suddenly am willing to change." The second tenet is counselor congruence, which refers to the counselor showing up as their genuine self when interacting with the client. This builds trust and connection between the client and counselor. The last tenet is empathy, because a counselor must have empathy to understand a client, and they must

understand the client to help them (Smith, 2024). The “vital condition,” based on Thriving Together’s model, that best fits this intervention is belonging (Thriving Together, n.d.).

This intervention does not require a budget. Likewise, it may be unrealistic to attempt to monitor the use/success of this intervention, because it would be nearly impossible to either measure success rates or validly attribute that success to this subtle addition to Room One’s repertoire.

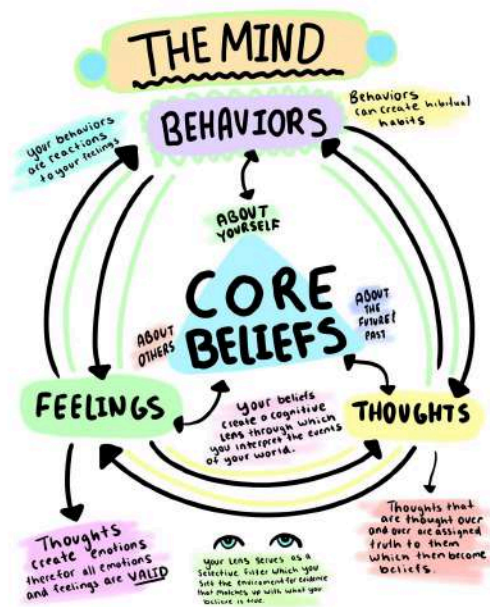


Image credit: <https://elorphysiotherapy.com/what-is-cognitive-behavioural-therapy-cbt-and-how-can-it-help-you/>

Identifying and challenging maladaptive life scripts:

This intervention suggestion draws from several branches of therapy, including Narrative Therapy and Cognitive Behavioral Therapy (CBT). Like person-centered therapy, this intervention can be applied to communication of all kinds, and is not limited to the clinical world. In both Narrative Therapy and CBT, there is a common desire of helping clients identify maladaptive thought patterns, and then challenging those thought patterns. In Narrative Therapy, these thought patterns are called “life scripts,” because they involve the stories we tell ourselves about the world or self, as well as the actual words we use to speak about our life (Smith, 2024). These stories shape our entire worldview, and can hold intense sway over our sense of self-efficacy and agency. For example, someone with the life script of “I’m only happy because nothing really bad is happening right now” will be more prone to crisis in a stressful event than someone with a life script of “I’m happy because I have the power to find happiness and meaning in my circumstances, whether good or bad.”

By thinking with clients about what their life scripts are, one can potentially help them develop new, empowering narratives that paint their life in a completely different shade. Because

of the power of the stories we tell ourselves, Narrative Therapy has been commonly used for people dealing with traumatic events (Smith, 2024). It can allow people suffering from life’s heaviest circumstances to give themselves power again—the power to “write” their story. Narrative Therapy therefore supports the “vital conditions” shared with us by Room One, and adopted from Thriving Together—especially those of freedom from trauma, and meaningful work (Thriving Together, n.d.). There are many practices relating to life scripts in psychotherapy, but we will provide two examples in Appendix B 4 and 5 (worksheets) that show how a CBT counselor may help a client discover and question their life scripts.

This approach may be useful to Room One because many of Room One’s clients are facing intensely stressful circumstances, and it’s possible that many of them feel a lack of self efficacy that’s related to certain thought patterns. They may be experiencing a warped sense of self or worth due to maladaptive life scripts. It is not the job of Room One’s case managers to provide therapy, but they can still listen for signs of life scripts that may be holding clients in a state of low self-efficacy, and can potentially gently prompt clients to use different scripts when talking about themselves and their life. In addition, Room One staff can offer referrals to local mental health services for its clients. Anyone can keep the principles of Narrative Therapy and life scripts in mind, but there are also certifications available for social workers who want to use Narrative Therapy. These trainings are often pricey, however. For links to examples of websites advertising Narrative Therapy certifications, as well as recommended sources for further research on this topic, see Appendix B2.

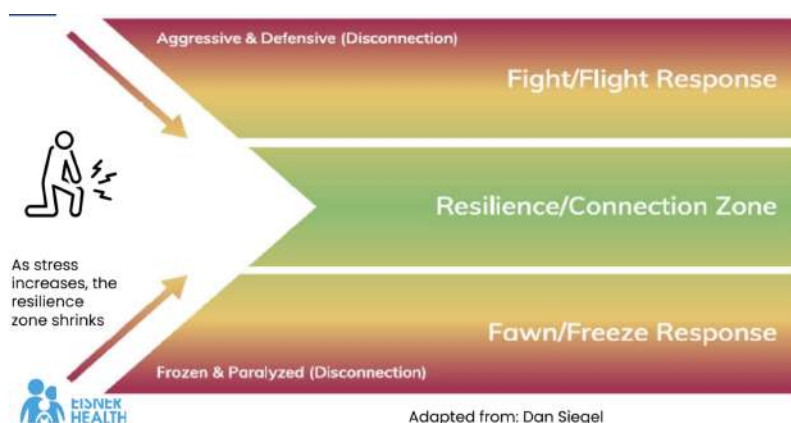


Image credit: Eisner Health, 2023

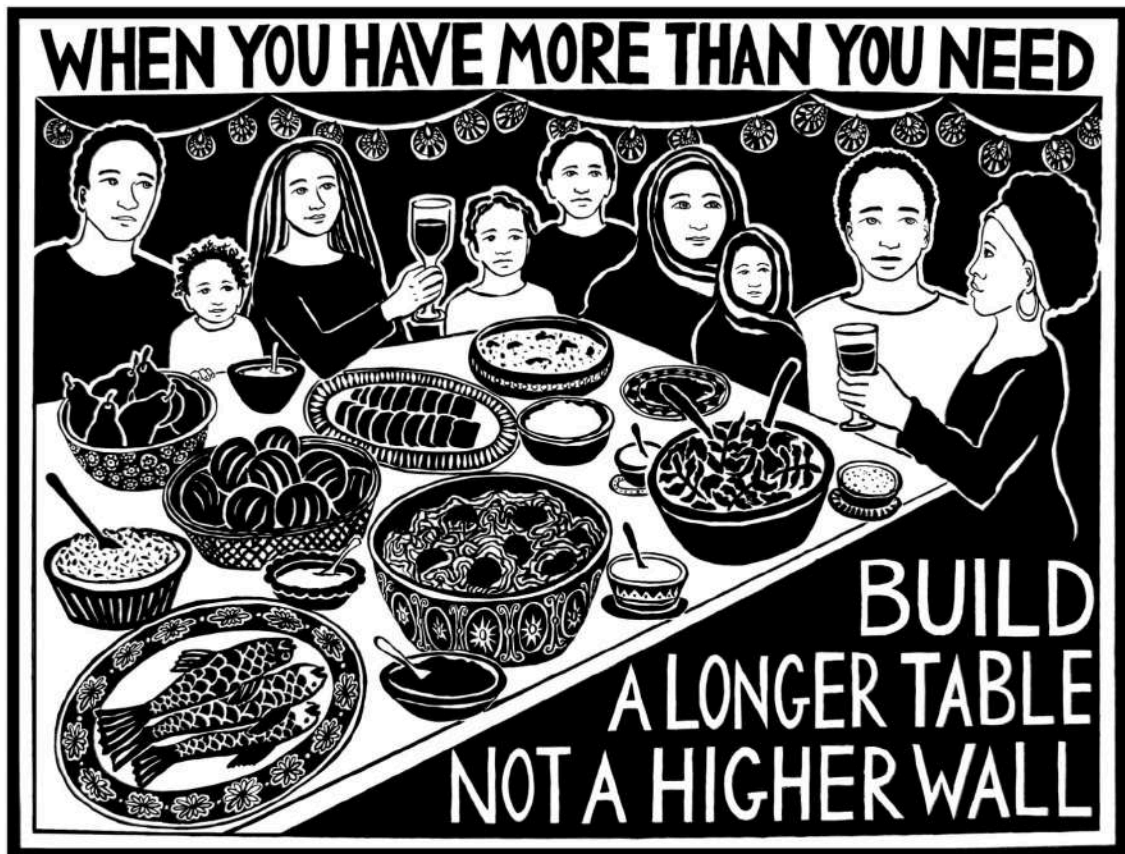
Trauma-informed care:

Trauma afflicts many people, and is correlated with health risks and poorer quality of life (Reid et al., 2022). Trauma also impacts healthcare workers who engage with people dealing with trauma. Because of this, it’s important for social service workplaces like Room One to use trauma-informed care (TIC) both for clients and staff. The basic premises of trauma-informed care are noticing the impacts of trauma, making decisions with them in mind, and working to avoid further re-traumatizing experiences (Powers et al., 2023). Outcomes of TIC include

feelings of safety for clients, workplaces that care for stressed employees, and client-counselor relationships with healthy, trusting communication. Trauma-informed care operates under the belief that when a client is in a heightened state of sympathetic nervous system arousal, which is common in clients with post-traumatic stress disorder, they are less capable of being present and meaningfully engaging with their surroundings (Eisner Health, 2023). If counselors use interventions that bring the client out of their fight or flight arousal mode, and back into the present, clients will be able to interact with them in a deeper way, and create lasting change. Tackling trauma is a massive task, so this report will provide just a few examples of how TIC may be implemented (see Top Three Recommendations section below). See Appendix B6 for graphics from Eisner Health's (2023) slideshow on TIC.

It's important to note that trauma-informed care doesn't involve the counselor asking about the client's traumas; trauma-informed care can be practiced without any knowledge of the client's story.

Because one of Room One's goals is to engage deeper with their clients during otherwise transactional moments, trauma informed care practices could play a helpful role in calming and deepening those moments. Trauma-informed care can be adopted by any workplace, and therefore is not limited to clinical psychology. There is also precedent for TIC being used in rural areas. An Australian study recently looked into the feasibility of integrating trauma-informed care into rural areas, and they found that the barriers to introducing this intervention included lack of social services, workforce shortages, and stigma against trauma-informed care practices. However, they found that health workers in the rural areas were interested in learning about it, and that training tailored to the rural context would be useful (Reid et al., 2022). Regarding the "vital conditions" from Thriving Together, the most relevant condition addressed by TIC is freedom from trauma, violence, and addiction, because trauma-informed care directly works to free clients from the maladaptive impacts of trauma. Similarly to the other interventions, it would be difficult to monitor or evaluate the success of trauma-informed care practices, because it is such a qualitative intervention. However, success may look like reduced staff stress, and deeper engagement with clients who had previously been unable to presence themselves during one-on-one meetings.



Needa Eat- A Consistent and Comprehensive Food Educational Program Recommendation:

Through collaboration with Room One, creating a schedule and structure for a food education program became Davis's focus. Lori Valentine and Stephanie Foster, co-leaders of the food access program pointed out what worked well in past food educational events Room One has had. Including childcare funding in food educational programs being crucial for people in need of support to have space to engage in programs. Additionally, having Room One staff present at programs is required because of trauma-informed care in case something comes up.

Gathering research from established and developed food education programs gave a backbone of overarching goals for Room One's food education programs to follow. The Good GRuB organization, based in Olympia WA, stood out to both our group and the Room One food access team. Combining overarching curriculum goals from the Good GRub organization and focus points from Room One's goals for preventive practices, a possible list of goals that may be intertwined into every class at Room One's food education programs looks like:

- Classes incorporate learning the basics throughout and do not take any knowledge for granted.

- Classes develop culinary and other life skills.
- Programs Increase regional awareness of local plants and ecosystems; encourage the development of healing relationships with land, self, and community.
- Programs protect and promote healthy plant communities and ecosystems through education, ethical harvesting, and ecological restoration.
- Programs Increase youth access to and consumption of nutritious wild plants.
- Cultivate a love for food inquiry and promote possible career pathways.
- Promote the value and significance of Indigenous Science and Native ways of knowing, doing, and being, including intergenerational, experiential learning, the transmission of knowledge through stories, and recognizing and building reciprocal relationships.
- Develop sensory observation and storytelling skills as a means for self-expression and social change.
- Encourage educators and young people to be advocates and allies for Northwest Native peoples, tribal sovereignty, and cultural ecosystems.

These goals and methods are backed by principles of the Social and Solidarity Economy Collective Work of the United Nations Inter-Agency Task Force on SSE (UNTFSSSE) and incorporate the Sustainable Development Goals framework, whose principles are used below to strengthen the implementation of the food educational program strategies. This could help get funding and support as the Sustainable Development Goals are something that has already been agreed upon by a larger task force.

“Principle of deepening friendly relationships. The continuous development of this partnership requires the deepening of friendly relationships between producers and consumers. This will be achieved only through maximizing contact between the partners.”
(Schüring & Loewe, 2021)

Implementing this into Room One’s food program comes largely into setting consistent dates for food education classes that are free and anyone can join at any time. These dates and times of classes from Kathy Borgersen, a past food educator and outreach employee at Room One; perspective worked well in the past when Sarah Washam, a Family Advocate and Youth Counselor at Room One; would send out invitations to established Room One groups and go

where support is needed most. Such as trailer parks and meeting with folks where they are to see when they could meet and what barriers are in place for them to come to a food program.

This would alleviate some stress in trying to dispel a common barrier of individuals not starting because of being scared that they do not know enough about it is too late for folks to start learning out of the fear of being behind. Setting consistent dates would also allow more opportunities for individuals to come back to strengthen relationships with community members by having a consistent free space to be together. A tip Borgersen shared about encouraging folks to come back to classes is reinforcing that you can come to these classes even if you missed previous ones, and that Room One will save food for the folks that missed the class. In talking to Lindsey Ashford, the head horticulture teacher at Liberty Bell elementary-middle-and-highschool, Ashford said that the best way she has learned to keep kids engaged in what they are learning is starting a project at the beginning of the course that carries throughout the program.

“Principle of self-distribution. On this principle, the transportation of produce should be carried out by either the producers’ or consumers’ groups without dependence on professional transporters.”

(Schüring & Loewe, 2021)

Room One already distributes the physical and financial load of receiving fresh food from many different organizations. Increasing the frequency of educational programs allows for more local organizations, farms, and community members to get involved. Moreover, teaching life-long skills of horticulture and culinary knowledge enables individuals to make educated choices about what they eat in community.

“Principle of democratic management. Both groups should avoid over-reliance upon a limited number of leaders in their activities, and try to practice democratic management with responsibility shared by all. The particular conditions of the members’ families should be taken into consideration on the principle of mutual assistance.”

(Schüring & Loewe, 2021)

To keep the consistency and frequency of an educational food program, setting up strategies and infrastructure for many teachers, elders, farmers, and other community members to assist in leading educational food courses will not only avoid over-reliance upon a limited number of leaders. But will also allow for unique and veritable perspectives that will better touch a wider number of individuals' strengths in learning about food for themselves. Moreso, getting funding for a part-time position dedicated to organizing food educational programs would provide unity and clarity among the different teachers. A dedicated part-time position would also assist in Room One's food educational programs becoming more consistent and frequent. Employing a passionate individual to organize events would also make teaching the classes less stressful, and individuals taking the classes would have consistent support to go around food

education questions and needs. This would strengthen the already established food access team Room One has which currently consists of Stephanie Foster, Lori Valentine, and Oliva who is currently Moving away from the Valley.

“Principle of learning among each group. Both groups, producers, and consumers, should attach high importance to learning from each other and should try to prevent their activities from ending only in the distribution of safe foods.”

(Schüring & Loewe, 2021)

This principle especially came up in interviewing Kelleigh McMillan, the owner of Red Shed Farms who also taught cooking and horticulture classes at ILC for eight years. Kelleigh pointed out how engaging the entire class in the whole process of cooking opens up a connection to each other and the food interacts with them. Room One’s food education programs should always have input from individuals taking the class to get a sense of what people want to cook. In collaborating on what food classes look like, individuals have more of a chance of finding what cooking style works for them. “Everyone has different reasons for wanting to cook,” says McMillan. Respecting this element of diversity allows for individuals to go into the future with a more passionate connection with food tuned to where each person is currently. Borgersen shared how food is a showing skill, where language and reading knowledge are not always necessary. Stressing the importance of talking and showing through the whole process while teaching her classes.

“Principle of maintaining the appropriate group scale. The full practice of the matters written in the above articles will be difficult if the membership or the territory of these groups becomes too large. Therefore, they should both be kept to an appropriate size. The development of this movement in terms of membership should instead be promoted through increasing the number of groups and the collaboration among them.”

(Schüring & Loewe, 2021)

When researching and talking to community members, getting individuals to come to past cooking events kept on coming up as a challenge the Methow Valley and Room One face, especially in getting individuals to reach those needing support to be able to participate. To combat this, strategizing incentives to go and advertising classes, as well as tuning class curriculum to what community members are asking for. Additionally, making consistent and frequent classes available, allows many different individuals to attend in ways that do not overload Room One’s capacity to teach and feed people. In talking to Lori Valentine and Stephanie Foster, the number 6 for a class series kept on coming up in past programs, to keep folks engaged. Inviting already established support groups to go to events/classes hosted by Room One. These groups include but are not limited to:

- Parenting 101 group

- Peer support group (one series a year)
- Women's group (Dv survivor group)
- Adulting 101 (teaching life skills)
- Garden group (growing/cooking)
- Mujeres laten x group

Incorporating established groups in the beginning stages of a more consistent food education program allows for more consistent attendance, and allows for strengthening an already established community, making it easier to transition into inviting more people to attend these classes.

“Principle of steady development. In most cases, neither producers nor consumers will be able to enjoy such good conditions as mentioned above from the very beginning. Therefore, it is necessary for both parties to choose promising partners, even if their present situation is unsatisfactory, and to go ahead with the effort to advance in mutual cooperation.”

(Schüring & Loewe, 2021)

Drawing upon already established relationships Room One has with many organizations and farmers fosters a more sustainable food distribution setup, where no one place is responsible for supplying Room One with all of its resources that are meant to be given out for free. Room One’s location makes fresh food distribution more accessible due to it being next to many farms located on the flats in the Methow Valley. Having more frequent and consistent educational food classes allows for more access to nutritional food in the moment, but also helps develop skills many people do not currently have to have agency over their own food.

Creating mutual cooperation between producers and individuals attending Room One’s classes can come from many forms of future community engagement and present grant subsidies.

In whole, implementing a frequent and consistent educational food program will nurture horticulture practices in individuals in and outside of room one. Giving each individual knowledge and skills in supporting self efficacy. While curating a free space for individuals to be in community with others, and simultaneously getting their basic needs met in the moment.

Connection to United Nations Sustainable Development Goals (SDGs):

The goals and scopes of Room One and our recommendations, while unique to the Methow Valley community, also address large-scale progressions and visioning for sustainability as per the United Nations Sustainable Development Goals (UN SDGs). The UN SDGs outline 17 goals that address a more just world for all living and nonliving things (sdgs.un, n.d.). Our team has outlined three of the SDGs that they felt most closely aligned with the project; they are as follows:

- #3 Good Health and Well-Being
- #10 Reduced Inequalities
- #11 Sustainable Cities and Communities



SDG #3: Ensure healthy lives and promote well-being for all at all ages

According to the United Nations, the third sustainable development goal is prompted by a number of global health issues, such as inequalities in healthcare access, infant/maternal mortality, and noncommunicable diseases. This goal aims to mitigate these problems and many more by encouraging vaccinations, reducing healthcare costs, and providing health education (United Nations, 2022). Room One’s purpose as an organization is already well aligned with this goal; a quote on Room One’s website even uses the same words, saying they support “the health and well-being” of Methow Valley residents (Room One, n.d.). This research project on community resilience and crisis prevention fits with SDG #3 in many ways, because every intervention approaches health and well-being from a different place. In general, working toward crisis prevention instead of reaction will aid in the well-being of all community members, because bad events will be avoided before they come to fruition. The outreach and engagement/retention aspect of this report supports the UN’s goal because it focuses on keeping people under Room One’s wing, and allowing as many people as possible to access Room One’s health services. The psychological aspect of this report supports the goal because it focuses on building up clients’ resilience and self-efficacy, which will help them be well and stay healthy of their own accord. The food education aspect of this report supports the goal because it focuses on

food as a vehicle for agency and community; also, healthy food access is critical to people's health.



SDG #11: Sustainable cities and communities

Imagining additional possibilities for what educational food programs could look like at Room One closely connects to the target actions presented in the sustainable development goal; sustainable cities and communities. Specifically implementing food education addresses;

Target 11.3: “By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries.”

Room One opening up their new kitchen and common room facilities to the public allows for community members to gather in a free 3rd space. Furthermore, sharing horticulture knowledge and practical food skills with a wider scope of individuals increases the general public's conscious level of how our physical manifestations of space are organized and controlled.

Target 11.5: “By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.”

Creating consistent and frequent programs focused on sharing fresh food and horticulture knowledge better equips struggling individuals to meet their human needs.

Target 11.7: “By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities Indicators.”

Providing universal access is at the heart of all of Room One's practices. In relation to implementing more educational food programs, opening up Room One's doors to the public with consistent access to a food creation space fosters a community environment where the creation of green spaces can occur in and outside of Room One.



SDG #10: **Reduced Inequalities**

Goal 10 calls for equity across all disparities and scales (United Nations, n.d.). As mentioned previously, Room One works under the scope of equity and access. Their goal is to empower self-actualization and support marginalized community members through direct services (Room One, n.d.). Room One's work is directly aligned with this goal. The focus on outreach and prevention in our project is also in line with this goal because outreach can be used as a tool and as a practice of accessibility (Grymonprez et al., 2017). Focusing on outreach for accessibility would address barriers that prohibit community members from using Room One services and would support this goal. Recommendations for one-on-one interventions also support this goal by providing different methods to approach community members based on their needs. Finally, this goal aligns with the recommendations for community-focused food education and access programs by supporting food security and community-building initiatives that provide educational opportunities for community members. Our recommendations work in tandem to not only provide a holistic approach to interventions but also address and further support the sustainable development goals.

Additional SDG Connections

In addition to the three aforementioned SDGs, our team would like to take note of two other goals that Room One supports: #8 Decent Work and Economic Growth, and #16 Peace, Justice and Strong Institutions. Goal eight describes the need for work opportunities for all as well as economic growth that is just and sustainable. This goal is rooted in global work disparities such as lack of protection in jobs, lack of education and training among young people, and higher unemployment rates in low-income countries (United Nations, n.d.). Room One provides services that connect people to local employment and training resources and is supporting this goal in their work. Goal 16 covers the need for justice, equity, and inclusion in all levels of institutions. This goal addresses issues of underrepresentation, displacement, and equity issues (United Nations, n.d.). Room One serves as an institution within the Methow Valley that seeks to uphold equity and justice through their direct services work. Their mission includes “building power among those who are most marginalized, and working to end the social and economic inequities that put particular communities at greater risk than others” (Room One, n.d.).



Top Three Recommendations

All of the intervention recommendations that we've provided may help Room One achieve greater community resilience. In addition, they all support the framework of the United Nations' Sustainable Development Goals. From among all of our recommendations, this section highlights our top three recommendations that especially exemplify Room One's goals.

★ Outreach focus groups:

From the outreach and engagement recommendations, Meli chose outreach focus groups as her top recommendation. She felt that this recommendation would best suit the capacity and goals of Room One. These focus groups would call for intentional gatherings of a diverse group of people with a relevant stake in Room One. The groups are tasked with the goals of providing insight on outreach strategies and “hard to reach” members and taking that insight to create methods for outreach. In trying to pique interest from community members and clients, incentives could work as a way to get people to take part in the focus groups. Focus groups would allow for clients of Room One and members of the community to express their needs in a meaningful way and provide perspectives on the barriers people face in trying to access the resources Room One provides. Each community is unique in their values and needs; hearing from the experts of those who live in the Methow Valley is the best way to understand what strategies will work.

★ Trauma-informed care:

From the one-on-one strategies adopted from psychology research, McKenzie selected trauma-informed care (TIC) as her top recommendation. It was hard to select one favorite from the recommendations she wrote about above, but trauma informed care was chosen because of how closely it aligned with Room One's stated goals, and how many resources are available on the topic outside of the clinical psychology realm.

The prevalence of trauma among healthcare workers and clients who are in need of social services makes it critical to be trauma-informed in social services workplaces. TIC is quite simple in premise: the goals are to recognize that many people deal with trauma, notice the symptoms and behaviors related to trauma, and make an effort to not be traumatic (Powers et al., 2023). In practice, however, being trauma-informed is complex and hard to quantify into a series of concrete steps or interventions. As said earlier, we will just include a few examples of TIC

interventions, and then leave the door open for Room One to explore this topic as they see fit. Some TIC interventions focus on educating clients about how trauma impacts their minds and bodies. An example of this is illustrating the amygdala-based (aroused/hot) state of the brain vs the cortex-based (at rest/cool) state of the brain with a diagram (see Appendix B6). By simply explaining the role of the amygdala in brain function, clients can become educated on the internal processes guiding their experiences. A similar exercise is to teach clients about the four Fs of stress: fight, flight, freeze, or fawn, and encourage the client to understand which they gravitate towards (Eisner Health, 2023). This awareness can lessen the intensity of the aroused state, because it allows the client to take the role of *observer* of their state of being. Another intervention example is somatic body regulation exercises, which could be used by staff before meetings, or with clients to help them have a moment of present peace while at Room One (Eisner Health, 2023). For a list of mindfulness and somatic exercises used in TIC, see Appendix B6.

Room One's values include identifying clients' unique strengths, letting the clients be the leaders of their lives, and providing a safe and happy community space. From our understanding of Room One's work, their goal is to engage the clients who walk in their doors in a deeper way to 1) foster closer relationships and 2) aid their clients in a more long-lasting way than providing surface-level basic needs help. Trauma-informed care strategies will help on both fronts by building trust between staff and clients, and nurturing the presence and peace of mind in which clients will be most ready to engage deeply. Once clients are in a state of lower arousal, due to the implementation of trauma-informed practices, it will be easier for them to engage deeply with room one staff, and they will have more tools in their toolbox to self-regulate if they start to get overwhelmed during a case management meeting.

★ Food Education Program

Improving Room One's food access programs focuses on increasing the frequency and consistency of horticulture classes. Asking and addressing what barriers people have in coming to a food education program, and scheduling the times of classes from what is said, will help provide more access to folks that need food support most. With the introduction of a passionate part-time Room One employee dedicated to organizing the details of consistent classes and events, Room One will have more support in having an employee dedicated to making educational programs run smoothly and constantly. These programs should be centered around intentional collaboration with all of their attendees. By setting out time to discuss what individuals want to cook and learn about food. Food education classes are meant for everybody and do not take any skill or food-centered knowledge for granted. Classes will also incorporate other practical skills that individuals can apply outside of Room One. A possible program schedule personalized to Room One's needs could look like:

Class One: Edible Endeavors-

Structure: With a Focus on Growing and harvesting wild food quickly with minimal effort.

At the Beginning: Go over together in a group-

1. Field guide to wild foods and how to harvest them respectfully.
2. What growing your food can do for your health and well-being.
3. Community garden and co-op opportunities.

Go over the recipe before cooking: *This would also be a good week to start growing sprouts.

- **Get into groups based on what folks' strengths are.**
- **Teachers walk around participating in each group.**
- **Eat together and discuss what went well, and what folks want to learn in the future.**
- **Hand out Basic kitchen tools like cutting boards, knives, pans, pots**
- **Close and pack up food for everyone to take home.**

Class Two: Personalities On a Plate-

Structure: With a Focus on learning the personalities of useful ingredients, how they cook, and how versatile they can be. Ingredients for this could be whatever vegetables are available to show how you don't need certain ingredients to cook the foods you love.

At the Beginning: Go over together in a group-

1. Who are these ingredients and what nutrients does this ingredient give?

Practice can look like placing ingredients on a venn diagram of CARBO+ hydrates provide us with energy and water. Proteins build and repair tissues. Fats help to absorb nutrients and protect organs. Vitamins and Minerals support various bodily functions.

2. When are certain ingredients in season or the cheapest, and how to season them?

Practice can look like going through visuals of what foods grow when in Methow Valley.

3. What do these ingredients look like when cooking them, how do you tell when they are done?

Practice can look like going through personal senses while cooking and before, making observations about how each ingredient changes.

Go over the recipe before cooking:

- **Get into groups based on what folks' strengths are.**
- **Teachers walk around participating in each group.**
- **Eat together and discuss what went well, and what folks want to learn in the future.**
- **Close and pack up food for everyone to take home.**

Class Three: Smashing Beans-

Structure: With a Focus on sensory and creative aspects of cooking.

At the Beginning: Go over together in a group-

1. What can getting in touch with your food look like?
2. Learning about food preferences, and sharing tools to make healthy eating options
3. What seasoning can look like, tools to use in making food taste good to you.

Go over the recipe before cooking: *A good recipe for this could be making rustic Hummus

- **Get into groups based on what folks' strengths are.**
- **Teachers walk around participating in each group.**
- **Eat together and discuss what went well, and what folks want to learn in the future.**
- **Hand out oil and seasoning supplies.**
- **Close and pack up food for everyone to take home.**

Class Four: Flowers and More-

Structure: With Focus on learning more about life cycles of plants, and how to use leftovers in different ways.

At the Beginning: Go over together in a group-

1. Learning how to tell when foods are ripe.
2. Learn about how to grow food from the life cycles of plants.
3. Dive into how to use food scraps and dry foods

Go over the recipe before cooking: *Chimichurri with purslane could be a good recipe for this

- **Get into groups based on what folks' strengths are.**
- **Teachers walk around participating in each group.**
- **Eat together and discuss what went well, and what folks want to learn in the future.**
- **Close and pack up food for everyone to take home.**

Class Five: Together We Thrive-

Structure: With Focus on Learning from elders traditional ways to cultivate food.

At Beginning: Go over together in a group-

1. Learning Context of the Green Revolution and Food Sovereignty.
2. Stories about how common foods we love were invented
3. Stories from Elders about where the recipes they are sharing come from

Go over the recipe before cooking:

- **Get into groups based on what folks' strengths are.**
- **Teachers walk around participating in each group.**
- **Eat together and discuss what went well, and what folks want to learn in the future.**
- **Close and pack up food for everyone to take home.**

Class Six: Try New Tricks-

Structure: With Focus on Learning from elders traditional ways to cultivate food.

At Beginning: Go over together in a group-

1. What are the processes and benefits of canning and fermenting foods?
2. What are other ways we can cultivate food in community?
3. How can we break down barriers between individuals and healthy food?

Go over the recipe before cooking: *This would be a great class for canning

- **Get into groups based on what folks' strengths are.**

- **Teachers walk around participating in each group.**
- **Eat together and discuss what went well, and what folks want to learn in the future.**
- **Hand out Canning/fermentation supplies and instructions**
- **Close and pack up food for everyone to take home.**



Budget

Room One instructed us to not focus on budgeting our implementation ideas, as they already have a wide range of grant writing opportunities. However, there are a few budgeting considerations worth mentioning for some interventions.

Brief budget notes regarding one-on-one interventions:

All four of the psychology-related interventions can be done without a cost, but they could all also be pursued in a more expensive way. For example, training exists for acceptance and commitment therapy, narrative therapy, and trauma-informed care, which appear to usually cost several hundred dollars. In addition, Room One could purchase books and other materials, which would also cost money. More in-depth budget information was not explored in this section because while paid training exists, it would be easiest to learn about these interventions for free.

Educational food program funding:

Helpful supplies for a food educational program would be:

- Ingredients for each class
- Basic Kitchen Tools for everyone attending: Knives, cutting boards, pans, pots, storage containers
- Oil and seasoning package for everyone attending

With recommending hiring a passionate part-time employee for Room One, there are additional grants that are applicable to what Room One's food educational programs aim to practice.

Confluence Health and Wellness Valley Medical Group (could ask more than \$15,000)	https://cfncw.org/communitypartnershipgrant/
Legacy Funds grant program	https://uagrant.com/donate/?gad_source=1&gclid=CjwKCAjw8fu1BhBsEiwAwDr sjKAiRj8WqLKv_Le0QwsGH5JwP4XhF-yyl0m-0GNuvVGe9cEvw_xFlhoCZF4QAvD_BwE
Whole Kids Foundations Garden grant	https://www.wholekidsfoundation.org/programs/school-gardens-grant/

<p>Pleiades foundation</p>	<p>https://www.instrumentl.com/990-report/pleiades-foundation https://www.4ccf.org/grantees/?gad_source=1&gclid=CjwKCAjw8fu1BhBsEiwAwDr sjE1l72piJ0E_QdTDKMcCYDAhHKMSOtt63ezNVvKR5ZRhqZZYbovsFRoCOBkQAvD_BwE</p>
<p>WSDA grant opportunities</p>	<p>https://eatlocalfirst.org/w-s-da-infrastructure-grants-building-a-more-resilient-food-chain/?gad_source=1&gclid=CjwKCAjw8fu1BhBsEiwAwDr sjE_rcSuzg1FSQl5PUnMbDvTjBXqkJK3gGIsPLWEF0z4_y2YUFqNexoCwx8QAvD_BwE</p>

Conclusion

Review of Findings and Recommendations

This paper aimed to highlight some ways that Room One might integrate prevention and resilience into their direct services. To that end, we suggested a list of interventions in the subjects of outreach and engagement, one-on-one psychological methods, and food education and access, because all three of these categories could contribute to community well-being and deep engagement with Room One. The three categories serve as a holistic approach to Room One's goal of creating more intentional relationships with clients and creating self-actualization within them. Our team conducted online research to look for interventions, and held meetings with stakeholders and Room One staff to inform our report. In the end, our top three recommendations were:

- ★ Outreach focus groups for understanding barriers to accessibility and awareness
- ★ Trauma-informed care practices to deepen client-staff interactions
- ★ Food programs focused on practical food skills and community-building classes

Outreach and engagement strategies help to bring people into Room One, and get them involved in Room One's programming in a deep way. Once people are engaged with Room One, mental health interventions can be used in all interactions with Methow Valley community members. These psychological strategies can strengthen the connections between Room One staff and clients in all of Room One's activities, including outreach programs and food education programs. Lastly, implementing a food education class would provide a fun and instructive outlet for community engagement and health.

Limitations and Places for Further Research

A general limitation of this report is that it does not include very many examples of other organizations that are similar to Room One. This was one of Room One's requests, so to include that information would have made this report stronger. Unfortunately, it was challenging to find examples of preventative work being done by organizations like Room One because of the limited turnaround time for this paper, and because Room One is quite special in what it does. There are not many organizations we found that do something Room One has not already tried. A more thorough search of other social services organizations with similar goals is a promising avenue for future research. Another general limitation of the report is that, because the goal of preventative work is so large, we had to choose only three limited aspects of prevention to pursue in our research. This greatly limited the type of interventions we could find, but it allowed us to clearly delegate roles and cast a more concise search net during research.

Some limitations found in the outreach and prevention category include limited proof of impact of outreach strategies. The academic literature was highly focused on the importance of outreach as a means to increase accessibility to marginalized populations but research on the increase of outreach and engagement was sparse with more reliance on case studies. Despite case studies providing examples of implementation, finding ones that fell within the context of Room One was difficult. For further research, we see great potential in compiling a list of organizations with a similar mission and target audience and conducting surveys on best practices for outreach.

The one-on-one psychology portion of this report had many limitations, with timing and training being two of the biggest. First, the therapy methods suggested in this report are often used over a long time period during client-counselor interactions. If adapted to Room One's work, which is less time intensive and less regular, these practices may not be as powerful. For example, one meeting where ACT is mentioned will not create a lasting habit of mindfulness in the client. Regarding training, there was a bit of a blind spot in McKenzie's research because it was occasionally unclear whether the Room One staff could use certain interventions without official certifications. Another limitation was that many of Room One's clients face real systemic barriers to their well-being, in the financial and social realms. One must be tactful when encouraging strategies like Narrative Therapy and ACT because by putting the focus on the client's inner, conscious experience, one risks invalidating the client's *external* problems. For people who come for non-mental-health support, focusing on psychology can distract from the fact that the client is facing an issue of justice, not mental illness.

The appendices and references sections have many sources for future research on McKenzie's recommended practices if Room One is interested.

A limitation of the food education section is that consistent funding for food programs through grants can be unreliable. Additionally, with the ever-pressing challenges of climate change, growing fresh local food in the Methow Valley can be unpredictable. However, this unreliability is exactly the reason why more individuals knowing how to cultivate their own food is crucial to combating putting so much weight on fewer food producers and cooks.

An opportunity for further development of Room One's prevention goal is examining how tribal sovereignty may play into community resilience. Room One has already done some work with local tribes, and appears to have a strong sense of the value of First Nations perspectives. We think that as the general public lifts up the voices of indigenous people more, especially as we look to indigenous practices to combat environmental degradation, there will be many opportunities to incorporate indigenous participation in community-building. This will contribute to Room One's goal of fostering resilience and strong community connections.

Final Remarks

It takes humility, and true leadership, to make your goal “working yourself out of a job,” as the Room One staff have told us. We have the utmost respect for Room One’s work, and we feel so much gratitude to have gotten to learn from them during this project. We only hope we can repay some of their efforts by giving them some resources that may be helpful as they continue changing the world.

The significance of the goal that we are contributing to through this report is awe-inspiring. It’s hard to do research on prevention work and not get swept away by the vision of a future where organizations like Room One have done so much good that they are no longer needed. Imagining a version of Methow life where all locals are financially comfortable, and where visitors come and contribute to the public good, is intoxicating. The success of Room One’s goal, of helping people become the strongest version of themselves, would create a community where people are both confident in their agency and acknowledging of their interdependence with all other residents here. It would create a helping system that is built on relationships, not on transactions. It would create people who can find the meaning that is intrinsic in all the circumstances of their lives. There is a long way to go on that road, but how lucky are we to be laying some of the bricks?

“Being human always points, and is directed, to something, or someone, other than oneself—whether it be a meaning to fulfill, or another human being to encounter. The more one forgets himself—by giving himself to a cause to serve or another person to love—the more human he is and the more he actualizes himself.”

~ Viktor Frankel (*Man’s Search for Meaning*)

Appendix A: Keeping Tabs on Our Tabs - Search Terms Used in Research

Search terms for one-on-one strategies related to psychology:

- **Community health interventions:** This led to finding the National Association of Community Health Centers, which was a very valuable resource.
- **Crisis prevention in social work:** This term was a bit too vague to be helpful, because it mostly brought up articles about crisis intervention, not prevention. Perhaps upon a deeper dive, this could yield better information!
- **Therapy concepts for social workers:** This was not very helpful; could not find sources about adapting therapy techniques to non-counselor staff.
- **Organizations like thriving together:** This search term only brought up Thriving Together information.
- **Trauma-informed care:** This was helpful to find supplementary information about interventions based on trauma-informed care.
- **Narrative therapy certification:** This helped with looking into whether Room One's staff could become certified in narrative therapy.
- **ACT training, or who can practice ACT:** These brought up many results for trainings and workshops for ACT

Search terms for outreach and engagement:

- **Outreach for social services**
 - Provided a lot of context for the 'why' of outreach
- **Increasing accessibility in social services**
 - How it addresses issues of inequalities
- **Outreach methods/strategies for social services/nonprofits**
- **Outreach in rural communities**
- **Focus groups in human/social services**

Search terms for food education/access:

- **What does food insecurity do to health**
- **Food education for Social Services**
- **Food Education in rural Communities**
- **Food education for at-risk youth**
- **Examining nutritional programs**

Appendix B: Resources for Further Research

1. Benchmarking Table:

Name of program/intervention	(description)
Location	
Organization name	
Services provided	
Main strategy/theoretical framework	
Funding/budget info	

2. Links to narrative therapy certification trainings and further research resources:

- <https://www.vancouverchoolfornarrativetherapy.com/5-day-foundations-certification> (Narrative Therapy certification)
- <https://www.narrativetherapyinitiative.org/training-program> (Narrative Therapy certification)
- *The International Journal of Narrative Therapy and Community Work*: This is an open access peer-reviewed journal that might provide interesting sources about Narrative Therapy and community resilience.
 - <https://dulwichcentre.com.au/international-journal-of-narrative-therapy-and-community-work/>
- This book was written by some of the founders of Narrative Therapy:
 - Monk, G., Winslade, J., Crocket, K., & Epston, D. (Eds.). (1997). *Narrative therapy in practice: The archaeology of hope*. Jossey-Bass.

3. Resources for Acceptance and Commitment Therapy

- Books: *A Liberated Mind: The Essential Guide to ACT* (Stephen Hayes, 2019) and *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change* (Hayes et al., 2016)
- ACT used in rural areas:
 - “A non-randomized pilot study to test the feasibility of treating chronic pain and opioid prescription use in rural areas with acceptance and commitment therapy (T-pact)” (Rhyne et al., 2020)
 - “Feasibility of delivering a virtual 1-day acceptance and commitment therapy workshop to rural veterans through Community Partnerships.” (Dindo et al., 2023)

4. Challenging Questions Worksheet

Clinician ID (4-digits) _____	Check One when retaining on file:	Who wrote on this worksheet?
Participant ID (3-digits) _____	<input type="checkbox"/> Completed in session	<input type="checkbox"/> Clinician
Session # _____	<input type="checkbox"/> Practice assignment, reviewed in session	<input type="checkbox"/> Participant
Date of Session _____	<input type="checkbox"/> Practice assignment, not reviewed	<input type="checkbox"/> Clinician and participant together

Challenging Questions Worksheet •

Below is a list of questions to be used in helping you challenge your maladaptive or problematic beliefs/stuck points. Not all questions will be appropriate for the belief/stuck point you choose to challenge. Answer as many questions as you can for the belief/stuck point you have chosen to challenge below.

Belief/Stuck Point: _____

1. What is the evidence for and against this stuck point?
FOR: _____
AGAINST: _____
2. Is your stuck point a habit or based on facts?
3. In what ways is your stuck point not including all of the information?
4. Does your stuck point include all-or-none terms?
5. Does the stuck point include words or phrases that are extreme or exaggerated (i.e., always, forever, never, need, should, must, can't, and every time)?
6. In what way is your stuck point focused on just one piece of the story?
7. Where did this stuck point come from? Is this a dependable source of information on this stuck point?
8. How is your stuck point confusing something that is possible with something that is likely?
9. In what ways is your stuck point based on feelings rather than facts?
10. In what ways is this stuck point focused on unrelated parts of the story?

5. A-B-C Worksheet

Clinician ID (4-digits) _____	Check One when retaining on file: <input type="checkbox"/> Completed in session <input type="checkbox"/> Practice assignment, reviewed in session <input type="checkbox"/> Practice assignment, not reviewed	Who wrote on this worksheet?
Participant ID (3-digits) _____		<input type="checkbox"/> Clinician
Session # _____		<input type="checkbox"/> Participant
Date of Session _____		<input type="checkbox"/> Clinician and participant together

A-B-C Worksheet

A	B	C
ACTIVATING EVENT	BELIEF/STUCK POINT	CONSEQUENCE
"Something happens"	"I tell myself something"	"I feel something"

Are my thoughts above in "B" realistic?

What can you tell yourself on such occasions in the future?

6. Trauma-informed care graphics (from Eisner Health, 2023)

Regulation Techniques at Work



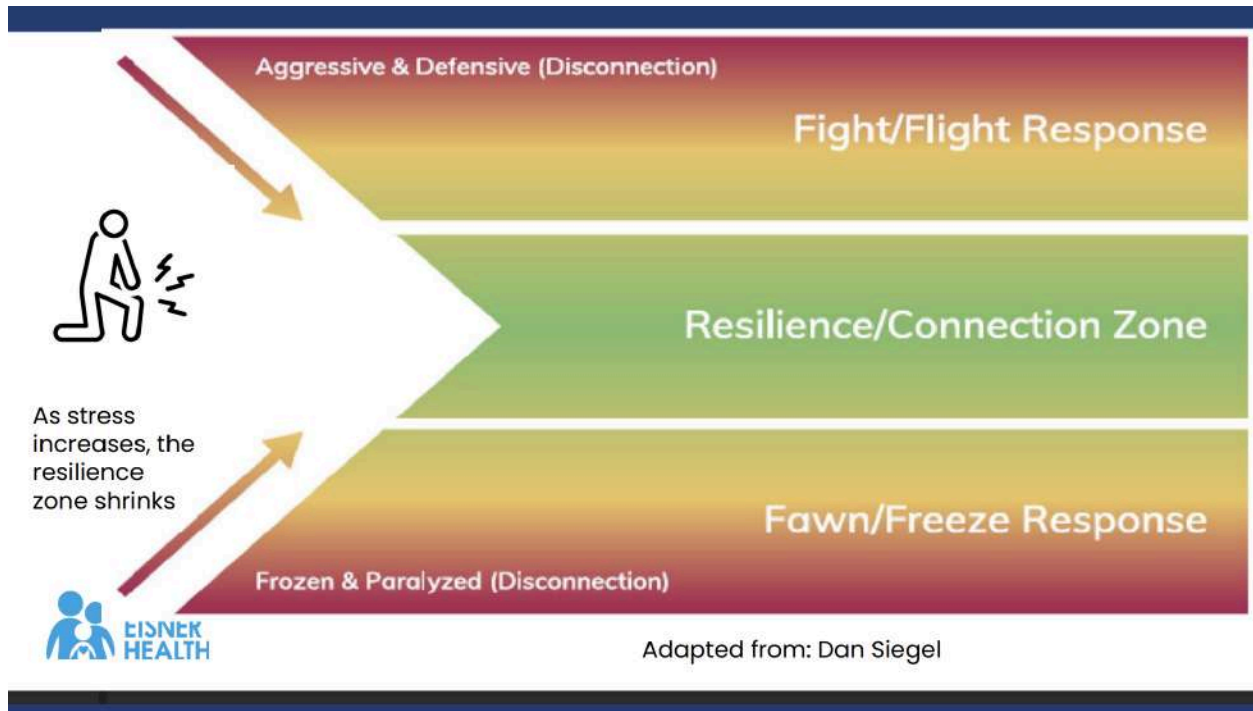
Cortex
↓
Limbic
Midbrain
↓
Brainstem

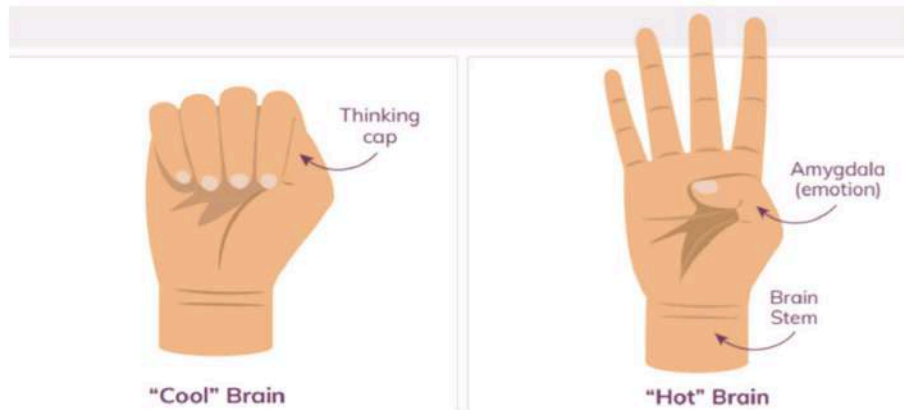
- To do list
- Gratitude practice
- Setting boundaries and re-prioritizing
- Self-care assessment
- Positive mantras
- Reconnect with your “Why”

- Mindful breathing
- Music
- Movement and exercise
- Use pleasing environment
- Visualize calm/safe space
- Hand on heart and belly
- Head Space or Calm App for employees



Cortex
↑
Limbic
Midbrain
↑
Brainstem





Other trauma-informed care resources:

- *The Body Keeps the Score* (Bessel van der Kolk)

References

Psychology References:

- Chapman, A. L. (2006). Acceptance and mindfulness in behavior therapy: A comparison of Dialectical Behavior Therapy and Acceptance and Commitment Therapy. *International Journal of Behavioral Consultation and Therapy*, 2(3), 308–313.
<https://doi.org/10.1037/h0100785>
- Eisner Health. (2023). *How Healthy is your Health Center? How to Promote a Trauma-Informed Care Environment for Patients and Staff*. [PowerPoint slides]. From the National Association of Clinical Health Centers 2023 Conference. [Link to presentation](#).
- National Association of Community Health Centers. (2024). *Past conferences*. NACHC. <https://www.nachc.org/training-events/past-conferences/>.
- Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy*, 48(1), 98–102.
<https://doi.org/10.1037/a0022161>
- People in Pain Network. (2015). *The Struggle Switch By Dr Russ Harris YouTube* [Video]. YouTube. <https://www.youtube.com/watch?v=CuKQf5BtVgE>.
- Powers, A., Langhinrichsen-Rohling, R. A., Sonu, S. C., Haynes, T., & Lathan, E. C. (2023). Brief trauma-informed care training to enhance health care providers' knowledge, comfort, and implementation of trauma-informed care in primary care clinics: A pilot effectiveness study. *Psychological Services*. <https://doi.org/10.1037/ser0000823>.
- Reid, C., Bennetts, S. K., Nicholson, J. M., Amir, L. H., & Chamberlain, C. (2022). Rural Primary Care Workforce Views on trauma-informed care for Parents Experiencing Complex Trauma: A descriptive study. *Australian Journal of Rural Health*, 31(1), 98–113.

<https://doi.org/10.1111/ajr.12922>.

Room One. (n.d.). *Home*. <https://roomone.org/>.

Smith, A. (n.d.). *A-B-C Worksheet*. From PSY 351 class materials at Western Washington University.

Smith, A. (n.d.). *Challenging Questions Worksheet*. From PSY 351 class materials at Western Washington University.

Smith, A. (2024). *Indigenous Healing Traditions; ACT & DBT*. [PowerPoint slides].

Smith, A. (2024). *Person-Centered (Rogerian) Therapy*. [PowerPoint slides].

Smith, A. (2024). *Narrative Therapy*. [PowerPoint slides].

Thriving Together. (n.d.). *Vital Conditions for Well-Being and Justice*.

<https://thriving.us/vital-conditions/>

United Nations. (2022). *Goal 3 | Department of Economic and Social Affairs*. United Nations.

<https://sdgs.un.org/goals/goal3>.

Yao, L., Kabir, R. (Updated 2023). Person-Centered Therapy (Rogerian Therapy). In:

National Library of Medicine: StatPearls [Internet]. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK589708/>.

Food Education References:

Babashahi, M., Bagherifard, F., Daneshmandi, H., Khoshbakht, R., Jaber, O., Delir, E., &

Tabibian, M. (2021). Does food insecurity affect musculoskeletal symptoms, fatigue, and productivity of municipality cleaners? A cross-sectional study. *Work (Reading, Mass.)*,

70(1), 209–217. <https://doi.org/10.3233/WOR-213566>

Beuchelt, T. D., & Virchow, D. (2012). Food sovereignty or the human right to adequate food:

which concept serves better as international development policy for global hunger and poverty reduction? *Agriculture and Human Values*, 29(2), 259–273.

<https://doi.org/10.1007/s10460-012-9355-0>Crisp, B. R., & Taket, A. R. (Ann R.) (Eds.).

(2020). *Sustaining social inclusion* (1st ed.).

Routledge.<https://ebookcentral-proquest-com.ezproxy.library.wvu.edu/lib/wvu/reader.action?docId=6186651>

Curriculum Guide:

https://cdn.prod.website-files.com/5a0ca7f60d22aa0001465874/61fc6f439b02ee04048b353a_TEND_Teacher-Guide_2021_pdf.pdf

“Encyclopedia of the Social and Solidarity Economy.” *Edward Elgar Publishing EBooks*, 25 Apr. 2023, <https://doi.org/10.4337/9781803920924>.

FOOD FOR THOUGHT: EXAMINING FEDERAL NUTRITION PROGRAMS FOR YOUNG CHILDREN AND INFANTS HEARING BEFORE THE SUBCOMMITTEE ON CIVIL RIGHTS AND HUMAN SERVICES OF THE COMMITTEE ON EDUCATION AND LABOR U.S. HOUSE OF REPRESENTATIVES ONE HUNDRED SEVENTEENTH CONGRESS FIRST SESSION. (n.d).

<https://www.govinfo.gov/content/pkg/CHRG-117hrg45177/pdf/CHRG-117hrg45177.pdf>

Pepper, G. V et al. “The Importance of Food in Studying Economic Hardship and Well-Being: Does Food Insecurity Mediate the Associations between Income and Stress and Well-Being in a UK Representative Sample?” *Journal of public health* (2023): n. pag. Web.

<https://link-springer-com.ezproxy.library.wvu.edu/article/10.17269/s41997-022-00658-0?fromPaywallRec=false#citeas>

Tend, Gather & Grow. (n.d.). www.goodgrub.org. <https://www.goodgrub.org/tend-gather-grow>

Thomas MMC, Miller DP, Morrissey TW. Food insecurity and child health. *Pediatrics* 144(4):e20190397. 2019.

<https://www.govinfo.gov/content/pkg/GOVPUB-HE20-PURL-gpo177191/pdf/GOVPUB-HE20-PURL-gpo177191.pdf>

Ullmann, Heidi, Julie Dawson Weeks, and Jennifer H Madans. *Children Living in Households That Experienced Food Insecurity : United States, 2019-2020*. Hyattsville, MD: U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2022. Print.

Outreach and Prevention References:

About. (n.d.). Room One. Retrieved August 10, 2024, from <https://roomone.org/about>

Coalition Building. (n.d.).

<https://www.ncjfcj.org/wp-content/uploads/2021/11/Coalition-Building.pdf>

Coalition Building & Community Organizing Strategies. (n.d.). Ilny.us.

<https://ilny.us/coalition-building-community-organizing-strategies>

Coalition-Building: Why it Matters and How to Start - National College Attainment Network.

(n.d.). www.ncan.org.

<https://www.ncan.org/news/635812/Coalition-Building-Why-it-Matters-and-How-to-Start.htm>

Chapter 3. Assessing community needs and resources | section 6. Conducting focus groups | main section | community tool box. (n.d.). Retrieved August 11, 2024, from <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>

Downtown Women's Center – Every woman housed. (n.d.). Downtown Women's Center. <https://downtownwomenscenter.org/>

FOCUS GROUPS REPORT Survivor Solutions to Program and Systems Change. (2017). <https://downtownwomenscenter.org/wp-content/uploads/2020/07/DVHSC-Focus-Group-Report.pdf>

Goal 8 | department of economic and social affairs. (n.d.). Retrieved August 10, 2024, from <https://sdgs.un.org/goals/goal8#overview>

Grymonprez, H., & Roose, R. (2022). Towards a clearer understanding of the transformational potential of outreach work. *European Journal of Social Work*, 25(1), 26–40. <https://doi.org/10.1080/13691457.2019.1567468>

Grymonprez, H., Roose, R., & Roets, G. (2017). Outreach social work: From managing access to practices of accessibility. *European Journal of Social Work*, 20(4), 461–471. <https://doi.org/10.1080/13691457.2016.1255589>

Loeuy, K. J. (2022, April 11). Art for Self-Care and Mental Health. The Whole U; University of Washington. <https://thewholeu.uw.edu/2022/04/11/art-for-self-care-and-mental-health/>

Mental Health Foundation. (2019, June 25). How arts can help improve your mental health. [www.mentalhealth.org.uk](https://www.mentalhealth.org.uk/explore-mental-health/blogs/how-arts-can-help-improve-your-mental-health#:~:text=Participating%20in%20the%20arts%20can). <https://www.mentalhealth.org.uk/explore-mental-health/blogs/how-arts-can-help-improve-your-mental-health#:~:text=Participating%20in%20the%20arts%20can>

Oldeide, O., Fosse, E., & Holsen, I. (2021). Local drug prevention strategies through the eyes of policy makers and outreach social workers in Norway. *Health & Social Care in the Community*, 29(2), 376–384. <https://doi.org/10.1111/hsc.13096>

Tembreull, C. L., & Schaffer, M. A. (2005). The intervention of outreach: Best practices. *Public Health Nursing*, 22(4), 347–353. <https://doi.org/10.1111/j.0737-1209.2005.220411.x>

The Four Stages to Building True Community. (n.d.). One Community.

<https://www.onecommunityglobal.org/stages-of-community-building/>

Youth Leadership Council - Room One. (2020). Room One.

<https://roomone.org/programs/okanogan-healthy-youth/youth-leadership-council>