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Building Active Intersectional Allyship In Middle School Youth

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BUILDING ACTIVE INTERSECTIONAL ALLYSHIP IN MIDDLE SCHOOL YOUTH

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Abstract

This thesis explores how an understanding of concepts of the framework of intersectionality may build resilience and increase ability for middle schoolers to learn to be active, effective allies for one another. Allyship is discussed as a necessary skill to learn and not a label one can self-select. A literature review is presented with a specific focus on intersectionality; trauma, resilience, and long-term impact of childhood trauma; and active allyship. These concepts are then framed through a social work lens, focusing on micro, mezzo, and macro levels. As human connection is critical for psychosocial health, this thesis then presents a research protocol and procedure for a group psychosocial intervention for middle school-aged youth.

Keywords: Intersectionality, adolescence, capacity building, resilience, psychosocial intervention, allyship.

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BUILDING ACTIVE INTERSECTIONAL ALLYSHIP IN MIDDLE SCHOOL YOUTH

When my oldest child was in fourth grade, she transferred from a small private school to a neighborhood public school. Her private school was not equipped to provide intensive special education services, so when there was a child in her fourth-grade class with a complicated genetic condition which resulted in physical and developmental delays, it was her first encounter with a peer with a complex disability. This student utilized a wheelchair and had very limited verbal skills. One day about three months into the school year, when I picked my child up from school, she was visibly frustrated and threw her backpack down in my vehicle. I asked her what was wrong, and she stated, “There is a girl in my class that I really want to be friends with, but I just don’t know how.” She was referring to the girl with a complex disability. We spent the evening in discussion about the best way for her to connect with her peer. We determined the best idea would be to simply ask her paraprofessional or her mother what the child liked to do. Though my daughter was extremely uncomfortable asking, she knew it was the only way that she would get the answers she was seeking. As it turns out, this particular child immensely liked playing catch, so once my daughter found that out, she began playing catch with her at recess. By the end of the school year, many children would engage in play with this child in a circle, throwing and catching the ball. Though to the children this seemed like just a game to play at recess, to me it was a powerful lesson about true inclusion.

Helping my child navigate this experience sparked a sense of curiosity and purpose for me as I embarked upon my research work for this thesis. Though human connection is so critical for psychosocial health, there are often barriers to connection that can be removed quite simply through education and verbal communication. As I examined my own life experiences and researched concepts of third-wave feminism, I realized that a large barrier to connection with

regard to identity was the fact that conversations about fixed elements of identity can simply be uncomfortable, so those conversations are often avoided. I watched my daughter build a capacity to understand her peers by pushing past those uncomfortable feelings and asking directly about how to best connect with her peer. I was deeply struck by the power in such a simple conversation and set out to determine if this could be developed into an intervention that could help foster connection, inclusion, and ultimately build capacity for resilience, which could have the power to be a protective factor against bullying, gossip, and self-esteem issues that are all too common throughout adolescence.

This paper will explore how an understanding of intersectionality can build capacity for youth to become powerful, active allies, and how active allyship and an understanding of intersectional frameworks can build resilience in middle school-aged children. This paper will begin with a thorough literature review. This literature review will explore these themes to build allyship and resilience in youth. It is important to define these terms and demonstrate their nexus to this research. First, this section will define and address matters of intersectionality, an analytical framework that helps address the whole person. This literature review will then explore themes of trauma and resilience. Finally, the literature review will conclude with a discussion and analysis of concepts presented through a social work lens. Next, this paper will detail key features, benefits, and limitations to group psychosocial intervention as a method of intervention. Finally, this paper will present a detailed proposal of and protocol for a psychosocial intervention group of children in grades six through eight in Grand Forks, North Dakota, including steps to gain consent from parents and assent from youth participants, recruiting student participants, development of a framework of intersectional understanding, collection and analysis of data, and implications on the field of social work. The paper will

conclude with a discussion of objectives for a program with goals of empowering youth to be effective intersectional allies is presented. This program is entitled Build Moxie© and will have detailed elements of the program manual and evaluation tools within the appendices.

CHAPTER ONE: INTERSECTIONALITY

History of Intersectionality

Intersectionality is a term coined by Kimberlé Crenshaw in her landmark 1991 piece "Mapping the Margins" that helps provide a thorough analytic framework from which to view how individuals exist at the intersections of overlapping systems of oppression. Though Crenshaw originally referenced identity politics and how they impacted violence against women of color, the intersectionality framework is fundamental in understanding how all human beings relate to one another. Intersectionality was borne from Black feminist theory and discussion of intersectional theoretical concepts can be found as early as 1851, when Sojourner Truth discussed how Black women were differently oppressed by so many people around them: white women, white men, and Black men, yet those oppressions interlocked to create a particularly challenging experience for Black women (Truth, 1851). Intersectionality shows how ignoring differences within groups can lead to tension among groups (Crenshaw, 1991). Thus, understanding and discussion of intersectional identity may lead to higher satisfaction amongst diverse members of groups. Since the coinage of the term in 1991, intersectionality has been increasingly applied in the fields of psychology, sociology, social work, and more. It is through an intersectional approach to identity that social work practitioners may truly understand not only what facets of identity belong to clients, but how those facets intertwine to situate a client where they currently are. Intersectionality is a humanistic theory that, in exploring individual identity, identifies, recognizes, and pushes back on interlocking structures of inequity (Moffitt et al., 2020). This chapter will explore intersectionality as a framework and how it may apply to working with youth.

It is imperative to note that though intersectionality was a term and framework coined and developed through Black feminist theory, the vast majority of developmental research that exists was conducted by white, cisgender, heterosexual men (Syed et al., 2018). This may affect the questions that were asked by researchers as well as the analysis of data collected, as the perspectives regarding power and oppression between researchers and subjects may be significantly different. Moreover, understanding of intersectional frameworks must be rooted in systems theory and a social constructionist model, as the foundation of intersectional theory is made up of both. General systems theory was first introduced by Ludwig von Bertalanffy and helps make sense of how humans sort existence into systems of complex, interacting elements that are interrelated and interdependent (Bertalanffy, 2003). Social constructionism explains how ways of thinking are not necessarily innate in essence but instead are cultural constructs – perceptions of reality that are shaped by the culture in which humans are immersed (Burr & Dick, 2017). These are key concepts in intersectionality, as the interlocking systems of oppression that comprise intersectional identity are both systems and social constructs concurrently.

Facets of Intersectional Identity

As outlined by Crenshaw's theory of intersectionality, each individual exists at an intersection of different aspects or facets of identity (Crenshaw, 1991). Facets of identity can include such things as race, color, ethnicity, national origin, disability, religion, age, sex, gender identity, sexuality, and gender expression. Each facet of identity carries with it a certain privilege or stigma. Research exists that suggests that people whose facets of identity experience interlocking forms of stigma may have correlated mental, behavioral, and physical health issues (Turan et al., 2019). Though often-stigmatized identities are frequently taken into isolated

consideration, facets of human identity are inextricably linked. Therefore, for example, a woman cannot only be a woman as she has other facets of her identity that together comprise who she is as a person. Though complex, an intersectional approach is critical to address and understand, especially from a professional perspective with focus on physical, mental, or behavioral health. Only when intersectional aspects of identity are taken in consideration will human services professionals be able to design and incorporate interventions that take the whole person into account (Turan et al., 2019).

Though complex, intersectional identity and associated systems of power and oppression begin shaping human beings very early on in life. A 2017 study of Scottish elementary schoolers showed participant emotions to be powerfully influenced by intersectional identity that has lasting political and practical implications. This study examined how schoolchildren aged 5-7 performed their social identities of socioeconomic status (or, class), gender, and ethnicity each day at school. Results showed three main areas of findings: first, that emotions are crucial for shaping intersectional identity and how they feel they belong; second, that the performative nature of these emotions, identities, and belongings are significant contributing factors in shaping children's social status at school; and third, that forms of belonging and non-belonging are continually reinforced not only by peers but by school staff as well (Kustatscher, 2017). This research suggests that systems of oppression and power may be upheld by children as young as five years old, even when there was no blatant knowledge of intersectionality or systems of oppression.

Though the analytical framework of intersectionality helps strengthen understanding of the spaces all humans occupy, further research is needed on the development of intersectional identity and the consequences of intersectional identity for the lives of youth (Azmitia &

Mansfield, 2021). A broadened, widespread understanding of the power of intersectional identity may contribute in a large way to more macro-focused goals of social justice and equity in a wide variety of institutions.

Intersectionality, Adolescence, and Mental Health

The theory of intersectionality can be applied to all populations, but this paper will focus on how the application of an intersectional lens can promote understanding of the adolescent experience. The World Health Organization defines adolescence as "the phase of life between childhood and adulthood, from ages 10 to 19." Adolescence is a time in which humans undergo a great deal of biopsychosocial growth which can affect how they think, feel, make decisions, and interact with the world around them (World Health Organization, 2021). Adolescence is a time of significant development, as adolescents are beginning to form their own ideas of who they are and what their individual meaning is to the world around them. Adolescents begin to see themselves separately from their families of origin and emerge as individuals navigating many different social systems as they go. Families, schools, and peers can provide scaffolds to guide adolescent identity exploration, but confusion can also occur as adolescents obtain a sense of coherence that integrates their many facets of identity over time.

Research in this area has shown an inverse correlation between societal status and awareness of social identity – meaning the less social capital a person has, generally, the more they are aware of their social identity (Azmitia et al., 2008). Thus, individuals with higher-privileged social status, such as white, cisgender, heterosexual males, may be less aware of the privilege they possess. The inverse is also often shown to be true, for example, that a person experiencing poverty is likely more aware of the lack of power they possess (Azmitia et al., 2008). Utilizing an intersectional approach while exploring identity in adolescents may also

show patterns in mental health diagnoses as well. Though no race, ethnicity, or gender should be considered a monolith, research has shown that social identity factors of adolescent development may exacerbate the risk of depression for adolescents that are members of marginalized groups (Patil et al., 2018). Moreover, a large-scale study of adolescents in 33 countries worldwide showed significantly increased levels of life dissatisfaction amongst adolescent girls from families with low socioeconomic status and an immigration background when compared to those reporting highest life satisfaction: adolescent boys from families with middle and high socioeconomic status who are native-born to their country (Kern et al., 2020). This research fortifies the notion that intersectionality is a critical lens from which to view what shapes identity, both at an internal, individual-level and from how society views said individual.

In the United States, the National Institute of Mental Health (NIMH) defines an adolescent as an individual between the ages of 12 to 17. According to NIMH, in 2017, just over 13% of the U.S. adolescent population had at least one major depressive episode (National Institute of Mental Health, 2019). A major depressive episode is defined in the Fifth Edition of the Diagnostic and Statistical Manual of Mental Health Disorders as:

> A period of at least two weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities, and had a majority of specified symptoms, such as problems with sleep, eating, energy, concentration, or self-worth. (American Psychiatric Association & American Psychiatric Association, 2013).

The aforementioned dataset does break down the statistic by sex, age, and race/ethnicity, however, it is important to note that it does not show the intersectionality of the dataset. Thus, the data shows that more girls had major depressive episodes than boys, that older adolescents had more than younger adolescents, and that more adolescents of color had depressive episodes

than white adolescents (Kern et al., 2020). What cannot be determined by the dataset, is the intersectionality of these facets of identity, which is a critical component in understanding social inequalities in adolescent mental well-being (Kern et al., 2020). An additional critique of this dataset and those like it is that it only takes sex into account, and not gender identity.

Though biological sex and gender identity match in cisgender individuals, it is time for comprehensive research to move past the outdated idea of a gender binary into a more contemporary understanding of gender identity as a spectrum with many points. Furthermore, ideology regarding gender identity, gender expression, and gender roles is also a cultural construct that can vary greatly depending on factors such as race, ethnicity, national origin, and religion. As such, research shows that individuals who embody hegemonic masculinity may feel a greater sense of ethnic belonging than individuals whose gender identity, gender expression, or gender roles do not align with their biological sex (Abreu et al., 2000). This is just one example of the complexity of intersectional identity.

Though complex, an intersectional approach to social research has the ability to more accurately address the whole person versus merely addressing one facet of a person's identity. Additionally, social stratification, stigma, discrimination, and other forms of cultural perceptions of social groups play a critical role in understanding well-being (Cheon et al., 2020). It is only through an intersectional lens that researchers and other helping professionals can truly understand the experience of the people they are observing or hoping to help. A traumatic element often present in the lives of people who exist at intersections of marginalized identities is discrimination. Discrimination occurs when someone is treated differently than another person due to an element of their identity. The cumulative effects of discrimination can compound over time and can be truly traumatic for those who experiencing discrimination. Trauma can impact

children in the long-term, although evidence suggests that certain resilience factors may positively mitigate the long-term impact of trauma. The next chapter will explore the long-term impacts of discrimination and trauma on developing humans.

CHAPTER TWO: TRAUMA, RESILIENCE, AND LONG-TERM IMPACT

Adverse Childhood Experiences and Trauma-Informed Care

Throughout the mid to late 1990s, the Center for Disease Control and Kaiser Permanente conducted one of the largest studies of childhood abuse and neglect and their lifelong impact on health and well-being. Adverse childhood experiences (ACEs) were classified under three main types: abuse (emotional, physical, or sexual); household challenges (mother treated violently, substance abuse in household, mental illness in household, parental separation or divorce, or incarcerated household member); and neglect (emotional or physical). Over 17,000 people participated in the ACEs study, which found a strong positive correlation between the number of ACEs and health risk for both physical disease and mental health disorders (Felitti et al., 1998). This landmark study significantly impacted scientific understanding of the long-term impact of trauma on a developing person. Furthermore, maltreatment in childhood has also been linked to changes in brain structure and function, and also can impact all neurobiological systems that are stress-responsive (Anda et al., 2006). The ACEs study often goes hand-in-hand with a human services approach called trauma-informed care.

Trauma can have many definitions and is often objective in nature. This paper will utilize the definition of trauma as provided by the Substance Abuse and Mental Health Services Administration (SAMHSA):

> Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (Substance Abuse and Mental Health Services Administration, 2014)

Additionally, according to the SAMHSA, trauma-informed care is guided by six key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (Substance Abuse and Mental Health Services Administration, 2014). With appropriate intervention, support, and an effective trauma-informed approach, it is believed that people can overcome traumatic experiences. Trauma-informed care extends beyond the human services field into policymaking and education as well. Though trauma-informed care in schools is a noble and increasingly popular framework, there is not a large amount of evidence-based research that proves that trauma-informed schools have the long-term benefits that they hope to achieve (Maynard et al., 2019). This could ostensibly be because trauma-informed approaches in schools are a fairly new concept within the field of education.

Discrimination and Trauma

Utilizing an intersectional approach can help broaden perspective with regard to the reason that trauma occurs and help provide a more complete picture of the daily stresses that people face due to their intersectional identity. This is pertinent to the field of social work as trauma has residual effects at the individual (micro), group (mezzo), and societal (macro) levels of social work practice. People who are marginalized due to a facet of their identity often face stressors such as discrimination, disparate treatment, and microaggressions merely because of the systems of oppression that exist within their society. Research is emerging regarding the long-term physical, mental, and behavioral health effects that oppression has on individuals. Recently, the American Public Health Association has stated that racism is a barrier to health equity and many state and local governments have declared racism to be a public health emergency (American Public Health Association, 2021). Additionally, there is a nexus between chronic

stress, poverty, social marginalization, and poor health outcomes that are observed in populations that are most harmed by racism (J. L. Wright et al., 2020).

When looking through the lens of racism, it is clear to see that the systems of power and oppression affect nearly every element of human life including access to resources (generational wealth and income), housing, employment, safe neighborhoods, nutrition, education, and healthcare. These disparities nearly always exist as a result of racially discriminatory policies (J. L. Wright et al., 2020). Furthermore, a 2018 meta-analysis of 28 studies on the subject found that roughly 70% of trauma symptomology outcomes were significantly statistically associated with racial discrimination (Kirkinis et al., 2018). It is important to note that these findings are only focused on one element of intersectional identity – the interlocking nature of identities and systems of oppression likely intensifies the impact of oppression when more than one facet of individual identity is in the margins.

Protective and Risk Factors

While solid exploration and analysis of ACEs and other trauma can help provide an understanding of what childhood factors may have resulted in various mental, emotional, physical, and behavioral health disorders and a trauma-informed approach can help people overcome traumatic experiences, it is also important for researchers to determine what factors exist to build resilience and mitigate the long-term harmful effects of ACEs. Though a large amount of peer-reviewed research exists to show the long-term effects of ACEs, research in the area of resilience or mitigating factors is still very much emerging.

The presence of ACEs in childhood can make a child up to 4.46 times more likely to have emotional, mental, or behavioral health conditions (Bethell et al., 2016). Additionally, children with multiple ACEs and no resilience factors have nearly 11 times greater adjusted odds of

having emotional, mental, or behavioral health conditions compared with children with resilience and no ACEs (Bethell et al., 2016). Resilience can have a mitigating factor for children with ACEs. One recent study found that positive childhood experiences (PCEs) have the potential to change the relationship between ACEs and childhood depression (Elmore et al., 2020). Another study of nearly 4,000 British adults showed that though almost half of the participants had one or more ACE, long term health effects of the ACEs were potentially mitigated through stable, nurturing parenting (Bellis et al., 2014). There is no universally accepted definition of what specifically can be considered protective factors to mitigate the long-term effects of trauma, but many themes explored in current research include themes such as parental coping, parent-child engagement, parental stress management, and child resilience.

Though the parent-child relationship is a vital foundational element in resilience-building, children interact with many different systems that can impact their ability to build resilience. One of the most significant systems in a child's life is school. The Centers for Disease Control and Prevention (CDC) found that "school connectedness" is a promising protective factor. School connectedness is defined as "the belief by students that adults and peers in the school care about their learning as well as about them as individuals" (Centers for Disease Control and Prevention, 2009). School connectedness can impact both health outcomes and academic outcomes. The CDC found that four main factors can increase school connectedness: adult support, belonging to a positive peer group, commitment to education, and school environment (Centers for Disease Control and Prevention, 2009). It is interesting to note that the CDC states that "the physical environment and psychosocial climate can set the stage for positive student perceptions of school" (Centers for Disease Control and Prevention, 2009), yet it is clear that intersectional identity and access to housing also have a strong nexus.

A major study was recently done by Harvard economist Raj Chetty, pulling more than 20 years worth of data from the United States Census and Internal Revenue Service data. The analysis sample for this study included about 20.5 million children born between 1978 and 1983. This large study showed that children's immediate neighborhood area has significant effects on life outcomes and states that neighborhoods can be strong determinants of opportunity (Chetty, 2021). This did not only apply to large areas within cities, but even a matter of mere blocks can strongly impact long-term measures of social capital. Neighborhood choice is often influenced by various facets of intersectional identity, which could show a direct link between race, for example, and school connectedness, which as the CDC states, can also be a strong predictive determinant of academic success and future increase in social capital.

Defining Resilience

It is interesting to note that while a large amount of data can be found regarding trauma, empirical data is harder to find regarding identifying and fortifying protective factors outside of the context of substance abuse. This could be because the social and behavioral sciences have a historical "pathology" focus on problems, maladaptive behaviors, deviance, etc., and are not necessarily grounded in a solutions-focused way (Benard, 1991). However, protective factors and resilience-building strategies can make a significant difference in the lives of children who face discrimination, trauma, and ACEs in general. Additionally, resilience can be somewhat subjective as a concept and does not have a universally accepted definition. For the purposes of this paper, resilience can be defined as being comprised of four key attributes: social competence, including empathy, caring, interpersonal communication, flexibility, and any other pro-social behavior; problem-solving skills, including the ability to think reflectively, flexibly, and abstractly to attempt to find solutions for problems; autonomy, a sense of one's own ability

to see themselves as an independent person to choose actions and exert control over one's environment; and sense of purpose and future, or the ability to have goals, aspirations, and belief in a bright future (Benard, 1991). Resilience can also simply be defined as "the ability to persist in the face of challenges and bounce back from adversity" (Reivich & Gillham, 2010).

Building Resilience through Psychosocial Intervention

Though one may assume that many of these traits are innate, evidence exists that shows that these are not always innate traits; they are skills that can be taught. One model that teaches resilience building is the Penn Resiliency Program (PRP), developed by researchers at the University of Pennsylvania. This program was derived from precepts in cognitive behavioral therapy and is comprised of two modules that target cognitive and social problem-solving. Additionally, PRP includes the teaching of goal setting, assertiveness, negotiation training, decision-making, and creative problem-solving. A meta-analysis of 19 controlled studies of PRP shows that young people who participate in PRP have fewer symptoms of depression than participants in no-intervention control conditions for a year after the completion of the PRP intervention (Brunwasser et al., 2009).

Another program entitled "Healthy Kids" is currently in a trial phase and was designed to improve resiliency in youth aged 9 to 13 using a six-week one-on-one health coaching program (Lee et al., 2021). In this program, six components were targeted for development within the intervention: positive relationships, coping, skill development, sense of culture, connectedness, and healthy lifestyles. This program is still being studied in its initial trial but shows promise to help influence youth behaviors in a positive way by helping build skills that will lead to general resilience (Lee et al., 2021). This study is ongoing, and results remain to be seen.

Another study involved 605 adolescents aged 12-17 years and focused on adopting positive youth development practices to lead to better outcomes for “at-risk” youth (Sanders et al., 2015). In this study, path analysis was utilized to determine the relationship between risk, service usage, resilience, and wellbeing outcomes, with resilience as the mediating variable and wellbeing as the outcome variable. Results showed a complex set of relationships between risk factors and outcome measures, but that resilience does potentially mitigate the impact of risk on wellbeing outcomes. This study also notes that research regarding resilience building as an intervention with vulnerable youth is truly in its infancy, making it a rich content area for evidence gathering (Sanders et al., 2015). This study also concludes that better quality intervention is more impactful than a higher quantity of services available. One potential mitigating factor could be having peers who demonstrate active, effective allyship skills. The next chapter will explore the strengths and potential pitfalls inherent in the concept of allyship.

CHAPTER THREE: ACTIVE ALLYSHIP

Allyship: Harmful or Helpful?

One way to promote social change to work towards dismantling systems of power and oppression is for members with greater amounts of power and privilege to utilize that power to help redistribute power to those in the margins. Though there is not one objective path to allyship, there are many themes that work together to address true "allyship". However, as with anything regarding intersectional identity, "allyship" is a concept fraught with nuance and, though often well-intended, can cause more harm than good if applied carelessly. Moreover, social justice advocates with inherent privilege often perpetuate inequalities (Carlson et al., 2020). Thus, it is crucial that those educating allies are aware of the pitfalls and potential for harm that allyship carries with it.

Black feminist writer Mia McKenzie discusses her frustration with the term "ally" in her piece "No More Allies". She illustrates the "constant cookie-seeking of people who just can't do the right thing unless they are sure they're gonna [sic] get some kind of credit for it" (McKenzie, 2014). The point she makes is salient, as it is a slippery slope from helpful allyship to performative allyship that centers the ally and not the marginalized person the "ally" is claiming to help. McKenzie states that she will no longer use the term "ally", instead, she prefers the phrase "currently operating in solidarity with", as that phrase implies that in order to truly be in solidarity with marginalized people, one must actually, actively, *do* something. McKenzie states,

> 'Ally' cannot be a label that someone stamps onto you – or, god forbid, that you stamp onto yourself – so you can then go around claiming it as some kind of identity. It's not an identity. It's a practice. It's an active thing that must be done over and over again, in the largest and smallest ways, every day.

This quote is truly the keystone of understanding true allyship – "ally" is not a label that one can place on themselves. Instead, "ally" should be perceived as a verb – a series of ongoing actions with no fixed endpoint.

In this vein, a 2020 synthesis of "allyship" elements from both academic literature and activist writings regarding gender inequality explores the pitfalls inherent in allyship, and provides some suggestions for best practices in active allyship. Several unique themes emerged in active allyship as a result of this synthesis: amplification of marginalized voices; non-self-centered and accountable self-reflection; constant action; prioritizing a structural analysis of oppression and privilege; welcome criticism and be accountable; and ally is not a self-adhesive label (Carlson et al., 2020). An important point also is that when allies center themselves in their allyship and work to put themselves in the spotlight, "allies" often both patronize marginalized populations while also working towards a "white savior" narrative, which further reinforces the overarching themes of white supremacy that are inherent in colonialization and systems of power and oppression. Furthermore, speaking over marginalized voices also perpetuates the idea that marginalized people cannot speak for themselves, which is harmful. Listening to the voice and perspective of marginalized people is a critical element of allyship in any context.

Motivations for Allyship

It is helpful to examine the motivations behind allyship to determine how to foster allyship amongst members of a majority to best transfer power in a more equitable fashion. Some reasons why members of a majority may be motivated to align with marginalized and oppressed people are to improve the status of the marginalized group; to meet their own personal needs; or because this behavior aligns with their own moral belief system (Radke et al., 2020). Though members of a majority are not necessary to promote social change, many times a shift in public

opinion can be facilitated by widespread acceptance of the new way of thinking. This can be achieved through collective action, a term that encompasses both public activism and private activist behaviors (S. C. Wright, 2010). Moreover, social change can happen when those in an advantaged group change self-identification from identifying with those in power to identifying with what opinions members of the advantaged group share with the disadvantaged group (Radke et al., 2020). What is crucially important throughout is that "allies" continue to remember that social change is not about personal attention or gain of social capital, but about amplifying the voices of those who are being marginalized or oppressed.

Allyship and Youth

Allyship is often discussed through the lens of social change and is defined as when members of an advantaged group engage in action to benefit members of a disadvantaged group to advance larger social change (Radke et al., 2020). Though there is a considerable amount of published research regarding allyship performed by adults with the goal of social change, less empirical evidence exists regarding intersectional allyship and youth. This presents an opportunity for work in this area, as teaching children how to be effective allies could ostensibly lead to positive social change in future generations. One area that does speak to allyship and youth is in Gay-Straight Alliances (GSAs), groups in school settings that promote feelings of support and community amongst homosexual (gay) students and heterosexual (straight) students. A 2016 study of 33 different GSAs in Massachusetts showed that youth who participated in school GSAs received more support, socializing, information/resources regarding mental health, and were more likely to advocate for peers (Poteat et al., 2016). Additionally, general student bodies in schools with GSAs reported lower physical, behavioral, and psychological health concerns than students in schools that did not have GSAs. Finally, homosexual students who

participated in GSAs reported greater agency and greater feelings of ability to self-advocate (Poteat et al., 2016). These findings are remarkable, as LGBTQIA+ youth are almost five times more likely to have attempted suicide compared to their heterosexual counterparts (Trevor Project, 2021).

Another study regarding GSAs took place in 2012 in Wisconsin and involved 45 different schools. Youth in schools with GSAs reported less smoking, drinking, suicide attempts, truancy, and casual sex than youth in schools without GSAs (Poteat et al., 2013). This is very interesting because, while the difference was more sizable in the LGBTQIA+ youth population within each school, the effects of GSAs tend to have a positive effect on the school population writ large. This suggests that perhaps schools with GSAs are better at building community and setting children up for success. This study also found that GSAs can positively contribute to the physical health of youth, which further underscores the potential contributions of GSAs within schools (Poteat et al., 2013). These findings are promising for both GSAs and potential applications with other forms of intersectional alliance.

Inclusion

In the United States, prior to the 1970s children with disabilities were routinely denied access to adequate schooling. It was not until 1973 that Section 504 of the Rehabilitation Act stated that a person with a disability cannot be excluded or denied benefit from any program or activity that received federal funding (Esteves & Rao, 2008). At that point, children with disabilities began attending public institutions of learning but were not incorporated into the classroom with their "typical" counterparts until amendments were made to the Education of the Handicapped Act (EHA) in 1986, which both added disabled preschoolers to the EHA and also added provisions stating that all disabled students were to be served in the least restrictive

environment possible (Amendments to the Education of the Handicapped Act, 1986). Thus, disabled children have been integrated into public schools in earnest for only 35 years. "Inclusion" as a term referring to including disabled children in classrooms directly with typically developing children entered the lexicon in the early 1990s but was not conveyed in a codified manner until 1997 with the reauthorization of the Individuals with Disabilities Act Amendments (IDEA) of 1997. IDEA's 1997 amendments emphasized equal access for all students to receive the same curriculum and was the first effort to mandate that disabled students learn what their able-bodied peers do within the classroom (The Individuals with Disabilities Education Act Amendments of 1997, n.d.). Therefore, the concept of equity and inclusion for children with disabilities in the American classroom is a fairly new concept within the history of American public education.

True intersectionality takes into account disability as a facet of marginalized identity. The fact that disabled children were not required to receive equitable access to curriculum until 1997 is stark evidence that this is a population that has been routinely marginalized throughout the history of public education. There are many challenges with inclusion of children with disabilities into mainstream classrooms as school does not merely function as an academic environment, but a social one as well. However, efforts can be made to achieve goals of positive psychosocial outcomes for children with disabilities in inclusive classrooms and community settings. For children with disabilities, positive outcomes including social acceptance, positive engagement, and friendships are both highly meaningful and realistic goals (Odom et al., 2011).

One way that school communities can achieve these goals is through peer support programs that include both disabled youth and "mainstream" youth. How these peer support programs are facilitated can vary, but one comprehensive study of high school students in peer

support programs with high school students with severe disabilities found that students involved in peer support arrangements were significantly more engaged in consistent classroom activities than control students who were not involved in peer support programs (Carter et al., 2016). Though peer support programs are one component of inclusion for students with disabilities, this is an area where more research is needed to meaningfully explore how best students with disabilities can be served to achieve goals of social acceptance. Thus far, this paper has explored concepts of intersectionality, discrimination, trauma, and resilience. Next, this paper will connect these concepts to the field of social work at all levels: micro, mezzo, and macro.

CHAPTER FOUR: SUMMARY AND IMPLICATIONS FOR SOCIAL WORK PRACTICE AND EDUCATION

Though the concepts discussed in the literature review have broad application to many fields and disciplines, this section will address how each main area intersects with the field of social work with discussion on national social work organization recommendations and additional focus on how these concepts would relate to social work education, and to the micro, mezzo, and macro levels of practice.

Council on Social Work Education Accreditation Standards. In 2008, the Council on Social Work Education (CSWE) added intersectionality explicitly to its accreditation processes to understand and holistically address the various dimensions of diversity. The 2018 CSWE Educational Policy and Accreditation Standards for Baccalaureate and Master's Social Work Programs describes intersectionality as thus:

> The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. (Council on Social Work Education, 2015).

The CSWE enumerates intersectionality in two areas of its accreditation standards: Competency 2: Engage Diversity and Difference in Practice; and as a critical component in its advisement regarding implicit curriculum. CSWE states that implicit curriculum is just as important as explicit curriculum as it helps to shape the competence and professional character of social work graduates. The CSWE's thorough discussion of the importance of intersectionality

throughout its accreditation standards gives credence to its importance within social work broadly as a field.

National Association of Social Workers Code of Ethics. In addition to the explicit inclusion of the framework of intersectionality to CSWE standards, the National Association of Social Workers (NASW) Code of Ethics has several areas that speak to concepts of intersectionality and allyship throughout. NASW states that the mission of the field of social work is deeply rooted in a set of core values: service; social justice; dignity and worth of the person; importance of human relationships; integrity; and competence (National Association of Social Workers, 2017). Frameworks such as intersectionality touch on all of these core values but tie most strongly to the values of social justice and competence. The ethical principle NASW enumerates as pertinent to social justice states:

> Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social justice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

The link between this ethical principle and the framework of intersectionality is clear as an intersectional approach provides a thorough, comprehensive analytic framework from which to view how individuals exist at the intersections of overlapping systems of oppression (Crenshaw, 1991). A social worker utilizing an intersectional approach to their work will comprehensively address not only individual issues, but how larger systematic issues are affecting the individual.

This also speaks to the core value of competence, as social workers who are truly competent in their work must strive to have a working understanding of intersectionality and the many ways clients are impacted by the overlapping identities and corresponding systems of oppression that impact them.

MICRO LEVEL OF SOCIAL WORK

The micro level of social work practice is defined as "direct practice with individuals, families, and/or small groups" (Miley et al., 2017). This area of social work encompasses traditional one-on-one kinds of social work including clinical practice and direct case working.

Intersectionality and Micro Level Practice. An intersectional lens is appropriate for casework as it can help social work practitioners to have a more thorough understanding of the systems of oppression that intersect and directly affect clients. Intersectionality ties in social work theoretical frameworks such as "person-in-environment" perspective and systems theory. Moreover, omitting facets of identity such as race, class, and sexuality would be negligent as it would be overlooking critical elements of who clients are.

Trauma, Resilience, and Micro Level Practice. As ACES become a standard understanding of the long-term impact of trauma, it is imperative for social work practitioners at the micro level to utilize a trauma-informed approach to best serve their clients. Dr. Bruce Perry has developed the neurosequential model of therapeutics as a positive intervention for children who have been traumatized and/or abused (Perry, 2009). This is just one of several trauma-informed frameworks that micro level social work practitioners can utilize to enhance resilience and mitigate long-term effects of trauma.

MEZZO LEVEL OF SOCIAL WORK

The mezzo level of social work practice is defined as "practice with organizations, teams, and other formal groups" (Miley et al., 2017). This area of social work encompasses social work educators, leaders of nonprofit community agencies, and social workers who supervise direct caseworkers.

Intersectionality and Mezzo Level Practice. The framework of intersectionality can and should be applied at all levels of social work, including the mezzo level. One of the areas of mezzo practice that could have a great deal of impact with regard to incorporating an intersectional lens is social work education. Social work educators can teach their students concepts of intersectionality through critical reflection – this can help emerging social work practitioners to develop an acute awareness of how social work practice can both uphold and dismantle systems of oppression (Mattsson, 2014). By exploring ways that social work practice can uphold oppression, emerging social work practitioners can practice self-awareness both on an individual and on an agency level as an integral part of social work practice.

Trauma, Resilience, and Mezzo Level Practice. As the concepts of trauma-informed care gain momentum within the social work field, it is increasingly important for social workers at the mezzo level to gain an understanding of how trauma shapes the families, groups, and communities they are serving. An example of how trauma-informed social work can make an impact at the mezzo level is in work with refugee populations. Refugees have typically experienced a great deal of trauma and mezzo level social workers can facilitate support groups to assist them as they integrate into their new communities. A trauma-informed mezzo-level practitioner can better serve this population by considering the impact of the trauma and incorporating that impact when selecting group interventions (Council on Social Work

Education, 2018). Effective mezzo-level social workers will utilize trauma-informed social work practices to build resilience and affect positive change.

MACRO LEVEL OF SOCIAL WORK

The macro level of social work is defined as "community organizing, policy, and/or administration" (Miley et al., 2017). This area of social work encompasses social work researchers and data analysts, policymakers, and lobbyists.

Intersectionality and Macro Level Practice. An intersectional approach can be immensely beneficial to utilize in practices such as research and policymaking as it addresses people and issues far more holistically than an insular, less complex approach would. Intersectionality can help policymakers and researchers to explicate the social relations that influence people's choices (Campbell, 2016). Moreover, an intersectional approach to policymaking has a higher chance of creating policy that seeks to redistribute power and resources with an ultimate goal of equity.

Trauma, Resilience, and Macro Level Practice. A trauma-informed systems approach to addressing societal issues can be extremely helpful in avoiding the re-traumatizing of victims as they navigate both formal and informal social systems. Trauma can impact entire communities, such as when hate crimes occur. An example of how a system can re-traumatize individuals is how victims of sexual assault are treated by hospital teams when they seek post-assault services. A system that does not utilize a trauma-informed approach could re-traumatize victims by not being aware of the mental and emotional harm that could be triggered by a physical examination after an assault. A system that utilizes a trauma-informed approach for sexual assault survivors could develop a set of policies and procedures that keep post-assault care person-centered (Zgoda et al., 2016). Additionally, having these policies on a systems level

ensures that patients are treated in a trauma-informed way across the system, versus leaving trauma-informed practice up to each individual practitioner. Selecting appropriate interventions is most effectively done when approaching the persons needs using an intersectional lens. Moreover, using both intersectional and trauma-informed approaches concurrently helps social work practitioners to holistically select interventions that will best serve their clients.

CHAPTER FIVE: Interventions

This author presents a hypothesis that a psychosocial group intervention with goals of educating middle school adolescent youth about concepts of intersectional identity and active allyship has significant potential to build capacity for resilience and create stronger allies amongst adolescents. Middle school youth were chosen as a target population for this intervention as there is a great deal of emerging identity development that occurs in those years, making it an ideal time to provide this intervention. Middle school can be a difficult time for youth as there is a great deal of physical, academic, and social change that occurs in those critical few years. Adolescents who are equipped with psychosocial skills associated with resilience may serve as a protective factor against bullying and self-esteem issues. Moreover, a comprehensive understanding of one's own intersectional identity may spark further interest in the intersectional identities of others and may provide a way to help foster points of connection and community. It is crucial for these concepts to be taught in an open, respectful, safe space so participants feel comfortable enough to participate fully. This section will define group psychosocial intervention with an analysis of benefits and limitations and will discuss in detail the Build Moxie group design and research protocol.

Group Psychosocial Intervention

Psychosocial intervention is a model of service delivery where actions are performed with the goal of creating positive change within people. Utilizing a psychosocial approach encompasses consideration of both environmental considerations and intrapersonal psychological (social) components (Vizzotto et al., 2013). A psychosocial approach is often taken in social sciences as it addresses multiple components of the human experience at once, with a particular focus on mental health and behavior. Though often utilized within the social science field,

psychosocial interventions have interdisciplinary value: they are often used in the medical field, in advocacy organizations, and in other humanitarian work (Loughry & Eyber, 2003). Psychosocial interventions are often evidence-based and offer a way for practitioners to address issues positively in a holistic manner. Psychosocial intervention is rooted in sociologist Erik Erikson's theory of psychosocial development as initially published in 1950. Erikson's theory of psychosocial development is a landmark psychoanalytic theory that identifies eight stages of human development which each present a different psychosocial crisis (Erikson, 1950):

1. Hope: trust versus mistrust from ages 0-2
2. Will: autonomy versus shame/doubt from ages 2-3
3. Purpose: initiative versus guilt from ages 3-6
4. Competence: industry versus inferiority from ages 7-12
5. Fidelity: identity versus role confusion from ages 13-19
6. Love: intimacy versus isolation from ages 20-39
7. Care: generativity versus stagnation from ages 40-64
8. Wisdom: ego integrity versus despair from age 65 and above

A psychosocial understanding of an individual can help clinicians to select an appropriate intervention to result in positive mental or behavioral change. For this research project, the age of participants was selected to align with Erikson's fifth stage of psychosocial development as adolescents are in an appropriate developmental stage to begin to explore and form who they are, who those around them are, and how they relate to their peers. It is in adolescence where human beings truly begin to negotiate and crystallize their own unique identity formations (Kroger, 2004).

Group psychosocial interventions refer to psychosocial interventions that occur in a group setting versus one-on-one intervention delivery. Group psychosocial intervention can not only help participating individuals to learn strategies to positively impact whatever problems they are facing, it can also have the added benefit of social supports within the group. Many different evidence-based therapeutic interventions can be delivered within a group model and there is strong research to support that it can be just as effective as individual therapy for diagnoses such as major depressive disorder, panic disorder, social phobia, obsessive-compulsive disorder, substance use disorder, and many other mental health disorders (Paturel, 2012).

Key Features

Psychosocial group intervention is a framework of service delivery that integrates a group therapy approach and a psychosocial perspective into one seamless intervention. A large 2007 study by Steven Hobfoll and a group of international psychiatric experts synthesized a large amount of peer-reviewed scientific evidence and their analysis determined that effective psychosocial intervention should have five main principles by which practitioners should guide their psychosocial intervention: a sense of safety, calming, self and community efficacy, social connectedness, and hope (Hobfoll et al., 2007). As a service delivery method, psychosocial intervention can include a wide array of interventions including cognitive behavioral therapy, interpersonal psychotherapy, community-based treatments, and peer support (England et al., 2015). Though psychosocial interventions are very common within the field of social work, there is no current standard framework or protocol that determines precisely how these interventions should be administered.

Group therapy has several key features that provide an effective tool for therapeutic intervention: socialization; normalization of experience; social support; group cohesion;

interpersonal learning; task focus; a safe and respectful environment; and a goal-oriented approach (Lecomte et al., 2016). Group therapy can be administered in a single session or a series of sessions that can have both per-session goals and longer, overarching session series goals. Group therapy can be administered by a single professional or co-lead by two or more professionals. Research shows that two group leaders may be more effective, as members of co-led groups tend to report higher levels of benefits than individually led groups (Paturel, 2012).

Benefits

Group psychosocial intervention can promote feelings of belonging, increase connectedness with peers, and potentially may improve social functioning (Myerberg et al., 2018). A 1997 meta-analysis of child and adolescent group therapy efficacy showed that children and adolescents treated using group therapy improved 73% more than adolescents treated with placebo controls (Hoag & Burlingame, 1997). Additionally, group therapy performed in school helps support a person-in-environment approach to service delivery that can contribute to participant comfort with the treatment. Moreover, students engaging in group psychosocial intervention may experience reduced feelings of loneliness and isolation, as engaging with their peers in a meaningful manner can provide a safe, supportive, empathic setting that can help them understand that they are not alone (Reid & Kolvin, 1993). The goal for this group psychosocial intervention is that the positive group experiences that occur within the group setting will have residual effects that will carry over into settings outside of the group as well. There is also empirical evidence that shows that group therapy in schools leads to improved behavior both in the classroom and at home (Reid & Kolvin, 1993).

Limitations

Despite the many benefits of group psychosocial intervention for adolescents, there are limitations to the treatment approach as well. One limitation is group size – the ideal size for an adolescent group is between six and nine participants (Reid & Kolvin, 1993). If the group is too small, participants may feel too exposed and intimate. If the group is too large, participants may find it difficult to be adequately heard. Time is also a constraint when working with adolescents, as sessions that are too long may make it hard for participants to sustain focus. These time and group size constraints can pose difficulty for researchers wanting to employ group psychosocial interventions, as sample sizes may need to be smaller than hoped. An additional detriment to group psychosocial intervention is attendance – as aforementioned, ideal group size is six to nine participants. With that small of a group, if one or more members have to be absent for a session, it can greatly impact the efficacy of the intervention.

Moreover, group psychosocial intervention is not appropriate for all individuals. Youth in acute crisis or youth who are experiencing suicidal ideation may not be appropriate participants in group psychosocial intervention as it is more appropriate to counsel those youth individually (Peterson, 2019). Another significant potential limitation for group psychosocial intervention when working with minors is parental consent. Not all parents will agree to allow their children to participate in group psychosocial interventions, which would make any potential benefits to the intervention completely inaccessible. Other potential risks include personalities clashing, frustration caused by interrupting, and unwanted and/or unkind comments from group members to each other (Peterson, 2019). Many of these issues can be mitigated effectively with proper screening and selection of group participants.

CHAPTER SIX: BUILD MOXIE

Background

This program was developed in response to a situation that happened when my daughter transferred from private to public school when she was in fourth grade. One of her classmates was nonverbal and used a wheelchair and my daughter became frustrated because she didn't know how to play with her peer with disabilities. My daughter and I discussed the situation and came to the conclusion that the best way to learn what her friend liked to do is to simply ask her peer's paraprofessional. Though a simple solution, asking questions openly was fraught with tension and fear as my daughter didn't want to offend. She felt uncomfortable, but pushed through those feelings and learned that her new friend really liked to play catch. This situation set me on a path of curiosity as a researcher, as simple discussion of identity was immensely powerful in making an impactful connection. Over the last few years, I developed curriculum for a program to increase connection and empower children with useful skills to advocate and amplify the perspective of one another. I named the program "Build Moxie", as I felt it was a creative way to state the purpose of the group. What follows in this chapter is a detailed program delivery description, a snapshot of each session, and research and evaluation methods are explored.

Program Description

Build Moxie is a psychosocial education and peer support group with target participants being children in grades 6-8. Build Moxie will be a closed membership group comprised of 6-9 individual participants. There will be three 75-minute sessions of program delivery. Participants will be recruited through direct referral from school administrators, teachers, school counselors,

school social workers, paraprofessionals, and parents (See Appendix D). Build Moxie can be facilitated by one or two primary facilitators and may include 1-2 guest speakers per session.

The purpose of Build Moxie is to help children become better allies, amplifiers, and advocates to one another through exploration of intersectional identity and training on how to have difficult conversations with one another. The primary goal of this psychosocial group intervention is for kids to leave with a greater understanding of the lived experiences of their peers; to gain a greater sense of empowerment to ask questions; to gain emerging skills regarding having tough conversations about identity; and an increased willingness and ability to help empower others. The psychosocial group intervention will be completed in three phases: Assent/Consent/Pre-survey; Three Group Sessions; and Evaluation and Analysis.

PHASE I: Assent/Consent/Pre-Survey. Facilitator will both gain consent from parents of minor participants (see Appendix B) and assent from minor participants (see Appendix C) themselves. Facilitator will discuss with parents prior to enrollment any questions or concerns about the program (see Appendix E). Participants who are chosen to participate and who have completed both consent and assent forms will be surveyed prior to beginning the program (see Appendix F). Questions will be confidential and will assess answers utilizing a Likert scale.

PHASE II: Three Group Sessions. The facilitator will conduct three 75-minute sessions with the group. Each session will follow a similar format and protocol (see Appendix A), but each will center on a different theme and have different group activities.

Session 1. The first session will begin with an icebreaker activity and participants will learn about the following objectives: learn terminology that will be used throughout the group including identity, intersectionality, advocate, allyship, and amplification; work to build group guidelines and agreements together; define and share their own individual intersectional identity;

discuss why questions are healthy and necessary; learn about concepts of comfort, stretch, and panic zones. This session will end with a survey (see Appendix F) and homework for next time.

Session 2. The second session will begin with an icebreaker activity and participants will learn about the following objectives: learn definitions of race, color, and national origin; explore the perspective of people of different races/ethnicities; discuss different ability levels; learn what it means to be a person with a disability; and differentiate between gender identity, gender expression, and sexual orientation.

Session 3. The final session will begin with an icebreaker activity and participants will review key concepts from the group, explore how communities and the people within them are stronger when they are vibrant and diverse, and time will be spent in celebration of one another. The program will culminate in a visual art-based activity that participants will present to the group and get to take home. The program will complete with a final post-program survey (see Appendix F).

PHASE III: Research Protocol and Evaluation. Build Moxie will be evaluated utilizing a mixed-methods, quasi-experimental approach. A variety of surveys will be administered to program participants. The surveys will be completed for the entire program as well as for sessions individually. Surveys are built into the program design to ensure that all program participants will be surveyed to capture growth. In addition to the surveys administered to program participants, participant parents will be interviewed after the completion of the program to obtain qualitative data about program efficacy from a parent perspective. Upon completion of the first run of the program, both qualitative and quantitative data along with the program logic model will be utilized to shape curriculum and program delivery moving forward.

CHAPTER SEVEN: CONCLUSION

Human connection is critical for psychosocial health. Even though this is a critical element of the human experience, many humans struggle with barriers to connection with others that may be removed through education, verbal communication, and empowerment. Though clearly a complex and nuanced topic, a thorough understanding of intersectionality can be a strong basis for making formidable connections between individuals. This could hold power to build capacity for resilience by equipping adolescent youth with the education and skills necessary to competently discuss elements of identity, thus enabling them to become stronger active allies to one another. Group psychosocial intervention that addresses concepts of intersectionality, resilience, and active allyship may be a powerful tool to help foster connection, inclusion, and ultimately build capacity for resilience. This could have a long-term impact as a protective factor against bullying, gossip, and self-esteem issues that are all too common throughout adolescence.

This paper explored how an understanding of intersectionality can build capacity for youth to become powerful, active allies, and how active allyship and an understanding of intersectional frameworks can build resilience in middle school-aged children. This paper featured a thorough literature review that explored these themes to build allyship and resilience in youth. The literature review defined and addressed matters of intersectionality, an analytical framework that helps address the whole person. This literature review additionally explored themes of trauma and resilience. Finally, the literature review concluded with a discussion and analysis of concepts presented through a social work lens. This paper then detailed key features, benefits, and limitations to group psychosocial intervention as a method of intervention. Finally, this paper presented a detailed proposal of a psychosocial intervention group for children in

grades six through eight in Grand Forks, North Dakota, including steps to gain consent from parents and assent from youth participants, recruiting student participants, development of a framework of intersectional understanding, collection and analysis of data, and implications on the field of social work. The paper concluded with a discussion of objectives for Build Moxie and contains detailed elements of the program manual within the following appendices.

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Appendix A: Session Outlines

Session 1: "Advocate, Ally, Amplify!"

Session 1 Objectives:

During this session, participants will:

- Learn about terminology that will be used throughout group, including identity, intersectionality, advocate, allyship, amplification
- Work to build group guidelines and agreements together
- Define and share their own individual intersectional identity
- Discuss why questions are healthy and necessary
- Learn about Comfort, Stretch, and Panic Zones

Session 1 Agenda:

1. Complete pre-group survey: This will be a survey that will measure pre-group knowledge of terms and concepts that will be taught throughout the course.
2. Introductions: In round-robin style, participants will go around the circle. Each participant will state their name, age, and one thing they'd like to learn from group.
3. Icebreaker Activity: "Face-to-Face" – Place chairs in pairs facing one another, pair children into subgroups "A" and "B", and have A/B participants facing one another in pairs. Facilitator will call out a topic and participants need to speak for a full thirty seconds on the topic without stopping. "A" participants will speak first and "B" participants will speak second. After each round of sharing, "A" participants will swap seats so they have a new "B" partner. *Sample Questions: "What is your superpower?" "Tell your partner about a time where you were proudest of yourself." "What does love look like to you?"*

4. Discussion of Safe Space and Zones of Change: Facilitator will lead discussion on what it feels like to be in a supportive environment. Facilitator will describe Zones of Change with handout 1-2 and encourage participants to verbalize when they are hitting each zone. Zones are as follows:
    a. Comfort Zone: “This is an area where you are totally comfortable and happy with what is being discussed. This is where things are known and familiar to you.”
    b. Stretch Zone: “This is an area that might feel uncomfortable because you aren’t sure how you feel about the subject. This is an area where growth and learning take place!”
    c. Panic Zone: “This is an area where you have been pushed out of your stretch zone and you feel panic about the subject. This is an area where you may feel angry or sad and may not want to continue participating until you feel better. If you get to this point, please let me know so I can help.”
5. Build Group Agreements: Facilitator will work with children to create group norms and agreements by which all participants will abide throughout the duration of the project. Important agreements to consider and encourage:
    a. Deep Listening
    b. Make “I” statements
    c. Step Up/Step Back
        i. “Pay attention to how often you are speaking. If you tend to talk often, step back to create space for others to speak. If you tend not to talk much, challenge yourself to speak up and step up.”
    d. Keep it Here

        i. “Discussions in our group stay in our group – we do not share personal things discussed in this group with others outside of this group without consent.”

    e. We Don’t Have to Agree
        i. “Be respectful when discussing things when you feel differently than another group member.

    f. Oops/Ouch
        i. “If someone says or does something that hurts you, say “Ouch” and explain what went wrong. If you say or do something that hurts another group member, say “Oops”, apologize, and ask how you can do better next time. These uncomfortable moments are important learning moments!

    g. Be Willing to Get Uncomfortable
        i. “We will have some tricky conversations in this group. Use zone framework to figure out whether your discomfort is due to learning or panic.”

    h. Ask Questions!
        i. “The point of this group is to help children learn to ask and answer questions. Don’t be shy and don’t be afraid to ask if you are curious.”

6. Discussion Topics – Definitions: Facilitator will define and discuss the following terms:
    a. Identity
    b. Intersectionality
    c. Advocate
    d. Ally

    e. Amplify

7. Post-Session Survey: This short paper survey will help facilitator to see whether session objectives have been met. See Handout 1-3.
8. Homework Questions: Facilitator will ask each child to come to the next session with a list of 3-5 questions for Session Two.
9. Check-Outs and Takeaways: Using round-robin format, facilitator will go around the circle and have participants state one high, one low, and one important takeaway from the current session.

Session 2: Intersectional Identity

Session 2 Objectives: During this session, participants will:

- Learn definitions of race, color, and national origin
- Learn about the perspective of people of different races/ethnicities
- Discuss different ability levels
- Learn about what it means to be a person with a disability
- Learn the difference between gender identity, gender expression, and sexual orientation

Session 2 Outline:

1. Pre-Session Survey: Participants will complete short pre-session survey that utilizes Likert-style questions.
2. Introductions: In round-robin style, participants will go around the circle. Each participant will state their name, age, and one thing they're excited to talk about in group.
3. Review Group Agreements: Facilitator will bring poster from first session and review group agreements with participants.

4. Discussion: Intersections of Identity: Facilitator will define the following terms and leave open time for questions:
    a. Race
    b. Color
    c. National Origin
    d. Disability
    e. Gender Identity
    f. Gender Expression
    g. Sexual Orientation
5. Activity: "AAAs!" Participants will be counted off into three groups. Each group will be assigned one of the following identity groups: race, color, national origin; disability; and gender identity, gender expression, and sexual orientation. Each group will be given a posterboard and markers and will create a poster featuring the AAAs of each identity grouping.
    a. A – Advocate – How would you advocate for this population?
    b. A – Amplify – How would you amplify this population?
    c. A - Active Allyship – How would you show active allyship to this population?
6. Homework: Facilitator will ask participants to think about their own intersectional identity to be prepared for next session's activity.
7. Post-Session Survey: This short paper survey will assess what the participants learned throughout the session.

8. Check-outs and Takeaways: Using round-robin format, go around the circle and have participants state one high, one low, and one important takeaway from either today's group session or the entire program.

Session 3: Closing and Celebration

Session 3 Objectives: During this session, participants will:

- Review key concepts from the group
- Learn how communities and the people within them are stronger when they are vibrant and diverse
- Celebrate each other

Session 3 Outline:

1. Introduction: In round-robin style, participants will go around the circle. Each participant will state their name, age, and their favorite thing about Build Moxie.
2. Icebreaker Activity: "Step to the Line" – Facilitator will place a line of tape on the floor and divide the group into two lines of participants on either side of the line. Participants will be instructed to be silent throughout this activity, but to look around and notice the actions of other participants throughout. Faciliator will call out statements and instruct students to step to the line if they feel the statement relates to them. *(Sample "Step to the line if you…" statements: Have wild hair, like to play outside, learned something from this program, worry about what you look like, are afraid of something, speak more than one language, etc.)* When done calling out statements, facilitator will ask the following questions:
    - How did it feel when you stepped to the line?
    - At any point in this activity did you feel alone?

- At any point in this activity did you feel like you had more in common with others than you thought?
- What did you learn about your peers?

3. Activity: Intersectionality and Me – for this activity, participants will create their own "intersections" on paper and will explore what elements of intersectional identity make them who they are. Participants will be given various art materials and will be encouraged to be as creative as possible. When all participants have finished their creations, they will reach present their piece to the group.
4. Activity: Interviews in Action – this is where participants will get to show off their new skills regarding inquiry skills. The facilitator will stand in front of the participants and instruct the children to ask as many identity questions as they can in a given time frame.
5. Closing Activity: Fill Your Cup Notes – each participant will turn over their paper from the Intersectionality and Me activity and write their name on the top. Next, papers will be placed on tables or the floor. Without speaking, each participant will write on each paper something kind about the person listed on the top. When this activity is complete, each participant can take home their identity as a keepsake of the Build Moxie experience.
6. Final Checkouts and Takeaways: Using round-robin format, go around the circle and have participants state one high, one low, and one important takeaway from either today's group session or the entire program.
7. Post-group survey: This survey will be a repeat of the survey provided at the beginning of the program and will be utilized to assess growth.

APPENDIX B: Parental Consent Form

Parental Consent to Participate in a Research Study

Investigator's Name: Maura Ferguson

Study Title: Building Capacity for Resilience

This form provides permission for your child to be allowed to participate in a research study. This research is being conducted to provide educational information to your child regarding intersectional identity. The goal of this intervention is for your child to feel empowered to discuss their own identity and to be an active ally to their peers. You have the right to be informed about the research procedures so that you can decide whether you want to consent for your child to participate in this research study. Please contact the researcher via email with any questions, to see the program outline, to define any words, or seek clarification about anything in this program.

Your child's participation in Build Moxie is voluntary. They do not have to be in the study if they do not want to and may leave at any time. Additionally, you may refuse for your child to be in the program at any point and your child will be removed without penalty.

I, _____, grant permission for my child, _____, to participate in Build Moxie. This activity will take place under the guidance and direction of Maura Ferguson. As parent and/or legal guardian of the above named minor child, I remain legally responsible for any personal actions taken by said minor child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Maura Ferguson and all entities associated with Build Moxie, from any claim arising from or in connection with my child while attending or after attending Build Moxie. I understand that I can remove my child from the program at any time without penalty.

Please choose one of the following options:

_____ I give permission for my child to consume provided snacks and drinks during the program without restriction.

_____ I give permission for my child to consume provided snacks and drinks as long as they

are not foods my child is allergic to. My child's allergies/dietary restrictions are as follows:

_____

_____

_____ I do not give permission for my child to consume provided snacks and drinks. I will send my child with their own snacks and drinks.

Parent Signature: _____ Date: _____

APPENDIX C: Minor Assent Form

Minor Assent Form

Investigator's Name: Maura Ferguson

Study Title: Building Capacity for Resilience

We are doing a research study; a research study is a special way to find out about something. We are trying to find out if learning about identity will help your mental and emotional health and if it will help you feel more empowered to be an active ally to your peers.

If you want to be in this study, we will ask you to do several things like talk about yourself, create art projects, ask questions to other participants, and speak in front of the group.

We want to tell you about some things that may happen to you if you are in this study. Because these concepts can be hard to talk about, you might experience some discomfort as we go. If there is something that you really don't want to talk about, that's okay.

Not everyone who is in this study will benefit. A benefit means that something good happens to you. We don't know if you will benefit. But we hope to learn something that will help other people someday.

Sometimes we need to show your information to other people. If you tell us that you have been abused, or if we think that you might be a danger to yourself or other people, we will tell someone who can help, like the police or a doctor.

When we are done with the study, we will write a report about what we found out. We will not use your name in the report.

You do not have to be in this study. It is up to you. If you want to be in the study, but change your mind later, you can stop being in the study.

If you do not want to be in this study, we will tell you about the other things we can do for you.

If you want to be in this study, please sign your name.

Your name: _____ Date: _____

I certify that this study and the procedures involved have been explained in terms the child could understand and that he/she freely assented to participate in this study.

Signature of Person Obtaining Assent ***Date***

APPENDIX D: Flyer

APPENDIX E: Parent Letter

DEAR GROWNUP,

Thank you so much for allowing your child to participate in the Build Moxie pilot program!

This program is bold and will strengthen the Greater Grand Forks community by building a culture of engagement by teaching children to listen to one another, to be allies to one another, to have difficult conversations when necessary, and to engage with one another in new and healthy ways. Through this program, your child will learn about a diverse array of people of varying identities. Our goal is for your child to leave our program equipped to be newly empowered to be a good ally, advocate, and amplifier for themselves and those around them. Moxie kids may leave our program knowing how to truly celebrate and embrace themselves and their fellow community members.

Throughout the course of this program, your child will have an opportunity to learn about a diverse variety of people of varying identities: immigrants, refugees, LGBTQIA+ people, people with disabilities, and people of varying racial and ethnic backgrounds.. *If you have any questions or concerns about what your child will be learning, please feel free to contact me and I will be glad to discuss the program with you.*

I am honored to have your child join us. Let's build moxie together!

SINCERELY,

Maura Ferguson
maura.ferguson@und.edu

APPENDIX F: Survey, Pre-Program and Post-Program

BUILD MOXIE SURVEY

This survey is to see where your knowledge is now about concepts you will be learning during Build Moxie. This is not graded, it's just a knowledge check! For the following questions, please rate how much you agree with the following statements on a scale of 1 – 5, with one meaning you completely disagree and 5 meaning you totally agree:

_____ I feel comfortable talking about my identity.

_____ I have asked questions to other people about their identities.

_____ I am comfortable asking questions to other people about their identities.

_____ I understand that asking questions is an important part of making friends.

_____ I feel comfortable standing up for other people.

_____ I know the difference between race, color, and national origin.

_____ I know the difference between gender identity and sexual orientation.

_____ I know what it means to be part of a community.

_____ I can be a leader in my community.

_____ I feel like an important part of my community.

_____ I feel like I belong in my community.

_____ I feel good about myself.

_____ I know how to be a good ally to those around me.

_____ I can be friends with people who are different than I am.

_____ I am comfortable talking about disabilities.

_____ I know what it means to amplify the perspective of another person.

_____ I am a good advocate.