

I recognize that it is not sufficient to be a social work educator, researcher and practitioner without also practicing a commitment to advocacy work that promotes actionable change in systems that promote inequity or challenge diversity. My research, teaching, and clinical practice to date reflects a dedication to diversity, equity, and inclusion that I am committed to continue to strengthen throughout my career.

My research agenda encompasses (a) the interplay of mental health, trauma, and resiliency among childbearing individuals and their infants and (b) social work's role in contemporary genomic research and practice. In both realms, the ultimate goal of this research is to speed translational impact into actionable change that can mitigate disparities especially prevalent for BIPoC communities in health and mental health access and care. I realize the importance of acknowledging the ways in which aspects of my identity - particularly my whiteness - bar me from understanding the true impact of these inequities. Further, I am committed to thoughtfully approaching this work so that I can not only practice allyship in promoting community-driven models of care and resilience, but also carefully avoid co-opting or otherwise profiting from extant BIPoC-led research, advocacy, and practice for my own gain. Past efforts to promote community-driven efforts to decrease disparities in perinatal health and mental health have included: writing grants to expand co-located behavioral health care in primary care settings (specifically, neonatal intensive care units and outpatient obstetric-gynecology clinics), partnering with doulas, midwives, and nonprofit organizations to increase access to resources for childbearing individuals with mental health needs, and engaging in team-based models of care when delivering mental health treatment to perinatal populations. In a similar vein, my work on the role of social work in genomics focuses on promoting and enhancing extant frameworks for ethical genomic research with disenfranchised communities and advocating for a larger role for social work in a field that will continue to hold important implications for bioethics and social justice issues.

My education and teaching experiences have taken place in predominantly white institutions (PWI). We also continue to see a lack of diversity particularly among faculty at R1 social work institutions. Because of this, I am dedicated to engaging emerging scholars who can contribute to a more vibrant and diverse academic community. I try to create an inclusive classroom environment by being attentive to students' accessibility needs and creating a syllabus that is representative of a diversity of perspectives. I understand that outside stressors can have a real impact on academic performance; in the past, when I have noticed absences or changes in academic performance over the course of a quarter, my instinct has always been to reach out to these students to set up an individual meeting. These meetings have given me a fuller understanding of students' lives and have been used to generate collaborative ideas for a successful path forward. Finally, in my experience of becoming a mother during the pandemic I learned firsthand what it was like to juggle being a full-time student, working mom, and caretaker. This experience has made me especially cognizant of the unique challenges that caretakers face when attempting to advance academically. I hope my experiences and lessons learned can help me be a valuable mentor to those who are simultaneously dedicated to their career goals while also in demanding caregiving roles.

I hope to secure grant funding that can leverage my clinical expertise to bring greater access to evidence-based interventions. I am primarily a dialectical behavioral therapy (DBT) practitioner; I believe in this treatment because I have seen the changes it can bring for individuals who are recovering from trauma, invalidation, and emotion dysregulation. At the same time, DBT has been largely studied among majority-white samples and could be improved with greater attention to cultural humility. Another challenge for DBT is its expense: as a year-long treatment with individual and group components, this modality is usually costly and difficult to access for individuals on public insurance or no insurance. I plan to pursue grant funding that can make this treatment more widely available, particularly for low-income and BIPoC communities. I also hope to garner more interest among emerging social work clinicians in this particular modality in order to bring more representation from social workers to DBT practice and research.

Through my research, teaching, and clinical practice, I plan to continue the necessary work of holding myself accountable to actionable change towards greater equity. I recognize that this type of work does not happen in a vacuum, and look forward to engaging with an academic community that shares these values and will support me in these goals.