

Connecting Voices

Newfoundland and Labrador Association of Social Workers



Feature

Gender Affirmative Social Work Practice

BY ROB SINNOTT MSW, RSW

"Social workers respect the unique worth and inherent dignity of all people and uphold human rights"

(Canadian Association of Social Workers (CASW) Code of Ethics, 2005, p. 4).

Social workers are in key positions for affirmative practice, advocating for changes in society that further affirm and include trans people. The term trans is used to refer to people who have a gender identity that differs from the sex or gender that was assigned to them at birth. For more recommendations about language, please see the Media Reference Guide by The 519 in Toronto (The 519, 2018).

What does affirmative practice look like? Affirmative practice can come in many forms. Firstly, we recognize that gender identity is self-determined. Our role is not to determine what someone else's gender identity might be. Rather we listen to how people describe their own selves and they may seek our assistance in exploring identity.

Affirmative practice means supporting people in their goals, including transitioning. Not all trans people will desire to socially or medically transition. A social transition may involve: change in name, pronoun,

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Editorial Policy

Connecting Voices is a publication of the Newfoundland and Labrador Association of Social Workers that facilitates information sharing among the membership. It is published two times a year (January and July).

The NLASW Editorial Committee accepts articles throughout the year. However, the deadline for article submissions for the January edition is November 1 and for the July edition the deadline is May 1.

The Editorial Committee is interested in articles, commentaries and book reviews that address some of the following areas:

- social work practice and promotion
- professional issues
- social and legislative issues
- social work research, theory, practice and education
- ethics
- community development
- social work leadership

The editorial committee reserves the right to reject any article or return it to the author for revision prior to publication, as well as to edit submitted material for clarity and conciseness.

Article submissions and photographs must be submitted electronically.

Advertising space by organizations, groups or businesses is available in the Connecting Voices publication.

Publication of articles and advertisements does not imply endorsement by the NLASW.

For a complete copy of the NLASW Editorial Policies, including word limits for written submissions, please contact the NLASW office.

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Editorial



Summer Joy!!

BY ANNETTE JOHNS MSW, RSW

Summer is my favorite season. It is during the long, lazy days of summer that one can often disconnect from the tasks and chores of everyday life and take some time to enjoy a morning coffee on the deck, listen to the birds, hike the scenic trails around the province, and smell the roses. These moments provide time for reflection, renewal and inspiration.

As I reflect on my 20 years of social work practice, I continue to be amazed by the wonderful opportunities that social work has brought into my life. Regardless of what job title I held in my career, the Registered Social Worker (RSW) designation has been important to me and my professional identity. It is something I continue to wear with pride.

I also see this pride in the articles submitted by social workers for each edition of our Connecting Voices newsletter, and in the Editorial Committee who works diligently to bring you a newsletter that is informative and showcases the social work profession in this province.

Working with such wonderful social work colleagues renews my sense of commitment to the profession.

The Editorial Committee is pleased to bring you the July 2018 edition of Connecting Voices, and we thank everyone who contributed. Leanne Brinston writes about her experience working at the Recovery Centre, and Mary Williams writes about all the positive changes in mental health and addictions programming on the Burin Peninsula. Rob Sinnott shares insight into how social workers can be more gender affirmative in our practices to create welcoming spaces for trans people, and Maureen Barry shares some helpful tips on how we can be more mindful in our personal and professional lives. Simone Pelley writes about her practice in providing Cognitive Behavior Therapy (CBT) therapy through technology, and June Kirkland-Smith highlights the role of social workers in working with children with Attention Deficit Hyperactivity Disorder (ADHD) and their families. These are just some of the interesting articles you will read.

In this edition of Connecting Voices, you will also read excerpts from Lyla Andrew's acceptance speech for the 2018 Canadian Association of Social Workers (CASW) Distinguished Service Award. You will be truly inspired by her words and the work that she has been doing in Sheshatshiu. In addition, you will hear from Vanessa McEntegart on what it meant to be the 2018 recipient of the NLASW Pride in the Profession Award. Connecting Voices is a great medium to be sharing these wonderful accomplishments with the social work community and we wish Lyla and Vanessa heart-filled congratulations. We can never underestimate the positive impact that others will have on us. Kim Kelly writes about this in her article titled Taking Pride in the Profession which is sure to resonate with readers.

The next deadline for article submissions to Connecting Voices is November 1, 2018. We invite article submissions from social workers across Newfoundland and Labrador so that we can continue to celebrate our work throughout the province and the pride we have in our profession.



Executive Director

The Vision to Move Forward

BY LISA CROCKWELL MSW, RSW

Healthy organizations have a clear vision, mission and directions. The strategic plan is the road map and is foundational to all aspects of the work of NLASW. Setting the strategic plan is one of the most important responsibilities of any board of directors and was the first task of the 2018-2019 NLASW Board at their meeting on June 15th.

Board members serve a two-year term with half of the positions due for election annually. This year President, Henry Kielley, President Elect Cheryl Mallard, Labrador Grenfell Representative Natalie Hopkins Andrews, Avalon East Representative Stephanie Mealey and public representative Maria Rotondi were welcomed. Glenda Webber moves to the position of Past President. Cyril McLaughlin, Lana Park and Richard Lamb continue their respective roles as Central, Eastern and Western Representatives. Nadine Calloway remains as Executive Member at Large. Lesley Bishop was re-elected as Board Member at Large. Rebecca Roome, Geoff Peters and Minnie Ann Piercey continue as public representatives. The board bid a fond farewell to Mona Romaine-Elliott as she finished her term as Past President and Kaila de Boer who completed her term as Labrador Grenfell Representative.

The diversity of perspectives at the board table enriched the planning session as the results of the membership survey, input from committee members and staff were considered. They also examined the provincial context of social work practice, upcoming changes in legislation and trends in professional



2018-19 NLASW BOARD OF DIRECTORS (L-R): MARIA ROTONDI, CHERYL MALLARD, GLENDA WEBBER, NATALIE HOPKINS-ANDREWS, NADINE CALLOWAY, LESLEY BISHOP, MINNIE ANN PIERCEY, LANA PARK, STEPHANIE MEALEY, REBECCA ROOME, RICHARD LAMB, GEOFF PETERS, HENRY KIELLEY. MISSING FROM PHOTO: CYRIL MCLAUGHLIN

regulation. The session will result in a new strategic plan which will guide the NLASW from 2018-2021. The plan will be finalized by the board and communicated to the membership in the fall.

One area which will clearly form part of the work this year is the implementation of the new Social Workers Regulations. As anticipated, the regulations will come into effect on September 28th, 2018. Upon implementation, new applicants will need to submit proof of identity and language proficiency. The largest change will occur for individuals who are not currently registered and wish to return to practice. Social work will join all other regulated health

professions in the province which have criteria for re-entry. This will apply to applicants who have graduated from an accredited social work program more than three years ago and have never been registered and individuals who were previously registered and whose registration has lapsed for three years or more. The requirement is successful completion of the Association of Social Work Boards practice exam. Although the major provisions of the new regulations do not apply to currently registered social workers, it will mean a change for the profession and for those applying to practice. Further information and an overview of the regulations can be found on the NLASW website.



COVER STORY CONTINUED

clothing, voice and communication, etc. A medical transition may involve one or more of the following: puberty blockers, hormones, or surgeries. Social workers may assist with identifying next steps, offer a safe place to explore their options, and advocate for greater access to trans health care. Affirmative practice recognizes value in supporting goals that include social transition for pre-pubertal children, the use of puberty blockers for post-pubertal children, and the use of hormones and affirmative surgeries for older youth and adults, all of which can help improve mental health and well-being (Dhejne et al., 2016; Durwood et al., 2017; Keo-Meier et al., 2014; Olson et al., 2016).

"Social workers advocate for fair and equitable access to public services and benefits" (CASW Code of Ethics, 2005, p. 5).

Social workers are in key positions to advocate, including respectful and inclusive use of language. When we meet people, we can ask what name and pronoun they would like to use, and clarify in what contexts (in our office, when we call home or call out their name in the lobby, when we send letters, and when we document in their files). When a secretary calls us, they can say "your client is here" versus risking misgendering someone. When sending letters, we can avoid use of prefixes (Mr., Mrs., Ms). Rather, we can use the person's name, as we know it to be. When talking about services we can be conscious of how we may gender bodies. As example, instead of referring to pregnant women we can say pregnant people. Instead of using the binary language of "men and women", we can say people. In doing so, we recognize the diversity of gender including people who do not identify with the binaries of male or female, but rather who may be non-binary,

somewhere else on the spectrum of gender identity, or who may not identify with any gender at all.

We may also be involved in activities that include: review of written materials and resources to ensure they are inclusive; networking with other providers, trans people and allies; developing, coordinating or delivering workshops; consultations with colleagues and other providers; advocating for changes to legislation, policy and health care access. There is still much to do to promote access to services, including affirmative counselling, physician care, and access to gender affirmative surgeries.

In a recent presentation, the speaker reminded me about the interplay of roles we hold, including: person with lived experience, an ally, and learners (Voronka, J., 2018). It is critical that we listen to, learn from, and include the voices of trans people. This can happen in many ways including relationships with trans people; collaboration in community organizing or education; attending presentations or reading materials written by trans people. Always remember it is not the job of our clients to educate us, and that we must assume responsibility for our own learning. As allies we can help create changes and build bridges of understanding, helping the learners along towards acceptance and inclusive approaches. We are all learners in various respects, at different points in that journey.

"Social workers strive to maintain and increase their professional knowledge and skill" (CASW Code of Ethics, 2005, p. 8).

This principle speaks to the importance of the ongoing development of cultural competence. There is a growing body of literature about affirmative practices with trans people (American Psychological Association, 2015;

Ehrensaft, 2016; Erickson-Schroth, 2014; Singh & dickey, 2017) and several resources to continue with that learning (Gender Creative Kids Canada, The Center of Excellence for Transgender Health, Rainbow Health Ontario).

Many thanks to Tj Jones, Dr. Julie Temple Newhook and Sara Pinsent for their review of this article and thoughtful feedback.

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Distinguished Service

CASW Distinguished Service Award Winner 2018: Lyla Andrew MSW, RSW

The Canadian Association of Social Workers (CASW) Distinguished Service Award honours Lyla's significant contribution to the social work profession. Lyla received this award during a celebration in Sheshatshiu with her colleagues, family and friends on March 21, 2018. Following is an excerpt from Lyla's acceptance speech which has been printed with permission.

Being recognized with this award is like receiving a gift, even nicer because I wasn't expecting this gift. However, to be honest, I'm not receiving this gift because I'm a good social worker. I think I am a good social worker, but there are lots of good social workers. I'm receiving this gift because of the Innu. For me this award is a recognition of Innu people, Innu history and Innu resilience in continuing to work to rebuild healthy Innu culture. My life as a social worker, the good and the not so good, has been interwoven with that of the Innu and it would be impossible to see this recognition any other way.

The theme for this year's social work month is *bringing change to life*. This theme highlights the fact that social workers can help and support others, whether that's individuals, families, groups or even communities, to make the positive change they want to see in their lives and in the lives of others. There is no question in my mind that there is the potential for social workers to work in an Innu community to help bring about positive change. The questions we need to ask are who decides what that change looks like and how can social workers help to bring about those changes.

I didn't start out with these questions.



As a 25-year-old new social work graduate (from Toronto), a couple of weeks out of university, I came to Labrador.

I needed to start to learn what was quite obvious, that I didn't know the ways of the Innu world. To this end, Innu became my teachers, and without many wonderful Innu teachers over the years, I think it is fair to say I wouldn't be here.

I want to acknowledge Julianna Antuan and her husband Penote who were my first teachers. There really isn't any way to thank them for helping me learn invaluable lessons about culture and relationships.

Over the years it has been my spouse, Apetet, who has helped me the most to gain the understanding that I have now. Over the years and still today, he continues to challenge me, to push me

to try and see through Innu eyes what the world looks like. He's helped me learn about Innu history, to understand that the systems and policies and decisions coming out of my culture and imposed on the Innu, gave them the message over and over they were an inferior people and needed to change.

It took me a very long time to admit to myself, and then an even longer time to say out loud, that I did carry the belief that if only the Innu would be more like me, if only they would see that my choices and actions were better than theirs, that their lives would be so much better. Apetet would say to me I was raised up in a way to believe in my own superiority. It never felt good to hear this, it made me very uncomfortable and defensive so he found different ways to help me see, usually through stories.

Apetet has described the impacts of colonization on the Innu as "cutting Innu off at the knees", disabling a people who were extremely strong and able. He describes the last 60 years, when non-Innu have come to the Innu with religion, schooling, health programs, policing, and associated funding, and said okay Innu, we've given you this, so now get up and run with it. But there has never been the acknowledgement that colonization cut off the legs of the Innu. So expecting Innu to run, or blaming Innu for not running, is not seeing the reality, the damage done to Innu culture by western culture.

To think about Innu and colonization as something that is about me, not something just about others, was one of the hardest lessons I have had to learn. It has not come easily. It

hurts to want to understand, to want to help, when you're told you don't understand and maybe you can't help in the way you think. I suspect there are many other social workers who have had these feelings as well.

From all this, I've come to understand that there is an important role for me as a social worker helping Innu to bring about the change they envision. But in order for me to be a helper, I need to be in the passenger seat, not the driver. I admit, everything about my personality, and my upbringing makes me want to set the course for helping, to be the one in charge. With all this knowledge and skill and caring how can I be content to be merely a passenger, not the driver?

As caring, skilled social workers we need to continually examine why we need to be the decision makers, why

we should be in control. Giving up that control is frightening, because we've learned that we think we know best, but the history of the Innu since contact with non-Innu clearly shows we don't. We need to learn from this history so we don't continue to repeat harm.

A great deal needs to change about the social systems in which we work as social workers. The Working Relationship Agreement between Innu and (CSSD) NL government (now in the Appendix of the Protection and In-Care Policy and Procedure Manual) is an example of very significant change which is already helping to bring about better outcomes for Innu children and families, because Innu are directly involved in the decision making processes. Major changes within all the non-Innu systems impacting Innu need to continue to be made.

At this point, I can only marvel at the richness I have experienced as a social worker among Innu, at the relationships that have been nurtured and the learnings that I have been offered. I thank the many social workers who over the years have worked with me, taught me and helped me grow as a social worker. No one, in any culture, could find themselves part of a more wonderful family than the one I have. Thank all of you for letting me be part of your lives. Our four children are a source of great pride to their father and me. Somehow in spite of all the time I spent working through the years, they've grown to become amazing, competent Innu. I have received so much more through this journey than I will ever be able to give back. I am so grateful. Tshinashkumitanan. Thank you.



Are you looking for a way to recognize a social work colleague while promoting the profession? Consider nominating this person for one of the following awards:

CASW Distinguished Service Award

The Canadian Association of Social Workers (CASW) Distinguished Service Award is presented annually by the CASW to an individual or group of individuals selected from their membership by each CASW member organization. The deadline for nominations for this award is November 30th, 2018.

NLASW Pride in the Profession Award

The NLASW Pride in the Profession Award is presented annually to a registered social worker who promotes the advancement of social work in Newfoundland and Labrador and demonstrates outstanding pride in the profession. The deadline for nominations for this award is January 15th, 2019.

For more information on these awards please visit our website - <http://www.nlasw.ca/about-us/awards>

Clinical

Change is Good!

BY MARY WILLIAMS BSW, RSW

Change is a word we throw around often - but do we really examine its meaning in our lives? For the mental health clinicians and the people of the Burin Peninsula, this simple, powerful word, truly symbolizes something ground breaking.

The Burin Peninsula has experienced a very high rate of suicide in the past 18 months. Change began when the Mayor of Grand Bank reached out to Eastern Health asking for support.

Consultations on Primary Health Care ensued in four communities, with 144 participants identifying mental health, cancer, and addictions as top priorities. Overwhelmingly, participants highlighted the need for increased access to Mental Health and Addictions Services. From there, a change initiative was implemented. With the expert guidance of a Process Improvement Team, working in tandem with a local Community Stakeholder Group, drastic grass root changes have taken place in 7 short months.

Let's consider what has improved since that initial meeting:

- ✓ First and foremost - clients no longer wait for service.
- ✓ The waitlist for mental health and addictions services has been eliminated - from 100 to 0.
- ✓ There are zero non - attended appointments.
- ✓ Formal referrals are no longer required for counselling services

How is this possible? Change is indeed possible. We are living it.

With an open mind, the team explored

the concept of redesigning the service from an appointment based service to a 100% walk-in service.

This was initially resisted by clinicians as we couldn't see how this could work. A 'typical' work week involved clinics on Mondays, Doorways walk-in clinic alternate Tuesdays, clinics again on Wednesdays, team and psychiatry meetings on Thursdays, and outreach clinics on Friday. We couldn't see beyond the blinding stress of needing to do more with less. It felt daunting. Hopeless. Completely unmanageable.

Through coaching around concepts like 'capacity', 'inputs' and 'outputs', and experimenting with how to think differently, we embraced change. With an open mind to possibilities, we gave it a try and it worked!

Now, clinicians and clients alike express excitement over the changes. Client evaluations continue to be overwhelmingly in favor of this new service. We hear things like:

"This walk-in service is the best thing the Mental Health Program has ever done on the Burin Peninsula" and "Positive, positive, positive".

It works for trauma issues, too. My primary concern was how a walk-in service could work for clients experiencing trauma. But the redesign of services has been fluid, and ongoing modifications has allowed for a more flexible service. Clients can request specific counsellors, allowing for a continuation of their original programming. The biggest *difference* for them is that they no longer have to wait to obtain their next appointment. They can also attend more often if unexpected break-through memories

create difficulties coping. Clients have expressed much satisfaction with the new model of service delivery, proving my initial assumptions false.

And what about the impact on staff? Let's talk about clinician self-care and engagement. Prior to these changes, some clinicians felt like stress leave was their only self-care option. At that time, the duties seemed unmanageable. However, this new work atmosphere has improved our overall emotional wellness. Being able to meet the needs of the clients makes a huge and positive difference to us, as well, and we're able to rely on each other for support.

As clinicians, we also understood the need for prevention and education, but with large waitlists, prevention activities were not possible. Fast forward to today, and we are facilitating community education sessions and workshops, leading mindful walks, and supporting self-help groups - all while providing walk in services. How is less stress possible if we are doing more? It is. We are proof. Yes, indeed, change is possible.

On a final note, we continuously modify our service delivery based on client need, and we note that it is working for both short term solution focused interventions, as well as for chronic issues. Clients attend now when the NEED for service is present, giving them ownership and increased motivation. That's client-centered, recovery focused service! Clinicians are less stressed, and more engaged - fostering improvements not only to clients' needs, but to each other and to the community as a whole. All because we embraced change and all the promises it offered!



Topics

Mindfulness Tips

BY MAUREEN BARRY MSW, RSW

Mindfulness helps bring wholehearted attention and awareness to whatever is happening not just around you, but what's going on inside of you. Simply focusing on your breath gives an opportunity to pause, have a rest from constant thinking about the past or the future, and come back to the present moment.

Mindfulness can also offer focus, comfort and balance in difficult moments in your practice. In the long-term, it has been shown to help decrease helper role stress and burnout, increase self-compassion, and enhance relationships with clients. Here are some tips to bring mindfulness to your day:

- Giving your full attention to even mundane tasks like showering, doing dishes, or walking from your car to the office, can help train your mind to be in the moment.
- Stopping for a brief mindful moment focused on your breath before each client can help bring you back from other preoccupations, to being truly present.
- Tune in to your current experience, especially in difficult moments, paying attention to your thoughts, your body and emotions. Is there worry? impatience? physical tension? Mindful awareness can help you use your innate wisdom to know what to do next.
- Be mindful of the typical things that you do in a day that affect your self-care. Are they positive (things that nourish or help you navigate stress) or negative (things that deplete you)? Set an intention to increase those nourishing activities. You as much as anyone else are deserving of kindness and attention!
- Mindfulness can be short moments of reconnecting with your senses. Even a minute mini-meditation focused on your breathing can be helpful in settling down that fight-or-flight response especially before difficult meetings or events.
- Multi-tasking is not effective, so try doing one thing at a time and giving it full attention, without distractions such as reading texts or emails.
- Practice self-compassion when you fall short of your own expectations, reminding yourself that this is part of being human. Treat yourself with the same kind of caring, and understanding that you would show to others.
- Acknowledge your experience when you are feeling overwhelmed, and seek out the support you need.
- At the end of the day be aware of the transition to going home. Take a few minutes of noticing your breath, to help you be fully present, and mindful of keeping the boundaries between work and home life.

Maureen Barry MSW, RSW is a therapist and trainer who has practiced mindfulness meditation for the last number of years. She believes that mindfulness can be a significant help in building resilience in navigating the stress that naturally emerges in our personal and professional lives. Maureen is a recognized Mindfulness-Based Stress Reduction teacher and offers workshops on mindfulness for the general public, and for the workplace.



Conflicts of Interest, Documentation, Ethical Decision Making, Informed Consent...These are just some examples of the topics covered in practice resources produced by NLASW.

NLASW's website offers a Practice Resources menu where members can easily access the full range of resources available.

Check it out today and make these resources part of your everyday social work toolkit!

www.nlasw.ca

Ethics

Video and Teletherapy: Going the Distance

**BY SIMONE PELLEY MSW, RSW
(WITH CONTRIBUTIONS FROM
ANNETTE JOHNS MSW, RSW)
NLASW ETHICS COMMITTEE**

Mental health services are increasingly being offered all over the world through telecommunications and online platforms. Providing therapy through such services can be particularly beneficial for people in Newfoundland and Labrador. The use of telephone and video conferencing equipment can remove some of the barriers of face to face treatment such as the large geographical distances, unpredictable transportation from smaller island communities, unpredictable and inclement weather and the centralization of specialized services. I am a social worker and Certified Cognitive Behavior Therapist that offers Cognitive Behavior Therapy (CBT) in person, by telephone and video conferencing. This article will explore some of the considerations of providing therapy through technology and the intersect with the NLASW Standards of Practice for Social Workers in Newfoundland and Labrador (2018).

CBT has been demonstrated in hundreds of studies to be an effective treatment for many mental health conditions and problems experienced by adults, children and adolescents. While many mental health social workers draw from CBT to provide services to people, very few obtain extensive training and clinical supervision in the entire delivery to provide specific treatment for mental health conditions. By providing CBT using distance technology, those who would never have access to specialized services can benefit from the service. CBT fits particularly well with distance

technology because the structure of the sessions and the techniques can all be delivered remotely. Homework is an essential component to CBT and it can be argued that work completed in between sessions is as important as the work that is done during sessions. Client feedback is built into the session structure for CBT at the beginning and end of each session and client dialogue on the continued usefulness of the distance technology can be considered with the client.

There are several considerations when providing therapy using distance technology. These considerations include informed consent, tolerance for risk, client confidentiality and privacy, and continuity of care and jurisdictional issues. As part of the informed consent process, the client would be provided information on the mode for treatment, including risks and benefits, contingencies if the technology fails, payment, and if necessary how contact in between sessions will be handled. As noted in the NLASW Standards of Practice (2018), it is important that the social worker assess the clients' appropriateness for e-service delivery, including cultural considerations, and that clients are provided with information to make a fully informed decision on whether this mode of service delivery is a good fit for them.

Communicating remotely with a client may challenge some clinician's tolerance for risk when working with clients that are distressed. Clarifying the person's exact location, knowing their contact information if a disconnection occurs, and having access to emergency services contact information for the client's local community can mitigate risk. The

NLASW Standards of Practice (2018) also highlights the importance of being aware of resources in the community that clients can avail of in between clinical sessions as it is not reasonable to expect the social worker to be available 24/7.

In my experience, distance therapy has proven useful in maintaining continuity of care for young people who had been availing of face to face therapy but then move to St. John's for post-secondary education. However, if a student or existing client relocates to another province and continued therapy is requested, it is important to know the standards and policies pertaining to inter-jurisdictional practice. As noted in the NLASW Standards of Practice (2018):

- Social workers who provide social work services across jurisdictions must comply with the regulatory requirements in the jurisdiction in which the social worker resides and the jurisdiction in which the client resides.
- Social workers engaged in interjurisdictional practice have the appropriate liability insurance.
- Social workers providing services to a client in another jurisdiction, comply with legislation and reporting requirements (i.e., reporting child protection concerns) in that jurisdiction (p. 10).

There are several online platforms that one can use to provide electronic services. It is therefore important that social workers research the various online platforms to ensure that the one they use protects the client's privacy and personal health

information. Computer equipment, video conferencing applications and telephone contact information must all be protected to maintain confidentiality. As noted in the NLASW Standards of Practice (2018), social workers should inform clients of what “precautions are being taken to minimize potential breaches of client information such as encrypted e-mails, firewalls, and passwords” (p. 10). For

social workers in private practice, it is also important to be aware of the requirements under the Personal Health Information Act (<http://assembly.nl.ca/Legislation/sr/statutes/p07-01.htm>).

This article was intended to highlight some of the benefits and considerations when using technology in the delivery of social work services.

Please consult the NLASW website for a full listing of practice standards and resources - <http://www.nlasw.ca/practice-resources/practice-standards>.

REFERENCE

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Book Review

Social Work Ethics: Progressive, Practical, and Relational Approaches

Edited by Spencer, E., Massing, D., & Gough, J. (2017)

BY ANNETTE JOHNS MSW, RSW

Looking for a book that focuses on social work ethics? Well *Social Work Ethics: Progressive, Practice, and Relational Approaches* is a new Canadian ethics book that is a must have for your book shelf.

The authors set the context for this book by examining how we promote pride in our profession and challenges readers to think about this as they read the book. Here is a quote from the introduction which is titled “Forward – A Proud Profession?”

“We offer a beginning challenge here

to follow as you read and reflect on the content of this text: we suggest you think about what you know about the character of the profession of social work, its emphasis on the ethos of human community, what is it that identifies the profession and separates it from other similar professions.”

Regardless of your area of employment, you will find lots of great information to guide your practice. This book covers the history



and context of social work ethics, approaches to ethical practice, and guides to ethical decision-making. It also addresses the impact that technology use is having on social work practice from an ethical perspective. The book is rich in content, case examples (with questions for consideration), learning objectives and discussion questions you can use to further reflect on with your social work colleagues.



NLASW encourages all members to avail of the *Update My CPE* option available through the MyNLASW portal. Members can quickly and easily record and track completed CPE credits throughout the year with 3 easy steps:

1. Log in to the MyNLASW portal
2. Click on *Update My CPE*
3. Record and save CPE details including event date, title, category, and number of credit hours.

School

News from the Memorial University School of Social Work



50TH ANNIVERSARY WINE AND CHEESE - SAVE THE DATE!

Join us **Oct. 12, 2018, 7-9 p.m., at The Battery**, (one of the first events in the newly renovated Battery space!) to see familiar faces, remember days gone by, view old class photos, share laughter, and enjoy some hors d'oeuvres and entertainment. Some highlights of the night include:

- Entertainment by Stella's Circle Inclusion Choir
- View our wall of the ceiling tiles students (perhaps you?) decorated in the student lounge.
- Class photos
- Historical panels of the social work profession

Visit <http://www.mun.ca/socialwork/alumni/50thAnniversaryCelebrations.php> for more information and to register for the 50th anniversary celebration.

VIRTUAL YEARBOOK

Want to remember the name of that professor who taught you in 1978? Or who the school's director was in 1982? Check out <http://www.mun.ca/socialwork/alumni/virtuallyearbook/> to see our new virtual yearbook, which we are steadily populating from

1968-present. If you have photos or knowledge from your time at the school that you'd like to share, to help us round out the decades, please contact socialworkalumni@mun.ca.



TWO NEW SCHOLARSHIPS

To recognize academic excellence as Memorial's School of Social Work celebrates its 50th anniversary, the **Canadian Federation of University Women** St. John's has established two scholarships valued at \$1000 each. The scholarships will be awarded to women enrolled beyond their second year of full-time undergraduate studies in the bachelor of social work program, who have graduated from a high school in Newfoundland and Labrador.

SCHOOL OF SOCIAL WORK ALUMNI ASSOCIATION

Your time at the School of Social Work impacted your life, from your friendships to your career. We're proud to have been a part of your life and invite you to continue to be a part of ours. We're aiming to set up an alumni association for the school to strengthen the ties between alumni, the community, and the school.

Join us by contacting socialworkalumni@mun.ca.

You can also **update your info** so we can keep you up-to-date on continuing education events, important news from the school, and profiles of alumni and donors at: <http://www.mun.ca/socialwork/alumni/UpdateyourInformation.php>

A FAMILY AFFAIR: INTER-GENERATIONAL SOCIAL WORK STORIES

Like the Shortall family below, there are many families that include generations of social workers who have graduated from Memorial. We'd love to highlight other inter-generational stories of our social work alumni. Contact socialworkalumni@mun.ca to share your story.

Registered social workers Ian and Judy Shortall, and their daughter Sidney, share their thoughts on the occasion of Sidney graduating with her bachelor of social work degree during Memorial's spring convocation:

Sidney – (class of 2018) "I was so fortunate to be raised in a stable and loving home where I was accepted for being me. My parents have strong morals and values and they taught me to respect and not judge. I learned that the most important things in life are people and relationships. My parents were always so passionate about social work. They were so committed to their clients. As I grew older, I began to realize that I wanted to help people too - just like them."

Ian – (class of 1986) "My advice for Sidney would be this: be guided by



your values and social work principles in everything that you do. Surround yourself with people you admire and respect - people who inspire you to do good work. Most of all, value and be grateful for what you do. Be proud to call yourself a social worker. You are

now a part of a profession that helps to improve and change people's lives. For that, we are very proud of you."

Judy – (class of 1987) "As parents, we were careful not to influence Sidney's career choice, however we saw signs

that she would be suited for the profession very early in her life. As a little girl Sidney was kind and nurturing and possessed a special ability to connect with people and she never passed judgement. As she got older we would marvel at her self-awareness and her ability to think critically which lead to some interesting conversations in our home. We were not surprised that she chose social work as a profession. If I could give Sidney any advice it would be to always remember that working with people at what is often the most difficult time of their lives is an honor and a privilege. There will be some tough times ahead and some wonderful times as well. People, and the relationships we make and nurture, are the only things in this world that really matter. When we truly connect is when the magic happens. We have faith in you but more importantly, have faith in yourself. You got this."



Private Practice Roster

The NLASW has established a voluntary roster of social work private practitioners. The following social workers have elected to be included on the roster. They meet the criteria for private practice in the profession of social work in Newfoundland & Labrador. Contact information for these social workers is available on the NLASW website.

ST. JOHN'S REGION

MAUREEN BARRY, MSW, RSW
 MONA BUDDEN, MSW, RSW
 AGATHA CORCORAN, MSW, RSW
 TOBIAS DUNNE, MSW, RSW
 DARRELL HAYWARD, BSW, RSW,
 M.ED., CCC
 ROSEMARY LAHEY, MSW, RSW
 DENISE LAWLOR, MSW, RSW
 GREG MCCANN-BERANGER, MSW, RSW
 CATHERINE MORRIS, MSW, RSW
 E. MICHELLE SULLIVAN, PhD, RSW

DIANA WAMSTEEKER, MSW, RSW
 NANCY WHITE, MSW, RSW

EASTERN REGION

WANDA GREEN, MSW, RSW
 GEORGINA MERCER, MSW, RSW

CENTRAL REGION

RENEE ETHERIDGE, MSW, RSW
 SHANNON FUREY, MSW, RSW
 LORELEI KELLY, MSW, RSW

CYRIL MCLAUGHLIN, MSW, RSW
 RUTH PARSONS, PhD, RSW
 SIMONE PELLEY, MSW, RSW

WESTERN REGION

RENEE ETHERIDGE, MSW, RSW
 BONNIE HANCOCK-MOORE, MSW, RSW
 BARBARA LAMBE, BSW, RSW

LABRADOR REGION

BRENDA GEAR, MSW, RSW



Perspectives

Teaching to Serve: Enriching Social Work Students' Education Through University-Community Social Justice Learning

BY SULAIMON GIWA PhD & SECOND YEAR SOCIAL WORK STUDENTS LUCINDA GATHERCOLE, KENNETH GELLATELY & ANDREW PARDY

The idea of education as a basis for social change and transformation is deeply rooted in the philosophy of community social justice learning (DePaola, 2014), in which students engage in faculty-approved projects with community partners and are required to demonstrate course objectives and learning outcomes.

In social justice/social work courses focused on connecting the theory and practice of social justice to direct action for systemic change, students learn to shift their gaze from internal to external matters. The terrains in which social injustices happen demand this practical application of learning as a prerequisite for a more engaged citizenry, and the development of social justice-minded social work practitioners.

University-community social justice learning is an effective way to inculcate the idea of learning to advance social justice in social work students' hearts, minds, and actions (Ellenbogen, 2017).

THE UNIVERSITY-COMMUNITY SOCIAL JUSTICE LEARNING

Universities are an extension of the communities they serve and have a role to play in filling gaps left by fiscal policies. One such role is through



SOCIAL WORK STUDENTS PRESENTING A \$530 CHEQUE TO PPNL. LEFT TO RIGHT: JONATHAN FORD, VICE PRESIDENT OF THE PPNL BOARD OF DIRECTORS; STUDENTS CHELSEA PIKE, KATE PIKE, RAEGAN PENNEY, AND JESSIE BOUCHARD

community social justice learning, in which MUN students in SCWK 2711: *Social Justice and Social Work Practice* were involved.

The principle behind the course was simple. In groups, students identified and contacted a community organization they wanted to work with. They determined a social-justice-oriented project in partnership with this community organization, and were responsible for project deliverables and outcomes, including a final public presentation. Dr. Giwa provided feedback on the groups' weekly progress notes and was available for consultation on an as-needed basis. Classroom lectures and activities reinforced key issues and practices in social justice, to help students connect with the practical value of learning.

WHAT EFFECTS HAS UNIVERSITY-COMMUNITY SOCIAL JUSTICE LEARNING HAD?

University-community learning holds the potential of transformative knowledge to drive social change (Dewey, 1938; Littlepage & Gazely, 2013), with benefits to the university, community, students, and, by extension, the profession of social work.

On the university side, relations with community organizations in the areas of equity and social justice have been enhanced. The university has also benefited from engaged student learning, since community settings provide a place for students to experience the value of their education in real time. New avenues of research

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Reflections

Reflections on Working at the Recovery Centre

BY LEANNE BRINSTON BSW, RSW

I have been working at the Recovery Centre (RC) for the past 16 years and feel that my career is changing each day. I have the honor to meet and provide services to people who are dealing with an addiction and are at a fragile stage in their life. This is a privilege that I take serious each day. As a social worker, I always say my most important role is to build relationships with clients and help them and their families understand that this disease is treatable. I have a unique role because I get to help people using a variety of social work practices: assessments, individual and group counselling. I also offer educational opportunities to my colleagues and the public.

One of the best assets of working at the RC is that I get to work closely with my team who continue to make sure that my mental health is as well as it can be. I believe that having such a great team of coworkers helps me have job fulfillment and do my best with clients.

Working with a vulnerable population and building professional relationships is not only rewarding, but provides me with opportunities to also learn and grow. Addictions can be very complicated and helping clients take recovery one step at a time is something that I encourage. I also live

by this mantra - Keep it simple, try new things; Feeling uncomfortable is the beginning to a new positive.

After 16 years, I have witnessed many successes. One example was a recent reunification of an estranged family. Success in my role is seeing people have a better understanding of 'self' and finding new ways of living life. I have had clients try everything from line dancing to acting and have found a new sense of 'self'. Recovery takes time, patience, openness to change and the ability to reach out to supports. Recovery is a fellowship of belonging and understanding - a chosen family.

The RC is most often a first stop for people who feel powerless over their addiction. It is important to recognize that an addiction is not about a character flaw or a sign of weakness, but is truly a disease of the brain. The RC was traditionally a non-medical detox but in the last 2 years, we have a full medical team to help with the physical and psychological parts of the disease. The RC helps people to detox from alcohol, drugs (illicit and prescription drugs) and gambling. We are the only medical detox for the province. We operate using a self-referral process, meaning people call for a telephone screening and within 24 to 48 hours there can be admittance. We have 17 beds and a typical stay would be about 4- 6

days, but it's all based on individual circumstances.

I also work with an interdisciplinary team consisting of nurse practitioners, registered nurses and licensed practical nurses. I consider our service very unique because detox deals with the physical part of one's dependency, but we also offer psychological aspects of recovery such as addictions therapy groups, self-help, pet therapy, cooking, wellness, grief and loss, and spirituality. I often ask my clients to reflect on the first time they came to us and how much they did not want to come in. Upon leaving they don't want to go! We have an outstanding team who believe in recovery. My theory is that if your heart is beating you have a chance for recovery. Everyone's journey to and from this disease is unique, but respect, a non-judgmental attitude and a warm hug goes a long way.

My clients and co-workers know how passionate I am about the work I do. I love to educate. Knowledge is power and power finds acceptance. I said not long ago that the longer I am here, the more I want to stay. It's a blessing to love your job as much as I do. The stories, laughter and tears of clients is powerful. Real people come to the RC and I am beyond privileged to have people let me ride the journey with them.



**DEADLINE FOR SUBMISSION FOR THE NEXT EDITION
OF CONNECTING VOICES IS NOVEMBER 1 • 2018**

Practice

Calming the Chaos: A Social Worker's Role in Helping Children/Families with ADHD

**BY JUNE KIRKLAND-SMITH
MSW, RSW**

The current rate of Attention Deficit Hyperactivity Disorder (ADHD) in children worldwide is about 5% and it is a very prevalent childhood disorder in Canada (Centre for ADHD Awareness Canada, n.d.). It is therefore likely that social workers will see in their practice children and families living with ADHD. The social work role is imperative in advocating, educating and supporting these families.

The diagnosis of ADHD can be done by a general practitioner, pediatrician, neurologist, psychologist or psychiatrist. Getting to the diagnosis stage is frequently facilitated by social workers, so knowing and recognizing the features of ADHD is important. Children may present in our offices with "behavioural problems", trouble in school, or as parents needing "parenting-skills training". Social workers can discern patterns around these issues a child or family brings to therapy. We can look for indicators of ADHD such as high degrees of inattention to activities of daily living, school performance, safety practices, and general interaction. We can assess for overactivity such as trouble getting to sleep, early awakening, fidgeting and moving about constantly. And, we can determine if the child seems to be impulsive, accident prone, or interruptive. These behaviours would generally exist at higher rates and be experienced in multiple settings for children with ADHD (American Psychiatric

Association, 2013).

Behaviour therapy and medication is used in the treatment of ADHD (American Psychiatric Association, n.d.). A social worker can provide behavioural strategies that can assist children and their families in coping with the disorder. Helping families develop routines around bedtime, morning preparation, homework time and meals can reduce chaos, improve transitions and increase positive interactions. Having high degrees of organization with school supplies, homework space, sports or recreation equipment, and personal affects is also helpful as it offers order and structure. Children also benefit from ideas about how to be organized with homework and personal affects using colour coding, lists, and visual reminders. You can make this a fun activity with children.

Children with ADHD frequently suffer isolation and loneliness as it is difficult for them to sustain friendships and remain on teams or in groups. Their behaviours can interfere with their ability to enjoy these aspects of life. The social worker can assist the child in offering support, but also in facilitating insight regarding peer relations and learning new ways of interacting. At times this is challenging as the child may intellectually know how to interact but faces inherent difficulty with impulse control. It is through practice and support that these behaviors may change. Many kids with ADHD experience low self-esteem. Helping them build successful experiences

and identify their qualities through self-awareness activities and feedback from family can enhance confidence. Understanding their own diagnosis can also be helpful in reducing feelings of shame as children learn that they are not "bad or defective" but have a condition common in many people (Kottler, 2000).

Children with ADHD can have shorter sessions, not the traditional therapeutic hour. Activity-based sessions can be effective in keeping children engaged. Intervention is generally short-term and may be required at varying points in life.

Parents of a child with ADHD can also benefit from social work intervention. When parents fully understand the features of ADHD they better understand their child, tend to personalize the behaviours less ("he does it just to drive me nuts") and can implement helpful strategies. Knowing about the importance of stability and structure, reduced screen time, proper nutrition, family routines and communication approaches can really help a family function to its optimal. Quality interventions mean knowing the facts about ADHD and the family. For example, mothers of children with ADHD have high rates of depression; at least one parent quite likely has ADHD; and parents can experience exhaustion and frustration (Ray, Croen & Habel, 2009). Addressing 'family self-care', referring to other resources and helping the family establish priorities in terms of what they can successfully manage are ways to help.

In addition, we cannot overlook siblings of children with ADHD. Siblings report feeling left out and resentful. So much attention can be focused on the child with ADHD that families have little left over for other children. This is a reality in many families where one child has high needs. When parents understand this phenomenon, they can support siblings by validating feelings and experiences and discussing ways to feel a part of the family. Fears and worries can also be addressed as children with ADHD can be explosive and aggressive in their homes and this can be anxiety-provoking for their siblings.

Helping a child with ADHD is multi-faceted. You may work with the child, the siblings and family and sometimes the school in offering support, information and strategies for living the best life possible. Knowing that many children with ADHD grow up to be successful, imaginative and creative citizens can bring families hope and the courage to manage and thrive when things are challenging!

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Leadership

Supporting People at Home

BY JOANNE ROSE MSW, RSW

The need for home support services is growing as we strive to support individuals to remain independent in their home and communities. The Provincial Home Support Program, provided through the Department of Health and Community Services, can provide services such as support for community inclusion for a person with a disability, personal care and homemaking services, or respite support to a caregiver who is caring for a parent with dementia. Appropriate community-based supports can prevent unnecessary utilization of acute care services and delay admission to residential care. The challenge for health care systems is to ensure individuals are provided with the right care, at the right time from the right provider and in the right place.

A review of the Provincial Home Support Program was completed in 2016 due to shifting population demographic demands, public health trends, and cost escalation compromising the sustainability of the program. The review identified 25 improvement opportunities which were accepted by the Government of Newfoundland and Labrador. A three year action plan was developed to implement the change initiatives under the direction of an advisory committee. This committee includes key stakeholders representing seniors and persons with disabilities, home care workers and agencies, regional health authorities, various government departments and an academic representative from the School of Social Work at Memorial University.

There were four pillars of reform identified including intake and referral; assessment, planning and coordination; home supports delivery; and monitoring and policy standards. Since 2017, resources have been dedicated to begin the process of implementing the identified improvement opportunities. Some of the key initiatives underway include enhancing the clinical assessment process, engaging in individualized support planning, streamlining the financial assessment, establishing service level agreements with home care agencies, developing a performance monitoring framework, and developing an educational strategy for the home support workforce. Working groups have been established to develop these initiatives with participation of clinicians, advocacy groups, service users and other key stakeholders to inform policy development. A key to successful implementation of the initiatives is the engagement of clinicians and other service providers in the change process.

As a policy maker, I feel privileged to be working on the change that is underway in the Provincial Home Support Program. The approach to program transformation reflects my core social work values promoting person-centeredness, collaboration with service users, and a focus on reducing barriers for vulnerable or marginalized persons. Through our collaborative efforts, a new home support program is emerging that will better support residents of the province to improve their functioning and remain in their home and communities.



Community

The Eating Disorder Foundation of NL



HOPE ALWAYS

EATING DISORDER FOUNDATION OF NEWFOUNDLAND AND LABRADOR

BY CATHY SKINNER, PROGRAM COORDINATOR & PATRICIA NASH, COUNSELOR & PROGRAM FACILITATOR EATING DISORDER FOUNDATION OF NL

The Eating Disorder Foundation of NL (EDFNL) is the only leadership advocacy group for eating disorders in Newfoundland & Labrador. The EDFNL is dedicated to providing support for clients with an eating disorder, and education and support to families and caregivers affected by a loved one's eating disorder.

Approximately 15,000 people in Newfoundland and Labrador experience some form of disordered eating or are at risk of an eating disorder, with 10-15% of adolescents affected (ages 13-22). There are significant irreversible health complications if not treated early and the mortality rate can be as high as 20% (a combination of medical effects of the illness and suicide). Newfoundland & Labrador has the 3rd highest rate of eating disorders in Canada (Canadian Census, 2002).

The causes of an eating disorder are very complex, as is the treatment. Some of the things that may contribute to an eating disorder are genetics, temperament, puberty, life stressors as well as many other factors.

The prognosis for someone with an eating disorder can vary: 45 to 50%

improve to good health, 25 to 30% will struggle long term and 25% will have a poor outcome from irreversible complications (up to 20% mortality rate) (Sullivan, 2002 & Lock et al., 2010).

EDFNL PROGRAMS AND SERVICES

Client Consultation Program:

The first step is often the hardest one to take for someone suffering with an eating disorder. It takes courage and strength to admit you need help and then ask for it. EDFNL provides support and education regarding services that are available. Clients are listened to with hope and compassion and without judgement. EDFNL helps clients understand the steps they can choose to get their life back from an eating disorder.

Family/Caregiver Consultation Program:

Regardless of age, EDFNL believes that children want to be supported by their parents or caregivers, and parents and caregivers want to support their loved ones in their recovery. However, despite their best efforts, some parents and caregivers feel ill-equipped to do so, either due to practical barriers, a lack of confidence or never having learned the skills themselves. EDFNL provides support and guidance and offers services for families and caregivers.

Bridge to Hope Family Education and Support Group:

This 8-week group provides support, education and hope to those supporting their loved one battling an eating disorder. Professionals come in and conduct presentations to the families and caregivers, as well

as answer their questions. These professionals include a medical doctor, psychiatrist, social worker, dietitian and psychologist. This service is available by teleconference for families outside St. John's.

Parents of Hope:

The Parents of Hope monthly group provides ongoing support to parents that have completed our 8-week Bridge to Hope Family Education and Support Group. Teleconferencing is available for parents outside St. John's.

Siblings of Hope:

The goal of the Siblings of Hope group is to educate and support brothers and sisters (18 years and older) who are supporting a sibling through recovery of an eating disorder. This is also available by teleconference for siblings outside of St. John's.

Emotion Focused Family Therapy Workshop:

This 2-day workshop is an incredible resource for parents and caregivers and allows them to have a significant role in their loved one's recovery. The workshop empowers families and caregivers in four domains: Emotion Coaching, Behaviour Coach, Relationship Repair and Processing Carer Blocks.

Emotion Focused Family Therapy Refresher Group:

The Emotion Focused Family Therapy Refresher Group gives families and caregivers an opportunity to refresh their skills and share with each other stories of using Emotion Focused Family Therapy.

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Issues

Who Decides for You, When You Can't?

BY CHAD PERRIN BSW, RSW

Many of the social work organizations within Newfoundland and Labrador have clearly defined policies and procedures for supporting persons with diminished capacity and decision making, via a substitute decision maker identification process. However, when our service recipients present without a support network with a person willing to take on the role of substitute decision maker, and medical professionals have identified that the service recipient does not have capacity to make complex decisions themselves, who takes on this role?

For children and youth under the age of 16 who are in need of protective intervention, the *Children and Youth Care and Protection Act* (2010) provides direction for the placement of a child with a designated "manager" within the Department of Children, Seniors and Social Development (CSSD). The CSSD manager provides oversight and decision making regarding the child/youth's care. As youth age out of the care of CSSD, transition planning is important and alternate arrangements for decision making may need to be made.

Support for decision making for adults with diminished capacity, without a substitute decision maker, are spread across several separate legislations: the *Advance Health Care Directives Act* (1995) for health care decisions, and the *Mentally Disabled Persons' Estates Act* (1990) for financial decision making. In some cases, the *Adult Protection Act* (2011) would become applicable in the event the service recipient was in need of protective intervention.

In Section 10. (1) of the *Advance Health Care Directives Act*, a list is provided of the persons to whom substitute

decision making would be assigned in the event the person lacks capacity. In the event there is no family member able to fill this role, the role is filled by "the incompetent person's health care professional who is responsible for the proposed health care" (*Advance Health Care Directives Act*, 1995). As a result, in the event there is no family member able to accept the role of substitute decision maker, primary health care decisions are determined by the service recipient's health care professional.

The Mentally Disabled Persons' Estates Act (1990) outlines the process for how a guardian or trustee is identified for a person who does not have capacity, with regards to their financial or asset management, which the Act refers to as "the estate". In such cases where a substitute decision maker is unavailable for financial management, the Office of the Public Trustee may act as the guardian of the individual's estate. Social workers are able to contact the Office of the Public Trustee during standard business hours by telephone at (709) 729-0850 or by fax at (709) 729-3063. Forms that would need to be completed and filed as part of the process under this Act, including an affidavit from the medical practitioner, are available on the website for the Supreme Court of Newfoundland and Labrador (<https://goo.gl/oTVDr7>).

The *Adult Protection Act* (2011) protects adults who do not understand or appreciate the risk of abuse and neglect. The Act outlines the definition for a person in need of protective intervention as:

"an adult who lacks capacity and who (a) is incapable of caring for himself or herself, or who refuses, delays or is unable to make provision for adequate

care and attention for himself or herself; or (b) is abused or neglected" (*Adult Protection Act*, 2011). The Act also goes on to provide clear definitions for "Abuse" and "Neglect". The process and policy for investigations under the *Adult Protection Act* (2011) are clearly documented in the policy manual, which is publicly available at <https://goo.gl/byYJuf>.

Ensuring that decision making is provided for persons with decreased cognition is an extremely important component to advocacy, and the provincial government has taken an active interest in the issue: "Supported decision-making is an important issue and one I have heard about from a number of groups and individuals that I have met with since being appointed two and a half years ago. As stated in my mandate letter, this is a matter government is committed to work on and I look forward to working further with stakeholders on this issue." – Honourable Andrew Parsons, Minister of Justice and Public Safety and Attorney General, Government of Newfoundland and Labrador

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Initiatives

The Supportive Housing Program: New Strides for Happy Valley-Goose Bay

BY LAURIE RUSSELL BSW, RSW

Bayne and Neukrug (2015) explain Maslow's Hierarchy of Needs as a theory of human motivation, highlighting the difficulty for an individual to achieve their higher-self without first satisfying their most basic physiological needs including hunger, warmth and shelter. This idea will help you understand a modern approach to housing, known as the Housing First Model.

On April 14, 2014, the challenge of homelessness was magnified in Happy Valley-Goose Bay, NL, when the closure of the largest local boarding home came to light. This happened with less than 24 hours to find a solution for 32 displaced individuals. Some found temporary options, while others were completely homeless.

As a result, many service providers quickly came together to collaborate and strategize. Emergency accommodations were secured and apartments were sought through social housing programs. Individuals were housed both communally and independently, based on their strengths and needs. However, there were challenges as many were facing mental health, addictions and legal issues, which made managing a home quite difficult.

Essential supports were identified, including a Coordinator, two Case Managers, a Housing Liaison and Housing Support Workers. These positions were filled and put in place to carry out what is now known as the Supportive Housing Program. This program is currently funded by the Provincial Supportive Living Program and administered by the Nunatsiavut



Government, Department of Health and Social Development. Residents in the program are followed by an Intensive Case Management Team.

Supportive housing in Happy Valley-Goose Bay, now extends to the communities of Nain and Hopedale and follows a Housing First Model. The Ontario HIV Treatment Network (OHTN) describe Housing First as a client-centered model that provides independent, permanent housing of choice to individuals, without any prerequisites of treatment for mental health and addictions challenges. The hope is that with stable housing and access to necessary supports, residents will be better prepared and motivated to maintain housing by what Bayne and Neukrug (2015) explain as satisfying other levels of need including safety, belongingness, esteem and self-actualization.

The model we follow in Happy Valley-Goose Bay is unique to the original Housing First Model in that many of our apartments are staffed communal units and choice housing is not at the forefront due to lack of infrastructure in the area. Living communally presents some diverse challenges at times, specifically when working with individuals who have multiple and complex needs. However, for many of the residents, whom are Inuit, living with others is a very common cultural experience. In fact, we have received requests from independent individuals to move to a staffed unit to help lessen the impacts of their vulnerability, addictions and mental health challenges, which have included loneliness, fear and difficulty setting limits with visitors.

The process of entering the Supportive Housing Program begins with either

a self-referral, a referral from a family member, friend or professional. Either myself or the other case manager will then complete an intake assessment to determine the need for supports. We often see individuals who do not meet our mandate, yet need other program referrals, affordable housing or emergency accommodations. This was very challenging when I first started my position as case manager, as like any program, there is limited space and lengthy waitlists. There were many afternoons where individuals would leave my office to return to hotels, couch surfing or with no housing options at all. Some met our mandate while others did not.

On December 7, 2016, the Emergency Shelter (now known as the Housing

Hub), opened its doors in Happy Valley-Goose Bay. This program is a 2-year pilot project, which continues to alleviate the impacts of homelessness for individuals in the area who have no other housing options. The shelter operates 12 hours at night to provide a safe and warm place for individuals to sleep, shower and eat, while functioning as office space for the Supportive Housing Program by day.

Having both the Supportive Housing Program team and Emergency Shelter service on site together allows for significant collaboration, filling gaps that were once a major challenge. When someone enters my office, completes an intake assessment and informs me that they have been sleeping outside, I can now direct

them to the Emergency Shelter as a temporary option until necessary referrals can be made and other measures can be taken. While gaps still exist and waitlists continue to be a reality, Happy Valley-Goose Bay is better prepared and aware of the challenges faced by the homeless population. While supportive housing is providing safe and secure housing and supports, the shelter is currently meeting the basic physiological needs of many individuals while a long-term plan for housing is explored.

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PERSPECTIVES FROM PAGE 14

have emerged, facilitating evidence-informed practice to aid vulnerable groups in society. *On the community side*, organizations have benefited from the knowledge and skills of social work students. The extra human resources that the students represented were an added benefit, in this volunteer-driven sector. Their work had the potential to affect an organization's bottom line. Finally, organizations have become better positioned to develop their own talent pipelines.

For students, taking learning beyond the classroom has aided their knowledge of the material. Asking students to act stimulated a different kind of learning experience, empowering them because their work outside the classroom was not simply volunteering—it was working for the greater social good. Ultimately, students gained working knowledge and confidence in working towards community change and social justice, applying theories learned to solve real-world problems; to acquire and improve on leadership skills needed

for today's workforce; and to build relationships and connections with professionals as well as diverse groups of people.

THE FINAL ACT: STUDENTS' PUBLIC PRESENTATIONS

For the first time, on April 3, 2018, social work students presented the outcomes of their diverse social justice projects. The event was open to all members of MUN's community and the general public. In all, 19 inspiring social justice projects were covered, with topics ranging from *Out of the Closet and Into the Woods*; *The Circle: First Nations, Inuit, and Metis Student Resource Centre*; and *Breaking the Barriers in the Healthcare System for People Who Use Drugs*. One group also presented Planned Parenthood of Newfoundland and Labrador (PPNL) with a cheque for \$530, which they raised as part of their social justice project, to help fund Camp Eclipse, a four-day leadership retreat for LGBTQ+ youth and allies. If the depth and breadth of the students' topics and presentations were any indication, the province is in good hands going forward.

In summary, community-university partnerships such as this are vital to the ability of social work students to gain practical understanding of the types of social justice issues they will be confronted with on the job (Mullings, 2013), and a great deal of gratitude is owed to community partners for being so willing to support the growth and development of social work students in this way.

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Promotion

Taking Pride in the Profession

BY KIM KELLY MED, BSW, RSW

As I reflect on social work month, I am reminded of the many reasons to take pride in our profession and the work we do as social workers. Social work month was a celebration of the diversity of the profession. There were many opportunities to enhance our learning and to reconnect with colleagues. Whether it was sharing a meal or attending a presentation, the energy and passion was infectious. From the social workers who volunteered their time and expertise to share information with colleagues, to the social workers who attended as participants, our knowledge, skills and values were mutually enhanced by the narratives and experiences of social workers across our province.

Throughout the month, I was inspired by you, my colleagues. You make me proud to be part of this profession. I remember reading a profile about Isobel Keefe in Eastern Health's StoryLine, when Isobel shared how her "inspiration comes from the people we serve". No doubt this sentiment resonates with many of us. In my years with Memorial University, I too have been inspired by the students with whom I have worked and mentored. It is amazing when we look back at the beginning of client relationships to discover how far we have both grown. Whether it was resilience, strength, courage, curiosity, or dedication, together with our clients, we have worked hard to build networks, resources, and effect positive change.

I was privileged to attend an event hosted by a local Rotary club, where the guest speaker was Dr. Donna Hardy Cox, Dean of Memorial's School of Social Work. In her remarks, Donna talked about the important work of

community organizations and how their respective missions and values have helped support social work education in this province. As the School of Social Work celebrates 50 years of professional social work education and the awarding of degrees to more than 2000 alumni who bring change to life in this province and beyond – there is much to be proud of!

At the social work breakfast in St. John's, I was once again inspired by Vanessa McEntegart, the winner of the NL Association of Social Workers Pride in the Profession Award. Through her touching remarks, Vanessa showed herself to be a worthy award winner for 2018. Pride was evident everywhere!

I recently asked some colleagues to share what being a part of this profession means to them. Their responses reflect pride and commitment to social work:

After careful reflection, the 2018 social work theme of "Bringing Change to Life" has never had a more significant meaning to my professional practice, but not in the way one would expect. Rachel Remen once said that the expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic to be able to walk through water and not get wet. As an oncology social worker practicing with individuals facing life threatening and possible terminal illness, this is something we observe often on a daily basis. However, it is being witness to the instinctive survival of the human spirit, the strength, courage and resilience that abounds during these difficult times that have brought transformation to my own worldviews and practice. It is a daily reminder of the importance of living life to the fullest and to be truly

present, mindful and client centered as they invite us on their journey. It is an honor and privilege to work with the individuals and families that have brought change ... to my life. I have never been more proud to identify myself as a social worker." Elaine Holden, Dr. H. Bliss Murphy Cancer Centre

"Being part of the social work profession means working to use our values and skills to facilitate change and promote social well-being. There are opportunities to practice in diverse settings. Along with the opportunities come challenges and at times change may seem small or incremental, however, I believe that every day social workers help to make a difference." Ivy Burt, School of Social Work

"I am thankful for the privilege to teach skills to teens that they will use daily throughout their lives to improve their mental health." Stephanie Mealey, Bridges Program

Thank you to my fellow social workers for inspiring me and enhancing my pride in the profession. When I think about the wonderful social workers I have met, worked with, and been influenced by, I feel blessed to be part of a profession where so many have made such great contributions to improve individuals, families, groups and communities. Together with community, we have cultivated change... in ways that are immeasurable. While social work month has passed, may we continue to be proud of our profession – be proud of what we do and who we are - everyday. As Mary Rose McGeadey says: "There is no greater joy nor greater reward than to make a fundamental difference in someone's life."



NLASW Pride in the Profession Award Winner 2018: Vanessa McEntegart MSW, RSW

The NLASW Pride in the Profession Award is presented annually to a registered social worker who promotes the advancement of social work in Newfoundland and Labrador and demonstrates outstanding pride in the profession. Vanessa received the award during a social work month celebration held in St. John's on March 14, 2018. The following is Vanessa's acceptance speech which has been printed with permission.

It's fitting that this award is for pride in the profession, as I stand here I'm beaming with pride to accept such an honor. They say when a passion and a career intersect: it's a beautiful thing! The past 10 years of my practice have been nothing short of beauty, passion, challenges and rewards. I scan the room and see so many individuals I respect. What's wonderful about the profession of social work are the colleagues we get to work alongside and learn from every day. I truly believe we have one of the toughest jobs but perhaps also one of the most gratifying. When I was considering what I would say upon acceptance of this award, I started to consider what comes to mind when I think of the profession of social

work. The first thing that came to mind is that I'll never be bored. Other things came to mind such as learning to treasure success, however small. It means constantly seeking to uncover the inherent strengths of others. It means triumph and transformation. It means asking yourself, "who am I not to change the world?" It means believing that you can, and do, make a difference every single day. I had the opportunity to present at a colleague and friends social work class this past year and in an e-mail she said the students discussed how enthusiastic I still was about the profession. It struck me because I still remember the feeling I had walking across the stage shy of 10 years ago to accept my BSW with a full heart, that full heart feeling was still there 3 years ago when I was able to accept my MSW and as I stand here today, my heart is just as full and perhaps even more grateful to have the opportunity to call myself a social worker. I wish everyone in this room full hearts, lots of passion and pride that will sail you through your career. We truly are lucky to do what we do. THANK YOU!



COMMUNITY FROM PAGE 18

Emotion Focused Family Therapy Workshop for Professionals:

This 1-day workshop for health professionals covers the key concepts of Emotion Focused Family Therapy. The workshop provides training for professionals so they can start to use Emotion Focused Family Therapy in their practice. It also provides information on the 2-day workshop for families and caregivers so health professionals are comfortable recommending it to families of their clients. The workshop is suitable for professionals who may work with

child, youth and adult eating disorders including social workers, nurses, physicians, psychologists, dietitians and graduate students (in a related field).

Body Project Canada – Prevention Program:

This is the best researched (16 years) eating disorder prevention program in North America. (Stice, Rohde, & Shaw, 2012). The program has 2 components, one focuses on young woman age 14 to 18 and the other on young woman age 19 to 22.

For more information on the above programs and services and to find out

about additional programs and services we offer, please call us at 709-722-0500, toll free 1-855-722-0500 or visit our website at www.edfnl.ca for more information.

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