Connecting Voices

Newfoundland and Labrador Association of Social Workers

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Feature

DoorWays: Walk In Counselling Clinics … Making those 3600 seconds count!

BY TRACY SULLIVAN BSc, BEd, MSW, RSW

Milton Berle once said … "If opportunity doesn't knock, build a door!" That is precisely what Eastern Health did; they built a door, multiple doors, through which clients could readily pass in order to get the help they wanted in a moment of their choosing!

In February 2017, Eastern Health officially opened its "doors" to the public to offer *DoorWays*, "single-session, walk-in counselling clinics" for individuals aged 12 and over who are experiencing mental health and addictions issues.

Background:
Eastern Health's journey to get to this point began by engaging Dr. Heather Hair, Associate Dean of the School of Social Work, Memorial University of Newfoundland. She exposed and mentored staff to utilize brief therapies which resulted in the "Change Clinic." Her subsequent recommendation for Eastern Health to take the plunge into single session waters intrigued us.

The Mental Health and Addictions leadership felt that this would be a good fit for its priority of improving access to services. Having a keen interest in the area, I offered to take the lead with the initiative. After extensive research, brainstorming with a dedicated and enthusiastic working group, attending an international conference on single session therapy, "Reaching New Heights" in Banff to learn from such "Masters" as Talmon, Hoyt, Slive and Bobele, to name but a few and subsequent single session training by Dr. Hair, we were ready.

The research and clinical data in the literature consistently supports the effectiveness of single session counselling. One study reported that 58.6% of participants elected to complete treatment in one session, even if a longer course was available, with significant improvements in the presenting issue (88%) and as well

SEE FULL STORY ON PAGE 5

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Vision Statement:

"Excellence in Social Work"

NLASW Goals:

1. Effectively and efficiently regulate the practice of social work.
2. Promote the profession and practice of social work.
3. Advance health and social policy to ensure the well being of the citizens of Newfoundland and Labrador.

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

The Fabric of Social Work: Honoring Our Past, Present and Future

BY ANNETTE JOHNS MSW, RSW

A quilt is made up of individual pieces of fabric that come together to produce a beautiful treasure. Some of the fabric may be new, some old, while others hold significant meaning to its owner. Like the many pieces of a quilt, social workers throughout Newfoundland and Labrador come together as a profession to shape the fabric of social work in this province. This year marks 25 years of social work regulation in Newfoundland and Labrador. As we look at our history and the humble beginnings of the NLASW, with the opening of the Newfoundland Branch of the Canadian Association of Social Workers in 1951, we need to pause and honor our colleagues who worked diligently throughout those infancy years to establish social work as a profession in Newfoundland and Labrador. These early leaders left their mark on the fabric of social work in our province.

As social workers, we continue to leave our mark through the delivery of programs and services, leadership and advocacy initiatives, and the pride that we hold for our profession. Every time a social worker writes for Connecting Voices, they leave a historical foot print. One day in the future, someone will be reflecting on and celebrating the work we have been engaged in to promote and advance the social work profession in Newfoundland and Labrador. It is on this note that the Editorial Committee is pleased to bring you the July 2017 edition of Connecting Voices. The articles are rich in content and woven together to showcase the diversity of our wonderful profession.

From direct clinical practice to community leadership, social workers are continually engaged in the delivery of crucial services and programs to meet the needs of individuals, families, groups and communities.

Social workers are innovative, creative, and passionate about their work. This will be evident as you read the articles contained in the newsletter. Bonnie Hobbs writes about her practice and the development of a much-needed resource to help parents explain their cancer diagnosis to their children. Tracey Sharpe-Smith writes about the "Rethink that Drink" Campaign of which she was an integral part, while Tracy Sullivan writes about the new walk in counselling clinic, DoorWays, offered by Eastern Health. Bill Haynes writes about a group focused on meaning centred psychotherapy that the Dr. H Bliss Murphy Cancer Care Centre initiated for individuals diagnosed with cancer, and Ryan Norman writes about the Adult Centre Intake program through Eastern Health. Mallary McGrath talks about the work of Planned Parenthood in the province, and Chad Perrin writes about Mental Health First Aid. At the heart of all these initiatives and programs is social work.

In this edition, you will also hear from Amanda Devlin who speaks about her experience of moving to NL as an Aboriginal social worker and the work of the St. John's Native Friendship Centre, and from Simone Pelley who offers an insightful perspective on the Netflix series Thirteen Reasons Why. These are just some of the interesting articles you will find in this edition.

The next deadline for article submissions to Connecting Voices is November 1, 2017. We invite article submissions from social workers across Newfoundland and Labrador so that we can continue to add to the fabric of social work in a province that we all love and call home.

Executive Director

Silver and Gold

BY LISA CROCKWELL MSW, RSW

2017 marks twenty-five years since social work became a regulated profession in this province and the Newfoundland and Labrador Association of Social Workers (NLASW) was formed. As we celebrate the silver anniversary of social work regulation, it is important to capture our history and continue to prepare for our future.

The initial results of a project to compile information on the history of NLASW is the focus of an article by Annette Johns in this edition of Connecting Voices. The Newfoundland Branch of the Canadian Association of Social Workers was formed in 1951, just after confederation with Canada. Looking back on the work completed by those dedicated professionals shows us that while we may be in young adulthood as a regulated profession, social work has a maturity well beyond its twenty-five years.

The first record of membership in the previous Newfoundland Association of Social Workers (NASW) that we could find was 12 members in 1967. In 1991, just prior to the implementation of regulation there were 238 members. Today there are over 1500. Social workers in this province join over 30,000 registered

social workers in Canada and almost half a million licensed/registered social workers in North America. The sphere and influence of this profession in our communities, provinces and countries is vast.

The conversation about the evolution of social work continues provincially, nationally and internationally, and NLASW is an active participant. Since 2008, NLASW has been a member of the Association of Social Work Boards (ASWB). This organization is comprised of membership of 64 jurisdictions in Canada and the United States which includes over 485,000 social workers. The mission is: *To strengthen protection of the public by providing support and services to the social work regulatory community to advance safe, competent and ethical practices*. NLASW is also a member of the Canadian Association of Social Workers (CASW) founded in 1926 with a mission *to promote the profession of social work in Canada and advance social justice*. The NLASW vision *Excellence in Social Work* and the mission reflects our commitment *to improving the well-being of the public by ensuring high quality social work practice and advancing equitable health and social policy*. Each of these organizations work at different levels to advance social work regulation and the profession.

The collective efforts are critical but what about the individual? How do we advance into the future?

Look no further than the pages of this and previous editions of Connecting Voices to see wonderful examples of the influence of individual social workers in Newfoundland and Labrador. RSWs telling us about the importance of focusing on mental health and addictions, diversity, cultural sensitivity, innovative forms of service delivery, intelligent innovations in counselling and therapy, ethics and the importance of reflection, education, pride and celebration. It may be our silver anniversary but our profession is golden!

DEADLINE FOR SUBMISSION FOR THE NEXT EDITION OF CONNECTING VOICES IS NOVEMBER 1 • 2017

COVER STORY CONTINUED

as related areas of functioning (65%) (Hoyt & Talmon, 2014).

How it works:
In the St. John's clinic, the individual is met by our friendly receptionist who provides clients with the pre-session questionnaire. This questionnaire is designed to promote thinking about the issue prior to the session. In essence, the session begins right in the lobby!

The St. John's Clinic is fortunate to have a partnership with the Consumers' Health Awareness Network Newfoundland and Labrador (CHANNAL) who provide peer support workers to be available to individuals in the lobby. The availability of these peer support workers make a difference. Their role is to provide support with the pre-session questionnaire, and offer emotional support to clients or family members who accompany the individual seeking a session.

After the pre-session work is completed, the receptionist informs the team and the file is triaged to the 'best fit' counsellor available at that time. In the "one-hour" session, we utilize transparent, collaborative documentation, whereby the client co-authors the information documented. The client leaves with a plan and next steps, a mental health and/or addictions "behavioural prescription" if you will, that serves to guide the post-session process.

Prior to leaving the clinic, the client is requested to fill out a survey for evaluation purposes. Clients can avail of the clinic more than once but are encouraged to "work the plan" for the issue they presented with before seeking further assistance. In addition, clients may choose to avail of the clinic for a different issue in the future. We adopt an affirming policy of "all are welcome."

If an individual is unable to participate in a session due to being unwell or is in an emergent situation - staff will ensure the client gets to the proper level of care.

In addition to the St. John's clinic, there are seven other *DoorWays* clinics offered throughout the Eastern Region. These are located in Harbour Grace, Whitbourne, Clarenville, Marystown, Ferryland, Holyrood and Witless Bay (where a pilot project has been running since October 2015).

The practice framework that guides the work conducted in single-session walk-in clinics is not based on one model of therapy. The primary influences are grounded in postmodern, social constructivist and family systems approaches.

The walk-in approach is not about providing traditional approaches faster - but offering service in a different manner. The approach espoused requires clinicians to first challenge traditional assumptions about counselling and then learn to occupy a therapeutic stance that is collaborative and competency focused where the client becomes the primary agent of change.

Those who work in this approach are commonly asked: "Is this merely providing a 'Band-Aid Therapy?' We can now proudly reply, "In a sense yes, we contain the eminent issue and promote the healing of it. You're welcome!"

For more information on DoorWays, please see Eastern Health's Website at the following link: http://www.easternhealth.ca/WebInWeb.aspx?d=2&id=2349&p=2106#Walk

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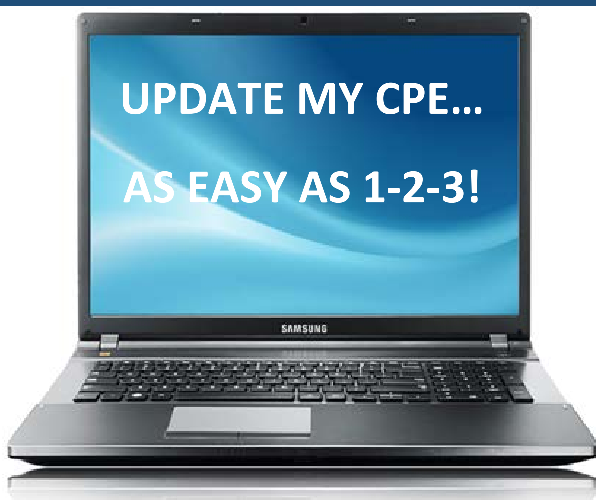

NLASW encourages all members to avail of the *Update My CPE* option available through the MyNLASW portal. Members can now quickly and easily record and track completed CPE credits throughout the year with 3 easy steps:

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

Ethics

"Here's What Worked for Me"... The Ethics of Self-Disclosure

BY ANNETTE JOHNS MSW, RSW & TANYA N BILLARD MSW, RSW NLASW PROFESSIONAL ISSUES COMMITTEE

Katherine is a social worker in mental health and addictions. She has been working with Jane, for 3 months. Jane sought counselling for depression. Jane recently disclosed that she and her husband are arguing over their child discipline approaches. Katherine identifies with Jane as she also experienced this in her marriage. Katherine wonders if she should share her personal experience.

Social work is a relationship based profession, and it is recognized that the social worker-client relationship is a significant factor impacting client change and outcomes. Within the context of this relationship, social workers struggle with personal self-disclosure, whether they are asked directly by clients about their personal lives, or the disclosure is initiated by the social worker.

Zur, Knapp, Lehacot, and Williams (2009) define self-disclosure as "the revelation of personal rather than professional information about the therapist to the client" (p. 22). While on the surface, ethical issues pertaining to self-disclosure may seem simplistic, self-disclosure is often a complex issue that requires thoughtful reflection and discussion.

In thinking through cases pertaining to self-disclosure, reflection on the following values from the CASW Code of Ethics (2005) would be important:

Value 1: Respect for the Inherent Dignity and Worth of Persons

Social workers respect the client's right to make choices based on voluntary, informed consent.

Value 3: Service to Humanity

Social workers place the needs of others above self-interest when acting in a professional capacity.

Social workers strive to use the power and authority vested in them as professionals in responsible ways that serve the needs of clients...

Value 4: Integrity in Professional Practice

Social workers establish appropriate boundaries in relationships with clients and ensure that the relationship serves the needs of clients.

As noted by Farrah (2013), it is "prudent for social workers to consider the ethical ramifications of self-disclosure, particularly on professional boundaries" (p. 3). Reamer (2011) recommends that social workers consider three issues when deciding to engage in self-disclosure. These include content of self-disclosure, intimacy of self-disclosure, and duration of the self-disclosure. In navigating ethical dilemmas pertaining to self-disclosure, social workers must reflect on these areas, acknowledge the power imbalance that exists in the social worker-client relationship, and use critical thinking and professional judgment to make decisions that are in the best interest of clients.

In relation to the case scenario, the following reflection questions may be helpful to Katherine in her decision-making.

- Would this be creating a blend between Katherine's personal and professional life?
- How much self-disclosure might be appropriate?
- Whose needs are being met? Is this in the best interest of the client?

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Culture

A Transplanted Métis, The Power of Language in Social Work Practice, and the St. John's Native Friendship Centre

BY AMANDA DEVLIN BSW, RSW

In 1821, a Scotsman travelled to Canada to work as a labourer for the Hudson's Bay Company. He married a First Nations woman from Oxford House and they settled and farmed at the Red River Settlement, now known as the Province of Manitoba. This is the history of my family and a common story of how the Métis people began. I am Métis. My ancestors helped shape the Canada we know today.

I moved to St. John's nearly three years ago and it has been an adjustment, to say the least. Once I settled in, I took on the daunting task of finding a job in my field which I had heard might be challenging.

I walked up the front steps of the St. John's Native Friendship Centre (SJNFC) and declared myself a Métis social worker in need of a job. I am so thankful that I did. A few months later, I was hired as a Mental Health Counsellor and over the last year or so, I have provided mental health counselling support to residential school survivors and their families.

Based on the needs of our community, my role has since changed to Community Social Worker. This broadened my scope of practice to include advocacy, support with housing, employment, and navigating systems. My role also includes providing emotional support to community members through acute crisis counselling in a safe space that includes common experience, community, and a shared history.

I recently attended a meeting in St. John's with a group of social workers. One of them used the term Pow Wow to refer to a follow-up meeting. I thought about what a Pow Wow really means. I thought of the sacredness and sound of the drum. I thought of traditional foods, songs, and regalia. I wondered why this person chose the language they did and if they realized how it affected me, and how it could impact a client. I still don't know what shocked me more - that it was said, or that the rest of the group didn't seem to notice.

This is just one example of blatant ignorance I have experienced in the work that I do in my role with the SJNFC; something I did not expect to have to 'adjust' to when I moved to St. John's. Undoubtedly, more work needs be done within academia to incorporate Indigenous worldviews. Practicing social workers have a responsibility to move themselves towards understanding and reconciliation, and connect with Indigenous people in a way that fosters solidarity and demonstrates a commitment to anti-oppressive practice.

In 1983, support was being provided on a small scale to Indigenous people who found themselves in St. John's for medical or educational reasons. Following a feasibility study, the National Association of Friendship Centres approved funds that provided an office and a phone in a small room on-campus at Memorial University of NL. A committee was formed, followed by board and management.

The SJNFC is now staffed by over 40 people, and is one of 118 Friendship Centres across the country that seeks to support the urban Indigenous population to access services, share traditions, and develop a sense of community that is vital to overall well-being.

We offer a wide range of programs including a weekly playgroup, a parent support group, an all-nations culture circle, a men's program, drum-making, yoga, and a transportation program. We have a Cultural Support Coordinator who keeps the provincial data on Missing & Murdered Indigenous Women and Girls and facilitates our weekly community engagement group. Turtle Island Child Care Centre opened its doors in November of 2016. Our Aboriginal Patient Navigators can be found at the Health Sciences Centre.

Shanawdithit Shelter serves as a medical hostel for patients travelling from Labrador, and provides emergency housing to people who find themselves homeless.

I challenge my social work colleagues to examine the language you are using.

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Health Promotion

Eastern Health "Rethink that Drink" Campaign

BY TRACEY SHARPE-SMITH
BSW, RSW

(RETHINK THAT DRINK DISPLAY @ MUN 2016)

www.EasternHealth.ca/RethinkThatDrink

After tobacco, alcohol is the substance that causes the most harm in Canada. Newfoundlanders and Labradorians consume the most alcohol per capita in Canada. The people of our province involve alcohol in many social and recreational activities – from shed parties, birthdays and weddings, to recreation and sporting events, and even funerals.

When it comes to alcohol, it is clear there is a **culture of overconsumption**, not moderation! If you choose to drink, it is important to know how alcohol can impact your health and ability to make responsible choices. *The Canadian Low Risk Drinking Guidelines* were developed in 2012 on behalf of the National Alcohol Strategy Advisory Committee for the Canadian Centre on Substance Abuse.

The Eastern Health *Rethink That Drink* is an educational campaign about evaluating our alcohol consumption, and informing the public about the short and long-term risks of alcohol use. The funding was made possible through an Eastern Health Lighthouse Grant for Innovation. The campaign was officially launched on September 8, 2016.

Phase 1 of this campaign focuses on adults between the ages of 19-35 in the Eastern Region as this target group is shown in research to have some of the heaviest and riskiest alcohol use patterns.

The campaign has been visiting post-secondary institutions across the Eastern Region as one way to connect with the target group. In addition, key messages are being delivered via various social media outlets, including Facebook, Google ads and Twitter.

Other opportunities to promote the campaign that have been undertaken to date are public presentations, Cineplex advertisements, visits to wellness fairs, posters, brochure and infographic development, as well as web content hosted on the Eastern Health website. One of the next steps is to promote the campaign to all primary health care sites in the Eastern Region.

The *Rethink That Drink* Campaign is aimed at:

- informing people of the risks and harms of alcohol use;
- promoting safer use of alcohol for those who choose to drink; and,
- shifting our culture from one of overconsumption to one of moderation.

The Campaign anchors itself on 5 key messages:

1. Size Matters – understanding what constitutes a standard drink of alcohol.

2. Sex Matters – understanding the physiological differences on how alcohol affects the male and female body.

3. Time Matters – factors that affect alcohol rate of absorption and elimination.

4. Choice Matters – alcohol's impact on decision making (i.e., impaired driving, violence and sexual activity).

5. Health Matters – making the connection between alcohol and chronic health conditions, with a focus on cancer.

Alcohol misuse is a significant risk factor for numerous chronic health conditions such as cirrhosis of the liver and several types of cancers, as well as acute problems such as injuries (e.g. from road crashes), violence, and suicide.

Since alcohol consumption can have both long-term and short-term impacts on health, it is important to inform yourself about the potential risks of alcohol use. Indulging in more than one or two **standard sized** drinks a day can increase the risk for many types of cancers, other chronic illnesses, and health risks.

Knowing what a **standard drink** is helps you lower associated short-term risks and harms such as hangovers, headaches, nausea, shakiness, vomiting (and other symptoms of alcohol poisoning), memory loss, falls and injury, assaults, car accidents and accidental death. It also helps reduce long-term chronic health risks such as cancer, cirrhosis of the liver, brain damage, diabetes, hypertension, and sexual dysfunction.

Many people are surprised to learn what counts as a **standard drink**, but taking the time to educate yourself on **Canada's Low-Risk Drinking Guidelines** can help you better understand your limits and consume alcohol more responsibly.

Check out the videos below to learn more about low-risk drinking and **Canada's Low-Risk Drinking Guidelines**.

- https://www.youtube.com/watch?v=uNzwgV8OBok
- https://www.youtube.com/watch?v=NbpdMFE-AIE

To learn more about the *Rethink That Drink* campaign, please visit: www.EasternHealth.ca/RethinkThatDrink

ETHICS
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- Is Katherine still experiencing these struggles in her personal life?
- What might be the impact of self-disclosure on the social worker-client relationship?
- What might be some risks of self-disclosing (i.e., could this be confusing to the client)?
- What are some of the benefits (i.e., rapport building)?
- How might the client perceive this self-disclosure and her expectations from the professional relationship?
- Could the disclosure inadvertently minimize the struggles that Jane is experiencing?
- Could this self-disclosure impact on the social worker's credibility?
- Are there any cultural considerations?
- Would Katherine disclose this information to another client?
- Would Katherine feel comfortable documenting this discussion?
- Does Katherine have professional expertise in child parenting techniques that could be shared as well?

Personal self-disclosure may not always constitute a boundary violation and be harmful to clients. Self-disclosure, when handled appropriately and ethically, may add to client engagement and levelling of perceived power imbalances in therapeutic relationships. For example, Katherine may disclose to Jane that she also experienced parenting struggles, but then draws on her professional knowledge rather than her personal experience for the clinical intervention.

In navigating the ethical complexities of self-disclosure, social workers have many tools at their disposal including the *CASW (2005) Code of Ethics and Guidelines for Ethical Practice*, and *NLASW (2015) Ethical Decision-Making in Social Work Practice*. The NLASW has also prepared a *Practice Matters* article on this topic which can be accessed at http://www.nlasw.ca/practice_matters.html. Consultation with a supervisor or colleague would also be recommended.

The NLASW Professional Issues Committee meets regularly to discuss ethical issues in social work practice and provide collegial consultation. Please visit the NLASW website at http://www.nlasw.ca/practice-resources/ethical-consultation for more information.

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Community

Working at Planned Parenthood – Newfoundland and Labrador Sexual Health Centre

**BY MALLARY MCGRATH
BA, BSW, RSW**

Sexual and reproductive health is a hot political topic right now, but at Planned Parenthood – Newfoundland and Labrador Sexual Health Centre (PPNLSHC) it has always been a part of daily conversation.

Inside the green two story structure at 203 Merrymeeting Road in St. John's is an accepting space which provides sexual health resources. We offer appointment only sexual health clinics four times a week, free condoms, discounted birth control, pregnancy testing (no appointment necessary), peer support, counselling and LGBTQ+ resources. Evidently, PPNLSHC is a busy place as demonstrated by a sample of our statistics. Between January and October of 2016, we saw 1,666 clients in our sexual health clinic, performed 1,748 STI tests, 550 pap tests and 144 pregnancy tests. Additionally, we distributed 7,000 free condoms and hosted 30 mental health counselling appointments. Our Education Coordinator has also been in demand, facilitating 17 educational presentations in March 2017, reaching nearly 500 attendees.

Along with providing pregnancy tests on a walk-in basis we offer pregnancy options counselling. When a client takes a pregnancy test at our centre, regardless of the result, one of our volunteers or staff members has a private, supportive and non-judgmental conversation with the client about their result and next steps. This might include a discussion around

options, practicing safe sex and healthy pregnancies.

In recent years, PPNLSHC has also become a progressive LGBTQ+ resource space. Camp Eclipse, an annual event since 2009, takes a strengths based, harm reduction and solution based approach to the issues faced by LGBTQ+ youth. This camp is open to youth between the ages of 16 to 24 and welcomes all sexual orientations and gender identities. The 4-day experience builds upon the strengths of youth who then feel empowered to not only help themselves but to help others, whether it is helping to end discrimination, create safer schools, or offer support to others. Camp Eclipse also acts as a safe space for youth to find a sense of community, build social support networks and have fun in a judgement free space. For more information, please see www.campeclipse.com.

PPNLSHC also offers services to adults who may want support with their sexual orientation or gender. They can seek support by making an appointment to see a social worker at our centre that specializes in mental health and addictions. This service is free and available upon request.

Our staff and volunteers regularly organize and attend educational "Lunch and Learn" presentations, organized by our Client Services Coordinator, which keep us up to date on resources available in the community. In recent months, we had presentations from the AIDS Committee of Newfoundland and Labrador and the Safe Works Access Program.

PPNLSHC is managed by a Board of Directors and holds monthly board meetings to review a board report, presented by the Executive Director, and the centre's monthly statistics. We currently have 2 full time staff (Executive Director and Client Services Coordinator) and a part time Education Coordinator who regularly conducts sexual health presentations in the community. We have approximately 25 volunteers of all ages who devote hours of their time to tasks at the centre. These tasks can include filing, stocking condom trays, answering telephone calls, assisting with clinic set up, photocopying and folding pamphlets. We regularly accept students from universities and colleges in field placements. Since September 2016, we had 7 post-secondary students successfully complete their placements at PPNLSHC, many of whom have become volunteers with the organization.

As a social worker and Executive Director of PPNLSHC, I am incredibly proud of this organization and the work that we do every day, and have

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Initiatives

The Complex Art of Simplicity

BY L. MAUREEN LYMBURNER BA, MA

As social workers, have you ever been asked, "Why doesn't he go to his meetings and stop drinking?" or "Why doesn't she just leave him?" In your profession, you understand how difficult and complex these decisions are for your clients. You also understand how hard it is for clients to move forward in a positive way when they don't have a stable home.

Home Again Furniture Bank offers a simple solution to address the issue of furniture poverty and move people closer to addressing some of the more complex issues they may face. Home Again: a simple name, a simple story, a simple concept. Yet, even the simplest solution is often riddled with complexity.

Home Again. A simple name. Just two simple words. But establishing a home isn't always easy. For those in transition from situations of abuse, homelessness, prison or war, for the un- or under-employed and for those with disabilities, the struggle to create a new life is just starting. Part of this struggle involves establishing a home. For those lacking the means or social connections to make that happen, Home Again Furniture Bank can assist.

Home Again. A simple story. Research demonstrated a need for a furniture bank and Home Again was created in response. In 2010, a key recommendation of the Streets to Homes Needs Assessment was the development of a furniture bank (Thrive Community Youth Network, 2010). Further research surveyed the clients of outreach programs about their furniture needs and examined

best practices of furniture banks across North America (Knott & Abbott, 2013). From these pieces of research, the map to creating a local furniture bank was drawn. The vision was clear. But making that happen involved the serendipitous joining of two seemingly disparate, yet highly complementary, groups. It involved a gathering of passionate people committed to pulling up their sleeves, brushing the dust off the research, and digging into the hard work of creating something from nothing.

Home Again. A simple concept. Gently-used furniture is collected and redistributed, for free, to those in need. This seemingly simple concept, however, takes many hearts, minds, hands, and muscles to make it work. It takes community members deciding to donate their furniture rather than making a small profit by reselling it. It takes local business owners opening their hearts and work spaces to make room for others. It takes corporate leaders deciding that they want to contribute their funds, and staff time to ensure others are served. It takes service and faith groups making time to sort, pack and move the furniture and household goods that will turn houses into homes. It takes a community making a conscious decision to be a community in its truest sense.

At Home Again, we understand that the simplest solutions are often the most effective. We also know that they are never truly simple. More often than not, it takes the magic, good fortune, and hard work of gathering the right people around the table. It takes the commitment of the community, the sharing of skills, expertise and assets, and financial support.

By partnering with agencies and organizations throughout the Northeast Avalon region, we hope we have made one aspect of their jobs simpler. And, we hope that in providing furnishing and household items to those in need, we make their next steps less complex.

For more information on Home Again Furniture Bank, please visit http://www.homeagainfb.ca/.

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Topics

Creating Awareness with Mental Health First Aid

BY CHAD PERRIN BSW, RSW

According to the Mental Health Commission of Canada (2016), more than 6.7 million people in Canada are living with a mental health problem or illness, amounting to about 1 in 5 Canadians. By comparison, 2.2 million people in Canada have Type 2 Diabetes. More than 28% of people aged 20-29 experience a mental illness in a given year. By the time people reach 40 years of age, 1 in 2 people in Canada will have had or have a mental illness. The cost to Canada's economy amounts to approximately $50 billion per year, which represents 2.8% of Canada's 2011 gross domestic product. It also costs businesses more than $6 billion in lost productivity (absenteeism, presenteesim and turnover), with mental health problems and illnesses accounting for approximately 30% of all short and long-term disability claims. About 21.4% of the working population in Canada currently experience mental health problems and illnesses, which can affect their productivity. At 24%, depression, along with high blood pressure, is the top ranked reason for Canadians seeking a physician, and one third of hospital stays in Canada are due to mental disorders *(HealthCareCAN and the Mental Health Commission of Canada, 2016)*. As you can see, mental health concerns have a high prevalence in the general public, and its impact cannot be ignored.

Creating an understanding of mental health, like awareness programs that assist with understanding the benefits of physical health, is an important aspect to understanding the role that mental health plays in the overall wellness of each individual. Accessing necessary care and supports are important to maintaining that overall wellness, especially in regards to mental health. One of the biggest challenges to accessing necessary supportive care is the stigma and discrimination faced by many people with mental health concerns. Approximately 60% of people with a mental illness or a mental health problem won't seek help as a result of this stigma. Aside from a general awareness of mental health in the community, we need to create an understanding of the more prevalent mental disorders. In addition, we need to help people to understand how they can provide front line, "first-aid" level support, similar in principle to how Emergency First-Aid and CPR helped create an understanding in the general public of how to support common primary care concerns.

Mental Health First Aid (MHFA) is a public workshop offered by the Mental Health Commission of Canada. It is an interactive workshop that teaches participants to recognize the signs when a person may be developing a mental health problem or experiencing a mental health crisis, as well as how to provide initial help and guide the person to appropriate professional resources. There are currently six versions of the course: Basic (12 hours), Adults who Interact with Youth (14 hours), Northern Peoples (18 hours), First Nations (20 hours), Inuit (3 days), Veteran Community (13 hours), and Seniors (14 hours). MHFA focuses on creating an understanding of the importance of mental health and the impact of stigma, as well as crisis first aid for specific situations which include:

SUBSTANCE-RELATED DISORDERS
- Crisis first aid for overdose

ANXIETY AND TRAUMA-RELATED DISORDERS
- Crisis first aid for panic attack
- Crisis first aid for acute stress reaction

MOOD-RELATED DISORDERS
- Crisis first aid for suicidal behaviour

PSYCHOTIC DISORDERS
- Crisis first aid for psychotic episode

This course does not cover all the disorders in the DSM-5, but focuses on the most prevalent disorders that the general public are likely to encounter. It is important to note that MHFA does not teach participants to become therapists or counsellors, but provides the necessary understanding and skills for first aid intervention. There are several MHFA workshop providers in Newfoundland and Labrador, and many instructors for the various workshops. More information on the course can be found at www.mentalhealthfirstaid.ca. The site also maintains an active list of all the instructors for each course level. As an instructor, you can also feel free to contact me at Chad.Perrin@momentumsupport.ca or (709) 757-3549.

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Social Justice

The Potential for GSAs in Long-Term Care

BY CHELSEA MARIE SKANES BSW STUDENT

It is generally assumed that 'Gay-Straight Alliances' or 'Gender Sexuality Alliances', commonly known as GSAs, are formed within an educational setting. GSAs are often initiated by lesbian, gay, bisexual, transgender, and queer (LGBTQ+) students, their allies, and one or more adult supporters (Szalacha, 2003). GSAs allow space for individuals to "network, discuss problems, get educated and eliminate biphobia/homophobia/transphobia" (Planned Parenthood – Newfoundland and Labrador Sexual Health Centre, n.d.), regardless of whether they identify on the LGBTQ+ spectrum. GSAs have not, to my knowledge, been initiated in long-term care settings. The benefits of GSAs that have been found in educational settings could potentially translate to care facilities as well.

There is evidence that LGBTQ+ older adults and youth have comparable experiences, including social isolation, discrimination, and mental health concerns (International Longevity Centre – UK, 2011). Additionally, older LGBTQ+ adults often perceive a threat of discrimination when entering long-term care (Stein, Beckerman, & Sherman, 2010), and fear isolation as well as maltreatment by care staff (NSCLC et al., 2011) because of their sexual or gender identities. Thus, a resident may feel more comfortable in a GSA. They would not need to identify on the LGBTQ+ spectrum to be involved (Planned Parenthood – Newfoundland and Labrador Sexual Health Centre, n.d.), yet could still engage in LGBTQ+ advocacy and activities with the group. GSAs could allow older adults space to empower themselves (Murphy, 2012), reduce feelings of hopelessness (Davis, Stafford, & Pullig, 2014), encourage feelings of safety among residents (Russell, McGuire, Laub, & Manke, 2006), and aid in the reduction of isolation (Fetner & Elafros, 2015). All of these results have been found from having a GSA in an educational institution. In Newfoundland and Labrador, where rural areas are prevalent, allowing a visible space for LGBTQ+ individuals to come together could be beneficial. When LGBTQ+ individuals come together from around the province, they say it is often the first time they have been around other LGBTQ+ people (K. Drisdelle, personal communication, 2017). GSAs could be a space for all residents to learn about LGBTQ+ strengths as well as needs, and to connect with other similar-minded people.

Social workers in long-term care settings play many roles including acting as an advocate for residents, aiding in psychosocial care for staff and residents, helping to initiate programs, and providing education for staff, family, and residents. Social workers also play a role in implementing initiatives to reduce the prevalence of discrimination and stereotyping of residents. Helping to engage residents in the creation of a GSA would fall under the social work role. Social workers would be able to connect individuals to community resources (Canadian Association of Social Workers, n.d.), and help with discussion topics and psychosocial needs (Blumenfeld & Lindop, n.d.). Social workers could also be involved in the educational components of the group (Canadian Association of Social Workers, n.d.). While education is often cited as crucial to improving long-term care for LGBTQ+ individuals (Brotman, Ryan, & Cormier, 2003), more visible initiatives that engage residents could also play a role (Szalacha, 2003). Social work is often the first discipline with which residents and family members have contact (Canadian Association of Social Workers, n.d.). Thus, it makes sense for a social worker to be involved with the initiation and promotion of GSAs in facilities. If individuals who are considering placement are aware of a GSA in the facility, it could help them feel more welcome and reduce the perceived need to hide their identities to receive adequate care (Stein et al., 2010).

It is important to note that GSAs may not necessarily be a good fit for every long-term care facility. For example, not all residents may have the capacity to engage in some or all GSA activities, depending on their levels of ability. Although adaptation to activities is a potential solution to ensure participation for interested parties, more information is needed to better meet the needs of LGBTQ+ adults who have differing abilities, such as dementia or cognitive impairments.

The older LGBTQ+ population in long-term care is relatively invisible (Brotman et al., 2003) with many care workers not believing there are LGBTQ+ individuals in their facilities at all (Sussman et al., 2012). However, there does not need to be visible LGBTQ+ people in a facility to warrant a GSA. GSAs could add to the diversity initiatives already active in the province. For example, Pleasantview Towers in

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Perspectives

13 Reasons Why but No Other Alternatives

BY SIMONE PELLEY MSW, RSW

The opening scene begins with a beautiful melody played on acoustic guitar and a close up shot of a high school locker that is colorfully decorated with the picture of a young girl. A female voice begins narration, "Hey, it's Hannah. Hannah Baker." The series *13 Reasons Why* is based on the novel, "*Thirteen Reasons Why*" by Jay Asher. It was adapted for Netflix in 13 one hour episodes that were released on March 31, 2017. The story is narrated by Hannah Baker, a high school student, who died by suicide. Hannah created six and a half cassette tapes detailing interactions with thirteen people she identified as playing a part in her ending her life. She packaged the cassette tapes in a box and sent them to the first person with instructions to pass them onto the 12 remaining people. Each episode is based on one of the recordings.

There has been significant commentary and heated debate in the media in response to *13 Reasons Why* and mental health experts are weighing in from around the world. On April 27, 2017, the Canadian Mental Health Association (CMHA) issued a statement in response to the series stating that, "the series may glamorize suicide." The CMHA goes on to identify that the series defies the guidelines set out for media by the Canadian Association of Suicide Prevention (CASP). The CMHA point to research that there is a contagion effect of suicidal behavior where irresponsible media portrayal is linked to an increase in suicide rates (Gould & Lake, 2013). In early May 2017, the Newfoundland and Labrador English School District directed teachers not to use this series as part of the teaching curriculum citing the same concerns as the CMHA (CBC, 2017).

The CMHA reports that 24 percent of all deaths among 15-24 year olds is by suicide and it is the second leading cause of death for Canadians between the ages of 10 and 24. The CMHA also says that 90% of those who die by suicide "have a diagnosable psychiatric illness." Interestingly, mental illness is not addressed directly in the series. Hannah describes a series of horrific events including bullying, sexual harassment and sexual assault that lead up to her suicide, as if it was an inevitable, even a logical response to horrifying circumstances, rather than depicting any meaningful alternatives. The plot evolves through a calculated and meticulous plan with the purpose of enacting revenge on the people who are the subjects of the tapes. Hannah is cool, vindictive at times, and even sarcastic and funny. The story oversimplifies suicide as a well-planned plot for revenge from beyond the grave while invalidating the emotional turmoil and pain experienced when one considers suicide.

Another disturbing observation about the series was the absolute ineffectiveness of the adults in the story. Parents and school staff, even the school counsellor, are portrayed as completely out of touch with what was happening among the youth. Bullying and criminal acts of physical and sexual assault and harassment were common place and it was relentless for Hannah and many of the other students. The one time Hannah decides to seek help she sees the school counsellor. She expressed several indicators of risk for suicide to the counsellor and said she felt "lost, sort of empty and I don't care anymore…about anything, school, myself, my parents." She said, in reference to her parents, "I'm not who they need me to be." She identified herself as being "a problem." It is an exceedingly frustrating scene to watch while the counsellor's cell phone vibrated again and again and he never once asked Hannah if she is considering suicide. The hopelessness is palatable and it portrays those who should be trusted adults as inappropriate, disinterested and disengaged.

It is important to note that after widespread criticism from the mental health community, Netflix added additional warnings about graphic content before particular shows, and added a website resource (13ReasonsWhy.info) linking viewers with professional support internationally. The series is getting rave reviews and young people are watching it. Social workers are on the front line of teen mental health, therefore awareness of the portrayal of teen suicide in this series and the possible impact on vulnerable youth who watch it is essential. All thirteen hours are narrated through the lens of a youth who has already decided suicide is her only way out. This bias is dangerous for any youth who may be depressed, feeling isolated and considering suicide. The plot focuses solely on reasons for dying rather than any of the reasons for living. It oversimplifies the complexities of suicide and stigmatizes mental illness by failing to address it directly in the plot. If there is a lesson to be learned

from this story it is that bullying, sexual assault and mental health must be addressed in a direct and frank manner that validates young people's experience. It must be clear that every measure will be taken to keep vulnerable youth safe and they will be supported to build their reasons for living.

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CULTURE
CONTINUED FROM PAGE 7

I invite you to enhance your practice by attending our Cultural Diversity Training: a day-long workshop that explores the history, challenges, and resiliency of Indigenous groups in this province.

"*Read the calls to action, understand them as much as you can, select one and see what you can do to make that call to action work.*" – Senator Murray Sinclair's advice for non-Indigenous Canadians (Mas, 2016).

NAKUMMEK, WEL'LALIOQ, TSHINASHKUMITIN, MEEGWETCH, MARSEE.

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COMMUNITY
CONTINUED FROM PAGE 10

been doing for decades. We are helping people of all ages, genders, sexual orientations and socioeconomic backgrounds access safe, non-judgmental sexual and reproductive health care. I am absolutely humbled to work for this cause and the staff and volunteers of PPNLSHC who join me in fulfilling our mandate of creating a province where everyone can experience positive sexual health.

Check out our website at http://www.plannedparenthoodnlshc.com/

For more information on PPNLSHC please contact Mallary McGrath at executivedirector@ppnlshc.com or call us at 579-1009!

SOCIAL JUSTICE
CONTINUED FROM PAGE 13

St. John's has rainbow 'gay pride' flags throughout the building. The initiation of a GSA could be an undertaking that contributes positive benefits for all residents and staff in long-term care settings.

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Happenings

Adult Central Intake and Recent Developments in Eastern Health's Community Mental Health & Addictions Services

BY RYAN B. NORMAN BSW, RSW

At the start of 2017, I had the privilege of spending some time working as an Intake Clinician at Eastern Health's Mental Health and Addictions (MHA) Program, Adult Central Intake (ACI). This was very interesting as ACI operates as a kind of nexus point between all mental health consumers seeking services in the metro and southern shore areas, and a multitude of programs and services provided by Eastern Health and other organizations in the community. ACI was created to improve access for clients seeking MHA services, and to ensure clients are connected to the most appropriate service for their individual needs. ACI opened in September 2014 and the annual number of referrals received continues to rise. In 2016, over 6800 referrals were processed.

Currently ACI consists of the Manager, Clinical Lead, Administrative Assistant, and Intake Clinicians. Referrals are accepted from health care or community professionals and self-referrals by telephone (709-752-8888). The assessment involves a scheduled telephone (or in-person) interview of approximately 45 minutes. Each interview assesses the client's social situation (stressors, family, employment, involvement with other programs, access to employee assistance programs, health insurance), mental health symptoms (anxiety, depression, lethargy, anhedonia,

(L-R) RYAN NORMAN (INTAKE CLINICIAN), ANNE MARIE MOLLOY (INTAKE CLINICIAN), LYNN BRADBURY (INTAKE CLINICIAN), ALLISON WINTER (CLINICAL LEAD), LINDA CONWAY (INTAKE CLINICIAN), DEANNE CLARKE (INTAKE CLINICIAN), MELISSA GREENE (INTAKE CLINICIAN), JANET YOUNG (INTAKE CLINICIAN), DAVID KIELLY (MANAGER).MISSING FROM PHOTO: AIMEE BENNETT (ADMINISTRATIVE ASSISTANT).

difficulties with sleep/concentration, suicidal/homicidal ideations or plans, psychosis), medical conditions (diagnosed illnesses, medications, family history), overall functioning and activities of daily living.

Based on the assessment, ACI refers clients to a number of different programs within MHA, Eastern Health. ACI also assists clients navigate through various systems within health care, as well as self-refer to programs and services outside of Eastern Health and in the community.

Eastern Health Programs: At the beginning of March 2017, there was a substantial reorganization of many MHA services in the metro and southern shore areas, with the formation of four geographically based MHA teams. The four teams now include the East End Team (located at Terrace Clinic, Major's Path), Center City Team (located at LeMarchant House and 3W St. Clare's Hospital), West End Team (located at Mount Pearl Square) and the Conception Bay South Team (located at Villa Nova Plaza). Each team consists of Community Mental Health Counsellors, Addictions Counsellor(s), Psychologist(s), Case Manager(s), Occupational Therapist(s),

and Recreation Therapist(s). Following the ACI assessment, where appropriate, clients can be referred to the team geographically closest to them for service with one of these professionals.

Also since March 2017, Eastern Health has adopted a 'Stepped Care' approach and formed the 'DoorWays' Walk-in counselling service. **The Stepped Care model includes seven steps:**

- **Step 1** is self-managed care for clients able to manage their condition independently. These clients may be encouraged to avail of DoorWays, Bridge the GApp or other online resources, or to connect with a certified Peer Supporter through the Consumers' Health Awareness Network Newfoundland and Labrador (CHANNAL) Warm Line (1-855-753-1560), available daily from 11 am to 11 pm.
- **Step 2** includes information-based psychoeducation groups where clients learn ways to cope with and self-manage their conditions.
- **Step 3** (in development) involves therapist-assisted self-managed care.
- **Step 4** involves in-depth, skills based work groups.
- **Step 5** involves intensive group therapy.
- **Step 6** includes individual counselling with a professional with one of the four geographically based teams.
- **Step 7** includes specialized services such as Psychiatry Consultation, Concurrent Addictions Specialist Treatment (CAST), and Traumatic Stress Services programs.

Community Programs: ACI regularly advises clients how to refer to many other community based programs such as Ruah Counselling Centre, St. John's Women's Center, peer support groups, college and university mental health services, and other MHA services available in the community. Regularly, intake clinicians provide other front line support and can assist clients connect with and navigate other systems such as employment insurance, employee assistance programs, and private health insurance. In some cases, clinicians can liaise between clients, other health professionals, and other services such as the Mental Health Crisis Line (1-888-737-4668) and Children Seniors and Social Development.

For more information or to refer to ACI contact: 709-752-8888, or Toll Free: 1-855-752-6852, Building 532 Pleasantville, St. John's, NL, CA, A1B 4A4, mhaintake@easternhealth.ca.

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

JOANMARY BAKER, MSW, RSW
MAUREEN BARRY, MSW, RSW
AGATHA CORCORAN, MSW, RSW
TOBIAS DUNNE, MSW, RSW
DARRELL HAYWARD, BSW, RSW, M.ED., CCC
BRIAN KENNY, MSW, RSW
ROSEMARY LAHEY, MSW, RSW
DENISE LAWLOR, MSW, RSW
GREG MCCANN-BERANGER, MSW, RSW
CATHERINE MORRIS, MSW, RSW
MAXINE PAUL, MSW, RSW
GLADYS PERRY, MSW, RSW
E. MICHELLE SULLIVAN, PHD, RSW
DIANA WAMSTEEKER, MSW, RSW
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EASTERN REGION

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RENEE ETHERIDGE, MSW, RSW
BONNIE HANCOCK-MOORE, MSW, RSW
B. ELAINE HUMBER, MSW, RSW
BARBARA LAMBE, BSW, RSW

LABRADOR REGION

SUZANNE FELSBERG, MSW, RSW

Distinguished Service

CASW Distinguished Service Award Winner 2017: Ian Shortall MSW, RSW

The Canadian Association of Social Workers (CASW) Distinguished Service Award honours Ian's significant contribution to the social work profession. Ian received this award during a breakfast celebration with his colleagues, family and friends in St. John's on March 15, 2017. Following is an excerpt from Ian's acceptance speech which has been printed with permission.

I am truly honored to be here this morning to accept the 2017 Canadian Association of Social Workers Distinguished Service Award. First of all, I would like to thank the NLASW Board for selecting me as this year's recipient. I am acutely aware of the great work that is being done by social workers from all over the province and that any one of you could be standing here today.

I especially wish to thank Tammy Earle for the nomination and my colleagues from the Public Service Commission who supported putting my name forward for this prestigious award. It's a privilege to work with such a great team of people who are so committed and so passionate about the work that we do together. I am grateful to be receiving this award in the presence of my siblings – my brother and four of my sisters. I know mom and dad would be very happy this morning that we are here together to celebrate this occasion.

Please indulge me for a moment as I cannot stand here today and talk about my career without talking

about my family. I wish to thank my wife Judy who is not only my biggest source of support but my greatest inspiration. As many of you know, Judy and I have taken this social work journey together for the last 33 years. She inspires me every day with her passion and commitment for her work with children and adolescents. I once said to her that her work and the work of her colleagues at the Janeway Family Centre is "the work of angels" and I believe that to be true. Judy and I have been truly blessed with our children Sidney and Jacob. I am proud to say that Sidney will graduate from the School of Social Work in the spring of 2018. Sid, I so much enjoy our drives home together listening to you talk about your social work classes. It's my favorite moment of the day. Your passion and intuition inspires me. The profession could not receive a more precious gift as you because you embody the social work values. I want to thank our son Jake who brings balance to our family with his own unique perspective and his wicked sense of humor. Jake is an apprentice welder and a great one at that. Thank God for Jake – with three spatially challenged social workers in the house – nothing would ever get fixed. Jake, you inspire me with your determination, self-confidence, and strong work ethic. I am proud of the man you have become. I love you guys. Thank you for being here to share this moment.

I have given many presentations and workshops throughout the years and was surprised to find myself at a loss for words in preparing this speech. Admittedly, I was also very nervous thinking about finding something useful to say to a room full of social workers. So, after considerable thought, I decided that while this award is about what the recipient has done for the profession, I would rather talk about what social work has done for me.

I have had a very rich and rewarding career. My 31 years of practice has given me the opportunity to experience social work from many different perspectives including child protection, child/adolescent/adult mental health, private practice, professional practice and EAP, as a front-line practitioner, manager, and

director. I can honestly say that I have taken something of value from every experience whether it was connecting with clients, creating new programs, supervising and mentoring staff, or teaching students.

I began my career in 1986 with the Department of Social Services, Child Welfare Division as a naïve but proud social worker with plenty of enthusiasm and an eagerness to learn. The experience of working with children and families in child protection and foster care demonstrated for me the complexities of social work practice. These complexities did not diminish my enthusiasm but instead fueled my commitment to continued learning.

When I completed my graduate degree in 1991, I had no plans of becoming a manager. My area of study and training was in family therapy and for the next eight years I was perfectly content doing front line clinical work with children and families. Then in 1998, an opportunity came my way when there was opening for a temporary management position with the Community Mental Health Division- later to become the Janeway Family Centre. While it seemed to be the perfect fit for me, children's mental health and an opportunity to cut my teeth in management, I felt out of my league. Being a new manager, I was very grateful then as I am now, for the guidance and support received from several senior social workers and psychologists who back then were the leaders in the field of children's mental health.

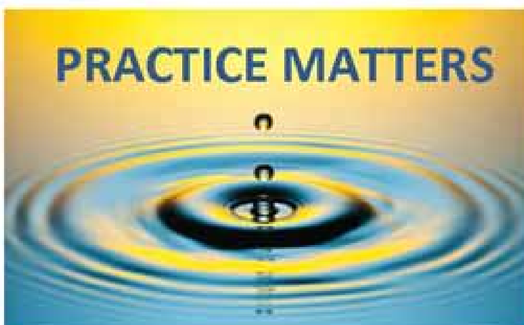
Since then and throughout my career, I surrounded myself with people who shared my passion and interests. I could never possibly thank everyone who inspired me over the years. There are far too many to thank. Several of you are in this room today.

During my years with the NLASW and CASW, I had the good fortune to work with dedicated social workers here in our province and across the country on issues that are important to all of us as social workers. I continue to be inspired by the work of our provincial and national associations in advancing our profession and in addressing important social justice issues.

As a manager and practitioner, I have always tried to incorporate social work values such as – autonomy, integrity, fairness, and respect- into everything that I do- whether it is in making a program or policy decision, direct client work, or in offering support to a member of my team. I am a firm believer that when we show compassion, flexibility, and respect, it is inevitably reciprocated.

As social workers, we get to see what lies beneath the surface in the lives of our clients. While others may only see the behavior, we are able to see the whole person in the context of the struggles and challenges they face. We have the ability to see strength and resilience in the face of adversity. This is not a skill to be learned but rather a gift that you all bring in making a difference in the lives of others.

I am very proud to be one of 1500 registered social workers in this province. I am grateful to a profession that has given me so much – a sense of purpose, a place to belong, lifelong friendships and yes, even a spouse. I feel as passionate about being a social worker today as I did 31 years ago. But to close, rather than look back at my career, I like to think to the future – and from where I am standing the future of social work looks to be very bright! Thank you everyone for listening and happy social work month.



Practice Matters was created by NLASW as an educational resource for social workers in Newfoundland and Labrador. The purpose of this resource is to generate ethical dialogue and enhance critical thinking on issues that impact social work practice. All publications released to date are available on the NLASW website – http://www.nlasw.ca/practice-resources/practice-matters

Leadership

The Other Big C: Talking to Your CHILD about Cancer

BY BONNIE HOBBS MSW, RSW

This article was published on April 12, 2017 in Eastern Health's Storyline, Our Voices, Our Story and is being reprinted with permission.

April marks the importance of being cancer aware, and if you are like most people, cancer may already have touched your life – whether within your immediate or extended family, workplace or community.

"Two in five Canadians will develop cancer and one in four will die of the disease." **Canadian Cancer Statistics, 2015**

I'm Bonnie Hobbs, a social worker with Eastern Health's Regional Medicine Program. I want take this opportunity to tell you more about my professional practice as well as the passion that drives me to help parents who have been diagnosed with cancer.

The family unit

In my line of work, and validated through research, the increasing trends of the incidence of cancer significantly impact the entire family unit. Not only is it vital to understand and have an awareness of the disease, its signs and symptoms, but it is also critical – as a researcher, practitioner and most importantly a parent – to dissect, understand and be prepared to address the issues families may face.

"With cancer rates increasing, I've seen more patients that are parents to young children. This involves additional implications for the patient and the family unit." Bonnie Hobbs

BONNIE HOBBS, HEMATOLOGY SOCIAL WORKER, REGIONAL MEDICINE PROGRAM OF EASTERN HEALTH

When it comes to children being on the receiver's end, understanding their responses to a cancer diagnosis can be very complex and barriers to fully grasping the impacts cancer can have on the family life can be wide-ranging. That is why a key area of interest in my research continues to be helping prepare parents after having received a cancer diagnosis to speak to their children about it.

Following my dreams

I studied social work at Memorial University of Newfoundland, graduating with my Bachelor of Social Work degree in 2006. Following graduation, my career path as a social worker started with Child, Youth and Family Services where my key focus was to gain experience in working with individuals and families in the community.

By 2010, I started gaining experience as a social worker in acute care hospitals in St. John's where I worked at the Dr. Leonard A. Miller Centre with patients who have experienced spinal cord and head injuries and are receiving rehabilitation.

However, it was working on 4 North A (4NA) in oncology and hematology (cancer care) at the Health Sciences Centre that changed my life both personally and professionally – this is where patients and their families who have been affected by cancer began enriching my life during the most difficult and challenging times in their lives. Some examples of very difficult periods in a patient's cancer journey may be when they receive a cancer diagnosis; when they receive chemotherapy, radiation, or are going to be assessed for or are undergoing an allogeneic or autogenous stem cell transplant; or when patients are approaching near end-of-life.

Within my first few months of working on 4NA, I very quickly identified a need to help parents break the devastating news of a cancer diagnosis to their young children. I observed that there were very few tools available to parents on how to give the right information, attention and support to help their little ones cope with the changes cancer will bring.

As such, following Eastern Health's

BONNIE HOBBS, HEMATOLOGY SOCIAL WORKER, MEETING WITH A PATIENT

THE FIVE W'S ARE GUIDING QUESTIONS THAT HELP PARENTS WHO HAVE BEEN DIAGNOSED WITH CANCER PREPARE TO SPEAK WITH THEIR CHILDREN. COURTESY OF PARENTING WITH CANCER, EXPLAINING THE DIAGNOSIS, A BOOK BY BONNIE HOBBS.

holistic, patient (client) and family-centred model of care, and as a mother of two young boys, my interests grew deeper to really help families better digest and deal with a cancer diagnosis. Inspired by the patients I serve each day, and with the tremendous support of my family, I then made the decision to continue higher education and received my Master of Social Work degree in October 2016.

My contributions to enhancing patient and family-centred care

While on my Master's degree pathway, my research topic was ***Parenting with Cancer, Explaining the Cancer Diagnosis,*** which focused on explaining a parental cancer diagnosis to children from birth to adolescence. Although my research touched on several themes, a very important one elaborated on a parent's instinct to "protect" their children by not telling them about the cancer diagnosis. My research, therefore, highlights the importance of parents being open and honest with their children about their cancer diagnosis, and that education on the topic must play a larger role in families and in health care.

The FIVE W's

In addition to my research contributions, and with the support of my mentor, Dr. Mike Devine, I have written a book that now serves as a good resource for patients and their families to use when they have been faced with a cancer diagnosis. My book, ***Parenting with Cancer, Explaining the Diagnosis***, was made possible with support from the Dr. H. Bliss Murphy Cancer Care Foundation. It offers many helpful tips, including the Five W's – a series of questions that help prepare parents for the difficult conversation they are about to have with their children. In my experience, many parents find it helpful to practice or write the answers to these questions down before initiating the discussion.

"I believe that with appropriate resources provided by a health-care team, combined with information provided on the value of talking to children about a parental cancer diagnosis, it may minimize the concerns a parent may have in talking to their child, and ultimately more positively influence a child's coping mechanisms." Bonnie Hobbs

My promise

Marking April as Cancer Awareness Month is yet another reminder for myself as a social work practitioner to carry out my long-term goal, which is to continue appreciating the gift of working closely with amazing patients and families each day. My hope is to continue creating awareness on this important topic of parents talking to their children about a cancer diagnosis, as well as to educate health-care professionals across the country to encourage parents to do so.

Practice

Making the Most of Every Client Encounter

BY AMY KENDALL MSW, RSW

Having recently completed my MSW field placement with Mental Health and Addictions, Eastern Health, I was excited to learn about some newer practice approaches being utilized within the program. Given the increased demands on our mental health system, programs have gotten creative in their approaches to client work to make the best use of the available services. The approaches which I found particularly interesting were the walk-in/single-session counselling and the time sensitive counselling approach (also called "Change Clinic").

The use of walk-in/single session counselling is working particularly well in some areas. Some of the rural offices advertise available dates for these sessions, which are typically filled. There may also be an ability to walk in and receive counselling on these dates. While many people would question whether a one-time counselling session could truly be beneficial to clients, the research shows that there are many clients that attend only one counselling session (Talmon, as cited in Perkins, 2006). Utilizing single-session or time-sensitive techniques can allow us to make the best use of that particular session. Bloom (as cited in Perkins, 2006) offers further support for the use of single-session or change clinic approaches to practice given that client improvements are often seen quickly.

With single session counselling, clients identify being comforted by the knowledge that they can walk-in for another appointment if/when they need it. Taking advantage of this service can also decrease extensive wait times for those requiring service. Rather than focusing primarily on assessment, single session therapy focuses "from the start on the key presenting problems and the immediate perspectives and actions that can be taken to overcome, minimize or manage them" (Perkins, 2006, p. 216). This solution-focused approach moves away from the more traditional role of therapist as expert, instead viewing the client and therapist as equals, with the therapist in the role of consultant. Certainly, this work must also consider the client's readiness for change and starts where they are, being careful not to provide "more help than is requested" (Miller & Slive, 2004, p. 98). This is particularly important when establishing session goals. This approach encourages checking in regularly during the session(s) to ensure the issue that the client wishes to focus on is being addressed.

At its core, time sensitive work upholds the belief that "words create opportunities for hope, growth and change" (Hair, 2013, para. 12). Sessions are present-focused and operate from the belief that each conversation may be the only one you might have with that individual. Thus, making the most of every moment is highlighted within the session. By exploring different viewpoints to an identified problem, there is room to deconstruct, reconstruct and even identify alternative stories or exceptions to the problem. Hair, Shortall, and Oldford (2013) highlight the social constructionist lens which guides practitioners in brief client work, being purposeful in the use of tentative and curious language. The use of a pre-interview questionnaire identifies the concern to address, how it has impacted the individual and/or their family, what they have already tried and what has been effective. The questionnaire can act as a tool to shift thinking towards solutions. It also provides focus for the session and client-identified goals. Feedback received from clients utilizing this approach included feeling the therapist heard and understood their identified problem, and having increased confidence in their own ability to transfer skills to other life areas and experiences.

Certainly, single session or time sensitive practice does not fit in all situations. Those who are likely to benefit include: individuals who have been traumatized and considered to be high risk, clients in crisis situations, and those who come to solve specific problems. For some clients, time sensitive work allows them to prioritize and problem solve. Other times, particular aspects of this approach can be useful for clients to manage their immediate issue(s) until further counselling may be available. Client readiness for change is an important consideration in the single session approach. Hubble, Duncan and Miller, and Prochaska and Diclemente (as cited in Miller & Slive, 2004) argue that change is more likely when clients receive therapy at a time that they are ready for change. This argument lends support to the use of short-term counselling or walk-in counselling

service opportunities.

The single session approach may have value not just in a counselling role, but also in other areas whereby social workers may have single contacts with clients, including hospital settings, child welfare and crisis services. The use of this approach does require a shift in thinking and language to be useful and effective. If we utilize these techniques in our practice, we may in fact identify more opportunities to seize and make the most of each client encounter.

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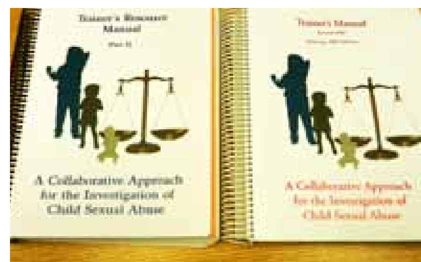
School

Collaborative Training for Social Workers and Police Entering its 25th Year

The Child Abuse Investigation Training Project began in 1993 as a joint initiative of the former Department of Social Services (now the Department of Children, Seniors and Social Development), the Royal Newfoundland Constabulary, the Royal Canadian Mounted Police, and Memorial University's School of Social Work.

This innovative project was in response to a recommendation of *The (1989-1992) Royal Commission of Inquiry*, instituted as a result of the sexual abuse of boys at Mount Cashel Orphanage. The Inquiry called for joint, mandatory, multidisciplinary education for social workers and police officers investigating and assessing the protection of children. The recommendation specifically stated that the training be conducted by social workers and police members with experience in the delivery of these services.

In its role, the School of Social Work contracted Ms. Paula Rodgers, M.S.W. to coordinate the project. Ms. Rodgers



held this position from 1993 until 2012. As coordinator, she researched, developed and updated the training materials; trained social workers and police members to deliver the training; and chaired an Executive Committee and a Steering Committee comprised of representatives from the partner organizations to provide oversight to the project.

Using a "train the trainer" model, a social worker and police officer jointly delivered the training regionally to 10 social workers and 10 police officers per offering. Initially the focus of the project was training for the joint response to child sexual abuse. The project provided 21 "train the trainer" courses, which led to 53 sessions being held and 1224 police officers and social workers being trained. In 2007, the project expanded to include training for police members and social workers as it relates to family violence investigation. This resulted in four "train the trainer" courses, which led to 31 training sessions being offered to 547 police officers and social workers.

For nearly 25 years, the *Child Abuse Investigation Training Project* has proven to be a highly successful collaborative effort, demonstrated by the longevity of the project, the number of social workers and police officers trained, and the continued support of the partners. The School of Social Work is proud to have been part of the project and is grateful to the many representatives of the partner agencies who were committed to the partnership and the training it provided.

The project endures, with the support and contributions of the founding partners for continued training, under the leadership of the Department of Children, Seniors and Social Development and the Advancing the Practice Together initiative.

Clinical

Meaning Centered Psychotherapy Group for Individuals Living with Advanced Cancer

BY BILL HAYNES MSW, RSW

Historically, efforts to care for those with incurable cancer have focused largely on symptom control interventions to enhance quality of life. As the struggles and needs of patients facing end of life care are better understood, long standing concepts of adequate end of life care must be expanded beyond symptom management alone to include psychiatric, psychosocial existential and spiritual domains (Breitbart, Gibson, Poppito, & Berg, 2004). Psychosocial care has traditionally involved individual and family counselling and support in later stages of disease with a primary focus on advanced health care directives and practical end of life care. Spiritual care has largely been the primary clinical intervention in the very late stages of illness and often in a context of a palliative care setting.

With advances in cancer treatment and symptom management, more and more patients are living longer with a disease that is well managed which provides opportunities for improved quality of life. There has been a greater focus over the last decade on developing clinical interventions aimed at understanding and addressing the psychosocial and spiritual challenges facing patients at end of life.

Meaning centered psychotherapy evolved from a decade of research under the leadership of Dr. William Breitbart, Department of Psychiatry and Behavioral Sciences and his research team at Memorial Sloan-Kettering Cancer Centre in New York. The goal of his research was to address a clinical problem of despair, hopelessness and desire for hastened death in advanced cancer patients who were not in fact suffering from a clinical depression, but confronting an existential crisis of loss of meaning, value and purpose, in the face of a terminal prognosis (Breitbart & Poppito, 2014). The theoretical underpinnings are inspired primarily by the work of Dr. Victor Frankl and "*Logotherapy*." The evolution of logotherapy is chronicled in his landmark book, *Man's Search for Meaning* first published in 1946. According to Frankl, we can discover meaning in life in three different ways: creating (work, deeds, dedication to causes), experiencing (art, nature, humor, love, relationships, roles), and attitude (the attitude one takes toward suffering and existential problems). The desire for meaning in human existence is a primary instinct and motivation for human behavior. An inherent concept is that life continues to have meaning which never ceases to exist even up until the last moment of life. It also suggests that as individuals we have freedom to find meaning in existence and to choose the attitude toward suffering. The clinical applications of logotherapy are more explicitly presented in the book by David Guttmann (1996), *Logotherapy for the Helping Professional: Meaningful Social Work*.

Brietbart's therapeutic goal is to diminish despair by helping patients understand and connect with various sources of meaning in their lives within a group context. He states "*The ability to sustain or enhance meaning in advanced cancer patients helps them maintain a sense of hope and purpose, improve quality of life and reduce symptom distress, and diminish despair*" (Breitbart & Poppito, 2014, p. xi). Meaning centered group therapy uses a mixture of didactics, discussion and experiential exercises that focus on particular themes related to meaning and advanced cancer.
It is a manualized group intervention and patients are assigned readings and homework activities tailored to each session's theme, which is then discussed in the following session. The aim is to promote an environment of communal support among cancer patients with similar challenges at an otherwise difficult and isolating time of their lives.

The group is co-facilitated over eight weeks and focuses on the following themes:

Session 1: Concepts and Sources of Meaning: Introductions and Meaning.

Session 2: Cancer and Meaning: Identity before and after Cancer Diagnosis.

Session 3: Historical Sources of Meaning: "Life as a Legacy" That Has Been Given.

Session 4: Historical Sources of Meaning: "Life as a Legacy" That One Lives and Will Give.

Session 5: Attitudinal Sources of Meaning: Encountering Life's Limitations.

Session 6: Creative Sources of Meaning: Creativity, Courage, and Responsibility.

Session 7: Experiential Sources of Meaning: Connecting with Life through Love, Beauty, and Humor.

Session 8: Transitions: Final Group Reflections and Future Hopes.

Our initial offering of this group was during the fall of 2016 and promoted under the title of "Living Well While Living, With Advanced Cancer." It was co-facilitated in conjunction with the Pastoral Care Department of the Health Science Center. Sessions where held at the MUN Botanical Garden, which provided a very peaceful and private setting for group therapy. Karen, one of the group participants, says she found the sessions to be exactly what she needed...a good balance of information and discussion... "I've gained a sense of control and optimism in light of the process of examining what is meaningful in the context of the life I'm living – and the legacy I will leave."

With continued support of Eastern Health Management and the Dr. H. Bliss Murphy Cancer Care Foundation, we facilitated another offering from May 8 to June 26, 2017, with plans for future offerings as requested. More information about this group program can be found on Eastern Health's Storyline at the following link: https://storyline.easternhealth.ca/2017/04/19/advancing-hope/

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Recognition

2017 NLASW Pride in the Profession Award

Congratulations to Shirley Terry BSW, RSW on receiving the 2017 NLASW Pride in the Profession Award.

Shirley is a clinical program supervisor with the Department of Children, Seniors and Social Development (CSSD) in Corner Brook. She has worked with the department (formerly the department of Child, Youth and Family Services) since 1989. She is also a member of the NLASW Registration Committee.

The nomination for this award came from Shirley's entire social work team. Shirley's colleagues spoke about her dedication and commitment to social work practice, the pride she holds for our profession, and the leadership she portrays daily. They highlighted how they continue to feel valued, important and respected in their role thanks to Shirley's leadership.

(L-R): NLASW REPRESENTATIVE ANNETTE JOHNS AND AWARD RECIPIENT SHIRLEY TERRY

Other social workers within the CSSD office also offered support for the award nomination noting that Shirley "exemplifies the positive image of a social worker in our community and our province."

Shirley proudly refers to herself as a social worker and embraces and promotes the core social work values in everything she does, whether it is through her work at CSSD, or through her community volunteerism. Shirley is a one of a kind leader.

Shirley received the award during a social work month celebration in Corner Brook on March 31, 2017.

****_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. Information on the award and the nomination criteria can be accessed through the NLASW website at http://www.nlasw.ca/about-us/awards._

Reflections

Celebrating 25 Years of Social Work Regulation in Newfoundland and Labrador: A Historical Reflection

BY ANNETTE JOHNS MSW, RSW

As social workers, we are naturally curious about people's stories, their history and lived experiences. Given 2017 marks 25 years of social work regulation in Newfoundland and Labrador, it seemed a fitting time to explore NLASW's story. Thanks to a grant from Memorial University, and in partnership with the School of Social Work, we hired a research assistant to compile a history of regulation in the province.

The Canadian Association of Social Workers (CASW) was founded in 1926 to advocate for social justice and build a network of social workers from across Canada. Newfoundland joined Canada in 1949, and in 1951 a small group of social workers came together to organize the Newfoundland Branch of the CASW. While membership in the Newfoundland Branch remained small through the formative years, there was tremendous activity happening within the province (i.e., organization of services because of Confederation, introduction of community resettlement programs, baby boom, and labor strikes), and a small group of social workers worked diligently to carry out of the work of the CASW on a local level.

In 1956, CASW became incorporated and new by-laws allowed for the formation of provincial organizations. The Newfoundland Branch continued to struggle with low membership numbers, but the focus on recruitment was maintained. On April 21, 1961, President of the Newfoundland Branch, Ms. Grace K. Reynolds, wrote a piece titled, "Why I Belong to C.A.S.W." Here are some excerpts from this piece:

"As a social worker, I have profound respect for the dignity of every individual person, regardless of differences in standards of wealth or opportunity, and regardless of difference in race or creed. I believe that in the practice of Social Work the preservation of human dignity is vital to the achievement of happiness, satisfaction and independence, and on a larger plane, to the well-being of our communities and our nation..."

"I believe that by banding together and striving for better selection in recruitment, better training of recruits, and keeping a watchful eye upon the standards of practice, can this principle be established and maintained..."

The Newfoundland Branch became incorporated in 1970 and the Newfoundland Association of Social Workers (NASW) was born. The first president of the NASW was Roy Evans. He served in this role from 1970 to 1971.

The Bachelor of Social Work program was also offered by Memorial University in 1970. The NASW introduced a Student Award this same year to recognize a student who demonstrated outstanding academic and field performance and a commitment to the social work profession. The first person to receive this award was Jean A. (Brown) Stevenson. The student award is still granted today (47 years later) as a convocation award through MUN.

In 1972, the first newsletter of the NASW was published to provide information and items of interest for members. The newsletter has undergone transformational changes over the past 45 years. The first newsletter of the NLASW was published in May 1994, and Connecting Voices rolled off the press in July 1996. Connecting Voices is now an esteemed publication reaching social workers across Newfoundland and Labrador and a broader audience through online accessibility.

A bill was put forth in the House of Assembly in 1979 regarding social work regulation. The Act to Provide for the Registration of Qualified Social Workers (voluntary registration only) was passed in the house, and a Board of Registration was appointed. However, regulations were not approved by the Minister and the Act was never enacted. The NASW continued to advocate for social work regulation as the need for accountability and ethics in practice was highlighted.

As membership began to grow in the 80's, the NASW explored regional

representation on the Board to engage members living outside the St. John's region. The teleconference system for meetings was also introduced.

It was also in 1980 that the NASW presented the first award for life membership in the association. Ms. Freda Berry was the first recipient of this award and was one of the founding members of the Newfoundland Branch.

In 1988, a taskforce of NASW members came together to further social work registration in NL. One of their first tasks was a letter writing campaign to the Minster of Social Services. Their continued efforts towards social work regulation were coming to fruition and in 1989 members of the NASW came together for a special meeting where a draft proposal for a new Act to Regulate Social Work Practice was discussed. A second bill was introduced in 1992 and social work legislation was proclaimed in 1993. The NASW became the Newfoundland and Labrador Association of Social Workers (NLASW), and regulation over the use of the title social worker and scope of practice became a legislative function of the NLASW.

Twenty-five years later, NLASW has grown to include over 1500 social workers practicing in a diverse range of settings. We are excited for what the next 25 years will bring.

Workshops Coming To Newfoundland & Labrador Fall 2017

EXCEPTIONAL TRAINING & RESOURCES - Mental Health, Counselling, and Violence Prevention

TRAUMA–Strateges for Resolving the Impact of Post-Traumatic Stress
St. John's: October 26-27, 2017
This workshop provides a framework which describes different stages in resolving the impact of trauma, and includes key principles and strategies for working with individuals.

CHALLENGING BEHAVIOURS IN YOUTH–Strategies for Intervention
St. John's: November 2, 2017
This workshop will review challenging behaviours related to aggression, non-compliance and attention-seeking, and will provide a framework for intervening.

ANXIETY–Practical Intervention Strategies
St. John's: November 22, 2017
This workshop provides practical and accessible strategies which can be applied across the lifespan and address the physical, emotional, cognitive and social aspects of anxiety.

DE-ESCALATING POTENTIALLY VIOLENT SITUATIONS™
St. John's: November 30, 2017
Participants of this workshop will develop a clear understanding of how to assess the potential for violence and respond with a diverse set of tools and strategies.

BORDERLINE PERSONALITY DISORDER–Understanding & Supporting
St. John's: December 7, 2017
This workshop's purpose is to increase the understanding of Borderline Personality Disorder (BPD) from the perspective of all those impacted, including caregivers, family members and those diagnosed.

In addition to our Public Workshops, we offer:
LIVE WEBINARS
ON DEMAND WEBINARS
LIVE STREAM WORKSHOPS

LIVE STREAM WORKSHOPS (9 am-4 pm Central Time):

Cognitive Behavioural Therapy - Tools for Thinking Differently
October 18, 2017

Narrative Therapy - Tools for Exploring Stories
October 19, 2017

Autism - Strategies for Self-Regulation, Learning & Challenging Behaviours
November 1-2, 2017

TO REGISTER: www.ctrinstitute.com • 877.353.3205 • info@ctrinstitute.com

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