

# Connecting Voices

Newfoundland and Labrador Association of Social Workers



PHOTO SUBMITTED BY TINA BANFIELD MSW, RSW. ROTARY SUNSHINE PARK, PORTUGAL COVE-ST. PHILIP'S NL.

## Feature

### Self-care for Clinicians

BY ELIZABETH SHEPPARD HEWITT MSW, RSW

In a patient-centered healthcare system, clinicians promote the value of total wellness through meeting physical, emotional, nutritional, and social patient needs. Ironically, despite our skills in helping clients meet their wellness goals, few of us practice what we preach.

At the end of a busy day, everyone needs to recharge. Loving the work we do is, quite simply, not enough. Taking those extra few minutes to provide self-care can make all the difference between physical and emotional well-being and illness. This is not new information. Compassion fatigue has become a serious workplace issue. So, what can we do in a climate of increased demands, challenging client needs and overwhelming caseloads?

Let's look at a typical case example of a hard-working clinician who is experiencing difficulty:

*Sarah is a 34-year-old social worker with two children aged 4 years and 14 months. Her husband works off-shore and is on a 4-week away, 1-week home schedule.*

**SEE FULL STORY ON PAGE 5**

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*This edition of Connecting Voices is dedicated to the 14 women who were murdered at École Polytechnique in Montreal on December 6, 1989.*



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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.

A complete copy of Connecting Voices Editorial Policies are available on the NLASW website ( <http://www.nlasw.ca/practice-resources/connecting-voices>)

## Editorial Committee Members

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# Editorial

## Social Workers Making an Impact Across Newfoundland and Labrador

**BY DEANNE M. O'BRIEN  
BA, MSW, RSW**

The social work profession extends across many areas of practice throughout Newfoundland and Labrador (NL), which is one of the things I love about this profession. Social workers are employed with government departments and agencies, court systems, mental health and addictions, hospitals, schools and universities, private practice settings and non-profit organizations, just to name a few. The skill sets of social workers are extensive and based on our foundational values, principles and code of ethics. Social workers continue to make a huge impact in the lives of others in their areas of practice, from policy and administration to specialized clinical areas.

The Newfoundland and Labrador Association of Social workers (NLASW) provides extensive information on practice areas in which registered social workers are advancing the health and well-being of people and communities. The quick facts sheet, which is located on the NLASW website, also provides some interesting facts about our profession. For example, there are over 1500 registered social workers who practice and make an impact throughout the province in diverse practice settings. The Did You Know fact sheets are also a valuable addition to the many resources available to social workers on the NLASW website.

We would encourage you to visit the NLASW website where you will also find a listing of upcoming educational opportunities especially during the month of March, which is social work month. The theme for social work month 2019 is Real People. Real Impact.



**PHOTO SUBMITTED BY MARY WILLIAMS-FEWER BSW, RSW.  
BAINE HARBOUR ON THE BURIN PENINSULA, NL.**

The Editorial Committee encourages all social workers to take part in some of the educational and networking activities occurring throughout the month. Social work month provides opportunity for all social workers to come together to network, share experiences, attend educational events and celebrate our profession.

This edition of Connecting Voices highlights some exciting initiatives our colleagues are involved in throughout Newfoundland and Labrador. Annette Johns provides information on the significance of advocacy work and highlights the important work being done by the Seniors' Advocate, Suzanne Brake and the Child and Youth Advocate, Jackie Lake Kavanagh. Stefany Squires discusses ethical considerations pertaining to clients that may be impaired, and Elizabeth Sheppard Hewitt discusses the importance of self-care for clinicians and provides helpful tips that could be used to decrease stress and increase emotional and physical wellness. Tammy Power discusses Avoidant/Restrictive Food Intake Disorder

(ARFID) and highlights valuable information about this disorder and treatment options. Lisa Wade and Rhonda Fiander write about Equine Assisted Psychotherapy: Horses Helping Humans and the benefits of this therapy. This is just a preview of some of the informative articles written by social workers working in diverse practice settings across the province.

Connecting Voices continues to provide a forum in which registered social workers from Newfoundland and Labrador are able to share their knowledge and experience and showcase their commitment to the profession. For this edition, we also invited photo submissions from members to be included in the publication. We were pleased with the response and will continue this initiative for future editions. The cover is a photo that was submitted by RSW and talented photographer Tina Banfield. The editorial photo was submitted by RSW Mary Williams-Fewer who began taking daily photos of NL scenery to inspire and motivate a friend who is living with cancer outside the province.

We hope you enjoy the articles in this edition of Connecting Voices and you learn something new about the wonderful work our fellow colleagues are involved in across the province. The committee encourages all registered social workers to consider submitting an article to be published in a future edition. Information on article submissions can be found in the Connecting Voices Writing Guidelines document developed by the Editorial Committee as a helpful resource.

We hope you have a wonderful New Year!!



# Executive Director

## Regulating like Social Workers

BY LISA CROCKWELL MSW, RSW

Memorial University School of Social Work recently celebrated fifty years of professional education. As an alumnus, former sessional instructor and registrar, I have been reflecting on this milestone and the connection between education and regulation.

A bachelor of social work degree from an accredited university like Memorial is the minimum educational requirement for registration under the Social Workers Act. Registration grants both use of the title *social worker* and the right to practice the profession in NL. Therefore, education and regulation are intrinsically intertwined. We also know that the scope of social work practice is broad. We are employed in a range of settings and hold many different position titles. Glancing through any edition of *Connecting Voices* or the practice areas section of the NLASW website affirms the diversity of our roles. However, when we come together we are social workers. Our education and the code of ethics form the basis of our commonalities. Let's look at just four shared areas:

- We are systemic thinkers. Comprehending how people are affected by their environment and vice versa is at the core of our knowledge base. We simultaneously consider multiple perspectives.
- We value social justice. The principles of fairness, equity and inclusiveness permeate our approach.
- We are skilled in conflict resolution and bring this skill to many settings with clients, colleagues and organizations.



- We believe that prevention, early intervention and remediation are the best approaches.

When accessing the new NLASW strategic framework ([http://www.nlasw.ca/sites/default/files/inline-files/Vision\\_Mission\\_Values\\_Goals.pdf](http://www.nlasw.ca/sites/default/files/inline-files/Vision_Mission_Values_Goals.pdf)), the integrated mandate as a regulatory body and professional association is clear. You will see the following shared values: Integrity, Respect, Collaboration and Social Justice. You will also see the mission: *NLASW is committed to advancing and promoting ethical and professional social work practice in the public interest.* The strategic directions commit to fair and objective regulation, advancing excellence in practice and promoting the profession.

As systemic thinkers, we know that what is good for the public is good for the profession. Everyone benefits when:

- ethical and professional social work practice is advanced in a fair manner
- the profession is understood
- the expertise and leadership of social work is fostered.

The lens of fairness informed by systemic thinking and a commitment to best practice is the frame for social work regulation in this province. NLASW has existed for 26 years. Throughout that time, only a small number of social workers have been involved with our professional conduct review process. Ninety percent of allegations have been resolved by agreement with a focus on remediation and moving forward.

The integrated mandate of NLASW as a regulatory body and professional association is not a conflict but a strength. When asked how NLASW approaches professional regulation? Like social workers of course!



## COVER STORY CONTINUED

*Sarah often stays 30-40 minutes late at her desk and works through breaks and lunch hours. She then rushes to pick up the kids at daycare and heads home to prepare supper. In the last month, she has stopped for takeout 15 out of 20 work days because she feels too exhausted to cook. Sarah believes she is not being the best mother she could be for her children. She struggles with worry and guilt as she notices the family has all been gaining unhealthy weight. She struggles with constant headaches, insomnia and an inability to leave work behind at the office and has begun picking up colds that seem to linger for weeks. She feels scattered and anxious staying longer each evening to get the work done she feels she can't leave without completing. Sarah reports feeling overwhelmed and has stopped enjoying her job. She expresses frustration and anger that her husband is not more available to help her through the stress. She needs help.*

Sarah's situation is not unusual. If you are experiencing any of these symptoms and are concerned about your ability to cope, please see your physician immediately. You may also contact your Employee Family Assistance Program Co-ordinator and explore pursuing counselling with a skilled therapist to create improved work-life balance and wellness.

Key indicators that you may be pushing yourself too hard and need to implement self-care are present in this case study and include:

**1. Fatigue** - Ranging from lack of energy and feeling tired most days, it can escalate to feeling physically and emotionally exhausted, and experiencing fear and dread for the tasks to come at work the next day.

**2. Insomnia** - Difficulty falling or staying asleep one or two nights can escalate into a nightly pattern.

**3. Forgetfulness/impaired concentration and attention** - Difficulty concentrating and focusing on daily responsibilities. Inability to manage multistage tasks and feeling unable to cope with the workload demand.

**4. Physical symptoms** - Physical health issues including headaches, stomach pain, muscular tension, dizziness and heart palpitations.

**5. Anger** - Persistent irritability in the workplace with co-workers and clients which may escalate into workplace and home life conflict.

**6. Changes in appetite** - Increased need for comfort food and selecting unhealthy foods to snack on during the day and consume at meal time. Conversely, it may present as a loss of appetite with meals being skipped until no appetite exists at all. Significant weight may be gained or lost.

**7. Increased illness** - When experiencing stress and making poor choices around eating, physical well-being is under attack. Immune systems become weakened, creating vulnerability to infections, colds, flus, and other immune-related medical problems.

**8. Anxiety** - Uneasiness, worry and discomfort in situations that were previously easily managed may now be a challenge. Anxiety may escalate to the point where it impairs the ability to complete tasks and creates social isolation.

**9. Depression** - Occasional periods of low mood and a struggle to get ready for work in the morning can escalate to

feelings of hopelessness so acute that suicidal ideation becomes present as a means to escape. These symptoms should be discussed immediately with your physician.

So, what can Sarah do differently that might decrease her stress level and increase her emotional and physical wellness?

- Make sure she takes breaks and lunch hours, to ensure she gets the needed downtime she requires;
- Collaborate and debrief on challenging cases to help prevent ruminating at night;
- Space clients with enough time to write notes and catch her breath;
- Listen to music that relaxes her as she is charting and preparing reports;
- Try a meditation or mindful exercise during lunch or after work;
- Go for a walk at lunch with co-workers to burn off residual tension and stimulate a healthy endorphin rush;
- Have healthy snacks at her desk to support her mental and physical energy;
- Plan fun activities after work to look forward to that re-energize her;
- Ask friends and family to help with childcare to have an evening to relax;
- Spend time after work with friends and family; and
- Take vacation time to rest and recharge even if it's an overnight at the cabin.

Self-care is critical for all of us. If we are promoting total wellness for our clients, we must also be the best ambassadors possible ourselves.

*This article appeared in the Summer 2018 edition of Eastern Health's Colleague Connections and has been reprinted with permission.*



**SOCIAL WORK MONTH 2019: REAL PEOPLE. REAL IMPACT.**

# Clinical

## Understanding ARFID: What We Need to Know About This Eating Disorder

**BY TAMMY POWER MSW, RSW**

Children and teens with Avoidant/Restrictive Food Intake Disorder (ARFID) have an eating or feeding disturbance that is characterized by a persistent failure to eat enough to meet their energy and nutritional needs (Eating Recovery Center, 2018). ARFID is an eating disorder diagnosis that was first introduced in the latest Diagnostic and Statistical Manual, 5th Edition (DSM-5) in May 2013. Prior to this, individuals with ARFID would have been diagnosed as having an Eating Disorder not Otherwise Specified (EDNOS). They may have also been captured under the diagnosis of Feeding Disorder of Infancy or Early Childhood (Goff, 2013). The addition of ARFID to the DSM-5 has given clinicians the language and tools to more clearly define the cluster of clinical symptoms that comprise this eating disorder.

It is not uncommon that many children develop unusual or selective eating patterns at some point in their life. These may include refusing to eat fruits and vegetables or only wanting chicken nuggets for lunch. While this may be concerning for parents, typically, these patterns resolve on their own without professional intervention and children meet their nutritional needs for their growth and development. However, as Dr. Debra Katzman, a physician in the Eating Disorders Program and Senior Associate Scientist at Sick Kids states "ARFID is not just about picky eating - it's a very challenging diagnostic

category in the DSM-5 "(The Hospital for Sick Children, 2015).

The DSM-5 outlines the following diagnostic criteria for the diagnosis of ARFID:

- Significant weight loss (or absence of expected weight gain or faltering growth in children)
- Significant nutritional deficiency
- Dependence on tube feeding or oral nutritional supplements
- Marked psychosocial impairment (American Psychiatric Association, 2013).

**ARFID is not:**

- Associated with body image concerns or abnormalities about one's perception of their body weight, shape and/or appearance
- Due to lack of available food
- Related to a culturally sanctioned practice
- Explained by another medical issue or mental health diagnosis (Eating Recovery Center, 2018).

ARFID can be a very stressful and challenging issue for children and their families. It can present as a general lack of interest in eating; avoidance of certain foods due to smell, texture or color; or an intense worry about problems when eating such as choking. Parents with younger children may get caught in power struggles over trying new foods or having a snack on

a play date. For older teens and young adults, ARFID can impact their peer interactions in relation to eating in social situations leading to avoidance and isolation.

Parents play a critical role in bringing concerns about their child's eating pattern to a doctor for further assessment. Underlying medical causes need to be assessed and ruled out as a contributing factor. A thorough assessment of ARFID should also include a detailed history of feeding, development, growth charts, family history, past intervention and a complete mental health history (Muhlheim, 2018).

Individuals with an ARFID diagnosis require ongoing treatment to address the serious medical and psychosocial implications of this condition. Without treatment, children and teens can experience serious, long-term complications. It is possible that individuals may, later in life, develop another eating disorder such as Anorexia Nervosa.

The true prevalence of ARFID is unknown, largely due to the lack of understanding of this diagnosis at the present time. We do know that ARFID occurs in both genders and is more commonly seen in children and young adolescents. Nonetheless, ARFID can occur later in adolescence and young adulthood. It can be related to a food-related experience such as choking when it presents at this time (Muhlheim, 2018).

As ARFID is a less well-known eating disorder, health professionals may not recognize it as a diagnosis. Subsequently, it is vital that clinicians working with children and adolescents familiarize themselves with this diagnosis so that it can be identified and treated appropriately. With such awareness, ARFID can also be studied in more depth to yield more research about best practices in intervention and treatment.

Research is ongoing on how to effectively treat ARFID. Current treatment of ARFID can include outpatient family-based therapy as is used in treatment of other eating disorders. Anxiety management skills can assist with Exposure Therapy whereby new foods are gradually

introduced to the child (The Hospital for Sick Children, 2015). Nutritional rehabilitation is also a vital part of treatment in correcting nutritional deficiencies and restoring weight within a healthy range. These interventions are typically offered within an interdisciplinary team of health professionals with expertise in treating eating disorders.

For more information on ARFID and other eating disorders, please visit the National Eating Disorder Information Center at [www.nedic.ca](http://www.nedic.ca) and the National Eating Disorders Association at [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org). For further information on local services, please visit [www.easternhealth.ca/WebInWeb.aspx?d=2&id=2472&p=2106](http://www.easternhealth.ca/WebInWeb.aspx?d=2&id=2472&p=2106).

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## 2019 Registration Renewal



- MyNLASW will begin accepting renewals for the 2019 registration year mid-January.
- Members will be notified by **email** when the online system is opened.
- The deadline to complete online renewal is February 15, 2019 (midnight Island time). A late fee will be applied to renewals received after this date.

# Ethics

## Ethical Considerations in a Case of “Drinking and Driving”

**BY STEFANY SQUIRES MSW, RSW  
NLSW ETHICS COMMITTEE**

The Ethics Committee of the Newfoundland and Labrador Association of Social Workers (NLSW) provides consultation and feedback to members on ethical issues. Consultations are guided by the Canadian Association of Social Workers (CASW) Code of Ethics (2005), CASW Guidelines for Ethical Practice (2005), NLSW Standards of Practice (2018), the Social Workers Act (2010), and other relevant legislation. The following case scenario was brought forward during a recent meeting.

*A mental health and addictions social worker meets with a client for the first time at a single session counselling walk-in clinic. The client admits they have been self-medicating with alcohol on a regular basis. The client discloses they had two shots of vodka at noon to help them deal with some anxiety. It is now 3:30pm. The client lives 5 minutes away and drove to the session. The client does not present to be inebriated, appearing coherent, articulate and stable. What do you do?*

Ethical decision making is an integral part of social work practice. To make an informed clinical judgement in the immediate moment, social workers need to critically balance all considerations.

The following sections of the Code of Ethics would be beneficial to explore:

**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 5 – Confidentiality in Professional Practice**

- Social workers respect the client’s right to confidentiality of information shared in a professional context.
- The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable and imminent harm to a client or others.

The social worker would also be encouraged to reflect on the following questions:

- What are the ethical issues pertaining to client confidentiality?
- Is there reasonable justification to breach confidentiality?
- What are the risks and does the evidence support this? What does two shots of vodka mean?
- What impact is the social worker’s own risk tolerance having on decision-making?
- Are there legal considerations?
- What agency policies exist?
- What options exist for resolving this dilemma?

Social workers protect the confidentiality of client information, and limits to confidentiality are clearly communicated to clients at the beginning of the therapeutic relationship. As part of the informed consent process, the social worker would have a conversation with the client regarding their concerns following the disclosure and assess

capacity to determine whether to proceed with the counselling.

If the social worker assessed that the client was impaired or did not have capacity, the counselling session would not proceed. The social worker would discuss their concerns with the client and assist them in finding an alternative way home. If the client was not in agreement, the social worker might decide to break confidentiality following a comprehensive risk assessment and call the police to ensure client safety and prevent potential harm to others.

Conversely, if the social worker assessed the client not to be impaired using one’s clinical judgement against benchmarks for impairment (e.g. movement, speech, presentation, knowledge of date and time, etc.), the social worker would consider their legal obligations around the need to report, consult with a supervisor or manager, and make a decision in the best interest of the client that allows the social worker to meet their professional obligations. Once a decision is made, it must be documented in accordance with the NLSW Standards for Social Work Recording (2014) and NLSW Standards of Practice (2018).

Our initial intuition to resolving ethical dilemmas can be significantly different once we have thoroughly considered the ethical complexities. Therefore, consultation with a manager or supervisor, and peer consultation, around these kinds of dilemmas is helpful. Social workers

# Topics

## Equine-Assisted Psychotherapy: Horses Helping Humans

BY LISA WADE MSW, RSW &  
RHONDA FIANDER MSW, RSW

Equine-Assisted Psychotherapy (EAP) offers a unique approach to human health and well-being because it takes a client out of an office setting and into an arena with horses. EAP is an experiential form of treatment whereby an individual learns new behaviors and improves their mental health and well-being by interacting with horses in a variety of activities (Eagala, 2010). These ground-based activities can include: grooming, feeding, walking, or maneuvering a horse through an obstacle course.

### Why Horses?

Horses are highly intelligent prey animals that have learned to cohabitate with predators in their environment for millions of years. In order to survive in a predatory environment, horses developed an instinctive ability to pick up on the energy and atmosphere around them (Mandrell, 2014). This instinctive ability allows a horse to know the difference between a sleeping wolf and a wolf that's pretending to be asleep. The major difference here is the wolf's intent, which a horse can distinguish due to their ability to sense the wolf's inner physiological responses. When a therapist works with a client in the arena with a horse, the horse responds to what is happening internally with a client in the same manner as it picks up on the intent of the wolf. The horse's ability to instinctively analyze and react to a client's body language and other nonverbal cues provides the



treatment team with valuable feedback and insights for other areas in a client's life (Eagala, 2010).

### The Therapeutic Team

In EAP, a mental health professional works with an equine specialist, the client(s) and the horse(s). The mental health specialist's (MHS) role is to provide therapy by utilizing evidence-based theoretical modalities in each session and to assist the client with the transfer of skills learned in the arena to everyday life. The equine specialist's (ES) role is to ensure the safety of clients and horses. They are essentially the leader in the herd who can understand and translate horse behaviors to assist with client outcomes. They assist the MHS in the debriefing process with clients by focusing on the horse's movements and non-verbal communication.

### Benefits of EAP

There are currently two certified EAP programs in Newfoundland and Labrador. Avalon Equestrian in Conception Bay South (CBS) offers EAP through their Equi-Assist program and

AHH Wellness offers EAP at Adventure Stables in Grand Falls-Windsor. Both programs are certified through the Equine Assisted Growth and Learning Association (Eagala). The Eagala Model of EAP offers an innovative service that has the ability to impact psychological health by developing resiliency to overcome the effects of trauma, addictions, anger, social anxiety and other mental health challenges. It applies a solution focused, experiential modality, founded on the premise that clients can discover their own best solutions when given the opportunity. Working with horses enables clients to recognize unhealthy life patterns and cultivate new behaviors by acknowledging personal strengths.

### Research

Research is an ongoing component of the global Eagala Program. Dr. Gail Wideman, Professor at Memorial University's School of Social Work, is actively researching the impact of EAP on military members, families and veterans being serviced through the Equi-Assist program at Avalon Equestrian Centre in CBS. Research tools being utilized are the Goal Attainment Scale and personal interviews. To date, goals identified by clients varied from addressing grief, bullying, setting boundaries, reconnecting relationships and overcoming debilitating anxiety. The Eagala model incorporates metaphors in the arena with the treatment team. Through metaphors, clients involved in the study were able to acknowledge

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# Practice

## Change Management and Social Work Practice; Two Fields Intertwined

BY DEANNE M. O'BRIEN  
BA, MSW, RSW

Just as the leaves start to crisp and fade from summer into the fall season, change is an inevitable aspect of our lives. Change is taking place all around us, personally and professionally, within our workplaces and in our communities. Societal trends transform over time which can bring significant change to the work we do as social workers. Change is also fostered by community growth, enhancements of provincial and federal government legislations and the transformation of policies, all of which subsequently impact our practice. How change is perceived and managed, both in our practice and workplace as a whole is significant, as how well we acclimatize to change impacts successes and gains made both individually and organizationally.

Change management is a field in and of itself, adopted to achieve effective change within organizations. "Change management is the application of processes and tools to manage the people side of change from a current state to a new future state so that the desired results of the change (and the expected return on investment) are achieved" (Hiatt & Creasey, 2012, pg. 9). When there are changes within our work, from minor protocol or standard modification to larger scale legislative and policy shifts that impact our practice, change management methods should be applied to enhance the likelihood of success.

In order for organizational change or a broader scale change to occur, individual change is required. One of the models of change management is the Prosci



ADKAR model, which is a framework for understanding change at an individual level. This model has been heavily researched and identified as beneficial to apply in many areas of our lives (i.e. personal, home and work situations). To increase the likelihood that a change can be successfully implemented, the ADKAR model can be extended to government agencies/organizations and communities (Prosci, 2012).

The ADKAR model has 5 elements, all of which must be in place in order for change to be realized. The ADKAR model includes:

- Awareness
- Desire
- Knowledge
- Ability
- Reinforcement

The first element of the ADKAR model is Awareness. Awareness represents an individual's understanding of the nature of the change and the need for change to occur. Creating awareness that change is required is the first step to enable a change to transpire. Awareness involves an understanding of why a change is necessary and the risks that may present if a change does not occur. The second element, Desire, represents the enthusiasm and

willingness to support and participate in the change. Desire can be the most difficult of this model, especially for organizational change as it involves the motivation and ultimate choice of others (Hiatt & Creasey, 2012). For example, as social workers, we cannot force another individual to support and engage in a change, even if it appears to be in their best interest.

Knowledge, the third element, represents the information that is needed in order to know how to change and what is required for the change. Communication about the change is imperative. Individuals need to know as much information as possible to conceptualize what is required of them and how the change will impact them, inclusive of the risks and the benefits. The fourth element is Ability, which represents the execution of the change and involves individuals having the required skills and behaviors needed for a successful change to be implemented. Ability is realized when individuals demonstrate their capacity to implement the change. The final element of the ADKAR model is Reinforcement. Reinforcement represents both the internal and external factors that allow a change to be maintained, inclusive of recognition

or internal satisfaction regarding the change that has occurred. It includes any action which strengthens the change on an individual or organizational level (i.e. from individual satisfaction to a simple gesture of appreciation to staff on a successful change initiative) (Hiatt & Creasey, 2012).

The cycle for ADKAR commences after the change has been identified and each step is sequential; when implementing a change in social policy, the execution of the policy change (Ability) cannot precede building awareness of the need for change. When the ADKAR model is used to approach a change, it can be quickly identified where the process is breaking down, why a change initiative is starting to fail, and where attention needs to be focused to effectively deal with the change (Prosci, 2012).

As social workers, we practice within the boundaries of legislation, policy and practice standards, most of which are amended over time. Therefore, effective change management is essential to support social worker's acceptance of changes that have a direct impact on their practice. This will subsequently have a positive impact on clients, staff and the organization as a whole.

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## ETHICS CONTINUED

also have access to other helpful practice resources such as NLASW Ethical Decision-Making Tool (2015), applicable agency policies and best practice standards.

The Ethics Committee meets regularly to discuss ethical issues in social work practice and provide collegial consultation. While social workers are responsible for their own practice decisions, the goal of this article was to provide an opportunity for social workers to grapple with this common ethical dilemma and consider the issues it raises.

## TOPICS CONTINUED

their ability to gain insights in the arena with the horses and transfer those insights to make changes in their lives. Examples of client feedback include: *When we keep doing the same things we get stuck; Recognized the role of other family members in their lives; Sometimes we need a push to deal with our grief.*

As with any therapy, EAP is not a fit for everyone. Research indicates that some individuals sought more traditional approaches; stating they had an ongoing desire for clarification and felt frustrated when none was received. These clients were seeking a more directive approach which provided answers versus the experiential approach of finding ones' own answers as a result of the equine activity. The learning arises

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from clients' thoughts regarding what is working for them or not working for them rather than what is right or wrong. Clients engage in a journey of self-discovery and have to be willing to think "outside the box" and be open to exploring the metaphors which arise. The solution focused model utilized in EAP believes that the client holds the key to their own healing and change. Research remains ongoing as EAP continues to grow globally and be recognized as a valuable means of change and healing for individuals, groups and families.

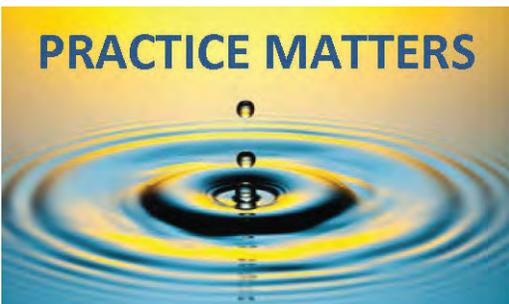
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## PRACTICE MATTERS



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>

# Initiatives

## Memorial University Celebrates Field Agencies

BY SHERI MCCONNELL PhD, RSW

On October 31, 2018, Halloween brought a treat for government departments, regional health authorities, and community agencies who have provided field practica for Memorial University BSW and MSW students. The School of Social Work hosted its second annual Field Education Recognition event and treated representatives from over 23 agencies to breakfast at Lester's Farm Chalet. New field practica signs, which will be distributed to all field agencies, were unveiled, and awards were presented to 23 field agencies and six Professional Associates.

The "Golden" Award recognizes long term commitment to providing field education - and long and prosperous partnerships with the School of Social Work. In honouring the 50th anniversary of social work education in NL, the "Golden" Award was presented to eight agencies currently providing field practica who also were listed in the School's first accreditation report in 1976: the Government of NL and the Departments of AESL, CSSD, and Justice; NL English School District; Central, Eastern, and Western Regional Health Authorities; and St. John's Status of Women. May these partnerships continue to flourish for another 50 years!

The "Flanker" Award recognizes dedication and consistency in providing field practica. A "flanker" is a "live spark from a wood fire; a burning ember." The 13 agencies who received this award "burn brightly" in their commitment to providing consistent numbers of field practica each semester: Government of Nunatsiavut, NL Housing Corporation, Labrador Grenfell Regional Health Authority, Canadian Hard of Hearing, Choices for Youth, Canadian Mental Health Association, CNIB (Vision Loss Rehabilitation Canada), Day Break Parent



**FOUR OF THE SIX NEW PROFESSIONAL ASSOCIATES WERE ON HAND AT THE FIELD EDUCATION RECOGNITION EVENT. L-R: MAJOR MARLENE GEORGE, KAREN PENNELL, TANA GREEN, IVY LUNDRIGAN**

Child Centre, John Howard Society, Salvation Army, Stella's Circle, Thrive, and Memorial University - Student Life. May that fire continue to burn long into the future!

The "Best Kind" Award recognizes agencies who are new or returning after a hiatus to provide field practica. "Best kind" is an acknowledgement of greatness and the two agencies who received this award "demonstrated their greatness" by starting or starting anew to provide field education: the Government of Canada - Veteran's Affairs and the St. John's Native Friendship Centre. We look forward to long and mutually beneficial relationships!

Also at the Field Recognition event, the honour of Professional Associate was awarded to six social workers: Lenora Barry (CSSD, Labrador City), Major Marlene George (Salvation Army), Tana Green (Waterford Hospital, Eastern Health), Ivy Lundrigan and Karen Pennell (Emmanuel House, Stella's Circle), and Lynsey Soper-Thistle (Vision Loss Rehabilitation Canada). Candidates for Professional Associate are required to be Registered Social Workers (in good standing) who hold a BSW and/or MSW degree; have completed a Field



**L-R: CHERYL MALLARD, JOAN DAVIS-WHELAN AND DR. SHERI MCCONNELL SHOWCASE THE NEW FIELD EDUCATION SITE SIGNS**

Instructors Course; and have served as onsite field instructor for a minimum of five Memorial University social work students over the past five academic years.

The School would like to thank all social workers and the government departments, regional health authorities, and community agencies who have provided field practica to Memorial University BSW and MSW students over the years. If you are interested in providing a field practicum for one or more students, please email the Field Education team at [scwkfield@mun.ca](mailto:scwkfield@mun.ca).



# Community

## Become a Referring Partner Today!

BY SHARON BROWN,  
FIRST LINK COORDINATOR  
ALZHEIMER SOCIETY OF  
NEWFOUNDLAND AND  
LABRADOR

As health care professionals you are in the perfect position to refer to the Alzheimer Society's First Link Program. When you refer your clients to the Alzheimer Society, it enables us to connect with them and provide much needed education and support regarding Alzheimer's and other types of dementia.

A diagnosis of dementia can be overwhelming. Too often families struggle to cope with these challenges alone, only reaching out for help when a crisis occurs, such as an emergency room visit or when the caregiver just can't do it anymore. The Alzheimer Society's First Link program is designed to reach out to people before these stressful situations occur so we can provide them with the support and education they need to live better with all levels and types of dementia.

When you refer to First Link, your client will be contacted by the coordinator and informed about how the program works and how it can help them as caregivers get the education and support that they need in order to make informed decisions and enjoy the best quality of life.

Every month the Alzheimer Society of Newfoundland and Labrador hosts a Lunch & Learn webinar! The purpose of this webinar is to provide information about our First Link Program and inform perspective referring partners of how to refer individuals to us.



First Link connects people to:

- Learning Series which offers information about diagnosis, day-to-day living, positive approaches to care, how to manage challenges and how to prepare for the future

- Family Support Groups and opportunities for one-on-one support
- Additional community programs and services

For further information please contact:

Sharon Brown  
First Link Coordinator  
Alzheimer Society of  
Newfoundland & Labrador Inc.  
835 Topsail Road, Unit 107,  
Mount Pearl, NL  
709- 576-0608 |  
1-877-776-0608  
Email: [firstlink@alzheimernl.ca](mailto:firstlink@alzheimernl.ca)







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# Leadership

## Leadership in Action

BY ANNETTE JOHNS MSW, RSW

Advocacy is defined as "championing the rights of individuals or communities through direct intervention or through empowerment" (Barker, 2014, p. 10). It is a cornerstone of the social work profession.

Did you know that both the Seniors' Advocate and Child and Youth Advocate for this province are registered social workers? Using their social work knowledge, skills and expertise, Suzanne Brake, Seniors' Advocate and Jackie Lake Kavanagh, Child and Youth Advocate, advocate for some of the most vulnerable in our society. I recently sat with Suzanne and Jackie to explore their roles and what they believe social work brings to this important advocacy work.

Suzanne Brake has been engaged in social work practice for 40 years. She graduated with her BSW in 1979, her MSW in 1998, and her PhD in 2010. During those 40 years, Suzanne has demonstrated a life-long commitment to the social work profession. Suzanne has worked with seniors and the aging population her entire career, with her passion for this work and her strong family ties with older adults in her life, guiding her career path. Suzanne initially started work with the Grace Hospital and then moved to the Miller Centre. For 11 years, Suzanne was a social worker and manager at the Hoyles-Escasoni Complex. She worked with the School of Social Work at Memorial University in a variety of positions and taught courses in gerontology. In 2005, she started work with the Government of Newfoundland and Labrador as the Director of Aging and Seniors and in 2010 she was appointed the Director of Neglected Adults. While Director of Neglected Adults, Suzanne led the development and implementation of the Adult Protection Act (2014) and her job



**JACKIE LAKE KAVANAGH MSW, RSW**

title changed to the Director of Seniors and Aging and the Provincial Director of Adult Protection. In November 2017, she was appointed as the inaugural Seniors' Advocate for the province. Suzanne received the CASW Distinguished Service Award in 2015 and a quote from her acceptance speech really speaks to her passion for working with older adults and seniors.

*Raising awareness of the strengths and attributes and contributions of people as they grow older is essential as the population ages..... We must seek ways to continue to include older people in our economic, labour, and social worlds and make sure we plan intergenerationally for a future together.*

Jackie Lake Kavanagh began her career in social work 31 years ago. As a BSW, she worked with Iris Kirby House, the St. John's Women's Centre, and Adolescent Health Counselling Service. After receiving her MSW, Jackie began her career in the public service. She spent more than 25 years with the Department of Justice where she took on many roles. Jackie was responsible for starting the Victim Services Program, she was Director of Policy and Strategic Planning, Director of the Aboriginal Research Unit,



**SUZANNE BRAKE PhD, RSW**

and Director of Family Justice Services. Jackie also took on the role of Assistant Deputy Minister for Public Safety and Enforcement (she was the first female and social worker in this role). Jackie then moved onto the Department of Advanced Education Skills and Labour as Assistant Deputy Minister for Labour Relations, Policy and Corporate Services. Over the years, Jackie has also taught courses with the School of Social Work, Police Studies and Criminology at Memorial University. In December 2016, she was appointed as the province's Child and Youth Advocate. Most recently, in October 2018, Jackie was elected as Vice President of the Canadian Council of Child and Youth Advocates for a 2-year term.

The Office of the Seniors' Advocate and the Child and Youth Advocate are independent offices that report directly to the House of Assembly. This independence allows them to effectively advocate in the best interests of seniors and children/youth.

The Office of the Seniors' Advocate was established to identify, review and analyze systemic issues impacting on large numbers of seniors and to make recommendations to improve services

to seniors. This may include health care, personal care, housing, transportation and finances. While the office does not engage in individual advocacy on behalf of seniors, they will connect seniors to the appropriate resources and supports and monitor trends of systemic issues impacting seniors.

Since taking office, Suzanne has made it a priority to hear from seniors from across Newfoundland and Labrador and has been travelling throughout the province. Some of the issues impacting seniors include 1) staff-resident ratio levels in long-term care, 2) lack of access to dental and vision care, 3) ageism and discrimination, 4) low income and poverty, 5) workforce planning, 6) housing challenges, 7) high electricity rates, and 8) transportation issues. This is not an exhaustive list, but it demonstrates some of the issues that have been brought forward to the Seniors' Advocate. Suzanne noted that people have been very forthcoming in bringing these issues forward; something Suzanne will continue to embrace and foster.

The Office of the Child and Youth Advocate opened in 2002. Through a child centred approach focusing on the rights of the child, the work of the office includes individual advocacy, systemic advocacy, investigations/reviews, outreach and education for young people. Jackie believes that a strong foundation for this work involves building connections and relationships with the community and with government departments. She said that while the office operates independently, it cannot operate in isolation.

The Office of the Child and Youth Advocate can address complaints about services or access to services for children and youth, or it can initiate its own reviews or investigations without

having received a complaint. Some of the issues include protection, in-care and youth services, mental health services, education supports, housing and homelessness, inclusion, violence, bullying, and the economic cycle of poverty. Services to Indigenous children is also a key priority for the Advocate. When asked what she is most proud of in the work, Jackie highlighted the review into the experiences and outcomes for Inuit children involved in child protection services that the office is currently conducting at the request of the Nunatsiavut Government. Jackie noted that the office takes on this important work with honour, sensitivity and compassion. A final report is due to be released in March 2019.

The Office of the Child and Youth Advocate is also working to foster an environment of inclusion. It is important to Jackie that the office is seen as a safe and welcoming space. Upon entering their office, you will see a poster that says: "This is a positive space that welcomes and supports everyone." These posters have been distributed to organizations, government departments and community groups so they can show their support for diversity and inclusion. The office also took part for the first time in the Pride Parade in St. John's in the summer of 2018.

Suzanne and Jackie are both passionate about the social work profession, and their positions as Seniors' Advocate and Child and Youth Advocate are a natural fit with social work. Committed to advocacy and advancing change to enhance the health and social well-being of seniors, children and youth, both Suzanne and Jackie highlighted the skills and knowledge that social workers bring to this work – communication, system navigation, mediation and conflict resolution, and relationship building.

They spoke about the importance of effective advocacy, and how social work's knowledge of systems and the person in environment perspective is so important to the work. For Suzanne and Jackie, advocacy is an essential role for social workers; something they have embraced their entire career. As social workers, we need to continue to advocate for those who are most vulnerable and empower people to advocate on their own behalf as well. Giving people a platform for addressing issues impacting on their health and well-being is crucial.

Suzanne and Jackie are truly inspirational leaders in our profession. Regardless of any position they have held, the RSW has been an important part of their professional identity. Suzanne has always been involved in professional regulation, believing that protection of the public is fundamental to our work as social workers. Jackie's advice to students and others in the profession is to embrace the diversity of the profession and not restrict oneself to positions only titled social work whether that be front line, administration, research or community work. According to Jackie, the possibilities are limitless and social workers can make a real contribution.

Suzanne and Jackie have, and continue to, make a difference in the lives of seniors, children and youth. Their passion is infectious and admirable. If you are interested in learning more about the Office of the Seniors' Advocate and the Office of the Child and Youth Advocate, you can visit their respective websites at <https://www.seniorsadvocatenl.ca/>; <http://www.childandyouthadvocate.nf.ca/default.htm>.

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**DEADLINE FOR SUBMISSION FOR THE NEXT EDITION OF CONNECTING VOICES IS MAY 1 • 2019**

# School

## News from the Memorial University School of Social Work



**STELLA'S CIRCLE INCLUSION CHOIR DIDN'T LET THE DARKNESS DETER THEM FROM WOWING EVERYONE WITH THEIR TALENT**

### 50TH ANNIVERSARY CELEBRATIONS

Oh what a night! Despite the blackout, a good time was had by all at our big 50th event at the new Signal Hill campus on Oct. 12, 2018!

Many different graduating classes from various years held their own satellite events during the weekend, as well as a Field Instructors luncheon.

### 50TH ANNIVERSARY FUND

In celebration of the 50th anniversary of professional social work education in the province, Alumni and Friends have started a fund that will support educational endeavours that complement the student's academic pursuits at Memorial University of Newfoundland's School of Social Work. We sincerely thank those who have

*Celebrating*  
**50** YEARS  
*of* PROFESSIONAL  
SOCIAL WORK EDUCATION

already contributed to this fund. Please consider giving a gift to support these endeavours. You can do so by calling 709-864-8791.

### STAY IN TOUCH!

We reached out to our alumni to help us celebrate this milestone event. There are many benefits to staying in

touch, including: continuing education opportunities, job opportunities, networking, connecting with former classmates and social events.

Don't miss our next event or another opportunity to connect with us! Update your profile at <https://www.mun.ca/alumni/info/>. And be sure to follow us on social media @MUNSCWK for all the latest news and events.

### DID YOU ATTEND THE HARLOW CAMPUS?

Social work students were among the first to attend Memorial's new Harlow campus in the early 1970s. As part of our on-going research into the history of social work education, we'd love to hear if you attended Harlow, so let us know at [socialworkalumni@mun.ca](mailto:socialworkalumni@mun.ca).

## NEW! PROFESSIONAL ASSOCIATES OF MEMORIAL UNIVERSITY

As part of the celebration of 50 years of professional social work education, the school is offering social workers who serve as field instructors the opportunity to be appointed as Professional Associates with Memorial University.

Professional Associates will be recognized and receive a certificate at the annual Field Education Recognition event, highlighted on the School's website, and invited to School of Social Work Signature Events.

This three-year, renewable appointment also enables field instructors to access the university's library resources, which will support them in their contribution to the professional and educational development of social work students.

## NEW FIELD EDUCATION INITIATIVE

Continuing with the commitment to respond to calls to action from the Truth and Reconciliation Commission, the School of Social Work began a new initiative this past fall.

The school has partnered with the Government of Newfoundland and Labrador's Department of Children, Seniors and Social Development to support students to complete field practica focused on Indigenous child welfare, in rural and remote communities in Labrador.

In November, members of the school's Field Education Team travelled to Labrador to consult with elders, community members and leaders, social workers, and other human service professionals to enhance their experience, knowledge, and understanding of the culture and history



of various peoples in remote and rural communities in Labrador. The team trained Field Instructors and worked with them regarding the knowledge and understanding required by Bachelor of Social Work students to complete practica in their communities.

## A FAMILY AFFAIR: INTER-GENERATIONAL SOCIAL WORK STORIES

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

Registered social worker Troy Mitchell shares his thoughts on his daughter Hillary following in his footsteps into the

social work profession, and Hillary weighs in too!

### TROY (CLASS OF 1996):

"Hillary was raised around many community outings and showed compassion for others. Her mother and I felt she would end up in a helping professional. Ultimately, it was her years as a camp counsellor which firmed her decision to choose social work. I'm really proud of the young woman she has become; she'll be a great social worker. Hillary has also influenced me. It was a discussion with her as an eight-year-old in 2005 that sparked my international aid activity, which continues today. Hillary was active at many project events with our organization, Two Villages."

Asked if he had any words of advice he'd like to offer Hillary as she embarks on her social work career, Troy advised:

"Be open and patient with your career. Find an area of practice which engages you and fits your skill-set. Look for mentors and pay attention as they demonstrate the complex nuances of the profession. Maintain your sense of humour - it will serve you well."

### HILLARY (CLASS OF 2019):

"From a young age, I understood that my father was making a difference in the community. As a young girl, I spent a lot of time with him at various fundraisers and events, all organized by him. My father was passionate and dedicated to the profession. Although he never did directly encourage me to join the social work field, watching him work in different dimensions of the profession, and advocate for various populations, I was inspired to join. I do not feel that I chose the profession of social work, I feel as though social work chose me."



# Promotion

## Creating Legacy and Rediscovering Pride in our Profession, in Life and After Loss!

BY KIM KELLY MEd, BSW, RSW

The inspiration for another pride-focused article came in June when RSW colleague Ivy Burt informed me that End Homelessness St. John's established the Wanda Jackson-Hoddinott Memorial Housing First Training Scholarship. Wanda died in 2016 but prior to that she was quoted in the January 2011 edition of *Connecting Voices* as saying "I am proud to be a social worker and hope my contribution to the lives of individuals and community will make a difference" (p.14). Well, many of us watched her make a difference and her legacy continues in the scholarship that was created to recognize her "exceptional role in our community as a mentor, collaborator, and visionary in reshaping services to prevent and end homelessness" (Stella's Circle, n.d.). The inaugural award recipient is fellow RSW Jill Peckford. Congratulations Jill for carrying Wanda's legacy forward!

In May 2018, the MUN School of Social Work hosted its second annual Scholarships and Awards Ceremony and again I was filled with pride as BSW students received awards in recognition of their academic excellence, activism, social justice, and commitment to mental health. Two of the school's awards are named for social workers whose legacy continues in the Rick Morris Memorial Bursary and the Jackie Brown Memorial Social Work Scholarship.

For those of you who have been honored to receive awards in memory of someone, it is important to reflect upon the person for whom the award is named. This is the essence of pride for donors who set up the award in honor of their family, friend or colleague. Having lost my brother Brendan to suicide, I am reminded that "The nature of a death should not take precedence over the appreciation of the life of a loved one" (Hedtke & Winslade, 2004, p. 121). Hedtke & Winslade also state that suicide should be restoried so as not to blot out all aspects of a person's life. Because I want people to remember more about Brendan than the nature of his death, I created an award in his name called the Brendan Kelly Memorial Award that is valued at \$500. While this award has relatively small monetary value in comparison to others, the sense of pride this has given my family is immeasurable. We are filled with pride when we present the award to a BSW student who will continue his legacy of service to individuals and the community. There is no greater sense of pride than to know the legacy of our loved ones will live on!

On October 12, 2018, the MUN School of Social Work held a pride filled celebration that was 50 years in the making. Not even a transformer that caused the lights to go out put a damper on the festivities. With no microphone, Sheena Findlay, (faculty member with the MUN School of Social Work from 1973-1996, and past Associate Director) reminded

the 230 attendees to "be proud of what we do every day for individuals, families and communities...that we have to raise our heads up from our work and remind ourselves who we are and what we stand for." After listing out the many areas of practice whereby social workers work, Sheena went on to say "what a motley crew – what a passionate and compassionate crowd." She reminded us to reflect on our potential for influence and impact. She said, "if you count up all the contacts you have in a week with client groups, families, people you work with or for, and multiply that by say 2000, that adds up to a formidable and powerful force for change. You have individually made a difference in the lives of people you serve. Celebrate...I want you to recognize your potential to make an even larger impact collectively...you have the power to advocate for justice and to launch projects...because you have the power to change...so please use the power you have." Yes Sheena, I agree that we social workers need to take great pride in what we accomplish as individuals and as a collective. There is much to be proud of in our profession!

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# Issues

## MAiD: Walking the Journey with our Clients

BY SHANNON FUREY MSW, RSW

As death sits before us, with its uncertainty and its myriad of possibilities, we can be shaken with the fear of not knowing what is to come. For some, the dying process can be gentle and gradual. But for others the dying process can entail symptoms that are difficult to manage. Some spend countless hours problem solving their symptoms as the body enters its final stages of living (Lynn, Harrold & Schuster, 2011). Unfortunately, challenges managing symptoms in the dying process can inevitably lead to a great deal of psychological suffering.

Canadians now have the option of a medically assisted death, and this, gives them an opportunity to have a higher degree of control and predictability in the dying process. Medical assistance in dying (MAiD) offers opportunity for choice, an opportunity to maximize control, and a clear chance to be empowered after months or years of a journey through an illness that has given them very little choice. The option to legally have a medically assisted death is not of interest to all those who are imminently dying. MAiD can be too powerful and finite for some people to even consider.

Medically assisted death has had an impact on healthcare providers. For every nuance in medicine, there are caveats. MAiD is no different, and it has presented some of the most ethical considerations in medicine as we know it in the 21st century. Many individuals and healthcare providers have struggled in the face of this intervention (Fujioka, Mirza, McDonald

“Medical assistance in death has reminded us of the importance of ethics in our daily work. It has also reminded us to be self-aware as self-awareness is crucial for competent social work practice.”

& Klinger, 2018). There is no doubt that a medically assisted death is one that puts more control of the previously uncharted journey of the natural progression of death and dying into the hands of medicine. Medically assisted death encompasses deep moral and ethical considerations, those considerations run deeply through one's own personal values and conscience.

So, as a social worker, how do we walk this line between maximizing choice and control? When I think about MAiD, I am initially reminded of my social work Code of Ethics. Within the core social work principals, values 1 to 3 recognize respect for inherent dignity and worth of persons, pursuit of social justice, and service to humanity (Canadian Association of Social Workers (CASW) Code of Ethics, 2005).

In my opinion, we continue to walk the journey with our clients that we have always walked. That journey has

always called for us to be self-aware and in tune with our own intuition, knowing when to stay onboard and knowing when it is time for us to step aside and pass our work along to a colleague. As social workers, we walk the road of social justice with our scientific knowledge in one hand and our professional judgement and skill in the other. Medical assistance in death has reminded us of the importance of ethics in our daily work. It has also reminded us to be self-aware as self-awareness is crucial for competent social work practice.

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# Perspectives

## Stepping Up

BY BRIAN KENNY MSW, RSW

I've worked at Aspens and Oaks as a counsellor for the past 15 plus years. I've always kept my scope of practice narrow, working almost exclusively with persons experiencing separation and divorce, high conflict child custody disputes and blended family issues. It's an honour to work with clients willing to share their hopes, fears, and raw feelings at vulnerable times in their lives. Truthfully, I'm very grateful for the lessons my clients teach me.

One of the things I find most fascinating about counselling is that problem areas seem to come in waves. I'm not just talking about a surge of clients with anxiety or depression, but trends that are more unique in nature.

For example, there has been a recent trend of distraught parents whose young adult children seem to be taking their time (and their parent's money) figuring out what they want to do with their lives. "Will they ever grow up? When I was their age I was already out on my own, finished my education, working, etc. Why is this generation taking longer to grow up than ours? What will become of my young adult son or daughter?"

This trend led me to an interesting book entitled "Emerging Adulthood: The Winding Road from the Late Teens Through the Twenties", by Dr. Jeffrey Arnett (2015). According to Dr. Arnett, in the past half century what most people experience during the years from age 18 to 29 has changed dramatically in industrialized societies. Instead of entering marriage and parenthood in their early twenties,

most people now postpone these transitions until much later. Essentially, a new developmental stage has been created between adolescence and young adulthood, widely referred to as "emerging adulthood".

The message is "yes", young adults will eventually grow up, but stop using your own late teens/early 20s as a yardstick for how they should be progressing. They will eventually "get there", so take a deep breath and relax.

But while "ages and stages" trends are interesting, what's really thought-provoking are the quirky trends you would never suspect unless you witnessed them first hand.

A few years ago, the trend was couples experiencing marital problems, who were undergoing major renovations in their home. All of them complained their home was "in a state", renovations were taking too long, the blown budget, the exhaustion that comes with too many "do it yourself" projects, and the chronic stress associated with the tear up of their home.

This work gave me some very practical advice: make sure renovations are time limited, a few weeks at the most, keep the "while we're at it" to a minimum and most importantly stop pretending you have the time or skill to take on projects best left to the experts.

Usually these trends are easy to spot, but the latest trend really took a while before I could see it taking shape. Let's see if you can spot it here:

- The client is a middle-aged woman, one of four adult children whose mother is in her early 80s. Their

mother is lonely, requires ongoing trips to the doctor, and needs increasing levels of care. Due to various reasons, the client has been left with the primary responsibility of providing for her elderly mother's needs, with little help from her siblings, despite her siblings living in the same community.

- A rural professional who works in a small community where the level of professional services is in short supply. Consequently, the professional is essentially doing the work of two of their counterparts who work in a larger community.
- A parent of two children, sharing custody with their ex-partner, who must deal with their children being miserable because their ex-partner is seldom home whenever the children are in the ex-partner's care. Consequently, they must take on more childcare duties than the co-parenting arrangement requires - more than their new partner/the children's new stepparent welcomes.

With the exception of the last client, the first two came to counselling for reasons unrelated to these chronic problem areas in their lives.

Because this trend came from clients with vastly different problems, it took me a while to notice. It's the expectation imposed on persons, at various stages of their lives, to "step up" and assume responsibility for matters that by rights should be shared more equitably with others.

What do these three people have in common? A sense of duty, a level

of maturity that outpaces many of their peers, feelings of chronic stress associated with their workload, a sense of being “taken for granted” by others and, perhaps most importantly, a sense of not being appreciated.

Lessons learned from clients who have taken on excessive renovations in their home are easier to discern than lessons from these complex life events. However, I believe each of these trends comes with a life lesson that should inform our work as social workers. What am I meant to learn here?

I’m writing this article in part because I haven’t quite figured that out yet. Ten years ago, I’d be searching for some insightful wisdom to impart upon my colleagues, but I’ve grown more comfortable in recent years asking questions than looking for trite answers.

My favourite author, John Sandford, has a recurring character in his novels, a psychologist named Sister Ellie, who

Detective Lucas Davenport consults with from time to time. In his novel *Extreme Prey* (2016), Sister Ellie was trying to help Lucas understand the psyche of a vigilante “out for justice” cynic who was convinced that only he could right the wrongs of an unjust world. She says to Lucas, “Your Unsub doesn’t have a lot of experience with nuances, or with situations in which there are no easy answers. He believes in good and evil, right and wrong and (isn’t comfortable with situations that don’t fit in tidy boxes)” (p. 46).

I guess I’ve always thought this to be the essence of social work – helping people in tight spots that have no easy answers. What is it about the social work profession, perhaps more than any other professional group, that fosters an innate ability to work in situations that do not fit in tidy boxes? How is it that social workers have this unique capacity to provide support to persons who have reached a moment in their lives where “what should be” and “what is” come crashing

together? How is it that social workers instinctively look beyond the textbook answer to one that will fit into their client’s world?

The layman says, “Don’t just sit there, do something!” while a social worker says, “Don’t just do something, listen - work with your client to help them find their way through”.

When our clients find themselves having to “step up” to meet these responsibilities, we have an opportunity to stand up with them to provide needed support. Maybe this trend is a good reminder of the importance and the value of this support in people’s lives. And maybe it’s a reminder that as social workers, we’ve gotten pretty good at it.

#### REFERENCES

Arnett, J. (2015). *Emerging Adulthood: The Winding Road from the Late Teens Through the Twenties*. New York, NY: Oxford University Press.

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### Cognitive Behavioural Therapy—Tools for Thinking Differently

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*This workshop provides a strong foundational knowledge of the principles and strategies involved in using Cognitive Behavioural Therapy (CBT).*

### Trauma-Informed Care—Building a Culture of Strength

St. John's: March 28

*This workshop explores how to build a trauma-informed culture in a workplace setting that integrates knowledge throughout the organization.*

### Borderline Personality Disorder—Understanding and Supporting

St. John's: April 17

*This workshop provides strategies for supporting meaningful and manageable change in the lives of those impacted by BPD.*

### The Ethics of Helping—Boundaries and Relationships

St. John's: May 1

*This workshop is designed to give individuals and organizations an opportunity to review common principles and standards for ethical practice that are relevant for their settings.*

### Harm Reduction—A Framework for Change, Choice, and Control

St. John's: May 29

*This workshop provides practical strategies for working with individuals, families, and communities within a harm reduction framework.*



# Acknowledgement

## Public Service Awards of Excellence

BY MAUREEN MERCER BSW, RSW

On October 3, 2018, the Public Service Awards of Excellence were presented in St. John's. As noted on the Government of Newfoundland and Labrador website, this award is the highest honour that can be received by public service employees.

This year, one of the individual awards was presented to Renee Byrne. Renee is a registered social worker and has worked with Victim Services since 1994 in a variety of roles.

To read more about Renee's contributions to the public service and social work profession, please visit [https://www.exec.gov.nl.ca/excellence/2017/renee\\_byrne.html](https://www.exec.gov.nl.ca/excellence/2017/renee_byrne.html).

Congratulations Renee!

Congratulations are also extended to the Towards Recovery Team on receiving a Public Service Award of Excellence. This is an interdepartmental team which includes many registered social workers. To read more about the work of this team and why they received this award, visit [https://www.exec.gov.nl.ca/excellence/2017/2017\\_team.html](https://www.exec.gov.nl.ca/excellence/2017/2017_team.html).



RENEE IS PICTURED WITH HONORABLE DWIGHT BALL, PREMIER OF NEWFOUNDLAND AND LABRADOR AND ANN MARIE HANN, CLERK OF THE EXECUTIVE COUNCIL

### Avoid All Late Fees!

Renew your registration online by February 15, 2019 (midnight Island time).

February 2019						
S	M	T	W	T	F	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

Friday, Feb 15th 2019

# 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

MONA BUDDEN, MSW, RSW

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## Diversity and Inclusion: Fostering Cultural Competence in Practice

**TUESDAY, FEBRUARY 12, 2019**

2 p.m. - 4 p.m. (Island Time)

In-person: *Health Sciences Centre, Main Auditorium OR*

Webcast: <http://www.nlasw.ca>

**No registration required. This event is offered free-of-charge in partnership with the Association of Registered Nurses NL, College of Licensed Practical Nurses NL and MUN School of Nursing.**

### Panel Presenters:

Mollie Butler RN, PhD, BScN, MPA, Regional Director Professional Practice and Indigenous Health, Eastern Health

Jim Oldford MSW, RSW, Social Worker, Janeway Family Centre, Child and Adolescent Mental Health

Rob Sinnott MSW, RSW, Social Worker, Mental Health & Addictions, Eastern Health

Katie Dicker, Senior Aboriginal Patient Navigator, Eastern Health

