

Connecting Voices

Newfoundland and Labrador Association of Social Workers



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July 2015 • Vol. 19, No. 2

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Feature

What is the Nutrition and Mental Health Connection?

**BY LAURIE PINHORN
BSC, BSW, RSW, RNCP**

Does the food on our plates impact our mental state? As a social worker, holistic nutritionist, and naturopathic therapist, I think this is a great question, with a very important answer.

For many years, I was a practicing social worker in a community-based mental health organization

called Stella’s Circle. Working in this organization challenged my social work skills daily, and it was only after I started studying holistic nutrition that I realized the complex nutritional needs of the people with whom I worked. Many of my clients had lived in jails, hospitals, and on the streets, where they had minimal control over their nutrition. When you consider the systemic health issues that come from living in poverty to relying on income

support, it is extremely challenging to purchase nutritional foods. Throughout my social work career, mental health and its relationship with nutrition has been of great interest to me. That is why, when it came time to choose a topic for my holistic nutrition masters’ thesis, I chose to further research the nutrition and mental health connection.

SEE FULL STORY ON PAGE 5



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"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

Change is in the Air!

BY MEGHAN HILLIER-CALDER
BSC, BSW, RSW

It is with great pleasure that I am writing this editorial for the summer edition of *Connecting Voices*. I love watching the seasons change. Just a few months ago, in the cold of winter, I could hardly see across the street because of the mountains of snow in my front yard and now I am seeing the beautiful flowers blooming in my garden and feeling the warmth of the sun. It is amazing to see such change in a short period of time!

It was only three years ago that I wrote my first editorial as co-editor after returning from living in Grande Prairie, Alberta. As I write this editorial, I am keenly aware of more change to come as I once again will be relocating outside of Newfoundland and Labrador. As social workers, change is sometimes the only thing that is constant. Due to the nature of the organizations in which we work, change can occur with leadership, budgets and policy. I believe one of the most important strengths we have as social workers is our ability to be flexible through change. We also have the opportunity to witness amazing changes in the populations with whom we work. Although sometimes the change is minimal, I think this quote by Martin Luther King Jr. could serve as encouragement in times when inspiration may be needed: "Faith is taking the first step even when you don't see the whole staircase."

In my January 2013 editorial, I referenced an article written by Susan MacLeod and Val Elson describing the development of two new treatment centres for youth that were underway. We have an article in this edition



from Susan MacLeod describing one of those centres. The Tuckamore Centre, a treatment centre for youth with complex mental health needs in Paradise, has been up and running since September 2014. The opening of this centre, along with the Hope Valley Youth Addictions Centre in Grand Falls – Windsor is a major accomplishment which will greatly contribute to the services provided to children, youth and their families in our province.

Also, in this edition, you will find articles discussing long-term care in our province, culture and diversity and mental health. Connie Pilgrim and Stephanie Howlett discuss the St. John's Long Term Care Facility, which opened in September 2014 replacing the Hoyles-Escasoni Complex. Laurie Pinhorn writes about the fascinating and important connection between nutrition and mental health, while Janice Genge discusses the exciting and timely Anti-Stigma Campaign that was developed by the Mental Health and Addictions program with Labrador-Grenfell Health. These are just some of the varied and thought-provoking articles found in this edition of *Connecting Voices*.

We also highlight the 2015 recipient of the *Canadian Association of Social Workers Distinguished Service Award*: Suzanne Brake BSW, MSW, PhD, RSW.

Suzanne received this award in a room filled with her family, friends and colleagues. In listening to her acceptance speech, I was inspired by Suzanne's humility and her passion for the social work profession; I am certain reading her speech will inspire you as well!

The editorial committee would like to thank all those who contributed articles to this edition; your contribution to this publication is greatly appreciated by the committee and our readers. We would also like to take this opportunity to encourage members to consider contributing an article to a future edition of *Connecting Voices*. As per the editorial policy, our committee is interested in article submissions from social workers that pertain to clinical practice, ethics, advocacy, promotion, community development, social policy, program development and service delivery, leadership, education and research. We are also interested in book reviews, updates on relevant resources, and articles that explore the interplay between the personal and professional. If you are interested in writing an article and have questions for the committee, please feel free to contact a member of the editorial committee.

This will be my last editorial, as I am stepping down as co-editor of *Connecting Voices* in order to prepare for the changes to come in my life. I enjoyed my role as co-editor very much and if I find myself living once again in my beautiful home province, I hope to rejoin the committee.

Have a wonderful summer! We hope you enjoy this edition of *Connecting Voices*!



Executive Director



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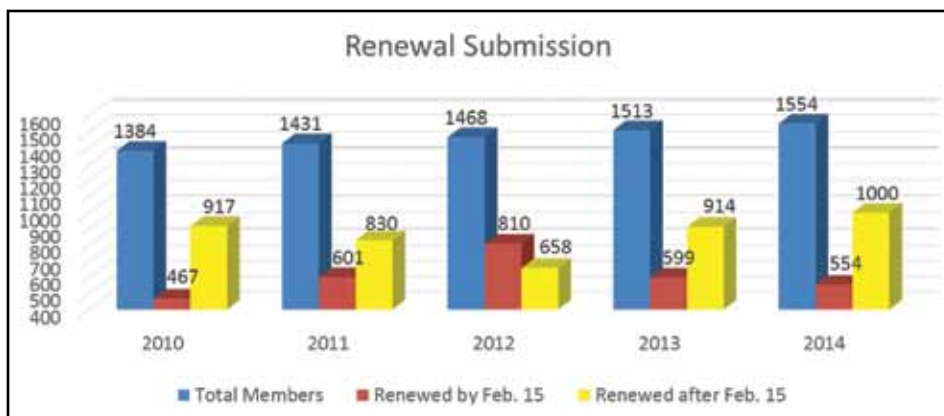
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Changes to Registration Renewal Deadline

BY LISA CROCKWELL MSW, RSW

The NLASW Board of Directors held its annual planning meeting on June 19th in St. John's. Last year the board of directors established a three year strategic plan which is available at <http://www.nlasw.ca/pdf/Strat%20Plan%202014-17.pdf>. This meeting provided an opportunity to reflect on the actions completed in the past year and to focus on the priorities for 2015/2016.

One of the decisions made at this meeting relates to registration renewal. Commencing in 2016, the board of directors has decided to establish February 15th as the deadline to complete the registration renewal process. Renewals received after this date will be subject to a late fee. The reason for this change can be seen in the pattern of renewal submission. The profession of social work is growing every year. Last year 1000 members



submitted their renewal after the administrative deadline of February 15th. Many thanks to those who have respected the administrative deadline throughout the years; however in order to ensure that all social workers are renewed by the legislative deadline of February 28th a change in the pattern of submission is required. Information about the change will continue to be communicated throughout this year.

The board took the opportunity to

extend a sincere thank you to Ian Shortall who recently completed his term as the NL representative to the Canadian Association of Social Workers (CASW) Board of Directors. Ian joined the NLASW board as President Elect in 2005, served as president from 2006-2008 and as CASW representative since 2009. His contribution to the profession on the provincial and national levels has been exemplary.



Feature

COVER STORY CONTINUED

How does nutrition support and impact our mental health? Well, none of us are in a very good mood when we are hungry but I am going to take the answer to this question to a deeper cellular level. From a biological perspective, a healthy supply and balance of neurotransmitters are responsible for the status of our mental health. For example, the neurotransmitters serotonin and dopamine play a major role in depression management. Gamma – Amino butyric Acid (GABA) is the brain chemical that helps to reduce anxiety and racing thoughts. Our bodies make these amazing brain chemicals from the proteins we eat – the production of our neurotransmitters is supported by our vitamin and mineral intake. This means, when we eat chicken, eggs, beef, pork and other vegetable-based proteins, we are actually supporting the quality of our mental health.

Another excellent example of how our food impacts our mental health involves our fat intake. Each one of our brain cells (and we have millions of them) relies on healthy fats to function optimally. When we eat substandard types of fats like trans fats and not enough healthy brain-friendly fats such as fish oils, avocado, and the fats that come from nuts and seeds, our mental health suffers. Simon Young wrote, “fat is the macronutrient that best illustrates the expression “you are what you eat” because the lipid composition of the brain in part reflects the dietary intake of different lipids” (Young, 2002, p. 208).

In their article *Nutritional Therapies for Mental Disorders*, Lakhan & Vieira (2008) discuss the connection between



mental health and our modern diets: “the prevalence of mental health disorders has increased in developed countries in correlation with the Western diet” (p. 2). Western diets tend to consist of processed, pre-packaged foods: foods that have more calories, are more convenient, and have less nutritional value. From a mental health perspective, it is symbolic that the abbreviation for Standard American Diet is SAD.

There is a general recognition that poor nutrition choices impact the physical body, and that they could result in chronic health issues such as heart disease, obesity, or diabetes. In my professional experience, little attention is paid to the biological reality that inadequate nutrition impacts the brain, which in turn impacts mental health issues. We are missing this important piece of information: “Just like the heart, stomach and liver, the brain is an organ that is acutely sensitive to what we eat and drink. To remain healthy, our brains require different amounts of complex carbohydrates, essential fatty acids, vitamins minerals, and water” (Cornah, 2012, p.6).

For the past three years, I have been in private practice and my main focus is helping people live their healthiest, happiest lives. I work with individuals, families, and groups and explain the connection between food and their mental health. We explore how

improved nutrition can provide support for enhanced therapeutic outcomes. My education in holistic nutrition has provided me with an additional biological focus while conducting assessments and developing mental illness recovery plans.

In his introduction to *Feeding Minds: The Impact of Food on Mental Health*, The Chief Executive of the United Kingdom’s Mental Health Foundation wrote, “the time is now for nutrition to become mainstream, an everyday component of mental health care, and a regular factor in mental health promotion. In fact, we know that dietary interventions may hold the key to a number of mental health challenges our society is facing” (Cornah, p. 3). I believe in the power of this statement and I take it with me into my social work and holistic nutrition practice every day. It is my hope that one day in the near future, clinical social work will look at how nutrition can provide a foundation for improved therapeutic outcomes - that we use the knowledge that supporting specific vitamin, mineral and amino acid deficiencies can be an important part of our assessments and case plans for mental health recovery.

Eat up!

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Clinical

Tuckamore Centre: A Treatment Centre for Youth with Complex Mental Health Needs

BY SUSAN MACLEOD MSW, RSW

This new youth treatment centre, located in Paradise, Newfoundland and Labrador (NL), was first announced by the Provincial Government in its' 2010 Budget. It was developed under the direction of the Department of Health and Community Services, and is operated by the Mental Health and Addictions Program of Eastern Health.

This facility, along with the Hope Valley Youth Addictions Treatment Centre in Grand Falls-Windsor, NL, has enhanced services and treatment options available to youth in our own province. Up to this point, youth who needed this level of treatment were required to travel outside the province for extensive periods of time.

Considerable planning went into the design and construction of the building, as well as, into the development of the treatment program at the Tuckamore Centre. The facility has the capacity to accommodate up to 12 young people between the ages of 12 and 18 years. It is divided into three living areas with each housing a maximum of four youth. There is also a school area with three classrooms, a recreational space, an administrative/office area and an apartment for visiting families.

The centre aims to provide a safe environment for young people, offering structure and routine, and using everyday life experiences as a guide to daily living and coping skills. The treatment program includes individual, group and family counselling. Young people attend school on site with



Photo Courtesy Susan MacLeod

learning goals based on individual needs and also engage in therapeutic recreation, art and music therapy.

The centre is staffed 24 hours a day, with a minimum of one staff person for every two youth. In addition to a program manager, the centre includes staff from a number of specialized clinical fields including child and youth care, nursing, psychology, psychiatry, social work and occupational therapy. As well, there are professionals from other fields such as recreation, art, music therapy and education.

Staff members not only work with youth, but work closely with their families to ensure that when they return home following treatment, the transition is positive and families have the tools they need to continue to

support the youth.

The youth at the centre come from a wide variety of backgrounds and struggle with an array of complex mental health issues. Some may have a diagnosis such as depression, bipolar disorder, conduct disorder or attention deficit hyperactivity disorder (ADHD). They may have a combination of mental health issues that cause them to experience self-harming behaviour or thoughts of suicide.

Most of the young people referred have already received mental health services in the community; however, due to the seriousness of their issues, they require a more intensive treatment environment to achieve their goals. The average length of stay at the centre will be six months;

however, some may stay longer, depending on their individual needs.

Some of the young people may have experienced trauma, abuse or have serious conflict within their family and may have trouble coping as a result. Many of them will not have experienced success in the regular school system due to their particular issues or challenges and may have major gaps in their learning.

Some may also have engaged in risk-taking or self-destructive behaviour and used alcohol or other substances as a way of coping with problems. However, if addiction is their primary problem, they will be referred to the Hope Valley Youth Addictions Treatment Centre.

Tuckamore Centre will provide an option for young people who need this level of intensive treatment to receive it, while remaining in this province, close to their families, their communities and other support systems. It is also important to keep in mind that the care offered at this facility, while significant, will be just one component of a continuum of community-based mental health services designed to meet the needs of youth in this province.

It is the youth of Newfoundland and Labrador who will be the chief beneficiaries of these enhancements to our mental health and addictions program. Both the Tuckamore Centre in Paradise and the Hope Valley Youth Addictions Treatment Centre in Grand Falls-Windsor represent a

giant step forward in meeting the variety of complex needs that have been identified among young men and women in our province.

For additional information, contact Program Manager Susan MacLeod MSW, RSW 709-752-4950 Susan.MacLeod@easternhealth.ca.

For referral information contact one of our social workers and Intake Coordinators

Darlene Didham MSW, RSW 709-752-4529 Darlene.didham@easternhealth.ca

Lawrence Avery MSW, RSW 709-752-8151 Lawrence.avery@easternhealth.ca



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

CASW Distinguished Service Award

The Canadian Association of Social Workers (CASW) Distinguished Service Award is presented annually by the CASW to an individual or group of individuals selected from their membership by each CASW member organization. The deadline for nominations for this award is November 30th, 2015.

NLASW Pride in the Profession Award

The NLASW Pride in the Profession Award is presented annually to a registered social worker in Newfoundland and Labrador selected by the NLASW Promotion of the Profession Committee. The deadline for nominations for this award is January 15th, 2016.

For more information on these awards please visit our website - www.nlasw.ca

Distinguished Service

CASW Distinguished Service Award Winner: Suzanne Brake, BSW, MSW, PhD, RSW

The Canadian Association of Social Workers (CASW) Distinguished Service Award honours Suzanne's significant contribution to the social work profession. Suzanne received this award during a breakfast with her colleagues, family and friends on March 25, 2015. Following is an excerpt from Suzanne's acceptance speech which has been printed with permission.

It is with great pleasure and total humility that I stand before you today. Being recognized by one's peers is an honour indeed.

I would like to thank the CASW and the Newfoundland and Labrador Association of Social Workers (NLASW) for selecting me for this award as well as my nominees and colleagues Carol Snelgrove and Henry Kielley. I would also like to recognize my family who are here today...my partner Bob O'Brien, my son and daughter-in-law Nick Crosbie and Jess Dellow and my brother and sister-in-law Bob and Paulette Brake, also my long-time friends and co-graduates from the class of '79, and Minister Jackman who has joined us this morning as well.

Preparing for this speech has presented me with an opportunity to do a bit of a life review. I would not be much of a gerontologist if I did not support life reviews. How did I get here? Why would anyone think my service is distinguished? What led me to select social work as my career path? Does this mean that my career will soon come to an end?



My review starts when I was in grade five. My teacher Mr. Vincent asked every student to write a letter. When I graduated from grade 11, I came home one day to find that letter. He had mailed them to each student. In my letter I described myself...long red hair...freckles...blue eyes and 4 feet 3 inches....and I said when I grow up I want to be a nurse or an interior decorator! Imagine a child growing up in a three bedroom house with mother, father eight brothers and sisters....grandparents living with us in winter.....two channels on tv....a shared phone....two pigs and dozens of hens in the backyard along with an acre of vegetables....how did I even know what

an interior decorator was! But what I did know was that although my family had few extras in life there was always lots of food, warmth, love and sharing. We were also given a firm message that education was essential to our survival as was contributing to making our world a better place.

As life went on, I decided I wanted to be a social worker! I needed to contribute towards creating a world where everyone had a role and place. According to the written part of my application to the School of Social Work in 1976, I said "I find no other career as challenging and suitable to my individual needs and motives... it is impossible for me to reveal what fields of social work interest me most... if we see life through shaded glasses there is no way it can become brighter and better"....you see I wanted to provide others with the tools, skills and knowledge they needed to overcome challenges in their lives. I "needed" to focus on social development and social justice....it was during my third year at university – the first year in the social work school that I was introduced to our professional association.

I had no idea that being a social worker was not just a career but a way of life....a mission with many blessings and lots of challenges as well. It is not only your career and life path but also one that impacts your family and friends. Our children learn very early in life the principles of inclusion, self-determination and the importance of social development.

The beginnings of social work can be traced to the early 1900's and the influences of Jane Addams and the settlement movement and Mary Richmond and her charity organization. Our social work code of ethics reflect the influences of these two strong and committed women who stood up and challenged society to combat poverty, and embrace equality and inclusion. We as social workers believe in the inherent dignity and worth of people; we believe in the pursuit of social justice and service to humanity; and we believe in integrity, and competence and confidentiality in our professional practice. Our values define who we are as professionals but also as individuals.

My thirty-six years of practice has offered me the opportunity to experience social work from a variety of perspectives....clinical, administrative, managerial, policy, research and teaching. Social work training has also set the stage for contributions through volunteerism and how we experience our family life. The broad knowledge base we acquire, grounded in a variety of theoretical approaches, married to a solid value base allows us to apply our skills in many different areas of social work and indeed other fields and careers as well.

As many of you know a great part of my career has been focused on one population of people....older adults. As professionals and as individuals we have focused much energy on addressing discrimination....race, gender, sexual orientation, disability and so on. My focus for many

years has focused specifically on discrimination of people based on age. Raising awareness of the strengths and attributes and contributions of people as they grow older is essential as the population ages. We have seen increased evidence in the past few years of what I call "generational angst"....a belief by younger people that they will become responsible for the growing numbers of older people... as they see it, a great burden with unknown and untold consequences. 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.

In my life review, I would like to speak to three of my career highlights "so far". First, I can barely describe the intense feeling of satisfaction I achieved while working in a long term care facility as a social worker and later a manager (among other roles). People were perplexed about my interest in working with people with failing physical and mental health challenges and indeed nearing the end of life. Back then this was not a sexy or appealing age group to work with and in fact it was suggested that I might be wasting my skills! But I absolutely knew that I was professionally and personally in the right place. Older adults need to be recognized as ongoing contributors to society rather than burdens. I hope my contributions to working with older adults has been worthwhile and I have somehow contributed toward addressing ageism however my contributions could never equal the lessons I learned about the latter stages of life especially in an

institutional setting...it has impacted me since and contributed to my every decision whether in practice, research, mentoring, or policy development.

My second highlight is the joy of mentoring students. I have learned so much from students and have experienced great satisfaction in sharing my knowledge and skills with them. The time and energy is minimal when you consider the rewards you receive. I encourage all social workers to share their experiences with students.

This brings me to my third and more recent highlight - the proclamation of the Adult Protection Act. This Act protects any adult who lacks capacity to understand and appreciate risk, and is being neglected or abused. It reaches out to some of the most vulnerable people in our society; with a legal obligation for citizens of our province who are aware to report. The road to proclamation has been long and a thoughtful well-articulated process. My contribution has been minimal in comparison to the numerous contributions by others however being part of bringing this Act to reality has been a career highlight for me. We must now continue to work tirelessly towards ensuring that vulnerable people in our society are well protected.

In conclusion, I have now reached a place in my life review when I have to consider whether this award means I am nearing the end of my career, and the answer is no. My contributions to paid work will continue, and when that comes to an end then there is still so much to do!



Check out the newly revised NLASW website at www.nlasw.ca.

Community

Seeing Beyond Vision Loss in Newfoundland and Labrador

BY LYNSEY SOPER BA, BSW, RSW

Established in 1918, CNIB (Canadian National Institute for the Blind) provided food, clothing, residences and library services to blinded veterans and other Canadians living with vision loss.

The organization has evolved over the last 97 years. In addition to charitable programs such as education, advocacy, research and client support, CNIB has become the primary provider of vision rehabilitation in Newfoundland and Labrador.

CNIB strives to ensure all Canadians who are blind or partially sighted have the right to access vision rehabilitation – unique services and programs that enable individuals to remain independent, healthy and active, in their homes and communities.

Over 6,800 residents in Newfoundland and Labrador are living with significant vision loss (Gordon, 2013). Individuals of all ages and with varying degrees of vision loss access CNIB services – with 9 out of 10 individuals having some degree of sight.

Due to a number of factors, including an aging population and growth in the key underlying causes of vision loss such as obesity and diabetes, the prevalence of blindness and partial sight in Canada is expected to increase nearly 30 percent by 2024 (CNIB, 2014).

CNIB services are provided at no cost. Self-referrals as well as referrals from family members, friends, and



health care professionals are welcome. Once CNIB receives a referral, an eye report from the individual's eye care and vision health professional will be requested.

CNIB's vision rehabilitation specialists deliver programs and services where individuals with vision loss need them most: in their own homes and communities, over the phone, online and at CNIB centres in St. John's, Corner Brook, Grand Falls-Windsor and Happy Valley-Goose Bay.

CNIB'S PROGRAM AND SERVICES:

Counselling

CNIB's social worker provides individual, family, and group counselling to help individuals and their families through the grieving and adjustment process related to vision loss. The social worker also advocates

with individuals and assists them in connecting with resources in their communities.

Low Vision Assessments

Low Vision Specialists provide explanation and information about eye conditions and vision health, as well as instruction in the use of low vision aids such as magnifiers, and how to use lighting and colour contrast to maximize residual vision.

Independent Living Skills

Independent Living Specialists provide training in skills, techniques and adaptive aids to carry out everyday activities such as preparing meals safely, identifying money and using the telephone. Instruction also includes organizational and labelling techniques for both household and personal items.

Orientation and Mobility

Orientation and Mobility Specialists teach people how to travel safely, independently and confidently in their home, community and workplace. Instruction includes the sighted-guide technique (a safe way to walk with a sighted person), way-finding skills, long cane techniques and street crossings.

Assistive Technology and Products

Assistive Technology Specialists provide information, demonstration and training enabling people to use screen magnification, screen-reader programs, cell phones with accessible features and other technologies.

Employment Services

Career and Employment Specialists provide career exploration services, workplace accommodation assessment, post-secondary transition planning, and support to employers and employment agencies.

Early Intervention

Early Intervention Specialists help children and youth reach

developmental milestones and build social skills through one-on-one instruction and peer programs. Families discover resources, receive counselling and participate in workshops on raising, and advocating for, a child who is blind or partially sighted.

Volunteer Services

The social worker also coordinates the volunteer programs at CNIB. Volunteers play a vital role in strengthening communication and connection with CNIB clients through conducting client experience surveys, writing and distributing a client newsletter, and calling clients to give them updates on CNIB events, services, and programs. CNIB volunteer ambassadors also interact with the public to break down misconceptions about individuals with vision loss and raise awareness of CNIB services. Volunteers also provide direct service through programs such as Vision Mate in which volunteers are matched with individuals living with vision loss to offer companionship and help with day-to-day tasks and

errands. In addition, volunteers are engaged in leadership roles, assisting with administrative tasks, and raising funds for CNIB to provide services to individuals who are blind or partially sighted throughout the province.

CNIB strives to make information and transportation accessible, as well as remove physical barriers, and allow for equitable access to needed technologies and devices. In building an inclusive and barrier free society, CNIB also collaborates with individuals to eliminate discriminatory practices, physical and attitudinal barriers, stigma, and misconceptions regarding individuals with vision loss.

For more information about CNIB, please visit us online at cnib.ca/nl, like us on Facebook at [facebook.com/CNIBAtlantic](https://www.facebook.com/CNIBAtlantic) or follow us on Twitter (@CNIB).

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CNIB. (2014a). CNIB vision loss statistics. Unpublished internal document, CNIB.

Gordon, K. (2013). CNIB regional vision loss statistics. Unpublished internal document, CNIB.



Administration

CONTACT INFORMATION

If your contact information has changed (i.e., e-mail, mailing address or employer), please contact Kathryn Chafe at (709) 753-0200 ext. 204 or by email at kchafe@nlasw.ca to update your information.

PROFESSIONAL DEVELOPMENT FUND

The NLASW Professional Development Fund is available to provide financial sponsorship for members to attend professional education and development activities that meet the criteria established by the Continuing

Professional Education Policy. The next application deadline is September 16, 2015. Application forms are available on the NLASW website (http://www.nlasw.ca/education_fund.html) or by contacting Adrienne Foley at afoley@nlasw.ca.



DEADLINE FOR SUBMISSION FOR THE NEXT EDITION OF CONNECTING VOICES IS NOVEMBER 1 • 2015

School

News from the Memorial University School of Social Work

SPOTLIGHT ON FIELD EDUCATION

New Field Preparation Seminars were implemented as part of the Bachelor of Social Work curriculum in the fall of 2014. These seminars were developed and implemented in response to feedback from students, field agencies and instructors, to ensure that students are as prepared as possible and get the most out of the internship learning experience. Students must complete six field preparation seminars commencing as they begin the Bachelor of Social Work program in September, prior to their first field internship.

The seminars include:

1. What is Field?
2. Preparing your Résumé for Field.
3. Preparing for a Field Interview.
4. Ethics in Social Work Practice.
5. Respectful Workplaces (offered by Public Service Commission NL).
6. Professionalism in Practice.

Following the completion of the seminars, a new Pledge of Professionalism Ceremony is held. This ceremony is meant to mark the students' entrance into social work field education and to foster a sense of the ethical and professional responsibilities and obligations students have as they move through their social work education and into their professional lives after graduation. Students take a Pledge of Professionalism, reaffirm the Canadian Association of Social Workers' Code of Ethics and receive engraved name tags.



Photo courtesy Laura Woodford

BSW STUDENTS RECITE PLEDGE OF PROFESSIONALISM.

FIELD RESEARCH – NATIONAL AND INTERNATIONAL

Dr. Sheri McConnell is collaborating in the development of a National Field Instructors' course.

Dr. Shelly Birnie-Lefcovitch is presenting internationally on research exploring the use of **group field instruction** as an augment to the individual field instruction students receive during their internships. Students who recently completed their second internships participated in group field instruction sessions. They were assigned to groups based on type of internship (i.e. child welfare, health, community), and explored theory and practice in the context of their respective internship experiences.

SCHOOL INSTITUTING INNOVATIVE NEW DATABASE

The school is excited to announce it will soon be using Intern Placement Tracking (IPT), a user-friendly online service for students, field instructors and agencies, which is used by a number of Canadian schools of social work. Enabling tracking and simplifying the completion of field documents for students and field instructors, IPT streamlines many processes into one web-based resource and allows for tracking essential field information, improved organization and access.

NEW INTERNSHIPS

Looking for a rewarding connection with someone eager to learn? Consider taking on one of our social work

CONTINUED ON PAGE 19

Topics

New Home...New Beginnings

BY CONNIE PILGRIM MSW, RSW & STEPHANIE HOWLETT MSW, RSW

In September 2014, the St. John's Long Term Care Facility opened, replacing the Hoyles-Escasoni Complex. Similar to its predecessor, the St. John's Long Term Care Facility provides care to people who are assessed as needing Level 3 or Level 4 care. While the majority of residents are older adults, adults at varying ages live at the home due to physical, mental or developmental limitations that can occur across the life span.

The St. John's Long Term Care Facility has multiple units to meet residents' needs including units for residents with cognitive impairments and units for those who are cognitively well. The facility has a number of specialized units including a protective care unit and three wander guard units; a unit for people who are under 65 years old, often referred to as the "Young Adult Unit"; a unit providing care to individuals needing long term care placement with complex medical care needs; and a unit for residents of various ages with a developmental delay.

When an individual is referred for placement at the home there are a range of factors social workers consider when determining the most appropriate environment for the person. An important aspect of our work is to ensure a person in environment fit. This principle highlights the importance of understanding the individual in the context of the person's environment. For all of us our environment is comprised of a range of factors such as family, friends, economic status, political environment, spirituality and housing. Within long term care, the environment also encompasses the other residents

who reside on the unit, their care needs and behaviors, available services and the unique structural aspects of the unit (for example, whether the room is large enough to accommodate needed equipment). As social workers, when establishing whether a particular vacancy is an appropriate fit for the person who has been referred, we consider the individual's needs, the available services, and the unique culture of the unit. These factors were also considered when planning for an appropriate move for residents from Hoyles-Escasoni Complex to the St. John's Long Term Care Facility.

The St. John's Long Term Care Facility primarily has bedrooms with individual living spaces. This is different from the Hoyles-Escasoni Complex which primarily had shared resident rooms. The move to private rooms was a welcome change for some residents and family members of the former Hoyles-Escasoni Complex. However, other residents and their families had concerns about the decreased opportunities for companionship without a roommate or multiple roommates. The potential for increased social isolation was identified as a risk prior to the move. Social work has been involved in the site's Resident Social Engagement Committee in establishing ways to identify at risk residents and to meet any identified needs.

Another area of consideration for residents moving to the new home was the potential for relocation stress. Relocation stress is defined as "psychological and/or psychosocial disturbances as a result of transfer from one environment to another" (Capezuti et al. 2006, p. 487). Prior to and following the move, front line staff received education about indicators of

relocation stress as well as ways to help mitigate a resident's risk. For example, residents were moved with others from their unit to provide opportunities to maintain existing supports and friendships.

The move to the new home, and moving to a nursing home in general, is a major transition. This transition has been identified as a form of bereavement in which one grieves for the previous lifestyle to a dependence on others for all aspects of life ("Relocation Stress Syndrome", 2005). This applies to both the person moving and the person's family. One of the primary goals residents and their families often identify when moving is how to adjust to these major life changes. Adjustment counselling and supportive counselling are critical areas of social work practice in long term care. This includes working with the person and his/her family to identify past coping strategies and exploring how these strategies can be beneficial in helping them cope and thrive with a move.

It has been 10 months since the move to the St. John's Long Term Care Facility and assessing residents' adjustment to the home remains ongoing. Staff become like family to the residents' and vice versa. Therefore it is only fitting to end with this quote: home is where love resides, memories are created, friends always belong and families are forever.

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Initiatives

Anti-Stigma Campaign – “Stop the Secret. Stop the Stigma.”

BY JANICE GENGE BSW, RSW

Imagine you have been asked to write down your deepest, darkest secret. Are you feeling nervous? Embarrassed? Are you worried that someone will find and read this piece of paper? What are you thinking? Now, imagine you have been given a lanyard and have been asked to “wear” your secret around your neck for the world to see. You must “wear” this at work, in your community, at the gym; basically, everywhere you go, people will see the one thing you have tried to keep secret for so long. Now how do you feel? Anxious? Scared? Are you afraid that people will look at you differently? For 20% of Canadians who personally experience a mental illness and who “wear” this illness everyday of their lives, these are the thoughts and questions that come to mind.

Mental health problems and illnesses affect just about every family in our province and country. As noted through the province’s mental health and addictions awareness campaign *Understanding Changes Everything*, “1 in 5 people in this province will experience a mental illness or addiction first hand this year.” This is quite significant, and as Martin and Johnston (2007) highlight “For people living with mental health and addiction problems, and for their families, the challenges associated with their illness have long been exacerbated by the experience of stigma. The Mental Health Commission of Canada has identified the elimination of stigma and reduction of discrimination as one of the top three priority areas to be addressed as part of its federal

framework for mental health”(p.4).

Mental Health and Addictions, Labrador-Grenfell Health has recognized that stigma is preventing many of our community members from seeking help for their mental health problems and illnesses. In 2008, an Anti-Stigma Working Group was developed, which consisted of various Mental Health and Addictions staff members who now meet on a bi-monthly basis. The first order of business was to explore ways to address stigma in our own workplace and to look at how we engage with others who are perceived to be different than ourselves. This led the team to create an Anti-Stigma Campaign – “*Stop the Secret. Stop the Stigma.*” This is a two-hour interactive presentation that was initially offered to staff in various locations within the region. The presentation begins just as this article began; with a vulnerability/ appreciation activity to help the participants become more aware of how individuals with mental illness live with stigma. The campaign explores the difference between mental health and mental illness, reviews warning signs, and teaches participants how they can help. It also looks at the cycle of stigma, discrimination and social exclusion.

Through various activities, participants gain an appreciation of what it is like to experience stigma and how their own attitudes, personal experiences, biases and lack of knowledge and understanding can cause stigma. The overall goal is to help staff at Labrador-

Grenfell Health recognize how they may be contributing to stigma at their workplace and what role they can play to help end stigma. The campaign leaves the participants with a challenge to “*Speak Up, Get Up, Stir Up*” which highlights some of the ways participants can make a difference.

This campaign is now open to community members and other organizations as well.

Mental Health and Addictions, Labrador-Grenfell Health, is devoted to increasing awareness and appreciation of the most common mental illnesses and how they affect individuals. We are very proud of the efforts we are making in our organization to address issues pertaining to stigma and mental illness. Our motto for the campaign has been “Understanding – it can, it will and it does change everything” which is also a key message promoted through the province’s mental health and addictions awareness campaign.

For further information on the Anti-Stigma Campaign and / or the Anti-Stigma Working Group please contact the co-chairs Janice Genge or Michelle Hynes. Janice can be reached by phone at 456-2401, ext. 6246 or by e-mail at janice.genge@lghealth.ca. Michelle can be reached by phone at 285-8228 or by e-mail at michelle.hynes@lghealth.ca.

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Martin, N., & Johnston, V. (2007). *A Time For Action: Tackling Stigma and Discrimination Report to the Mental Health Commission of Canada*. Neasa Martin & Associates.

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Ethics

“I have to update my Facebook Status”... Hold that thought

BY ANNETTE JOHNS MSW, RSW

Martin is a health care professional who works in the field of addictions. Recently, he shared a post stating how wonderful his work with a client was going. He noted how proud he was of the client and he wished his other clients were as dedicated as this client. He noted that the client has three children and a wife who is a teacher who will now be able to return to work on Monday. Another client of Martin sees this post and is quite upset. He calls Martin's supervisor to discuss.

As social beings, there is a tendency for us to want to share our professional experiences and successes. However, where is the line between our personal and professional boundaries online? This case raises some interesting issues for reflection and consideration:

1. Was this something that Martin posted on a personal or professional Facebook site? Would it make a difference which site he posted to? Another client of Martin's saw this post. Did the client access this information because Martin's social media site was unsecure? Does Martin accept clients as friends or followers? Either may have professional practice implications for Martin as he considers the type of information that he posts online. Martin also needs to think about his own privacy and what clients, colleagues and employers can access about him online.

2. Does this posting have an impact on client confidentiality and privacy? Depending on the size of the community where Martin works, this client may be easily identified by those

reading the post even if the client's name is not used. Online engagement is certainly making our world smaller, and as professionals, it is our ethical responsibility to protect client confidentiality and privacy. This is also important in maintaining trust in the therapeutic relationship.

3. How might Martin's client and the client's family react to this post? While Martin did not post anything negative about his client, the potential impact on the client may be more harmful than what Martin intended. It would be important to consider whose needs are being met and for whose benefit did Martin decide to share this information through social media.

4. How might Martin's colleagues react to this post? Would it be appropriate for Martin's colleagues to respond to this post – favorably or unfavorably? How might Martin contain, or can he contain, the discussion once it goes viral? There is nothing stopping Martin's friends or followers from forwarding this post beyond the intended audience.

5. Another client of Martin's saw this post and brought it to the attention of Martin's supervisor. Could this change the clients' perception of Martin and his level of professionalism? Does this client have a right to be concerned about his/her privacy and confidentiality? How might this client and others who might see this post internalize and evaluate their own progress in treatment?

This case example highlights ethical issues and considerations regarding privacy and confidentiality, informed

consent, boundaries, integrity in practice, and best interest of clients. Everything posted on the internet is permanent. Therefore we need to pause and reflect on the level of professional disclosure that is appropriate for social networking sites before we hit send or post. We need to consider the impact (real, potential or perceived) of our electronic words on our clients, colleagues, employers, and our profession.

As a best practice, it is recommended that social workers not post client information on social networking sites such as Facebook. When resolving ethical dilemmas regarding social media, social workers have many tools at their disposal. We can seek guidance from the Canadian Association of Social Workers (CASW) Code of Ethics (2005), review the CASW resource document titled Social Media and Social Work Practice (2014), reflect on the NLASW Standards for Technology Use in Social Work Practice (2012), engage in a dialogue with our colleagues and peers, and consult the NLASW Professional Issues Committee. It is through continued dialogue and critical reflection that we will make sound ethical decisions.

Note: In 2015, the NLASW, in partnership with the Association of Registered Nurses Newfoundland and Labrador, facilitated an education event on the topic of e-professionalism and this article captures some of my discussion during the panel. The video of this session can be accessed on the NLASW website at <http://www.nlasw.ca/video5.html>.



Reflections

Sixty Years in Social Work ... An interview with Debby Brown

BY LISA CROCKWELL MSW, RSW

Debby Brown has practiced social work for almost sixty years and recently retired at the age of 81. I had the opportunity to chat with her about her impressive career and to reflect on clinical social work practice.

BECOMING A SOCIAL WORKER...

Debby was born in Chicago, Illinois and from the age of 12 years knew she wanted to work with children. As the child of Jewish refugees who immigrated to the United States, her original goal was to travel to Israel to work at a kibbutz. Debby credits her cousin who was studying social work at the University of Chicago as a source of inspiration to begin her own studies in social work.

At the age of 17 years, Debby entered the University of Illinois to begin a Bachelor of Arts and Science degree. Following graduation in 1955, she commenced a Master of Social Service Administration degree at the University of Chicago. This was a two year graduate social work degree program which consisted of two field placements and concurrent course work. During her first year, the two day per week field placement was with a community based organization in one of the poorest regions of Chicago. She recalls learning so much from these early field placement experiences and from her field supervisor who became another source of inspiration.

The second year of graduate studies consisted of a three day per week field



placement at the Institute for Juvenile Research (IJR). Established in 1909, IJR was the first child mental health clinic in the US and one of the first to train psychologists and psychiatrists in child and adolescent specialties. Its rich history includes ties to Jane Addams' Hull House and the first juvenile court in the US. It continues to house nationally recognized programs in psychology and child psychiatry and is a major site for social work training.

CLINICAL SOCIAL WORK PRACTICE...

The IJR became Debby's introduction to the field of psychiatric social work and began an illustrious six decades in this profession. It was during her time at IJR that Debby met her husband, John Brown, who was also studying at the University of Chicago. Upon graduation with her Master's degree she moved to Canada to work with him at Warrendale where he was the Executive Director at this famous

residential treatment facility in Ontario.

Debby worked initially as a psychiatric social worker and later as the Director of Treatment. In this capacity, she was responsible for all aspects of the development of treatment programs for severely disturbed children. At the time these children were termed by others as "unreachable." Warrendale expanded and Debby went on to become Director of the Ontario Division responsible for the residential treatment centres throughout the province. She was a faculty member at the School of Social Work, University of Toronto and remained connected to social work education throughout her career supervising graduate social work students during their field placements.

Debby and John moved to New Brunswick in 1984 where she continued her career as a Senior Social Worker with Centrecare in Saint John, as the Director of the Social Work Department at the Saint John Regional Hospital and as Program Manager and Social Work Discipline Consultant with the Miramichi Community Mental Health Services. Debby chaired the Provincial Advisory Committee for the Mental Health Commission in New Brunswick from 1989- 2002. Debby and John also maintained a private practice where they provided counselling to individuals, families and groups and worked extensively with the Mi'kmaq First Nations at Burnt Church and Red Bank.

Following the death of her husband in

2004, Debby moved to Newfoundland and Labrador to be closer to her youngest grandchildren. Since residing in this province she has facilitated bereavement groups with the Seniors Resource Centre and continued private practice at Aspens and Oaks.

REFLECTING ON PRACTICE...

When Debby reflects on social work practice, she remarks on the growth of the profession. She is a strong proponent of the importance of understanding ourselves in clinical practice and the importance of strong

clinical education ensuring that we understand human development and the impact of our behavior upon others. She states, “We need to be fully self aware before we can assist others.” Throughout her career, Debby has been committed to the advancement of her clinical skills. She spent years engaged in psychoanalytic training and psychoanalysis. She obtained the status of Diplomate in Clinical Social Work. This is the highest national credential for the advanced level clinical social worker offered by the National Association of Social Workers.

She is remarkable in her commitment to her clients and her passion about clinical social work. When asked how this passion is sustained over a sixty year career, she states simply “We have an impact on so many people’s lives as a social worker.” The opportunity to see kids grow, flourish and do well. Seeing her clients move on with their lives and contribute to their communities was a continuous source of inspiration.

As Debby retires from this profession, we thank her for her profound contribution and wish her well.



Private Practice Roster

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

ST. JOHN’S REGION

MAUREEN BARRY, MSW, RSW
 MONA BUDDEN, MSW, RSW
 AGATHA CORCORAN, MSW, RSW
 JANET FITZPATRICK, PHD, 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
 MAXINE PAUL, MSW, RSW
 E. MICHELLE SULLIVAN, PHD, RSW

CENTRAL REGION

KIMBERLY BROWN, MSW, RSW
 SHANNON FUREY, MSW, RSW
 RUTH PARSONS, MSW, RSW
 ANGELA SEAWARD, MSW, RSW

EASTERN REGION

WANDA GREEN, MSW, RSW

WESTERN REGION

B. ELAINE HUMBER, MSW, RSW
 BARBARA LAMBE, BSW, RSW

LABRADOR REGION

SUZANNE FELSBERG, MSW, RSW



Innovation

Crisis Team provides Mental Health Service in your Space!

BY MAUREEN MOORES BSW, RSW

The Mobile Crisis Response Team is an innovative program providing comprehensive crisis based mental health service in the St. John's and surrounding area. It complements the Mental Health Crisis Line and existing programs and services.

The Mental Health Crisis Line is a 24hr/7 day a week phone based mental health service for Newfoundland and Labrador. Launched in 1996, this service continues to provide mental health crisis telephone intervention; answering approximately 12,000 calls per year. As the telephone service grew, staff and management within Eastern Health, along with clients and community stakeholders, identified a need for a mobile team who could be available for visits in the community to deal with mental health crises. The Mobile Crisis Response Team grew out of research and evaluation; as well as from the requests of clients, community stakeholders and health care providers who recognized and lobbied for this service.

In 2010, the Mobile Crisis Response Team began servicing the St. John's Region 4 days per week, Wednesday to Saturday, between the hours of 4:00 p.m. and 12:00 a.m. Initially, this was seen as an appropriate time, as it was covering off the times when most daily services were closed. The service was well received and averaged approximately 200 visits per year.

In 2013, the service underwent an

evaluation, and key stakeholders including the Royal Newfoundland Constabulary (RNC), were consulted. Following this evaluation, the Mobile Crisis Response Team was re-launched in October 2014, and the hours of operation were extended to seven days a week from 11:00 a.m. - 11:00 p.m. The re-launch also included presentations and training for community groups and engagement with partner organizations. From October 12, 2014 to April 30, 2015 the Mobile Crisis Response Team completed 472 mobile visits/education sessions/interventions.

The Mobile Crisis Response Team consists of psychiatric licensed practical nurses (PLPN's), as well as nurses (RN's) and social workers experienced in mental health. The team is accessible through the Mental Health Crisis Line. A snapshot of a typical intervention by the team is difficult to describe. Each visit is completed by two of the crisis interveners, while a third intervener remains in the office to continue the provision of the telephone interventions. Mobile Crisis Response has a Memorandum of Understanding (MOU) with the RNC and the Royal Canadian Mounted Police (RCMP) where we can contact them prior to each visit. Without them giving us details, regarding specific incidents, they are able to recommend whether the team should be accompanied by police to maintain safety. The team will then proceed to an agreed upon location which may be a client's home, doctor or care provider's office, high school, near-by coffee shop, or even a park bench.

For most interventions, the police would not be involved unless there is a history of violence and staff protection is identified as a concern, or if they are needed to implement the Mental Health Care Treatment Act. The team is often accompanied or met by a social worker, public health nurse, concerned neighbor or a family member. The service is voluntary and the team cannot go into a person's home or take them to hospital without their consent.

The team is available to provide thorough mental health crisis intervention, assessment, and appropriate referral. Most interventions DO NOT require the client to go to a hospital. The team continues to intervene in many crisis situations including suicidality, homelessness, bereavement, addictions, relationship problems, and concerns about elder abuse and neglect. Often, a client will call with a concern about a friend, loved one or family member and ask the Mobile Crisis Response Team to see this person. In situations where the individual of concern does not wish to engage with the team, we can intervene by providing the contact person with support, validation and resource information. If the person is concerned for a loved one's safety, we encourage and support them in contacting police. The team will follow up with police where availability permits and safety concerns allow.

We continue to strive to provide the most effective and comprehensive service possible and to strengthen


the partnerships we have developed. We have recently converted to a standardized data base to track interventions, which further aligns us to Eastern Health's commitment to positive patient identification and the protection of patient information. Further, almost all of our staff are trained in Group Critical Incident Stress Debriefing and Critical Incident Stress Debriefing (CISD) and are available to

the community in partnership with the Salvation Army, to provide critical incidence debriefing when needed.

Mobile Crisis Response continues to grow, and in the last 6-8 months we have achieved many of our goals. In the fall, we will begin another evaluation to review the effectiveness of our increased hours of operation. This is important as we continue to strive to

provide the most comprehensive crisis based mental health service.

The Mental Health Crisis Line is available 24/7
737-4668 or 1-888-737-4668

Mobile Crisis Response Team operates 7 days per week, 365 days a year from 11:00 a.m. - 11:00 p.m. and can be reached at the above numbers. 

SCHOOL CONTINUED FROM PAGE 12

students for an internship. For more information about supervising a student for an internship, please contact Joan Davis Whelan at joandw@mun.ca, Cheryl Mallard at cmallard@mun.ca, or Sheri McConnell at smcconne@mun.ca.

Check out <http://www.mun.ca/socwrk/home/> for information on our **online field instructor course** which is free of charge to any social worker, self-directed, and can be completed with a small time commitment. The course

can also be claimed under NLASW's Continuing Professional Education (CPE) Policy.

The school is always eager to work with new organizations or agencies and is excited to announce that the following are two of the newest to offer field internships for students: Veteran's Affairs, Government of Canada; and the Newfoundland and Labrador Sexual Assault Crisis and Prevention Centre.

MUNDAYS REUNION 2015 EVENT – SAVE THE DATE!

This year's Reunion event will be held

on Oct. 16, 2015 at the Landing at Memorial's University Centre. This year we are celebrating Bachelor of Social Work graduates from 2010, 2005, 1995, 1985 and 1975. Similar to last year's event, we plan to include a CPE credit activity as well as entertainment, refreshments and a cash bar.

News you'd like to share? We're always interested in the personal and professional successes of our alumni. Email socialwork@mun.ca and tell us what you've been up to!

Check out our website for more news: www.mun.ca/socwrk. 

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_MATTERS.HTML](http://www.nlasw.ca/practice_matters.html).

Culture

Navigating Traditional Knowledge and Current Practice

Graduate of Inuit bachelor of social work program finds balance between traditional and current approaches to health care in her hometown of Nain

BY LAURA WOODFORD BA

Danielle Baikie, BSW'13, knew she'd be back. When she left Nain, Labrador it was to fulfill a goal that she set for herself in high school - to become a social worker and make a contribution in her hometown. Her journey to follow that calling began with the first-year university program at College of the North Atlantic in Happy Valley-Goose Bay, and then a move to St. John's for the pre-social work program at Memorial University.

It was at that time she learned of a unique bachelor of social work program being offered by Memorial closer to home, back in Happy Valley-Goose Bay, especially for Inuit beneficiaries.

In 2009 the Nunatsiavut Government contracted Memorial and its School of Social Work to deliver its fully accredited four-year bachelor of social work degree program in Labrador. The program's design emphasized the standardized social work program of study with traditional Inuit knowledge and cultural norms interwoven into the courses and teaching methods.

"I was skeptical at first that it would be a knock-off program but it was a full program because it's accredited," said Ms. Baikie. "It was different in that there were smaller classes and of course the traditional Inuit knowledge



Photo courtesy Melissa Webb

DANIELLE BAIKIE AT HER OFFICE IN NAIN, NL.

was interspersed, and in addition, we got the full bachelor of social work program that Memorial offers in St. John's."

Many of the program's students also shared the desire to help make changes in Labrador communities and felt that completing this program that was unique to Labrador Inuit would give them the skills required to help people in their own communities.

The ultimate goal of the program was for graduates to return to Labrador to work with fellow Inuit, developing a culturally relevant path to healing and health.

That's exactly what Ms. Baikie did. Immediately after graduation, she accepted the first-ever social work position at Nunatsiavut Government's Department of Health and Social Development in her hometown of Nain. The position, along with two others – one in Hopedale and one in Goose Bay – was created by the Nunatsiavut Government after the institution of the Inuit bachelor of social work program. The other two positions are filled by Ms. Baikie's classmates.

Dr. Donna Hardy Cox, BSW'83, dean, School of Social Work, explained the benefits of this ground-breaking partnership.

"This collaboration with Nunatsiavut Government, Labrador Institute, College of the North Atlantic, other Memorial departments and community partners has provided an opportunity for many people to learn from each other," said Dr. Hardy Cox. "It has helped develop new ways to contribute to the social work body of knowledge and to increase cultural understandings, and has resulted in a collaborative model of undergraduate social work education. We hope the people of our province, in Labrador, will reap the benefits of the knowledge of these graduates."

To integrate traditional knowledge and cultural norms, elders from the community visited classes to share their wisdom and to support student learning. Ms. Baikie said she found this part of the program particularly useful in her subsequent practice.

"Wisdom from the elders is ingrained in Inuit culture," she said. "It didn't really mean that much to me while I was in school and I disliked the theory part. In hindsight though, it really helped me. I find myself referring to

that knowledge and going back to my books to guide my practice now."

Ms. Baikie's days are full as a social work liaison in Nain. She helps coordinate services with her own department's mental health team, offers one-on-one counselling and also helps to case manage services for individuals from outside agencies. She is the contact person for different agencies in Nain, such as Child, Youth and Family Services, Victim Services, the Women's Transition House and Labrador Grenfell Health.

"I know the people, I know the issues, I know what to expect," she said. "I know everybody in Nain and everyone knows me. Sometimes I wish I could come to my job with a fresh slate and a fresh mind. You know, ignorance is bliss. It can be hard to separate myself from this history, but I'd say this works in my favour more than it doesn't."

Ms. Baikie is also working with the community freezer program "Going Off, Growing Strong" which sees youth "Going off" (the local term for travelling out onto the land to hunt

and fish) with mentor harvesters (community members) who gather, hunt and harvest fish, wild meat and berries to distribute to elders in the community. The goal is to have a positive impact on youth and the elders. She is administering clinical evaluations that will determine whether this grassroots initiative is working for the youth involved and what this positive change looks like.

On top of that, Ms. Baikie is working with the Mental Health Commission of Canada to help develop curriculum for a mental health first aid program geared towards Inuit in the north. She is providing input about Newfoundland and Labrador Inuit to the national project.

Ms. Baikie is optimistic for the future.

"I'd like to see more social workers within our department," she said. "And I'd like to believe that in 10 years we will have a healthier community here in Nain. I am seeing a lot of positive changes already."

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Recognition

2015 NLASW Pride in Profession Award

Congratulations to Bill Haynes MSW, RSW on receiving the 2015 NLASW Pride in the Profession Award.

Bill is employed with the Dr. H. Bliss Murphy Centre. He holds a Master of Social Work, a Masters of Criminology, a diploma in Theology and a Bachelor of Science (Honors). Bill was nominated for this award by his social work colleagues, who highlighted that Bill consistently identifies himself as a social worker and wears his RSW pin

with pride. In addition to promoting the social work profession, Bill has also been instrumental in promoting social work in the field of psychosocial oncology.

Bill received the award during a social work month celebration in St. John's on March 25, 2015.



Perspectives

Diversity and Cultural Awareness

BY SARAH WOOD BSW STUDENT

Diversity is all around us. It does not necessarily reveal itself in visible features, but as unique individual realities. Through every day conversation and within the media, sexual orientations, religious affiliations, identified communities, and cultural experiences are used to describe individuals and create labels. These labels may be used to make generalized assumptions about groups of people. By accepting these, we may presume that these descriptors are the only realities that people experience.

As we engage in cultural awareness, it is imperative that we be inclusive of all forms of diversity. According to Chimamanda Adichie, single stories create stereotypes and are incomplete. A single story is created when we "show a people as one thing, as only one thing, over and over again and that is what they become" (TED, 2009). She speaks to the complexity and uniqueness of individuals, while asking us to be more engaged and aware of the dominant ideologies that shape our view of the world and the diversity within it.

The consequence of the single story is this: it robs people of dignity. It makes our recognition of an equal humanity difficult. It emphasizes how we are different rather than how we are similar (TED, 2009).

Moving beyond single stories, intersectional theory looks at the intersecting relationship of multiple identities, such as gender, sexuality, sexual orientation, ethnicity, culture,

and lived experiences, as recognized by the individual. It acknowledges how these experiences of identities compound and interact with one another.

We each experience life in very different ways. Two people from the same cultural background may not experience culture in the same way. Their identities are much more complex when we look at the multiplicity of their layers and environmental experiences. People can be made invisible when we do not include their voice in interventions or provision of services. It is up to us to ask and be attentive to clients' stories and what they identify as important to them, while acknowledging our own assumptions and biases.

In reflecting on cultural diversity in practice, consider the following questions:

- How do we define cultural diversity and is this influenced by dominant culture?
- Are there stereotypes that perpetuate oppression and stigma? Do these create barriers to service delivery?
- Are your organizational policies inclusive of diversity?
- How do we challenge stereotypes?

Self-reflection is a continual process. When asked, "have you ever worked with diverse or multicultural/multiethnic groups?" the answer should always be: yes. How do you know that someone does not have Aboriginal ancestry, multi-ethnic traditions, mixed identities, or may not have grown up in the culture or gender that you perceive

them to be? When we consider the dignity and worth of persons, it is individuals' who must define their realities to us. We can't know all about another person's experiences, but we can strive to be as well versed in diversity and cultural awareness to the best of our ability. It is better to admit when we don't understand someone's traditions or philosophies, than to pretend to know and inadequately address their concerns. It is important to allow for spaces where individuals can tell their lived stories. This is important in enhancing the therapeutic relationship and in order to not perpetuate oppression.

As social workers we recognize the influence of assumptions and stereotypes on the health and well-being of individuals, families and communities. How can we address systemic barriers and invite diversity into services? We can start by accepting someone's unique view on their experiences, by not excluding because of age, culture, ethnicity, ability, capacity, mobility, sexual or gender identities; by promoting respect, self-determination and other values from our code of ethics; by not imposing our own beliefs, perceptions or expectations on others; by advocating for standards and policies that are inclusive; by having dialogue about issues facing diverse populations. It is important that we consider each person in their environment, empower their voice, validate their experiences, and learn about each individual, uniquely.

I have many identities and have had assumptions made about me that often minimized my experiences. Not only

am I a person torn between cultural and ethnic identities, I am a woman, who among other things, has chosen not to follow the mold. I also have many privileges, such as my education in social work. With all of these identities that I carry with me, I strive to reflect on, and not be hindered by my experiences. For me, the experience of identity, diversity and culture are subjective and can only be defined by those from whom we are privileged to

learn their stories.

Note: Sarah wrote this article while completing her final BSW field internship with the NLSW from January – April, 2015.

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Happenings

Update: Social Work Professional Practice Council in Central!

**BY NEYSA SHEPPARD-DECKER
BSW, RSW**

The Social Work Professional Practice Council is the first of its kind within Central Health! As a new council, we are striving to build a support network for social workers in professional practice.

In November 2014, the council launched a survey to all social workers within Central Health. The purpose of the survey was to gather information from social workers in the region, provide an opportunity for input and inform the council's work plan. The survey focused on the purpose of the council, the challenges of social workers in practice and the direction social workers would like the council to take. We are pleased to advise that there was a 67% completion rate!

Throughout 2015, the council will move forward with the information

collected from this survey as well as the 2012 survey to increase awareness of the council to its social work members. The survey results have assisted the council in developing a concise work plan with key initiatives to promote professional practice. The focus for much of this year will be educating social workers about the council and building unity within the profession, starting from the ground up!

To date, we have developed a Social Work Professional Practice internal webpage within Central Health, where social workers can peruse and gain knowledge from many scholarly articles on a variety of professional topics, connect with provincial and national professional sites, and access a regional social work directory to promote collaboration throughout the region. The site will be updated regularly with new information

including available professional development opportunities. We are also exploring opportunities for social workers within Central Health to remain current in their practice and options for providing professional development in various areas of practice.

The council currently consists of social work representation in the practice areas of Acute Care, Community Supports and Residential Services, Health Information Management and Privacy, Long Term Care, Mental Health and Addictions, and Palliative Care including representation from front-line social workers and management.

As a council we are very excited to embark on this adventure and to embrace the challenges and move forward to strengthen our social work profession!





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- Issues and Strategies

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