

# Connecting Voices

Newfoundland and Labrador Association of Social Workers



## Inside

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Re-Conceptualizing Suicide  
Through a Child's Lens..PAGE 6

CASW Distinguished Service  
Award Winner .....PAGES 8-9

Greetings from Key Assets  
.....PAGE 12

Humanistic Theory: A Perspective  
to Inform Self-Care in the  
Workplace.....PAGE 20

## Feature

### Health Equity and Social Work Practice: Digging Deeper to Root Causes

BY PRISCILLA CORCORAN MOONEY  
MSW, RSW

We've all been there, that moment in our social work practice when our awareness of the deeper causes of inequity bubble to the surface. You might have been a discharge planner, watching wearily as a patient returned to less than ideal housing. Maybe you worked in a community agency organizing a job fair, acutely aware of the lack of meaningful employment in your community. My own awareness of the effects of diminished opportunity grew exponentially, as did my friendship with a lady living on a low-income in a rural community. Her inability to access the resources that

so powerfully impacted her health—healthy food, stable employment, adequate housing – taught me more about health inequity than any course I'd completed or book I'd read and I am thankful for that opportunity to see and feel health inequity in action. It has informed my social work journey tremendously, steering me into community-based practice.

So what is health equity? First, we must explore what "health" means in this context. The Ottawa Charter for Health Promotion (1986) describes health broadly: "Health is not just the responsibility of the health sector but goes beyond healthy lifestyles to well-being" (para.3). This definition

asks that we move beyond traditional lifestyle-oriented approaches to using a social determinants of health lens. Thoughtfully examining the social determinants as root causes allows us to see that health outcomes are determined less by health behaviors and services than they are by social and economic factors. Health equity is the result of action on these social determinants. It happens when everyone has the opportunity to reach their full health potential and no one is disadvantaged because of socially determined circumstances (Centers for Disease Control and Prevention, 2008). When these opportunities for full health do not exist, disparities result.

**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

## Social Work: Advancing Health and Social Well-Being

BY ANNETTE JOHNS MSW, RSW

Our province is well known for its pristine beauty, rugged coastlines, and historical landmarks. The lighthouses of Newfoundland and Labrador (NL) are one important part of our history and remain a symbol of safety, solace and guidance.

Social workers across diverse fields of practice also provide guidance and support in helping people to overcome adversity and challenges in their lives. Some might even view us as beacons of hope. The province's current fiscal reality leaves little doubt that there are rough seas ahead. Therefore, we must continue to stress the importance of investing in social programs and policies that advance the health and well-being of all Newfoundlanders and Labradorians. Social workers understand the factors which impact on one's health. Referred to as the social determinants of health, these include education, income and employment, housing, food security, and social supports. It is through the framework of the social determinants of health that we can inform social policy change and promote social justice. Priscilla Corcoran Mooney, in the feature article titled *Health Equity and Social Work Practice: Digging Deeper to Root Causes*, reminds us of our important role in the promotion of health equity.

In this edition of *Connecting Voices*, you will also find articles pertaining to new and existing programs and services that are helping to improve the health and well-being of the people in



this province. Amy Alexander writes about the Front Step Program whose vision is to end homelessness in St. John's by 2019, while Rob Fildes writes about Key Assets and the work they are doing to make a difference in the lives of children, youth and families. Abigail Sheppard and Angelina Butt provide insight into the harm reduction approach threaded throughout the services/programs offered by the AIDS Committee of Newfoundland and Labrador. We also republished an article from Kim Vaters that appeared in *Eastern Health's Storyline* blog on March 30, 2016 which promotes the role of social work in long term care.

Other articles of interest include Tanya N Billard's article on emotional triggers in social work, Deanne O'Brien's article on the practice of mindfulness, and Amanda Collier's article on humanism and self-care in the workplace. These articles highlight the importance of self-care in our work and provide helpful strategies that can be incorporated in our daily routines.

Sharon Sampson provides a helpful overview of the role of the Office of the Citizen's Representative, while Mary Beth Fallon writes on the important topic of suicide and children. Mary Beth facilitated a session for social workers on this topic during social work

month 2015. We are pleased that Mary Beth could follow up with this article so that the information can reach as many social workers as possible.

We also showcase excellence and pride in the social work profession in this edition. Charmaine Wight is the recipient of the 2016 Canadian Association of Social Workers Distinguished Service Award. Charmaine received this award during social work month in Grand Falls-Windsor. An excerpt of her acceptance speech can be found on page 8. The NLASW Pride in the Profession Award, launched in 2014, has been presented to two outstanding social workers: Bill Haynes, 2015 and Connie Pilgrim, 2016. You can read about this award on page 16. The NLASW invites members to consider nominating a social work colleague for one of these awards for 2017.

I have been involved with the publication of *Connecting Voices* since 2004. Over the past twelve years, I have been impressed by the diversity of articles that are published in each edition of the newsletter. This diversity is certainly reflective of the diversity of the social work profession in this province. However, regardless of area of practice, we are united by core ethical values and a shared commitment to enhancing the health and well-being of the individuals, families and communities with whom we work. Individually and collectively we inspire hope and inform change, all while appreciating complexity and helping people navigate their way forward.





# Executive Director

## Planning for the Year Ahead

BY LISA CROCKWELL MSW, RSW

The NLASW Board of Directors held its' annual planning meeting on June 17th in St. John's. As the board of directors begins the third year of its' 2014-2017 strategic plan, this meeting provided an opportunity to reflect on activities completed in the past year and to focus on priorities for 2016/2017.

Following the Annual General Meeting held on June 1st, the Board welcomed Henry Kielley as the new President Elect, Lesley Bishop as Board Member at Large and Cheryl Mallard as Avalon East Representative, and expressed sincere thanks to Joan Davis-Whelan, Niki Legge and Joanmary Baker who completed their terms. Joan Davis-Whelan will continue as the representative for NL on the Canadian Association of Social Workers (CASW) Board and was recently elected as Treasurer of our national association.

The Minister of Health & Community Services, Dr. John Haggie, attended a portion of the meeting, providing an opportunity to discuss priorities of NLASW and the Department of Health and Community Services particularly relating to health and social policy and legislation. Primary health care, mental health, the social determinants of health, the delivery of health services as well as balancing the social and health needs of the people of our province with current fiscal realities were on the agenda.

The result of the board meeting was another ambitious action plan for the coming year. Social workers will see the implementation of a new online



**NLASW BOARD OF DIRECTORS L-R BACK ROW: CYRIL MCLAUGHLIN, HENRY KIELLEY, MONA ROMAINE ELLIOTT, NADINE CALLOWAY, CINDY PARSONS, LESLEY BISHOP, GEOFF PETERS FRONT ROW: CHERYL MALLARD, VICKIE MUSSEAU, MINNIE ANN PIERCEY, GLENDA WEBBER, WANDA LEGGE, LANA PARK MISSING FROM PHOTO: REBECCA ROOME**



**NLASW BOARD PRESIDENT GLENDA WEBBER PRESENTED CERTIFICATE OF APPRECIATION TO JOAN DAVIS-WHELAN**

application and renewal system, a revised website, advancements towards the implementation of a quality assurance program, re-entry to practice regulations, a focus on inter-jurisdictional practice and the launch of Standards for Cultural Competency in Social Work Practice. These standards were approved in May 2016 and are currently available on the NLASW website. Members can continue to expect the commitment to practice resources, continuing education sessions and the social work perspective on health and social policy issues. To keep up to date on these and many more NLASW activities, please review the electronic NLASW Update which is distributed by email to all members at the end of each month. Have a safe and happy summer!



## COVER STORY CONTINUED

Let's place health equity in the context of Newfoundland and Labrador. While great strides have been made towards poverty reduction, many continue to live in poverty. An individual in receipt of income assistance, living alone in their own home, receives \$534 monthly. Income is known to be one of the strongest predictors of health so achieving optimal health with such little income must be an uphill battle. Individuals living on a low income experience a greater incidence of chronic conditions (Fang, Kmetec, Millar, & Drasic, 2009). Mortality rates are even impacted. For those with the lowest income, men can expect to live to age 75.6 while those in the highest income bracket will potentially reach 80.3 (Public Health Agency of Canada, 2013). Sir Michael Marmot, in *Fair Society, Healthy Lives* (2013), calls this phenomenon the social gradient – a graded relationship between social circumstances and health.

Before we think about the “how” of health equity, let's consider the “why.” Social work is built on a foundation of social justice. Donna Baines (2011) reminds us of this foundation and the dual role of anti-oppressive practice: “Social justice oriented social work assists individuals while simultaneously seeking to transform society” (p. 6). Each time we encourage others to make healthy choices, we must ask ourselves how much choice is really involved and then work to ensure that he/she lives in a supportive environment which supports the social conditions to make those options attainable.

So how do we participate in the promotion of health equity in our busy, task-laden practice?

- **Use Your Voice** – “All policy is health policy” (Williams, 2008). Using our unique knowledge base, we can use our voices to ensure that leaders in all sectors are aware of the impact

that public policy has on the health of individuals and communities. We must also encourage those most affected by health inequity to share their stories in ways that make sense to them. In our current fiscal climate, this is more important than ever.

- **Stay Awake** – A well-known philanthropist (Oprah, of course!) espouses the value of “staying awake!” We can engage in continuous self-reflection and examine our own attitudes and assumptions, reflecting on why we live in a society where many experience poorer health outcomes based on socioeconomic factors. Reflection teaches us to more critically examine our role in social change.
- **Get to Know Your Community** – Being aware of the resources available in your own community can reduce health inequity. Is there a community kitchen you could refer to? How about a new tax incentive? Dr. Gary Bloch at the University of Toronto consciously increased his awareness of government programs and started prescribing income to his patients. We can do the same by making an effort to connect clients with resources that impact their health, resources that improve income and food security and access to health services. A community health nurse once shared a story that speaks to the importance of being aware of resources. She visited a fisherman who had been unable to work for some time. He said that while he was pleased that she was checking on him, he was more concerned about his inability to access employment assistance. She explained the EI sick benefits program and called Service Canada with his permission. He was in receipt of sick benefits the next time she visited and feeling much better. Our advocacy efforts at an individual level and a structural level can have a dramatic impact on the promotion of health equity.

This is not easy work. However, social workers can help to change health outcomes for the most marginalized among us. We must not view this as an ideology, but as an approach that we can weave through our practice. Some days, this weaving will be gentle and tempered, while at other times it will be strong and powerful. The weaving has started for one group! This spring, a small group gathered for the first time to form Health Providers against Poverty (HPAP-NL). This group meets monthly by phone and in person and at present, we are made up of occupational therapists, social workers, physicians and community planners and activists. Using a collective approach, HPAP-NL will place a spotlight on the relationship between the social determinants of health and the well-being of people and their communities.

Sir Michael Marmot (2013) sums it up very well and offers this call to action, “Systematic differences in health that are avoidable by reasonable means are unfair. Putting them right is a matter of social justice.” As social workers, we have the tools to put them right, or at least try.

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# Clinical

## Re-Conceptualizing Suicide Through a Child's Lens

**BY MARY BETH FALLON BSW, RSW  
PROFESSIONAL ISSUES COMMITTEE**

In 2001, I worked as a youth care worker with kids in care outside of Newfoundland and Labrador. I worked with a seven-year-old child who had recently lost both her mother and father. Due to the lack of availability of group and fosters homes, the child was placed in care in a hotel room.

It was my second week on the job, about half way through my shift, when the child I was working with tried to jump out of the window. When asked why, the child said that she wanted to go to a better place, a beautiful place, to see her mom.

I remember trying to process what I had witnessed. Had this child just attempted suicide? In my mind it was inconceivable that a child could even comprehend the concept of suicide, let alone attempt it.

Years later, I completed programs focused on child and youth suicide - Tattered Teddies and Straight Talk developed by the Center for Suicide Prevention. I realized that I needed to shift my adult perspective to understand death and suicide through the lens of a child. Completion of the programs left me wanting to know more about how children understood death and suicide, the frequency of suicidal behaviour and how to help children experiencing suicide ideation.

A paucity of data exists in the literature pertaining to young children and suicide. Thus, confirmed cases

of death by suicide in children is very rare. The Canadian Mental Health Association (CMHA) reported in 2015, that suicide is the leading cause of non-accidental death for Canadians between the ages of 10 and 24 (CMHA, 2015).

According to Tishler, Reiss and Rhodes (2007), children think about suicide and have the means to follow through with suicidal behavior, even if we, as adults, are not discussing it with them. Their research, completed in the United States, concluded that every year 12,000 children aged 5 to 14 years were admitted to psychiatric hospitals for suicidal behavior (p. 812). They further concluded that pre-pubescent children who have attempted suicide are up to six times more likely to attempt or die by suicide in adolescence (Tishler, Reiss, & Rhodes, 2007; Wise & Spengler, 1997).

In June 2013, a five-year-old girl, who had faced a short lifetime of significant trauma and abuse, was found unconscious in a closet; she later passed away. The inconceivable notion that a kindergarten child had intentionally died by suicide was explored, perhaps only as a result of her well documented suicidal ideation and her candid conversations with professionals about death and heaven.

In April 2014, a young eleven-year-old boy died by suicide after being found by his parents in his room. He had left a note brightly colored with crayons saying that he wanted the bullying to stop. In April 2016, the Grand

Chief of the Nishnawbe Aski Nation in northern Ontario declared a state of emergency due to twenty suicide attempts and seven deaths from suicide by individuals as young as ten years old, all in one year.

Individuals look at suicide as a means to end emotional or psychological pain. For children it is no different, except that children often lack a complete comprehension of the consequences and finality of such actions.

Through a child's lens, death and suicide are understood differently. Children may lack a mature concept of death and thus lack a sense of:

- Universality- many children lack the awareness that at some point all living things die
- Irreversibility – many children believe that death is temporary and reversible, similar to a sleep that they can later wake from
- Functionality – many children believe that individuals who have died can still perform some functions, for instance dreaming
- Causality – that living things die as a result of physical causes

(Nagy, 1948; Beauchamp, 1974; Speece, 1994; Speece & Brent, 1992; Candy-Gibbs, Sharp, & Petrun, 1984).

As social workers, we work diligently with clients to increase resiliency and protective factors while working to minimize risk factors. Creating connections for children within the



community, schools, and through positive family support is imperative to decreasing the risk of suicide.

The Canadian Association of Social Workers (CASW) Code of Ethics (2005) highlights the requirement for social workers to continually increase their professional knowledge and skills. As clinicians and mental health professionals, we need to be better informed of the characteristics of children at risk for suicide, so that they can be properly screened for mental health issues and mental illness. For children who experience mental illness or poor mental health, connections to existing services, where available, is imperative to a collective response to the suicide epidemic (Wise & Spengler, 1997). Finally we need to start

understanding that suicide is not an individual problem but instead a social problem, which needs to be addressed through a coordinated community response.

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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, 2016.

### NLASW Pride in the Profession Award

The NLASW Pride in the Profession Award is presented annually to a registered social worker who promotes the advancement of social work in Newfoundland and Labrador and demonstrates outstanding pride in the profession. The deadline for nominations for this award is January 15th, 2017.

For more information on these awards please visit our website - [www.nlasw.ca](http://www.nlasw.ca)

# Distinguished Service

## CASW Distinguished Service Award Winner 2016: Charmaine Wight BSW, MSW, RSW

*The Canadian Association of Social Workers (CASW) Distinguished Service Award honours Charmaine's significant contribution to the social work profession. Charmaine received this award during a luncheon with her colleagues, family and friends in Grand Falls-Windsor on March 17, 2016. Following is an excerpt from Charmaine's acceptance speech which has been printed with permission.*

I am truly honored and overwhelmed in receiving the 2016 CASW Distinguished Service Award. One day in late November... I received a phone call from Lisa {Crockwell} informing me that I was selected for this award. Anyone who knows me, knows that I am never speechless, but I was at that moment. When I finally did speak, I recall saying that there are so many social workers deserving of such an award – many of whom are in this room today. I told Lisa I was honored and I did not believe I really had done anything extra ordinary except do the best job I could do every day. I do accept this award today, still feeling extremely honored and overwhelmed.

I want to thank Brenda Lee Woodworth for the nomination. I also want to thank all of you for attending this event, for sharing this moment with me. We have been part of each other lives and careers. As I look out into this room today, I see years of connections and memories – I see peers, colleagues, fellow managers and past social work students - but most of all I see people who I would call my



friends. Together, we learned from each other and we have some really great stories and memories.

I am in my 30<sup>th</sup> year of social work practice – my hair gives that away. It seems like only yesterday I walked across the convocation floor wearing my gown and kneeling down for the red social work hood to be placed on my shoulders. I thought I was instantly going to feel different – feel like a SOCIAL WORKER. But when I walked off that stage, I recall thinking that I did not feel any different. I thought of running back and saying you must be wrong, I am not ready to be a social worker, I have too much to learn. I did not run back but I moved forward,

taking all that I knew then and each and every day learning more and more. Being a social worker is like being a lifetime student – you are never finished learning and growing.

In preparing for this speech, I reflected on why I became a social worker. I think in some ways social work chose me. I was very fortunate to live in a family where my father and mother were natural helpers. They were always opening their doors and hearts to others. Despite our home being full with six children and two parents, there were always extended family members and friends in our home and around our table. At both their funerals, my siblings and I heard countless stories about their kindness and compassion – stories that we were never told. Because it was never about them but always about others. I do believe that social work was a natural path for me – I did not know any other way.

I am so grateful for that legacy because now 30 years later, I would not have chosen a different path. I am proud to call myself a social worker and I feel so privileged to teach others what it means to be a social worker. My first job was in a sole social work position with The Salvation Army Wiseman Centre. I was 21 years old and the only professional on staff working in a homeless shelter when many believed that homelessness did not exist in Newfoundland and Labrador. During those early years in my career, I was daily challenged.



There is a saying that 'what doesn't kill you will make you stronger' – well I grew stronger. That first work experience opened my passion for the addictions and mental health field. I spent over 20 years working in various positions in the addictions and mental health field – starting as an addictions counsellor with the Alcohol and Drug Dependency Commission and ending as a Regional Manager Mental Health and Addictions Services with Central Health. During that time, I had the privilege to be part of major growth and improvements in addictions and mental health. Later my career expanded to include social work in acute care, long term care social work and community supports. Working in the chronic and acute health field as well as working with seniors care provided a very rewarding experience for me. In February 2016, my career made another turn as I started work as an oncology social worker with the Cancer Care Program at Western Memorial Regional Hospital.

The social work profession can be so diverse and influential in our community. As social workers we are privileged to be invited to be part of others' lives. We are advocates, counsellors, navigators, mentors, role models, leaders and supporters of change. Social workers play a major role in individual, organizational, community and policy changes. There are times that the work is very challenging and tiresome but mostly very rewarding and encouraging. As social workers we bring ourselves to our work. In order to have a long career, we quickly learn to balance professional and personal – healthy

self-care is essential.

Here are some of the things I have learned during my social work career –

- Human relationships are complicated
- Empathy is essential
- There are not answers to all questions
- Everyone deserves respect
- We are all vulnerable
- Listening is hard, but hearing what is being said is harder
- Forgiving is hard but forgetting is much harder
- Treat people the same way you would want to be treated
- Our path in life is influenced by our past
- Past is important but the present is more important
- Change – real change does happen
- Listen more – talk less
- You cannot change someone's life but you can support them in their change
- Kindness is always remembered
- Small things do matter
- Being invited to be part of someone's life is a gift
- Some days are hard but fortunately not all days
- Saying "Good Morning"; "Have a Nice Day"; "Take Care" - does help
- Humor is necessary
- Never lose HOPE

- Life is not counted by the days we have but how we make the days count

The social work profession affords us a big responsibility. We become a part of our clients' lives – part of their journey. We work with the senior who is deciding to move into a long term facility, the person who just had a stroke, the family whose child has a developmental delay, the person who is managing their clinical depression and the family who is sitting by their loved one who is at the end of life.

In closing - I would like to finish with sharing a story that I feel summarizes our work...

*There was a man taking a walk on the beach. He saw that along the morning tide came hundreds of starfish and when the tide receded, they were left behind and with the morning sun rays, they would die. The tide was fresh and the starfish were alive. The man took a few steps, picked one and threw it back into the water. He did that repeatedly. Right behind him there was another person who couldn't understand what this man was doing. He caught up with him and asked, "What are you doing? There are hundreds of starfish. How many can you help? What difference does it make?" The man did not reply, but took two more steps, picked up another one, threw it into the water, and said, "It makes a difference to this one."*

What difference are we making as a social worker? Big or small, it does not matter. You do make a difference. Be proud of that and celebrate being a social worker.



**DEADLINE FOR SUBMISSION FOR THE NEXT EDITION OF CONNECTING VOICES IS NOVEMBER 1 • 2016**

# Community

## Front Step: A Coordinated Response to Ending Chronic and Episodic Homelessness

BY AMY ALEXANDER BSW, RSW

Front Step is an intensive case management program, developed under the leadership of End Homelessness St. John's. The proposed vision is to end homelessness in St. John's by 2019. Front Step's plan is based on a systems approach grounded in a housing first philosophy. Housing first recognizes that housing is a basic right for all people. It is a client centered approach that believes there should be no criteria which someone has to meet before obtaining housing. It recognizes that individuals are not able to work towards their goals without having their basic needs met first.

The Front Step program is co-managed by Stella's Circle and Choices for Youth. The team currently consists of two program managers, a program coordinator, four case managers and two mental health and housing workers.

The program accepts self-referrals, referrals from community based organizations, and from the public sector. In order to meet the requirements for the program, the individual must be homeless at the time of the referral and must meet at least one of the following criteria:

1) Chronic Homelessness - meaning that the individual being referred has been homeless for six or more months in the past year, or 2) Episodic Homelessness - meaning that the individual being referred has experienced three or more distinct episodes of homelessness in the past year.

Each individual, as well as their life story, is unique. We provide a non-judgmental approach to all individuals,



### Front Step

A Program of End Homelessness St. John's

and start working with them wherever they may be in their lives. We work with them to determine their needs, and provide individualized support to help improve their physical, mental and social well-being.

When working with a homeless population, participants often feel very vulnerable. They have not had the opportunity to tell their stories, or feel validated for what they have been through. Trust can be difficult to obtain from individuals who have been living in survival mode for months, or even years. However, with persistence and respect, trust is something that develops naturally within our program. Many participants have told us this is the first time they have been listened to or asked where they may like to live. Although we work with participants individually, by advocating on their behalf and promoting respect, we have already started to see the positive effects on the community as a whole.

Together we assist individuals in finding and obtaining safe, secure and permanent housing as quickly as possible. Once an individual is connected to housing, they receive individualized, client-driven supports from a harm reduction and recovery-oriented model. Whether participants have been homeless for numerous short periods or the majority of their lives, a lot of support is required in adjusting to having a home. When homeless, people are in survival mode; they are constantly trying to figure out where

they will get their next meal, where they will sleep, and how they will stay safe. Once people are housed and start to feel safe in their own homes, they can work on their emotional and mental well-being.

Front Step works with participants to get adjusted to their new surroundings, while addressing their emotional health, and supporting them in gaining the skills they need to maintain their housing. This may range from assisting them with daily living, to providing guidance with healthcare, financial and educational decisions, and other goals identified by the participant. We assist them in making and maintaining connections to community resources that appropriately meet their needs. Support provided by the Front Step team is meant to be short term in nature, and participants can expect to be involved with the program from six months to a year, and then transition to less intensive community services.

Our program started receiving referrals in January 2016. As of June 2016, we have received 57 referrals, and 47 people are currently accepted into the program and assigned a case manager. Of the 47 individuals who are currently active, 30 individuals have already been housed. The individuals who have been housed are doing very well in their new accommodations. With the support of the Front Step team, they have been able to adapt from living on the streets and couch surfing to maintaining their own home in the community. Most of them have now self-identified other goals that they are working towards such as upgrading education and seeking employment.



# Reflections

## Mindfulness in Social Work Practice

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

Mindfulness is a practice that has been receiving increased attention in the field of social work, as well as many other helping professions. It is starting to become a more mainstream psychological practice. Despite its current heightened attention, mindfulness is a practice that has been ongoing for centuries and has played a fundamental role in the teachings of Buddhist meditation.

There are several definitions of mindfulness throughout social work and meditative practice literature, as well as varying examples of what mindfulness practice entails in both one's personal and professional lives. When many think of mindfulness, meditative practice and stillness comes to mind, however the encapsulating definitions of mindfulness are so much more in-depth. In reviewing the varying definitions, similar themes emerge: acceptance, non-judgment, openness and an emphasis on awareness and the present moment. One of the specific definitions of mindfulness has been described as "being in a state of awareness that cultivates insight into thoughts and emotions through observation, non-judgement and acceptance. You embody mindfulness when consciously anchoring this state in the present moment" (Ingrao, 2014, p. 3).

Mindfulness, albeit related to spirituality, does not require commitment to any religious or spiritual traditions. In fact, the practice of mindfulness can be done entirely via a secular context, making it an accessible tool in the practice of social work, as well as for the clients we serve and for all people willing to engage in the practice. Research has



identified numerous clinical benefits of being mindful including: a heightened awareness of one's thoughts and emotions, a greater ability to effectively respond to stressful and emotional situations, an increase in self-awareness, the development of a more positive self-image, and an ability to make decisions with augmented clarity and awareness (Hick, 2008).

Facets of mindfulness are being practiced by some social workers in a variety of ways, including as a means of self-care for themselves and their clients. By being present and embracing mindfulness within themselves, social workers can positively impact their practice and their clients. Hick (2008) explained that social workers are embracing mindfulness as an intervention approach with individual intervention and group/community work as well as a means for promoting a positive therapeutic relationship with clients.

The practice of mindfulness is evolving and its use is becoming more widespread among many professionals; however its concepts remain simplistic when put into action. Many people can learn to be mindful and incorporate some aspects of mindfulness into their everyday activities: intermittently slow down, be present and aware, practice conscious breathing, and be attentive to the small wonders of the world. Research has demonstrated that one's well-being can be enhanced by the practice of mindfulness when it is continued and integrated into our everyday activities and work life, from meditative exercises to a more focused and structured practice.

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# Initiatives

## Greetings from Key Assets!

**BY ROB FILDES MSW, RSW**

The aim of this brief overview is to share the story of where this relatively new agency has come from, our current programs and services and our vision for the future.

In 1994, Jim Cockburn was a social worker with a case load of foster homes and children in-care in the Midlands area of England. Like many tasked with the care of children separated from their parents, Jim struggled with an in-care system that was not meeting the needs of children. One bright light that Jim had was a foster parent named Jan who was struggling with the same challenges. Working together, with Jan's kitchen as their head office, they planned a different approach to foster care. From these very humble beginnings came Foster Care Associates (FCA), which in turn led to Key Assets, the international arm of the organization. Today the Core Assets group of companies (which encompasses FCA and Key Assets) operates in ten different countries and provides care to in excess of 3,400 children.

In Newfoundland and Labrador, Key Assets is established as a not-for-profit community agency. Our mandate is to make a positive and lasting difference in the lives of children, youth and families. Key Assets set up office in 2009 under the local leadership of Heather Modlin. Between then and the spring of 2013, the agency struggled to find our place as our provincial systems restructured in an effort to improve the in-care options for children and families. In March of 2014 we had four children

in placement. By March of 2015 this number had grown to 24, and as of March this year we have 50 children placed.

The provision of quality therapeutic care is the cornerstone of our practice. At the present time we are providing care through a variety of models. First we have a number of Live-in Models where individuals/couples are hired to provide care in family settings. Next, we have several homes where children not ready to integrate into family settings are being cared for by teams of child and youth care workers. Finally we have a Quasi Live-in Model where small teams of two to three child and youth care workers do extended shifts (24-72 hours) and provide care that is not quite family based but cuts down on shift changes which can be so disruptive in caring for children.

Central to our approach to providing care to children is the concept of 'Team Parenting' (Caw & Sebba, 2014). Team Parenting is grounded in the assumption that the primary therapeutic relationship in a child's life is that one developed between the carer and the child. Further to this assumption is that all others including supervisors, therapists, and Child, Youth and Family Services (CYFS) staff have a vested interest in this relationship being as meaningful and successful as possible. Upon these foundational relationships we build our practice grounded in the principles of a child and youth care approach. This includes using a 'developmental' approach to understanding and intervening, while focusing on existing

strengths to nurture skill development. We place an emphasis on creating honest, accountable relationships and using the minutia of day to day life events to create new and meaningful opportunities for learning. What sets us apart is the emphasis we place on caring for the carers. Each home has a Key Assets supervisor and access to an ever expanding group of qualified and experienced child and youth care professionals. Carers are reasonably compensated and all requests for support are processed and considered.

In November of 2015 we entered into two specialized agreements, one with the Department of CYFS and the other with the Nunatsiavut Government and CYFS. Our pilot project with CYFS is aimed at providing family-based care to children across the province. In the pilot we are using the PRIDE (Parents' Resources for Information, Development and Education) framework for assessment and initial training, and contracting with couples and individuals interested in providing care to children with complex needs in a family setting. At the end of May 2016, we had approved eight families and placed 13 children under this arrangement. Our agreement with Nunatsiavut Government and CYFS is to establish a range of care models in Inuit communities in Labrador. This is a multi-year initiative that is incredibly exciting in its scope and potential.

Moving forward, we will continue to expand our core services and be open to new lines of service delivery that contribute to the overall health and

**CONTINUED ON PAGE 19**



# Perspectives

## Emotional Triggers in Social Work

**BY TANYA N BILLARD MSW, RSW**

*During a counseling session, a client struggling with depression begins to discuss her relationship with her daughter. She is saddened by a recent conflict between them that has resulted in a change in their relationship. While discussing her struggles to adjust to the distance growing between them, you are triggered by many of her comments, causing you to reflect on your own relationship with your mother and questioning if she has often felt this way. You feel guilty and shameful, and cannot shake that pit in your stomach as you continue the counseling session.*

Emotional triggers can elicit strong emotional reactions. These triggers are often based on past experiences, and could include a person, situation, or event which prompts a memory, emotion, or response that may be pleasant or troubling. It is something that is real for the individual with very real consequences to their emotional well-being if not properly dealt with. Social workers may also experience these emotional triggers and need to be aware of how these may affect their social work practice. According to Birkenmaier, Berg-Weger, & Dewees, as cited in *The Practice of Generalist Social Work* (2014) "the social worker may have some unresolved or not-quite-resolved personal issues that affect her or his capacity to carry out the work of the agency" (p.165). These issues may impact the therapeutic relationship and create potential boundary challenges and conflicts of interest.

There is little literature on emotional triggers and the impact on social workers. While burnout, compassion fatigue, countertransference, and vicarious trauma are addressed, emotional triggers are discussed as a segue into these more serious problems. This is concerning as emotional triggers can have significant effects on individuals working in the social service profession, which strengthens my belief that not enough consideration and focus is given to this important issue. More research is needed to provide a balanced perspective related to emotional triggers.

An emotional trigger remains its own entity, with its own effects on an individual and on their personal and professional lives. The risk with an emotional trigger is minimizing its significance to an individual. While it is taken for granted that in a helping profession triggers may be a common occurrence, the significance of a particular trigger can only be judged by the person experiencing it. Social workers need to feel supported and encouraged to open up when they experience a triggering event, not only to help them process it, but as a preventative measure against burnout and compassion fatigue.

There are several ways social work agencies can help staff deal with emotional triggers. An organizational culture that promotes education and open discussion around emotional triggers conveys the message that it is a normal reaction and helps get the dialogue moving. This reduces

the feelings of isolation individuals may experience when they encounter a triggering event, and increase the likelihood that individuals will seek help. Having the ability to debrief with colleagues is also essential. Badger, Royse and Craig (2008) state "social support has been described as a viable coping method and a factor that influences worker retention in stressful environments" (p. 66). Having a strong support system that you can confide in and rely on to help you move past the experience of a trigger may mean the difference between moving forward or being stuck and dwelling on the trigger.

Finally, individual self-care strategies are important and should be practiced regularly. Eating a well-balanced diet, engaging in physical exercise and getting proper sleep can help promote positive and healthy emotional well-being. Journaling can be used to keep track of emotional triggers experienced and strategies that were helpful. These journals can then assist in dealing with future situations. Maintaining a strong social support system outside the workplace is important, as well as engaging in meaningful leisure activities and hobbies. Depending on the impact of emotional triggers on one's personal or professional life, social workers may also need to consider counselling or therapy.

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# Leadership

## Social Work Practice: Rooted in Rural Newfoundland

*This story was originally published on the Eastern Health StoryLine blog and is printed here with permission. This story was written by Kim Vaters, BSW, RSW, regional coordinator for acute care and long-term care, Peninsulas with contributions from Kim Slaney, Paula English, Cynthia Norman, Laura Russell, Lezley Blundon, Fiona Broderick and Jessica McCarthy (Social work team, Peninsulas).*

Rural Newfoundland has often been faced with challenges. Residents in rural areas generally can't access the same level of services or resources as people living in larger places. Where we might miss the availability of such benefits, we more than make up for it by having closer connections within our communities.

Our sense of identity is grounded in our strong roots. Social work is rooted in making and nurturing connections and through them, helping communities to thrive. Social workers cultivate positive outcomes for our clients and patients, every day.

This has been the philosophy for our Peninsulas team of long-term care and acute care social workers. There can be a tendency to get lost in the documentation, case consultation, and meetings. However, as a team working in small outport communities, we have tried to keep our roots alive in an effort to bring hope to our patients.

We are all intertwined within the community and we make every effort to network and to reach out. We will



**(L-R) CYNTHIA NORMAN, SOCIAL WORKER AND KIM VATERS, REGIONAL SOCIAL WORK COORDINATOR, BURIN PENINSULA HEALTH CARE CENTRE**

sit with a patient who is dying until family arrives; we have reminisced with a patient who has Alzheimer's about the old days; our workdays may include making a cup of tea and watching the news with a patient who has no one else to relate with; we are there to hold the hand of a person who just received a terminal diagnosis; and have been present to grieve with a couple who have just lost a child.

Not only have we established good relationships with the patients we serve, but also with fellow professionals in the hospital and

community. This allows us to provide good continuity of care. These relationships and effective communication with the inter-professional team enhance social work practice within acute care and also help with discharge planning for patients. Before someone even comes through the doors of the Emergency Department, we often get a call from their case manager or their counsellor to tell us to expect them and to request follow-up care. We keep the same lines of communication open during the patient discharge process. Communication is really enhanced

by the teamwork within the facility. Whether it is morning rounds with the team or bed utilization, we pursue an interdisciplinary approach. We all work together to provide the highest quality of care to the patients we serve.

In long-term care, our social workers are invested in making this final placement a home for the resident. Paula English, social worker at Blue Crest Nursing Home says, "Our team has held family days. A representative from Mary Kay cosmetics was brought in to provide beauty makeovers to the female residents for their Christmas party; a social worker went out in a snow storm to get a family member of a dying resident to ensure she was not alone."

At U.S. Memorial Health Centre, our social worker, Kim Slaney, continues to think outside the box in ensuring residents needs are met. She had a resident who was very unwell and often talked about how they loved the smell of baking bread. Kim was quick to come up with a plan to have the recreation department and able residents make homemade bread in the facility and later brought the warm loaf to the resident's room in an effort to bring her the comfortable feeling of home.

Our social worker at Golden Heights Manor, Fiona Broderick, has been the only social worker for acute care as



**KIM SLANEY IS A SOCIAL WORKER IN MARYSTOWN AND ST. LAWRENCE**

well as long-term care for most of her work life. It was only recently that she was provided with an opportunity to have long-term care as her main area of work. "My workload used to be more concrete than clinical," Fiona says. "Now I'm more involved with true social work practice. I'm so

Far too often we get caught up in the mundane tasks of our jobs. It's important to keep in mind what we envision true social work to be. It is vital to sit back and reflect on why we chose this profession and how we have nurtured a smile or brought a tear to those we have provided service



**MEMBERS OF THE PENINSULAS TEAM OF SOCIAL WORKERS. (L-R) LEZLEY BLUNDON, CLARENVILLE, JESSICA MCCARTHY, BONAVIDA, AND LAURA RUSSELL, CLARENVILLE**

excited at the prospect of getting back to my social work roots."

At O'Mahony Manor, our long-term care social worker, Laura Russell, collaborated with a local artist to create a wall mural that would help remind residents of their origins. The painting is of a scenic garden and rural Newfoundland setting. Viewing this painting provides residents with an opportunity to reflect and is a real conversation piece when families come to visit. Laura is currently involved in fundraising for the development of a pavilion on site. It is with great pride that our long-term care social workers invest their time to ensure the best possible placement for their residents.

to in the years we have all worked. The sense of accomplishment we feel when someone reaches out their hand to hold yours and calls you an angel is one of the most rewarding experiences in life. It is experiences like this that can re-energize a tired mind and body and revitalize the passion for true social work.

Our team here in Peninsulas have a combined approximate total of 137 years of social work practice so one can only imagine the stories to be told and experiences that were had in that time. These stories and experiences take us back to our roots and provide inspiration for reflection on some of the most important moments in practice.





# Promotion

## Pride in Our Profession

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

Registered Social Workers (RSW's) demonstrate pride in the profession of social work through their leadership and practice with individuals, families, groups, organizations and communities. Whether it is working one on one with a client or family, or engaging in social policy analysis or advocacy, social workers promote and advance the health and well-being of the people of Newfoundland and Labrador through their knowledge, skills and abilities in professional practice. To recognize social workers who demonstrate pride in the social work profession, the NL Association of Social Workers Promotion of the Profession Committee launched a Pride in the Profession Award in 2014.

Presented annually during social work month, this award recognizes and celebrates a nominated RSW who promotes the advancement of social work practice in Newfoundland and Labrador and demonstrates outstanding pride in the profession. The recipient of this award is one who consistently identifies as a RSW, promotes the values, ethics and principles of the profession and sets a high standard of integrity. The recipient also promotes continued education and professional growth, advances the knowledge, skills and expertise of the social work profession and motivates others around them by portraying exemplary leadership skills.

Over the past two years, the Pride in the Profession Award was presented to two exceptional social workers. Nominated by their colleagues, Bill



**BILL HAYNES, 2015 PRIDE IN THE PROFESSION AWARD RECIPIENT**

Haynes received the inaugural award in 2015, and Connie Pilgrim was the 2016 recipient. Connie works in the area of long term care and Bill works in the field of oncology.

Both Connie and Bill demonstrate great pride in the social work profession, from always referring to themselves as a social worker first and foremost, to promoting the profession in everything they do. This involves student mentorship, writing for Connecting Voices, engaging in and promoting continuing professional education, striving to ensure clients receive the highest quality services, freely sharing their knowledge, skills and expertise, and engaging in the smaller day to day activities that showcase their pride. Connie and Bill's passion for the profession has been



**CONNIE PILGRIM, 2016 PRIDE IN THE PROFESSION AWARD RECIPIENT**

highly recognized by their colleagues. Connie, for example, laminates her NLASW registration card and has it visible on her filing cabinet, while Bill encourages and supports self-care by reminding his colleagues to laugh when the nature of the work weighs heavily on their minds. Connie and Bill demonstrate integrity, leadership and passion for the social work profession. As RSW's, they embrace the core social work values of respect,

**CONTINUED ON PAGE 19**



# Advocacy

## Office of the Citizens' Representative Seeking Fairness – Finding Solutions

BY SHARON SAMSON BSW, RSW

The Office of the Citizens' Representative (OCR) is an independent office of the House of Assembly in Newfoundland and Labrador. Since its creation in 2002, and under the authority of the Citizens' Representative Act, the OCR provides an ombudsman service to citizens. The OCR provides an independent review of complaints from citizens who feel they have been treated unfairly with respect to their contact with provincial government agencies and offices. Complaints made to the OCR are confidential and the service provided is free.

The OCR carries out its mandate using two primary approaches. Early resolution is the first approach considered when a citizen presents. If there is an indication that resolution can be acquired through an informal mediation process, an investigator will act in the capacity of an independent mediator to communicate between the relevant department or agency and the citizen in an attempt to understand and review relevant policy provisions. While the service provided by the OCR is confidential, it is necessary to identify the citizen and their issue to the relevant department or agency to enable open discussion towards resolution, if possible. If the citizen does not wish to make the complaint known formally, or there is an ability to promote empowerment of the citizen, the OCR will often engage in supporting self-advocacy measures. Such measures include providing

specific policy information, appeal processes that may be available, or general information to promote effective communication and means of acquiring appropriate levels of understanding, regardless of the outcome.

Alternately, if the informal process of early resolution is not successful, a more formal investigation may be initiated. This formal process requires that the findings of an investigation are reported to the citizen, identifying whether or not there is a finding of administrative fairness. An explanation with reasons for a finding is provided within a report to the citizen.

The determination of fairness is one that can be very subjective, largely dependent on one's social location. As with any ombudsman service, the consideration of fairness by the OCR is through the application of an administrative fairness lens. The principles of administrative fairness that can be considered are quite broad. The legislation succinctly provides that a decision, recommendation, act or omission that is the subject matter of an investigation will be found to be unfair if it is: contrary to law; unreasonable; unjust; oppressive; improperly discriminatory; mistake of fact or law; or wrong. If there is a finding of unfairness, the OCR will provide notification of this breach of the Citizens' Representative Act with any recommendations to the relevant department or agency. This allows government to respond to the findings prior to releasing the final report to the

citizen.

The OCR has jurisdiction over most government departments, agencies and crown corporations. However, it cannot investigate the House of Assembly, the Cabinet, or the Executive Council, decisions from a court, judge or justice of the peace, or an arbitrator appointed under the Arbitration Act. Similarly, the OCR would be prohibited from investigating a matter in which there is an appeal mechanism available or there is a more appropriate avenue of review. As well, a matter that falls within the jurisdiction of the Advocate for Children and Youth, or a decision of the Information and Privacy Commissioner cannot be investigated by the OCR.

Most often, citizens contact the OCR directly. Increasingly, citizens are being referred to the services of the OCR from government itself. Elected officials, departments and agencies will refer citizens to the OCR upon exhaustion of all avenues of internal review and appeal. Such referrals are appropriate as it permits an independent third-party review of the decision-making process which a citizen may feel has had a negative impact.

More recently, on July 1, 2014, the House of Assembly passed the Public Interest Disclosure and Whistleblower Protection Act (PIDA). This legislation is designed to allow government employees to confidentially disclose wrongdoing in the public interest. The

**CONTINUED ON PAGE 19**

# Health Promotion

## The AIDS Committee of Newfoundland and Labrador: A Multi-level Community Approach to Harm Reduction

**BY ABIGAIL SHEPPARD BA, BSW, RSW  
& ANGELINA BUTT BSW, RSW**

The Tommy Sexton Centre (TSC) opened in 2006 in Pleasantville, St. John's and houses the AIDS Committee of Newfoundland and Labrador (ACNL). ACNL is a provincial organization with services including an emergency short-term shelter program, a supportive housing program, the Safe Works Access Program (SWAP), and support services, education, and programming for target populations. It is a little-known fact that ACNL provides services not only to individuals living with HIV/AIDS, but is also inclusive of individuals living with Hepatitis C (HCV) and anyone affected by or considered "at risk" of contracting HIV/HCV. This can include friends or family members of affected individuals, service providers, and the general public: without accurate information and awareness, the reality is that anyone can be considered "at risk" of contraction. As a result, all of ACNL's programs aim to provide education, prevention, and support services from a low-barrier, harm reduction perspective.

### **WHAT IS HARM REDUCTION?**

Everyday we make decisions that include some level of risk. "Harm reduction" as a philosophy suggests that we should spend more time working with individuals to educate on safer practices rather than encouraging or requiring them to eliminate "risky" behaviors completely. It can apply to

any situation where safer practices reduce risks of incurring harm – for example, wearing a seatbelt when travelling in a car is an act of harm reduction. For substance use, this means that instead of viewing individuals and behaviors in a binary approach (e.g. "using" vs. "sober"), usage is viewed on a continuum where harm reduction can intervene at any point. For instance, needle exchanges help prevent disease transmission and needles left in parks and neighborhoods. It is also a cornerstone of housing and homelessness work that reflects an individual's fundamental right to be housed regardless of substance use. Choice is the core principle, and working with individuals to move to a safer place on the continuum of use is the goal (Pauly, Reist, Schactman and Belle-Isle, 2011).

### **HARM REDUCTION AT ACNL**

In everyday practice at ACNL, we promote the key outcome of limiting the spread of HIV/HCV by using a low barrier approach. Low barrier programs do not require compliance with mental health or addictions treatments plans, and generally operate with as few/flexible limitations as possible. Within ACNL, this can include accessing safer use and safer sex supplies through our SWAP program, which utilizes those materials as an opportunity to engage in educational conversations and supportive relationship development. Within a housing perspective, it

can include accessing our housing programs, which include emergency and long-term intervention options. The four-bed emergency shelter and the six supportive housing units on site at TSC offer flexible, individualized interventions for adults aged 16 and up.

Our programs do not use "banned lists" and are accessible and gender inclusive, along with the building itself. On a larger level, we are involved with ongoing community education and partnership development towards health promotion. This currently includes HCV education for corrections officers, and partnering in the development of a safer sex manual for adults 50+.

### **APPLYING THE CODE OF ETHICS**

ACNL offers a unique opportunity to practice harm reduction as a social worker in Newfoundland and Labrador. Our mandate ensures that harm reduction is at the core of the work that we do. We allow harm reduction research and best practices to guide programming and initiatives across the organization. We believe behavior that is deemed "problematic" by society does not dictate individual worth or right to access services.

The CASW Code of Ethics (2005) and harm reduction strategies work towards the same goals using the same values. At ACNL, we engage on all levels with and on behalf of a range of populations to reinforce individuals' right to self-

determination, free of judgment. We uphold the universal right to access safe, affordable housing options, whether on site or secured via shelter stay, which reflects the pursuit of social justice and respect for the inherent dignity and worth of all persons. Whether through outreach on the SWAP van or by providing access to the shelter for an individual under the influence, we embody meeting service users where

they are and supporting them in the decisions they make.

Knowing the value of reaching various populations and overcoming stigma related to HIV/HCV services, ACNL is always open to new partnerships and collaboration efforts. For further information on our services, contact us at (800) 563-1575 or (709) 579-8656 or online at acnl.net.

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## INITIATIVES CONTINUED FROM PAGE 12

well-being of children in our province. If you, or someone you know, may be interested in caring for children

in a family based setting please get in touch. I will end by encouraging everyone to visit our web site at [www.keyassetsnl.ca](http://www.keyassetsnl.ca), or our international site at [www.coreassets.com](http://www.coreassets.com), and learn about us! In addition if anyone has any questions about our programs and

services please do not hesitate to call us at 709-579-1624 or visit us at 120 LeMarchant Rd.

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## PROMOTION CONTINUED FROM PAGE 16

dignity, compassion and ethical practice, setting the benchmark for what we all strive for in our practice. Bill and Connie, while humble in their approach, continuously promote the social work profession through their daily interactions with interdisciplinary colleagues and clients. Both proudly wear their RSW identification with pride.

All of us have colleagues like Bill and Connie who are worthy of the Pride in the Profession Award. Nominating a fellow social worker for this

award is not a lengthy or difficult process. It is an honor for one of your colleagues to be nominated for this prestigious award, but it also has been demonstrated to be a rewarding experience for the nominator. As noted by Connie Pilgrim in receiving this award, "to be nominated by social workers that I have such respect for makes this even more meaningful."

While the deadline for nominations for the Pride in the Profession Award is not until January 15, early nominations are appreciated and encouraged. Perhaps during the summer months you might find some time to prepare a

nomination for one of your colleagues; someone in your workplace or team who inspires you and demonstrates pride in the profession. Nominations are welcomed for social workers from all areas of practice including direct practice with individuals, couples and families, community development, health promotion, policy development, and administrative practice and research.

To obtain more information about the nomination process and to download the nomination form, please visit the NLASW website. We look forward to hearing from you!!



## ADVOCACY CONTINUED FROM PAGE 17

PIDA also prohibits reprisals against persons who make disclosures or seek advice on the commission of wrongdoing in the public service. The Citizens' Representative is the named investigator of public interest

disclosures under this legislation.

For more information about the OCR, including examples of OCR work, please visit [citizensrep.nl.ca](http://citizensrep.nl.ca). The OCR welcomes contact from citizens of Newfoundland and Labrador and also from provincial government service providers who may wish to refer citizens for an independent review

of their matter. There are numerous presentations available for public servants and the general public, ranging from public interest disclosure, to the OCR's overall mandate, to navigating difficult complaints. Presentations are available by calling (709) 729-7647 or via email at [citrep@gov.nl.ca](mailto:citrep@gov.nl.ca).



# Issues

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## Humanistic Theory: A Perspective to Inform Self-Care in the Workplace

BY AMANDA COLLIER BA, BSW, RSW

As graduates of the Bachelor of Social Work (BSW) degree program enter the workforce, they will need to reflect on social work theories and consider which theoretical perspectives correspond to their own personal values about people and being a professional helper. Prior to graduating from the Dalhousie University School of Social Work in 2007, I completed a framework for professional practice that was a requirement of the field education program. My framework highlighted how I planned to work from a strengths based perspective and would incorporate principles of humanism in my work with clients.

Humanistic theory has influenced my practice in the field of child welfare, where it is more constructive to recognize resiliency than deficits in people, and most valuable to consider the impact of environment on an adult or child's behavior and ability to function when assessing any issue of concern. Working in the field has also brought a deeper level of insight regarding the importance of taking care of oneself in crisis-driven, client-focused environments. Critical thinking about front-line work brings to light the need to develop personal self-care practices. By applying the principles of humanistic theory we use to relate to clients, we can also enhance our ability to take care of ourselves as professional social workers.



The ideology of humanism is consistent with the core values of social work, with the focus on treating others with compassion and respect, incorporating reality based problem solving, and working to make things better for everyone (Payne, 2005). As professionals, there may be a tendency to neglect ourselves when we are under pressure, having to meet numerous demands and deadlines, and respond to crises. During these times, it is especially important to 'pause' and give consideration to our own needs and how we are doing. To continue to be successful in our profession, we need to afford ourselves a little more attention and care. The need to have a good plan for self-care is becoming widely recognized by social workers as an important professional issue.

Social workers need to practice self-care on a consistent basis. We are responsible for taking care of ourselves, and when our needs are met in the workplace, it has been my experience that there is an increased capacity to remain client-focused, manage a heavy workload,

cope with fatigue, and make critical decisions. In the field of child welfare, we commonly explore with clients the context of the environment in which they live. We don't expect children and adults to function to the best of their abilities if there are circumstances in their personal environments that are negatively affecting them. As social workers, we have shifted our thinking away from a view of individual flaws, to the changes that can be made within the external environment to enhance client well-being (Kapf, 2010). Given the altruistic nature of social work, it is a very rewarding career choice, but it is also a profession where individuals experience challenges when trying to care for themselves in work environments that focus on desired outcomes for clients and case management duties.

The social work profession can work collectively to foster a culture that emphasizes the need for self-care practices in the workplace for new social workers entering the field. When we consider the basic values of humanism, themes of personal kindness and consideration emerge. Critical reflection on this theory provides insight on how we can incorporate the principles of humanism to develop our own personal routines for self-care at work. The following are some strategies, based on the values and attitudes of humanism that social workers might find helpful:



• **Remember to Eat:** I recently attended the Kids Eat Smart Gala where speakers highlighted the fact that people are unable to learn and stay focused when they are hungry. Do not skip lunch or a needed snack to push yourself to the limit to “attend that meeting first” or complete one more task. The truth is we work more efficiently and are able to stay on task when we have eaten. Eat early if a meeting is going to run through lunch or if necessary, make it a practice to schedule in your coffee or lunch break.

• **Pause and “Take a Minute”:** Social workers are frequently involved in emotionally difficult discussions. In generalist practice, casework has become diversified. In the field of child welfare, a social worker could be actively involved in removing a child where it has been deemed necessary, and then have to respond much differently to another family, calling to inform them that their application to

adopt a child will now be processed. These contrasting experiences are a reality, and when switching roles, it is important to take a break to clear our minds in order to stay focused on the purpose of our work.

• **Create a Circle of Support:** We talk to clients about the importance of relying on our social supports to help manage stress. When feeling overwhelmed, some may isolate themselves from team members that can be primary sources of support at work. Often, talking to a co-worker and sharing our feelings brings about the realization that others are experiencing similar stress at work. This can help to lessen individual feelings of being burdened. It can also be helpful to have a break at work and just share a laugh or light conversation with a co-worker. Laughter can help us “re-charge”.

Vicarious trauma and burnout are realities experienced by some

social workers. In the same way that we educate our clients about the community resources available to them, social workers should be knowledgeable about internal resources that are available when professional supports such as counselling are needed.

Ending on a humanistic note, with a renewed perspective on self-care, I am including the following quote by clinical psychologist Christopher Germer, PhD:

“Self-compassion is simply giving the same kindness to ourselves that we would give to others.”

#### REFERENCES:

Germer, C. (2009). *The mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions*. Guilford Press.

Kapf, M. (2010). *Social Work and the Environment: Understanding People and Place*

Payne, M. (2005). *Modern Social Work Theory*. Palgrave Macmillan, 3rd revised edition.



# Private Practice Roster

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

## ST. JOHN'S REGION

MAUREEN BARRY, MSW, RSW  
 MONA BUDDEN, MSW, RSW  
 AGATHA CORCORAN, MSW, RSW  
 TOBIAS DUNNE, MSW, RSW  
 JANET FITZPATRICK, PHD, RSW  
 JILLIAN HAND, MSW, RSW  
 DARRELL HAYWARD,  
 BSW, RSW, M.ED., CCC  
 BRIAN KENNY, MSW, RSW  
 ROSEMARY LAHEY, MSW, RSW  
 DENISE LAWLOR, MSW, RSW  
 GREG MCCANN-BERANGER,  
 MSW, RSW

CATHERINE MORRIS, MSW, RSW  
 MAXINE PAUL, MSW, RSW  
 E. MICHELLE SULLIVAN, PHD, RSW  
 HEATHER THISTLE, MSW, RSW  
 DIANA WAMSTEEKER, MSW, RSW

## EASTERN REGION

WANDA GREEN, MSW, RSW

## CENTRAL REGION

KIMBERLY BROWN, MSW, RSW  
 SHANNON FUREY, MSW, RSW  
 VIVIAN HOUSE, MSW, RSW

RUTH PARSONS, MSW, RSW  
 SIMONE PELLEY, MSW, RSW

## WESTERN REGION

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

## LABRADOR REGION

SUZANNE FELSBURG, MSW, RSW



# School



PHOTO COURTESY OF LAURA WOODFORD.

STUDENTS RECITING THE PLEDGE OF PROFESSIONALISM.

## News from the Memorial University School of Social Work

### WE'VE MOVED!

After a year-and-a-half of renovations, we are back in our permanent home, St. John's College! There will be opportunities to pop in and see us, our new displays and upgraded, state-of-the-art classrooms during our annual MUNdays in the fall. Please make sure we have your current email address so we can let you know the details.

### SOCIAL CHANGE AND THE GREAT WAR

The School of Social Work recently unveiled a banner commemorating social welfare efforts on the home-front during World War I. The banner, titled "Social Change and the Great War", is the product of a project funded by the Living Commemoration Fund as part of the university's WW100 commemorations and focusses on the efforts of the Women's Patriotic Association (WPA) and the Great War Veterans' Association (GWVA).

The WPA shifted their focus near the end of the war and afterwards, to the health and welfare of children in Newfoundland. The WPA employed Edith Haslam whom they referred to as the first social worker in the Dominion.

The GWVA, responsible for efforts to improve the welfare of returning soldiers, focused on pension reform and were successful in convincing the Newfoundland government to adopt the Canadian pension scale.

The banner will be included in a larger historical project to chronicle the history of social welfare and the profession of social work in the province. A series of historical panels will be unveiled at St. John's College in the coming months.

### ADVANCING THE PRACTICE TOGETHER (APT) UPDATE

As part of our on-going APT partnership with the Department of Child, Youth

and Family Services, we have hired a part-time, contractual Learning and Development Consultant. The main focus of this position is to develop, implement, monitor and evaluate development programs and opportunities for social workers and social work students that support the understanding of current practice and thinking and that enhance child welfare practice.

### PLEDGE OF PROFESSIONALISM

This winter, during our second annual BSW Pledge of Professionalism Ceremony, our students were addressed by the Honourable Sherry Gambin-Walsh, Minister of Child, Youth and Family Services, Mr. Bernard Davis, parliamentary secretary to the Minister of Health and Community Services and Glenda Webber, NLASW Board President. Two students were awarded the inaugural Social Work Field Instructors' Book Award.

## ABORIGINAL PEOPLES WEEK: TRUTH AND RECONCILIATION

Faculty members, researchers, students, staff and guests presented a variety of sessions for the university community and the public as part of Aboriginal Peoples Week: Truth and Reconciliation, from March 21 - 24.

The series of events was intended to inform the community, spark dialogue and discussion, and respond to the release of the Truth and Reconciliation Report from the Truth and Reconciliation Commission of Canada.

Presenters and panellists included Cultural Education Coordinator Chief Wilton Littlechild, Truth and Reconciliation Canada Commissioner; Ches Crosbie, Legal Counsel, Residential Schools Class Action; Toby Obed, Labrador Residential School Survivor; Catharyn Andersen, Special Advisor to the President on Aboriginal Affairs; as well as educational consultants and coordinators, Inuit leaders and more.

One of our own social work students, Tobi Jolly, gave a presentation titled Academic Stock Exchange: The Value of an Aboriginal Student's Tears and we caught up with her beforehand to discuss her thoughts. See the full

interview at <https://gazette.mun.ca/student-life/accidental-educator/>

## CONGRATULATIONS TO OUR 2016 GRADUATES!

At the spring convocation, 16 MSW, and 66 BSW students graduated. Congratulations to all!

## MSW PROGRAM

Interest in our MSW program continues to grow, as is reflected in the large number of applicants we received by the January deadline. We will welcome 30 new MSW students in September 2016.

## PHD PROGRAM – SEPTEMBER 15 DEADLINE FAST APPROACHING

New students will be admitted to the PhD program in spring 2017. The deadline for applications is September 15, 2016. For more information, visit <http://www.mun.ca/socwrk/doctoral/> or contact [phdsocialwork@mun.ca](mailto:phdsocialwork@mun.ca).

## MUNDAYS REUNION 2016 EVENT – OCTOBER 13, 2016 – SAVE THE DATE!

Similar to previous reunion events, we plan to include a Continuing Professional Education activity as well as refreshments and a cash bar.

## FIELD INSTRUCTORS

We would like to say a big Thank You to the 16 field instructors who volunteered an average of four hours each to help us evaluate BSW applicants!

If you're looking for a rewarding connection with someone eager to learn, consider taking on one of our social work students for a practicum. For more information about supervising a student for a practicum, please contact Joan Davis-Whelan at [joandw@mun.ca](mailto:joandw@mun.ca) or Cheryl Mallard at [cmallard@mun.ca](mailto:cmallard@mun.ca).

Check out <http://www.mun.ca/socwrk/home/> for information on our on-line 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 Policy.

News you'd like to share? We're always interested in the personal and professional successes of our alumni. Email [socialwork@mun.ca](mailto:socialwork@mun.ca) and tell us what you've been up to! *Check out our website for more news: [www.mun.ca/socwrk](http://www.mun.ca/socwrk).*



NLASW is pleased to announce the introduction of an online renewal module coming in Fall 2016. This module will provide members with the ability to update contact information, record CPE credits throughout the year as well as renew and pay fees online.

Convenient, Easy to Use and Secure!

Stay tuned for more details.



Register 3 weeks early  
and receive 10% off.  
Please visit our website  
for details.

### MEMBER PLAN

CTRI offers a membership plan that provides the member with unlimited access to our pre-recorded webinars.

#### MEMBER BENEFITS:

- Unlimited access to all pre-recorded webinars whenever and however often you want. New content added throughout the year.
- Ability to download useful PDF handouts and worksheets exclusive to members.
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### ANXIETY—Practical Intervention Strategies

St. John's: October 27, 2016

This workshop provides practical and accessible strategies which can be applied across the lifespan and address the physical, emotional, cognitive and social aspects of anxiety.

### CRITICAL INCIDENT GROUP DEBRIEFING

St. John's: October 28, 2016

This workshop will review how to facilitate a group debriefing, and also how to discern when group debriefing is not appropriate for a group.

### DE-ESCALATING POTENTIALLY VIOLENT SITUATIONS™

St. John's: November 15, 2016

Participants of this workshop will develop a clear understanding of how to assess the potential for violence and respond with a diverse set of tools and strategies.

### BORDERLINE PERSONALITY DISORDER—Understanding and Supporting

St. John's: November 24, 2016

This workshop's purpose is to increase the understanding of Borderline Personality Disorder (BPD from the perspective of all those impacted, including caregivers, family members and those diagnosed.

### FETAL ALCOHOL SPECTRUM DISORDER—Strategies for Supporting

St. John's: December 6-7, 2016

This workshop will include information on prevention, intervention strategies, diagnosis, functional assessment, developing a collaborative care network and case management.

