

Connecting Voices

Newfoundland and Labrador Association of Social Workers



Feature

Paying It Forward

BY WANDA BURT BSW, RSW
INTERIM CHAIR, NLSW PROMOTION OF THE PROFESSION COMMITTEE

In the 2000 movie "Pay It Forward," starring Kevin Spacey and Helen Hunt, a young boy, played by Haley Joel Osment, is given a school assignment that requires him to find some way to change the world. He develops the pay it forward concept, setting forth a chain reaction of good deeds.

Paying it forward involves doing something good for someone in response to a good deed done on your behalf or a gift you received. However, when you pay it forward, you don't repay the person who did something nice for you. Instead, you do something nice for someone else (Madison, 2011).

Paying it forward obviously is inspirational and involves one person motivating another. This concept came to mind after receiving an e-mail on June 10, 2011, from a lady named Juanita Dwyer, a Paralegal / Investigator with the Office of the Citizen's Representative. She wanted me to know how she was inspired by the article I had written for the January 2011 Connecting Voices Newsletter, regarding my academic journey to become a social worker.

SEE FULL STORY ON PAGE 8

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This issue of Connecting Voices is dedicated to the memory of the 14 women who were murdered in Montreal on December 6, 1989.

Newfoundland & Labrador Association of Social Workers

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Vision Statement:

"Excellence in Social Work"

NLASW Goals:

1. To effectively and efficiently regulate the profession of social work in Newfoundland and Labrador
2. To promote public awareness of the profession and practice of social work in all regions of the province
3. To engage in social policy analysis

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 15 and for the July edition the deadline is May 15.

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 should 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

Milestones and Reflections

BY ANNETTE JOHNS MSW, RSW

Happy New Year Everyone!

As you know, 2012 marks the 20th anniversary of social work regulation in Newfoundland and Labrador. I have been a registered social worker for the past 13 years. Over the span of my professional career, social work regulation has existed in this province. For this I feel privileged. I remember the excitement and pride I felt when applying for social work registration in 1998, knowing that I was joining a profession of knowledgeable and skilled social workers. My passion for the profession continues to grow!

Connecting Voices was initially created as an information sharing tool among social workers in the province and had its roots in a publication of our founding professional association, the Newfoundland Association of Social Workers (NASW). The NASW became known as the Newfoundland and Labrador Association of Social Workers (NLASW) following the introduction of social work regulation. It is from this point that I want to base my commentary.

Did you know that the first edition of the NLASW newsletter was published in May of 1994? In 1995 the newsletter was officially named Connecting Voices. This January 2012 publication of Connecting Voices marks the 37th publication of the NLASW newsletter. For the past 18 years, social workers throughout Newfoundland and Labrador have been



Barb Drover MSW, RSW

sharing their practice experiences, knowledge and expertise through Connecting Voices. This is a wonderful accomplishment!

As co-editor of Connecting Voices, I would like to thank all the members of the editorial committee for their dedication and passion in creating a newsletter that is well recognized and respected – provincially and nationally. This is a wonderful committee to be involved in, and as one of our outgoing committee members should know after 15 years of being part of the editorial team. Barb Drover, MSW, RSW, has been a member of the editorial committee since 1996. Over the years, you would have noticed Barb's name on the editorial committee listing and read many of her articles and book reviews.

Personally, I have had the pleasure of working with Barb since 2004. I remember meeting Barb at McDonald's on Topsail Road as she prepared an article for Connecting Voices to welcome me to my position with the NLASW. On behalf of the editorial committee and the NLASW Board of Directors, I would like to thank Barb for her long time commitment and dedication to Connecting Voices and the profession, and for the humor and grounding she always brought to the committee.

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Executive Director

What Were You Doing 20 Years Ago?

BY LISA CROCKWELL MSW, RSW

Welcome to a brand new year! The arrival of a new year is often a good opportunity to look back and examine the past. Ask yourself the question: What was I doing 20 years ago? The answer to this question will vary greatly, considering there are 1421 social workers in this province. The youngest of us were just starting kindergarten, some were just starting university, others were beginning a career in social work and many had already been practicing for several years.

The following is trivia about 1992:

- There was no such thing as a toonie
- Google was not yet developed
- Facebook was over a decade from being created

Why the focus on 20 years ago? 2012 marks the 20th anniversary of social work regulation in Newfoundland and Labrador. While social work existed long before that time, achieving regulation was a significant milestone for the profession in this province. Just as some of us do not remember a time when we couldn't "google" to find out everything we need to know, for those practicing 20 years or less, being a social worker without an RSW designation was never a possibility.

What has regulation done for the social work profession? Has it made any difference?

Let's start by examining the very core of why a profession is regulated. The

basic requirement is that members of the profession possess knowledge, skills and abilities that are unique to that profession and have a significant impact upon the broader population. Prior to 1992, anyone could legally refer to themselves as a social worker. Legislation titled the Social Workers Association Act came into effect making this an offence unless one met the criteria for registration and was registered. Limiting practice to those who were duly qualified set parameters around the practice and offered the public the assurance that when someone used the title social worker they possessed the prerequisite knowledge, skills and abilities. Think about the expectations you have of your family doctor, the pilot flying your airplane or the engineer who constructs the buildings, bridges and roadways we use daily. These same expectations apply to a social worker. The Supreme Court of Canada concluded that "it is difficult to overstate the importance in our society of the proper regulation of our learned professions". The primary purpose of the establishment of self-governing professions is the protection of the public. This is achieved by ensuring that only those who are qualified and competent are permitted to practice. Accountability is an inherent component of that recognition. It is illustrated annually by the promise we make to the public that we will adhere to the social work code of ethics when we sign the registration renewal form.

Over the past twenty years, legislation

governing the practice of social work has been developed in some form in every Canadian province. Each statute has the same intent to work toward the safe, competent and accountable practice of all who are registered so that public confidence is maintained.

Establishing the credential for entry as the Bachelor of Social Work degree has shaped the profession. Each of us brings the knowledge gained from our degree to every position and task we undertake. The demand for this skill set has grown. Every year since 1992, there has been an increase in the number of social workers in Newfoundland and Labrador. This means that new social workers are registered and fill the gap left by those who retire or leave the province while new positions have also been added to meet demand. This growth is not limited to one field of practice or area of employment. Registered social workers, for example, are working in almost every government department bringing a broad range of skills including direct practice, policy development, strategic planning and management.

We are continuing to diversify as a profession and this presents new opportunities. Here's to the next twenty years – live well, practice well and be proud!



Clinical

Social Work and the Treatment of OSIs

BY MICHELLE MORRISON BSW, MSC
& TIM MARSHALL MSW
VETERANS AFFAIRS CANADA

As they leave military service, an increasing number of Canadian Forces Veterans are returning to Newfoundland and Labrador, creating a demand for specialized health services. In some cases, these “modern-day veterans” who are transitioning to civilian life face potentially complex physical, mental and social health needs and operational stress injuries (OSIs).

An operational stress injury (OSI) is any persistent psychological difficulty resulting from operational duties performed while serving in the Canadian military or executing duties serving as a member of the RCMP. OSIs may include a diagnosis of post traumatic stress disorder (PTSD), major depression, social phobia, agoraphobia or generalized anxiety. OSIs can have a powerful incapacitating effect on the functioning of the client. They may subsequently also directly affect family members, potentially leading to marital distress, depression, lower self esteem, family violence, behavioural problems in children, as well as increased drug and alcohol use amongst family members. Research also indicates higher levels of caregiver burnout and compassion fatigue. Given these observed difficulties in the family system, social work constitutes an important element in the treatment of OSIs.

In recent years, Veterans Affairs Canada (VAC) has made significant improvements in the services provided



to Veterans, particularly in the area of mental health. In Newfoundland and Labrador, Veterans in need, and their families, can access confidential support from trained counsellors and professionals, as well as trained peers. They may also receive specialized diagnosis and treatment through the Fredericton Operational Stress Injury Clinic, which provides direct and tele-health services throughout Atlantic Canada.

OPERATIONAL STRESS INJURIES AND SOCIAL WORK

Social workers play a key role in the treatment of OSIs. All psychosocial based problems are referred to them for both assessment and treatment at the OSI Clinic. This can mean that the social worker will intervene with an individual, couple, family or treatment group. At present, social workers at the OSI clinics across the country use a variety of theoretical approaches, including systemic, solution focused, cognitive-behavioural, educational, narrative and

emotionally focused therapy. They are also involved in helping families better cope with the secondary effects of OSIs by providing psychoeducational services, comprising both educational and support groups for family members.

Phil O'Neil is a social worker who is employed by the Operational Stress Injury Clinic in Fredericton, NB, but works out of St. John's as the local liaison for Newfoundland and Labrador. “The challenges faced by veterans and their families because of Operational Stress Injuries require a holistic, interdisciplinary approach in the assessment and development of treatment plans,” says Phil. “The unique cultures of the military and RCMP along with the demands of operational duties can result in injuries that are complex and multidimensional. Social work plays an important role within the OSI team, particularly with respect to individual, couple, group, and family therapy.”

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Clinical

Eye Movement Desensitization and Reprocessing (EMDR)

BY MONA BUDDEN MSW, RSW

By way of introduction, I have been a practicing social worker for twenty-nine years, with the last twenty years as a private social work therapist. My primary areas of interest are stress, anxiety and addictions.

I am currently working towards my certification as an EMDR therapist. Up until the timing of this article, I have received two levels of EMDR training, thirty hours of clinical supervision from a certified EMDR therapist, post-training workshops, and direct clinical experience.

WHAT IS EMDR?

EMDR is a relatively “new” therapy for the treatment of post-traumatic stress disorder (PTSD). There have also been numerous preliminary studies that document its applicability for use in a variety of other experientially based disorders and emotional difficulties. Examples would be social anxiety, losses, performance anxiety, phobias, complicated grief and addictions.

Regarding PTSD, the trauma literature clearly indicates that “neurological & biochemical changes result from long term inescapable trauma. Also, that chronic exposure to stress, significantly affect the way people respond to stressors later in life. Harmless triggers can cause intense reactions, as if the original stressor was present” (APA, 2004.) Traumas both big and small can

be healed. “Traumatic memories are stored in the brain, and the brain is part of the body that can heal just as other physical wounds can” (Shapiro, 1997).

In 1987, Dr. Francine Shapiro discovered that her eye movements reduced the intensity of negative thoughts. She also experienced less stress. Dr. Shapiro proceeded to investigate, study, conduct experiments and later conducted clinical trials with veterans. Years of research grew into a methodology that rapidly expanded in complexity and application (Shapiro, 2001).

EMDR facilitates resolution and healing, not only by talk-therapy, but also by guiding the “processing” of the clients’ trauma, using consistent procedures and protocols. Processing occurs on a physiological level, with the use of bilateral stimulation (BLS). This can allow the therapist to bear witness to both psychological and physical relief. The client gets to experience new found perspectives, insights, and emotions.

EMDR is now the recommended treatment for PTSD in adults by several international professional associations including ISTSS (International Society for Trauma and Stress Studies) and APA (American Psychological Association).

EMDR therapists are professional therapists in their respective fields, who are further trained to work with the brains’ information processing system. EMDR’s unique premise relates to the

adaptive information processing system of the brain, which when activated, using bilateral stimulation, gives access to the troubling experiences. These experiences can then be targeted in order to facilitate improved or full client-health.

EMDR 8 PHASE PROTOCOL

The first step (phase 1) is to get a comprehensive history, including trauma, loss, positive experiences developmentally, and any significant milestones, from which the clinical picture develops. Current day challenges, symptoms, and concerns are identified and become conceptualized into a recovery plan.

Phase 2 focuses on preparations for treatment to ensure that the client has good coping and stabilization skills. Safety and stability are necessary to begin processing any trauma. Clinical markers are used to assess suitability and readiness for EMDR therapy. EMDR client education, benefits, procedures and risk (e.g. possibility of intense emotions), and appropriate screening will also occur at this phase.

During the assessment phase (phase 3), the clinician works with the client to identify a specific experience or memory, using the history and recovery plan, which will become the focus/target for the treatment session.

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Perspectives

Death Review Panels - A Mechanism with Potential to Prevent Domestic Homicide

**BY COLLEEN A. HANRAHAN MSW,
RSW, LL.B, PHD (CANDIDATE)
PROFESSIONAL ISSUES COMMITTEE**

Domestic violence results in physical and psychological injuries. In some instances it can be fatal. The Royal Newfoundland Constabulary statistics show that in Newfoundland and Labrador between 2001 and October 10, 2011, there were 10 people who died as the result of domestic violence.

For the purposes of this article, "domestic" refers to intimate partners, present or past. "Homicide" is defined as "a death due to injury intentionally inflicted by the action of another person" (British Columbia Coroners Service). In Canada, researchers have taken a lead role in examining ways and means of improving systemic responses and interventions to prevent domestic homicide (Jaffe, Dawson, & Campbell, 1998). A number of Canadian think-tank sessions have been convened to explore various aspects of domestic homicide. In 2008, a session was held to explore the experiences from across Canada drawing upon multi-disciplinary perspectives. Included in the discussions was consideration of data and review of domestic homicide to inform research and hence public policy.

An area of interest was the use of death reviews in relation to domestic homicide. A death review is a process

used to consider homicide cases with a view to providing guidance and advice to government on ways and means of preventing future events and eliminating domestic violence. A death review is conducted by a coroner, a public official charged with reviewing deaths in an effort to reduce the incidences and enhance public safety. In provinces such as Ontario or British Columbia in conducting a domestic homicide death review, coroners assembled a committee of interested stakeholders such as Crown attorneys, defence counsel, police, and social workers, to assist with the review.

A report of the British Columbia Coroner's Service released in May 2010 provided insight into the value of a death review. A death review panel was convened by the Coroner of Burnaby, BC, to consider domestic homicides. Specifically included in the mandate of the death review panel were consideration of trends and patterns in homicidal events in the province, an assessment of extent of awareness and education about domestic violence and of the state of the programs and services in place to gaps in services for victims of related to domestic violence, and advice on how similar deaths could be prevented.

To conduct the review, cases were identified and the panel focused on 11 incidents of domestic homicide which resulted in 29 deaths including 21 homicides. The victims included 3

children and 8 suicides. To place the report of the Death Review Panel in context, between January 2003-August 2008, 605 homicides were committed in BC. Of the homicides committed during the period, 73 were considered to be the result of domestic homicide. Of the 605 deaths close to 75% of all victims were male. However when examining the victims of domestic homicide, the reverse was true with close to 75% of the victims being female.

The findings of Death Review Panel identified that prevention and intervention of domestic homicide required a systemic response stressing the need for communication across the services that are involved, such as police, Crown attorneys, and victims' services. There was a need for enhanced awareness and education across all sectors. There was also recognition that domestic homicide was an issue that required involvement by the community and society at large.

The report is relatively brief, 11 pages, and is of interest as many of the issues are similar to those encountered in Newfoundland and Labrador. For social workers, the use of up-to-date evidence-based research such as assessment tools, are important to determine the circumstances of the client and the interventions required.

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Feature

CONTINUED FROM COVER

Some of you may recall the article about my story of studying via distance education for 9.5 years, one course, one semester at a time to achieve my goal, while working full time for The Salvation Army and raising my son who was 3 when I started my first course and turned 13 a few days after I convocated from the University of Manitoba on May 28th, 2009.

Juanita wrote:

"Without even realizing it you have inspired me this morning. I just read your success story in the NLASW Connecting Voices Newsletter. My sincerest of congratulations! All your hard work paid off and you are a role model for your son and a true inspiration to others."

About her own story Juanita shared:

"I was a single mother when I made a career change in 2002 and studied to be a Paralegal. My kids were 13, 11 and 6 at that time. While I have been very fortunate to have a job I love, becoming a social worker has always been my dream. I started taking MUN courses in January 2010 and just got accepted to the BSW Distance Program at the University of Manitoba. My colleague and co-worker convocated from the University of Manitoba the same time you did and she has also been a motivator and voice of encouragement. I am also very fortunate that I have great family support and a wonderful husband now that encourages me and reminds me that I can do anything."

Juanita relayed that her co-worker forwarded my article from the Connecting Voices Newsletter and said,



"be sure and read this story."

Since receiving the e-mail, Juanita and I met over coffee for the first time on Sept 8th, 2011. We made an instant connection and soon discovered that we had a similar life story along with our common desire and determination to become a social worker.

For me it was my work with The Salvation Army in the area of Community and Family Services in Fort McMurray, Alberta, Newfoundland and Labrador (NL) Central Division, Gander, and NL East Division, St. John's, which inspired me to pursue this profession. My academic journey began when a social worker at Cara Transition House in Gander, where I also worked as a call-in Child Support Worker in 1999-2000, encouraged me to check into the BSW Program at the University of Manitoba as an option, since I did not have time to complete a full-time, on campus program and work full-time also.

Paying it forward by inspiring and

motivating someone else is truly what the article I had written back in January 2011 was meant to accomplish and is also what the work of the Promotion of the Profession Committee is all about. As social workers, we can all be the catalyst to encouraging and supporting someone who feels led or called to social work as a profession. What an impact we can have with our attitudes and professional work ethic on students whom we supervise for field placements at our various worksites for example. It is important that we take pride in our profession and realize that through the diverse areas and fields of work that social workers participate in daily, that we are making an impact not only on the people we serve, but sometimes surprisingly, on people we don't even know.

Photo Left to Right: Wanda Burt & Juanita Dwyer
Juanita started studies through University of Manitoba this past September 2011.

Reference:

Madison, N. (2011). What Does 'Pay It Forward' Mean? Retrieved November 7, 2011. URL: <http://www.wisageek.com/what-does-pay-it-forward-mean.htm>.



CLINICAL CONTINUED FROM PAGE 6

In an actual EMDR session (phase 4), the client calls to mind the disturbing memory or experience and all of its perceptual components are described (emotional, cognitive, sensations, visuals, and scents). The negative thoughts, emotions, and physical symptoms, which are currently being held, are identified. The preferred positive cognitions and strength of belief are also identified. The therapist then leads the client in a set of Bilateral Stimulation (BLS) (eye movements, auditory beeps, taps, tactile-pulsars) while the client is asked to “just notice” whatever comes to mind. There is no effort to influence or control its contents. Clients should always be safe, comfortable and in charge of their sessions. They are educated and prepared for this, in the preparation phase.

Sets of BLS are continued until the client reports less disturbance (as measured by units of distress e.g. I feel no fear, my tension is gone) around the memory and when adaptive thoughts (e.g. I am safe now, I did the best I could) and emotions (I am important, I am a good person) about one’s self are reported (phase 5).

By the end of phase 6, symptoms are greatly reduced, levels of physical distress are eliminated or reduced

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1. American Psychiatric Association Practice Guidelines, 2004.
2. Francine Shapiro. EMDR, Basic Principles, 2001, 1997.
3. Francine Shapiro. The Breakthrough “Eye Movement” Therapy for Overcoming Anxiety, Stress, and Trauma. 2004.
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(1 or 2 out of 10) and cognitions and adaptive emotions are experienced. Phase 7 is related to closing a session and phase 8 is the re-evaluation phase. It is always necessary for the client to leave the office in a state of equilibrium and of knowing how to cope with any inter-session experiences.

EMDR AND SOCIAL WORK

EMDR fits appropriately with the core social work values and practices. It can add immeasurably to our psychotherapeutic resources. EMDR is client-centered and humanistic. It is an integrative therapy that brings together theoretical orientations, including psychodynamic, Rogerian, CBT (cognitive behavioral therapy), and behavioral approaches (Shapiro, 2001). It builds upon the neurosciences as EMDR appears to “jump-start” the brains adaptive information processing (A.I.P) systems. The EMDR clinician is considered to be a facilitator on the client’s journey towards healing and resolution.

EMDR gives hope. Clients can take back control of their lives and their emotions. It gives them a means to heal themselves. Peace is made with the disturbing memory/trauma. Current day functioning is enhanced.

For further information please feel free to contact me directly, at mbudden@nl.rogers.com or visit the website www.emdr.org.

PERSPECTIVES CONTINUED FROM PAGE 7

From a policy perspective, this province has the Fatalities Investigation Act, RSNL F-6.1 as amended, which established the office, duties and powers of the Chief Medical Examiner. While it is not the legislative equivalent of a coroner system it provides an alternate system to investigate fatalities. Arguably, the Violence Prevention Initiative advances concerns about gaps in the system. There could be an advantage to introducing a mechanism with the influence of a death review panel to address systemic issues associated with domestic violence with the aim of improving services and programs available to support clients.

Author’s Note: Special thanks to Thomas G. Mills, LL.B for his advice and editing.

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2. Fatalities Investigation Act, RSNL F-6.1 as amended
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4. RNC (2011).



Research

Women and their Pets: A Bond that Should be Considered in Domestic Violence Situations

BY LISA D. ANDREWS MSW, RSW

I've been a dog lover my entire life, and anyone who knows me knows of my pride and joy, Dory, a West Highland Terrier. For those of us who don't have a family (and even for some of us who do) our pets become our babies and we would move mountains for their well-being.

In 2008-2009, I completed a MSW at Carleton University in Ottawa. One requirement of this program was to complete a group research study. Our class received research proposals from various community based organizations that needed specific research completed to contribute to a more inclusive service provision. I was excited to discover that OCTEVAW (Ottawa's Coalition To End Violence Against Women) and CFHS (Canadian Federation of Humane Society) were looking for information around pet ownership and the decision to leave an abusive relationship. I was instantly drawn to this project and was anxious to get started. It was through this project that I met and became friends with four amazing women who were also drawn to this worthwhile cause. We decided the title of our research project would be "The Effects of Pet Ownership on Women's Experiences of Escaping Domestic Violence". Through our sweat and tears we completed the ethics proposal and were on our way to starting research. Off to the library to discover that there had been



minimal work completed on this topic, a discovery that was both troubling but also exciting. We had little literature to guide our focus, yet we would be stepping onto untracked territory.

We decided to complete qualitative research, which would include semi-structured interviews with shelter users (women who left an abusive home situation) and shelter workers. We felt these were the people who had the most experience, and would offer us the most valuable information. Our research was also exploratory due to the lack of available information on the topic. Our hope was to identify the needs/challenges/barriers of women leaving abusive relationships in the Ottawa area, in particular those who were accessing women's shelters and had nowhere to house their pets. Interviews were conducted in person or by phone, with the option given to the participants. Consent was two-fold; both written and verbal. Participants were recruited through contact with women's shelters in the Ottawa area.

Due to the sensitive nature of this topic we were careful that the women felt they could freely choose between becoming involved in the study or declining participation.

Some of the barriers to completing the research were: the inability to reach women who never made it to the shelters (perhaps they would have offered an important perspective on barriers); we found this population to be extremely transient (women who had agreed to participate ended up leaving the shelter before we could complete the interview); and lastly shelters do not record statistics on women who enter shelters and have issues finding care for their pets.

In the end we did collect some valuable information and we felt our research was significant in that it opened the door to a relatively unexplored issue, perhaps becoming a spring board for future research. The data collected was rich, despite relying on only 9 interviews. We were able to include both rural and urban experiences as well as report important themes from our findings such as, women delay leaving an abusive relationship for fear pet(s) will be harmed.

The topic of domestic violence is relevant to social work in that we often work directly or indirectly with individuals who experience abuse.

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CLINICAL CONTINUED FROM PAGE 5

For more information about OSIs and the role of social work in their treatment, please contact Phil O'Neill at 709-722-3901.

PEER SUPPORT AND OPERATIONAL STRESS INJURIES

Peer support is an approach that is supported by the social work profession in working with this population. Wanda Lewis is a family peer support coordinator with Operational Stress Injury Social Support (OSISS). This is a

program that is providing peer help by those who have lived the experience to still-serving Canadian Forces members, Veterans and families. She has the lived experience of being the spouse of a veteran with an OSI, and now provides peer support to other spouses who are trying to cope with an OSI in their homes. "The majority of family members that I have worked with come to me overwhelmed and angry, and it is rewarding to look back after supporting them for a period of time and see that their situation has improved.. they don't feel so alone anymore," says Wanda. "I think that the health of a family system

is critical in the recovery of an OSI. In my opinion the whole family experiences the OSI, not only the CF member or Veteran. We educate family members about OSI's and how they affect a family." For more information about the peer support program please call 1-800-883-6094, or visit www.osiss.ca

Information on how to become a registered service provider for Veterans Affairs Canada can be found on Medavie Blue Cross Web site (www.bluecross.ca) under Federal Programs.



EDITORIAL CONTINUED FROM PAGE 3

Following are some reflections from Barb on her involvement in the editorial committee.

"I really enjoyed being on the newsletter committee, I saw the newsletter develop over the years to a very sharp looking and professional looking publication".

"I always worked with great people. I believe that being on a committee is a great way to contribute to the profession and the newsletter committee is a fun committee to be involved in".

As we move into 2012, the editorial committee hopes that you feel inspired to become involved with the Connecting Voices publication by writing an article for an upcoming edition or joining the editorial team. We also encourage you to take a nostalgic look back over the past 20 years and what some of the highlights have been

for you in your professional career.

As you know, this edition of Connecting Voices is dedicated to the 14 young women who were murdered at the École Polytechnique in 1989. As social workers, violence against women is an issue that continues to concern our profession. Colleen Hanrahan's article provides a thought provoking examination into the potential use of death review panels as a mechanism to preventing domestic homicide, while Lisa Andrew's shares insight into a research project that explored the issue of pet ownership and the impact this has for women in leaving violent relationships. Jorge Vanslyke highlights the issue of elder abuse in her article, while Jennifer Barnes and Michelle Shallow provide some information on the Children and Youth Care and Protection Act. Social workers in diverse fields of practice continue to work towards a society where violence, in any form, is no longer an issue.

Other articles in this edition of the

newsletter focus on promotion and social work practice. Wanda Burt shares an inspirational story that resulted from an article that was published in the January 2011 edition of Connecting Voices, while Rhonda Noseworthy and Dean Kennedy provide information on a sibling support group offered through the Janeway. These are only some of the wonderful articles you will read in this edition of the newsletter. A huge thank-you to all our contributors!

Individually and collectively, social workers continue to make a difference in the lives of individuals, families and communities. And on that note, I look forward to the next 20 years!

Cheers,
Annette

Photo on page 3: On December 7, 2011 the NLASW presented Barb with a certificate of appreciation for her long time commitment to the editorial committee.



Social Policy

Social Work and Healthy Public Policy (The Right Mix)

BY ANNETTE JOHNS MSW, RSW

The year 2012 marks the 20th anniversary of social work regulation in Newfoundland and Labrador. It is through professional regulation that the skills, knowledge and abilities of social workers are recognized and promoted. In March 2011, the new Social Workers Act (2010) was proclaimed. As noted in section 2 (iv) of the Act, the definition of social work has been expanded to include social policy. Having social policy included in the definition of social work affirms what we know in terms of the expertise that social workers bring to social policy analysis.

Social workers have a unique understanding of the issues that impact on the health and well-being of individuals, families and communities. These include social and economic factors such as education, employment and working conditions, income, housing, food security, and early life to name a few (Raphael, 2004). Collectively, these factors are referred to as the social determinants of health. It is through an understanding of the impact and interplay between these determinants of health that social workers in all fields, including those in clinical practice, management, community, and policy can influence the development of healthy public policies.

In 2010/2011, the Newfoundland and

Labrador Association of Social Workers (NLASW) was actively engaged in social policy analysis and provided input into four provincial strategy consultations including the Long Term Care and Community Support Services Strategy, Poverty Reduction Strategy, Early Learning and Child Care Strategy, and the Strategy for the Inclusion of Persons with Disabilities. Woven throughout each of the written submissions was a focus on the social determinants of health.

In essence, social policy is health policy. The World Health Organization defines health as “a state of complete physical, mental and social well-being and is not merely the absence of disease or infirmity.” As social workers, we know that investments in social programs directly impact one’s health and well being. Let’s look at the example of diabetes. Newfoundland and Labrador (NL) continues to have the highest rate of diabetes in the country. Statistics estimate that by 2020, “32 percent of Newfoundlanders and Labradorians will be living either with diabetes or pre-diabetes” (Canadian Diabetes Association, 2010). While there are genetic and medical indicators of diabetes, as social workers we also understand how one’s social environment may be contributing to this disease (i.e., lack of access to affordable healthy foods and recreation programs). As social workers, we need to ensure that the importance of early intervention and



prevention continues to be included in provincial and national dialogues on health and health care.

Individuals who live in poverty experience more health problems than those individuals not living in or experiencing poverty (Raphael, 2004 and Raphael, 2007). Interestingly, a “Moving to Opportunity” long-term research study in the United States found that participants who moved to areas with less poverty showed better health outcomes in relation to diabetes and obesity (Ludwig et al, 2011). As social workers, we may not find this surprising as it really speaks to the ‘person in environment’ perspective.

Raphael (2004) presents social determinants tips for better health. Several of these include:

- Don’t be poor. If you can, stop. If you can’t, try not to be poor for long.
- Own a car.
- Don’t work in a stressful, low paid job.
- Don’t live in damp, low quality housing.
- Practice not losing your job and don’t become unemployed.

While these health tips may seem bizarre on the first read, they make sense if we look at the issues that impact on people's overall health and well-being (poverty, oppression, social exclusion, etc).

So, one might ask how "I" can become involved in social policy change. The answer to this question is not as daunting as you might think. In fact, these are things you may already be doing in your practice.

- 1) Engage colleagues in discussions about the social determinants of health and the issues that you see as having an impact on the health and well-being of individuals, families and communities.

- 2) Educate clients about the social determinants of health and empower them to become health advocates.
- 3) Participate in public consultations on social and health issues and provide input
- 4) Volunteer and/or connect with community coalitions and groups that are engaged in advocacy and social policy initiatives.
- 5) Provide input into NLASW policy submissions

As social workers, we have the skills, knowledge and expertise to engage in social policy analysis. We understand the importance of relationship building in shaping healthy public policy. As the 2nd largest health profession in NL we are leaders in social policy work and our voices do make a difference!

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RESEARCH CONTINUED FROM PAGE 10

Social workers often become involved with vulnerable populations because of the challenges present in clients' lives, including lack of services and barriers to available services. In this study, owning a pet can be a significant barrier to women when attempting to leave an abusive situation. Women fear leaving their pet behind with their abuser because of threats to harm or kill the animal. Women also report they delayed leaving their abusive home life because of their fears regarding the treatment of their pet (Ascione, 2007). It can be difficult to link clients to services if they have barriers present in their lives, which prevent them from connecting with support. As social workers we are not only responsible for working with vulnerable and marginalized individuals, but we are also responsible to advocate that services be implemented and barriers reduced. Social workers are responsible to increase public awareness on social issues through research and education and to lobby the government for implementation of appropriate services. To see our research in its entirety, including quotes from interviews, visit the OCTEVAW website: www.octevaw-cocvff.ca/en/reports.



Remembering Conversations With the Dying and Bereaved

With Lorraine Hedtke MSW, LCSW, Ph.D.

February 15-16, 2012, Halifax, Nova Scotia

Dalhousie Student Union Building, 6136 University Avenue,
Halifax, Nova Scotia

Co-sponsored by: Grief Nova Scotia and Bridges Institute

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Email: bridges@bridgesinstitute.org, Web: www.bridges@bridgesinstitute.org



Initiatives

Siblings – Too Important to Ignore

BY RHONDA NOSEWORTHY BSW,
RSW & DEAN KENNEDY BSW, RSW

"It was fun, fun, fun!" Thank you so much! When I came home, I felt much better about my sister!"

These are the words of a 7-year old child who has a sister with Down Syndrome after participating in a one day Sibling Workshop offered at the Development and Rehabilitation Division in Child Health at the Janeway.

As social workers practicing with a family centered care approach, our emphasis has always been on individuals living with a disability, their parents and grandparents. In the late 80's, we also began addressing the needs and concerns of siblings through groups and workshops for these important but often overlooked family members. Brother and sisters have the longest relationships and lifelong roles with their siblings with special needs.

In the 1980's, minimal research was available on sibling issues and our first groups were largely based on personal and professional experience. Since the 90's, significant and extensive research has been completed with numerous books, articles and websites now available. Our recent siblings work has been largely based on the work of Don Meyer, Director of the Siblings Support Project in Seattle, Washington. His work emphasizes sibling support, learning and fun. It recognizes the strengths-based approach and promotes relationship building between siblings using a variety of games and activities. "Sibshops" are about giving children lifelong tools,

not about identifying pathology and maladjustment. Sibshop goals include: 1) an opportunity to meet other siblings in a relaxed recreational setting 2) discussion re: common joys and concerns with others 3) learn coping strategies 4) learn more about siblings special needs and 5) provide parents and other professionals an opportunity to learn about sibling issues.

Siblings acknowledge that being the sibling of a child with special needs is for some a good thing, for others a not so good thing, and for many something in between. In every family, each sibling and each relationship is unique, important and special. However, for siblings of children with special needs, their relationships and related emotions are often more complex, intense, enriching, and insightful. They will share many of the same concerns as the parents, as well as issues that are uniquely theirs. Sibling adjustment is directly impacted by parents' adjustment.

The unusual concerns that may be experienced include: 1) over identification 2) embarrassment 3) guilt 4) shame 5) isolation, loneliness and loss 6) resentment 7) increased responsibility

and 8) pressure and worry.

The unique opportunities include: 1) maturity at an earlier age 2) stronger self-concept and social competence 3) greater insight 4) appreciation for sibling's abilities and strengths 5) appreciation for family, health and capabilities 6) tolerance, compassion and empathy 7) vocational opportunities often work in helping professions 8) advocacy – good advocates for people with special needs and 9) loyalty.

Programs for siblings are offered periodically with group sessions lasting 6–8 weeks, as well as one day workshops. Referrals are received from multidisciplinary team members within the Division and from parents. The groups have ranged in age from 7–10 years and 11–14 years, and are co-facilitated by social workers.

The agenda includes a variety of activities that are interactive, fun, supportive and educational. Some favorite activities include, Family Collage, Wheel of Feelings Bean Bag Toss, Dream Pillow, Disability Awareness, and Commitment Card.

CONTINUED ON NEXT PAGE



Acknowledgements

President's Award for Exemplary Service

The Newfoundland and Labrador Association of Social Workers extends congratulations to Mary Beth Hutchens MSW, RSW who received the Memorial University President's Award for Exemplary Service. This award recognizes employees who have demonstrated outstanding service and who have made significant contributions to the University community. Mary Beth is a BSW Student Services Co-ordinator at the Memorial University School of Social Work and the current Executive Member at Large on the



board of directors of NLASW. Throughout her thirty year career as a social worker, she has and continues to contribute significantly to the advancement of the profession on a provincial and national level. She is passionate about the social work profession, ensuring the highest quality of education as she works with students who will be future social workers.

Photo: Mary Beth Hutchens, Dr. Gary Kachanoski
Photo by Christopher Hammond, Memorial University



Administration

TAX RECEIPTS

The NLASW implemented a new method of issuing tax receipts in January 2010. Tax receipts were issued with the registration card attached as individual renewals were processed. This process will continue for the 2012 registration year. Please ensure you retain your tax receipt as a duplicate will not be issued.

MOVING?

If you have moved or changed your personal or employment information, please contact Adrienne Foley at (709) 753-0200 or by email at afoley@nlasw.ca

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. Deadlines for applications are September 16 and March 16 of each year. Application forms are available under the Continuing Education section of the NLASW website (www.nlasw.ca) or by contacting Adrienne Foley at afoley@nlasw.ca.

ONLINE CALENDAR

The NLASW online calendar is a great source of information regarding upcoming continuing education (CE) events that are offered by a variety of organizations and groups. You can access this calendar on the NLASW website (www.nlasw.ca). CE events posted in this calendar meet the NLASW Continuing Professional Education policy criteria.



INITIATIVES

CONTINUED FROM PAGE 14

Parental involvement is also very important. Contacts are made with parents to identify issues and concerns for their child prior to the start of the group. A parent session is held to provide education and support. To conclude the day, parents and siblings informally

interact to share experiences about their day. Evaluations are completed by group participants and parents.

Some quotes from parents include:

"My daughter was so quiet, angry and closed before. Since attending the workshop, I have the wonderful challenge of dealing with her openness about her feelings".

"I was able to gain perspective".

As professionals involved in this program, it is an enriching and fun day. We feel privileged to have the opportunity to share in their lives and to truly participate in family centered care.



Regulation

Enhancing Accountability through Public Representation

BY JODY-LEE FARRAH MSW, RSW

In the professional and personal lives of social workers, accountability and responsibility are aspects of life that are innately familiar. We find ourselves being accountable to our family, friends and neighbors. We volunteer and take responsibility for the wellbeing of citizens by contributing to our communities. In our professional roles, we are responsible to the clients we serve and to the organizations in which we work. Moreover, social workers are accountable in practice by adhering to the CASW Code of Ethics (2005) and abiding by the Social Workers Act (2010).

While continuing to ponder accountability and responsibility, I began to consider these in the context of professional regulation. With self-regulation comes a responsibility for the regulatory body, on behalf of the profession, to be accountable to the public. When describing self-regulation, the College of Registered Nurses of British Columbia states, "self-regulation occurs when professional autonomy is granted to the profession by the government through legislation. It means that members of the profession are charged with the responsibility of setting standards and monitoring compliance in the interest of public protection. Self-regulation is a privilege, not a right. Maintaining the public trust is essential for any profession that wants to keep the privilege of self-regulation."

As a self-regulatory body, the Newfoundland and Labrador Association of Social Workers (NLASW) has a primary responsibility to ensure protection of the public. This is achieved by regulating the practice of social work under provincial legislation entitled the Social Workers Act (2010). According to the Act, one of the objects of the association is to "establish and maintain standards of professional conduct, knowledge and skill among its members and to ensure to the general public the proficiency and competency of the practice of social work in the province and to serve and protect the public interest" (Section 5.1.a). To aid in serving and protecting the public interest, the Act provides for increased public representation on the Board of Directors and on the Disciplinary Panel. Although the NLASW Board of Directors has always functioned with one public member, the increase in public representation is a new and welcomed change to the organizational structure of the NLASW.

In accordance with the Social Workers Act (2010), the minister (referring to the minister of the Department of Health and Community Services) shall appoint to the board, four (4) persons, who are not members of the association, to represent the public interest (Section 12.1). Similarly, section 24 (c) directs that four (4) persons, who are not registered under the Act, shall be appointed by the minister to the Disciplinary Panel to represent the

public interest. The principle guiding the legislative amendment requiring increased public representation within the NLASW's governance structure is greater accountability to the public.

In a report entitled, *Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century*, the participation of public members on regulatory boards is discussed. The report recommends that the structure of regulatory boards should include "significant, meaningful and effective public representation to improve board credibility and accountability" (Pew Health Professions Commission, 1995. P. 15). To support the appointment of public members, Rockwell (1993) states, "public members are appointed precisely because they are not members of the profession. Public members are supposed to challenge and complement board decision-making from a critical, non-professional perspective; they are the "social conscience" of the board" (Rockwell, 1993 in Pew Health Professions Commission, 1995. P.15). Considering Rockwell's view, the role of public representatives is an integral component of the NLASW's structure. The point-of-view presented by a public member will add a variance of new perspectives and richness to the decision-making processes carried out by the board of directors and disciplinary panel.

One challenge presented with achieving the legislated compliment of public

representatives is recruitment and participation of public members. At present, there are three (3) public representatives appointed to each, the board of directors and the disciplinary panel. Consequently, there remains one seat on the board of directors and one

seat on the disciplinary panel for public member appointment. The NLASW continues in recruitment efforts and is striving to satisfy the mandated compliment of public members. It is our goal to enhance accountability through public representation. If you

know a person who may be interested in serving as a public representative, you may contact the Newfoundland and Labrador Association of Social Workers at www.nlasw.ca or by contacting the provincial office at (709) 753-0200 for more information.



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Social Work Month 2012



During March 2012, social workers throughout Newfoundland and Labrador will be celebrating Social Work Month and the theme: **Social Workers: Building Relationships, Strengthening Communities, Partnering for Change.**

Online

BY LINDSEY PARKER, BSW STUDENT

These websites may be useful to you in your daily social work practice. Happy surfing!!

Violence Prevention Initiative NL www.gov.nf.ca/vpi/

The Violence Prevention Initiative is working to create awareness and prevent violence against women. This website has information and resources for women who have been a victim of violence, services providers, the public, and anyone interested in learning more about resources and preventing violence against women.

Newfoundland and Labrador Housing and Homelessness Network www.nlhhn.org

The Newfoundland and Labrador Housing and Homelessness Network (NLHHN) is a group consisting of concerned individuals, including individuals with lived experience, agencies and groups committed to preventing and reducing homelessness in Newfoundland and Labrador.

National Eating Disorder Information Centre www.nedic.ca

National Eating Disorder Information Centre (NEDIC) is a nonprofit organization that provides informational and resources about disordered eating.

Transition House Association of Newfoundland and Labrador www.thanl.org

Transition House Association of Newfoundland and Labrador- THANL is a non-profit, community based organization who is committed to working with and supporting provincially funded shelters and services for women.

Newfoundland and Labrador Health Line www.yourhealthline.ca/

The health line will connect you with a registered nurse 24 hours a day, seven days a week. One of the registered nurses will provide information and advice on health care concerns. All calls are free and confidential.

Legislation

Children and Youth Care and Protection Act: A Child Focused Legislation

**BY JENNIFER BARNES MSW, RSW
AND MICHELLE SHALLOW MSW, RSW**

On March 26, 2009, the Government of Newfoundland and Labrador announced the establishment of the Department of Child, Youth and Family Services.

A key goal of the department is to revitalize the child protection system, guided by improved and progressive legislation, as well as to instill a culture of accountability and excellence in all child, youth and family services program areas.

The Children and Youth Care and Protection Act SNL 2010, c. C-12.2 (the Act) is the legislative authority for the delivery of services to children, youth and families including:

- Protective Intervention Services;
- In Care Program;
- Placement Resources for Children and Youth In Care; and
- Youth Services.

The Act includes a clear purpose statement, which is “to promote the safety and well-being of children and youth who are in need of protective intervention.” All interventions are aimed at reducing risk to children and youth to the point that such interventions are no longer required. The Department of Child, Youth and Family Services is responsible for protecting children and youth from maltreatment by their parents, and supporting their well-being and healthy development in families and the community through the provision of services and programs.

Section 9 of the Act provides the

legislated principles to govern the provision of services to children and youth. The best interest of children is paramount in any decision made under this legislation. The Act also outlines the relevant factors that shall be considered in determining a child’s best interest.

All services provided under the Act are the responsibility of the Department of Child, Youth and Family Services and will be delivered through four regions, which are represented by 13 zones.

The Act provides clarification on responsibility for the development of policies, programs and standards, which includes evaluation and monitoring activities designed to support and enhance the delivery of services in the regions. The Division of Child Protection and In Care has the primary responsibility of overseeing the development, delivery and monitoring in collaboration with the Quality Assurance Division of the Department of Child, Youth and Family Services.

HIGHLIGHTS OF THE ACT

The new legislation contains significant updates and child-focused amendments, which include:

- Addition of a clear purpose statement and principles that reflect the paramount importance of child-centred practice and policy;
- Additional grounds for protective intervention (i.e. emotional and domestic violence);
- Ensures a detailed Plan for the Child is filed with the court;
- Sets out new timeframes for protective

intervention orders and the number of orders allowed in a child’s lifetime;

- Extends continuous custody from 16 to 18 years of age;
- Extends Youth Services Agreements from 18 to 19 years for eligible youth who are completing high school;
- Introduces a new statutory review process;
- Establishment of a process for monitoring plans for children under the supervision of, or in the custody of a manager;
- Provides new parameters around the access to and disclosure of information; and
- Clarifies and updates terminology.

Overall, this legislation will serve to better protect children and provide greater clarity to staff, community, clients and the courts.

In most cases, services are provided to children and families to mitigate risk while a child is residing at home. When the safety, health and well being of a child cannot be assured, the department will make application to the court to determine if the child is in need of protective intervention.

Services are also provided to youth who are deemed to be in need of protective intervention and require supports either in the home or an alternative residence to ensure their safety, well being and transition into early adulthood.

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Issues

Elder Abuse – It's Not Right!

BY JORGE VANSLYKE BSW, RSW

The World Health Organization defines elder abuse as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. It can be the result of intentional or unintentional neglect.”

Delving deeper, the dichotomous use of action or lack of action, intentional or unintentional, single or repeated, resonated with Thompson's (1997) having “no middle ground with oppression, that social work intervention either adds to oppression, condones it through non-action, or does something to ease or break oppression.”

Any form of abuse involves power over a disadvantaged group and is an inherent aspect of oppression. However, it is not the explicit form of abuse that I would like to focus on but the implicit form, the unconscious recognition of biases and prejudices against older people, the hands-off attitude that regards elder abuse as “other's” concern and “not in my backyard”, and the ageist attitudes that exist.

Hughes and Mtezuka (1992, as seen in Thompson, 1997) defined ageism as a “social process through which negative images of and attitudes towards older people, based solely on the characteristics of old age itself; result in discrimination.” We have been socialized to view aging as becoming useless, asexual, unintelligent, and incapable. Being old has also been equated to being child-like and yet, we

may not consider older adults' issues as important as that of children's especially in terms of protective services.

If we stop for a moment and look within ourselves with complete honesty, how much of these prejudices have unknowingly affected our decisions, our words, and our actions? How often have we passed around and laughed at ageist jokes, especially during coffee breaks, and not fully understanding that this is perpetuating ageism?

When I graduated from university in 2000, I remembered thinking how I would never work with the seniors' population because, in hindsight, I viewed this stage of life as the end, that nothing more could be done, that my newly acquired repertoire of interventions did not fit the “old and the dying.” My current work in long term care has shown me otherwise. I have developed a better understanding and appreciation of the complexities of issues that seniors face, from individual needs, to challenges within the family context, and systemic barriers. Issues are compounded with various forms of disabilities, emotional and psychological issues of separation, losses, and grief, and the increasing number of dementia diagnosis.

Over 13 percent of Newfoundland and Labrador's population is over the age of 65 and it is projected to increase up to 27 percent by 2026 (DHCS, 2006). This significantly impacts the social work profession as our clientele landscape changes. We can no longer set aside geriatric issues and consider it as an optional skill, but as something that we need to have as professional foundation

if we want to continue being relevant and responsive to societal needs. We also need to become familiar with the resources that exist in addressing and preventing elder abuse.

The Newfoundland and Labrador Network for the Prevention of Elder Abuse (NLNPEA) was officially launched in October 2011 during a symposium that focused on the “Prevention of Elder Abuse: A Shared Responsibility”. Diverse stakeholders within the province came together to discuss existing policies, various forms of abuse towards older adults, and most of all, to discuss the next steps that the organization should take in initiating a network of responses that will address this issue.

The only provincial policy that partially addresses elder abuse is the Neglected Adults Welfare Act of 1973, which will remain in effect until the new Adult Protection Act is proclaimed. This is a cause for celebration because our province is formally putting mechanisms in place to better protect the rights of older adults from various forms of abuse.

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School

News from Memorial University's School of Social Work

**BY IVY BURT MSW, RSW,
KIM KELLY BSW, RSW,
SHERI MCCONNELL MSW, RSW,
AND LAURA WOODFORD BA**

Social work students created a video as part of an assignment in their social justice course that highlighted the devastation caused by hurricane IGOR. Their video showed pictures of the many communities throughout NL that were impacted by the disaster. This Igor DVD Project, created by Dr. Delores Mullings' class, was the only academic project celebrated at the Innovation Celebration at Memorial in June, highlighting innovative student initiatives, where the students discussed their project with His Excellency the Right Honourable David Johnston, Governor General of Canada.

Third year social work students Ashley Gosse, Lindsey Bannister, and Kristy Brown participated in Sleep Out 120, raising awareness of youth homelessness. Students, social workers, and community members slept on the streets for 24 hours. Equipped with only a pillow, sleeping bag and cardboard – no food, money, or cell phones – they relied on the generosity of passers-by for change for food and drinks.

Dr. Delores Mullings' social justice class assisted HATS (Hands Across the Sea) – Haiti in support of Newfoundlander Karen Huxter, who operates an orphanage and school in need of funding to complete the

school office and library. The students held bake sales and penny drives, sold raffle tickets, wrote appeal letters to individuals and corporations, made masks to sell, and hosted a "Masqueraid" ball and a Hope for Haiti benefit concert featuring local bands. To date, \$7500 has been raised.

For the 6th year, the School partnered with community organizations in the VOCCM Coats for Kids Campaign. Winter clothing was collected through local schools and businesses, then distributed through mobile depots in 10 metro neighbourhoods, the depot at the Blackmarsh Royal Canadian Legion, and up and down the coast of Labrador. Kudos to 4th year student Krista Coffey, BSW Student Services Coordinator Kim Kelly, and all the social work and pre-social work students who gave generously of their time.

The School is offering a new Professional Development Lunch and Learn Series for students. Developed in partnership with Student Services and the Association of Social Work Students, sessions have addressed Ethics and the Profession, Aboriginal Diversity Awareness, E-Portfolios and Job Searches, and Event Management.

Thirty students, admitted to the new MSW program fall 2011, will be the first to participate in Pathway, a mentoring relationship between students and faculty mentors. The deadline for MSW applications is January 15th, courses commencing

September. There are currently 21 students in the PhD program, including 8 admitted spring 2011. The deadline for PhD applications is November 2012, courses commencing May 2013.

Congratulations to BSW grads Craig Besaw, Jayme-lee Butler, Mary Beth Fallon, Natasha Fennelly, Kimberly Gill, Stephanie Lawlor, Jennifer Macpherson, Timothy Morris, Christina Murphy, Peggy Newman, Nikita Noseworthy, Stephanie Puddicombe, Lauren Rickert, Jessica Rodgers, Susan Rowsell, Lindsay Stanford, Christine Welles (3 first degree students and the first class of the second degree program); MSW grads Tina Banfield, Patricia Colepaugh, Susan Curley, Melinda Duggan, Stephanie Haire, Julianne MacKinnon, Anita McGuigan, Sonia Myers (Fellow of the School of Graduate Studies), Jennifer Osei-Appiah, Nicole Pollett, Tracy Roul, Angela Seaward, Jennifer Shaw, Jacqueline Way, Murray Weeks; and PhD grad – one of our own professors – Dr. Raymond Neckoway.

The NL government made a major policy change to address inequity for students completing internships within the provincial government. Thanks to the advocacy of the new Child, Youth and Family Services (CYFS) department, social work students are now paid for field internships in government departments. In remedying one inequity, unfortunately, other inequities have been created, as health boards and community agencies do not pay students.

The School faces challenges in student access to paid internships and concerns that the number of students in government field internships may be limited by departmental budgets. The School looks forward to working with government in finding solutions to these dilemmas.

The university has granted new titles to administrators in all professional schools. Dr. Alean Al-Krenawi is now Dean of the School; Ms Janice Parsons is Associate Dean, Undergraduate Studies; and Dr. Donna Hardy Cox is Associate Dean, Graduate Studies and Research. Dr. Dennis Kimberley is Chair of the PhD Program and Dr. Mike Devine is Chair of the MSW Program. We wish them well in their new roles!

Congratulations to Mary Beth Hutchens, recipient of the President's

Award for Exemplary Service, the highest honour for an employee at Memorial University. As evidenced by the testimonials of faculty, staff, students, alumni, and NLASW members who supported her nomination, Mary Beth is an amazing role model within the university and beyond!

In October, the school hosted Dr. Laurence Kirmayer, internationally acclaimed professor from McGill University, who presented workshops on culturally responsive practice with immigrant and Aboriginal populations.

The School has introduced a new website, including a calendar of events to keep you informed of professional development and other happenings at the school. Check out our new look at www.mun.ca/socwrk.



LEGISLATION CONTINUED FROM PAGE 18

The new Protection and In Care Policy and Procedures manual (June 30, 2011) may be accessed at http://www.gov.nl.ca/cyfs/publications/ProtectionandInCareServices_PoliciesProcedures.pdf.

The new Children and Youth Care and Protection Act may be accessed at <http://www.assembly.nl.ca/Legislation/sr/statutes/c12-2.htm>.

If you have any questions or would like further information regarding the Children and Youth Care and Protection Act, please contact Michelle Shallow, Provincial Director of Children Protection and In Care, Department of Child, Youth and Family Services at (709) 729-2668.



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 our website.

ST. JOHN'S REGION

Joanmary Baker MSW, RSW
Maureen Barry, MSW, RSW
Mona Budden, MSW, RSW
Agatha Corcoran, MSW, RSW
Darrell Hayward, BSW, RSW, M.Ed., CCC
Mary Jardine, BSW, RSW
Brian Kenny, MSW, RSW
Dennis Kimberley, PhD, RSW
Rosemary Lahey, MSW, RSW
Denise Lawlor, MSW, RSW
Louise Osmond, MSW, RSW

Gladys Perry, MSW, RSW
Jamille Rivera, MSW, RSW
E. Michelle Sullivan, PhD, RSW

EASTERN REGION

Lynn Burke Evelyn, MSW, RSW
Wendy Cranford, MSW, RSW
Wanda Green, MSW, RSW
Maxine Paul, MSW, RSW
Murray Smith, MSW, RSW
Ruby White, MSW, RSW

CENTRAL REGION

Valerie Elson, MSW, RSW
Ruth Parsons, MSW, RSW

WESTERN REGION

Elaine Humber, MSW, RSW
Barbara Lambe, BSW, RSW

LABRADOR REGION

Vivian O'Brien, MSW, RSW
Suzanne Wiseman-Felsberg, MSW, RSW

Happenings

Colonel Harland Sanders Pediatric Family Resource Centre

BY CHARLOTTE AKERMAN BSW, RSW

Kelly Hatch, MLIS, is the Librarian at the Colonel Harland Sanders Pediatric Resource Centre. I spoke with Kelly at the centre to learn more about this wonderful service that is now available to children and their families in our province.

HOW DID THE RESOURCE CENTRE COME TO BE?

The Janeway Foundation developed an advisory committee to explore the vision of having a resource centre at the Janeway. Other children's hospitals across the country have resource centres.

The Janeway Foundation was approached by the Colonel Harland Sanders Charitable Organization. They wanted to "build something" to help support children and their families. The Janeway Foundation matched dollar for dollar and the new space was built.

WHERE ARE YOU LOCATED?

The Resource Centre is located on the 4th Floor of the Janeway Hostel.

WHEN CAN CHILDREN AND/OR FAMILIES ACCESS THE RESOURCE CENTRE?

The centre is open Monday to Friday, 9:00 a.m. – 5:00 p.m. Individuals are welcome to drop by during that time. You can also email or call.

WHAT PROGRAMS AND SERVICES DO YOU OFFER?

The Resource Centre is primarily a



resource library directed towards patients and families. The library houses health information, materials written by parents, and resources relevant to patients and their families.

The centre is a provincial loaning library. Anyone can access the resources at the library either by phone or e-mail. There will soon be an online catalogue available that is similar to the provincial public library catalogue.

If you have any specific information you are looking for, you can call the library and the Reference Librarian will either find it or help you find it. This service is provincial in scope.

The centre has computer workstations with internet access. These computers are accessible to the public.

The Resource Centre is a comfortable, inviting place for families and patients to connect and to relax. The centre offers a private room where people can

talk, kitchen facilities, and a children's play area. The Resource Centre is wheelchair accessible.

Program planning is ongoing. At present, the centre has coffee hour every Wednesday at 10:00 a.m. and Health Information sessions the first Thursday of every month at 1:00 p.m.

CAN SOCIAL WORKERS ACCESS THE FAMILY RESOURCE CENTRE?

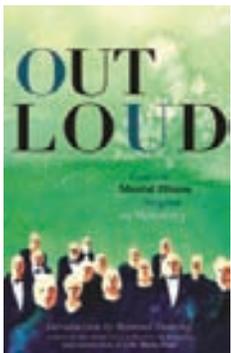
If a social worker is looking for information either on behalf of a client or about a specific topic, he/she could contact the librarian. There are books, magazines, websites, community agency information, contact information about local parent support groups, and much more.

If you are interested in learning more about the Colonel Harland Sanders Pediatric Resource Library, please contact the center either by phone (709) 777-2946 or by email at Family.Resource.Centre@easternhealth.ca



Book Reviews

Out Loud: Essays on Mental Illness, Stigma and Recovery



**BY JODY-LEE
FARRAH MSW,
RSW**

Out Loud is a collection of essays written by Newfoundlanders and Labradorians affected by mental illness.

The essays chronicle the real-life experiences of mental health consumers, family members, friends and professionals; all of whom have been impacted by mental illness. Out Loud is the result of a collaborative project embarked upon by Breakwater Books Ltd. and the Canadian Mental

Health Association, Newfoundland and Labrador Division. All proceeds from the sale of this book benefits CMHA-NL and the other non-profit mental health organizations that contributed to the project.

The stories, as depicted in the writers' own words, are courageous, real and filled with raw emotion. Essay themes run the gamut from depression, anxiety, suicide, phobia, post traumatic stress disorder, schizophrenia and bi-polar disorder to name a few. The essays inspire intrigue, curiosity, sadness and hope.

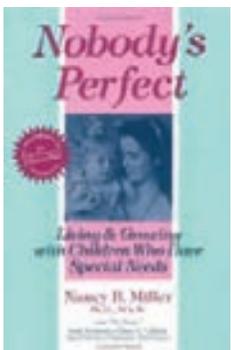
The Out Loud collection is more than story-telling: it's about education, speaking-out, advocacy, and social

justice. It's about making a difference and eliminating the stigma associated with mental illness. Out Loud is a true gem and should be encountered by every social worker. To purchase Out Loud, visit your local bookstore or buy online from Breakwater Books or Chapters. Royalties from the sale of the book will benefit CMHA-NL, The Pottle Centre, Schizophrenia Society of NL and Consumers' Health Awareness Network Newfoundland and Labrador (CHANNAL).

CMHA NL (2010). *Out Loud: Essays on Mental Illness, Stigma and Recovery*. St. John's, NL: Breakwater Books.



Nobody's Perfect: Living and Growing with Children Who Have Special Needs



**BY PEGGY
O'REILLY, BSW
STUDENT**

This book is authored by Nancy Miller, Ph.D., MSW who looks at the complexities of raising a child

with special needs. She shares her personal stories as a mother and also her clinical perspective as a social worker. Miller collaborated with "the

moms" to create a guide for parents of newly diagnosed children, providing insights, anecdotes and advice.

The authors describe the four stages of adaptation: surviving, searching, settling in, and separating, as well as the stress, frustration, and joy that accompany each stage. This book describes how families as a whole adjust their "normal" to suit the needs of the child, and the effect this adjustment has on parents, siblings, grandparents, friends and relationships. Nancy Miller and "the moms" offer

a non-judgmental approach to educating parents without being too overwhelming and still providing reassurance for a brighter future.

From a social work perspective, this book offers a behind the scenes look at families of children with special needs and allows social workers to truly empathize with the magnitude of the challenges these families face.

Miller, N.B. (1994). *Nobody's Perfect: Living and Growing with Children Who Have Special Needs*. Baltimore, Maryland: Paul H. Brookes Publishing Co.





HELPING ORGANIZATIONS WITH ISSUES OF CRISIS AND TRAUMA

2012 WINTER/SPRING PUBLIC WORKSHOPS IN NEWFOUNDLAND AND LABRADOR

Violence Threat Assessment

-Planning and Response

St. John's: March 6, 2012

Motivating Change

- Strategies for Approaching Resistance

St. John's: May 9-10, 2012

Addictions and Mental Illness

-Working with Co-occurring Disorders

St. John's: June 5, 2012

Suicide Prevention, Intervention and Postvention Strategies

St. John's: June 6-7, 2012

To register or for further information: 1.204.452.9199 info@ctrinstitute.com www.ctrinstitute.com

CTRI provides professional training and consulting services for individuals, communities and organizations affected or involved in working with issues of crisis and trauma

FACILITATING LEARNING THAT PROMOTES COLLABORATION AND MAXIMIZES PRODUCTIVITY



2012 WINTER/SPRING PUBLIC WORKSHOPS IN NEWFOUNDLAND AND LABRADOR

Leadership and Management

-The Essential Foundations

St. John's: March 7, 2012

Working through Personality Differences

St. John's: May 7, 2012



Conflict Resolution Skills

St. John's: March 28, 2012

Assertive Communication

St. John's: May 8, 2012

Dealing with Difficult People

St. John's: March 29, 2012

Contact us at: www.achievecentre.com • 1.204.452.0180 • info@achievecentre.com



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