

Connecting Voices

Newfoundland and Labrador College of Social Workers



Photo submitted by Annette Johns MSW, RSW. Signal Hill Trail, St. John's, NL

Feature

Understanding the Complexity of Gender Diversity & Becoming Better Trans Allies

BY KAITLYN HARNUM BSW, RSW

The majority of us have grown up in a heteronormative, cisnormative society, wherein we are taught that being straight and cisgender is the default and the norm. We have been socialized to believe that gender falls into two neat categories: male and female. We are taught that we must meet certain criteria in order to fit into these categories; women must have "feminine" features (e.g., curvy body, caring demeanour) and men must have "masculine" features (e.g., short hair, emotionally stoic). We are generally placed into one of these two gender categories at birth based on our external anatomy; this label is referred to as sex assigned at birth.

In reality, humans are too complex to be categorized into a gender binary. All people have a variety of physical traits, characteristics, and interests, and it's unrealistic to expect people to fit into a binary. I encourage you to challenge your ideas about the gender binary and open your mind to a more diverse understanding of gender. Not only does

[See full story on page 5](#)

Inside

July 2022 • Vol. 26 No. 2

- Money Matters:
The Ethics of Income in Private Practice
..... Page 6
- Women and ADHD:
Uncovering the Hidden Disorder
..... Page 9
- Taking Our Power Back: Moving
Beyond Pandemic Impacts
..... Page 14
- Accelerated Resolution Therapy:
A Brief Intervention for Complex Issues
..... Page 18
- CASW Distinguished Service Award
Winner 2022:
Peggy Hatcher MSW, RSW
..... Page 20
- NLCSW Pride in the Profession Award
Winners 2022:
Stephanie Mealey MSW, RSW
..... Page 21

Newfoundland & Labrador College of Social Workers

2022-2023 Board of Directors

Chair

Nadine Calloway

Vice Chair

Stephanie Mealey

Past President/Chair

Cheryl Mallard

Executive Member at Large

June Kirkland-Smith

Member at Large

Lesley Bishop

Avalon East

Jill Norman

Eastern

Lana Park

Central

Keith Parsons

Western

Richard Lamb

Labrador/Grenfell

Jill Williams

Public

Maria Rotondi

Public

Geoff Peters

Public

Rebecca Roome

Public

Vacant

Board Liaisons

CASW

Glenda Webber

Student

Jaiden Terry

Vision Statement

- Excellence in Social Work

NLCSW Goals:

- Regulatory Leadership
- Practice Excellence
- Stakeholder Engagement

Editorial Policy

Connecting Voices is a publication of the Newfoundland and Labrador College of Social Workers that facilitates information sharing among the membership. It is published two times a year (January and July).

The NLCSW 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 NLCSW.

A complete copy of **Connecting Voices Editorial Policies** are available on the NLCSW website
<https://nlcsw.ca/practice-resources/connecting-voices>

Editorial Committee Members

Annette Johns, (co-editor, NLCSW staff)	Erin Daley (on leave)
Deanne O'Brien, (co-editor)	June Kirkland-Smith
Nicole Browne	Simone Pelley
Lisa Brushett	Adrienne Foley (NLCSW staff)

Address

P.O. Box 39039, St. John's, NL A1E 5Y7
Tel: 709-753-0200 Fax: 709-753-0120
e-mail: info@nlcsw.ca homepage: nlcsw.ca Twitter: @NLCSWca

Editorial

Moments to Savor, Recharge & Celebrate

BY ANNETTE JOHNS MSW, RSW

Newfoundland and Labrador (NL) has breathtaking coastline views that marvel residents and visitors alike. The scenery does not disappoint, and hikes along our beautiful coastline truly invigorate me. To quote music lyrics from Buddy Wasisname and the Other Fellers' Salt Water Joys "the ocean smells like perfume to my soul". During these summer months, there is no place I would rather be than here in NL, savoring moments that magically recharge my batteries.

In this edition of Connecting Voices, Kristen Hynes and Jaspen Barker write about the importance of self-care. As you go about your summer, think about your own self-care and what you need to recharge your batteries.

As social workers, we also get inspiration from our colleagues and the wonderful work that is being done to enhance the lives of individuals, families, groups, and communities across diverse fields of practice. For example, in this edition, Nicole Browne highlights a new and innovative alcohol harm reduction program through the St. John's Status of Women Council, and Lynanne Furlong provides important information on amendments to the Adoptions Act. Interested in private practice? Simone Pelley writes about some of the financial aspects to consider when running your own business and ties this into one's ethical obligations.

Celebrating our social work colleagues are also important moments to savor,



Photo by Annette Johns MSW, RSW. Cobbler's Path Trail, Logy Bay-Middle Cove-Outer Cove, NL.

and in this edition of Connecting Voices we highlight our 2022 Award Recipients. Peggy Hatcher MSW, RSW is the recipient of the Canadian Association of Social Workers Distinguished Service Award, and Stephanie Mealey MSW, RSW is the recipient of the Newfoundland and Labrador College of Social Workers Pride in the Profession Award. Their words are inspirational and showcase the pride they have in our wonderful profession. Congratulations Peggy and Stephanie.

This year marks the 30th anniversary of social work regulation in this province, and Lisa Crockwell highlights this in her Executive Director's report. This is an important milestone in the history of our profession and is cause

for celebration. This ties in nicely with the article from Donna Hardy-Cox and Michelle Sullivan that provides an overview of a research project they led exploring the history of social work and social work education in NL.

Every edition of Connecting Voices contains articles that inspire, motivate, and educate us. Through their leadership, social workers are doing some amazing work and we all can collectively share in these accomplishments.

The work of the Editorial Committee does not stop, and planning is already underway for the next publication. Article submissions are welcomed throughout the year. We invite articles that explore social work interventions, theory, community-based practice, work with children, youth, or seniors, ethics and research related to social work practice. Scenic pictures of our beautiful province and landscapes are also always welcomed. Who knows, you may inspire someone to visit a place they have not been to before!!

More information regarding Connecting Voices including the Editorial Policies can be accessed at [Connecting Voices | NLCSW](#). If you have any questions, please feel free to reach out to me at ajohns@nlcsw.ca.

On behalf of the NLCSW Editorial Committee, I hope you enjoy reading this online summer publication of Connecting Voices. Savor those summer moments, do things that will recharge you, and find ways to celebrate your work and the work of your colleagues.



Deadline for submission for the next edition of Connecting Voices is November 1 • 2022

Executive Director

The Test of Time

BY LISA CROCKWELL LL.M,
MSW, RSW

The passage of time is often a topic of conversation. Whether it is the duration of the pandemic or recalling the last time we saw someone. The concept of time was prominent when the NLCSW Board of Directors met on June 17 to develop the action plan for 2022-2023. Due to the pandemic and associated restrictions, this was the first in-person meeting since 2019. A period of three years when so much has changed.

The **2021-2024 strategic plan** for NLCSW captured some of those changes and highlighted the commitment of advancing with the times. The focus has always been to be proactive versus reactive.

The vision of the organization Excellence in Social Work has stood the test of time and carried through each strategic plan over the last 30 years.

2022 also marks the 30th anniversary of this organization so this meeting was one of both reflection and looking ahead.

Reflection on the Past

To mark the 30-year history, items and information were collected and placed in a time capsule to be opened on the 50th anniversary of NLCSW. The board acknowledged the work of dedicated social workers which predated the development of social work regulation. These were the individuals with vision that realized the importance of social work as a profession and its contribution to the health and well-being of the people of our province. They knew that the knowledge gained through a Bachelor of Social Work degree was integral to effective practice and advocated to the government to have that established in provincial legislation.



NLCSW Board of Directors June 2022 Meeting. Board Chair Nadine Calloway holds the time capsule that was presented in recognition of the 30th anniversary of social work regulation in NL. **Virtual Attendees:** Maria Rotondi, Jill Williams. **Onsite: Back row – L-R:** Lesley Bishop, June Kirkland-Smith, Geoff Peters, Rebecca Roome; **Seated – L-R:** Nadine Calloway, Stephanie Mealey. **Missing from Photo:** Cheryl Mallard, Richard Lamb, Keith Parsons, Lank Park, Jill Norman

They knew that social work regulation which clearly identified who could use the title social worker and practice within the scope of the profession was required. These same individuals recognized the value of a social work code of ethics to which we would all adhere regardless of field of practice. Without their commitment between 1951 and 1992, NLASW, now NLCSW, would not have been established. Thirty years later, most social workers do not remember a time before social work regulation.

The continuous growth of the profession throughout this period is also a highlight and a point of reflection. Since regulation commenced, the profession has grown each year regardless of the economic conditions or fiscal restraints of the province. The journey to this age has been a partnership and the product of the work of so many people including a membership which has grown to over 1700. Exactly where we should be as a well-established organization reaching for the next level.

Looking to the Future

The board of directors consistently reviews trends on the horizon and determines which to prioritize. The current strategic plan emphasizes regulatory leadership, practice excellence and stakeholder relations. Each month over the past year, NLCSW has released communication detailing activities in support of these directions. Read more at https://nlcsw.ca/strategic_plan_

ongoing_communication. Recently a workforce study for the profession in Newfoundland and Labrador was completed and will be released soon. It indicated that the demand for our profession will continue to grow. Therefore, the trend of the past 30 years will be the reality of our future.

Monitoring national trends which will affect social work and professional regulation is essential for a proactive organization. Balancing the need for consistency in education, evaluation, and standards with context of practice and meaningful engagement of diverse voices is important.

The future of clinical social work practice and entry to practice requirements were discussed extensively. As more social workers enter private practice and the term Clinical Licensed Social Worker which is a regulatory designation in the United States is being used, adding the Canadian equivalent, Clinical Registered Social Worker (CRSW) was explored. Preliminary surveys are demonstrating support for the establishment of this category of registration which is currently in place in British Columbia and Alberta and being considered in other Canadian provinces.

Reflecting while looking ahead honours the vision of those social workers over 30 years ago while ensuring that we rise to challenges, promote excellence, and stand the test of time.



Cover Story continued

breaking down the gender binary help us understand people better, the dichotomous binary of male and female is a white colonial way of thinking, and in deconstructing the gender binary we are also decolonizing our ideas of gender (Darwin, 2020).

In this article, I will be referring to gender identity and gender expression as two distinct concepts. The LGBTQ advocacy organization **GLAAD** (n.d.) defines gender identity as "a person's deeply held knowledge of their own gender," which is expressed by the label we give ourselves (i.e. man, woman, nonbinary, etc.). Gender expression refers to "external manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, voice, and/or behaviour" (GLAAD, n.d.). If you're new to discussing gender diversity, GLAAD has excellent resources including introductory information and terminology.

Transgender is a term used to refer to people whose gender identity differs from their sex assigned at birth. Transgender people may choose to transition medically, socially, and legally by changing their name, pronouns, clothing, hairstyle, the gender marker on their ID, and seeking medical care such as hormone replacement therapy and gender confirmation surgeries (GLAAD, n.d.). Nonbinary people have a gender identity that exists outside of the male/female binary, and some may identify as not having a gender at all.

Most people, transgender and cisgender people alike, seek to align their gender expression with their gender identity so that others can see them the way they see themselves. However, gender identity and expression do not always have to align (e.g., a woman may choose to wear masculine clothing). Gender expression can also be fluid (e.g., a woman may choose to dress more feminine at work than she does at home). In short, gender is incredibly diverse and experienced differently by everyone, which is why it is to our benefit to break down the gender binary.

Even cisgender and transgender is a binary that we can challenge and break down (Darwin, 2020). Many cisgender people have more in common with transgender people than they realize. Both transgender and cisgender people may seek out gender affirming procedures, for example (consider cisgender women who choose to undergo lip augmentation). Recognizing our similarities helps foster more understanding, which leads to stronger allyship and community building.

However, transgender people experience adversity and oppression that cisgender people cannot imagine, and it is the responsibility of cisgender people to listen to transgender people. In my experience as a social worker and in my personal life, I've met transgender folks who have had to leave the traditional workforce due to harassment and rejection from co-workers. Additionally, gender dysphoria can have severe and serious impacts on mental health, including increased risk of death by suicide. Many transgender people do not have access to life-saving medical treatment for gender dysphoria such as hormone replacement therapy (HRT) and gender affirming products such as chest binders. Ross et al. (2022) write "many scholars and advocates argue that gender identity...should also be considered a social determinant of health: [trans and gender-diverse] people experience profound health inequities, often associated with exposure to gender-related stigma and discrimination" (p. 360). This is evident in our province.

There are only four healthcare providers in Newfoundland and Labrador (NL) that are certified to assess people for surgical readiness (Trans Support NL, n.d.). Three of these practitioners are in St. John's. The typical wait time for gender confirming surgery is two years at a minimum. Additionally, most surgeries need to be performed out of province and require travel. NL's Medical Care Plan (MCP) does not cover all gender confirming surgeries. For example, top surgery for transgender women (i.e. feminizing breast surgery/breast augmentation) has strict eligibility criteria for coverage

under MCP – a person is not eligible if they have any existing breast tissue – which prevents most, if not all, transgender women from being eligible for top surgery coverage in NL.

Social workers cannot and should not stand idly by while transgender people in our community are being oppressed. One of the core values in the **Canadian Association of Social Workers (CASW) (2005) Code of Ethics** is pursuit of social justice. Specifically, "social workers advocate for equal treatment and protection under the law and challenge injustices, especially injustices that affect the vulnerable and disadvantaged" (p. 5). Social workers can and should stand up for the human rights of transgender people and their equitable access to resources.

The transgender community in Newfoundland and Labrador needs our allyship and support.

Take opportunities to learn from and listen to trans people. Resist the urge to be defensive and instead practice humility. Take the initiative to learn more about the work that organizations like **Trans Support NL**, **Quadrangle**, and **Planned Parenthood** are doing in our community and how to support them.

REFERENCES

Canadian Association of Social Workers (CASW). (2005). Code of ethics. https://nlcsw.ca/sites/default/files/inline-files/CASW_Code_of_Ethics_2005.pdf

Darwin, Helana (2020). Challenging the Cisgender/Transgender Binary: Nonbinary People and the Transgender Label. *Gender and Society*, 34(4), 357-380. <https://doi.org/DOI:10.1177/0891243220912256>

GLAAD (n.d.) GLAAD media reference guide 11th edition – glossary of terms: transgender. <https://www.glaad.org/reference/trans-terms>

Ross, L., Kinitz D., & Kia H. (2022). Pronouns Are a Public Health Issue. *American Journal of Public Health*, 112(3), 360-362. <https://doi.org/10.2105/AJPH.2021.306678>

Trans Support NL (n.d.) Transitioning in NL. <https://tsnl.org/transition-nl/>



Ethics

Money Matters: The Ethics of Income in Private Practice

BY SIMONE PELLEY MSW, RSW

Venturing into private practice can be professionally satisfying, however it is not without significant financial risk. While it is in the business of helping people, it is still a business and, in order for a business to continue, it must generate enough income to cover all expenses and to satisfy the practitioner's financial plans. Over the years, I have been contacted by many social workers contemplating private practice, and inevitably the conversation lands on the financial management of a private practice. This is likely the area where social workers working for government or healthcare may have the least experience. My hope is that this article will provide a brief outline of the determination and implementation of policies around social worker fees to consider for private practice while maintaining an ethical professional practice.

Social workers have the option to work in private practice part-time or full-time. Social workers work in group practice settings and as sole practitioners. Group practices are contracted arrangements that usually include some combination of practice expenses that are paid by a percentage of the social workers' fees. This article will outline the ethical considerations of fees as a sole practitioner.

A private practice is a business, therefore it is important that social workers have a business plan and consult the appropriate financial services around financial planning for income, taxation, inflation, retirement, health insurance and long-term disability benefits. A private practice is also a professional service that must maintain the highest ethical standards in service to the public and the maintenance of such a standard is essential to support the integrity of

the therapeutic relationship with the client. Thus, there is an ethical standard and rationale for all financial matters related to social work services provided to clients.

The Newfoundland and Labrador College of Social Workers (NLCSW) produced a **Resource Guide for Private Practice (2020)** and this document, along with the **NLCSW (2020) Standards of Practice** and the **Canadian Association of Social Workers (CASW) (2005) Code of Ethics** and **CASW (2005) Guidelines for Ethical Practice** are fundamental resources to reference when establishing a private practice.

All social worker services are financed by someone. When a social worker works for government or healthcare, those fees are paid through government funding supported by citizen taxation. Social workers in private practice enter into a private arrangement with a client where a client funds services directly with personal income or with full or partial coverage through a third party like a health insurance or an employee assistance program. It is the responsibility of the social worker to determine the fee to charge to clients. The NLCSW does not recommend fees for private practice (NLCSW, 2020a). When setting a fee, consideration can be given to a social worker's education, training and if there are additional credentials and specialized services to provide to clients. A business plan that includes a market survey of mental health professionals in the area can inform decisions around fees for services.

Fees are to be discussed with clients at the beginning of the therapeutic relationship as part of the professional practice of informed consent in accordance with Value 1 of the CASW

(2005) Code of Ethics, "Respect for the inherent dignity and worth of persons" and the principle of informed consent, "Social workers respect the client's right to make choices based on voluntary, informed consent" (p.4). Unpaid fees, late cancellations and payment enforcement policies are also to be reviewed as part of informed consent at the beginning of the therapeutic relationship.

This is outlined in the CASW (2005) Guidelines for Ethical Practice in section 5.3.1:

Social workers who enter into a fee for services contract with a client:

- Disclose at the outset of the relationship, the fee schedule for social work services including their expectations and practices with respect to cancellations and unpaid bills.
- Only charge a fee that was disclosed to and agreed upon by the client.
- Charge only for the reasonable hours of client services, research, consultation and administrative work on behalf of a given client. (5.3.1)

Since social workers' professional values are also the pursuit of social justice and service to humanity as outlined in Values 1 and 2 of the CASW (2005) Code of Ethics, I am often asked by social workers considering a private practice about the affordability of private practice social worker fees for clients. There may appear to be a conflict between those values and the delivery of private practice but in Value 4: Integrity in Professional Practice it is noted that, "social workers demonstrate and promote the qualities of honesty, reliability, impartiality and diligence in their professional practice" (p. 7). Some social workers private practices provide differential fees for services, and this

is in keeping with the CASW (2005) Guidelines for Ethical Practice and states,

5.3.2 Social workers may charge differential fees for services when such a difference in fee is for the benefit of the client and the fee is not discriminatory (5.3.2).

It is essential to maintain professional integrity in practice that the differential fees are not discriminatory, therefore some sort of client means assessment and policy must be uniformly enforced with oversight to maintain appropriate boundaries of impartiality and avoid conflicts of interest. This is an added layer of administration and oversight that may be prohibitive in a sole practitioner setting and therefore it requires careful consideration in the business plan.

Sometimes, even after an agreement is established between the social worker and client, fees are not paid, clients cancel at the last minute or fail to attend the appointment. Social workers may enforce cancellation and failure to attend policies as outlined in the CASW (2005) Guidelines for Ethical Practice,

5.3.3 Social workers may charge a rate of interest on delinquent accounts as is allowed by law. When such interest is

being charged, social workers state the rate of interest on all invoices or bills.

5.3.4 Social workers may pursue civil remedies to ensure payment for services to a client, where the social worker has advised the client of this possibility at the outset of the contract.

In the spirit of Value 4 of the CASW (2005) Code of Ethics, "Integrity in Professional Practice" and the principle that, "social workers establish appropriate boundaries in relationships with clients and ensure that the relationship serves the needs of clients" (p.7), it is incumbent upon the social worker to have a discussion with the client about the financial capacity to continue with private services. In Value 3 of the CASW (2005) Code of Ethics, "Service to Humanity" and the principle that "social workers place the needs of others above self-interest when acting in a professional capacity" (p.6) and therefore the discontinuation of private services may be necessitated, and the referral of public services be provided, and this will result in a loss of potential income for the social worker.

In conclusion, social work private practice is deeply rewarding however it is not without its financial challenges. The backbone of private practice is the CASW (2005) Code of Ethics and the

mentioned resources which can be viewed on the **NLCSW website**. There is no higher duty for the social worker to uphold and maintain those values and standards in the business of helping people through private practice.

REFERENCES

- Canadian Association of Social Workers (CASW). (2005a). **Code of ethics**. https://nlcsw.ca/sites/default/files/inline-files/CASW_Code_of_Ethics_2005.pdf.
- Canadian Association of Social Workers (CASW). (2005b). Guidelines for ethical practice. https://nlcsw.ca/sites/default/files/inline-files/CASW_Guidelines_for_Ethical_Practice_2005.pdf.
- Newfoundland and Labrador College of Social Workers (NLCSW). (2020a). Resource guide for private practice. https://nlcsw.ca/sites/default/files/inline-files/Resource_Guide_for_Private_Practice_Revised_April_2020_1.pdf.
- Newfoundland and Labrador College of Social Workers (NLCSW). (2020b). Standards of practice for social workers in Newfoundland and Labrador. https://nlcsw.ca/sites/default/files/inline-files/Standards_of_Practice_for_Social_Workers_in_NL.pdf.



NLCSW Private Practice Roster

The NLCSW maintains 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 – <https://nlcsw.ca/social-work-in-nl/private-practice>

Melinda Aspell MSW, RSW
 Kayla Baker MSW, RSW
 Angel Compton-Osmond MSW, RSW
 Agatha Corcoran MSW, RSW
 Debbie Dale MSW, RSW
 Catherine de Boer PhD, RSW
 Shannon Furey MSW, RSW
 Bonnie Hancock-Moore MSW, RSW
 Darrell Hayward BSW, RSW, M.Ed., C.C.C.

Lance Jackson MSW, RSW
 Jammie James MSW, RSW
 Rosemary Lahey MSW, RSW
 Barbara Lambe BSW, RSW
 Denise Lawlor MSW, RSW
 Greg McCann-Beranger MSW, RSW
 Sheri McConnell PhD, RSW
 Cyril McLaughlin MSW, RSW
 Georgina Mercer MSW, RSW
 Catherine Morris MSW, RSW

Wanda O'Keefe MSW, RSW
 Marjorie Parsons MSW, RSW
 Ruth Parsons PhD, RSW
 Maxine Paul MSW, RSW
 Michelle Power MSW, RSW
 Michele Shears-Rumbolt MSW, RSW
 Trudy Smith MSW, RSW
 Jenny Wright MSW, RSW



Leadership

Amendments to the Adoption Act, 2013

BY LYNANNE FURLONG BA, BSW, RSW

The Department of Children, Seniors and Social Development (CSSD) recognizes the importance of permanency planning and ensuring loving and stable homes for children who cannot be safely reunited with their families. The legislation that governs the adoption process in Newfoundland and Labrador (NL) is the Adoption Act, 2013, (the Act) proclaimed on June 30, 2014. A statutory review, required every five years, commenced on June 28, 2019 and public consultations occurred between December 2019 and February 2020. During the consultation phase, we heard from individuals, CSSD staff, the NL Foster Families Association, the Child and Youth Advocate and all Indigenous governments and organizations. Generally the Act has served those engaged in the adoption process well and the response to the review was very positive. It was noted, however, that there were areas where enhancement should occur especially as it relates to the unique rights of Indigenous children. Proposed amendments to address these areas in the legislation were introduced in the House of Assembly in the fall of 2021 and the Bill was passed on November 4, 2021. The proposed amendments will further align the **Adoptions Act, 2013** with the **Children, Youth and Families Act** which became law in June 2019.

Proposed amendments to the **Adoption Act, 2013** will include the following:

Expansion of the Best Interests of the Child Principle

These amendments expand the

factors considered when determining the best interests of a child in the context of adoption to include the importance of preserving an Indigenous child's unique cultural identity and the importance of preserving the relationship between siblings.

Indigenous Children and Indigenous Representatives

These amendments acknowledge that the best interests of Indigenous children are best addressed through involvement of their Indigenous community in decisions relating to their care. The term Indigenous child is defined under the amended Act and various provisions will apply when adoption of an Indigenous child is being considered. There will be a requirement for a cultural connection plan to be completed and submitted to court prior to granting an adoption order. Indigenous Governments and Organizations (IGOs) will be identified in a Schedule to the Act and those IGOs will be able to designate Indigenous representatives. Furthermore, Indigenous representatives will be notified when consents to adoption have been signed and when an adoption order has been granted by the court. The Indigenous representative will also be involved in cultural connection planning and have a right to apply for an openness order to ensure communication and connection to culture and community contact following an adoption.

Openness Orders

These amendments clarify when openness, or post adoption contact between the adopted child and another person will occur, via a court order. This process is in addition to

opportunities for openness to continue post adoption by agreement of the parties. A manager with CSSD, a person with court ordered contact, or an Indigenous representative will be able to apply for an openness order.

Adoption between 18th and 19th birthdays

An amendment in this area allows a youth who was in care to be adopted between the ages of 18 and 19 with their consent and the consent of the manager who had custody prior to the youth's 18th birthday.

Confidentiality and Disclosure

Amendments were completed to ensure sensitive adoption information is protected while ensuring maximum transparency for the persons involved. Clarity has been provided on how records will be protected, and who may obtain information before an adoption is finalized, and in what circumstances a director or manager may withhold information. The amended legislation will also include a provision for internal review and appeal to court for persons who are refused access to information.

It is strongly believed that these proposed amendments will further strengthen the adoption process in Newfoundland and Labrador and enhance the overall provision of adoption services to children, youth and families.

REFERENCES

Adoption Act, SNL 2013, c. A-3.1. <https://www.assembly.nl.ca/Legislation/sr/statutes/a03-1.htm>

Children, Youth and Families Act, SNL 2018, c. C-12.3. <https://www.assembly.nl.ca/Legislation/sr/statutes/a03-1.htm>



Topics

Women and ADHD: Uncovering the Hidden Disorder

BY MEGAN LOCKYER MSW, RSW

Our understanding of the impact of Attention Deficit-Hyperactivity Disorder (ADHD) continues to evolve. Once believed to be experienced only in childhood, we now know it persists into adolescence and adulthood, and that women are significantly impacted. Yet the research addressing its presentation in women is in the infancy stage. As a result, women with ADHD often suffer in silence with this hidden disorder.

The Nature of ADHD in Women

There are several factors relevant to understanding ADHD in women. The most significant is its distinct symptom presentation. Women experience inattentiveness rather than other symptoms such as hyperactivity and impulsivity. They are more likely to be unorganized, easily distracted, and forgetful. These symptoms often persist longer and go unnoticed because they are less disruptive (Quinn & Madhoo, 2014). Hyperactivity, if present, may involve being overly talkative or oversharing information, while impulsivity can appear as interrupting others, mood swings, or impulsive decision-making. Women's stronger coping and compensation strategies further hide or mitigate symptoms (Littman, 2020). Fluctuations of hormones, including estrogen, can cause variations in symptom severity and significantly inhibit executive functions (Littman, 2020). Women with ADHD typically experience at least one comorbid disorder, leading to difficulty determining the origin of symptomology, misdiagnosis, and mistreatment. Approximately 25% - 40% of women with ADHD have anxiety disorders and are more likely to experience other mental health disorders (Barkley, 2005; Littman, 2020).

Here at Home

Mindful Matters NL CEO, Florence Strang, R. Psychologist, has witnessed the local prevalence and impacts of ADHD in women. Ms. Strang notes that her St. John's clinic, which provides therapeutic and assessment services, diagnoses on average 4-6 women and girls per month. She estimates about 80% of those assessed have been prescribed medications to treat depression and anxiety, however, their symptoms persist. She also estimates 70% self-medicate their undiagnosed ADHD to some degree with cannabis or alcohol. Ms. Strang hypothesizes that addictions and mental health disorders like anxiety and depression may develop due to it being misdiagnosed. ADHD is a neurodevelopmental disorder, meaning that it is present from birth. It has a significant genetic component (approximately 77%), which is about the same inheritability as one's height (F. Strang, R. Psychologist personal communication, January 28, 2022). Ms. Strang feels consideration must be given to family members, including those without a formal diagnosis. She described the influence of social media platforms, like Tik Tok and YouTube, in raising awareness about ADHD in women. To receive a formal ADHD diagnosis, one criterion is that an individual must experience symptoms before age 12. In girls, it might present as daydreaming, being chatty or forgetful. A girl with ADHD may be a nail biter, a lip biter, or pick her skin, using her body as "a fidget". Ms. Strang indicated a woman may believe she is the problem, ("maybe I am just lazy"; "I'm just a scatterbrain") further delaying seeking support and diagnosis (F. Strang, R. Psychologist personal communication, January 28, 2022). These experiences indicate there is a need for further exploration of women and ADHD in clinical practice.

Me and My ADHD Self

At the age of 34, I received a formal ADHD diagnosis after years of experiencing a range of symptoms. For me, understanding my symptomology helped in understanding its impacts and learning what it meant for me personally.

I write this article as a social worker and a woman with ADHD, to raise awareness of its hidden presentation and aid in early diagnosis and treatment. As social workers, we must be aware of the presence of ADHD in women. We must consider symptom presentation, family history, and comorbidities. We must remember that ADHD does not occur in isolation and turn our focus to those seemingly subtle issues. As social workers in diverse areas of practice, we can continue our learning about ADHD and its presentation in women, so that we can make a difference in the lives of those impacted and prevent unnecessary suffering.

RESOURCES

ADDitude Magazine


[Canadian ADHD Resource Alliance \(CADRA\)](#)

[Children and Adults with Attention-Deficit/Hyperactivity Disorder \(CHADD\)](#)

REFERENCES

Barkley, R.A. (2005). *ADHD and the Nature of Self-control*. Guilford Press.

Littman, E. (Host). (2020, Dec 15). *Why ADHD is different for women: Gender specific symptoms and treatments (No.337)*. [Audio podcast episode]. In *ADHD experts*. Additude Mag.

Quinn, P., & Madhoo, M. (2014). A review of attention-deficit/hyperactivity disorder in women and girls: Uncovering the hidden diagnosis. *Primary Care Companion C.N.S. Disorders*, 16(3). 

Practice

Navigating Ethical Issues in Practice – A Spotlight on Practice Matters!!

BY ANNETTE JOHNS MSW, RSW

The Newfoundland and Labrador College of Social Workers (NLCSW) has a wealth of practice resources available for social workers to use when navigating ethical issues in practice. See diagram on page 11. In this article, I want to highlight Practice Matters. Practice Matters is an ethical resource for social workers that was launched in 2011. It is published several times a year, and covers a broad range of ethical topics and issues. Twenty-four editions have been published to date, and all publications can be accessed at <https://nlcsw.ca/practice-resources/practice-matters>.

Practice Matters publications are centered on ethical themes (e.g., electronic social work practice, professionalism, conflicts of interest, informed consent, client confidentiality, interjurisdictional practice, professional accountability, competence, terminations). Through a series of case scenarios based on common ethical issues facing the social work profession or discussions of the NLCSW Ethics Committee, each publication examines applicable values, guidelines and standards that need to be considered, highlights questions for consideration, and provides links to other NLCSW practice documents that is relevant to the topic being covered. The following are some of the case scenarios that have been explored through Practice Matters, and the direct websites links to the documents are included.

- Brianna RSW provides mental health counselling and therapy, and virtual care is a common practice. One of her clients is going to Ontario for a few months to take care of an ailing parent. The client informs Brianna about this temporary

leave from the province and requests to continue with virtual care. Brianna wonders if this is something she is able to do. https://nlcsw.ca/sites/default/files/inline-files/The_Importance_of_Knowing_the_Code_and_Standards_of_Practice.pdf.

- Mark RSW is providing clinical services to a 15-year-old youth. During a recent session, the youth disclosed that he has used marijuana to help ease his anxiety. He asks that Mark not share this information with his parents. Mark receives a phone call from the client's mom who asks how things are going. Mark is wondering if he should let mom know about the marijuana use. https://nlcsw.ca/sites/default/files/inline-files/Practice_Matters_Ethics_Client_Confidentiality.pdf

- Samantha RSW works in long term care. Samantha recently met with a new client who asked her about Medical Assistance in Dying (MAiD). Samantha provided him with some general information and who he might contact if he wished to explore MAiD further. The client asked Samantha not to document their conversation as he did not want to be judged by other staff at the facility. https://nlcsw.ca/sites/default/files/inline-files/Accountability_in_Professional_Practice.pdf.

- Christine RSW has been working with a young man dealing with early childhood trauma. The client raised concern that the current treatment plan is not working and asks about a new therapeutic approach that he read about online called Eye Movement Desensitization and Reprocessing (EMDR). Christine attended a few education sessions on EMDR, but has not received formalized training. How should Christine respond to this

client request? https://nlcsw.ca/sites/default/files/inline-files/Termination_of_the_Social-Worker_Client_Relationship_1.pdf.

- Karen RSW has been providing therapy for a client with depression. During a recent session, the client revealed that she has been having marital problems with her husband of 5 years. Based on the information provided, Karen is certain that her client's husband is a friend of hers from high school whom she dated briefly. While she no longer has any contact with her former classmate, Karen wonders if she should disclose this past relationship to her client. https://nlcsw.ca/sites/default/files/inline-files/Resolving_Conflicts_of_Interest_Through_Informed_Consent.pdf.

In navigating ethical issues in social work practice, it is critical that social workers know and understand their ethical and professional responsibilities, engage in a process of ethical decision-making, review relevant practice resources, and seek consultation/supervision. Practice Matters addresses all these areas, making it a timely and relevant practice resource for social workers across all fields of practice.

I encourage you to visit the NLCSW website (www.nlcsw.ca) and read Practice Matters as part of your continuing professional education. As per the NLCSW Continuing Professional Education Policy, social workers can claim elective credits for reading NLCSW practice resources such as Practice Matters.

If there is a topic that you would like to see considered for an upcoming Practice Matters publication, please connect with me at ajohns@nlcsw.ca.





The Newfoundland and Labrador College of Social Workers (NLCSW) has a wealth of practice resources available to social workers. Members can easily access the full range of resources at www.nlcsw.ca.

Make these resources part of your everyday social work toolkit!

Standards of Practice

Explanatory Documents

Guideline Documents

Interpretative Documents

YOUR SOCIAL WORK TOOLKIT EXPLAINED

Standards of Practice	<p>Outlines the practice requirements that must be adhered to by social workers in Newfoundland & Labrador to ensure safe, ethical, and competent social work practice. These are informed by the Canadian Association of Social Workers (CASW) Code of Ethics and Guidelines (2005).</p> <ul style="list-style-type: none"> Standards of Practice for Social Workers in Newfoundland and Labrador (2020)
Explanatory Documents	<p>Provides information and direction on the Standards of Practice.</p> <ul style="list-style-type: none"> Technology Use in Social Work Practice Explanatory Document (updated 2021) Cultural Competence in Social Work Practice Explanatory Document (2016) Social Work Recording Explanatory Document (2014) Supervision of Social Work Practice Explanatory Document (2011) Child Custody and Access Assessments Explanatory Document (2007)
Guideline Documents	<p>Provides information and guidance on issues related to social work practice and affirms professional responsibilities.</p> <ul style="list-style-type: none"> Informed Consent with Children & Youth (updated 2021) Medical Assistance in Dying: What Social Workers Need to Know (updated 2021) Guiding Framework for Social Workers Concerned About the Professional Practice of a Colleague (updated 2021) Social Workers and Diagnosis Using the DSM-5 Practice Guideline (2020) Resource Guide for Private Practice (updated 2020) Enduring Power of Attorney, Substitute Decision-Maker: What is the Role of Social Work (2022) Social Work and Decision-Specific Capacity Assessments (2012) Complementary and Adjunct Therapies and Techniques: A Guide for Registered Social Workers (2011)
Interpretative Documents	<p>Provides information, clarification, and commentary on professional and ethical issues in social work practice.</p> <ul style="list-style-type: none"> Ethical Decision-Making in Social Work Practice (updated 2021) Self-Assessment Tools for Informed Consent and Documentation (updated 2021) Practice Matter Series Ethical Compass Series Documentation Matters Series

Initiatives

Court Support Services, Forensic Services, Eastern Health

BY CINDY ELGAR BSW, RSW & KELLY DEERING BSW, RSW

The Deinstitutionalization movement in Canada began in the 1960's. In 1994, Newfoundland and Labrador saw the closure of 4 long-term care units at the Waterford Hospital. These closures were defined as discharging long-term care patients into the community in order for them to receive care from the community mental health services. (Chaimowitz, 2018).

Unfortunately, the intended comprehensive community support system was not enough to assist many individuals with severe and persistent mental illnesses. Furthermore, with the reduction of psychiatric beds in Canada, an increase began in the number of people with mental illness within an already enlarging criminal justice system. (Chaimowitz, 2018).

Fortunately, over the last several decades, there has been an increasing recognition that people with mental illness in Canada have been unfairly criminalized. In 2003, Judge D. Luther completed a judicial inquiry into the sudden deaths of Norman Reid and Darryl Power. In his report, Judge Luther recommended that a Mental Health Division of Newfoundland and Labrador's Provincial Court be established (Luther, 2003). The Mental Health Court was created in response to recommendation #8 of this inquiry. In January 2005, the Mental Health Court heard its first matter.

Moving forward, January 5, 2022, marked the 17th anniversary of Court Support Services, Eastern Health. Court Support Services is a voluntary, referral-based program, with the goal to assist individuals who have had contact with the law, re-establish themselves in the community with an appropriate level of support. Court Support Services works in partnership with the Mental Health Office of Legal Aid, Provincial Court of Newfoundland and Labrador

and the Department of Justice to form the umbrella of Mental Health Court. All agencies work together to improve outcomes for people with mental illnesses involved with law enforcement, the Courts and Adult Corrections Services.

The target population of Court Support Services includes individuals aged 18 or older with a severe and persistent mental illness, where the criminal behavior has its origins in the mental disorder or due to issues that are exacerbated by their mental health such as inadequate or inappropriate housing, lack of employment, lack of support, non-compliance with medications, and inappropriate self-medication with alcohol or drugs. Individuals with Acquired Brain Injuries charged with a criminal offence without adequate supports may also be considered for this service. To meet the eligibility criteria for the program, an individual must have a confirmed psychiatric diagnosis. Examples of the major diagnoses include Bi-Polar Disorder, Schizoaffective/Schizophrenia, Generalized Anxiety Disorder and Post Traumatic Stress Disorder. Approximately 80% of clients fall under the category of concurrent disorder. There has to be a nexus or link between the mental illness and the offence.

With respect to participation in the program, clients must be agreeable to work with a psychiatrist. They have to be fully engaged in the development of a Treatment Contract, agree to work with a team approach and take responsibility for their behavior. There are negative implications for not following the Treatment Contract including the potential of being removed from Mental Health Court back into Provincial Court. Mental Health Court is an alternative to the status quo. The goal is to make changes - one person at a time so that many people are not cycled again and again through jail, court rooms and our city streets. Clients have reported a more

positive outcome proceeding through Mental Health Court versus Provincial Court.

A client can expect to be followed by Court Support Services for a minimum of three months. Staff under the Mental Health Court umbrella includes Court Support Services which is comprised of 2 social workers, 2 licensed practical nurse case managers, and 2 psychiatrists. The Mental Health Office of Legal Aid is comprised of 2 Legal Aid lawyers and 1 paralegal and the Department of Justice including the Crown Attorney's Office, Adult Corrections and the Judge. The client is at the center of the team. Objectives of the program include facilitating and providing assessments, supporting the client through the Mental Health Court Process, advocating for enhanced community-based support where the client is already receiving services, providing community-based support for clients without previous supports, ensuring clients are referred and linked to community-based services and resources, and providing consultation services.

Referrals to the program can be made by clinical staff from Eastern Health, general practitioners, agents of the legal/court system or by self-referral. Referrals will be screened in consultation with the referral source and an intake/assessment appointment will be scheduled with the individual.

REFERENCES

Chaimowitz, G. (2018). The Criminalization of People with Mental Illness. Canadian Psychiatric Association <https://www.cpa-apc.org/wp-content/uploads/Criminalization-of-People-with-Mental-Illness-Revision-1-2018-EN-web-Final-v2.pdf>

Luther, D. (2003). The Report of Inquiries into the sudden deaths of Norman Edward Reid and Darryl Brandon Power. <https://www.gov.nl.ca/jps/files/publications-reid-and-power-final-report.pdf>



Reflections

From the Charity Model to Social Enterprise: The History of Social Work and Social Work Education in Newfoundland and Labrador, 1730 - 2022

BY DR. DONNA HARDY COX EdD,
RSW & DR. MICHELLE SULLIVAN
PhD, RSW

In 2015, the Dean and professor at Memorial University of Newfoundland and Labrador School of Social Work Dr. Donna Hardy Cox and faculty member Dr. Michelle Sullivan, identified a need to capture the history of social work and social work education in Newfoundland and Labrador (NL). This included developing a clearer picture of the history of social services, social policy and social work education in the province and encapsulating its evolution. Over time, they identified a lack of learning materials detailing knowledge about the history and social work profession in NL and how it relates to the wider Canadian social work context. The development of social work in NL has connections to and was informed by social work in Canada and by perspectives on social service delivery systems, education and public policy that were exchanged and shared between leading figures locally, nationally, and internationally.

Since the inception of the project, the research team has completed several initiatives detailing the history of social work in NL. Based on seven years of research, a series of eleven historical panels presenting a narrative of social welfare were created, as well as a historical educational banner on social change and World War I. As stated by Dr. Donna Hardy Cox, "even though social work was not recognized as a profession in the province until Confederation with Canada, the early work that was done along the lines of social welfare, public relief and social policy is very much a part of social work practice as we know it today."

The research agenda addressed numerous social work related topics, including but not limited to individual stories of women pioneers in NL social work e.g., Etta Leighton (Grenfell Mission), Armine Gosling, Stella Burry, and Rhoda Sainsbury. Contributions and challenges to the social welfare of the province by denominational organizations were studied. In particular, the intersection between denominational orphanages in relationship to child welfare. The research included a focus on social work in Labrador and how professionals, policy makers and educators work with and support indigenous communities. One panel focuses on improvements in social work education in the 1980s and 1990s including courses such as Culture Camp, and the success of the 2011 Indigenous Bachelor of Social Work Program offered in partnership with the Nunatsiavut Government.

One of the research products details the pre and post Confederation history of social welfare administration in the Department of Public Welfare. It is noted that the Bachelor of Arts (BA) in Social Welfare was one of the early degrees granted at Memorial University contributing to the provincial professionalization of social work. The stories of these formative years in social work practice throughout the province were gathered through focus groups, family member testimony and collegial reflection.

Social work as an integral part of the social fabric of the province is highlighted. There is a strong link between social work and the cultural identity of Newfoundlanders and Labradorians as good-natured, and giving people. The research outlines

the long-established history of mutual benefit societies, charitable organizations, and grassroots enterprise initiatives as they worked to meet the needs of the people. In recent times, social workers, social work educators, and social work students have been at the fore front of policy development in the areas of early childhood education, child welfare, women's services, addictions, mental health, homelessness, justice issues, and diversity etc.

Several knowledge dissemination products have been created including: Social Work History Project Database housed at the Queen Elizabeth II Library, MUN Digital Archive which will be searchable by students, faculty, researchers and the general public. We have also produced a video highlighting the establishment of the School of Social Work <https://www.youtube.com/watch?v=DLHPPNfEi40>, a vignette poster series titled **Celebrating 50 Years of Professional Social Work Education** and assisted NLCSW in further recording the history of the organization. The signature product is the series of 11 panels which detail Early Perspectives, Denominational Delivery, Social Change and the Great War, Roots of Modern Social Welfare, Depression Era and the Poor, Social Work Education, Contributing to the Special Obligation of the People, Social Work in Practice, Social Policy and Legislation, Social Workers as Agents of Change, and Indigenous Ways of Knowing Impact on Social Work Practice. As longstanding members of the social work profession as practitioners and educators, we eagerly anticipate the opportunity to share these historical panels with the membership of the NLCSW in future editions of **Connecting Voices**.



Perspectives

Taking Our Power Back: Moving Beyond Pandemic Impacts

BY JASPEN BARKER MSW, RSW & KRISTEN HYNES MSW, RSW

Across all practice areas, social workers are directly impacted by COVID-19. The personal and professional challenges associated with navigating a global pandemic can often feel overwhelming and daunting. Social workers have and continue to face significant changes and challenges in their attempts to provide service. Many programs and services have had to completely transform their service delivery to meet the evolving needs of individuals, families, and communities. The increased demand for service and the complexity of the issues facing individuals because of the pandemic has put increased strain on the profession. Furthermore, the ethical implications of providing service during a time of so much uncertainty and risk, have left many social workers often questioning their practice choices/responses.

Many social workers are met with changing personal needs and responsibilities. Challenges related to childcare, home-schooling, caregiver responsibilities, expectations to work from home, limited opportunities for socialization or peer support, and both physical and mental health challenges, have caused additional stress for many professionals, including social workers.

Given these increasing demands and responsibilities, as well as the ongoing uncertainty of the pandemic, the mental health and well-being of many social workers is being impacted. (Ashcroft et al., 2021). Symptoms of burnout and compassion fatigue are being reported by many professionals. Prioritizing time for self-care and

wellness can be very challenging with the ever-changing regulations and isolation.

Despite these ongoing challenges, we have observed that social workers continue to demonstrate resilience in their ability to adapt to these challenging times. The innovation displayed by social workers in their ability to meet needs of individuals, families, and communities certainly highlights the force of this profession.

Social work is essential; therefore it is imperative for social workers to prioritize their well-being and mental health. Managing stress and anxiety during these unprecedented times is vital to ensuring one's overall health. As a profession focused on supporting and meeting the needs of others, social workers may struggle with identifying and meeting our own individual needs. Therefore, it is critical for us to check-in with ourselves. This can be done by noticing how we are feeling, what we are thinking, what is it we really need, what are we missing, and so on. Becoming more self-aware can allow us to move towards increased self-compassion, which often results in enhanced practices of self-care. Research has shown that practicing regular self-care can assist in decreasing psychological distress both in general, and as it relates to the pandemic (Peinado & Anderson, 2020).

To stretch our thinking about self-care, we have compiled the following reflection questions:

- What comes to mind when you think of self-care?
- Is self-care important to you, or is it

something that finds its way to the very bottom of your To Do list?

- Have you ever engaged in independent research or training related to self-care?
- Can you think of self-care activities that you engage in daily?
- Self-care does not need to be time consuming; it does not need to cost money, and it does not need to be glamorous. If you believe this to be true, what kinds of self-care activities can you think of that are realistic to practice every day?
- Did you know some of the least practiced forms of self-care for social workers include mindfulness, journaling, and spirituality (Collins, 2020)? Did you also know that some research suggests these very self-care activities are some of the most effective (Moore et al., 2011)?
- Sometimes, we can limit our thoughts about self-care to the physical realm: spa days, regular exercise, and healthy meals- things that generally take time and can become difficult to prioritize.
- To maintain longevity in our careers and balance in our lives, we need diverse tools in our self care toolbox. Can you think of a self care activity for each of the following categories?
 - Cognitive/ Emotional
 - Practical
 - Professional
 - Social and Social Media
 - Spiritual

Want to learn more about self care? Check out these websites:

- www.catherinecookcotton.com/research-and-teaching/mindful-self-care-scale
- <https://socialwork.buffalo.edu/resources/self-care-starter-kit.html>

Sometimes, self-care will not be enough to manage our physical, mental, and emotional wellness. Social workers experience burnout, compassion fatigue and vicarious trauma at alarmingly high rates (Lewis & King, 2019; Miller et al., 2018). With that knowledge, it is critical that we have access to resources on which we can rely when self-care simply isn't enough.

- What services are accessible in your area when it comes to maintaining wellness?
- Do you have access to an Employee Assistance Program at your place of employment? That can often be the most efficient way to connect with a counsellor?
- Have you checked out <https://nl.bridgethegapp.ca/>

Still need more. Here are some ideas to help expand our self-care tool kits:

- Feeling tired? Sore muscles? Headaches? Poor digestion? Did you know a lot of these ailments can sometimes be linked to dehydration?

Drinking enough water can be an easy self-care habit to introduce to your daily routine.

- A chaotic external environment can sometimes contribute to internal chaos. Try to make your bed each day, avoid leaving dishes in your sink; it doesn't need to be spotless, but a little extra tidiness in our spaces can result in improvements in our mental health.
- Practice belly breathing.
- Create healthy, but reasonable, boundaries with social media and devices in general.
- Working from home? Avoid working in your living spaces; create a space in your home that is reserved for working and take advantage of the physical separation at the end of your workday. If you don't have access to the extra space, pack up your work items at the end of the day and put them away, out of sight, out of mind.
- Take opportunities to be creative: adult coloring, knitting, puzzles, even a daily wordle game can help stimulate different parts of your brain that have been shown to help with overall mental wellness.

REFERENCES:

Ashcroft, R., Sur, D., Greenblatt, A., & Donahue, P. (2021) The Impact of the COVID-19 Pandemic on Social Workers at the Frontline: A Survey of Canadian Social Workers. *The British Journal of Social Work*, 00 (1-23). <https://doi.org/10.1093/bjsw/bcab158>

Collins, S. (2020). Social Workers and Self-Care: A Promoted yet Unexamined Concept? *Practice*, 33 (1): 1-16. DOI: [10.1080/09503153.2019.1709635](https://doi.org/10.1080/09503153.2019.1709635)

Lewis, M.L. & King, D.M. (2019). Teaching self-care: The utilization of self-care in social work practicum to prevent compassion fatigue, burnout and vicarious trauma. *Journal of Human Behaviour in the Social Environment*, 29(1), 96-106.

Miller, J., Lianekhammy, J., & Grise-Owens, E. (2018). Examining Self-Care Among Individuals Employed in Social Work Capacities: Implications for the Profession. *Advances in Social Work*, 18(4), 1250–1266. <https://doi.org/10.18060/22320>

Moore, S. E., Bledsoe, L. K., Perry, A. R., & Robinson, M. A. (2011). Social work students and self-care: A model assignment for teaching. *Journal of Social Work Education*, 47(3), 545-553

Peinado, M., & Anderson, K. N. (2020). Reducing social worker burnout during covid-19. *International Social Work*, 63(6), 757-760.

<https://journals.sagepub.com/doi/10.1177/00208728209621> 



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

1. Log in to the MyNLCSW portal
2. Click on 'Update My CPE'
3. Record and save CPE details including event date, title, category, and number of credit hours

School

News from Memorial University's School of Social Work

Leadership News

Dr. Paul Banahene Adjei was jointly appointed interim associate vice-president (Indigenous research) for Memorial University, effective May 2, and will continue as interim dean of the School of Social Work.

His appointment with the research portfolio is until May 1, 2023, or upon completion of a successful search for a permanent associate vice-president (Indigenous research), whichever occurs first. Dr. Adjei's extension as interim dean is effective July 1, continuing until June 30, 2023, or upon completion of a successful search for a permanent dean, whichever occurs first.

In-person Learning

Memorial lifted some COVID-19 restrictions for the spring 2022 semester (May 9), while maintaining others, in an effort to help navigate the on-going transition to pre-pandemic teaching and learning and operations, with minimal interruptions to academic activities.

Memorial's vaccination requirement for students, staff and faculty to be fully vaccinated, or have an approved accommodation, as well as the mask requirement, continued until June 1. Following the lead of the Government of Newfoundland and Labrador and similar to other public bodies, the university suspended the Procedure for Vaccine Requirement and the mask requirement on June 1. Memorial strongly recommends masks continue to be worn in buildings.

Those experiencing COVID-19 symptoms should not come to campus.

Memorial will continue to monitor guidance, related legislation and epidemiology to guide any future decisions related to COVID-19 response.

The School of Social Work's members are dedicated to providing the best possible learning experience to our students, as we work together to get through this pandemic.

2022 Most Inspiring Immigrants in Atlantic Canada

Congratulations to our interim dean, Dr. Paul Banahene Adjei, who has been recognized as one of the Most Inspiring Immigrants in Atlantic Canada for 2022.

Dr. Adjei received this honour for being one of the trail blazers and leaders who are making a positive impact in our communities.

Dr. Adjei is a member of Memorial's President's Advisory Committee on Indigenous Affairs, played an active role in the development of the university's Strategic Framework for Indigenization and is a member of the Committee on Ethical Research Impacting Indigenous Groups.

He is also a member of the Visiting Indigenous Elders Pilot Project at the School of Social Work and the Nunavut Arctic College partnership.

In the local community, Dr. Adjei serves with the Newfoundland and Labrador English School District Provincial Anti-Racism Advisory Committee and is a member of the Newfoundland and Labrador RCMP Black Engagement Steering Committee.

He's also the director of the Ghanaian Community of Newfoundland and Labrador Association.

More information on the award can be found at <https://myeastcoastexperience.com/2022-most-inspiring-immigrants-in-atlantic-canada/>



Dr. Adjei

BSW, MSW and PhD News

The school hosted the annual BSW Pledge of Professionalism Ceremony in March, virtually. The ceremony is designed to mark the entrance of BSW students into their first field practicum and is a special event for students, their families and friends. Student participation in this ceremony is mandatory for all BSW students prior to commencing their first field practicum in fall 2022. We were thrilled that our Nunavut students were able to join us virtually for this event.

Twenty-two BSW students were named to the Dean's List and four to the Dean's Award of Academic Excellence in Social Work. The school awarded 24 Scholarships, Awards & Bursaries for the 2021-2022 academic year. The list of awards and recipients can be viewed at <https://www.mun.ca/socialwork/alumni/awards/ScholarshipsAwardsBursaries.php>. Congratulations to all recipients and a huge thank you to all our generous donors!

Memorial hosted an in-person spring 2022 convocation ceremony, during which 84 BSW and 13 MSW students graduated.

Congratulations to the following MSW spring 2022 graduates who have been awarded the title **Fellow of the School of Graduate Studies:**

Suzanne Barry-Kroening, Cheryl Garden and Jonah Osei-Tutu. This award is made in recognition of their continued academic excellence throughout their program.

The MSW Admissions Committee has completed admissions for fall 2022.

Admissions remain very competitive, with 110 eligible applicants. We were pleased to be able to increase our enrollment from 30 to 40, so we look forward to welcoming our 40 new MSW students in September.

The deadline to apply for our PhD program is Sept. 15, 2022, for spring 2023 start. Inquiries about the program may be directed to phdsocialwork@mun.ca.

Field Education News

The Field Education Team continues to be incredibly thankful for the support we have received from the social work community in Newfoundland and Labrador as we continue to live and work with the realities of the pandemic. Despite provincial public health restrictions in January 2022, 85 BSW and 15 MSW students were safely hosted in various agencies. Students received critical teaching and mentorship in all areas of social work practice while also learning about various ways the profession has responded to service delivery during the pandemic.

Plans are well underway for fall BSW and MSW placements.

Registered social workers and agencies interested in hosting a social work practicum can reach out to the Field Education Team at scwkfield@mun.ca.

Registered social workers can access the National Field Instructors Course available through CASWE-ACFTS and claim CE credits with the NLCSW. For registration and information on the

course email scwkfield@mun.ca.

The school partnered with the NLCSW to host a live event, Trauma Informed Supervision, for Memorial's BSW and MSW field instructors on June 16, 2022. Dr. Monica Sesma-Vazquez presented. The NLCSW's Associate Director of Policy & Practice, Annette Johns, and the school's Field Education Coordinator, Lynsey Soper-Thistle, moderated. Funding was made possible by Memorial's Quick Start Fund for Public Engagement. The event was recorded and is available on the NLCSW YouTube page at: <https://www.youtube.com/c/NLCSW>.

Bachelor of Social Work, Nunavut Cohort

The first Bachelor of Social Work, Nunavut Cohort students are well into their program, with only one more class and their field practicum to complete in the fall. Admissions have been completed for the second Nunavut cohort and students will begin the program in the fall.

We were thrilled that the Nunavut students gathered together in Cambridge Bay, with family and Elders, to participate alongside our St. John's students in the virtual BSW Pledge of Professionalism Ceremony in March. After lighting the Qulliq (traditional oil lamp) to open the ceremony, one of the Elders reminisced about the first time she met a social worker and the impact it had on her.

Two Inuit social workers were part of the team that taught the first cohort of students – Fred Andersen, a faculty member at our school, and Jill Williams, a social worker in Labrador. They offered their thoughts on what it means to them as an Inuk social worker to teach in this program:

"Teaching social work at the Nunavut Arctic College has been a rewarding experience for me," said Fred Andersen. "Interacting with and learning from the mostly Inuit students reminded me of living in my home of Makkovik, Nunatsiavut. Not only did

I get to experience living in an Inuit community in the high Arctic, but I got to learn about and infuse Inuit values into the course material, while bonding with the mostly Inuit students."

"I left a 16-year career in child protection just over one year ago," said Jill Williams. "I was proud of my career choice and the work I was doing, however there were times where I felt powerless and hopeless. As an Inuk social worker helping instruct fellow Inuit to become registered social workers, I am starting to feel hope. Hope that more Inuit social workers means changes in the greater system that are both culturally relevant and safe. It was an honor and an absolute privilege to work with this class. I am a far better social worker because of it."

Stay in Touch!

Update your profile at <https://www.mun.ca/alumni/info/> and be sure to follow us on social media - **Facebook:** www.facebook.com/MUNScwk, **Twitter:** [@MUNScwk](https://twitter.com/MUNScwk) for all the latest news and events.



Did you know?
NLCSW's YouTube channel is a valuable source of continuing professional education (CPE).

Any webinars viewed through the channel can be claimed as required credits under the workshop category.



Clinical

Accelerated Resolution Therapy: A Brief Intervention for Complex Issues

BY MARY WILLIAMS MSW, RSW

Accelerated Resolution Therapy (ART) is starting to make waves across the province. Let's explore the world of ART to understand how such a brief therapy modality can spur such immediate and long-lasting impacts.

ART is an evidence-based intervention that has been shown to be a safe and effective treatment for symptoms of combat-related Post-Traumatic Stress Disorder (PTSD), including refractory PTSD (Kip, Tofthagen, et al., 2016). ART also resolves sexual trauma (Kip et al., 2015), depression co-occurring with PTSD (Kip, Elk, et al., 2013), complicated grief (Buck et al., 2020), chronic refractory neuropathic pain (Kip, D'Aoust, et al., 2016), and obsessive-compulsive disorder (Schimmels & Walts, 2018). ART is delivered in a much shorter period than other therapies, two to five sessions approximately one hour in length without additional homework or practice assignments (Kip, Rosenzweig, et al., 2013).

Other evidence-based interventions are used in conjunction with ART as part of the therapeutic process. For example, ART involves Gestalt Therapy in its use of the "Director" intervention that directs the patient to establish a new narrative to address "unfinished business" (Kip et al., 2012). This is especially helpful for developmental traumas and grief work. Like Cognitive Behavioral Therapy (CBT), as the patient directs a new narrative, clients select images and sensations that are more pleasing and palatable. Cognitions are erased, using various tools as presented during the training. Dialectical Behavior

Therapy (DBT) informed techniques are also utilized when grounding and dissociation are evident during the ART session.

How does ART resolve PTSD in such a short time? "For persons with multiple traumas, the typical protocol with ART is to treat the few "major" traumas that are most severe in terms of producing symptomatology, as opposed to individually treating all traumas" (Kip et al., 2015, p. 267). Using rapid eye movements, distressing images of past traumas are erased and replaced, resulting in a reconsolidated memory that clients determine organically under eye movements. Images are erased and replaced initially through exposure therapy, by imagining the problem as if watching a scene in movie. The exposure process continues until the whole scene can be viewed without distressing emotions and sensations. In my experience, this takes between 10-25 minutes on average. Once the worst trauma is extinguished, all related themes in that category are also resolved through specific protocols during ART. Rapid eye movements are used for the duration of the ART session, including in the exposure section in the beginning.

Once exposure is complete, and the memory facts can be recalled without negative sensations or emotions, the remaining steps ensure there are no remnants of the original scene remaining. A new client-directed positive scene surfaces, and is strengthened.

It is important to note that the unconscious brain determines how memories are reconsolidated based on

client's established coping strategies and beliefs. It is believed that through right and left eye movements, which mimics Rapid Eye Movement (REM) sleep, problem-solving strategies are accessed and consolidated (International Society of Accelerated Resolution Therapy, 2018). Images replaced during ART consolidates information in similar ways to REM that occurs when we sleep (Kip et al, 2012). Image metaphors and word play are used to deactivate the stress response system's (amygdala) connection to emotions, sensations, and images. Markers determine when each stage of treatment is successful and must be met before moving on the next portion of the process. It is important to wait for markers before proceeding, otherwise negative sensations will not shift, and positive sensations or imagery will not present.

Clients have shared they enjoy this therapy because they do not have to share details of their past experiences/distressing images. The less a client shares, the better this therapy works since the medial pre-frontal cortex, or imagery, creative brain (not language centers) are engaged. This area is responsible for creativity and problem-solving capacities. Specifically, the answers to how to resolve issues come through images that originate from this area of the brain, not thoughts, so clients do not have to think about the answers to questions asked or verbalize answers to questions. I explain they are simply a medium for hearing the question, and their unconscious brain is who I am asking questions. They just have to imagine it, to allow answers to present organically in the form of imagery

from the problem-solving, dream-like areas of the unconscious brain. For this reason, a common phrase used by ART clinicians is 'more grab, less gab' as this therapy focuses on grabbing images as they present versus accessing language pathways. Bessel van der Kolk (2015) reiterates how trauma is not stored in language areas of the brain but in visceral and body sensations. Thus, clients do not have to verbalize their experiences unless they care to share. Similarly, ART minimizes the risk of vicarious trauma and compassion fatigue for clinicians for similar reasons, as details of trauma or negative experiences are unnecessary and discouraged. The closed-ended questions imbedded in the scripts enforces this approach.

Who is eligible for ART? Generally, there are three main criteria that must be met during the intake process prior to beginning ART. Firstly, a client must be motivated towards change. Secondly, a client must also be able to move their eyes back and forth for an extended period. Cardiac or ocular issues, for example, will also need to be cleared by a physician before an individual can participate in ART. Thirdly, a client must be able to visualize their problems in the form of a scene, as if watching a scene in a movie. Generally, the first or the worse images/memories are what is recommended as a starting point so other less intrusive images can be cleared and replaced.

There are three levels of ART training: basic, advanced, and enhanced, with each addressing specific issues. Assessing what training you need based on your clinical work is important.

After 25 years as a registered social worker, 13 years as a mental health clinician, and a masters certified ART therapist, ART has rejuvenated my passion in complex clinical practice. I now have an additional tool to add to

the other evidence-based treatment modalities offered in the mental health walk-in clinic at Eastern Health. I leave work daily rejuvenated and excited after sharing in the joy I witness from those who had once given up hope and are now free of their distress and pain.

REFERENCES

Buck, H., Cairns, P., Emechebe, N., Hernandez, D., Mason, T., Bell, J., Kip, K., Barrison, P., and Toftagen, C. (2020). Accelerated resolution therapy; randomized controlled trial of a complicated grief intervention, *American Journal of Hospice and Palliative Medicine*. 1-9. **Doi 10.1177/1049909119900641.**

International Society of Accelerated Resolution Therapy, You tube, (2018). What is Accelerated Resolution Therapy? Accelerated Resolution Therapy (ART). Retrieved from <https://video.search.yahoo.com/search/video?p=accelerated+resolution+therapy&fr=yhs-ima-remarklist&fr2=p%3As%2Cv%3Av%2Cm%3Asb%2Crgn%3Aatop&ei=UTF-8#id=2&vid=fcf098635b284a49877c6026fb51bb5c&action=view>.

Kip, K., D'Aoust, R., Hernandez, D., Girling, S., Cuttino, B., Long, M., Rojas, P., Wittenberg, T., Alisha, A., Rosenzweig, L. (2016). Evaluation of brief treatment of symptoms of psychological trauma among veterans residing in a home shelter using accelerated resolution therapy, *Nursing Outlook*. 64, 411-423. **Doi http://dx.doi.org/10-1016/j.outlook.2016.04.006.**

Kip, K., Elk, C., Sullivan, K., Lengacher, C., Rozenzweig, L., Hernandez, D., Kadel, R., Kozel, F., Shuman, A., Girling, S., Hardwick, M., and Diamond, D. (2013). Brief treatment of co-occurring post-traumatic stress and depressive symptoms by use of accelerated resolution therapy, *Frontiers in Psychiatry*. March 2013, 4(11), 1-12.

Kip, K., Elk, C., Sullivan, K., Lengacher, C., Shuman, A., Long, C., Rozenzweig, L., Hernandez, D., Street, J., and

Diamond, D. (2012). Brief treatment of symptoms of post-traumatic stress disorder (PTSD) by the use of accelerated resolution therapy (ART), *Behavioral Sciences*. 2 (pp115-134). **doi:10.3390/bs2020115**

Kip, K., Hernandez, D., Shuman, A., Witt, A., Diamond, D., Davis, S., Kip, R., Abhayakumar, A., Whittenberg, T., Girling, S., Witt, S., and Rosenzweig, L. (2015). Comparison of accelerated resolution therapy (ART) for treatment of symptoms of PTSD and sexual trauma between civilian and military adults, *Military medicine*.180, 964-971.

Kip, K., Rosenzweig, L., Hernandez, D., Shuman, A., Sullivan, K., Long, C., Taylor, J., McGhee, S., Girling, S., Whittenberg, T., Sahebzamani, F., Lengacher, C., Kadel, R., and Diamond, D. (2013). Randomized controlled trial of accelerated resolution therapy (ART) for symptoms of combat-related posttraumatic stress disorder, *Military Medicine*. December 2013, 178, 1298-1309.

Kip, K., Rosenzweig, L., Hernandez, D., C., Sullivan, C., Shuman, Diamond, D., Girling, S., Whittengerg, T., Witt, A., Lengacher, A., Anderson, B., and McMillan, S. (2014). Accelerated Resolution Therapy for treatment of pain secondary to symptoms of combat related post-traumatic stress disorder, *European Journal of Psychtraumatology*. 1-12.

Kip, K., Toftagen, C., D'Aoust, F., Girling, S., Haroer, Y., and Rosenzweig, L. (2016). Pilot study and accelerated resolution therapy for treatment of chronic refractory neuropathic pain, *Alternative and Complementary Therapies*. **22:6, 1-9. Doi 10.1089/act.2016.29082.kek.**

Schimmels, J., and Walts, W. (2018). A tale of two compulsions: Two case studies using accelerated resolution therapy for obsessive compulsive disorder. *Military Medicine*, 00: 0/0, p.1-4.

Van der Kolk, B.A. (2015). *The body keeps the score: brain, mind and body in the healing of trauma*. New York, New York: Penguin Books.



Distinguished Service

CASW Distinguished Service Award Recipient 2022: Peggy Hatcher MSW, RSW

The Canadian Association of Social Workers (CASW) Distinguished Service Awards are presented annually to remarkable social workers selected from the membership of CASW Partner organizations. The 2022 award recipient for Newfoundland and Labrador, Peggy Hatcher, received this award in honour of her significant contributions to the social work profession. This award was presented during a virtual awards celebration held during Social Work Month 2022. The following are excerpts from Peggy's acceptance speech which has been printed with permission.

It is an honor and a privilege to have been selected as the recipient of the CASW Distinguished Service Award for 2022. I would like to thank my friend and colleague, Mary Beth Doyle for considering me worthy of the nomination and for all the work she put into seeing that the nomination was truly reflective of my career. I would also like to thank the NLCSW Board of Directors and our national association, CASW for selecting me as recipient of the award. I am more than aware that I am part of a profession where there are many social workers who are deserving of this recognition and so this is a humbling experience for me.

As a friend and former colleague once reminded me, most of us who are social workers are not social workers by accident but by design. I learned from my parents what it looked like to extend yourself to others and the importance of hard work. From a very young age I learned the value of sharing and caring and looking out for others, especially those who



were less fortunate or who had special needs. It was my mother who first introduced the idea that social work might be a career choice for me. Although her instincts were right, what I came to realize after I began working in the field, was that social work offered more diversity than either she or I realized. Still, working in this professional environment was a natural fit for me. I've had a long career as a social worker and have had the opportunity to experience social work from many different perspectives. While my sister chose a different path, we both continue to honor the ethics, values and roots shared with us by our parents.

When you receive an award like this, it truly gives you reason to pause and reflect on the wonderful family, friends and social workers who have played an instrumental role in your journey. I have been fortunate to have been surrounded by many such inspiring people.

The various experiences and opportunities we encounter, and the relationships formed along the way, both planned and unplanned, lay the foundation for our ability to internalize lessons learned and to evolve as we do so.

Under the umbrella of some wonderful friends, mentors and leaders who taught me as I walked, there are those who may never know the importance of the part they played in my journey.

I am grateful to my professors at MUN who encouraged a healthy combination of critical thinking and theory application while also emphasizing the importance of relationship building, respect and being authentic with our clients as key elements of a truly professional and impactful social worker.

Once in the practice arena, I was blessed to work with many strong people along the way. I remember Sheila Devine. A true mentor. I was affiliated with Sheila from the beginning of my career, throughout the next 30 years. Her support was unwavering. The late Jean Wells. I worked with Jean on Harvey Road in the early years of my career. I remember how she kept the whole team grounded and me laughing. We all learned so much from Jean. These women were true icons in their time. There were so many memorable mentors along the way.

I would be remiss if I didn't mention the clients. I continue to be impressed by the resilience, determination, and creativity of individuals facing what might overwhelm and demobilize

Continued on page 23

Promotion

NLCSW Pride in the Profession Award Recipient 2022: Stephanie Mealey MSW, RSW

The Newfoundland and Labrador College of Social Workers (NLCSW) 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. This award was presented during a virtual awards celebration held during Social Work Month 2022. The following are excerpts from Stephanie's acceptance speech which has been printed with permission.

Over 30 years ago, I remember my mother working her way through her BSW at Memorial. I remember hearing her conversations with friends, family and classmates about the code of ethics and standards of practice, wanting to help people; to make a difference in the world. I too wanted to help people and make a difference. So from a young age, I knew what a social worker was, what they did, believed in, stood for, and I knew it was the career for me.

Fast forward 20+ years or more (I'd graduated with my BSW, MSW, worked for many years as an RSW), to when I chaired the Promotion of the Profession Committee for years. The Committee had been discussing the importance of developing an award to honor social workers who promote the advancement of social work practice in Newfoundland and Labrador and demonstrate outstanding pride in the profession. After much discussion, hard work and dedication, we developed the Pride in the Profession award. I remember thinking at the time, wow, what an honor it would be to be nominated and recognized by your

peers for such an award. I couldn't think of a bigger honor! I remember fondly, the first year this award was presented to Bill Haynes and to the many other outstanding social workers each year thereafter Connie Pilgrim, Shirley Terry, our very own Vanessa McEntegart, Elizabeth Sheppard-Hewitt, Kenda Riggs and Tammy Manning!

Fast forward one final time to January 2022 when I get an e-mail to advise me that I have been nominated by my co-workers Heather St. Croix and Vanessa McEntegart for this year's Pride in the Profession Award. I was surprised, humbled, grateful and excited to be nominated. The honor to be nominated was enough. Then to get the call from Annette Johns on February 8, 2022 that I had been selected for this prestigious award; I was overcome with emotion, with pride! And here we are today - together virtually to celebrate!

This award is certainly shared with many - from my amazing co-workers who also exude pride in their profession daily with the work they do, to my family/friends, my biggest support system and ongoing cheerleaders. I'd like to thank these people for their unconditional support and without them, I wouldn't be the person I am today. My grandparents/grandfather here today, aunts, parents, husband Jonathan and my sweet Noah and Avery - I love you dearly.

The Canadian Association of Social Workers core social work values and principles as well as the NLCSW Standards of Practice have always guided my practice as well as how I live my life as a mother, partner and friend. I'd like to think that these values and standards are also illustrative of not only how I practice, but how I live



my life on a daily basis. I believe in these values and principles and hope to impart these beliefs on my children. For these beliefs are directly reflected in my work and the pride I hold in my profession as a Registered Social Worker!

This year marks 20 years for me as a Registered Social Worker! From the start of my career in child protection, to mental health/health care, a move to government as a Training Consultant for the former Department of Child, Youth, and Family Services and back to health care again, my heart and true passion has always been in mental health; in particular, with children/adolescents and families. There's nothing like an honest comment from a teen to remind me why I chose this profession and specific area of work. They keep me honest, grounded, up to date with the latest language and trends; they call you out and know if you're being genuine which I appreciate more than anything. They tell it like it is! Can it be challenging? Of course! Challenging systemic issues, waitlists, services and resources along with ethical challenges, leading to consultation and advocacy for client rights. But I enjoy the challenges and

Continued on page 23

Community

Feminist Harm Reduction: The St. John's Status of Women's Managed Alcohol Program

What is a Managed Alcohol Program?

BY NICOLE BROWNE BSW, RSW

The Managed Alcohol Program (MAP) is the newest service offered by the St. John's Status of Women Council (SJSWC). Women and nonbinary people can experience harms related to their alcohol use. Harm may be social or physical. For example, housing instability, intimate partner and gender-based violence, food/financial insecurity, criminalization, barriers to accessing healthcare, consumption of non-beverage sources of alcohol, and physical harms associated with withdrawal. There are many familiar forms of treatment available to people who experience harms related to their drinking. Some examples include local rehabilitation programs, Alcoholics Anonymous, and outpatient counseling. However, for some individuals, abstinence is not a desired or realistic goal. Thus, MAP is harm reduction based. MAP works with healthcare professionals and aims to provide a safe supply of alcohol to participants, which helps prevent withdrawal and reduce social harms. SJSWC's MAP offers wrap-around support, meaning that while providing safe and stable access to alcohol, they also offer critical connections to primary healthcare, case management, housing and income related support, and connections to mental health services.

Origins of MAP

MAP originated as a pilot project through Marguerite's Place Supportive Housing. A resident was experiencing harms related to her drinking including severe seizures, gender-based violence, and housing instability. Through working with her family physician and



her support at Thrive, Marguerite's Place was able to offer a managed alcohol program in-house. SJSWC successfully applied for external funding through Health Canada to create a program which was able to offer case management services in conjunction with alcohol provision. SJSWC's MAP is the first of its kind in Newfoundland and Labrador. It serves women and nonbinary people exclusively.

Research Base and the Canadian MAP Landscape

The University of Victoria and the Canadian Institute for Substance Use Research have conducted significant research surrounding MAPs in Canada. Only three Canadian provinces and territories do not yet have documented MAP initiatives: Prince Edward Island, New Brunswick, and the Yukon. Further, MAPs in Canada have several types of models including residential and scattered site models (University of Victoria and Canadian Institute for Substance Use Research, 2022). MAPs can have varied levels of participant involvement or program bases, for example, Indigenous-led, participant-led, highly medicalized, or inpatient services.

Participation in a MAP can result in a significant reduction in police contacts, detoxification and withdrawal episodes, non-beverage alcohol consumption, alcohol-related harms, and admissions to hospital (Vallance et al., 2016). SJSWC's MAP is a scattered-site model

at present, however there is evidence that residential models of MAPs are particularly beneficial. Residential models foster a sense of community and belonging amongst participants as well as increase participants' housing stability (Pauly et al., 2016).

Making Connections and Looking Ahead

The SJSWC MAP program has developed meaningful connections and working relationships with local groups such as the Nunatsiavut Government, Eastern Health's NAVNET, Port Rexton Brewery, the Gathering Place, Naomi Centre, and Thrive. Across Canada, they have worked closely with the Mobile Street Outreach Health in Halifax, Nova Scotia as well as Phoenix Residential Society in Regina, Saskatchewan. This winter, the program offered a field practicum for a BSW student from Memorial University of NL. The student, Caitlin Young, assisted to develop a basis for peer support within the program.

The SJSWC MAP team currently includes a program coordinator, researcher, case manager, and several part-time positions to aid with service provision outside of a 9-5 model. Through the researcher position, tools and resources for a local context are being developed. The model of MAP can be adapted for use by organizations and community partners. While the program is temporarily funded, SJSWC is hopeful this program will be a community resource for many years to come.

Getting Involved

Potential participants can self-refer or

have someone complete the referral on their behalf. If you would like to learn more or access the referral process, please contact the Program Coordinator, Becky Fleming. You can call SJSWC at 709-753-0220 or reach Becky via email at becky@sjwomenscentre.ca.

REFERENCES

Pauly, B., Gray, E., Perkin, K., Chow, C., Vallance, K., Krysowaty, B., & Stockwell,

T. (2016). Finding safety: a pilot study of managed alcohol program participants' perceptions of housing and quality of life. *Harm Reduction Journal*, 13(15), 1–11. <https://doi-org.qe2a-proxy.mun.ca/10.1186/s12954-016-0102-5>

University of Victoria and Canadian Institute for Substance Use Research. (2022, February). Overview of Managed Alcohol Program (MAP) sites in Canada (and beyond). <https://www.uvic.ca/research/centres/cisur/assets/docs/>

resource-overview-of-MAP-sites-in-Canada.pdf

Vallance, K., Stockwell, T., Pauly, B., Chow, C., Gray, E., Krysowaty, B., Perkin, K., & Zhao, J. (2016). Do managed alcohol programs change patterns of alcohol consumption and reduce related harm? A pilot study. *Harm Reduction Journal*, 13(13), 1–11. <https://doi-org.qe2a-proxy.mun.ca/10.1186/s12954-016-0103-4>



CASW Distinguished Service Award continued

many. As social workers we journey with people, groups, organizations, and governments in the mist of their struggles.

Working as social workers, there are always challenges regardless of whether you are working front line or policy development but the past two years have given new meaning to challenges. During a global pandemic, social workers have had to be creative in ensuring that clients could access essential services. Now, today, our neighbours in the Ukraine are at war and experiencing mass atrocities. This

certainly raises our consciousness to see and understand and to advocate for social justice. Just as important, we should be humbled by what the people in the Ukraine can teach us right now. This is a period of time that we as social workers may stand to learn more from them, than we are able to offer.

I would like to thank all of you for sharing in this award with me today. I would also like to congratulate Stephanie Mealey on her award, NLCSW Pride in the Profession. I wish to say a personal thank you to my former colleague and friend Mary Beth Doyle, with whom I worked for 10 years. She embodied the concept of teamwork and carried her load like no other.

I am particularly happy to have had the opportunity to accept this award through zoom as it allowed my childhood friends, MaryClair and Barb, and family from afar including my sister Pauline and my mother's sister, Aunt Eva from Grand Falls, and Michael to share in this celebration.

Last but not least I would like to acknowledge my husband Les, that kind, tolerant man for the times that he dropped me off and picked me up and put his agenda aside while I did what I loved to do. Thank you, Les, for your continuous support.

To all my fellow social workers,
Happy Social Work Month.



NLCSW Pride in the Profession Award continued

look forward to navigating the waters together to accomplish goals.

And speaking of challenges, the past 2 years have definitely been a challenge with COVID-19. This pandemic has been invaluable to my learning and has pushed us to thinking outside the box in the most advanced ways to offer supportive services to teens and families. We didn't stop services for one hour. We rose to the challenge! We re-grouped, modified and adapted our service delivery options and let our clients know of the new ways to access our services.

My love and passion for this work and lifelong learning has brought me to further extend and grow my experiences to committees like the Eastern Health Trans Health Committee, Promotion of the Profession Committee as well as the NLCSW Board of Directors. My board experiences have added a whole new level of learning and critical thinking about regulation and protection of the public. Whether it's applying for funding to improve theoretical knowledge or developing Bridge the gAPP with my team, this knowledge and experience has only added to how I promote my profession and practice as a registered social worker.

Whether it's my signature MSW, RSW,

how I introduce or refer to myself, the NLCSW pen I use to write notes or mask I wear out, the social work lanyard around my neck every day, my Code of Ethics, registration certificate and degrees displayed on my office wall, anyone who knows me, knows how much pride and privilege I take in calling myself a registered social worker. It is an honor to be part of this profession, to work alongside the most brilliantly talented clinicians and colleagues. I again thank you Heather and Vanessa for this nomination, the selection committee for choosing me among the other fantastic candidates and everyone here today for taking the time to celebrate this Pride in the Profession Award. I am forever grateful and honored.

