



SASKATCHEWAN SOCIAL WORKER

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“Strengthening Individuals, Families & Communities”

February 2015 Edition

President’s Message



In recent months Saskatchewan’s provincial government has announced its intention to establish a Poverty Reduction Strategy. Details are still emerging, but a recent news article announced the appointment of a steering group of community members and government officials.

This announcement is good news, as Saskatchewan is the last province to announce a strategy. Other jurisdictions have developed coordinated and comprehensive strategies over the last decade, each unique to its region and each with less or more success.

The SASW has encouraged the development of an anti-poverty strategy for some time. SASW’s Social Justice Committee was very active in the development of a position around a provincial anti-poverty strategy and had a lead role in supporting the development of a provincial initiative to collectively inform the essential priorities for a strategy. Our association participated in a number of discussions and planning sessions, and had dialogue with the province about our interest in seeing poverty addressed and improved economic

equality for all Saskatchewan citizens, especially those most impacted by deep poverty (women and children, Aboriginal people, people with disability, and people immigrating to Canada to name a few).

The SASW has also developed a set of social policy principles to help our profession inform effective economic security policy. These principles focus on accessibility and adequacy, equality and inclusion. We will watch for opportunities to inform the emerging anti-poverty strategy with our policy principles. Social Workers are key to the development of good social policy and human services and it will be important to be connected to the development of a strategy for Saskatchewan.

Council recently heard an update about the progress the 2015 Conference Planning Committee is making for a two-day conference in May. As many of you will have seen, there was a call for papers. The concept for this year’s conference is to have a keynote address and multiple concurrent sessions facilitated by social work peers. I am looking forward to hearing about many of the innovative social work initiatives, research, programs, and approaches that will be presented at the conference.

*Submitted by:
Kirk Englot, MSW, RSW (SK)*

Celebrate Social Work Week in Saskatchewan

March 15 to March 21, 2015

“Social Work: Profession of Choice”

For activity ideas, go to <http://sasw.in1touch.org/uploaded/web/SW-Week/SocialWorkWeekIdeas.pdf>

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• ADVOCATE FOR SOCIAL JUSTICE
 • PROMOTE THE PROFESSION
 • REGULATE THE PROFESSION
 • SUPPORT FOR ETHICAL PRACTISE

Executive Director/Registrar's Message



As we move into 2015, I find myself marvelling at the passage of time. It seems like only a few weeks ago that we were preparing for Y2K, terrified that the world would come crashing down because we did not believe that our computers could convert to a new century. Moreover, I'm sure that it wasn't long before then that I completed

my BSW (1982) or for that matter graduated from high school (1974)! Is this just a part of aging or has it always been this way? I still feel like the "newbie" at SASW but soon I will have been here for two years.

2014 Renewals

A year ago, we were letting Saskatchewan social workers know that we had decided to implement a new, on-line registration system. We launched the program in October and as of December 31, about 1400 social workers had successfully completed their on-line renewal. I want to thank all of you for your patience as we worked through several bugs, typical of any new system. I also want to let you know that I appreciate the frustrations of the many members who have, in the past, had their registrations paid directly by their employer. However, I also need to let you know that I do not anticipate SASW returning to that system in the foreseeable future. We hope that the ability to print off a receipt immediately following payment has helped to facilitate quick reimbursements for those of you who need them.

We heard from a few members that the process for entering continuing professional development activities was cumbersome. I'm not sure why this was the case, as the information we asked for was the same as in previous years. Several people also let us know that they missed the announcements throughout 2013 and 2014 about the changes in the CPE policy, but the flexibility of the program helped to ensure that no one was short hours by the end of the year. We hope that you will take advantage of the ability to enter your hours throughout the year to make this process easier for future renewals.

Authorized Practice Endorsement

I hope that by the time you are reading this newsletter we will have news to share about the APE for social workers. As of the time of writing, we are still waiting for confirmation from the government that things are mov-

ing forward. Meanwhile, a committee is being formed to start receiving applications as soon as they become available. One of the committee's first tasks is to fine-tune the application, and once that is done it will be available on the SASW web site. Those of you who are interested in applying may wish to start gathering the documentation as noted in the draft Policies and Procedures that we distributed in the 2014 AGM package. In particular, you will need to provide evidence of learning in several mental health topics and a reference from a qualified professional (presently a psychologist with the APE or a psychiatrist) who is familiar with your relevant practice and your competence. The academic requirements as drafted are:

- a. Completion of a Master of Social Work (MSW) degree from an accredited university (or equivalent international degree)
- b. Course work in psychotherapeutic methods including:
 - b.i. Use of clinical assessment procedures that includes social and cultural factors
 - b.ii. Determining a diagnosis that involves use of the Diagnostic Statistical Manual (DSM) and/or International Classification of Diseases (ICD)
 - b.iii. Development of collaborative treatment plans
 - b.iv. Use of evidence-informed intervention approaches
 - b.v. Documentation
 - b.vi. Review of treatment outcomes
- c. Course work on working with specific populations, e.g. family practice, children's mental health, psychogeriatrics, etc.
- d. Basic knowledge of psychopharmacology as it relates to social work practice in mental health;
- e. Knowledge of social work values and ethics; diversity, social justice and at-risk populations; human behaviour in the social environment; social welfare policy and service delivery systems; social work research methods.
- f. An orientation to interprofessional practice in health/mental health settings.

We still need to determine what documentation will be required so please don't send anything in until the application form is completed. For the first three months, the committee plans to review only those applications submitted by social workers who meet the basic criteria for grandparenting, which include the above requirements as well as a minimum of five years post-MSW clinical social work experience. Please watch for more news coming by e-mail soon.

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Executive Director/Registrar's Message, continued

2015 Conference

SASW will be hosting a conference on May 28th and 29th in Regina. There will be a variety of speakers presenting eight workshops, with two running concurrently at all times. Topics include case management, internet pornography, rural boundaries, ambiguous loss and integrative body psychotherapy among others. The keynote presentation will be delivered by Austin and Catherine Mardon, on surviving schizophrenia. This couple, well known in the Canadian mental health

community, have received numerous awards for their advocacy for people with mental illness. Their presentations help social workers and others to see the mental health system from the client point of view, bringing a human face to the work we do. Please save the date in your calendar. Detailed information will be distributed soon.

*Submitted by:
Alison MacDonald, MSW, PhD, RSW (SK)*

Call for Nominations - SASW Distinguished Service Award

Eligibility Criteria

1. Outstanding contribution in any area of social work practice.
2. A high degree of professional commitment & contribution to the furthering of the work of SASW in the province.
3. Current /valid registration with SASW.

Procedure for Nomination:

The name must be submitted for nomination having the written support of three registered members of SASW. A brief biographical sketch must be included along with a curriculum vitae.

Selection Process:

Selection of the Distinguished Service Award will be made by a majority vote of the SASW Awards Committee. The plaque will be presented at the SASW Annual General Meeting.

Nominations must be sent to:

SASW Awards Committee
2110 Lorne Street
Regina, SK S4P 2M5
Fax: (306) 545-1895
Email: sasw@accesscomm.ca

Deadline for Nominations: March 15, 2015

Separation and Divorce Assistance Program Announced

The Ministry of Justice, with support from the Law Foundation of Saskatchewan, has developed a three-year pilot program to assist families through separation and divorce.

Family Matters: Assisting Families through Separation and Divorce will help minimize the effect of separation and divorce on all family members, especially children.

"The current challenge for many going through a separation or divorce is to identify what information is available, access it, understand it and use it to make quality decisions," Justice Minister and Attorney General Gordon Wyant said. "Early intervention has a positive effect on assisting separating couples through this transition."

The program, which was provided nearly \$1.3 million in funding from the Law Foundation of Saskatchewan, offers families in transition access to an early, affordable

and informal opportunity to resolve issues. Information, support and guidance will assist clients in addressing issues such as child custody, parenting plans, children's developmental needs and property division.

"The Law Foundation of Saskatchewan is pleased to provide this grant to the Family Matters program," Law Foundation of Saskatchewan Executive Director Bob Watt said. "The Foundation sees the pilot program as an important initiative that will provide high quality information and cost effective access to the justice system for separating and divorcing couples"

As of November 1, 2014, the program became available in Saskatoon and Prince Albert. Availability will be expanded to Regina and Moose Jaw in April 2015. A province wide expansion will occur in April 2016.

More information is available from Lesley Dietz, Ministry of Justice, at lesley.dietz@gov.sk.ca



Article Section

SASW Scholarship Helps with Rwandan Practicum

I was the grateful recipient of the SASW student scholarship in the fall of 2013. It was practical timing for me to get this gift as I was leaving shortly for my major practicum in Rwanda. There are many extra costs associated with international placements: immigration fees, flights and required vaccinations are just some of them. All the extra expense and time led some people to wonder why I wouldn't just do my practicum here. Happily, I can report that all of those reasons were overshadowed by what I experienced in Rwanda. It was worth every bit of difficult paper work, loss of income, packing up everything, and going into the realm of the unknown.

The situation I found myself in required flexibility and a keen sense of curiosity and determination to be effective, gentle, perceptive and humble during my four months of practicum. I stayed on for another two months to commit to the venture and the people I had encountered.

I worked with a Rwandan pastor in a village church where I was given a role facilitating meetings for the women. We started with a group of 10 women and the numbers eventually mushroomed to an average of 30 women gathering on grass mats under the shade of trees! Add to that suckling babes, content toddlers, chickens and fire-ants. Our meetings were never dull. I don't speak Kinyarwanda, so I needed a translator, which began a wonderful, unexpected adventure of becoming dear friends with my Rwandan co-worker.

The women named themselves "Tuzamurane,"



One of the photos Bobbi-Lynn Foster sent from Rwanda.

which means "to take each other higher." Our meetings were on every topic under the sun, as the women presented needs: sanitation, water, sexual health, women's rights, positive parenting, their identity as daughters of God, healthy communication, art, marriage, forgiveness... It went on and on.

Tuzamurane amazed me each day as they overcame incredible obstacles such as violence from their partners/husbands, traumatic histories relating to the 1994 genocide, being orphaned, ethnically oppressed, facing poverty, and lack of education to name some. But it wasn't what they had been through that amazed me the most as we worked together; it was how they began to respond. They grew in trusting each other, and caring for each other in tangible ways. We started a gardening cooperative, and an initiative to get their children registered in school.

Follow-up reports I have had from them this fall have been encouraging.

I want to extend my thank you to the SASW and the CASW for having a scholarship for students. Your investment in this learning experience meant a blossoming in my life and, I hope, in the lives of the families Rwanda.

*Submitted by:
Bobbi-Lynn Foster*

Contributions to the newsletter are always welcome.

Read any good books lately?

Working on an interesting project?

Have an area of interest that you would like to share
with other people?

Write to SASW Editor and see your name in print!

Deadline for the next newsletter is

April 30, 2015.

Partners for Change Outcome Management System: An overview

In June of 2014, the International Heart and Soul of Change Conference was held in Saskatoon, sponsored by the Heart and Soul of Change project and by Mental Health and Addiction Services (MHAS), Saskatoon Health Region (SHR). Speakers from around the world described the use of the Partners for Change Outcome Management System as a tool that gives voice to client preference in a variety of settings including community development, inpatient treatment, rehabilitation services to clients with long term mental health issues, outpatient counseling, family therapy, inpatient psychiatry, group therapy, criminal justice and addictions settings.

The mission of the Heart and Soul Change Project, directed by Dr. Barry Duncan, is to “replace client-diminishing practices with client-directed ones: services that are based on a relational model instead of a medical one, are more informed by client-rated outcomes than expert opinion, best guesses, or wishful thinking, and are more guided by client preferences, culture, and ideas than theory, model, and technique. We see PCOMS as a vehicle for these changes and the operationalization of social justice.”

“Client directed” practices apply the common factors in therapy (rather than factors specific to various evidence based practices) based on their differential impact on outcome. Michael Lambert (1986) proposed four common factors that account for successful outcomes in psychotherapy: Spontaneous remission, 40%; Relationship, 30%; Model/technique, 15%; Placebo/hope/expectancy, 15%. This was a radical concept in that spontaneous remission was presented as being by far the greatest factor in recovery and the model or technique (which is the focus of most randomized clinical trials) was no more important than placebo. Bruce Wampold (2001) further refined this analysis, and found that in fact the impact of client/extra therapeutic factors is much greater – 87%! Only 13% of what leads to successful outcomes is attributable to treatment effects. A number of factors are aspects of the ‘treatment effect’ and are overlaid upon and dependent on one another. These factors include feedback effects, alliance effects, therapist effects, model or technique delivered, expectancy, allegiance, rationale, and ritual. Model or technique has about 1% of the total impact on successful therapy outcomes (Duncan, 2010).

The literature about common factors makes the case that clients should direct the therapeutic process—their views should be the privileged ones in the room. A medical model (diagnosis + prescriptive treatment =

cure) is a valid way to approach physical problems but its assumptions do not hold up well in behavioral health. Psychotherapy is decidedly a relational, not medical endeavor, one that is wholly dependent on the participants and the quality of their interpersonal connection. PCOMS operationalizes ideas that often sound like platitudes, *i.e.*, individually tailored services, consumer involvement, and social justice. Despite well-intentioned efforts, the infrastructure of therapy (paperwork, policies, procedures, professional language) can reify descriptions of problems and silence client views, goals, and preferences. Routinely requesting, documenting, and responding to client feedback transforms power relations in the immediate therapy encounter by privileging client beliefs and goals over potential culturally biased practices. Thus, it promotes the values of social justice by elevating client voice over manuals and theories, enabling idiosyncratic and culturally responsive practice with diverse clientele. Outside the therapy dyad, client-generated data via PCOMS help overcome inequities built into everyday service delivery by redefining whose voice counts. PCOMS provides a mechanism for routine attention to multiculturalism and consumer involvement (Barry Duncan, 2014, Heart and Soul of Change project).

PCOMS is a set of outcome tools that are easily integrated into the ongoing therapy process. The tools assist the clinician to have a transparent discussion every session about client feedback in regards to progress or lack thereof and to assess therapeutic alliance. These discussions are intended to direct therapy. It is a-theoretical, not tied to any model or orientation, and applies to clients of all diagnoses. PCOMS can fit any therapeutic orientation as long as the provider is willing to change what he or she is doing when the client reports no benefit. PCOMS is most effective when used in concert with service delivery values that privilege the voice of the client in decision making about interventions. This set of service delivery values is the foundation for client-directed, outcome-informed (CDOI) clinical work (Duncan, B. (2014), *On Becoming a Better Therapist*, American Psychological Association).

Integral to PCOMS are 2 feedback tools: the Outcome Rating Scale (ORS) which tracks outcomes; and the Session Rating Scale (SRS) which tracks the therapeutic alliance. These tools enable the clinician to integrate a transparent discussion about client feedback into the therapeutic process. These discussions allow the clin-

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Practice Ethics Committee Consultation Example

Name: *Social worker in urban center*

Employer/Role: *Mental health services in long-term care*

What is the situation you want the committee to address?

I want to give an old computer to a client who likes to write but does not have access to a computer. This client does not work and has little access to resources. Writing has been a therapeutic and personally rewarding activity for this particular client. As a social worker with several teenage and young adult children, I have access to several older computers (laptops) that we no longer use. I would like to give one of these computers to a present client who would use it to write and otherwise would not likely have access to a computer.

Who are the stakeholders, or what is the scope of interest in this request? (Is it to develop a policy manual at work, for a social worker in private practice, direction for a group of social workers in a work place such as government, etc.?)

For my own guidance only.

What have you done to address this issue? Have you discussed with supervisors, consulted the Code of Ethics, Standards for Practice, workplace policy, Guidelines for Ethical Practice, etc.?

I have discussed it with others who did not have

concerns. I can find no areas in the Code that prohibit this kind of action.

What is your primary ethical question? What other related ethical questions do you have?

The primary ethical question I have is whether there is anything unethical or that prohibits a social worker giving of this kind of gift (on a one time basis) to my client. It will benefit the client and will not benefit me, the social worker. As the social worker, I have a good relationship with this client and am not using this proposed gesture to bribe the client or for any other subversive reason.

Response:

Thank you for your question to the practice ethics committee. We understand your primary ethical question to be whether you would violate any ethical standards or codes by giving a client an old laptop computer. Based on our understanding of the Code of Ethics, there are no sections that explicitly prohibit gift giving to clients. However there are other considerations.

We consulted the Standards of Practice for Registered Social Workers (SASW, 2012), specifically Section F.5 which speaks to dual or multiple relationships with clients specifically the part that states “Social workers recognize their own unexamined needs and countertransference reactions may affect their ability to be

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Partners for Change Outcome Management System: An overview, cont.

ician and the client to together address any potential problems that are affecting progress and then to adjust the therapy to ensure success (Duncan, 2012). Clients are able to provide feedback when the clinician’s preferred methodology/strategy is not assisting the client to achieve their goals, pushing clinicians to look beyond their own preferred explanations and remedies for client problems.

The Adult Counselling Team, MHAS, SHR has been using the PCOMS tools for more than seven years, in direct practice and to support clinical supervision. In addition, the scores from the tools can be entered into a database which is able to provide the clinician with information about their own effectiveness as a therapist, and additionally can provide aggregate data that describes program effectiveness. The tools provide feedback for individual service as well as in working with couples and in groups. Naysayers suggest that traditional assessment tools provide a more accurate and objective analysis of client problems and diagnosis, and lead to more clinic-

ally sound treatment plans than the PCOMS tools which privilege the client voice over the voice of the clinician. However, my experience is that when the client is not ‘on board’ with therapy, they are unlikely to cooperate with treatment goals. Clients may be blamed for their lack of success and labeled as “resistant.” Steve De Shazer, the pioneer of Solution Focused Counselling, said that resistance movements are a common response to oppression. De Shazer (1984) suggested that ‘resistance’ is a client’s unique way of cooperating. When clients do not follow through on a therapeutic task, they are ‘cooperating’ by telling the therapist that the task does not fit. PCOMS provides tools that ensure that the client and the clinician are on the same page, opening the door to remarkable results.

Submitted by:

Ruth Mireau, MSW, RSW (SK),

Certified PCOMS Trainer

Senior Social, MHAS, SHR

Provincial MHAS Implementation Team

Practice Ethics Committee Consultation Example, continued

objective towards assessing dual relationships. For this reason social workers shall always keep the best interests of the other party in mind.” (SASW, 2012) We did not believe by giving an old computer to a present client would automatically constitute a dual relationship as long as there are no expectations on behalf of the social worker that the client is somehow indebted to the social worker. This needs to be clearly conveyed to the client so that it is understood there are no strings attached to this gift.

In Section F.5 (c) the Guidelines state that “The social worker shall document all actions taken and the client’s response in the client’s record.” Therefore, this action requires documentation on the client’s file. Furthermore, Section F.5 (d) addresses the difference between personal and professional relationships. It states “A social worker shall act to ensure that the difference between professional and personal relationships with clients is explicitly understood and respected, and that the social worker’s behaviour is appropriate to this difference.” It is suggested that you, the social worker, outline to the client that giving a gift does not mean that their professional relationship has changed and ensure that the client understands that you may not in the future offer gifts or expect the client to somehow reciprocate this act of kindness.

Our committee also considered Section 2.1 of the *Guidelines for Ethical Practice* (2005), which speaks about the importance of having professional boundaries. Sec. 2.1.1 states “Social workers maintain appropriate professional boundaries throughout the course of the professional relationship and after the professional relationship” (CASW, 2005). However, because of the power differential in roles between the social worker and client, the client may feel pressured to accept the computer they do not want. If the client is mentally competent they can make this decision, but need full information about pros and cons to make an informed choice. The social worker may have influence on the client in that the client may feel pressure to accept this computer, even if they do not wish to accept it. In addition, there are concerns when offering a computer to one client because other clients may become aware of it who may also have a need for a computer and experience financial restrictions, yet were not offered a computer by the social worker. This type of situation could create unexpected consequences for the social worker and both clients, the one receiving the computer and the one who wanted to receive a computer. These are important considerations that may impact the social worker’s relationship with both clients and affect the agency reputation.

Our committee also had practical consideration such

as what gives one particular client privileges over others to receive gifts? Are there any other avenues to assist this client to access a computer? Perhaps the social worker could donate the laptop to a charity that provides a service of refurbishing and giving away old computers. We ask these questions based on assisting the social worker in carefully evaluating the consequences of his or her well-intentioned motivation.

Once again, thank you for bringing this question to our committee. We hope you have found the above information helpful in considering your options. Ensure that any decisions you make are well documented, including whom you consulted with within and outside of your organization and the results and the outcomes of these consultations, in case your actions are questioned in future. The role of the Practice Ethics Committee is to provide ethical consultation based on the information provided to us and should not be considered a substitute for professional supervision or consultation. Our consultation is also not a substitute for the judgments of the social worker who has relevant background information, context and detail that we may not have.

For your reference the web addresses for the SASW Standards is <http://www.sasw.ca/standards/practice.pdf> and the CASW Code of Ethics (2005) is http://casw-acts.ca/sites/default/files/attachements/CASW_Code%20of%20Ethics.pdf and the CASW Guidelines for Practice is: [http://www.sasw.ca/codeofethics/guidelines for ethical use.pdf](http://www.sasw.ca/codeofethics/guidelines%20for%20ethical%20use.pdf). All are also accessible from the SASW website.

We welcome your feedback as to whether you found this consultation helpful.

*Submitted by:
The Practice Ethics Committee*

Navigating an Ethical Minefield? Pondering a “Grey Area”?

The **Practice Ethics Committee** is a confidential support service for SASW members that offers guidance on ethical decision-making. The committee will make every effort to respond in a timely fashion, and will provide alternate ways of viewing and acting on ethical issues.

To contact the Practice Ethics Committee with your questions or dilemmas, please complete the form that has been developed and placed under each member’s Profile home page.

This form goes directly to the chair of the Practice Ethics Committee.

Disability and Inclusion

SASW invites faculty members to identify papers that may be of interest to social workers for publication in our newsletter. This paper was submitted by a student from Dr. Randy Johner's Social Work and disAbility Issues course, Fall 2014.

A requirement of the Social Work and Disability class was to submit a paper discussing disability and inclusion. This article, based on three key statements made by Jennie Fenton, is a shortened version of my final piece for the class. Jennie Fenton, a guest speaker on Ted Talks, stated that we must check our heads, check our words, and check our actions (<https://www.youtube.com/watch?v=VAM9nh8WC-8>). I would also like to acknowledge Kaitlyn Hoar, my peer mentor. She was one of the key contributors to my education about disability and inclusion.

First, we must check the information in our heads. Although millions of people worldwide live with disabilities, there is no universal definition of what disability means or encompasses. The reason for this is that the term disabled is socially constructed. The culture that one is immersed within will strongly effect their values, beliefs, assumptions, and language around disability. For example, in the individualized, normative view of Western culture, we tend to look at disability through the lens of the medical model. The idea is that you either fit in or conform to the standard deviation of normalcy or you become excluded. If we allow ourselves to be victims of the normative and dominant views of our cultures without critically examining what these perspectives perpetuate, we increase our chance of reinforcing the marginalization experienced by those with disabilities.

Second, our language is a powerful tool used to epitomize our values, beliefs, and understanding. Disability has become associated with negative labels such as dependent, crippled, tragic, hopeless, incapable, and incompetent. We base an individual's identity on their medical diagnosis signalling that their disability is who they are. If the language we use is not inclusive, we further perpetuate the norms held by our culture. We may adhere to the idea of inclusiveness, but if our words do not correlate with our actions, we continue to create a distance between the two perceived groups. As future social workers, we must be cognizant of the fact that people understand our values, views, and perspectives through the language we use. Allow your language to represent the values that you truly hold.

Third, check your actions. We must be mindful of the help we are giving and the types of communities we are creating. Communities that are created for people with disabilities are often built with the intention of putting

all people with disabilities together in one area. I use the term "built for" because these communities are often created by people who are not disabled themselves, but who hold power and believe that this is the best intervention for those with disabilities. Communities designated only for those who have disabilities reinforce segregation creating a barrier to inclusiveness.

People have different views on what inclusion means. Through my own lens, inclusion has come to mean a complete revolutionary shift. Inclusion encompasses changing our language and ideology, creating innovative ways to build relationships, challenging our comfort zone, and challenging almost everything that we consider the norm. Some people may be thinking that this is not possible, but trust me it is. Through my experience of the social work and disability class and my experience with Kaitlyn, I have become a firm believer that even if you change one person at a time, you are still able to make a difference.

At the beginning of the course, I was afraid of inclusion. There were many areas of grey for me and I have been accustomed to everything being black or white. Yet, inclusion is about embracing the unknown. It is about learning from all people. My mentor, Kaitlyn, taught me invaluable lessons about inclusiveness and building meaningful relationships; her mom also assisted in my education about disabilities. The key part is reflecting on whose voice is teaching and whose voice is heard. We must remember to listen and learn from those who have been silenced or who may not communicate verbally, not just the voices that are the loudest and strongest. The idea that people with disabilities need a special bus, a special classroom, or a special workplace is normalized, and we are not accustomed to being alongside them: They have been secluded.

I admit I was nervous the first day I met Kaitlyn. I knew that she did not use verbal communication and I immediately questioned my own behaviour and my ability to build a relationship with her, as I had never had much experience with disability. Yet, Kaitlyn, not through her words but through her touch and emotional commitment, allowed me to break down my wall of fear and confusion. We think that because someone is different we must act different, but this is not true. We are all different and we all have our own impairments; we are human. Inclusion is about embracing these differences and accepting the impairments.

However, because inclusion is a new phenomenon, we must find innovative means to address it. We cannot become inclusive using the normative ways of our culture.

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Organ Donations Offer Hope

When Acacia died at the age of 18, her parents honored her life by making it possible for other people to continue living. Acacia successfully donated six organs to five people.

Acacia's parents say the decision to donate their daughter's organs was based on what their daughter would have wanted. Acacia was incredibly loving and joyful—someone who had a gift of connecting with people and who would want to continue helping those in need. This would never have been possible had no one spoken with this family about organ and tissue donation.

About organ and tissue donation

The need for organs and tissue for transplants far outweighs the available supply. Supporting people deciding to donate organ or tissues is one way you can help alleviate this need. There are two ways to donate: living donation and deceased donation.

Disability and Inclusion, cont.

Inclusion is about finding new ways to work together, getting rid of the past norms that we followed when working with people of mixed abilities. Dance, song, touch, poetry, music, can all be used as forms of inclusion, connecting, and building interdependent communities.

Inclusion entails more than just bringing people with disabilities into mainstream society and allowing them to be seen. It requires all of us—disabled and non-disabled—to participate fully alongside one another. Rather than separating the groups, we must come together and adapt both the environment and our way of thinking and being. Adaptions may be required at school, in the workplace, in recreational activities, and in ourselves. Inclusion requires both groups to work with one another, not for one other.

The only way to become good at being inclusive is to practice. I am not an expert at being inclusive, but I am willing to engage and practice. If you have not had the experience of working alongside people with mixed abilities, then try it; learn from them. They will teach you about yourself and about your pre-conceived ideas. Take your fear or your uncertainty and embrace it. Challenge yourself by resisting the cultural norms and instead working with others in creating innovative means and ideologies surrounding disability and inclusiveness. It is no longer about being the same or conforming to the norm. Our differences make us human.

Submitted by:

*Megan Braithwaite,
BSW Student, University of Regina*

Living donation

Living donation is done by providing tissue or an organ to another person in need. A kidney, bone, tissue or even part of a liver or lung can be donated. About 40-50 per cent of kidney transplants in Saskatchewan are made possible through living donors.

Most donated bone comes from hip replacement surgeries. Many surgical procedures require bone grafts. Bone aids in healing and strengthens and improves function.

Amniotic membrane, donated after elective C-section deliveries, is used in a number of eye surgery procedures.

Deceased donation

Deceased donation can happen when organs and tissue are available for transplant after someone has died. The heart, heart valves, lungs, liver, pancreas, kidneys, bone and corneas can be donated.

Discussions about organ and tissue donation are part of end of life care. Almost everyone is a candidate for organ and tissue donation upon their death. The time to make this decision is not when death is imminent or a person has just died. This decision should be made when talking with loved ones, making sure those that make these final decision for us know what our wishes are.

In Saskatchewan it is the next-of-kin or substitute decision maker that makes the final decision to donate organs and tissues. This is regardless of a signed donor card or donor sticker on a health card. For this reason it is important that everyone have a discussion with their family about organ and tissue donation.

As healthcare workers we can help individuals and their families with this discussion. It is our job to make these talks part of end of life planning. To support families through these moments.

There are resources available to help:

- Call the Saskatchewan Transplant Program for more information and support. Coordinators in Saskatoon and Regina are happy to answer questions and offer suggestions on how to help families with these potentially challenging discussions. In Saskatoon 1-306-655-5054 or in Regina 1-306-766-6477.
- Take time to review the Saskatchewan Transplant Programs website: www.saskatoonhealthregion.ca/transplant The staff at the Saskatchewan Transplant Program offer education sessions as well.
- Canadian Transplant Association of Saskatchewan offers support to donors and recipients and are always willing to help advocate and educate. www.organ-donation-works.org



CASW Report

Looking back over 2014, CASW enjoyed a busy and fruitful year. The highlight of the year was a very successful Joint CASW/CASWE (Educators) Conference held in conjunction with the Congress of Humanities and Social Sciences in St. Catherine's, Ontario; May 26-29. There were 400 registrants, the largest number ever apparently for a CASWE conference, meaning including practitioners proved to be a good exercise. A conference highlight was a beginning dialogue between practitioners, educators and regulators now known as the three pillars of the social work profession. The growing focus on regulation has created much tension and at times strong disagreements between the three pillars especially the criticisms directed by educators at the purpose of regulation. All thought it was a good first effort to start conversation. A further meeting of the "three pillars" is planned for June, 2015 in Charlottetown, Prince Edward Island.

Financially, CASW ended the year from a structured budget deficit with a small surplus. The surplus arose from some delayed expenditures carried into the current budget year, from unpaid sick leave in an administrative assistant position, and a small increase in some revenue lines. There was a sharp decrease in revenue in the Foreign Credential Assessment program which was largely anticipated.

Interest Groups:

From the Children's Interest Group, CASW Board adopted in May, 2014 the proposed "No Child Left Behind" statement. The statement called on all provincial and territorial jurisdictions to amend their legislation to ensure access to child protection services for youth up to age 18. As well from the interest group they developed the Social Media Use and Social Work Practice paper with recommendations both for individual members and for social service workplaces who will draft Social Media Use policy. The statement is available at the casw-acts.ca website.

The Private Practice Interest Group has developed guidelines and a list of resources to assist members looking to establish a private practice. A private practice portal is planned to be launched during Social Work Week in March 2015. As well, a group of MSW Carleton social work students produced a paper on social work

services in third party health benefits plans. The paper is also available on the website.

The Social Policy Interest Group saw the position paper developed entitled *Promoting Equity: The Future of Canadian Social Policy*. The paper proposed an equity framework be developed to advance greater equity in income, health and social measures. This paper is forming the backdrop in positions put forward by the Association. The Equity Paper as it is called was presented at the IFSW Global Equity Observatory in Melbourne, Australia in July/14. The prebudget submission to the Federal Committee of Finance argued for changes in social policy to advance social equity. On behalf of CASW, Allan Moscovitch is drafting a rationale for proposing a Federal Government *Social Care Act* similar to *Medical Care Act*. The rationale will be employed in drafting a proposed *Social Care Act* to be advanced during the 2015 Federal election campaign.

CASW submitted the discussion paper accepted by the CASW partners entitled *Reforming Prostitution Law in Canada: A Social Work Perspective* to the Senate Hearings in September 2014. The paper was written from feminist and harm reduction perspectives. The government passed its proposed law in October which is continuing to come under critical attack; suggesting the proposed Act criminalizing the buyers will make conditions more unsafe for prostitutes by driving the activity further underground. This may turn out to be as unconstitutional as the Act it replaced.

Along with other coalition members CASW lobbied recently to oppose a proposed private members' bill C-585 which would require residency requirements be met prior to receipt of financial assistance. This would change the only accountability requirement for the receipt of federal funds in the Canada Social Transfer Act. This would negatively impact many, including recent immigrants, and those moving throughout Canada either for employment or other social reasons such as to be near to family and other supports.

Individual Membership and Partnership

The number of individual members has exceeded 500, with over 300 full fee paying members. While the

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CASW Report

numbers are below projected increases to date, it is hoped the recent addition of another social worker to CASW staff to replace the past Administrative Assistant, will lead to a marketing campaign to raise the number of fee paying individual members from provincial jurisdictions that are not partners in the federation.

Alberta has just launched a campaign on the question of partnership in CASW federation with a vote to coincide with the ACSW Council Elections, which start on January 25, 2015, and continue until March 12, 2015. CASW has outlined a range of benefits to membership in CASW along with the proposed and adopted fee formula from January, 2011. The Board is of course hopeful ACSW will find their way to rejoin the federation.

International Federation of Social Workers

Morel Cassie the current president of CASW began a two year term as Vice-President of North America Region on the IFSW Board. This is a two-year rotating position with the United States. There are five regions comprising the Federation. At the IFSW conference in July, 2014 a global definition of Social Work was finally adopted after many years of debate and work:

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being.”

2015 will prove to be an exciting year on the national level with the federal election likely for Oct 19th, 2015 to form the backdrop. The election will target advocacy efforts from both CASW and the many coalitions in which in holds membership and in many cases a leadership position.

I wish you a prosperous and satisfying year with much professional success and meaning in your work.

Submitted by:
Ray Pekrul, MSW, RSW (SK)
SASW Representative to CASW

BELL, TEMPLE

Barristers & Solicitors

IMPORTANT NOTICE

Legal Advice for Members of the Canadian Association of Social Workers

A Pro Bono Program

To reduce the risk of civil claims or disciplinary complaints against social workers, Aon Reed Stenhouse Inc., in co-operation with the Canadian Association of Social Workers and your insurer, Halifax Insurance, have arranged for a pro bono summary legal advice service to be provided by Bell, Temple, Barristers & Solicitors. Bell, Temple, in consultation with Halifax Insurance, will arrange for the appropriate referral to legal counsel in provinces other than Ontario.

Bell, Temple will provide confidential advice by telephone to all social workers participating in the Professional Liability Insurance Program administered by Aon Reed Stenhouse Inc. and co-sponsored by the Canadian Association of Social Workers. Bell, Temple will provide advice on questions regarding potential civil claims or disciplinary complaints including:

- ✦ Confidentiality - client files/records ✦
- ✦ Release of information ✦
- ✦ Response to a subpoena ✦
- ✦ Conflict of interest ✦
- ✦ Custody and access ✦
- ✦ Sexual involvement with a client ✦
- ✦ Incompetence ✦
- ✦ Other professional misconduct issues ✦

ABOUT BELL, TEMPLE

Bell, Temple is a litigation law firm that has been involved in malpractice liability and health discipline matters for many years on behalf of many professional groups.

Cameron C. R. Godden and Lisa E. Hamilton lead Bell, Temple's Health Discipline Group. They are well versed in the regulations, standards of practice and the ethical obligations of social workers. They have represented regulated professionals at every stage of discipline and civil matters, including assistance in the preparation of responses to complaints from the various Colleges, representation before discipline tribunals and the Health Professions Board, and related appeals. They are both available by telephone to provide free, confidential legal advice to avoid or reduce the probability of a claim or complaint.

Each telephone consultation is limited to 30 minutes per inquiry.

The lawyer may consider it appropriate to review the issues and jurisprudence, and then call you back.

The advice given will rely upon the accuracy and completeness of the information you provide.

Please be prepared with the following information:

- ✦ Your name, telephone number(s) and address ✦
- ✦ Your policy and certificate numbers ✦
- ✦ A concise summary of all relevant facts ✦
- ✦ Your specific question or concern. ✦

Bell, Temple
Barristers & Solicitors

393 University Avenue, Suite 1500, Toronto, Ontario, Canada M5G 1E6
Toll Free (888) 263-8600 Local (416) 581-8200

They can be reached during business hours or voice mail messages can be left after hours or on weekends:
Cameron C. R. Godden – extension 8201 Lisa E. Hamilton – extension 8207

In the event of a formal claim or complaint, notify Aon Reed Stenhouse Inc.

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des travailleurs
et travailleuses sociaux
Canadian Association
of Social Workers



Committee, Branch & Task Team Section

Renu Kapoor receives President's Community Award

The University of Regina presented its fifth annual President's Community Award to Renu Kapoor, a long-serving volunteer in Regina.

University of Regina President and Vice-Chancellor Dr. Vianne Timmons says that recognizing Kapoor for her years of service to the province is appropriate because of how she embodies the University's motto, "As One Who Serves."

"I am honoured to recognize Renu for her more than 45 years of volunteerism—not just within her field of social work, but also in the areas of education, health care, multiculturalism and women's issues," says Dr. Timmons. "Renu has dedicated countless hours to sitting on numerous boards and raising more than two million dollars for a variety of local, provincial and national organizations. She has quietly helped thousands of people in Saskatchewan and beyond, and our provincial community has benefited a great deal from her work."

Kapoor was born and raised in India. She completed her graduate studies in social work in India and in the U.S. from the University of Wisconsin in 1969. She worked with Mental Health and Addiction Services for more than 37 years in Regina and supervised many undergraduate and graduate students in the Faculty of Social Work and Psychology Department at the Univer-

sity of Regina.

Along with the President's Community Award, Kapoor has received many other awards including the 2010 CTV Citizen of the year, the 2007 YWCA Women of Distinction Lifetime Achievement Award, the 2004 CASW Distinguished Social Work Award, the 2003 Saskatchewan Volunteer Medal, the 2003 Flare Volunteer Lifetime Award, and the Queen's Golden and Diamond Jubilee Medals.

"This award means a lot to me," says Kapoor. "Receiving the President's Community Award is all the more important as universities serve the communities who fund them—it's for our youth and future generations to come. President Timmons has been a source of inspiration to me, her work in Regina and surrounding areas."

The University of Regina President's Community Award was created in 2010 in keeping with the University's commitment to serve the provincial community and to recognize those who have a strong history of working to better the lives of others in Saskatchewan. It honours individuals and organizations whose values, history of service to Saskatchewan and concern for our communities have made a lasting impact on the province.



(L to R) Dan Kwochka, University of Regina Board of Governors, Vice Chair; Ms. Renu Kapoor; and Dr. Vianne Timmons, University of Regina President and Vice-Chancellor.

Photo: U of R Photography

Social Justice Committee Report

With the ending of the 2014 year of practice, the social justice committee is looking onward into 2015.

The last committee meeting was held on September 3, 2014, and the following items were discussed for future exploration/collaboration into 2015:

- Current members to attend any local branches of SASW Social Justice Committee meetings to offer insights and build collaborations with the provincial social justice committee members
- BSW students can write “position papers” for the committee on current social justice issues
- The creation of a Facebook page specifically for the SASW Social Justice Committee (provincial)
- Social justice award discussion for 2015
- Nominations needed for another co-chair for the committee

- Professional development opportunities re: webinars, newsletters and so on; all relating to social justice which included S.T.O.P.S to Violence and Provincial Association of Transition Houses and Services of Saskatchewan (PATHS)

Our next meeting will be held in January. Wishing you all a wonderful start to the 2015 year of practice.

Submitted by:
Tina Frevicks, BSW, RSW (SK)



SASW
Toll Free Number
(outside Regina)
1-877-517-7279

VOLUNTEERS NEEDED

A great way to augment your professional development and increase your networking skills is to volunteer to serve on one of the SASW committees. We are currently recruiting interested people for the Public Relations Committee, the Professional Ethics Committee and the Standards of Practice Committee. In addition, there are always opportunities in other areas for those who are interested.

To volunteer or obtain further information, please contact the SASW office at sasw@accesscomm.ca

Carole Bryant, MSW, RSW (SK)
Chair - Volunteer Development Committee



SASW Student Award Fund

Climb on Board....
Make a Difference

What does your donation do?

- increases the amount of the award yearly; as the fund increases so does the award
- attracts students to the profession and to SASW while still in school
- an opportunity to pay back for support you received as a student
- official income tax receipts are issued for individual donations

How can donations be made?

- individual donations
- bequests from estates
- as a beneficiary of your life insurance policy
- through fund raising events

The SASW Student Award Fund is established through and managed by the South Saskatchewan Community Foundation.

Your donations can be sent to:
South Saskatchewan Community Foundation
#2 - 2700 Montague Street
Regina, SK S4S 0J9

Saskatchewan Association of Social Workers
www.sasw.ca



Faculty of Social Work, University of Regina Section

Acting Dean's Message



I want to begin by wishing everyone all the very best for 2015. 2014 was an incredibly busy time for us at the Faculty of Social Work (FSW) and we anticipate that 2015 will also be very hectic.

The University of Regina's Board of Governors approved the 2015-2020 Strategic Plan in November 2014. The Faculty of Social Work will con-

tinue to review its programs and processes to ensure we are aligned with this strategic plan. In addition, we will continue to ensure that our curriculum and programs are relevant and aligned with the Canadian Association for Social Work (CASWE)'s accreditation standards. A goal for the next few months will be to develop a strong Faculty Work Plan.

We ended the year with a good draft of our FSW's Research Strategic Plan. The process of developing this draft provided good insight into the important research in which many of our colleagues are engaged. We have not always considered the impact of social work research and it was good for us to recognize that our work has real social benefit. We will continue to encourage our students (undergraduate and graduate) to be more actively engaged in research activities.

Maintaining accreditation standards continues to be a major focus. The newest accreditation standard is Domain IV- Program Evaluation/Assessment. We will work with the Community Advisory Boards and other stakeholders to develop processes and policies to respond to this standard. I want to express thanks to the Community Advisory Board members who took time away from their busy work schedules to attend board meetings last year. Your contributions are vital to the work we do.

Field education or practicum is one of the most important aspects of our program. I want to express thanks to colleagues from the various community based

organizations, ministries, and health regions who continue to support the educational experiences of students. Students would not be able to complete their social work degrees without the support of these agencies who have been involved in field education. We are aware of the demanding work schedules of our social work colleagues and truly appreciate your contributions. I also want to take this opportunity to thank Faculty colleagues who have been involved in Field Education. This is a particularly challenging aspect of our program. The placement process is extremely difficult because we are competing with many disciplines and schools that also have a field education component in their programs. We recognize the stress on agencies that are dealing with workload issues.

Finally, I want to express condolences to the family of Dr. Dave Broad. Dave died at the end of December 2014. I was an undergraduate student when Dave came to the University of Regina. He was clearly committed to social justice and to the anti-poverty movement. I was completing my last undergraduate class when Dave arrived. Lorelei Manning was teaching a community development class and encouraged the class to develop an anti-poverty community project. We arranged to meet with politicians at the Saskatchewan Legislative Building. I don't think any of us knew Dave at that time. I was impressed with this professor who came and gently provided support...gave suggestions about how we might want to ask questions and manage the meeting. Dave continued to demonstrate this commitment to social justice and anti-poverty; and to sharing this commitment with students and colleagues throughout his tenure with us. Dave was student-focused and fair. I appreciated working with him when he was Chair of the MSW program, and as co-chair with him. Dave has left us, but he also left a legacy of commitment to social justice that we will strive to maintain.

Submitted by:

Judy White, Ph.D., RSW (SK), Acting Dean

UPCOMING CONFERENCES, WORKSHOPS & EDUCATIONAL EVENTS

Sexual Assault Conference

April 23-24, 2015

TCU Place - Saskatoon

Contact: <http://saskatoonsexualassaultcentre.com/2015conference/>

Professional Development Program

Faculty of Social Work

University of Calgary

Phone: (403) 220-2160

Email: fswerd@ucalgary.ca

Understanding and Intervening with Substance Abuse and Addictions

April 6-May 2, 2015

Online

Presented by Peter Choate, PhD RSW (Clinical)

Eating Disorders: Clinical Issues and Interventions

April 13-May 8, 2015

Online

Presented by Lana Bentley, MSW, RSW

Certificate in CBT Fundamentals

September 17-October 27, 2015

Edmonton and Online

Presented by Deb Dobdon, PhD

Certificate in CBT Fundamentals

October 8-November 10, 2015

Edmonton and Online

Presented by Deb Dobdon, PhD

Somatic Experiencing Beg Level

Trainer: Linda Stelte

Location: Saskatoon, SK

Beg I May 22-25, 2015

Beg II Sept 18-21, 2015

Beg III Feb. 5-8, 2016

For more information contact: Susan Risula srisula@sasktel.net or 306-631-6139

SASW Annual General Meeting

Wednesday, May 27, 2015

Executive Royal Hotel, Regina

SASW Provincial Conference

“Social Work: Profession of Choice”

May 28 & May 29, 2015

Executive Royal Hotel, Regina

More details to follow

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Upcoming events, news and workshops are regularly posted on the SASW website.
Please visit the website for more information.