

Volume 29 Number I

"Strengthening Individuals, Families & Communities"

February 2018 Edition

# President's Message



This past November our Association was represented again at the Association of Social Work Boards (ASWB) Annual Meeting of the Delegate Assembly. This year Karen Wasylenka, Carol Bryant and I attended in Atlanta, Georgia. Many Canadian jurisdictions attended and in general our Canadian social workers are represented on the ASWB Board and in other volunteer

capacities (*i.e.*, committee work). Carol Bryant has been actively involved with the ASWB for many years as a past treasurer on the Board. She has continued to offer her expertise in committee work and on other projects. Out of this year's meeting, I found discussions on e-practice very interesting in relation to how well positioned jurisdictions are in regulating it and discussion on rebuilding competence to practice.

In December, Karen Wasylenka, Wanda Miller and I met with Saskatchewan Minister of Social Services, Paul Merriman, where we discussed several key points that we want to keep at the forefront for the Ministry. We indicated that our association serves both a regulatory function and a support/promotion function. We requested proclamation of Social Work Week March 18-24, 2018, and Minister Merriman stated they would do this. Minister Merriman also invited SASW to attend the Legislature during Social Work Week and indicated he would be willing to come out to support some of the other activities our association participates in during this week.

Karen spoke about legislation that allows for two public representatives to serve on SASW Council. Karen indicated that we have typically had one rep but that we are asking government to consider appointing a second public representative. We spoke about our protection of title under the *Social Workers Act* and we reiterated that in 2012 the Ministry was committed to moving forward on mandatory registration for child welfare staff. We stated that this remains a priority for SASW. We also spoke about the 2013 amended legislation allowing experienced clinical social workers with MSWs to diagnose (*i.e.*, Authorized Practice Endorsement).

SASW council continues its work on implementing the new Strategic Plan. We are looking forward to our Annual General Meeting in Prince Albert in May. Authorized Practice Endorsement (APE) continues to be a priority as we address issues of academic requirements, terms of reference, APE and grandparenting applications.

I would like to thank everyone who is doing branch and committee work for SASW. Our association does a significant amount of our work in a volunteer capacity and we should be proud of that.

I am currently interim treasurer of Canadian Council of Social Work Regulators (CCSWR) and I look forward to serving in this capacity until June 2018.

Social Work Week is around the corner and I know that many of you will be hosting events throughout March 18-24. Please let us know how we can support the initiatives you will be working on. For those of you in the Regina and surrounding area please let me know if there are specific topics you would like to see addressed at the Regina luncheon this year. Karen and I participated in an event at the University of Regina last year for Social Work Week and I look forward to similar events this year.

All the best in 2018!

Submitted by: Ryan Labatt, MSW, RSW

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# **Executive Director's Message**



Happy New Year! I hope you had a relaxing, joyous holiday season, and were able to spend some time with family and friends. I don't know about you, but I don't make New Year's resolutions anymore, nor do I like to reflect on the year that has passed. I'm not sure why, perhaps I just like looking forward!

However, as I sat down to write this, I found myself reflecting on the past year. It has been a privilege to represent SASW at many different events – at CASW Federation and Canadian Council of Social Work Regulators (CCSWR) meetings, Association of Social Work Board (ASWB) meetings, student groups at the University of Regina and First Nations University, and SASW branches to name only a few. It has also been a privilege to work with SASW Committees. We have accomplished a lot in 2017. SASW volunteer facilitators delivered the "Navigating Boundaries Workshop" in six locations, committees met regularly, the Social Justice Committee became active, we developed a new Strategic Plan, and we planned for implementation of Authorized Practice Endorsement.

SASW President Ryan Labatt, SASW President-Elect Wanda Miller, and myself met with Hon. Paul Merriman, Minister of Social Services, on December 13, 2017. This was an introductory meeting, to outline the roles and responsibilities of SASW. In our meeting, we acknowledged the support we have received from Ministry staff in working through legislative and bylaw changes over the years. Of course, we also noted our hope that registration would be mandatory for all engaged in the field of social work.

Looking forward, the exciting work for 2018 will include launching the Authorized Practice Endorsement on May 1. The Standards of Practice Committee and the APE Task Team have put years of work into planning and preparing for the implementation. The task team, composed of Ralph Aman (chair), Kathy Bovair, Ray Pekrul, and Patti Petrucka, have worked diligently outlining policies and procedures for the application process and eligibility requirements. Details will be available for those interested in applying for the endorsement shorty. I believe this will be an important milestone in advancing the social work profession in our province. Fine tuning the Strategic Plan will also be a priority in the first half of this year, including clarifying the actions and activities we will undertake and setting priorities – where do we start? Committees and branches will be asked to consider how their current activities fit into the plan and what they might additionally do to advance the work outlined.

SASW partnered with the Saskatchewan First Nations Family and Community Institute (SFNFCI) to sponsor our first CASW webinar on January 10, 2018. What a great way to start the New Year! I wish to thank Tisha Mason and Shelley Thomas Prokop at SFNFCI for their collaboration and work to deliver the webinar. If you missed it, you can view the recorded version. I also invite anyone who has ideas for other webinars to please contact me. There are lots of opportunities to showcase the expertise that we have in our province and provide a learning event for our members.

We are also preparing for Social Work Week in Saskatchewan – March 18-24. The theme this year is "Bringing Change to Life." As always, please let us know what plans your branch or group might have so we can share all the activities that are going on. Please send pictures of your events.

We are planning for the Annual General Meeting to be held on May 30, 2018, in Prince Albert. Thank you to the Prince Albert Branch who offered to host the meeting, in conjunction with a conference they are planning for the following day. Watch for further details!!

Please don't forget to check out our Facebook page, along with our website for upcoming events and information.

> Submitted by: Karen Wasylenka, MSW, RSW

### Authorized Practice Endorsement is launching May 1, 2018!

We are pleased to announce the launch of Authorized Practice Endorsement (APE) on May 1, 2018. This means that applications for the endorsement (to provide diagnosis) will be accepted on or after that date. Information will be posted in the online system (on the website go to Member Log In) or request information from ed.sasw@accesscomm.ca

# **Registrar's Message**



One of my functions as the Registrar during membership renewal is to undertake random audits of Continuing Professional Education (CPE) activities. We generally audit 10% of the renewals. How is the random audit done? Each day during membership renewal, Debb Fisher, Office Administrator, does a run of the renewing members and

randomly selects 10% and sends me the names for audit. I then complete an audit of the member's CPE and determine if the member's licence can be released or needs to be held. In situations where there is concern with the appropriateness of the member's CPE submission, the licence is held until I have time to communicate with the member and determine what needs to occur for the CPE requirement to be met.

### **Resources for Social Workers**

Among recent changes to the SASW Web site is an updated and expanded list of resources with links to relevant web sites. Below is a list of the content areas you can find by going to www.sasw. ca. If you have suggestions for other links that we should add please contact us at ed.registrar. sasw@accesscomm.ca.

Social Work Organizations/Associations Social Work Education First Nations/Indigenous Resources Information on Social/Practice Issues Child Welfare/Children's Issues Family Violence Health/Mental Health Resources Poverty Resources Workplace Bullying **Policy Organizations** Free On-Line Journals Practice Guidelines Social work and social media General Social Work Sites Saskatchewan Links **Employment Opportunities Records Storage** Grant Writing Advocacy & Social Action

The three documents I rely on to complete the audits are the CPE recording definitions, the CPE scenario based Q and A's and the information provided by the member through the online renewal process. Often times, when a member's CPE is in question, it is usually because of misinterpretation of the definitions or the member has not provided sufficient detail for the activity to be evaluated. In the first instance, once a member has reviewed the Q and A's they are usually in agreement whether the activity is appropriate. In the second instance once the detail is provided the activity is usually appropriate.

I would ask that members take the time to review the CPE Q&A's in preparation for next year's renewal. I will be taking a number of items forward to the SASW Education Committee for consideration as a result of this year's audits so there may be additions to the Q&A document. Additionally, I would ask members to provide the necessary detail in order to have their evaluated activities. For example, if you are reporting hours for self-directed learning, you need to provide the specific resources. It is not sufficient to say "read a number of articles on mindfulness."

Will a renewing member's licence be denied because of their CPE submissions? The answer is yes. This year, I audited over 200 members with communication by e-mail and/or telephone follow-up with over 100 members. A small minority were required to submit or undertake other CPE activities in order for their licence to be released.

It is importance to undertake "reflective practice" when considering appropriate CPE. Every member is required to ensure they are meeting the CPE requirements whether or not they are audited. The online system is set up to accept what a member submits; however, that does not mean it is appropriate CPE.

As a regulator of practice, CPE is currently the most widely used method of ensuring the protection of public, which is SASW's primary mandate. That said, not every member is audited. Members may not be meeting the CPE requirements based on the intent of CPE. Members may think that because there was no feedback on their CPE that it is okay. That is not the case. A member must be responsible for their practice. In the event of a complaint, it will be the responsibility of the member to provide a defence that will include "What have you done to maintain and enhance your practice skills?"

In closing, I do want to acknowledge the majority of our members that are undertaking appropriate CPE activities. I also want to acknowledge employers who are working with members to provide CPE opportunities.

> Submitted by: Fay Schuster, MSW, RSW

# **SASW Online Registration System/Database**

#### Username/Password

With the implementation of the SASW online registration system/database, members are encouraged to have their Username/Passwords. In order to gain access to your Member Home Page to update personal information (eg. mailing address, email, employment data, etc.) and to obtain a Practice Ethics Consult your username/password is needed.

If you have not retained your Username/Password, you can retrieve this information by entering your email address into the Member Login Box on the SASW website (www.sasw.ca). An email will be generated from the SASW system directly to the email that you entered with your username/password.

#### Up to date information within the system

SASW has moved more and more of its communication to the email system which is built in within the online system. In order for electronic communication to be effective, members must keep their email addresses up to date. As well, other personal information (eg. mailing addresses, employment data) should always be up to date.

#### **Continuing Professional Education**

With the implementation of the SASW online system/database, members can enter their continuing

education activities regularly throughout the year. If used by members, this could be a huge time-saver when you renew your registration for the next year. In order to enter continuing education on a regular basis, within your member home page, you must have your USERNAME/PASSWORD.

All members are encouraged to obtain their username/password and retain it in a place where you will be able to easily access your member portal.



### 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 Email: sasw@accesscomm.ca Fax: (306) 545-1895

#### Deadline for Nominations: March 15, 2018



# SASW Student Award

#### The Award

The SASW Student award is presented to a Saskatchewan social work student enrolled in the Faculty of Social Work, University of Regina, taking classes within Saskatchewan, or in an accredited social work program outside of Saskatchewan. The Award is presented in recognition of a student's contribution to his/her community, beyond the immediate requirements of education/employment. The amount of the Award is determined by the Awards Committee and in accordance with Canada Customs & Revenue Agency Policy. The award is supported by the fund SASW has placed under the management of the South Saskatchewan Community Foundation. The amount each year shall be determined by the Student Award Committee in accordance with Canada Customs & Revenue Agency regulations.

#### Eligibility

- Eligible students shall be enrolled in the Faculty of Social Work at the University of Regina, including the First Nations School of Social Work, or a Saskatchewan resident attending an accredited social work program outside Saskatchewan.
- Applicants to be considered are students in good standing academically at the undergraduate or graduate level, taking at least 60% of the full-time course load.
- The award shall be limited to one per student per degree.

- Involvement in community service over the most recent five-year period shall be the main criteria used in evaluating applications. In this context, activities related to the professional association, group and volunteer work are the main areas for consideration.
- The Student Award Committee may also take into consideration financial need and whether the applicant has a student membership with SASW.
- Applications shall be received at the SASW office on or before March 15.

#### Guidelines

The following information and documentation shall be provided with the SASW Student Award application form:

- Current transcript of marks to be attached to student award application
- The place and activity involved in the community service, as prescribed by the application form.
- Reference letter from an individual who knows of the involvement in community service.
- Curriculum vitae/resume.
- Written statement as to financial need (optional).

Applications to be sent to:

SASW Awards Committee 2110 Lorne Street, Regina S4P 2M5 Fax: 306-545-1894 Email: sasw@accesscomm.ca

#### Deadline for Submitting: March 15, 2018

SASW Student Award Application		
Last Name:	First Name:	
Address:	City/Town: Postal Code:	
Telephone: Email:		
Specify degree/certificate expected:	Graduation Date:	
<ul> <li>Institution at which are you are currently enrolled:</li> <li>Are you a Student member of SASW:  Yes  No</li> <li>SUBMISSION REQUIREMENTS/AWARD CHECKLIST: The following must be submitted with this application:</li> <li>Transcript of marks (attached to application).</li> <li>An outline of the place and activity of the community service. This information will include the following</li> <li>Interests &amp; motivation for having done the community service.</li> <li>Objectives of the involvement.</li> <li>The process and results of the activities.</li> <li>Reference letter – from an individual who knows of the involvement in the community service.</li> <li>Curriculum Vitae/Resume.</li> <li>Written statement as to financial need (optional)</li> </ul>	I have read and understand the requirements for this award that I am applying for and have submitted all required information and documentation. All information contained in this application is accurate and contains no false statements. Signature of Applicant:  Date:	



## Medical Assistance in Dying – A Personal Experience

My name is Kathi McDougall. I am a social worker and have worked in the field for over 35 years. What I am about to share is a condensed version of my personal experience with Medical Assistance In Dying (MAID) which has been available in Canada since June 2016. While my experience was personal, being a social worker greatly assisted me in helping my Mom access this program. I hope our story will increase the awareness of MAID and assist social workers who work in this area.

My Mom had Parkinson's Disease and lived in a Catholic hospital in rural Alberta, hours away from any city. Mom, having been a strong advocate of dying with dignity,

### Research on Social Work's Role in Medical Assistance in Dying (MAID): A Cross Canada Analysis of Social Worker Experience

Drs. Kara Fletcher and Ailsa Watkinson of the Faculty of Social Work and Melanie Grace, MSW, RSW Practice Leader Social Work are currently conducting interviews with social workers from across Canada regarding their experiences with and their perceptions of Medical Assistance in Dying (MAID). The goal is to better understand the experiences of social workers in this role, and to ascertain whether differences in roles, perception and experience exist nationally. Data from this study will be presented in publications, reports, and conference proceedings in an effort to contribute to the national conversation on MAID.

If you are interested in taking part in the study, please contact any one of the researchers at:

Kara Fletcher, Assistant Professor, Faculty of Social Work, University of Regina, (306) 664-7380, kara. fletcher@uregina.ca

Melanie Grace, Practice Leader, Social Work, Saskatoon, (306) 655-2584, Melanie.Grace@ saskhealthauthority.ca

Ailsa M. Watkinson, Professor, Faculty of Social Work, University of Regina, (306) 664-7374 ailsa. watkinson@uregina.ca voiced her desire to access MAID. Our preparations began in July 2016. While we have no regrets, planning was a still a very stressful time and took us nearly 10 months. Since MAID was brand new, there were few examples to guide us and there were no examples of rural cases. One very helpful resource was the System Navigator (SN) employed by Alberta Health Services in Calgary who assists people requesting MAID. As medical personnel are not obliged to participate in MAID she found physicians to complete Mom's assessments as well as a physician to assist her in ending her life. She also guided and supported us throughout the planning stages from a distance. There were no local professional supports or resources.

The initial step was to determine if Mom met the MAID criteria. She was first deemed mentally competent by her local physician. Then came two other assessments to be completed by separate physicians. The SN found the physicians, but Mom had to go to them which meant hours of travel. Waiting for the results was painstaking. Mom was determined to access MAID and we did not have a contingency plan. In hindsight, I realize we should have. Had she been denied I'm certain she would have been extremely upset and we would have needed support. Well, she was approved and she made application for MAID. This is when the work really started for us.

Selecting a date for a person to die was foreign and not an easy task. Coordinating a date that suited the assisting physician as well as meet the needs of family members took some time. It also meant Mom having to wait longer than she wanted which was hard for her. Once a firm date of April 26, 2017, was determined, we could move forward.

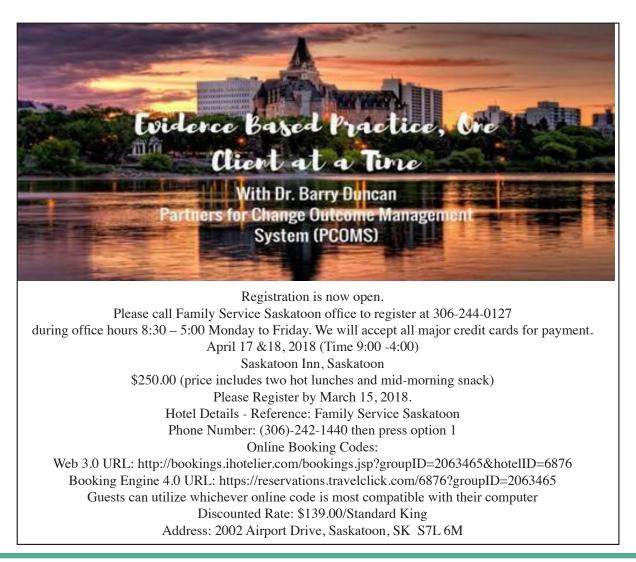
There were a lot of things to consider. Where will she die and who does she want at her death? Who wants to be there? Do we tell people? When and what do we tell them? When do we announce the date of her celebration of life which we knew would be April 28, 2017? When do you book the facility for the celebration of life? We knew she was dying April 26, 2017, so we decided to have a family gathering before that day. One of the significant differences between MAID and a "normal" death is it is planned. Normally, you might come to visit someone who is dying and then return for the funeral. In Mom's case, *continued on page 8* 

### Medical Assistance in Dying – A Personal Experience, continued

we had an intense few days. We had a family gathering on April 24, 2017, Mom said her farewell on April 26, 2017, and her celebration of life was April 28, 2017. This was good and bad. Good for our family and close friends as it meant less travel and more time with Mom. Bad, because the time line between her death and the celebration of life was short and several people did not hear of her passing and were not aware of her celebration of life until it was over. Moving forward, I hope MAID will become "normal" and openly informing people will be common.

Throughout the planning stages, we were able to include Mom in the decision-making. I was able to write and read her eulogy to her which she enjoyed. My niece made a beautiful PowerPoint with years of photos. Mom saw it and, with her permission, we played it for the duration of the family gathering on April 24, 2017. That sparked a lot of conversation amongst Mom and close friends who were there. It was a wonderful gathering, but probably one of the most difficult times as many in attendance knew they would never see Mom again after that night.

As Mom lived in a Catholic hospital, she was unable to die where she'd been living for nearly two years. This was a huge barrier for us. Families should not have to find a location for their loved one to say their farewell. Some of those I asked to accommodate Mom had never heard of MAID. The seniors lodge where Mom once lived considered the request, but decided against it as their staff were not trained, and their residents, many who were Mom's friends, had no awareness of MAID and they were unsure of how they would respond. Eventually, the SN asked a nearby public hospital if they would consider the request. They agreed. Negotiating the logistics of how to access a bed was difficult. Finally, after hours of discussions, emails and a conference call. Mom had a bed the night before her death. This meant us having to move from her home of over two years to a strange hospital with strange staff for a total of 14 hours. I was continued on page 9



there when Mom said her good byes to the staff in the hospital where she had been living. There were a lot of tears. Mom was someone they knew and loved and having her leave to die elsewhere was very hard on Mom, the staff, her friends and our family. The receiving staff also struggled. They had no experience with MAID and preparation appeared minimal. My heart went out to those nurses who were doing their very best to accommodate a difficult and foreign experience.

Mom was admitted to a regular hospital room. I had arranged in advance to stay the night with her. We both had a restless night. When morning came, we filled our time with Mom bathing and changing her clothes. A forgotten and regretful part of planning was ensuring Mom had an enjoyable last meal. Sadly, she was served a standard hospital tray with very poor food. That may seem petty, but it felt very wrong.

There was not a lot of planning done by us for after her admission to the hospital. We really didn't know what to expect, except she would be given drugs by IV and she would die quickly and, we hoped, peacefully. Since IV drugs were to be administered to end Mom's life, part of the morning preparation was also for the nurses to insert an IV line an hour before the physician arrived.

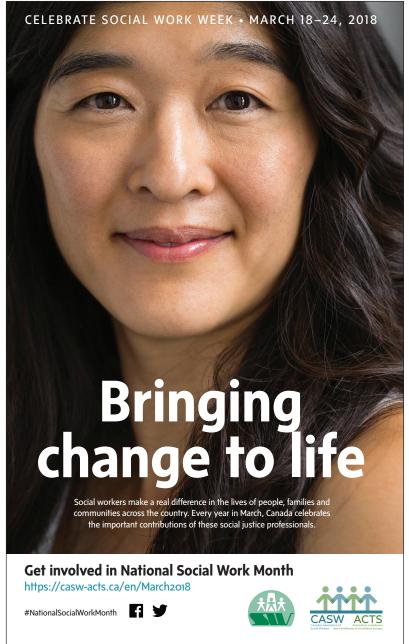
As friends and family arrived, there were quiet conversations and goodbyes. We were advised the assisting physician would be there at 11:00 a.m. Unfortunately, he came at 10:30. This was very unfortunate as some people did not have the time with Mom they expected.

Once the physician entered the room, he introduced himself and described the procedure. He checked in with Mom to ensure she was sure of her decision. This part of the process felt rushed to me and I would recommend this be addressed in planning. The Pastor and good friend of Mom's interrupted the physician and asked Mom if she would like him to say a prayer, which she did. Mom was asked by all of us if she was sure. She never swayed from her decision. As expected, there were a lot of tears and farewells. One thing missing in the room was Kleenex, which in this situation is really important. Once the drugs were administered, Mom was gone in 12 minutes. It was quiet and she seemed at peace.

Once she was gone, most people filed out of the room. Personally, I found it very difficult to leave her. Gratefully, the Pastor said he would stay until the coroner arrived and her body could be released. In my opinion, the coroner needs to be on the MAID team and be present immediately following the death. This is entirely possible as the time of death is planned. Mom was a pioneer in MAID in her area. We were fortunate as our family supported one another throughout this experience. We were successful in assisting Mom to end her life in the way she wished. She died with dignity and in her own time. We are grateful.

For those involved in the development of MAID, I would advocate for Social Workers being on the team. I would suggest they be available for the MAID candidate as well as for their family from the initial stages of application through to be eavement. It should be a holistic program which considers all those who are touched by this experience.

> Submitted by: Kathi McDougall, RSW



# The Lost Children: Nation's Shame – One Woman's Journey and Account of a Nation's Shame



Dr. J. Maurice, BISW, MSW, Phd., RSW completed her Doctorate in Social Work at the University of Toronto in 2003. Her research focused on the aboriginal child welfare policies of the 1960's to 1980's, and the relationship between holistic healing and social work practice. Dr. Maurice's knowledge, skills

and competencies include Social Work, Aboriginal Health, and the bridging of traditional health and healing with contemporary medicine. Her current affiliations include the College of Medicine, University of Saskatchewan, and Saskatchewan Polytechnic, where she focuses on examining the intersections of social and health determinants within Indigenous families. communities and nations.

Jackie, thank you for meeting with me to discuss your book about the Sixties Scoop and the Saskatchewan Adopt Indian and Métis (AIM). To begin, can you provide a brief overview of the Sixties Scoop and AIM Program, and how you came to write this book?

In the context of my research and inner search in terms of piecing my own life together, I discovered that it was Patrick Johnson from the University of Manitoba who first coined the term "Sixties Scoop" back in 1983. At that time, he and his colleague, Brad McKenzie, were looking at ways to hand back authority for Child and Family Services to First Nations communities. The fact is, though, the Sixties Scoop continued on into the mid-1980s, and we are now witnessing a Millennium Scoop. In terms of the demographics and statistics of indigenous children being taken into care currently, it's practically a mirror image of what went on during the Sixties Scoop.

When I first started graduate school, my colleagues were saying, "This is something you should really write about Jackie." Our academic advisors would always tell us to pick something that you're passionate about for your research. So, that's what started me searching out my own story. Which led me back to Saskatchewan, and the Adopt Indian and Métis Program. In simplest terms, AIM was a race-based program that sought to assimilate indigenous children by adopting them out to with nonaboriginal families - not just in Canada, but all over the

world, uproot indigenous children from their communities, culture, and families.

Your book describes how, despite being a "poster child" for the AIM Program, you were never adopted, but were shuttled from foster home to foster home by Social Services, sometimes being placed with families where you were horribly abused. How were you able to reconstruct yourself, your identity and sense of worth, after a childhood with so little stability and love, and so much abuse?

Well, how can you reconstruct what you've never had? For me, it was more like destruct. And that was the journey. It started as a young kid going through 14 foster homes probably by the age 11, and just beginning to shut down. That was around when I made my first suicide attempt of many. Later I turned to alcohol. When I was drinking, which was for just a short period actually, I was full blown in terms of trying to drink to die.

For me, this was like an honest first step – just destructing. As you know from reading my book, between the ages of 11 to 21, I had severe epilepsy – often having six or more seizures a day. So that was another part of what I was dealing with. Marginalized child, marginalized foster child with disability, on and on. In terms of identity, I remember being in university, and people asking me: "So who are you? Where do you come from? Who's your family?" especially in the context of being indigenous. And I'm like, "Those are great questions, I would like to know." Even when I started my Bachelor of Indian Social Work I still had a foster name as my family name. I didn't have parents or family or even a distant relative to tell me who I was or where I came from. So that's when I started my search and approaching Social Services for answers.

One of the most troubling aspects of your story for me is how you were so relentlessly labelled by the so-called professionals during your early life, including social workers. It seems fairly obvious that your behaviours were very reasonable responses to the very abusive conditions in your life.

Yes, I was labelled with everything in the book, and this is very clearly documented in my medical files. Adjustment disorder, affective disorder, borderline personality disorder, on and on. One of my favorites is "slightly mentally retarded." I often share the story of how I was sitting with one of my instructors one day, George Ink-

continued on page 11

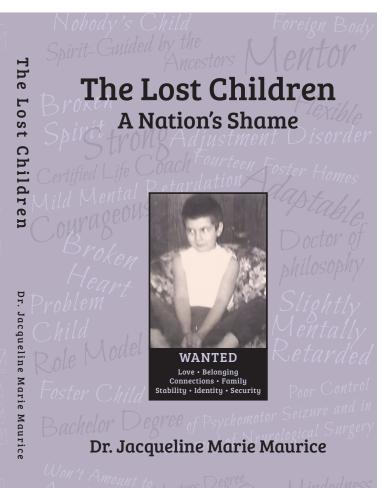
# The Lost Children: Nation's Shame – One Woman's Journey and Account of a Nation's Shame, continued

### The Lost Children A Nation's Shame

This book is a story within a story. With one woman's journey, Dr. Maurice places a searchlight on a child welfare era where thousands of Aboriginal and Métis children were placed into foster care and/or adoption situations throughout Canada, North America and the world. This child welfare policy and practice era is known as the Sixties Scoop and specifically, the Adopt Indian Métis program in Saskatchewan, Canada.

This book highlights Dr. Maurice's riveting experiences of multiple traumas, foster homes, losses, oppressions and atrocities while in foster care. Yet this is no ordinary story as this book accounts Dr. Maurice's amazing process from being a nobody's child with no family, no connections and especially, no good byes or no "I love you", to resilience, strength and courage and being an educator, mentor and role model. This book has implications for and speaks to survivors, youth, parents and grandparents as well as community members, leaders, educators, professionals and decision makers.

This release of this book is timely for individuals who are beginning and/or continuing their search for a sense of place and healing journey and, for allies in healing. The importance of this book is a devastating and stark reminder that currently, thousands of children in North American and worldwide are directly and/ or indirectly experiencing children aid societies and child welfare policies and practices which are tragically becoming known as a Millennium Scoop.



ster. He was a great mentor with me. I said "George, look at this," because I was really dumb-founded. I said, "It says here that by the time I'm 11 years old, I'm slightly mentally retarded!" And George just responded in his very serene way, "Jackie, at least it says you're only *slightly* retarded" (laughs).

But humor aside, the fact is that any child who faces the sort of abuse and neglect I lived with will unfortunately turn to desperate means. For many of us who endured the impact of the child welfare system this was the case, but even today – think of the trends we are seeing in some our rural northern and isolated communities, in terms of suicide rates and so forth, and the negative consequences of our current child welfare system on indigenous children, family and communities.

#### Can you tell me about your healing process?

It started with me becoming my own health advocate, and having two successful surgeries that cured me of my epilepsy. Not having epilepsy any more, not having that label, that was a huge turning point for me. Around that same time, I realized that I could either step into recovery and the healing journey, or continue to fall through the cracks of the system, and prove them right.

I dropped out of high school, so going back to upgrade was part of my healing. Then, with the encouragement of people from the healing and recovery circles I was a part of, I started to think about going to university. At that time, I had no self-esteem. But I did have blind faith, and so I applied to get in to do my Bachelor of Indian Social Work and got accepted. Because I didn't have the disability to contend with anymore, I started to excel academically.

So for me, it is was about recovery and healing, and recovery not only in terms of a 12-step model, but in terms of holistic healing, and recovery from the trauma I experienced. Recovery, healing and wellness, they're all interwoven. They are the three strands of the sweet grass, right?

#### Did you have support in your healing process?

Mostly through 12-step programs and school. School became like a second family for me. Even though earlier *continued on page 12* 

# The Lost Children: Nation's Shame – One Woman's Journey and Account of a Nation's Shame, continued

in my life I didn't excel at it, school was always a safe place for me. It doesn't matter what walk of life you come from, or where we find that support. It might be in a spiritual or church fellowship, but not necessarily so. We all need people in our lives to say, "I believe in you. I believe you can do this." There were certainly people who were there to encourage me. I talked about George earlier. George made a difference. And others, too. Ultimately, on any given day, we need to do the foot work. And I did much of it alone, and obviously without the support of family. That said, there isn't a day that goes by that I don't have the deepest gratitude for the mentors I did have, the people who saw the light and potential in me.

#### Métis and non-status men and women who were caught up in the Sixties Scoop have been excluded from compensation. How is government rationalizing this, and how optimistic are you that with continued advocacy, we will see their inclusion?

Well, I was on the front page of Star of Phoenix recently after being interviewed by Betty Ann Adam, another Sixties Scoop survivor, and I would say the same thing. My story is a story of exclusion, and as such, it didn't surprise me that we have been excluded. Which doesn't make it right.

The government's reasoning for this is that it is too difficult to prove who is Métis and non-status. Up until I started searching for my roots around the age of 23 or so, I didn't know who I was. It was only then that I found out I was Métis. In effect, Social Services hid my Métisness from me, and I had to basically be on my hands and knees trying to find out who I am in terms of my cultural identity and history. It's like they take away your identity in one department, then ask you down the hallway to prove it. If you think about it, it makes no sense that Métis were excluded. We had the AIM Program. I mean, how more overt can you get than that? Adopt Indian and *Métis*, right?

#### You dedicated your book to "our Lost Children who are beginning and continuing their journey home." Can you talk a little about the process of repatriation as a part of healing for you?

The word repatriation suggests a process of returned – being returned to one's country, citizenship, or land. What citizenship did I have? Whether it'd be medical forms or any kind of form filling process, the questions of ethnicity would be an unknown for me, and the same with next of kin. So how can you be returned to something you never knew you had? There was some validation, though, in slowly learning that about my mother in Meadow Lake, and that my grandparents were of Métis origin. But trying to get that information from Social Services, it was like pulling teeth. Which is so ludicrous, the way everything was so protected in the name of confidentiality. You have to apply and go through all these processes to find out about your own life. But it's your life, how private or confidential can it be, right? Reading my files, it becomes obvious that what Social Services really wanted to protect was themselves, from liability. They were liable, they are liable. In one report it claims I was spreading rumors about the foster father who was sexually abusing me, and at the same time, it doesn't appear that any investigation was done whatsoever.

# I wonder about litigation, is that something you've ever thought about?

It takes money to hire a lawyer. That's not the reason I don't do it but, it does take money. And it's time consuming; it can take years to go through the process. That is always an individual's choice for sure. The government is like the alcoholic in denial. Be darned if you're ever going to get truth-telling out of the them. This includes in relation to the treatment of indigenous children in Canada currently, which is another historical wrongdoing.

#### I know that you are involved in a lot of work in the community in addition to your academic work. What are you involved in currently?

One thing I do, and really love, is serve as a mentor at both West Side Community Clinic and the Men's Community Training Residence. I'm also working on a writing project right now. A few years back, some of my writing was included in an anthology of writing called *First Lady Nation, Volume II*, published by Professional Woman Publishing. This got me thinking about the possibility of a Sixties Scoop Anthology. Before I knew it, one thing led to another. In a matter of a few days I was on CBC Morning Edition being interviewed about this project, and by early September I had about 12 or 13 inquiries, and then the stories started coming in.

A couple of the contributors talked about coming out of the shadows, out of the darkness, out of the silence, and so we've decided to name it: *Out of the Shadows: Stories by Sixties Scoop Warriors, Volume I.* And "warriors" was very intentional because when we tell our stories, we reclaim our voice, and we are no longer victims.

continued on page 13

## **Research on Social Work**

We would like to share some of the research that Registered Social Workers are doing in Saskatchewan to complete their MSW degrees. In this newsletter, we are featuring an article submitted by Brennan Lane, RSW. Brennan's thesis is titled "Exploring the Experiences of Young Adults Living in a Relationship with a Visually Impaired Partner."

I defended my thesis research on November 20, 2017, in order to complete my Master's Degree in Social Work. My interest in the topic stems from my personal experience having a disability, and my experience supporting clients with various disabilities. I currently work at the Regina Sexual Assault Centre, providing counselling to individuals who have suffered trauma. The abstract of my research is as follows:

This research explores the lived experiences of young adults living in an intimate relationship with a visually impaired partner. The aim of this research was to explore how young adults viewed their role in the relationship in terms of how they accommodate their

partners with a visual impairment, to understand feelings of and experiences with community supports; and to explore what partners felt they required for personal supports. This study employed a transcendental phenomenological approach, using semi-structured interviews with five adults age 23 to 39. Four of the participants lived in the city of

#### The Lost Children: Nation's Shame – One Woman's Journey and Account of a Nation's Shame, continued

Thank you, Jackie, for this interview, and for writing this book. The Lost Children has so much to teach us as social workers. In my view, it should be required reading in every child welfare course in the country, not to mention, for any politician and policy-maker working in the area of aboriginal child welfare today.

Lesley Washington, MSW, RSW is a clinical and community social worker and social work educator who lives and practices in Saskatoon.

\*Dr. Maurice is available for speaking engagements, workshop facilitation, and project management. She is also a Certified Coach, and available to provide individual and/or community coaching and counselling services. She can be reached at jackie.m.maurice@gmail.com.

Saskatoon, and one lived in rural Saskatchewan. The findings revealed the overall essence of participants' experiences to be second nature. In other words, participants' felt as though they provided support and accommodations to their partners without the need to think or prepare, because these accommodative activities were simply normal. Despite these experiences being for the most part, positive, participants still acknowledged the need for changes in the community environment, as well as the desire to see support groups for partners and families. The essence emerged through various themes and sub-themes created from the voices of participants. The themes included adapting to the situation, environmental awareness, patience, and the need for support groups. Throughout the thesis the themes and essence of the participants' experiences are discussed, along with the implications for social work and future research in the area.

> Submitted by: Brennan Lane, RSW



# **Medical Social Work Positions: BSW or MSW?**

Acute care social work positions face budgetary scrutiny in the current climate of fiscal restraint in Canadian health care. Managers may be faced with the question of whether a medical social work position should be filled by a BSW or a MSW social worker. This question is complicated when experienced and less-costly BSWs are available while MSWs with medical experience may be limited in supply. The purpose was to examine current hiring practices for hospital medical social workers.

A literature review highlighted a 1995 article by Richard Levin who interviewed directors of Canadian hospital social work departments. It concluded that directors prefer MSW's in administration, supervision, counselling staff, and training. If MSW's were readily available, directors would designate them for complex clinical areas (*e.g.*, NICU, psychiatry, palliative care). Levin showed that Directors hired BSW's into areas viewed as less complex and more concrete (*e.g.*, General medicine, surgery, resource counselling, and discharge planning). Beyond these generalizations, there was often no clear-cut rationale for hiring assignments(i).

A survey was conducted in 2016 with acute care inter-professional managers in a mid-size Canadian city. A small sample size of six out of a possible nine respondents makes generalization of the results cautionary. The overall results were similar to Levin's research(i).

Four overall conclusions follow:

- Managers prefer to hire MSW social workers into senior supervisory roles and BSW's into caseloads such as surgery, general medicine and emergency. Managers rely on clinical social work supervision and peer support for new staff. When staffing senior social work levels, recognition must be given to the time and commitment required for orientation and on-going supervision.
- 2) Respondents expressed that medical social work experience was often more important than the specific MSW or BSW degree. Given the complexities of medical social work practice, it is understandable that medical experience would be highly valued. Faculties of Social Work should offer course material specific to medical social work to assist students to understand the ethics and dynamics of health care practice. Having acute care sites prioritize BSW and MSW student placements would provide potential new social workers with foundational knowledge and experience.
- 3) If no experienced applicants applied for MSW vacancies, managers interview inexperienced MSW's to determine if orientation and support would result in a successful hire. Comments were divided about

hiring BSWs into MSW vacancies. This strategy may save money or provide a medically-experienced social worker, but may result in the loss of senior resources with advanced skills.

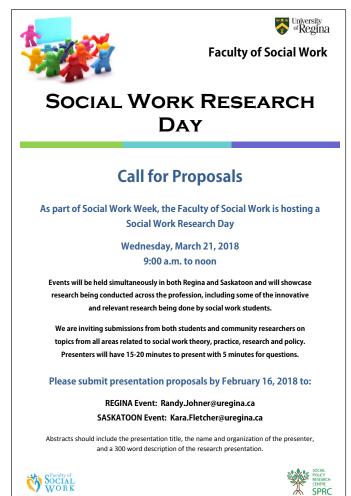
4) Managers consult with peers, practice leaders and especially Human Resources regarding hiring decisions. Social work practice leaders and managers may derive benefit from offering support, training and expertise about the role of the medical social worker to Human Resource specialists.

While there are scope of practice distinctions between BSWs and MSWs, whether to hire a BSW or an MSW medical social worker is not always clear. The above considerations may assist managers as they designate, hire and support staff to meet the psycho-social complexities and fiscal demands of medical social work.

> Submitted by: Doris Grant, RSW, and Joanne Toh, RSW

#### Reference:

(i) Levin, R.H. (1995) *Differential Work Assignments of Social Work Practitioners in Hospitals, Health and Social Work*, 20(1):21-30.





### **CASW** Section



## **CASW Representative Report**

Since summer, the CASW Board, with many new board members, convened in Ottawa, Ontario, on October 21 and 22, 2017. We started out with a review of the CASW Operations, Bylaws, Partnership Agreement and Fee Formula, Policy Principles and Policy Development, Consensus Decision making and Motions/Proposals 2009 to present, Strategic Plan and the 2016-17 Annual Report and Financial Statements. We then moved to Board Training: Policy Governance – Roles and Responsibilities facilitated by Rose Mercier, MBA, Senior Consultant The Governance Coach.

The CASW Board elected Ajay Pandhi (ACSW) as vice-president. The election for vice-president was contested with four Board members putting their names forward for consideration. The Board welcomes Ajay to his new responsibilities.

At this meeting, the CASW Board made addressing "Reconciliation" a priority and we held an additional Board Meeting in November with this as the primary topic. The Board affirmed a continuing education focus for NSWM 2018 on "Reconciliation." We will be looking to find speakers, topics and ways to frame the continuing education for all Canadians.

The theme for National Social Work Month was chosen by the Board. The 2018 NSWM theme is: *Bringing Change to Life*. CASW will be working with a public relations firm to develop a creative and social media campaign.

The CASW Board established a Board/Federation Committee to review the Code of Ethics, Guidelines for Ethical Practice and Scope of Practice. As this committee begins its work, it will be seeking Partner Organization's representatives to join the Committee to support building a plan to deliver a new national Code, Guidelines and Scope of Practice for the profession.

Other work continuing at the CASW office is the Child Welfare Project. The surveys have now been com-



pleted. They are now doing the analysis, interpretation of the survey data and discussion of key themes, findings and recommendations to consider when developing strategies for CASW advocacy.

The Universal Basic Income – the basic benefit should be set at \$20,000.00 per year, tax free, and this should not replace other existing programs. The Federal government should take a lead role in designing and implementing this national program which could be delivered through the Canadian Social Transfer. Further research is needed to determine how existing taxation structures and universal demogrant models, such as the OAS, can be used to redistribute benefits from high income earners. CASW contends that poverty cannot wait: the time is now to continue the encouragement for this initiative forward in Canadian social policy.

Many other initiatives are ongoing in our CASW office that I am just getting familiar with, I will include more of these in the coming meetings reports.

Of interest, a letter was sent from CASW President, Jan Christianson-Wood to the Honourable Ahmed Hussen, Minister of Immigration, Refugees and Citizenship, House of Commons on August 30, 2017, regarding our concerns that the section of the Canadian citizenship study guide that expressly addressed Female Genital Mutilation (FGM) has been removed from the new, working draft of the guide. We requested that the Government of Canada make evident its position concerning Female Genital Mutilation (FGM) in the citizenship study guide: FGM is illegal in Canada, as it violates the basic human rights of children. For new Canadians, we would want the information to be clear that FGM is a criminal act with consequences for the parents and the person harming the child and that this is emphasised as being unacceptable.

Watch for further information and registration information regarding the 2018 CASWE-ACFTS and the Congress of Humanities & Social Sciences Annual Conference: "Honouring Reconciliation and Respecting our Differences" planned for May 28-31, 2018 at the University of Regina.

The next CASW meeting will be in Ottawa, Ontario in June, 2018.

Submitted by: Hazel Berg, BSW, RSW

# Why Buy Professional Liability Insurance?

Issues arising from professional liability are of great concern today. There was a time when the professional (or quasi-professional) was not a target for lawsuits; clients would never have considered bringing an action against a professional, not even in instances where negligence or errors were obvious.

Times have changed. Today, the public and our legal system expect more and are much more inclined to initiate a lawsuit. When adjudicating cases, the courts have based their judgements on an increasingly higher standard of care and responsibility. The ever-increasing levels of education, training, experience and reputation of professionals have led the courts and the public to expect service which is superior than the average person. This expectation can be overwhelming.

Why have public attitudes changed towards the professionals? There are a number of causal factors. Part of the answer is that the public has become more informed of its legal and contractual rights, and, rightly or wrongly, has been led to believe that a legal action may be initiated from any turn of events that was not an expected outcome by the client.

In addition, the media has brought to public attention the litigious climate of our modern society. Many legal actions have been sensationalized in the press. Lawyers have become much more aggressive in the demands for compensation, seeking ever larger and more extensive settlements.

Another reason why public attitudes have changed is because the relationships professionals have had with their clients have evolved. Traditionally, the connection between the professional and the client was much more personalized than it is today. In the past, clients' trust and confidence in the professional was absolute. Our changing society and financial constraints felt by many clients have heightened their awareness and increased the professional's accountability to the client.

Professional liability insurance is one form of protection for professionals and for their clients. Coverage will shield personal assets and will help maintain a good reputation through the defence of allegations of wrongdoing which might be frivolous or false. For the client who has suffered some damages through the actions of a professional, liability insurance will ensure that there are adequate funds available to make amends for the wrong that has been done.

A professional liability policy covers errors, omissions or negligent acts which may arise from the normal or usual duties carried out by the insured.

When the professional is an employee of a firm, the firm, as the employer, is responsible for the actions of the

employee. However, a court of law may find a professional personally responsible for an incident that occurred due to an error, omission or negligent act committed by the professional as an individual. To date, we know of no such situation ever occurring, however, it is our opinion that given the behaviour of the courts in recent times, one may be made personally accountable.

In another scenario, the employed professional may offer a professional opinion or "moonlight" professional services on his or her own time. In this case, the professional would be personally responsible for any consequence of these actions. It is highly probable that the policy of the employer does not provide coverage for the liability exposures of the moonlighter.

Should the limits of the employer's insurance be insufficient to meet the settlement of a claim in which the professional was co-defendant, then personal assets of the professional could be at risk. The difference in limits between the employer's insurance policy and the professional's policy is available to cover any shortfalls in these instances. A professional liability policy offers the insured peace of mind by knowing that he or she has independent coverage and by knowing what limits of that coverage are available.

When claims do occur, the professional's decision to have obtained professional liability coverage will remove the financial consequence of a legal action and provide him or her with a solid, reputable insurer upon whom he or she may rely in full confidence.

For more information: http://www.casw.bmsgroup. com/en/coverage-details

### 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 decisionmaking. 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 is received in the SASW office and forwarded to the Chair of Practice Ethics.



## Dean's Message



Happy New Year! I want to extend my very best wishes to social work colleagues!

As the year ended and I listened to recaps of events from last year, I often found myself shaking my head and wishing there were more good news stories. I continue to be convinced that social workers have a huge role to play in helping to bring some

transformation to this very unbalanced, unhealthy world. I want us to remember to focus on broad, social justice issues. Why do we continue to have large numbers of children and families living in poverty? Why are we still needing to read about poor educational outcomes among Indigenous youth living in Northern Saskatchewan? Clearly, we have a role to play in responding to the immediate needs of marginalized and vulnerable populations. I have had to remind myself that we are missing the boat if we don't remember that one of the things that distinguishes us from other professions is our uncompromising focus on social justice issues...therefore on institutional/systemic discrimination. On social change, transformation. It is not about being reactive and simply trying to get marginalized peoples to fit into, or accept systems that contribute to their marginalization.

When I heard some of the responses to raising the minimum wage, the one thought that came to mind was GREED. I know that other social workers share this opinion. Yes, we want businesses to be sustainable. We

# 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, 2018. have to have good business plans to make sure that they last. But how much is good enough? How much profit is good enough? I hope we can continue to have respectful conversations with students, community leaders and residents in our communities so that we remain focused on building healthy, inclusive communities.

As I have said in previous messages, 2018 is a very significant year for our Faculty and university. It is the year when the University of Regina will be engaged in planning to host the 87th 2018 Congress of the Humanities and Social Sciences Annual Conference. The University has chosen Gathering Diversities- mâmawin-

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### **Social Work Graduates**

Congratulations to the following SASW members on completion of their MSW degree:

Marlene Brenzil - MSW, Field Practicum Final Report Title: *Immersion in the Field* of Clinical Oncology Social work: A Field Practiculm Experience at the Allan Blair Cancer Centre

Elliott Field - MSW, Research Practicum Final Report Title: *The Pe-kiwēwin Project* 

Linda Kayseas-Paslowski - MSW, Thesis Thesis Title: Indigenous Ethnic-Identity: An Indigenous Woman's Journey

Sheryl Prouse - MSW, Thesis Thesis Title: *First Generation Learners in Higher Education: Tales of Shame and Privilege* 

Kayly Yablonski - MSW, Field Practicum Final Report Title: Integrating a Narrative Approach in Clinical Practice with Youth Experiencing Disordered Eating and in Family Therapy

### Dean's Message, continued

itotân nanâtohk-ayisiyiniwak as its conference theme. This theme is intended to demonstrate and inspire the idea of bringing people together in the spirit of building community. Over 70 scholarly associations, totaling an anticipated 8,000 plus participants, will be part of this gathering. All university events will take place between May 26 and June 1, 2018. I encourage you to check out the Congress site https://www.congress2018.ca/about to learn about some of the public events which will be hosted.

The Canadian Association for Social Work Education (CASWE) is one of the organizations hosting a conference within Congress. CASWE's conference theme is "Honoring Reconciliation and Respecting our Differences." The Social Work event will be held

between May 28 and 31. I am absolutely awed by the leadership of Dr. Gabriela Novotna who has been working with a team of Faculty colleagues helping us to pay attention to details and timelines. We will continue to reach out to community partners and students to help with hosting and welcoming visitors to the city. We were thrilled to be able to use Kathy Bird's beautiful artwork within our promotional materials. If you would like to have a glimpse of the work, please check it out at https://caswe-acfts.ca/conference/

In the midst of this organizing, we will be preparing our accreditation report. The final report is due early 2019 and we have already begun working on getting everything ready for the report. As always, we will be reaching out to the social work community to help us during this process. Dr. Raven Sinclair has taken on leadership in getting the report ready for this process and will be working with a team of colleagues who will be assisting with this huge undertaking.

Finally, we are here because of our commitment to students and to the profession. I want to thank all our sessional instructors, practicum supervisors, and community partners for their contributions to the Faculty of Social Work. I am proud of the work of all my colleagues who continue to go over and above each semester. I particularly want to express thanks to SASW for their ongoing support of the work of our Faculty.

All the very best for 2018.

Submitted by: Judy White, Ph.D., RSW



### **UPCOMING CONFERENCES, WORKSHOPS & WEBINARS**

#### Mental Health First Aid Basic

Substance-Related disorders – Including Crisis Response for an overdose. Mood-Related disorders - Including Crisis Response for suicidal behaviour. Anxiety and Trauma-Related disorders -Including Crisis Response for a panic attack & Crisis Response for acute stress reaction. Psychotic disorders - Including Crisis Response for a psychotic episode. Regina, SK. - February 13 & 14, 2018 Regina, SK - March 10 & 11, 2018 Prince Albert, SK - March 15 & 16, 2018 Weyburn, SK - March 26 & 27, 2018 Contact information: Carissa Listrom Tel: 306.526.2958 Email: carissaclark17@hotmail.com

#### Counselling Adult Survivors of Sexual Violence

February 1 – April 19, 2018; Thursdays (online) Contact Information: Katie Roberton kroberton@aasas.ca 403-237-6905 ext 268 Website: https://aasas.ca/initiatives/counsellingadult-survivors-of-sexual-violence/

#### Calm After the Stork: A workshop for expecting mamas and their support people!

February 3, 2018 - St. Joseph`s Parish Hall (Broadway Avenue) Saskatoon, SK Registration: bit.ly/calmafterworkshop Email: calmafterthestork@gmail.com

#### Mindfulness Counselling Strategies – Activating Compassion and Regulation

February 13-14, 2018 Saskatoon, SK Register Online or Contact: Delayne Hogan at (877) 353-3205 or info@ctrinstitute.com

#### Vicarious Trauma – Strategies for Resilience

Saskatoon, SK February 28, 2018 Regina, SK: March 1, 2018 Register Online or Contact: Delayne Hogan at (877) 353-3205 or info@ctrinstitute.com

#### What's Love Got to Do With It?

Re-Imagining Narrative Therapy with David Epston March 15-16, 2018 Calgary, Alberta Information/Registration: www.CalgaryWHC.com or email: CalgaryNarrative@gmail.com

### CTRI Workshop: Vicarious Trauma -Strategies for Resilience

March 19, 2018 Humboldt, SK More Information/Registration: https://www. eventbrite.ca/e/ctri-vicarious-trauma-workshopstrategies-for-resilience-tickets-41314010317

#### Challenging Behaviours in Youth – Strategies for Intervention

Saskatoon, SK: March 16, 2018 Regina, SK: March 20, 2018 Register Online or Contact: Delayne Hogan at (877) 353-3205 or info@ctrinstitute.com

#### **Canadian Domestic Violence Conference**

March 20-23, 2018 Halifax, Nova Scotia Website: https:// canadiandomesticviolenceconference.org/

### Narrative Therapy – Tools for Exploring

**Stories** March 21, 2018 Saskatoon, SK Register Online or Contact: Delayne Hogan at (877) 353-3205 or info@ctrinstitute.com

### **UPCOMING CONFERENCES, WORKSHOPS & WEBINARS, CONTINUED**

### Cognitive Behavioural Therapy – Tools for Thinking Differently

March 22, 2018 Saskatoon, SK Register Online or Contact: Delayne Hogan at (877) 353-3205 or info@ctrinstitute.com

#### World Laughter Tour Two-Day Laughter Workshop: Psychology Applied to Laughter & Work

This workshop is facilitated by a Registered Social Worker. April 21 & April 22, 2018 Location: Saskatoon Contact: Steve Wilson Email: stevewilson@worldlaughtertour.com Phone: 1-800-669-5233 Web: https://www.worldlaughtertour.com/training/ workshop-schedule/

#### The Human Impact of Childhood Trauma

Wednesday, April 25, 2018 Brandon, Manitoba contact information: Arlene Stewart Phone: 204-726-6030, email info@cfswestern. mb.ca

#### **EMDR-Basic Training**

May 31-June 2 & Sept 6-8, 2018 Regina, Sk Contact: Sidney McGillicky livingskycounselling@gmail.com 306-551-0371

> CANADA POST CORPORATION PUBLICATION AGREEMENT #40007721

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

THE SASKATCHEWAN SOCIAL WORKER