



Perspectives

VOLUME 36 | NUMBER 3

NEWSLETTER OF THE BC ASSOCIATION OF SOCIAL WORKERS



Dementia Affecting Adults With Intellectual Disabilities

Early identification of changes in abilities and functioning affords all people the opportunity to access potential treatments and to be actively involved in planning for their future care needs.

(full article on page 6)

8

NIDUS PERSONAL PLANNING REGISTRY
A valuable tool to support self-determination

12

DIMENSIONS OF SPIRITUALITY IN SECULAR COUNSELLING
Are we negating the role of spirituality in counselling?

14

BOARD VOICE:
Advocating for community social services and a provincial social policy framework

20

THE UBC OKANAGAN CAMPUS
Changes and transitions at the School of Social Work

A STANDING OVATION

UNIVERSITY OF NORTHERN BRITISH COLUMBIA ACHIEVEMENT AWARD FOR SERVICE



Photo courtesy of UNBC

Professor Dawn Hemingway received the 2014 University of Northern British Columbia Achievement Award for Service. This award recognizes exemplary service by UNBC Faculty Association Members to the University, to the community, and to their professions. Dawn Hemingway has chaired the School of Social Work at UNBC since 2005 and she has served on numerous university committees. She is an elected member of four local agency boards. She also serves on a number of provincial boards including the BC Psychogeriatric Association where she leads as co-President. Dawn has sat on the National Board of the Canadian Association for Social Work Education. She has been very active in BCASW, serving in various roles such as the Northern Branch President and as a member of the Perspectives Editorial Committee. Dawn is known and highly respected for her tireless activism and her strong commitment to social justice.

Glen Schmidt

YWCA WOMAN OF DISTINCTION AWARD

The YWCA Women of Distinction Award honours extraordinary women leaders. Long-time BCASW member, **Shashi Assanand**, is the recipient of the 2014 YWCA Women of Distinction Award for Community Building.



Photo courtesy of YWCA Metro Vancouver

Shashi is the founder and Executive Director of the Vancouver and Lower Mainland Multicultural Family Support Services Society, which is now in its 24th year serving victims of family violence and facilitating the settlement of newcomers. Annually, the Society serves 1600 immigrant, visible minority and refugee women and their families. Shashi understands the issues for refugees first-hand, having fled Uganda in 1972 when Asians were given 90 days to leave the country. In Canada, she observed the unique challenges faced by immigrant and visible minority families and her career has focused on services to address them. Shashi has truly made a difference in the lives of thousands of families and BCASW extends its warmest congratulations.

Linda Korbin

ROSEMARY BROWN AWARD FOR WOMEN

Each year, the Rosemary Brown Award for Women recognizes a BC woman or BC-based organization that promotes the values and ideals that Rosemary Brown championed during her lifetime. BCASW is pleased to support this award.

Those values and ideals are reflected by demonstrating exceptional qualities or achievements in one of the following:

- Children's Rights
- Women in the Labour Movement
- Women's Equality Issues
- Human Rights
- Political Activism or Women in Politics
- Social Justice and Community Development
- International Development



The West Coast Legal Education and Action Fund (WestCoastLEAF) is the recipient of the 2014 Rosemary Brown Award for Women, recognized for extraordinary contributions in the area of Women's Rights. West Coast LEAF's mission is to achieve equality by changing

historic patterns of systemic discrimination against women through BC based equality rights litigation, law reform and public legal education.

From the BCASW Office

Growing Older

WORDS | **DIANNE HEATH**, MSW, RSW, EXECUTIVE DIRECTOR

To know how to grow old is the master-work of wisdom, and one of the most difficult chapters in the great art of living. Henri Amiel

Philosophers tie clarity and wisdom to aging. I am confident of the part about a difficult chapter. Growing older seems complex to me. I prefer the concept of *growing older* rather than *aging*—still growing as opposed to becoming a better cheese or wine. On a professional level, how as social workers do we address the issues presented by aging? This edition of *Perspectives* comments on a few aspects of aging faced by social workers and the people they serve.

Are we ready to understand those who have challenges such as intellectual disabilities as they face the obstacles inherent in growing older that lie ahead for them and their families? Do we know what tools to use to support self-determination for future decision-making? Nancy Jokinen presents information and outlines a screening method for adults with intellectual disabilities who are affected by dementia. Joanne Taylor describes the use of the Nidus Personal Planning Registry.



Perhaps social workers speak about sex and politics with more ease than they discuss spirituality. We address religious versus civil rights in debates under the rubric of human rights but do we avoid discussions of spirituality in the professional arena? Trauma work training teaches responses to spiritual matters of meaning. Some of you will have explored this area as it pertains to clinical practice and psychological first aid. Read more on spirituality and counselling as Chris Vogelsang considers the intersection of spiritual and secular paradigms. Janet Coghlan and Tracy Waddington comment on the connection of metaphor and

meaning in palliative care in their review of social worker Eve Joseph's book, *In the Slender Margin*.

And if we are to improve the quality of life for all British Columbians, we encourage you to support the call for a social policy framework to guide decisions and set direction for policy. We need an over-arching strategy if we are to create and maintain a healthy society for all ages. Board Voice has taken the lead for this call. Dawn Hemingway writes more about this initiative, advocating for community social services and a provincial social policy framework.

Thanks to Morel Caissie for his report on the IFSW, Barb Keith for her review of continuing professional development as per the BCASW Strategic Plan, and Edward Taylor for his update on changes at UBC Okanagan Campus.

I hope to see you at the Fall Conference and AGM, October 17-18. The Conference is a great way to meet continuing professional development requirements, network with fellow social workers, and review the annual activities of the Association. 

Perspectives is a publication of the British Columbia Association of Social Workers

PUBLICATIONS MAIL AGREEMENT NO. 40025247

PLEASE RETURN UNDELIVERABLE CANADIAN ADDRESSES TO:

British Columbia Association of Social Workers

Suite 402, 1755 West Broadway, Vancouver, BC V6J 4S5

TEL 604 730 9111 WEBS www.bcasw.org EMAIL bcasw@bcasw.org



Publication occurs three times a year. Articles up to 1,500 words will be considered, but publication is not guaranteed and copy may be edited to fit the space available, or for legal or other reasons. The views expressed in articles published in *Perspectives* are not necessarily those of the BCASW or the Editorial Committee. For reprint permissions and back copies, please contact the BCASW office. Policies and guidelines for placing advertising and inserts in *Perspectives* can be obtained from BCASW's website or by emailing BCASW.

EDITOR:

Dianne Heath, dheath@bcasw.org

EDITORIAL COMMITTEE:

Linda Korbin, Dawn Hemingway

LAYOUT, DESIGN AND EDITING

Heather MacNeil

Cover photo:

©iStockphoto.com/MaxineLawson



BRITISH COLUMBIA ASSOCIATION OF
SOCIAL WORKERS



President's Viewpoint

The ABCs of the British Columbia Association of Social Workers: Advocacy, Belonging, and Continuing Professional Development

WORDS | **BARB KEITH**, MSW, RSW, PRESIDENT

C IS FOR CONTINUING EDUCATION (Part Three of Three)

Continuing education can be viewed in light of the Association's three end goals of supporting our members, promoting our profession, and advocating for social justice. BCASW actively provides information and education for social workers, students, and members of the public.

FOR PRACTITIONERS

Our professional development offerings were fast-tracked to provide opportunities for our members to complete BCCSW requirements for continuing education. The BCASW website provides notices of learning opportunities, resources, and recorded webinars. Emails communicate further opportunities for professional development. We will be encouraging members to develop proposals for workshops and courses to offer online, just as we do for our Fall Conference. We are developing webinar capacity as well as teleconferencing and video conferencing to expand access to continuing education with specific focus on the needs of the practitioner. This year, we are set to deliver our Fall Conference which is always a popular opportunity for professional development and networking. Throughout the year, BCASW Branches host local events and activities to support continued learning. BCASW Committees provide dynamic networking to social workers in areas of special interest. Mentors offer support to members who wish to consult about career and skill development as well as providing support during the transition from student to practitioner. The CASW Media Monitoring Service keeps us informed of current events and CASW/AON scholarships provide financial support for continued education aligned with our mission and purpose.

FOR STUDENTS

Our student representative, Benjamin Kearney, has been working with social work students and participating in a number of activities including a graduate careers conference. Students

are invited to meet with him at the Fall Conference. *Perspectives* continues to highlight BC Schools of Social Work thereby supporting informed decisions and helping prospective students match their career goals with educational offerings. Occasionally, our ED visits high school classrooms to discuss the choice of a social work career and she frequently responds to emailed requests for advice about entering the social work profession.

FOR MEMBERS OF THE PUBLIC

We published our BCASW *Social Work Services* brochure in English, Punjabi and Traditional Chinese to assist those in health care settings to understand the roles and responsibilities of social workers. We have a BCASW Private Practice Roster online to assist those seeking social work services. Our posters proudly portray social work values and themes. We respond regularly to questions from the media on topics emerging in current events. We present a social work perspective in advocacy coalitions such as First Call and work with interdisciplinary, interagency groups such as the BC Alliance on Mental Health/Illness and Addiction.

This is the final segment reviewing our Strategic Plan and seeking input for operationalizing our end goals. We will use your feedback to create a new document on BCASW Strategic Plan Indicators, outlining how we plan to achieve these goals. The following excerpts from our current Strategic Plan are particularly aligned with the social work value of lifelong learning.

MEMBERSHIP SERVICES

Goal 1: To advance the interests of all members in the areas of employment services.

BCASW has a role to play in the provision of employment services, in light of such factors as deprofessionalization, changes in the delivery of services, lack of inclusiveness by employers, job market shrinkage, organizational restructuring and the privatization of services.

Objectives

1. To develop, provide and update a range of employment resource materials and job-related initiatives.

Rationale: Resource materials and information, consultations and expert advice are needed to deal with a growing number of legal and ethical issues confronted by social workers in the workplace. In addition, members are interested in job-related initiatives such as information on salaries and working conditions, and workshops.

2. To support initiatives that seek to remove barriers and support advancement within social work employment for social workers from diverse backgrounds.

Goal 2: To facilitate continuing competency opportunities for social workers.

The changing composition and diverse nature of the communities where social workers serve, requirements related to regulatory legislation, as well as new theories and approaches to service delivery necessitate the ongoing upgrading of our members' knowledge and skills.

Objectives

1. To establish partnerships with other organizations/groups to enable members to access workshops, conferences, courses and materials that are timely and affordable.
2. To identify continuing competency needs in collaboration with schools of social work, other educational institutions and the profession's regulatory body to assist in the provision of programs to our members across the province....

Goal 4: To provide services targeting the distinct needs of self-employed social workers in clinical and non-clinical forms of independent social work practices.

Objectives

1. To lobby insurance companies, employers and unions to cover social work services under third-party payments by implementing and monitoring a strategy to advocate for the inclusion of social workers as mental health counsellors in workplace benefits packages.
2. To monitor trends, provide information/resources and take necessary action in relation to independent social work practice.
3. To develop, provide and update information, resources and consultation about the requirements of establishing and maintaining a private practice.
4. To host a website roster of Registered Social Workers in private practice as a BCASW member benefit in order to promote and publicize their services.
5. To recommend fee ranges for social workers in clinical and non-clinical practices that are commensurate with levels of social work qualifications, training and expertise.

Goal 5: To provide services targeting the distinct needs of students.

Objectives

1. To provide a range of services that respond to the needs and interests of student members.
2. To monitor and evaluate the usage and effectiveness of present services and identify potential services that would be valued by student members if provided by BCASW.

(For further information, please view the *BCASW Strategic Plan 2010* in its entirety on the BCASW website, Members' Section, Board Governance.)

I look forward to your feedback as we develop our strategic plan indicators. Many thanks for your continued support and insight.

As I step down as President this fall, I want to thank the many BCASW members who contribute their time and energy as volunteers to sit on BCASW Boards at both the Branch and Provincial level. Your work allows us to better understand regional needs across the province.

All those who share their expertise on the BCASW practice committees help us develop our social work profession in meaningful and relevant ways to serve those with whom we work.

All BCASW members add their voice as we pursue social justice and equity. Our strength lies within our collective endeavours. Consequently, it is vital that our strategic plan align with our shared values and professional pursuits.

Finally, I want to acknowledge Dianne Heath, our Executive Director. We both started our roles at the same time almost three years ago and I have benefited greatly from her support and expertise. Together with Jocelyn Chee, Manager of Member Services and Administration, they have made significant changes in the office to align with our goals. It is easy to forget that these two people are the only paid staff in our organization given their accomplishments to date.

Thank you all for your support and I look forward to what our future in BCASW holds. 



Need some more CPD hours on Ethics?
Put your name on the tag and come to the

BCASW Conference
Friday and Saturday, October 17-18

View the topic of Ethics through the lens of
social work practitioners.

Benefit from the expertise of your colleagues in topics
including mediation skills, strategies to foster resilience, and
effective advocacy.

Dementia Affecting Adults With Intellectual Disabilities¹

WORDS | **NANCY S. JOKINEN**, MSW, PhD

Worldwide, Alzheimer's disease and other dementias are recognized as a major public health issue (World Health Organization, 2012). Furthermore, the unique needs of persons aging with intellectual disabilities and their families affected by dementia are also recognized (p.57). While adults aging with intellectual disabilities are at risk of developing dementia similarly to people in the general population, there are some notable differences. Assessment and diagnosis of dementia is more complex in part because the diagnostic instruments generally used are not applicable to people with intellectual disabilities. People with Down syndrome are at higher risk of developing dementia, although not everyone with Down syndrome will exhibit the clinical manifestations of dementia. Research suggests people with Down syndrome may acquire the condition at an earlier age than might be expected among the general population and that some of these individuals experience a precipitous versus a slow progressive decline in cognitive and functional abilities. Many organizations and services struggle to meet the needs of individuals with intellectual disabilities and their families affected by dementia (National Task Group on Intellectual Disabilities and Dementia Care Practices, 2012).

Within a Canadian context, little information is available. We often draw on research from other countries—predominantly the United States, United Kingdom, and Australia—to understand the circumstances of this frequently marginalized group despite the differences in our social and healthcare systems. There are a number of initiatives emerging in the United States through the National Task Group on Intellectual Disabilities and Dementia Practices (NTG) that we can draw upon to improve practice and support individuals to maintain community living for as long as is possible. Specifically outlined in this article are the use of the NTG Early Detection Screen for Dementia (NTG-EDSD) (Esralew, Janicki, DiSipio, Jokinen, Keller, and Members of the National

Task Group Section on Early Detection and Screening, 2013) and guidelines for structuring community care and supports (Jokinen, Janicki, Keller, McCallion, Force & National Task Group on Intellectual Disabilities and Dementia Practices, 2013). Both efforts were developed to facilitate agencies and families to plan for and provide optimum supports.

NTG EARLY DETECTION SCREEN FOR DEMENTIA (NTG-EDSD)

As with the general population, there are now efforts to identify early signs and symptoms of dementia in older-aged adults with intellectual disabilities. One of the hallmark attributes of dementia is the progressive loss of abilities over time. Early signs such as memory loss, confusion with routine tasks, and personality change are subtle and often overlooked, dismissed, or attributed to the intellectual disability and may only be recognized when these changes become problematic for caregivers (Jokinen, et al., 2013). Early identification of changes in abilities and functioning affords all people the opportunity to access potential treatments for conditions that mimic dementia or, in the event of a dementia diagnosis, to be actively involved in planning for their future care needs with agencies providing services.

A critical piece of information for the assessment and diagnosis of dementia in relation to persons with intellectual disabilities is having a baseline record of abilities (Moran, et al., 2013) and this has been a longstanding recommendation for service providers (Janicki, Heller Seltzer, & Hogg, 1996). While a baseline can be recorded in various ways, the NTG-EDSD may be a tool to effectively document change over time. The NTG-EDSD was designed for use by family and front line staff caregivers. It is essentially a record of change in behaviour and functioning, as well as several significant health indicators associated with dementia. In development, the tool was field tested at various locations, including a site in British Columbia.

Although the NTG-EDSD is not a diagnostic tool, the information gathered can lead to an early recognition of changes the person is experiencing and subsequently brought forward to a health care professional to have a conversation about these changes. If warranted, a referral for a thorough assessment can

1 In British Columbia and elsewhere in Canada the term developmental disability is commonly used synonymously with the term intellectual disability. See the American Association on Intellectual and Developmental Disabilities for a definition of intellectual disability (<http://aaidd.org/intellectual-disability/definition#.U8fl-l4g87o>)

then be arranged. Information can be shared with health care professionals unaware of the NTG-EDSD tool, to assist them in seeing the value it offers. The tool and manual are available free on the NTG website. The manual (available in English, French, and Italian) provides background on the development of the tool and instructions for completing the information required. The tool itself is available in several languages.

GUIDELINES FOR STRUCTURING COMMUNITY CARE & SUPPORTS

The NTG Guidelines offer 24 recommended actions that could be undertaken by community agencies to support individuals with intellectual disabilities and their families affected by dementia. The guidelines incorporate extant research literature, practice experience, and known best practices. Key features of the guidelines are:

| | |
|----------------------------------|--|
| Background | <ul style="list-style-type: none"> •NTG Initiative •Underlying Values and Principles •Dementia as it Affects Adults with Intellectual Disabilities |
| Staging Model | <ul style="list-style-type: none"> •Early Recognition of Symptoms Through to Late Stage •Expected Changes in Behaviour & Function •24 Recommended Actions |
| Early Detection | <ul style="list-style-type: none"> •Use of an Early Detection Tool •Outlines the Assessment & Diagnosis Period |
| Program / Support Options | <ul style="list-style-type: none"> •Critical Concerns in Varying Circumstances •Non-Pharmacological Approaches |
| Education & Training | <ul style="list-style-type: none"> •Support for Family & Staff Caregivers in Providing Quality Care Throughout the Course of Dementia |
| Collaboration | <ul style="list-style-type: none"> •Work Across Policies, Programs & Services •Intellectual Disability, Aging, Alzheimer's Societies, Health |
| Ancillary Issues | <ul style="list-style-type: none"> •Abuse, Financial, Managing Choice & Liability, Medications and Nutrition |

The guidelines are available for free download from the NTG website (<http://aadmd.org/NTG>). They were also published in the March 2013 issue of the *Journal of Policy and Practice in Intellectual Disabilities*.

THE NEED FOR A NATIONAL PLAN

The United States, Australia, the United Kingdom, and several other countries have established national plans to address the health, social, and economic issues that will arise with increasing numbers of people affected by dementia in the coming years. The current United States plan consists of five overarching goals and makes specific references to the unique needs of persons with intellectual disabilities and their families affected by dementia (U.S. Department of Health and Human Services, 2014). Despite a call from the Alzheimer Society of Canada for a national plan, currently no such plan exists and Canada lags behind other countries on this initiative. Provincial strategies to address the needs of people affected by dementia are at various stages of development. Whether at a national or provincial level, there is an urgent need to advocate on behalf of individuals aging with intellectual disabilities and their families to ensure their unique needs are taken into consideration in the development of any plans to address dementia. As social workers, we can give voice to this often marginalized group by raising awareness, providing current information, and pursuing opportunities for recognition of their needs in the development of social policies addressing Alzheimer’s disease and related dementias. 

References available upon request.

Dr. Jokinen is an Associate Professor in the University of Northern BC School of Social Work and an expert in the area of intellectual disabilities and aging. She can be reached at Nancy.Jokinen@unbc.ca.

A New Tool to Support Self-Determination: Nidus Personal Planning Registry

WORDS | JOANNE TAYLOR

The Nidus Personal Planning Registry is back online with 24 hour access! This is exciting news for social workers and their patients/clients, because the Registry provides a secure and centralized place to store information and documents related to personal planning.

The Registry is a tool for social workers to locate a decision maker or a patient's instructions in urgent situations. It is also a valuable tool to help social workers encourage and support clients to engage in planning for the future. The opportunity to communicate one's wishes to the right people at the right time is key to self-determination—and will build public confidence in the value of planning.

personal planning and to support self-determination. It provides a legal alternative to adult guardianship for adults whose mental capability may be in question today, and a planning tool for adults who want to prepare for tomorrow.

The made-in-BC Representation Agreement Act is world renowned for introducing in law, the concept of supported decision making as embodied in the Representation Agreement Section 7 (RA7).

The RA7 is the document that adults may make if they need help today with decision making—it covers minor and major health care, personal care, and can also include routine financial and legal affairs. The law looks at capability differently for the

Helping a Relative with a Disability



I'm Planning for the Future



Caring for an Older Adult



Unlike registering a Will, which deals with estate planning and arrangements for after death, the Personal Planning Registry concerns information and documents of a more personal and time-sensitive nature—it applies when you are alive!

BACKGROUND

The Personal Planning Registry is operated by the Nidus Personal Planning Resource Centre, a BC non-profit, charitable organization. The Resource Centre was established in 1995 by community groups involved in a community-government partnership to reform adult guardianship legislation.

The Representation Agreement Act is the foundation of the law reform. It is the first law in BC specifically designed for

RA7. Some materials produced by health authorities and others say that the law requires an adult to understand or demonstrate something specific—but there is no specific requirement, criteria or standard that an adult must meet to make an RA7, according to the law.

The Representation Agreement Section 9 (RA9) covers the broadest health and personal care matters, including the final say to refuse life support. The RA9 is for adults considered cognitively capable of understanding and who want to plan for their future.

Nidus' role is to be the hub for expertise on Representation Agreements. Nidus provides education and assistance on applying the law to real life situations. Making a valid

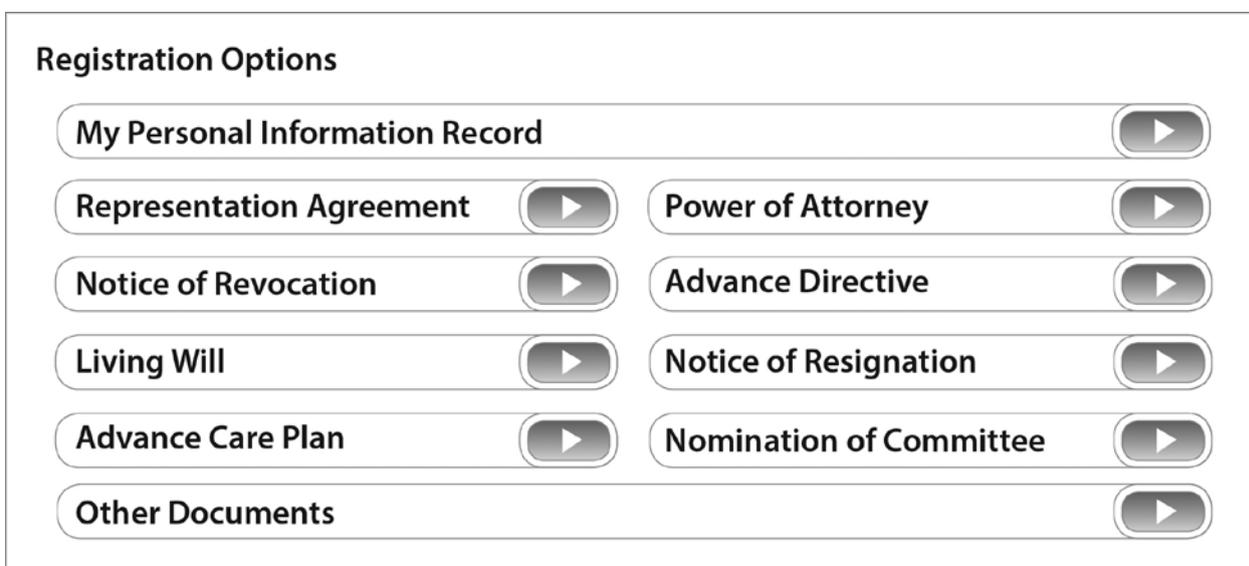
Agreement is only one part of the process—knowing how to use it is essential.

Representation Agreements are intended to help the health and social services systems shift their paradigms from acting in best interests to honouring self-determination. The decision-making approach has been dominated by the medical model and protective measures, and must shift to one that is accountable to the person's values and beliefs, including their right to live at risk. This means the system must listen and respond to an individual's consents and authorizations, rather than upholding general, standardized and often arbitrary treatment regimens and protocols.

The Nidus Registry can help the systems find the plans and the supporters who are chosen to help advocate for and protect the individual's self-determination.

WHAT CAN YOU REGISTER?

1. You can register legal and informal documents related to personal planning. These include Representation Agreements, Enduring/Powers of Attorney, Advance Directives, Advance Care Plans/Living Wills and Notices of Revocations and Resignations. You must first make one or more of these documents before you can register it, after which you can register information about your document and upload a copy.
2. Another feature of the Registry is the Personal Information Record which allows you to create an inventory of contacts and personal information such as current and past health conditions, name of physician and specialists, list of financial institutions, name of financial advisor and other details. You can print a copy for use offline; you can change and add to



HOW DOES THE REGISTRY WORK?

Like the Representation Agreement Act, the Personal Planning Registry is also built on the principle of self-determination.

The first step in the registration process is to set up a Registry Account. Registrants maintain control over management of their own records. For example, once you have set up an account and registered a document, you can later update contact information for yourself and any appointees—at no extra cost. This is very useful as you should not alter your original legal document. At the same time, it is important that your representative's current phone number be accessible in case you are in a serious accident and a health care provider needs to contact them to give or refuse consent for tests and/or treatment.

The Personal Planning Registry allows you to store information as well as upload a copy of your document. This helps speed up communication between concerned parties.

the online record at any time. This inventory helps you keep track of your own affairs and will be an invaluable resource to those you appointed (i.e. your representative and/or attorney), if they have to look after your affairs temporarily or ongoing.

3. You can also register a copy of any other document you wish and replace it with newer versions. Some of the documents people like to store in the Registry include:
 - current list of prescriptions and non-prescriptions;
 - no-CPR form signed by the doctor;
 - plans made through the Memorial Society;
 - financial risk tolerance profile for investments;
 - form outlining arrangements for donation of one's body to research;
 - Will (the Wills Registry only keeps basic information; it does not store a copy of your Will).

continued on next page

continued from previous page

WHO HAS ACCESS?

Registrants have access to their own records. They can view and edit current registrations and add new registrations at any time.

Registrants can also grant access to authorized third parties—hospitals, financial institutions, government agencies—called Access Users. Designated personnel within these institutions, many of whom would be social workers, can use their secure log-in to access a patient/client's registered personal planning documents.

Access Users can view information, like names and current contact information for appointees, as well as the relevant document. They can print a copy of the information and document for their records.

The steps to becoming an Access User require that a representative of the institution sign-up as the Institutional Contact. This protects the security of the institution and privacy of Registry Account Holders. Other staff can then sign-up for their unique log-in to search the Registry.

We would like to extend a welcome to the Public Guardian and Trustee of BC—the first authorized Access User in the Registry's new online system!

WHAT IS THE FEE?

The fee to set up a Registry Account and the first registration is \$25.00. Additional registrations are \$10.00 each. These are one-time fees and there is no fee to update information. There is no fee for Access Users.

WHO CAN REGISTER?

Members of the public can register their own documents. Some adults will need practical assistance from a friend, relative, community organization, or professional to use the computer for registration and to scan their document(s) in PDF format. A representative appointed in a Representation Agreement or an attorney appointed in an Enduring/Power of Attorney, may register on behalf of the adult. Lawyers and notaries public can register documents for their clients, as Registration Agents.

WHAT ARE THE BENEFITS?

There are many benefits to registering, including:

- Secure storage with 24 hour access;
- Easy to update information and upload documents;
- Single location for all important personal planning information;
- Efficient for hospitals and financial institutions to check who you appointed and your wishes;
- Option to select an auto-reminder to review plans annually;
- Promotes self-determination by enabling your information to be connected to the right people at the right time.

WANT MORE INFORMATION? READY TO GET STARTED?

Go to www.nidus.ca/registry for links to:

- How-to-Videos;
- Registry Terms and Conditions;
- Privacy Policy;
- Access User Guide;
- Online Registry.

If you are interested in becoming an Access User, read the Access User Guide which describes the steps for signing up. Discuss with your institution who should be the Institutional Contact. The Guide will also direct you to Third Party Checklists—questions to ask and what to look for when reviewing personal planning documents.

If your clients/patients need information on making their personal planning documents, go to www.nidus.ca and select the heading/photo that best fits their situation. The choices are "Helping a Relative with a Disability", "I'm Planning for the Future", and "Caring for an Older Adult". Find links to Representation Agreement forms (RA7 and RA9) as well.

Nidus also offers free webinars that you and your clients/patients can attend at www.nidus.ca > Self-Help > Presentations.

Nidus knows and values the efforts of social workers to become informed in order to help their patients/clients exercise self-determination. Please join us in making September Personal Planning Month. Check our website at www.nidus.ca for special events designed to increase public awareness of Representation Agreements and the Personal Planning Registry. 

Joanne Taylor is the Executive Director and Registrar for Nidus Personal Planning Resource Centre and Registry, a non-profit charitable organization. *Nidus* is a Latin term for nest.

bc.findasocialworker.ca

BCASW's online directory of Registered Social Workers in private practice for:

- Counselling
- Peer supervision
- Consultation and training

In the Slender Margin: The Intimate Strangeness of Dying

Eve Joseph (2014), Toronto: HarperCollins



WORDS | **TRACY WADDINGTON**, BSW, MSW, RSW & **JANET COGHLAN**, MSW, RSW

An artfully written book, *In the Slender Margin*, by Eve Joseph, presents a tapestry of poetry, history, and self-reflection centred on death and dying. This memoir offers the reader a chance to travel through the author's thoughts. As a social worker she has over two decades of experience working with the dying and reflects on those experiences along with managing her own personal losses.

Joseph's purpose is not to provide a textbook or counselling guide, though there are many insights into how she connected with the people she met and what she learned from them. The book is written by a poet who is also a social worker, a social worker who is also a poet. As such it is a refreshingly different perspective on working in hospice palliative care, with artistic insight and perception.

The book moves through story after story, integrating a historical perspective and referring to various mythological tales that offer some piece of wisdom to ponder. Joseph is also interested in the etymology of words. She notices nuances that others might miss or dismiss as irrelevant.

Throughout the book, she returns to the death of a beloved brother when she was a child and how her understanding of that loss has changed over the years. She has links to different cultures, notably First Nations and Jewish, which offer some alternative but complementary ways to interpret death and dying. The rituals surrounding the journey also fascinate her, perhaps particularly because her own family avoided "fuss" and ritual.

Drawing on her experience and that of those around her, Joseph finds creative ways to connect with people. Each unique situation brought its own challenges and she found it necessary to set aside what she had learned in school.

Joseph's stories of her encounters with dying and terminally ill persons during her time as a social worker on a palliative care team produce touching imagery. One of the notable images conjured up is Joseph's description of the dying person as a "test pilot.....trying hard to figure out how to leave the body" (p.64).

Social workers are often confronted with harsh realities of humanity. Who amongst us doesn't recall some level of distress

associated with that first encounter? Joseph inevitably asks the time honoured question: how do we make sense of it all? She herself witnesses a connection with poetry and metaphor, recalling conversations with one of her first patients, a twenty-eight year old woman with a rare form of bone cancer and Jo, her mentor. "In the weeks preceding her death, the bones of her rib cage were so brittle that one or two broke whenever she rolled over. I was horrified to learn that our bones could snap like twigs. ... In the days preceding death, I watched as Jo and the young woman talked about how the cage cracking was the only way she could fly free. Each bone that snapped made the doorway a little wider... She used morphine to get on top of the pain and a metaphor to try to understand it" (pp. 26-27).

Joseph illustrates how there are no rules about how we respond to death. Each passing is unique and an intimately personal journey whether surrounded by loved ones and distant family members arriving "like drenched angels" at the late hour of death, or "strangers" who provide daily compassionate care to the end. We learn that the writing of the memoir is her personal way of healing some of her grief over the loss of her brother and that her use of poetry is a deliberate connection.

In the Slender Margin is a slender book, but well worth reading. There are occasional sweeping statements with which one might take issue, but the overall experience rings true of our work with the dying and the grieving and also our own personal journeys. It is at times sad but often uplifting and Joseph engages the reader with her own unique voice. She sums it up beautifully when she says "I wrote to find out what I was thinking".

Janet Coghlan is a retired social worker who spent most of her career in health care. She spent more than ten years as a member of a Community Hospice Palliative Care Team and currently chairs the Health Practice Enhancement Committee.

Tracy Waddington is a full time social worker who has spent the past ten years in healthcare, the last three in an outpatient oncology clinic. She has recently joined the Health Practice Enhancement Committee.

Dimensions of Spirituality in Secular Counselling

WORDS | CHRISTOPHER VOGELSANG, MA, MSW



©iStockphoto.com/LorenzoPatoia

Counselling operates at the level of the fact of the client's human existence. Empathy is seen as feeling *with* the client as opposed to *for* the client, or *because* of the client. Validation of the client's feelings is an acknowledgement of the client's essential humanity, existing within the counsellor as well. What makes this acknowledgement so powerful is the implication that the client's feelings are understandable to another, given weight by the assumption of some commonality of that experience.

The idea of client and counsellor connection at the level of two "I"s isn't new. Vontress (recorded by Epp, 1998, pp. 4-5) asserts that the presumption of distinction between two "I"s in session is false at the level of concept:

When the counsellor recognizes that he or she is as mortal as the client, all of the facades of superficiality, superiority and inequality...dissolve, and counsellor and client interact with equality and genuineness. When the counsellor sees his or her own mortality in the client, I contend that this is empathy, not the forbidden act of countertransference. (p. 5)

We are quick to talk about the *spiritual*, but with a quiet voice. We do so in the same breath as *mental*, *emotional*, and *physical* as realms of human existence. But what is packed into that term for the counsellor while working with a client's concerns about grief, loss, despair, fear, or a life without drugs? Chan, Chan, and Ng (2008) describe a spiritual component to the social work response to the SARS pandemic emergency in Hong Kong. They note the requirement of the worker to look beyond fixing problems (p.12), and openly state that it is important to help clients to "maximize their learning from living through a traumatic experience", and that "the realization that traumatic experiences may lead to positive gains can be consoling to people in pain" (p.14). It is this putting away of the toolbox approach, the embrace of a meaning-making view beyond immediate counselling concerns, which informed the spiritual aspects of their response.

Chan, Chan, and Ng speak easily about a mind-body-spirit connection, working in a population where such an idea has a long cultural precedent. For a western-raised counsellor, trained in the positivist-empirical tradition, counselling on this basis

could feel like swimming in an unfamiliar ocean; expertise in these areas requires seminary, just as writing prescriptions requires medical school. There is hesitancy within much thought in social work and counselling regarding how to conceive of spiritual themes. Neimeyer (2001) couches the view that changes in life-perspective following trauma can be transformative within the discussion of coping mechanisms. Carver (1998) noted that some see this perspective change as a maladaptive "blunting of expectations".

Are we negating the role of spirituality in a counselling paradigm without sufficient breadth of understanding? This might not be new. Burnard's (1999) view of spirituality in relation to counselling seems blunted, relying heavily on a discussion of *original sin* to dismiss the whole idea, however Jafari's (1999) thought on Islamic counselling provides that because humans are necessarily incomplete, our knowledge must be incomplete. Jafari acknowledges that judgement and reasoning are necessary in spiritual work in any context. This necessity of reason in an environment of incomplete knowledge gives us permission to risk and to be willing to examine ourselves so that we can improve. From this perspective, original sin can be considered *original disconnection from God*. For Jafari, this disconnection is seen as an *invitation* for self-examination and awareness of self and God, and not necessarily a deficit. It is examination and willingness to be changed by what we find that is the spiritual act. It is this point which invites spiritual work to secular counselling.

Sarah Banks's (2006) Ethic of Care Model envisions two people linked in the *radical safety* and acceptance of the counselling session (p.59). Within this radical safety, the ubiquitous human issues of life/death, freedom/responsibility, agency/constraint, desire/consequence, and identity/conformity can be explored. These themes create possibility for the client and counsellor to move beyond insular consideration of the presenting issues into larger personal truths. In this space, the attempt to determine one's inner meanings, to be vulnerable, to be authentically oneself with a counsellor as a form of exploration, and have that vulnerability met with acceptance is a spiritual act for both counsellor and client. Here, the counsellor is moving beyond *problem fixer*, becoming just another traveler, likely with many of the same questions.

The writings of Carl Rogers show sensitivity to human connection between two people beyond formal designations of *counsellor* and *counselled*. Meier and Rovers (2010) note that near the end of his career, Rogers wrote that counsellors must be in touch with the unknown qualities in themselves (p.4) and that at times he felt his connection to a client as “a deep sense of immersion” (p.5). As with Banks and Vontress, we see a stripping away of the layers of ourselves we erect, for our clients, ourselves, and the rest of the world.

How does this apply in a real-world intervention? The counselling application of empathy—what many consider the core instrument of what we do—is an extension of the counsellor’s internal being into the world. One may consider this act of extension into the world beyond the limitations of self to be the essence of any spiritual action. Social workers are frequently confronted with client problems based in limitations of human agency (regret, terminal illness, accidental injury), limitations of human time (bereavement, loss), and limitations of human understanding (trauma response, disaster response, work with victims of crime). Even if we haven’t experienced these problems, we can place ourselves in the situations described because we are aware of how we would be affected.

Many of our clients’ situations can’t be fixed—at least not by talking in a counsellor’s office. How do we support the woman in the abusive relationship she’s not prepared to leave? How do we support the homeless man spending each day trying to survive his memories of the residential school? How do we work with corrections clients whose actions have harmed whole families? Can we do more than merely keeping things from getting worse? Conventional wisdom says that we can safety plan and create procedures, we can watch for ideations of various forms, and we can monitor risk, but change must first be sought by the client. One might wonder how might a client in these circumstances be able to envision change in a world of constant fear and shame? How can change-directed ideas regarding agency, identity, death, desire, life, and freedom even be presented to someone working on bare survival every day?

Counselling isn’t new. People have been taking seemingly intractable problems to the village wise and revered for thousands of years. People have stayed after services to speak with the parish priest, and sought out the philosopher, the medicine woman, the oracle, the Elder. Why? I believe the answer is for the same reason one might enter Bank’s radical safety, or tell Freud about one’s dreams. We feel tensions between freedom and constraint, between desire and consequence, acutely in our lives. We seek guidance in that which is seen as beyond us; some truth perceived as true beyond our human limitations. Whether gathered in a text or as oral tradition, wise folk are instructed

in parables relating to the deep human problems of agency, identity, time, and a life well-lived.

Counsellors need not reject the use of declaratively spiritual principles in their secular work. These principles and their supporting texts are only elucidations of ubiquitous human problems having nothing to do, at heart, with religion. Their use need not be as an externalized set of truths but rather discussion tools, so that subjectively all-encompassing problems can be shown to be ancient problems of living, navigated by billions of others throughout history. This is not to discount severity, but to show that the issues are deeply human ones, they *can* be navigated, and that deeper wisdom may wait on the other side of the journey. In this vein, the description of Adam and Eve’s fall from paradise is one of humanity learning that with knowledge of the world comes suffering, but also the ability to engage to our fullest potential, to learn and advance in our lifetime.

Those working in corrections may have clients who have done bad things; some so bad that it could come to define the totality of that person. The term *murderer* is an example. How can change happen with such a weighty definition? How can one work to add *anything* to such a weighty definition, considering that definition tends not to change?

In the Buddhist tri-fold view of being, the client is the individual output of the energy created by his history of interaction with the world. This output (*atta*) is based in the existence of the individual’s humanity (*citta*), where that existence is itself an individual output of the luminous thing connected to the totality of everything (*Bhodicitta*) (Sills, 2009). Our labeled corrections client can be encouraged to see those labels as applying to past behaviour of the *atta* that existed at the time. As *atta* is the sum of *citta*’s experiences, new experiences change *atta*. In this way, one’s criminal record cannot be the full description of the person, and the person as a person is a luminous thing waiting to be discovered.

We are called to live our dreams, and to confront and overcome that which holds us back, to the limits of human possibility. I believe that there is something more to me, to my clients, and to the world than is obvious. It is the search for this thing which drives me to be more open, more able to connect to the interiority of myself and others’ selves. This is my homage to my luminosity.

What’s yours? 

References available on request.

Chris Vogelsang recently completed his MSW at the University of Northern British Columbia. This article is based on his final practicum report, *Me, You, God, and the Clock: My Experience in Spiritual Social Work and Counselling*.

Board Voice: Advocating for Community Social Services and for a Provincial Social Policy Framework



WORDS | **DAWN HEMINGWAY**, MSc (Psych), MSW, RSW

A shelter, a women's organization, a child and youth mental health agency, an anti-poverty group, a low rental housing provider, a restorative justice program, a seniors' centre, an addiction counselling service, supports for those with physical, cognitive and developmental disabilities; all are services and organizations that address the health, wellness and quality of life of community members across British Columbia. All are locations that include social work and social workers as staff, volunteers, students, educators, researchers, and service users.

CITIZEN ENGAGEMENT

At its roots, social work is all about creating, maintaining, and further developing a socio-economic environment—actually a world—in which all people have the resources necessary for health, well-being, and an opportunity to contribute to society in ways they are best able. Creating such a society necessitates active engagement of individuals and collectives of various kinds (unions, community organizations, health and social service agencies, etc.) along with governments at all levels that truly represent the interests of the population. A tall order—but it is achievable.

Two key elements are necessary:

- 1) Addressing immediate needs of citizens through day-to-day interventions, policy and program development, and community organizing;
- 2) Laying the groundwork for longer term societal shifts.

Both require engagement, involvement, and leadership of British Columbians.

BOARD VOICE

One example of citizen engagement is volunteer service on the Boards of Directors of community-based social service and wellness agencies. Collectively, we volunteer our time to identify and address the needs of children, families, seniors, those with disabilities, and all people who require support to lead a healthy, productive life in our respective locales. Across the province

thousands of people contribute to their communities in this way.

To support and highlight the vital work of this army of volunteers, the Board Voice Society of BC was established. As noted on the Board Voice website

Board Voice is dedicated to improving social services to people in their communities. We do this by speaking to government and to our communities about the importance of social services to the health and well being of our citizens, bringing to their attention key concerns and issues, and telling the good news about the work of community based social service agencies.

We promote excellence in governance by connecting board members from across the province and providing resources that assist in developing their boards.

We help build bridges between agencies at the community level to ensure community-wide understanding of how best services should be organized and delivered. (www.boardvoice.ca)

Not surprisingly, many practicing and retired social workers, social work educators, and students are involved in Board Voice in a variety of capacities.

BOARD VOICE INITIATIVES

Since its founding in late 2011, Board Voice has undertaken a range of successful initiatives at local, regional, and provincial levels. Provincial advocacy included discussion with the government and opposition MLAs about ongoing challenges facing social service agencies such as project-based funding and the lack of resources for administrative roles and oversight of day-to-day work. Locally, some communities have focused on the critical task of bringing Boards together to connect with each other, share resources, and collaborate on educational activities and advocacy work. In other communities such as Victoria and Prince George, significant efforts have been made to engage young people.

YOUTH ON BOARD

In Prince George, a successful initiative to promote the multiple benefits of having young people involved with community social service agencies was undertaken by Board Voice member agencies in partnership with the United Way of Northern BC, the University of Northern BC School of Social Work, Community Development Institute, and Alumni Association.

This initiative, known as *Youth on Board*, provided young people with an opportunity to learn more about board and volunteer involvement with community-based social service agencies, at the same time providing a forum for agencies to hear from young people about ideas and potential contributions youth could make. Interactive sessions were held on the following topics:

- Community Social Services: What are they and why get involved?
- Board of Directors: What roles and responsibilities?
- Voice of Youth: What youth can and are contributing.
- Board Fair: Agency information booths – A time for agencies to engage with each other and with interested youth.

About 30 young people participated and more than 20 local community social service agencies set up displays at the “Board Fair”. Every individual and agency who provided feedback wants this initiative to continue. Happily we will be continuing *Youth on Board* with a Fall 2014 gathering to which participants in the original initiative will be invited along with other agencies and young people that would like to connect with this ongoing work.

SOCIAL POLICY FRAMEWORK

Perhaps the most significant province-wide initiative of Board Voice to date is the advocacy and organizing work for the development and implementation of a Social Policy Framework in British Columbia. A province-wide call from Board Voice entitled, *There is a Better Way*, highlights the need for such a framework:

Social policy affects everyone...Virtually every family in this province will access social services at some point in their lifetime, and communities increasingly understand the need to plan for the social impacts of economic development. Responding to these human needs challenges us all...The needs are increasing while resources grow ever tighter.

As the volunteer governors of social service organizations, we believe how we as people, as communities, as organizations and governments respond to these needs will define us. Board Voice directors call upon community leaders and our provincial and municipal governments to partner with the social

services, health care, justice, and education sectors to design a broad based, inclusive consultation that engages British Columbians to shape a plan to meet our social needs now and into the future. There is a better way. We invite you to join us. (Social Policy Framework, www.boardvoice.ca)

This idea, initiated in 2013, is gaining momentum across the province. The following municipalities are among the growing number of those supporting the initiative: Vancouver, Surrey, Burnaby, Duncan, Nelson, Campbell River, Kamloops, North Vancouver, New Westminster, the Association of Kootenay and Boundary Local Governments, and the Association of Vancouver Island and Coastal Communities (AVICC). Other groups have thrown their support behind this initiative including the BC Association of Social Workers, the Federation of Community Social Service Agencies of BC, the Provincial John Howard Society, the Surrey Board of Trade, and Community Partners Addressing Homelessness (representing more than 30 local agencies in Prince George).

Ensuring that all BC municipalities will have the opportunity to hear about and support the Social Policy Framework initiative, the AVICC has recommended that the Union of BC Municipalities (UBCM) call on the Premier to begin designing a Social Policy Framework for BC. The resolution presented by the City of Duncan, passed at AVICC’s annual convention in Qualicum Beach, April 12, 2014, and next to be presented to UBCM delegates attending their September 2014 Conference, reads as follows:

WHEREAS every British Columbian depends on social services, health care, justice and education services;
AND WHEREAS our communities are partners in the delivery of many of these services and are facing increasingly complex social challenges requiring coordination between multiple social ministries of government, municipalities and the community agencies and organizations that deliver services to the public;

THEREFORE BE IT RESOLVED that the municipal governments of British Columbia call upon the Premier to begin a consultation with British Columbians to initiate the development of a Social Policy Framework that will set out key policy directions, values, priorities, roles and expectations, and guide the creation of public policy to meet our social needs now and into the future.

Duncan AVICC Resolution, Social Policy Framework, (www.boardvoice.ca)

In addition to the support that we hope will come from the Union of BC Municipalities, Board Voice is working across

continued on page 18

IFSW General Meeting and World Conference 2014



WORDS | **MOREL CAISSIE**, MSW, RSW, CASW PRESIDENT

Canada has been a long-time member of the International Federation of Social Workers (IFSW) which was founded through the initiative of seven countries in 1928. We remain staunch supporters of this global organization striving for social justice, human rights, and social development through the promotion of social work, best practice models, and the facilitation of international cooperation. At the General Meeting held concurrently with the Joint World Conference on Social Work and Social Development, Melbourne, Australia, July 5–12, 2014, I accepted to serve on the IFSW Executive as President for North America for the next two years. I look forward to representing the social work community in North America to the best of my abilities in this international forum.

NEW MEMBERS AND NEW EXECUTIVE COMMITTEE OF IFSW

Social work organizations from the following countries were accepted by the General Assembly as new members of IFSW: Egypt, Grenada, Mexico, Morocco, and Romania. The current membership numbers over 800,000 social workers from 116 countries. The results of the election for the Executive Committee and Officers of IFSW are as follows:

| | | |
|------------------------|-------------|--|
| Ruth Stark | Scotland | Global President |
| Eva Ponce de Leon | Philippines | Global Treasurer |
| Mariko Kimura | Japan | First Vice President |
| Daniel Asiedu | Ghana | President, Africa |
| Noel Muridzo | Zimbabwe | Member-at-Large, Africa |
| Mariko Kimura | Japan | President, Asia-Pacific |
| Rose Henderson | New Zealand | Member-at-Large, Asia-Pacific |
| Cristina Martins | Portugal | President, Europe |
| Salome Namicheishvilli | Georgia | Member-at-Large, Europe |
| Morel Caissie | Canada | President, North America |
| Darrell Wheeler | USA | Member-at-Large, North America |
| Silvana Martinez | Argentina | President, Latin America & Caribbean |
| Rodolpho Martinez | Uruguay | Member-at-Large, Latin America & Caribbean |

NORTH AMERICAN REPORT TO IFSW

The presidents of the five regions represented in IFSW were tasked with presenting their respective reports to the General Meeting, highlighting activities and projects of interest to the global social work community. Links to regional organizations and regional activities, membership development, human rights and social justice issues were the main focus of each regional report. You can read the North American report which includes activities of CASW, at http://cdn.ifsw.org/assets/ifsw_54944-10.pdf.

GLOBAL AGENDA FOR SOCIAL WORK

The Global Agenda for Social Work and Social Development was front and centre in discussions during the general meeting as well as the focus for the World Conference theme. The Global Agenda is the product of a three-year collaborative initiative undertaken by the IFSW; the International Association of Schools of Social Work (IASSW), a community of schools and educators in social work, speaking on behalf of 2,000 schools of social work and 500,000 students; and the International Council on Social Welfare (ICSW), a global, non-governmental organisation representing tens of thousands of organisations around the world active in programmes to promote social welfare, social development, and social justice. All three bodies were founded in 1928 and have held formal

consultative status for many decades with the United Nations Economic and Social Council and other UN and related agencies.

In preparing the Global Agenda, there was extensive consultation with social workers, social work educators and social development practitioners. In 2010, at the joint conference in Hong Kong, the Global Agenda received overwhelming support from approximately 3,000 delegates. Consultation culminated in four specific commitments for the Global Agenda:

- Promoting social and economic equalities
- Promoting the dignity and worth of peoples
- Working toward environmental sustainability
- Strengthening recognition of the importance of human relationships

GLOBAL OBSERVATORY REPORT 2014

Regional observatories were set up as a mechanism for monitoring and reporting on the implementation of The Global Agenda Commitments. The purpose is to gather evidence about the activities of social workers, educators, and social development practitioners, who support the implementation of the Global Agenda around the world. The reporting is structured around the four themes of The Global Agenda, starting with **Promoting Social and Economic Equalities in 2014**.

One of my duties as a member of the executive committee of IFSW for the last two years was the coordination of the regional observatory for North America. You can find our submission as part of the *Global Observatory Report* that was published as a supplement to the *International Social Work Journal* and launched at the Melbourne World Conference. Over the next two years, CASW will work in collaboration with NASW in the United States on the next regional observatory. This observatory will relate to the implementation of the second commitment—**Promoting the Dignity and Worth of Peoples**, to be reported on at the next World Conference in Seoul, South Korea, scheduled for June 2016.



©iStockphoto.com/lisegagne

GLOBAL DEFINITION OF SOCIAL WORK

After an extensive consultation process spanning four years, the review of the **Global Definition of the Social Work Profession** culminated in a new definition as follows:

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 wellbeing.

POLICY ON SEXUAL ORIENTATION AND GENDER EXPRESSION

IFSW adopted this policy on the grounds that we know of 76 nations with laws that criminalize people on the basis of sexual identity and five nations that have the death penalty as the possible result of consensual adult same-sex activities. Same-sex behaviour is still often characterized by many as either pathological or sinful. There is no moral compass or any belief that can justify or legitimize discrimination and violence against any human being. It is incumbent upon IFSW to uphold our ethical commitment to human rights by clearly stating our position on issues affecting the rights of LGBTQ people who continue to be marginalized and oppressed all over the world.

GUIDING PRINCIPLES FOR SOCIAL WORKERS WORKING WITH OTHERS TO IDENTIFY AND PROTECT CHILDREN FROM ALL FORMS OF SEXUAL ABUSE

This comprehensive policy statement was developed in response to growing public and political concern about the increase in abuse connected with the internet (grooming and pornography) as well as the increased vulnerability of young people following natural

continued on next page

IFSW...continued from previous page

disasters or in conflict situations. These guidelines are applicable for all social workers in whatever setting or part of the world they are working in.

REVIEW OF IFSW CONSTITUTION AND BYLAWS

A sub-committee of the Executive of which I will be a member, has been tasked with a constitutional review. Following a consultation process with all member countries, a draft proposal will be developed for adoption at the next General Assembly, June 2016.

MEETINGS OF IFSW EXECUTIVE COMMITTEE

Meetings of the Executive will generally be by teleconferences with the use of Skype when feasible. The next face-to-face meeting will be in Switzerland where the Committee will also be attending Social Work Day Celebrations at our UN offices in Geneva on March 17, 2015.

JOINT WORLD CONFERENCE

The theme for the Conference on Social Work, Education and Social Development 2014 was **Promoting Social and Economic Equality: Responses from Social Work and Social Development**. The joint conference was organized by IFSW, IASSW, and ICSW and hosted by the University of Melbourne. The 2000 delegates at the conference had the opportunity to attend ten plenary sessions with simultaneous translation in five languages. There were more than 700 separate workshops to choose from over a four-day period. Participants had the opportunity to do field visits throughout Melbourne and view a listing of over 300 e-posters. The conference was a huge success. Organizers are already preparing for the next World Conference to be held in Seoul, South Korea.

Finally, I wish to invite you to visit our website at ifsw.org to learn more about the important work and contribution of social work and social development in building a “society for all” wherein every individual has an active role to play within a fair and just world. I encourage everyone to join the IFSW Friends Programme which gives access to *IFSW Connect*, the largest online community of social workers, offering members the ability to share, discover, and learn. This site enables social workers to create professional networks with peers, form discussion groups, engage and share resources with colleagues from around the world as well as create and/or participate in social work or social justice campaigns. The Friends Programme provides free online access to the *International Social Work Journal* and contains all articles dating back to 1959. 📄

Morel Caissie, as Member-at-Large for North America on the Executive Committee of the IFSW, represented CASW at the General Meeting and the Joint World Conference on Social Work and Social Development in Melbourne, Australia.

Board Voice...continued from page 15

the province to engage as many other agencies and organizations as possible to become familiar with and supportive of the Social Policy Framework initiative including the proposed province-wide consultation with British Columbians.

For those *Perspectives* readers who will be attending the BCASW Conference, October 17–18, and are interested in getting involved or learning more about the work of Board Voice and/or the Social Policy Framework initiative, a conference session—*Giving Voice to the Critical Role of the Community Social Service Sector*—will take place 10:30 AM, October 18th. Our input, engagement and activism are essential ingredients for creating a society that can and does meet the social, health, educational, economic, and other needs of its members. Board Voice is one mechanism for getting involved. 📄

Dawn Hemingway is a Provincial Director and Community Lead for the Board Voice Society and an Associate Professor and Chair of the University of Northern BC School of Social Work. She can be reached at Dawn.Hemingway@unbc.ca.

BCASW Calls for a Social Policy Framework for BC

The board of the British Columbia Association of Social Workers has passed a motion supporting the call for a social policy framework for B.C.

Barb Keith, President of the BC Association of Social Workers:

“BCASW is pleased to join Board Voice in calling for the development and adoption of a Social Policy Framework for BC. We look forward to working with our many community partners with the goal of improving the quality of life for all British Columbians in context of the social determinants of health.”

A Social Policy Framework, such as the one recently passed in Alberta, states the social goals that government and communities and social services agencies are striving for. It can guide decision making, set future direction, identify important connections, and support the alignment of policies and practices both inside and outside of government. A SPF helps government address the increasingly complex issues facing BC communities more effectively and efficiently.

Board Voice Society of B.C. has been advocating for a SPF in BC since early 2013 and is speaking to organizations and municipalities across the province about the idea.

Michael Davis, Chair of Board Voice, says that the social issues we read about are the day to day life of social workers. “Having the Social Work Association support this idea is huge. Social workers are on the front lines of many of our community services and bring a highly credible voice to this initiative.”

COMMUNITY OF PRACTICE ON SENIORS' ISSUES

This community of practice is comprised of social workers who are currently working with or are conducting research about seniors. We will be meeting quarterly via teleconference for the dual purpose of sharing our knowledge and resources as well as advocating for the social work role in working with seniors. Some of the topics that we discuss include: adult abuse and neglect, living in residential care facilities, advance care planning, as well as poverty and mental health problems.

We recently sent a letter welcoming the newly appointed Seniors Advocate, Isobel Mackenzie, to her role. We are excited to say that we received a response from her and plan to meet with her in the future.

New members are welcome. Please email bcasw@bcasw.org with your interest.

Alison Leaney, Chair

CHILD WELFARE COMMUNITY OF PRACTICE

A new opportunity exists for collaboration and exploration in relation to child protection social work. Carol Ross is helping to initiate the formation of a "Child Welfare Community of Practice" for Association members. An inaugural teleconference call will be organized for early September to explore framework and vision for the initiative and at this point the possibilities are wide. Those of us working in any facet of child protection work, including research, counselling, advocacy, education, investigation, victim services, program design and other areas, have much to share. There is potential for innovation and systemic change; who knows where this collaboration might lead us. If you are interested in exploring the possibilities with your social work colleagues, please let BCASW know and copy Carol at carol.ross@parentsupportbc.ca.

Carol Ross, BCASW Lead for Child Welfare and Family



©iStockphoto.com/liseagagne

British Columbia School of Professional Psychology

406-1168 Hamilton Street • Vancouver, B.C. • V6B 2S2
(604)682-1909 • Fax (604) 682-8262;
email: wilensky@interchange.ubc.ca

The British Columbia School of Professional Psychology is presenting **Basic Training in Eye Movement Desensitization and Reprocessing (EMDR)**. This course is approved by the Eye Movement Desensitization and Reprocessing International Association (EMDRIA).

Participants will learn to use EMDR appropriately and effectively in a variety of applications. Such use is based on understanding the theoretical basis of EMDR, safety issues, integration with a treatment plan, and supervised practice. Part One/Level I EMDR training is usually sufficient for work with uncomplicated Post-traumatic Stress Disorder in most clients. Part Two/Level II is necessary for working effectively with more complex cases, special populations and more severe, longstanding or complicated psychopathology.

Qualified applicants will have a minimum of Masters level training in a mental health discipline and must belong to a professional organization with a code of ethics or be a Graduate student in practicum/internship with appropriate supervision.

- Instructor:** Marshall Wilensky, Ph.D., R. Psych., EMDRIA Approved Instructor
- Format:** Lecture, discussion, demonstration, video - 20 hours; Supervised practice (during training weekends) - 20 hours; Consultation by group meetings or online discussion forum - 10 hours
- Dates:** Part One November 28 - 30, 2014
Part Two February 27 - March 1, 2015
- Times:** Friday 9:00 am - 5:00 pm.; Saturday and Sunday 9:00 am - 4:30 pm.
- Consultations:** Mondays, December 15, 2014, January 19 & March 23, 2015 - 6:30 pm -9:30 pm.
- Location:** Peretz Centre (6184 Ash St., Vancouver)
- Tuition:** Full Course: \$1,850 (before October 17, 2014) \$1,950 (after October 17, 2014)
Previously trained EMDR clinicians can get updated for half price
- Registration:** Online at www.emdrtraining.com (>>Basic Training >>Vancouver page)

For more information please contact: Alivia Maric, Ph.D., R. Psych.
604-251-7275 amarica@shaw.ca



The UBC Okanagan Campus School of Social Work

WORDS | EDWARD H. TAYLOR, PhD



HISTORY

The roots of our School stretch through Okanagan University College, University of Victoria, and into the University of British Columbia. Okanagan University College (OUC) acquired university college status in 1990. In affiliation with the University of Victoria (UVic), OUC began offering a program of study leading to the Bachelor of Social Work (BSW) degree. OUC received membership in the *Association of Universities and University Colleges* in the fall of 1997, and the BSW program, in partnership with UVic, received full accreditation from the Canadian Association for Social Work Education (CASWE). A year later the School was granted candidacy status to become an independent program. The first students awarded a BSW degree from OUC graduated in June 2000. Five years later OUC officially joined the University of British Columbia as a satellite campus.

Originally the BSW program was taught within a Department of Social Work. However, because of its community contributions and professional standing, the university designated the teaching unit as a School nested in the Faculty of Health and Social Development (FHSD). Throughout its evolution the School has been part of the FHSD. Today our School remains part of the FHSD which in addition to social work houses the School of Nursing, and the School of Health Exercise Studies. In the fall of 2009, the UBC Vancouver School of Medicine opened a new program dedicated to training family physicians on the Okanagan campus. This has provided the School of Social Work students and faculty with exciting new research, professional, and educational opportunities.

In 2005, UBC gave the School permission to plan a one-year Advanced Standing MSW program, and the first cohort of part-time MSW students were admitted in the fall of 2006. Two years later, the MSW program was expanded to accommodate both part and full-time students. Originally, the majority of students in the MSW program were former OUC and UBCO BSW alumni. Today however, the School draws students from across Canada.

OUR MISSION STATEMENT

Informed by a vision of social justice, the School of Social Work promotes social well-being, change, healing, and growth at multiple levels. We are committed to fostering the integration of varied and diverse theoretical perspectives which contribute to holding central the dynamic interplay between individuals and their environments. Recognition is given to the impact of harmful and oppressive environments, our interdependence, and the human need for caring, loving and sustaining relationships throughout the life course.

We are committed to building collaborative relationships with communities and organizations to create change spanning the continuum from personal to societal for all, including marginalized populations. The School also addresses critical social issues integral to the Okanagan region. In particular, we acknowledge the injustices Indigenous peoples have experienced, their strengths and capacities, their contributions to social work knowledge and practice, and their rights to self-determination.

Striving for excellence in teaching, practice, research, ongoing professional development, and community service, we share knowledge with local, provincial, national and global communities. Undergraduate and graduate programs advance the ideals of international, interdisciplinary, and interprofessional education. The School promotes the values of diversity, creativity, stewardship, leadership and innovation in the teaching-learning process. Our programs develop social workers who are competent, ethical, critical thinkers, and reflective in their practice.

www.ubc.ca/okanagan/socialwork

AN EXCITING NEW FOCUS

Even though the School attracted a cross-section of students, our faculty was concerned that we could not become a nationally recognized clinical and research program unless major structural and programmatic changes were made within the School. As a result, a majority of faculty members voted in 2010 to end the BSW program, and to dedicate our effort to developing a clinical and direct practice MSW degree. By the fall of 2012 we had

initiated a two-year Foundation MSW track along-side our one-year Advanced Standing program, and stopped enrolling BSW students. The last UBCO BSW class graduated in June 2014. The stability of the School's planning and vision was recognized this summer when after a review, the Commission on Accreditation awarded UBC Okanagan Campus School of Social Work a six-year extension on the current full accreditation.

THE CENTRE FOR THE STUDY OF SERVICES TO CHILDREN

Today, in addition to developing a clinically focused MSW, the School has two research centres and an Interprofessional Mental Health Clinic. The School's *Centre for the Study of Services to Children and Families*, is funded by the Canadian Foundation for Innovation. Dr. Susan J. Wells provides direction and oversight for the Centre's research. The Centre focuses on identifying effective services for children and families with an emphasis on serving diverse populations. The Canadian Foundation for Innovation funded a five-year infrastructure grant to establish the Centre. Research is focused on contributing to increasing evidence-based practice knowledge and training the next generation of family and child researchers. Annually, one to three students interested in clinical research, program evaluation, and child welfare are provided with field placements in the Centre.

THE CENTRE FOR INCLUSION AND CITIZENSHIP

Dr. Rachele Hole is the Co-Director of the School's *Centre for Inclusion and Citizenship*. The Centre is a partnership between the UBC Vancouver and Okanagan Schools of Social Work, community living organizations, and supporters seeking to further the inclusion and full citizenship of people with intellectual and other disabilities and their families locally, nationally, and globally. The Centre seeks to contribute to this goal through learning, research, and knowledge exchange. Through the Centre, Dr. Hole supervises several doctoral students, and annually provides a field placement for one to three MSW students.

THE INTERPROFESSIONAL CLINIC

The Interprofessional Clinic is a collaborative venture between the Schools of Social Work, and Nursing, and the Department of Psychology. It is a teaching and research clinic that addresses mental, behavioural, and emotional concerns, and promotes individual and family well-being. Approximately six to ten MSW students annually have the opportunity to take their field placement practicum in the Interprofessional Clinic. The clinic is located on the Okanagan campus. This year UBC funded 1.5 positions for supervising social work students assigned to the Clinic. Clients are referred to the social work section of the clinic by pediatricians, public and private area schools, and private

agencies. The clinic serves as a point of great pride for the School in that only a few Schools of Social Work in Canada receive university funding for providing selected students with clinical field placements. Additionally, the clinic has received funding from the Royal Bank of Canada to conduct a clinical treatment study of aggressive children and adolescents prescribed medications. All services for the child treatment, case management, and parent education are conducted by MSW students.

THE CLINICAL AND DIRECT PRACTICE MSW PROGRAM

The School's Clinical and Direct Practice MSW program aims to help students incorporate critical theory into social work assessments and interventions. Students develop a deeper understanding of the integration of individual, relational, structural, and global factors that respects diversity, promotes resilience, increases personal and family strengths. The School takes great pride in promoting the concept that clinical and practice methods consist of an array of tools. Students graduate with academic knowledge and a foundation for creating individual, family and societal change through professional assessments, environmental interventions, concrete and emotional support for individuals and families, robust case-management, representation of oppressed individuals and communities, and directed education, as well as psychotherapy.

ANNOUNCING OUR NEW ACTING DIRECTOR – DR. JUDY GILLESPIE, BSW, MSW, PhD



Over the past six years the School was directed by Dr. Edward H. Taylor. However, UBC invited him to become the Associate Dean for FHSD, and in July of this year appointed Dr. Judy Gillespie as Acting Director. Dr. Gillespie's primary interests are in the role of communities—their social, physical, and political infrastructures—in the promotion

of child welfare. She is interested in the role of *place* in well-being, and the interactions of person and place, including the ways in which professional practice is shaped by place. Dr. Gillespie's experience as a social work practitioner includes supervision, staff training and development in child protection; mental health therapy with children, adults and families; and co-facilitation of group treatment programs for perpetrators of intimate partner violence. In addition, she has practiced community organization

continued on next page

continued from previous page

and development in a variety of settings, primarily in rural areas and Aboriginal communities in northern Alberta.

We are proud and confident of the new directions taken by UBC Okanagan Campus and welcome you to consider joining us as a student or field instructor. 

Edward H. Taylor is the Associate Dean for the Faculty of Health and Social Development and Co-Director for the UBC Interprofessional Clinic at the University of British Columbia, Okanagan Campus in Kelowna, BC.

Be a BCASW Mentor!

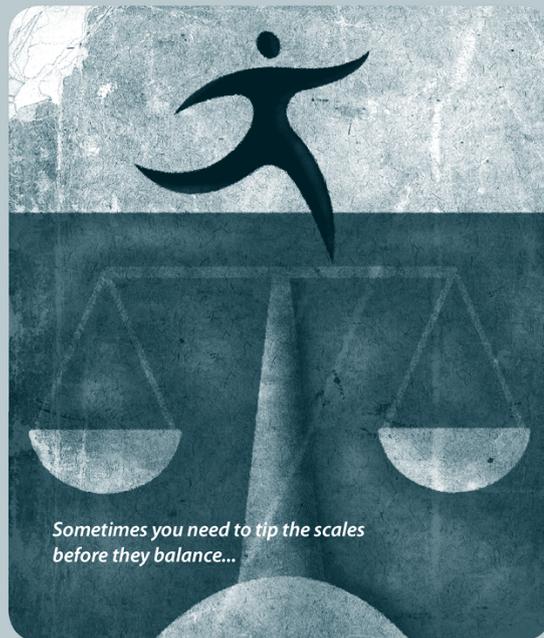
Share your wisdom and experience with other BCASW members, assisting with issues as varied as preparing a résumé, discussing practice challenges, exploring an ethical dilemma, assisting with career or relocation decisions, or providing guidance and support through the job-seeking process and adjusting to a new role.

Mentoring is a satisfying and mutually enriching experience. If you want to be a Mentor, download the Mentoring application form from the BCASW website (www.bcasw.org) or contact BCASW at bcasw@bcasw.org.

And if you are seeking a Mentor, download the request form from the BCASW website and we will match you up with a fellow member who is ready to help!

Social Workers

Promoting Greater Social Equity



*Sometimes you need to tip the scales
before they balance...*

Injustice anywhere is a threat to justice everywhere.

Martin Luther King Jr.



BC Association of Social Workers

www.bcasw.org



AS A MEMBER YOU GET MORE. THEN YOU GET MORE.

BCASW members get extensive coverage, personalized service and bundled savings packages.



Home Insurance¹

1-800-563-0677

(Group ID Code: BE)



MEDOC[®] Travel Insurance²

1-866-606-3362

www.johnson.ca/bcasw



BC ASSOCIATION of
SOCIAL WORKERS

JOHNSON 

HOME+TRAVEL INSURANCE

¹Johnson Inc. ("Johnson") is a licensed insurance intermediary. Home policies are primarily underwritten by Unifund Assurance Company ("Unifund"). Unifund and Johnson share common ownership. Eligibility requirements, limitations and exclusions may apply. ²MEDOC[®] is a Registered Trademark of Johnson Inc. MEDOC is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Johnson Inc. Johnson Inc. and Royal & Sun Alliance Insurance Company of Canada share common ownership. (CAT07.2014)

Why belong to BCASW?

BECAUSE BOTH YOU AND OUR PROFESSION BENEFIT FROM YOUR MEMBERSHIP

BCASW SUPPORTS PROFESSIONAL PRACTICE

- A strong collective voice for social work, we campaign for and defend social work values and ethics
- We stress the positive and vital contribution of social work to the community
- We advance the interests of social work

BCASW SUPPORTS ITS MEMBERS

- Mentoring and guidance in social work practice
- Job search help
- Consultation on ethical dilemmas
- Professional development and continuing education opportunities
- Networking and leadership opportunities through branch, board, and committee participation
- Tangible benefits such as insurance, membership discounts, and other perks

BCASW KEEPS YOU CURRENT

- You receive a subscription to our acclaimed newsmagazine, *Perspectives*.
- Through our website, print and email communications, you are always up to date with the latest information, research and events to ensure you stay current in your practice.
- You have access to the Members Area of the BCASW website as well as the Members Area of the CASW website, which features the online journal *Canadian Social Work*.

BCASW IS ADVOCACY IN ACTION

BCASW and its practice committees actively engage in advocacy. We are steadily building and strengthening our links with government and the media and developing partnerships with other public and professional bodies.

As an organization of members serving members, our success and vitality is built on the active involvement of members who share a commitment to good social work practice. If you are currently a member of BCASW, thank you for supporting our efforts. If not, now is the time to:

Be supported. Be connected. Be appreciated.

Join BCASW today at www.bcasw.org



BC ASSOCIATION of
SOCIAL WORKERS



BALANCE

Spindle whorls were traditionally used by Coast Salish women to spin wool and were often carved with intricate designs. The whorl was placed on a wooden spindle to add weight to maintain the spinning motion, and to prevent the wool from falling off the rod.

Artist Qwul'thilum, Dylan Thomas is from the Lyackson First Nation who are traditionally from Valdes Island, on BC's northwest coast. The spindle whorl entitled *Balance* and designed for BCASW depicts "four people participating in a collection, all contributing to the centre, to create balance in the community."



BC ASSOCIATION *of*
SOCIAL WORKERS