

## Profiles in Social Work

Episode 24 - Marco Posadas

**Intro** - Hi, I'm Charmaine Williams, Associate Professor and Associate Dean, Academic, for the University of Toronto, Factor-Inwentash Faculty of Social Work. Welcome to Profiles in Social Work. This podcast series is produced by our Faculty and Alumni Association. In 2014 the Factor-Inwentash Faculty of Social Work is celebrating 100 years of contributing to Social Work Practice and Education. You can find out more about us by visiting us online at [www.socialwork.utoronto.ca](http://www.socialwork.utoronto.ca) We're glad you could join us today. The series Profiles in Social Work highlights how social workers are making a positive difference in our communities by presenting stories of how social work graduates are using their degrees. We hope you will enjoy this series. Especially if you are thinking about a career in social work or interested in hearing about what social workers do.

### Profile – Marco Posadas

My name is Marco Posadas and I graduated from the University of Toronto, Factor-Inwentash Faculty of Social Work in 2008.

I am a psychotherapist and I'm a psychologist back in Mexico and when I immigrated to this country I realized that in order to practice the profession that I wanted I needed to have certain credentials, and instead of going the psychology route which to me here in North America doesn't reflect the values and principles that I expected from psychology back in Mexico, I realized that to me social work was a much more wide open and inclusive profession to get the credentials that I needed to do my work here and I have several friends who are social workers and mentioned their experiences so I decided to try it and that's how I ended up enrolling to the Masters in social work at U of T.

First of all it was an amazing experience as a newcomer. I was able to build relationships that still we're friends and very supportive and now that I'm in the field those relationships that I started here while I was studying are the ones that support my work so it made my experience less isolated – practicing psychotherapy can be a very isolating experience so knowing more people that are doing the same work it's very supportive. It was also a challenge to do a degree in English as my native language is in Spanish. I remember my experience here, while it was challenging at the same time

was very welcoming and very supportive and they gave me basically all the supports that I needed to write my papers and do my placements.

The thing that I liked the most were my placements. I was placed in a hospital in the department of psychiatry doing psychotherapy with HIV positive gay men. And since my passion is psychotherapy it was an amazing experience and an amazing learning opportunity. I was exposed to people that I really look up to that are writing papers and articles and books; at this time they are my mentors.

I was always interested in being a psychotherapist because of my own experience with psychotherapy when I was a ten year old. To be able to practice my passion was really very important and connecting it to social work, social work gave me the possibility of reaching that in a way that was more general, that I can get several skills. I'm crazy busy. I have two jobs at the time, a full time job where I run a counseling program for gay men in bathhouses, which is one of the most innovative programs that exists, and very progressive, it's a program one of its kind, and it's only done here in Toronto, and at the same time I run a private practice in psychotherapy and psychoanalysis.

What I do is basically I talk to people, and I listen to people that are struggling emotionally or psychologically that need certain areas of support or need to connect with someone to wanna change something that is going on in their lives that they are not happy about in very different settings so from private practice to go into a bathhouse. So I was hired in the agency that I work for to start this program from scratch. As a social worker I had the opportunity to develop a program, plan it, envision it, get the resources, building a community-based program can be quite challenging in terms of having the partnerships in place that can support the work, and designing what was the type of intervention that would make the most sense in bathhouses.

Bathhouses are places where men go to connect with each other, could be in a sexual way or it could be in many other different ways, so it is a very specific, very sexualized environment. To tailor an intervention to that, that could be a single-session model, walk-in model where guys could come, talk to me, and talk about their anxieties in order to decrease the transmission of HIV, and we believe we can do that by carving a space where men can stop and think and reflect about certain things that get in the way of their decision making process, because going to a bathhouse can be a very complicated experience. If you are married to a woman or are not sure about your sexual orientation or just simply struggling with relationships or with your own self esteem and body image, going to a bathhouse can be a triggering experience. So now there is a possibility of talking to someone in that moment and then I can connect them to services outside or refer them to myself at the agency where I work for up to eight

sessions. So it's a first step to try to catch some of the people that we believe fall through the cracks because they cannot access services. So it's taking the work that we do in the community to build therapeutic relationships so that they can access services later.

It's not the typical psychotherapy approach. So you have to have the skills and the tolerance to be able to adapt to such a complicated setting like a bathhouse and still do the work that you need to do and reach the population that you need to reach. How can we make programs that can reach people who need them, regardless of the limitations of the system? This is a very clever way of bypassing some of the systemic barriers that we encounter; the limitations of funding and the limitations of the system. It's sort of a match between advocacy and actually a clinical intervention. As you can tell I really love my job.

Working in an environment that is so highly sexualized where you don't have a wait room or a regular room two-chair seating but a room that people use in other ways like connecting sexually with other men, there's men having sex in other places so the environment can be very charged. To be able to tolerate that environment and work professionally with a man that can be struggling with childhood sexual abuse or severe experience of emotional deprivation or under housed or immigration issues or HIV/AIDS issues, loneliness, isolation, depression, like really complicated stuff within a single-session model, surrounded by sexual energy can be a lot to handle so that's one of the challenges that we work through with a lot of clinical supervision and a lot of supports from the agency that I work and also external clinical consultation. And also working with a naked guy can sometimes arise a lot of anxiety. Being familiar with the setting and being familiar with the needs of that population and having an understanding of cultural competence in terms of this community, of a community of gay, bi and other men who have sex with men, makes a lot of difference.

How I work with this community is that I have learned to understand sexuality in a different way. I learned to separate sexual identity, sexual orientation, gender expression and sexual behaviours which I used to amalgamate. Before, I used to think that if you were gay you behaved in this way, or if you were straight you behaved in that other way, and I think sometimes the government thinks that, or funders might think that, so having people in the field doing the frontline work that actually understand this experience can at the end inform policy and make change happen. Because I have the research, the skills, the data that can say "we're not really getting to gay men when we have a program in an AIDS service organization cater to gay men because there might be men who have sex with other men that might not identify as gay men and might not

go to that agency because they don't feel comfortable and safe. So how can we reach those men?" You're able to make those program changes and then you can access an entire population who has not been able to have resources and support, and they needed it.

Being able to be in the moment with someone that needs to talk about something that they probably have not been able to put that into words before can be a very rewarding experience. It feels amazing that you are able to be in the right moment at the right time for someone who needs help. That I am doing cutting edge work, something that has never been done before, there's a lot of research, doing something so innovative and with a community that I feel is really important to work with, it's very gratifying, it really makes me really feel that I am making a difference, which at the end, professionally, besides trying to make a living, it's also important for me to see that my work is making a difference for someone else and I do that on a day to day basis. So I feel really happy about my professional decisions.

The program that I run is based from a sex-positive and harm-reduction perspective, anti-oppressive, anti-racist, anti-homophobia, so I talk to men that probably a lot of them have never had the possibility to say the word gay out loud. To be able to work through anxiety and guilt and shame in moments where some of these men feel that because they have a different sexuality than the one that is expected from them, and to talk about this with someone that is not judgmental can change this internalized hatred into a possibility of reflecting and thinking that perhaps you're not as bad as you think you are. So those moments where someone has actually said "I have never said that before", or "I can't believe you're not freaking out" or "Really, it is not bad to be gay". Those moments to me are amazing because with the rates of suicide in teenagers and youth identifying as LGBTTQ, things that look really simple can make a lot of impact. This is a two-way street. While some people believe that they go to psychotherapy to change, the whole process changes both the client and the psychotherapist and I am very grateful I have this job where I have the opportunity to witness some of this change and some of this personal growth. To be able to connect with people in a meaningful way, by definition, it also changes my life.

In this profession you never stop learning. You get some skills when you do this work but you gain more, the more you continue your own training. And you do your work and you connect with people you look up to and you create a network of mentors and mentees and a community at the end. This is one of the basic strengths of social work, being able to create networks, not only social networks but supportive networks that can

help you professionally and socially. The more you invest in your training the more you can get out of it and also in your professional life.

**Outro** - This is Charmaine Williams from the University of Toronto Factor-Inwentash Faculty of Social Work. Thank you for listening to our podcast. In 2014 our school is celebrating 100 years of social work research, teaching and community service. For more information about the faculty and our programs we invite you to visit our website at [www.socialwork.utoronto.ca](http://www.socialwork.utoronto.ca)