

Profiles in Social Work

Episode 28 – Jane Paterson

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 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 - Jane Paterson

My name is Jane Paterson and I graduated from the University of Toronto, Factor-Inwentash Faculty of Social Work in 1983.

I was not headed for social work when I started university. I was going to be a French teacher, a language teacher, but as I was doing my undergraduate degree I ran into people and became friends with people who were in the social work program and I was very interested in what they were studying and it was intriguing me. And I knew that I always wanted to work with people and I was interested in, you know, what made people tick, and human development and how that all worked. And then I thought, "Wait a second, what I want to do really is be a social worker, so that's what I should do". I knew that I wanted to be in the health stream and was interested in treatment and therapy so that's what I decided to study.

I thought "Am I really learning enough? Do I really know enough to go out and work with people and treat people?" and I remember I had a very good lab instructor and learned a lot, and then my placement in a medical area in this hospital, it was a very well organized social work department and they welcomed students. They put us through our paces, it was not easy, but they cared that we knew a lot about assessment and

treatment and formulation and ensuring that we had a good theoretical grounding so it was a good experience.

I think it was the quality of the instruction that really stayed with me and has helped me in my role now to sort of emulate because there was extremely good supervision at that time where they observed us, people were behind the mirrors, they were watching us in our interactions, it was excellent instruction and we did learn about a family system, about individuals, about illness and how that affects the whole family, the person, the hopes and dreams of the person, so for sure there were clients that I've never forgotten. I worked in a psychiatric outpatient area, saw people with eating disorders also learned about group treatment modalities and how effective group treatment can be for people. So I had a very balanced, wide range of experience as a student. I was lucky to get a job fairly early on out of school in a psychiatric hospital that had a lot of myths and stigma about it in the community. It was a very vibrant place with an excellent multidisciplinary team. I also had a very strong social work supervisor who supported me in the work that I was doing.

I work in the largest mental health and addiction facility in Canada. My role right now is the Director of Inter-professional Practice. So I have a leadership position and I work with all of the professions except for medicine and nursing, although I collaborate very closely with medicine and nursing. I work with psychologists, social workers, occupational therapists, recreation therapists, addiction therapists, dietitians and so on down the line. My work is a lot about helping the staff do the work they do. Looking at do they have the ongoing education that they need? Do they have the supervision support that they need? And if they have problems, who can they call? Do they have someone to call? So often people will call me about practice problems if they have a conundrum with a patient or a family they might call to run by you know "Are they on the right track?" Sometimes people just need to talk it through and I can be there to provide that support.

Staff have a lot of clinical questions. So what we did was come together, the lawyer, the ethicist, me to work up some of these problems. So for instance sometimes making a call to Children's Aid if you need to report suspected abuse or neglect, that I think is for the most part hard for staff. It's difficult and they want to do the right thing by the rules, so to speak, and for the client. What we've started to do is we write up these kind of common dilemmas. We've written an article, if you like, on that incorporating the clinical knowledge that someone needs, the legal knowledge and the ethical issues and the risk issues. We have a series of those things, so we have one on reporting to Children's Aid. We have one on the limits to confidentiality, because sometimes when a client is with a

staff, they may disclose something that the staff realizes puts others at risk. When you work with clients, everyone knows, it's drilled into them, you must keep everything confidential. But there are limits to confidentiality when someone or the community may be at risk. So we've also written that up to try and help people to what are the limits of confidentiality. When do you need to step outside that relationship? The other issue that people get quite concerned about is the requirement to report to the Ministry of Transportation if someone is driving when they're impaired. Therapeutic boundaries – maintaining therapeutic boundaries. It's a large issue in the whole therapeutic field because people are divulging their innermost personal thoughts, secrets, fears to you, so how do you as a professional maintain that professional distance and still help? What if you work in a community that's small and you're running into people in the grocery store, who you see in treatment? How do you navigate that? So we've written an issue on boundaries on the best advice on how to best maintain your professional role and still treat the client in a proper way. We have ten in our series right now and that's one way that we've certainly tried to support people and provide them with the knowledge and guidance that they need to do their work regardless of whether you work in an inpatient area, an outpatient area, addictions, mental health, they should apply across the board.

Certainly in Canada there is a lot being written and researched around inter-professional collaboration and inter-professional education. And in the world of mental health I think we've always worked in teams. But just because we work in teams doesn't mean they always function so well. I think social work is certainly a profession that's very attuned to process and to understanding what happens in group dynamics. It's often not so distinct what your specific contribution is as a social worker, as an OT, as a physician even, and so you have to be clear about what your role is. That's another way that we try to help people, is to help them to really be confident about their own scope of practice. What's their breadth of knowledge? What is their unique contribution to the team? And where is there overlap? Because there will be overlap and we have to be comfortable with that and how can people as individuals be good team players and good citizens? Are you a leader? Are you a follower? Just what is your role and your contribution? And they are all valued. Professionals generally don't want to feel like their role is watered down in any way. They want to give the unique contribution so we help them to be confident in that. We do that by ensuring they have opportunities to do evaluation projects so that each profession demonstrates its impact to the organization and to the team itself. The social workers are undergoing an exercise, almost a branding kind of exercise, to say what will be their unique contribution. What will they be known for? Then people can get pride in their work.

What is really good about this field is if you have an idea you can usually run with it. There will be people that support you. There was a time a number of years ago where the province had given money to hospitals to create roles where you would have nursing leaders. So I thought, OK that is great, but there's also a whole other group of people here. What about creating these advanced roles in other professions like social work, like psychology, like OT. So I pitched it and the boss I had at the time said "Then work it up". And I did and we now have I think twenty-two advanced practice people in our organization. I feel good about that because these roles were really roles where people who had strong clinical skills could advance in the field and get rewarded and recognized in the organization by virtue of their position, earning power as well, their expertise was acknowledged. So I feel like that was my idea and I'm glad I did it.

Being able to work on projects where you see an impact, that's really rewarding. I certainly enjoy working with the staff now, I work with social workers at all levels and other professions as well, the new grads, they're eager and smart and brimming with ideas. Their enthusiasm is infectious. It's great to have that group and there's special ways that we look at how we support that group. There's people at mid-stage career who have a lot to give and a lot of knowledge and then people who are more senior and so you know what role should they play in the organization in terms of their giving back, in terms of their knowledge even mentoring capacity. It's stimulating to work with people at different levels and to see what they're interested in and to help them navigate the next phase of their career or where they want to really focus their energies. Working with the staff I like it. It's very rewarding. It's interesting seeing changes to the client group, seeing advances in the field is also very rewarding and seeing changes to legislation that help people, in terms of the world of mental health right now people are becoming more aware of the challenges and I think there's more acceptance which is a good thing.

Social work is a very broad field and it offers a lot of opportunity. It's a very good degree to consider pursuing. I think it reaps a lot of personal rewards for people, like personal satisfaction with the work they do, and also it's good for the betterment of society. Social workers have had a huge impact.



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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