

Profiles in Social Work

Episode 37 – Maria Martinez

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 – Maria Martinez

My name is Maria Martinez and I graduated from the University of Toronto Factor-Inwentash Faculty of Social Work in 2000.

I became interested in social work through my undergraduate courses in sociology and anthropology. It was really, really interesting for me just to know how people lived and their different ideas about life. Putting theory to seeing how the real world actually occurs was an eye-opener for me and it kept me very interested in learning about people. I realized, "hey social work sounds interesting," but I didn't really know what social workers did. So I started to research the role and I found it extremely interesting. I decided to apply, and here I am.

The professors and the mentorship that I received here was a truly valuable experience; Made great friendships along the way. I really didn't know what area I wanted to get into. My practicum opportunities were very different. My first practicum experience was at a community health center. The issues that were brought up there were varied. It could be financial assistance, to housing, to abuse cases. So it was very general which was great as a first learning opportunity for me; And the second one was in a hospital. It was in the neonatal intensive care unit, working with young mothers of children who were quite ill at the time. So that provided me a good basis of getting some interviewing

skills and some counseling skills which obviously are transferable to other areas. That opportunity allowed me to work within a team. The support in a team setting was great. So that really steered me to wanting to work in a hospital.

Currently, I work in an urban acute care hospital. The memory clinic where I work is an outpatient clinic which means that people don't stay in the hospital for these appointments. They would come in from their home to see the physicians and the team and then they would leave after the appointment is done. The memory clinic specializes in assessing people's ability to think and any changes that have occurred over time with a person's ability to think. It looks at or assesses people's cognitive status and it provides a diagnosis of impairment, mostly dementias. The clients we see in the clinic are generally older. They're in their seventies and eighties. We do also get a much younger population under the age of sixty-five and they're categorized in a little bit of a different manner.

My role as a social worker in the clinic is really to provide support to the families looking after someone who has any kind of dementia whether that's the ability to find resources for them in helping them look after the person at home. I also provide education to families because there's still a stigma out there unfortunately, regarding people with dementia. We work in a team setting. It's an interdisciplinary team with an occupational therapist, a nurse, two behavioural neurologists, and two geriatric psychiatrists. And they really specialize in the field of people who have difficulty with thinking that affects their day-to-day function. And that really is the definition of dementia - when people have difficulties in their way of thinking that affects their day-to-day life. The physicians that I work with are specialists in some of the rare dementias. Some people can present with language first being impaired rather than memory, as we would assume in Alzheimer's disease for example. Other people can present with behavioural disturbances. They may act in ways that are not customary for them or it's a big change in their behaviour.

The majority of the cases that we see usually present with difficulties in their memory. The families may notice that they are very repetitive or they're constant misplacing certain items like their keys, or their wallet, or their purse. Or they may have gotten lost in the community. Patients in the memory clinic are referred to us by a physician, their family doctor or a specialist that is seeing them. Once they come in, one, they have to undergo cognitive testing. We do paper and pencil tests to test different aspects of their memory ; their naming, their language, their visual/spatial abilities, attention, calculations. Some of the tests that we could do is, we want to make sure that they know the day, the date, the month, the year. We can also ask them to draw a clock and



indicate a time for us. We also show them pictures and we ask them to name the picture that they're seeing. We also test their memory by asking them to remember several different words. And then we wait a little bit of time and we ask them to repeat the words that they remember. In this way we are able to look at their ways of thinking and how their memory actually performs. Also, we need to get family history because usually a person who is forgetful is not going to remember what they have forgotten. So it is very important for someone to accompany them to our clinic so that we can get an accurate history of what has been happening over the last few months, or few years. After we see a patient, we bring them back and we give them the working diagnosis. At that point there may be extra tests, blood work, or images of their brain. And there are other recommendations given. Some that require medication, lifestyle changes; whether they can't live at home alone anymore, whether they should attend a program that is structured during the day and where they can get their meals and they participate in activities to really stimulate their mind and their bodies because we're very big believers in social stimulation and physical exercise to keep the brain healthy and active.

Some families when we're providing them with the final information are aware of the issues so it's not a shock to them. Other families, despite knowing all the difficulties that this person has been having, they are still very, very shocked about the diagnosis. Some families require much more support and may call me immediately to discuss some of the issues at length. And other families may not contact me at all because they have a good support network. Usually when the physicians feel that this family is not coping very well with their current situation and looking after their loved one, they would get the social worker involved. I would meet with the family and find out exactly what their home situation looks like. What are some of the resources that they may need in order to continue to look after this person? We are big supporters of using home support services like personal support workers and having occupational therapists go out to the home to see how they are functioning. And we have a large population of patients that we see who are living alone. And there is an element of risk involved in, they may forget to turn off the stove, for example, if they're cooking and that may lead to a potential fire. We have many patients who leave the taps on, so it causes floods in the home. And we have many people who get lost when they go out, and the police have to be involved to bring them back home. So our main priority is really to keep people safe at home and also to improve the quality of life for these people and the people who look after them.

Some of the challenges of my position are the lack of resources in the community to help them maintain a good quality of life and be able to live at home for as long as



possible. There are several resources that we can use, for example, personal support workers, but there aren't enough hours that are available that are covered and people unfortunately don't have the ability to pay for care at home. The majority really can't because their pensions are very small and they can't afford to pay for private care. Another challenge is the volume of patients and we have seen the numbers growing year after year and the prevalence of dementia in the world is increasing so we are seeing more and more patients in our clinic. On a positive note, there is a greater public awareness of the need for people to get specialized care in this area. Family physicians cannot do this on their own. They really need the support. We say in our clinic, "it takes a village to look after one person who has memory and thinking problems."

There are many rewards and one of them is gaining a huge wealth of knowledge from the physicians and the team that I work with but also from the patients and the families themselves. They have really taught me professionally and personally. I have learned from the families that I work with that you have to live life to the fullest. People who have memory difficulties and their families, they really regret not having done more because they feel that now it's too late. Family after family teaches me that you really need to live life to its fullest now and not wait for tomorrow. Another personal reward is being able to work with families long-term, from the beginning of the diagnosis to the very end when we talk about some of the very difficult issues, like end-of-life decisions that need to be made. You can build a good therapeutic relationship. In social work that is essential. You really need to build trust and rapport with that person so that you can actually help them and they will let you into their world so that you can help them.

Being a social worker means opening your mind to different experiences and to different people. In this process you can really grow. A social worker needs to be trustworthy and have excellent listening skills. They need to be able to problem solve. If you are interested in social work it is a truly valuable profession. If your heart is in it to really help vulnerable communities, this really is an excellent profession.

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