

Profiles in Social Work

Episode 8 – Kimberley Thompson

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 – Kimberley Thompson

My name is Kim Thompson and I graduated from the University of Toronto, Factor-Inwentash Faculty of Social Work in 2002.

I was looking at university programs, I knew I needed a program that I could go out and work with right away. The course descriptions and being able to, and wanting to make a difference in people's lives is what drew me to social work. It was a real opportunity to learn and it fostered that interest in lifelong learning. Personally, there were financial challenges because you're used to having a source of income and I quit work to do it full-time. There are different populations of students, some who have no clinical experience, come straight from an undergrad to graduate degree and those who have some clinical experience. Finding my footing in finding a group that I can connect with and really talk about clinical cases and learn from took some time, but once that was established I got into a groove. It was a ten-month opportunity to just learn and grow, and it was nice.

I work in a pediatric intensive care unit. So I work with a lot of crisis work, death and dying and parents having to make end-of-life decisions for their children. It's an incredibly intense environment, but I think the intensity and the busy-ness is what suits me. You have to learn your place in many ways, and learn to advocate for yourself in

your role, because you are in a secondary setting. Medical takes priority, and being able to advocate for yourself for what you bring to the table, what you bring to the family and the patient takes time. Establishing relationships with your team is also critical to being successful in what you do in an environment like that.

You have to be able to connect with the family, with the child, but also stay removed so you protect yourself and that you don't burn out, crossing that professional line, the boundary of being a professional and becoming a friend. In very intense situations, particularly in situations where you can relate personally, that line is very difficult to see and not to cross. And that comes with experience and with experience of having crossed that line become attached emotionally. You have to have confidence in yourself and the skills that you bring to the table and you need the team to believe in what you bring and that also takes time, it takes experience, it takes getting to know your team, getting to know yourself and what your strengths are.

Teams vary from setting to setting, depending on the unit I'm on. There are doctors, there are fellows, there are nurses, charge nurses, physical therapists, occupational therapists and myself. So when I go in to meet a family, I will describe what I do and also tell them that I don't do anything medical but I'm part of the team and my goal is really to help support you through your journey.

Oftentimes, the children I meet are very, very young so it's mostly working with parents and the infants are critically ill. A lot of times, parents ask "what can you do?" and I describe it as where I wear various hats, depending on what the need is and it's often driven by what the parents need or what the team needs me to do, and I will find a way to advocate what I feel is needed as well. It could be establishing resources, accommodations, funding for families, the basic nitty-gritty to make survival, being in an intensive care unit doable. You can then establish a more therapeutic relationship with the family because they don't feel as threatened. Sometimes when they meet a social worker, some families are not warm to the idea either because of experience or because they don't need help, they can do it themselves so a lot of it is getting families to "buy in" to what I can offer.

Part of what I do is working with couples who are expecting and who have been advised that their baby will be born with complex medical needs. And so part of my role is working with them to prepare for what that admission will be like and adjusting to the thought and the knowledge that your baby will not be healthy; and the loss that comes with that and the emotional roller coaster that they ride and the journey through. Information is critical. Helping parents feel comfortable and confident to be able to ask



the questions that they need to ask as often as they need to, because in a medical setting it can be incredibly intimidating and often times a doctor will come in, and prior to the doc coming in families have ten questions, they get some new information the doc leaves and they have about a hundred and never asked any of them. Being able to write down their thoughts and having the confidence to be able to ask, it is really important. As social workers in a hospital setting, we have a role to help parents feel comfortable and confident to be able to ask those questions because then they can be better decision-makers in their child's care.

Knowing I've made life a little easier for a parent or made a difference to help them cope or advocated on behalf of the child, on behalf of a parent who doesn't feel that they are able to verbalize something. We do a lot of work in the background that goes unnoticed. Getting the simple thanks from a family, saying "Thanks, you know, you made a difference", is what keeps you going because you don't hear that a lot. Especially with families who lose a child; death and dying, being able to talk about the concrete funeral, the concrete stuff around their child dying, what needs to happen and how to support them through that is very difficult discussion for parents to have. When we are able to talk about it in a safe environment and then that creates a dialogue of how they're feeling around their child dying, how to take care of themselves, their other children and then seeing them at the funeral, cause I will often go if I'm able to, to go to the funeral and getting a parent, giving me a hug saying, "Thank you you made a huge difference in making this okay", and those are the things that keep me going because you do know then you make a difference. It's hard to keep going doing these things sometimes.

I got into running when I was actually in grad school, started marathon running and doing ironman training. And so my husband and I are runners and cyclists. I get up at five a.m. to go for a run and that's how I cope. At the end of the day, I go home and I see my family and that makes it all worthwhile. It gets me through the day to see that there is health and happiness outside of where I work.

Being a Social Worker means making a difference in any way that is important to the family, the person you're working with. That comes in all different ways: different interventions, different resources, different supports. Making that difference is why I got into this and what keeps me going. I got into this profession wanting to make a difference and I think most people who get into this are truly good people that want to make connections and make friends and make people feel better and be in a better place. When I first started, I wanted my clients to like me, I wanted them to know I was there to support them, and almost be their friend. That was a very quick and hard



lesson I had to learn in that I wasn't there to be a friend and that I can't take things personally. That's something that is important for people to be aware of and to know and to figure out how to work through that because if your goal is to be a friend, then you need to re-evaluate, get some supports in place so that you can be as effective as possible without burning yourself out and crossing those lines. Having a really strong support network at home and professionally is key to being effective and doing the best job that you can with the resources you have.

I wish that I had known the value in research and what that brings in terms of validating what we do and giving evidence-based practice. Had I had more respect for that my foundation would have probably been stronger going into this. My graduate degree gave me that appreciation, like it's invaluable and I think really critical to what we do. Evidence-based practice is really, really important. In a medical setting, you see that; you see the amount of research studies that go on and the presentations that are made in terms of evidence and decisions and accessing support and funding. And we need evidence to support what we do because what we do is critical in so many different areas. If we have the evidence to support it then we can have the dollars to support what we do, and that creates so many more opportunities.

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