

## Profiles in Social Work

### Episode 17 – Shannon Furey

**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 – Shannon Furey

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

I became interested in social work during my first year of university. Coming from a very rural community in eastern Canada I didn't really know what social work was until I was at university. When I learned what social work was, that social workers have a variety of different jobs but it's very much helping profession and the education associated with social work was very much social science, humanities things that were of interest me so I thought that would be a good career path. I've always been involved as a volunteer since I was about eight years old and also really involved with leadership roles throughout my education. Social work really seemed to be an area of study and practice that I could actually use the skills that I had.

What I remember about coming to the faculty is there was such a broad spectrum of experiences that brought people to the faculty. When I did my undergraduate degree in social work a very similar group of people, all females about the same age, and it was very kind of homogeneous group. Here I just found that it was so amazing to see the range of experiences, the range of backgrounds, and then to just see where were

planning to go with their degree was also quite different. It really opened my eyes to the things people do with social work.

I coordinate a smoking cessation program. I also am smoking cessation counselor so I work within a large teaching hospital and I provide other professionals with the knowledge and skills to provide smoking cessation intervention to their patients and I also ordinate the resources that are associated with running a program for smoking cessation. So staying on top of current research of best practices in the area of smoking cessation, staying on top of community practices things are happening here in the city with regard to tobacco control and something cessation, and really trying to facilitate that knowledge into the hospital where I work. Then on a more clinical level I provide counseling to inpatients in the acute setting after they have had a heart attack or had a cardiac event and I also see outpatients in a regional Cancer Center to provide smoking cessation counseling. So I may do that in person during the person's hospital visit or e-mail so follow up with them after they discharge or after their visit to clinic and to follow them on the telephone. Smoking cessation is not really something you hear a lot of in the healthcare setting but really what it means is to provide people with the counseling and the resources that they need to quit smoking. So if they are tobacco users and they're looking to make a change to the tobacco use or to quit tobacco use I can provide them with counseling and support and information about pharmacotherapy options that they may want to avail of in the community as well, trying to teach people about ways that they can quit smoking.

It is an adult population of course so the ages really range from eighteen and up; for example I had twenty-four year old patient who was recently diagnosed with breast cancer. So she had had a double mastectomy and was having to quit smoking because in order to get reconstructive surgery she would need to quit smoking or she wouldn't be an eligible candidate for that surgery. So that's a very highly motivated client who really wants to talk to me about finding the tools and the resources, providing the support for the client as well throughout their quit attempt because tobacco use and addiction to nicotine is really a chronic health issue, so providing the supported get them started but then linking them with either community resources or with myself to provide ongoing support should they have a relapse or have some periods where they may have a harder time with it. I would also say that I have a large number of clients who are in their forties to fifties, having had a cardiac event these patients are also usually quite highly motivated because they have had quite a traumatic experience, often in terms of discovering maybe a cardiac health issue that they were not even aware of. These people are often thinking about change behaviors, so I find that motivational

interviewing really talking about the values associated with changing their behavior and the outcome on their health is often where I find myself in my discussions with those patients. It is a teachable moment to talk about a change that they can make and it's really an empowering change because for those individuals it's something that we have loads of research to show them and say "if you make this change we know that the outcomes are substantial for improvements in your cardiac health". I often do see people who are not really motivated to change their tobacco use who have had very serious health events occur. And I think that what makes my practice with those clients unique is that I really try to express as much empathy with that client is possible, that I understand that nicotine is an addiction. If I'm talking to someone who is forty or fifty years old, those people have often used tobacco for twenty or thirty years, so I realize that's a large part of their life. I don't want to talk to the patient who isn't ready to make change in a way that scares them off. I definitely want to appreciate their situation and learn from their situation as much as possible so that we can meet where they are and come up with a plan that works for them. Often times through discussion you do find that people actually want to change their behavior but there are a lot of emotional and psychological aspects associated with quitting tobacco use. Although tobacco use is very common in society and we have about eighteen percent of people in the general population that use tobacco, it can be a very emotional issue for people. So you have to really take it seriously.

One of the things that I find very challenging is that having had a very thorough social work education experience and really being someone who thinks on a micro, mezzo and a macro level, I can't help but think about the political issues associated with nicotine addiction and, I often find myself thinking about the lack of resources that I have to offer my clients. The fact that if they do want to quit and they are of a low income I don't have resources off them whether it be provincial programs that can support their quit attempt for the use of nicotine replacement therapy, there could be programs that could work. It's not an area that gets a whole lot of attention in terms of programs for people of lower socioeconomic status. At a very large teaching hospital with twelve hundred beds, I'm the only person who is really associated with a role for tobacco control and nicotine addiction. It's very rewarding to work with people and see their thoughts change. When you start to engage in a conversation with somebody and then to start to have some discussions about ways that people can change their tobacco use and ways that people can quit, it's nice to see the light bulb go on in people's heads and to see them get a sense of the fact that that could be for them;

that's something that they could actually do. Being able to follow people often through the trajectory of their quit attempt as well, to see people go through the stages of change, make a change in their behavior, then have them come back to you or meet them in the clinic or at an appointment in two or three months and hear them tell you how they're feeling better or how having quit smoking has changed them for the better, is very rewarding as well.

Social work is so broad. It's a great education to have in the sense that you can apply it in many different areas. Once you get out there and start to get some experience you can find very unique positions and very different things to do. My social work education really prepared me for what I do. I mean I use the skills that I acquired through my education daily and I need those skills, and I would never be able to do the things that I do on a daily basis if it wasn't for having that really broad education experience.

Being a social worker, I think that it means to have a really sensitive understanding of issues that impact people and to really feel like I have the skills and I have the knowledge to speak up for issues that impact people. So for me, smoking cessation is definitely unarguably an area of healthcare. I'm very interested in changing healthcare in ways that improve the quality of healthcare that people receive. So to advocate for that change whether that be within an organization, within a city, within a province; that's something that's unique to social work, is that you're very well prepared to be an advocate. I do understand the issues on all levels so that bringing them forward I can see how I can bring change about in those areas. I think that's unique about being a social worker.

**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)