Profiles in Social Work

Episode 47 – Monica Chi

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 – Monica Chi

My name is Monica Chi and I graduated from University of Toronto Factor-Inwentash Faculty of Social Work in 2008.

I come from an immigrant family and I am an immigrant myself and having experienced the marginal lifestyle of my family and having observed my friends and my friends parents go through difficult life as an immigrant in the new country has really opened my eyes to some of the concerns and some of the challenges that people experience. Firsthand experience drew me to help my own people and to help others and also my faith encourages me to see beyond myself, to see beyond what meets the eye, and look into the humanity of people that I engage with. So those two big pillars in my life really guided me to social work.

I had so many great experiences of the Faculty. I remember asking a lot of questions. "Why do we have social problems and what can we do about them?" It was a way for me to open up my eyes as to the world. What I got from my education at the Faculty was how to ask the right questions and how to go about answering those questions whether it's through looking at resources or networking or doing a systematic literature

review. We were being given and taught skills in how to go about answering those questions. It was a training for my consciousness.

My practicum experiences were very educational and inspirational. Some of the mentors that I met are leaders in the field. I have learned how to connect with the quote unquote patient, to engage with them, listening to their stories, who they are, what it is that they need and what it is that I can do for them and what it is that we can do together for their own benefit. Basic human skills in how to engage with another human being I remember getting out of and still using to this day. I was placed at a large hospital in an aging and veterans care unit working with some of the residents that had memory problems. Despite their memory problems they had great stories about who they were and what they did and what they were passionate about, their meaning in life and what they continue to enjoy doing. My practicum supervisors were very good at helping me see beyond their role as a patient. It was an eye-opening experience helping me to connect with them.

I am currently working at a large health institution, at a hospital, in the bariatric surgery program. It is an interdisciplinary team, so my role in the team as a social worker is to assess bariatric patients who are considering weight loss surgery before and after surgery. First the process of bariatric surgery starts with the family doctor making a referral. Through the process of being assessed they meet with all the interdisciplinary team members. In my assessment as a social worker I look specifically at what has contributed to their weight gain over the years and how ready are they to start the hard work of understanding themselves and some of the behaviour that gets them to eat in a dysfunctional way. I ask about their support system. Bariatric surgery certainly is not something that a person can do on their own, but it really involves family and friends, neighbours and even colleagues because food is so central to our social interactions. So the social work assessment would often involve family members to provide education about what bariatric surgery involves but also to engage with them to see to what extent are they ready to start this journey with the patient.

My contribution as a social worker for the team would be to provide that patient-in-the-environment perspective. Bariatric patient in their environment to me means someone who has been struggling with their weight for some time and has found their weight being a limitation to fulfilling their quality of life. Medically they would be patients that are morbidly obese, or technically body mass index of thirty-five and above or forty with other medical co-morbidities. And one of the first questions that I ask is “what is your motivation for pursuing bariatric weight loss surgery?” And they would say “I want better health.” “I want better quality of life” and so that would involve understanding what it is in

their social environment that is contributing to their weight problems. So looking at their family interactions or their eating patterns and habits, food choices, how they use or not use food as a way of coping as a way of helping them feel better about themselves. Many of the patients that I work with struggle with emotional eating. Emotional eating is when someone uses food as a way of coping with negative emotions and often there is a reason why in our society we say things like there's comfort food "I need comfort food right now!" Because there's something about food that helps people feel better. So my role would be to unearth what has been going on, any social arrangements or emotional or mental health concerns that have contributed to their health problems.

I can highlight who a person that I work with might be to shed some light into the abstract concept of a bariatric patient. One person would be in their forties or fifties and a woman, who has devoted her life to looking after other people. I've worked with women who tell me that "all my life I've looked after my kids wellbeing, I've looked after my partner's success, my work's needs and I realize that I haven't really paid attention to what's important to me and I haven't been able to enjoy my life". Being caught in a negative feedback loop, then they're not being physically active, contributes to weight gain. In order to minimize or prevent future health risks one of the tools available to them would be bariatric weight loss surgery. Another profile might be someone who has suffered significant trauma in the past. People that have learned to use eating as a way of coping and they eat as a way of distracting themselves. Eating has been an activity that is very much accepted. It is very accessible. It is encouraged. The food industry, advertisements, and that's what people do to socialize, to show affection. They come to me at a point where they realize it's not working anymore. Many of them do struggle with additional health comorbidities like high blood pressure, cholesterol, diabetes, sleep apnea, which is very common. They come at a point where they're at a wits end and bariatric surgery has been offered as an intervention, as a tool that they can use for a healthier lifestyle.

I enjoy being able to listen to people's stories, to see the person behind what the society would call quote unquote a fat person. The F word, fat, it is considered a taboo word and there is a huge social stigma about the size of a person. I find this work more rewarding than challenging. One of the phrases that I constantly hear in my work is "I want a second lease in life". When I am working with people that are so determined to reclaim their life, to reclaim their health and their relationships and who they are as a person. They are willing and able and ready to do what is required of them; to start this new healthy lifestyle. Through our discussions I am able to walk them through the

process of what is required to get from A to B where the patient wants to go, and it is really the patient that does the work.

Being a social worker means many things. Living between paradoxes and working between paradoxes of a profession that helps quote unquote regulate individuals within our social arrangement, within our institutions; and also a profession that advocates for the individual. I find it challenging to wear these different hats, but that said I don't think it's a dichotomy between regulation or advocacy or standing against oppression. Somewhere between those two different hats that we wear as social workers is where we get to work with the individual, in the most humanistic way, to help them reach their goals and how we can use the system to help them get to where they want to be.

Training as a social worker has allowed me to gain skills in asking what it is that's happening, what can I do in the situation and how can I help someone to the best of my abilities. Having come from an immigrant family and being actively involved in the Korean-Canadian community serving in a settlement organization as a board member, being involved in a mental health task force within the community to raise public awareness and engage in education about mental health among the immigrant population has really forced me to ask questions about the lives of new immigrants in Canada. Trying to connect my profession with my personal experiences has allowed me to go back to school to study more. As one of the few Korean-Canadian social workers, I feel very strongly, having received the social services support as a community, to be able to contribute not only to my own Korean-Canadian community but contribute back to the Canadian society by being a social worker is my passion.

I have been given the luxury of really looking into myself and the gifts that I have as an individual and to pursue my passion. Social work is a very noble 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