

Profiles in Social Work

Episode 48 – Ian Barton

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 – Ian Barton

My name is Ian Barton and I graduated from the University of Toronto, Factor-Inwentash Faculty of Social Work in 1982.

I was doing my bachelor's degree, I was studying mainly English and History. By about third year I realized I wasn't going to become an academic and I had to figure out what could I do in a master's program that might be viable. I had a number of volunteer opportunities when I was actually quite young, back to probably sixteen, and figured that this is something that I could actually set my mind to and is an area of work that I could do well in. So I started investigating things in third year of my undergraduate.

I had a sense that it would be, for me, direct practice with people. I could foresee working with people on a face-to-face basis over an extended period of time, and I also had a sense that it would be in a medical or mental health setting as well. So I had a sense of that prior to coming into it. At that point at the Faculty we picked streams that we were interested in and I picked the Health stream.

The organization I work for is a family practice clinic, located in the community in downtown Toronto and we're affiliated with a major teaching hospital. I'm working specifically in an HIV team. Most of us have worked together for approximately twenty years. Newer people are maybe ten to fifteen years so it's been a very stable place to work. The referrals to me come from either physicians or one of the HIV resource nurses and it's usually to deal with adjustment to a recent HIV diagnosis, issues related to stigma that people experience which is still quite profound with HIV, fears, anxieties related to illness, managing illness although of course people are much healthier now and then there are more broadly based reasons people come of which HIV might be a part. So they may come with anxiety, they might come with depression, they might come with relationship issues, all standard life things that people deal with of which HIV might be a part. So it could be a large segment of what people are dealing with or a smaller segment.

Our client base is largely determined by where we're located. We are located where a large segment of the gay population lives in Toronto, and is the sub-group if you will of the overall population that has been primarily affected in our catchment area. That doesn't mean that we don't have women who are affected by HIV, often from Africa, but primarily we are seeing gay men some of whom may have been positive since the early eighties up to people who have been more recently diagnosed. So it's not a reflection of HIV over the world by any stretch of the imagination but it's very much a reflection of where the particular clinic I work for is situated.

As each client comes in they usually come in with a pretty clear idea of what's troubling them. They can usually articulate to me what they're feeling very sad about, or depressed about, angry about, bewildered about, or a combination of all of those feelings and the key for me in an assessment period which may take several weeks, is to identify what the client is struggling with but also to begin to get a clear sense early on about what they want to change. "What do you, as an individual, want to be better in your life? What would you like to shift/change?" so that it becomes very clear early on in the process that in fact this is about change and that's why you're here. You don't want to be feeling the way you're feeling now. You don't want to be living the way you're living now. And that really for me is the beginning of the process and engages people.

Then it's a matter of looking at how we're going to go about doing that. So what does the working relationship look like? What can you bring in? Are there things that might want as a client? Want or need to do in between sessions the old homework model where we talk about something and someone goes away, does something and brings that back in. It works well with some people, less well with others. I don't want to impose

that. It can feel like a teacher in public school for some people. Other people, it gives things more structure. So I tend to respond to what may work best for that client. And then you look at how you're going to move ahead. It may be a specific number of sessions, or if there's been a very difficult history, which people often present with, I'll just use an example of childhood sexual trauma, it then is going to be pretty apparent that this is going to be a longer term proposition in order to form a trusting working relationship and in order to be able to help people make shifts that might be more of an open-ended situation.

There's still a lot of ignorance about how HIV is transmitted. As I've been in the field for twenty years working with HIV I've certainly seen the general population's knowledge increase. However, there still are fears about sharing the same toilet seat, being in the same room, being kissed, being touched by someone who is HIV positive and clients do sometimes bring that in if they've had contact with family members, often from smaller communities, who may not have been educated. It's a significant one that we still encounter.

The challenges for me are in being patient with a process that often unfolds over a period of time. When I was a beginning worker I tended to want to solve things, to rush things, to move them forward. People work at a rate that they're comfortable working at, and a lot of what I've learned to do is to learn to be patient, to work at a rate that keeps people engaged in the process. But it's an ongoing thing that I need to keep in mind with each client that I'm working with.

They're not just an HIV-positive person. They're a person, living with HIV who had a whole life history prior to becoming positive and that's something I stress with clients. Seeing changes happen, seeing people for example become no longer suicidal, becoming less suicidal, taking fewer risks that could potentially injure themselves and being able to form different kinds of relationships with people and themselves. These things do happen. They don't tend to happen quickly, they tend to happen over a more extended period of time because of the complexity, the diagnosis of HIV as well as the lives people may have lived prior to becoming positive.

A composite that may be fairly representative would be someone coming in who's really quite depressed, perhaps over a recent HIV diagnosis or maybe a diagnosis a number of years ago that wasn't dealt with at the time and where their beginning process is to look at the impact of this diagnosis dealing with the stigma for example that someone feels either internally, the shame they may feel, or the external stigmas which then get internalized and become very complicated and often disabling such that people might

not be able to work, they may not go out, they may feel uncomfortable being a part of the gay community because stigma exists there. Seeing people move from that position, sometimes over half a year or a year, to feeling more comfortable with the diagnosis to understanding that doesn't have to define who they are; it's a part of them but it's not everything about them. It is such a big diagnosis. It can take over one's identity. So try and not minimize that but put it in perspective so that people can go on living the rest of their lives. Seeing that happen is pretty remarkable and it often does happen. It generally shifts over time.

Being a social worker means being a person, a professional who's able to connect with a wide array of people, who's able to be respectful of what people bring to a working relationship. It means being an advocate for people when they are unable to advocate for themselves. And above all really helping people change what's making them unhappy in their lives.

What are the psychosocial challenges that we as professionals have faced in our own lives? In order to really be effective with people we're working with we need to have a strong, solid sense of where we ourselves as individuals have come from, and that means families, communities, sexual orientation, identity, and we need to have a strong sense of that in order to be well developed people to be able to use that in our professional capacity.

The really crucial element for me and I think for a lot of other people I've known over the decades that I've been working, is that it really has made a significant difference to be affiliated with team members that are able and interested in supporting each other. This is very fashionable nowadays, interprofessional collaboration and so on. What this means is that you support each other in the work that you do and you support each other in who you are. As people we all go through difficult times in our personal lives and in our professional lives, and having that built in to a particular workplace or having that evolve over a period of time has helped me tremendously.

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