Social Work Focus

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THE ASIA PACIFIC REGION: AND DISASTER RECOVERY

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Social Work Focus

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Published quarterly, *Social Work Focus* belongs to the membership of the Australian Association of Social Workers. We welcome interesting articles relating to social work practice and research. We also accept paid advertisements and industry news.

Guidelines

Articles and advertisements must meet the requirements of our contributions guidelines and advertising specifications.

Editorial and advertising enquiries

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NEXT EDITION

Contributions for the Spring 2020 issue will be accepted until 27 November. The theme is **Clinical Social Work.**

AASW members whose articles are published in *Social Work Focus* can claim time spent to research and prepare them towards CPD requirements, specifically Category 3. We accept up to five articles in line with each issue's social work theme.

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Angela Yin
Marketing and Communications Officer

Kerry Kustra
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Linda Burgess, Stephanie Azri
Review panel

ACKNOWLEDGEMENT OF COUNTRY

The AASW respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians, and pays its respects to Elders past, present and emerging.

Strengthening the bond with social workers in the Asia Pacific region

CHRISTINE CRAIK
AASW National President

Welcome to this edition of *Social Work Focus*, with an emphasis on social work challenges in the Asia Pacific region. It's not surprising that many of the articles and information contained in this edition discuss various aspects of the impacts of COVID-19, our profession and the vulnerable communities we work with.

Australian social workers are no strangers to disaster and recovery work. We have had and will continue to have, an enormous role in this space within our own country and within the region. COVID-19 aside, Australia and the Asia Pacific region experience more natural and environmental disasters than any other region. Apart from our own catastrophic bushfires and droughts, between 2014 and 2017, nations in our region were affected by 55 earthquakes, 217 storms and cyclones, and 236 cases of severe flooding, impacting 650 million people and causing the deaths of 33,000 people (WEF).

We know, that although disasters affect everyone, the poorest and most disadvantaged individuals and communities will experience disproportionate impacts of these disasters. For those communities, recovery can take some time and social workers are at the forefront of this work. Working in this space has attracted the attention of our own researchers and writers with 100 articles published in the *Australian Social Work* journal over the past decade. I know that future editions will capture the imaginative ways in which social workers have responded and adapted to practice during this current pandemic.

Social workers come to their strength during times of disaster and recovery. We 'lean in' to the problems at hand through our ability to understand the systemic implications and consequences of these, on those we work with.

I, like many other social workers, have worked and lived through disasters. Social workers know the importance of understanding the local context and of respecting local ways of knowing and doing in these times. We can work with those established and vital processes and systems while at the same time attending to grief and loss, supporting diversity within communities, working in ways that empower those we work with while attending to any advocacy and social justice issues that need to be addressed.

Our Strategic Plan 2018–2021, emphasises the need to collaborate with international colleagues. This is a vital step in our work within the Asia Pacific region. My colleague, Linda Ford (Aboriginal and Torres Strait Islander Board Director) and I were able to attend the Asia Pacific International Federation of Social Workers conference in India last September. We spoke to colleagues from the region and strengthened the friendship and working bond between ourselves and some of our closest neighbour associations. Networking and communication in this space cannot be underestimated, and these conversations led to several vital opportunities for us in supporting our neighbours.

Such opportunities include speaking at the inaugural 'Culturally Relevant Social Work in Oceania' symposium (albeit via Zoom) held in Fiji in last February to discuss our support for social workers in this region, and Linda Ford being chosen as Chair of the Inaugural IFSW Indigenous committee and the Asia Pacific representative in this space. Another was working with the PNG social work association delegates to assist them in their application to join the IFSW, which led to the meeting between our CEO and Dunstan Lawihin, a representative from PNG at the IFSW conference (read about that in this edition of *Social Work Focus*). Of course, the culmination has been in being successful in our bid to host the IFSW Asia Pacific Conference to be held in Brisbane, November 2021. This is an opportunity for us to further this work, and for social workers around Australia to make connections with our Asia Pacific colleagues.

Enjoy this brilliant edition of *Social Work Focus*.

The Association in the time of COVID-19

CINDY SMITH
Chief Executive Officer

Since my last Report in April, the Association has continued to innovate and connect with members more than ever before. During the critical period of managing the COVID-19 pandemic in March and April, we moved all staff to working at home with minimal disruption to member services.

A number of creative initiatives and enhancements were implemented to ensure connections with our members were maintained. These initiatives have included 11 free webinars and Facebook Live sessions, with more planned in the coming months. We achieved high participation rates in all the sessions, with having more than 200 members watching and actively participating in our webinars being the norm.

We knew our members wanted a networking space before this crisis began. The pandemic made it even more necessary, so we initiated our member-only COVID-19 Facebook Group, which has had more than 1,000 members since April. We now have Social Work Australia, our online Community Hub, which was launched in late June. Social Work Australia allows you to connect using your website login, acknowledging that not all members use Facebook. Since it was launched only a few weeks ago, we have more than 1,100 people using Social Work Australia. If you missed the launch, which includes a demonstration, you can watch it on demand. If you have any questions or feedback about the Community Hub, please email community@aasw.asn.au.

Mental health has been a hot topic during this period, of course, and we have been promoting the skills of Accredited Mental Health Social Workers and the additional items added to the Medicare Benefits Schedule to meet both the demand and the addition of telehealth services. We have enhanced the features on the Find a Social Worker portal, so that the public and GPs can find you easily. We placed an advertisement in the July edition of the Royal Australian College of Practitioners (RACGP) magazine, gave media interviews to the ABC to advocate for increased Medicare sessions and contacted as many GP bodies as possible, which included editorial in magazines with AMA Victoria and AMA Western Australia, and the addition of our resources to the AMA GP Toolkit.

After all this activity, we are pleased to have had the best membership renewal period ever. It goes to show how much members value all the effort we have put into promoting your interests to key decision-makers and the public, and by providing innovative new products and services. We have much more to do and members are never short on ideas. During the renewal period, we registered our 13,000th member Thi Pham, whom we feature in this edition of *Social Work Focus*.

The original theme of this edition of *Social Work Focus* was the Asia Pacific region and we are fortunate to include articles from members who have experience practising in the Asia Pacific. It is still our intention to host the IFSW Asia Pacific Conference in Brisbane next year, although we are considering adjustments with a hybrid online model, depending on what happens with COVID-19. We have adjusted this edition's theme to include both social work practice within the Asia Pacific region and Australia's disaster recovery, as we are still dealing with the fallout of the bushfires and we are still in the middle of a pandemic. These are complex and rapidly changing situations and social workers are at the frontlines dealing with both.

Late last year, I met Papua New Guinean social work academic Dunstan Lawihin from the University of Papua New Guinea, who attended last year's IFSW Asia Pacific Conference in India. He visited our Melbourne office in November 2019. Mr Lawihin was inspired at the conference to re-establish the social work association in Papua New Guinea and sought my advice and support, which I offered. Over the next couple of years, the AASW looks forward to establishing closer ties with other social work professional bodies in our region. We are looking forward to working together on the challenges that we are all facing, including climate change, human rights, asylum seekers and refugees, among many others. Mr Lawihin met with our Communications Officer Angela Yin to discus his work, which you can read about in this edition.

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International Federation of Social Workers General Meeting 2020

Representatives from the Australian Association of Social Workers attended the International Federation of Social Workers 2020 General Meeting. The General Meeting, which is the main governing body of the Federation, is a truly global social work event that is spread over two days. At the General Meeting, 141 member organisations discussed and approved the policies of the Federation, elected the Executive Committee Members, and continued the process of developing the next Global Agenda for Social Work and Social Development. It was an opportunity for social workers across every corner of the world to come together and share our experiences and work towards collective action.

The General Meeting is also an opportunity for the several IFSW Commissions to report on their work, including the Indigenous Committee (with Linda Ford AASW Director – Aboriginal and Torres Strait Islander representative) and the United Nations Commission (with AASW Senior Policy Adviser Dr Sebastian Cordoba). This year it was held as an online forum, and the AASW reported on the advocacy and registration efforts we have undertaken over the past year. Given the devastating impacts that COVID-19 is having, the meeting was also an opportunity to renew our shared human rights and social justice commitments to assure no one is left behind.

IFSW Global Social Work Conference 2020

This year's IFSW Global Social Work Conference was held online and free to all participants, which created a more inclusive, diverse and global event. There was an incredible variety of presentations on a wide range of social work topics, including one from AASW Senior Policy Adviser Angela Scarfe. The Conference theme was: 2020 – 2030 Social Work Global Agenda: Co-Building Social Transformation.
The theme refers to the profession's work with families, communities, mass social movements, nations and globally as we play our part in transforming the world into a place of inclusion, equality and sustainability and where all people experience dignity.

The Conference was a participatory event comprising social workers, educators, people who use social services, representatives of marginalised communities, politicians and world leaders who want to contribute to identifying the priorities of the social work profession and the best possible social solutions. The five-day Conference ran as a conversation that concluded with a set of interrelated themes and strategies for moving the Agenda forward.

Justice, Redress and Human Rights: The Australian Redress Scheme for Survivors of Institutional Child Sexual Abuse and the Role of the AASW

Presenter: Angela Scarfe, Senior Policy Adviser, Australian Association of Social Workers

In 2017, Australia's Royal Commission into Institutional Responses to Child Sexual Abuse published a 17-volume report. Among its hundreds of recommendations, was the recommendation that there be a redress scheme for people who were sexually abused as children in institutions. It provided principles for the scheme and described three components, one of which would be therapeutic counselling services.

Although the federal government announced that it supported the redress scheme, it soon became clear that its proposal differed from what was recommended. This presentation described the key role that the AASW played in influencing the implementation so that the actual scheme would meet the needs of some of the most vulnerable people in Australia.

You can watch Angela Scarfe's presentation.

Member Profile

Thi Pham – 13,000th member

Congratulations on being our 13,000th member! What inspired you to join the AASW this year?

It has been my professional goal to join the AASW since I became a social worker in 2015. My social work leaders at Services Australia, where I work, have been supportive of this goal and have encouraged staff to apply.

Can you tell us about your career as a social worker; how did you decide to become one?

I was attracted to social work for the practical and beneficent nature of this career path. I was inspired by a social worker who I worked with at the Department of General Practice at the University of Melbourne. She was inspirational on a personal and professional level, being a proud Yorta Yorta, Dja Dja Wurrung, Waveroo and Maritian woman, she spoke about her culture with pride at the workplace. Her work personified the generous, strong and practical nature of social work, which encouraged me to explore social work as a career.

I left that Department of General Practice to study my Masters of Social Work at the University of Melbourne in 2011. I also worked part-time at the Australian Centre for Posttraumatic Mental Health (re-named Phoenix Australia).

After my studies, I worked at Monash Medical Centre as a social worker, which was a great opportunity to work within multidisciplinary teams and understand the various roles of allied health staff. It was good to see patient-centred care at this workplace. I focused on working with patients, their families and allied health team members around discharge planning.

However, when an opportunity arose to work as a social worker at the Department of Human Services (now Services Australia), I applied. Having undertaken a student placement there a few years earlier, I was familiar with the skills required and they target vulnerable populations as part of their Social Work Servicing Strategy, which was in line with my values. My background as a Lifeline telephone counsellor also helped me with the core skills of being a social worker using telephony as the main medium of intervention. Services Australia is a fantastic workplace that upholds a commitment to human rights and social justice in all practice while promoting the use of social work in modern, flexible platforms, such as online and by telephone.

What is a typical day for you as a social worker, if there is one?

Like for most of those in this field, there is no typical day for me as a social worker. As my main mode of intervention is via telephony, my work has involved telephone interviews and assessments to help people most at risk. I receive calls from clients across Australia. I deliver targeted services for priority customer groups, particularly people presenting with risk of suicide or self-harm, young people without adequate support, and people experiencing family and domestic violence.

In these interventions, I provide professional assessments and short-term plans in relation to people's income support entitlements, safety, wellbeing and needs. If required, I make referrals to community and other government services to connect customers to ongoing support and assistance from state government agencies and the non-government sector.

What benefits do you expect to receive from the AASW, as a member?

As a member of the AASW, I am hoping to obtain further opportunities to develop my professional skills, and extend network within the professional social work community. I believe that being a member of the AASW provides a platform for actively engaging in various social policy issues.

What advice do you have for the next generation of social workers?

As I am relatively new to social work, my advice to the next generation of social workers would be to continue to familiarise yourself with your professional goals and know what will keep you motivated as a social worker. For the purpose of longevity and sanity, it has helped me to celebrate any achievements, no matter how small, on a daily basis. That may mean acknowledging a completed referral, a change in a person's mood by the end of an intervention, or obtaining a payment outcome for a person. It is those little things that help carry us through.

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CEO supports PNG social workers

Engaging our colleagues in the Asia Pacific

Inspired to re-establish the association for social workers in Papua New Guinea after attending the Asia Pacific IFSW Conference in India, Dunstan Lawihin called on the AASW.

Papua New Guinean social work academic Dunstan Lawihin visited the AASW office in Melbourne last November, after attending the IFSW Asia Pacific Social Work Conference in India. Mr Lawihin represented social workers in Papua New Guinea, however PNG does not currently have an association of social workers and so is not formally a member of the IFSW. Dunstan is seeking to change that and he sought AASW CEO Cindy Smith's advice on how best to achieve this.

Mr Lawihin told us that IFSW Secretary-General Rory Truell gave the Papua New Guinea Social Workers Association three tasks to undertake in order to start the process of reactivating the professional association, and therefore be admitted to the IFSW:

- A Constitution
- A Code of Ethics
- Mobilisation of members to join.

Mr Lawihin said that he and his research colleagues from the University of Papua New Guinea, and PNG University of Technology (Unitech) in PNG working collaboratively with Australian National University, presented findings on family and sexual violence in Papua New Guinea. These were presented in two parts – how women seek help and support in PNG for family and sexual violence and how men can prevent violence against women and foster a culture of non-violence in families and communities.

You can watch a short video of AASW Communications Officer Angela Yin and Dunstan Lawihin.

Cindy Smith and Dunstan Lawihin at the AASW office in North Melbourne

Australian social workers respond to COVID-19 pandemic

The AASW is working with members and key stakeholders to address the novel coronavirus, COVID-19 pandemic.

AASW National President Christine Craik said earlier this year, 'COVID-19 is deeply affecting all of us. Social workers, like many health professionals, are deeply concerned about the effects of the virus on individuals, groups, families, and the broader community.

'The social work profession is over 100 years old and during this long history we have been there working to assist people and communities to support and recover from world wars, pandemics, global and regional crises and recessions. Through it all, social workers have worked side-by-side with people affected, driven by a deep commitment to social justice and human rights.'

Social workers know that in times of crisis, we need to consider those who are disadvantaged and most vulnerable.

Ms Craik said, 'For example, we know there has been an increase in family violence related to the conditions of the COVID-19 lock downs, and the broad reaching impacts that a downturn in the economy will have on those already dealing with anxiety and depression, mental health and homelessness, to name a few.

'We have confidence in the strength of our communities to support each other through this crisis, but we also need to address potential shortfalls in the social services workforce as more staff become affected by the coronavirus,' she said.

'We await further detail about how and when community services on the frontline of responding to COVID-19 will receive the funding and whether it will be enough to adequately respond to the impending crisis.

'We also welcome the increase to the JobSeeker Allowance (formerly Newstart) and Youth Allowance Job Seeker payment for the next six months. We urge for this to be extended to include students, those on the disability support payment and others on social security income support schemes.'

AASW is updating its website for social workers as developments come to hand.

The AASW has since made a submission to the inquiry on the responses to COVID-19 and JobSeeker has been extended beyond September, albeit at a reduced rate.

Masking up

Social enterprise during COVID-19

Specialising in women's studies, trauma and abuse issues, Christine Teo is a qualified counsellor and social worker. She is a human rights advocate passionate about abolishing injustice and advocating for social change. She uses the community development skills of her social work background to empower survivors of trafficking in South East Asia.

Sexual exploitation of women in South East Asia

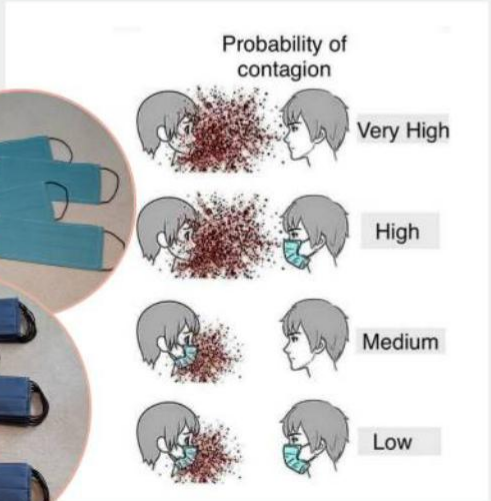
During a tour through Asia, one summer break, Christine was brutally confronted with the way local women were callously treated by male tourists. At night, streets were lined with high-school-aged girls and children selling their bodies for cash. She was often approached by male tourists and mistaken to be a woman in prostitution during her visit, because of her Asian descent. Christine has resolved to be the voice for those whose voices cannot be heard. She is determined to help girls in Asia become financially independent. Her hope is to provide dignified employment and personal development opportunities to women who seek an alternative to the sex industry.

Starting a social enterprise, Generation 414

Christine then gathered a few passionate like-minded friends, told them about her dream to empower women and remove women in South East Asia from trafficking and sexual exploitation.

She started Generation 414 as a social enterprise offering organic, ethical and fair-trade items handmade by survivors of trafficking, providing them with dignified employment and personal development opportunities. Generation 414 partners with She Rescue Home, NightLight International and A21 in their anti-trafficking efforts. Their work supports the recovery, education, and training of women from Cambodia, Thailand and India who seek an alternative to the sex industry.

Survivors of trafficking create a range of accessories, apparel, bags through the website, where these items are available to purchase by the public: https://generation414.com/



Face masks and COVID-19

During the time of the coronavirus, Christine has turned the enterprise's hand to creating reusable face masks for sale to the public. Since the July spike of the virus in Melbourne and parts of Victoria, face masks are now mandatory in public and Generation 414 has experienced an increase in orders, regularly selling out online. Christine is busily coordinating for more to be made, including sewing some herself.

Being Singaporean and having experienced SARS, Christine started sewing masks for family and friends during the first lockdown in Victoria. Others started asking about them and she decided to use it as a platform to fundraise for the women whose jobs have been significantly impacted by COVID-19. As we know, women's jobs have been disproportionately impacted by the lockdown.

Christine says, 'None of us became social workers to become rich or famous. We are driven by a social issue or injustice, and this profession enables us to make a difference.'

Besides the range of handmade goods available for purchase, Generation 414 actively advocates for the abolition of injustice through various workshops, public talks and fundraising initiatives. Check out the website for more information on how you can support Generation 414 and empower women in South East Asia.

Christine has been told about the IFSW Asia Pacific Conference that the AASW is hosting in Brisbane next year and has expressed interest in submitting an abstract about her work when the time comes.

Measures to respond to mental health during COVID-19 crisis are welcome

The Association is working with members to implement the government's new measures to respond to mental health concerns during the COVID-19 crisis.

The new measures include a $1.1 billion package to support mental health and family violence, the bulk of which is $669 million to Medicare-subsidised telehealth services and $150 million towards family violence supports.

Australians are now able to access most Medicare services via telehealth, regardless of where they live. These include those delivered by Accredited Mental Health Social Workers (AMHSWs) with a Medicare Provider Number and includes non-directive pregnancy counselling.

If a client has a mental health care plan via Better Access and wants to use telehealth due to the impacts of COVID-19, allied health providers can use the new COVID-19 items instead of the usual Better Access items, to a maximum of 10 sessions under their current mental health plan.

If clients had already begun treatment prior to the COVID-19 crisis, it will include those sessions also.

National President Christine Craik said, 'Social workers know only too well that emergency circumstances such as these lead to a surge in the incidence of mental health issues and family violence. The population has been directed to largely stay at home, which means that, not only are perpetrators likely to feel a sense of a loss of control over many aspects of their life at the present time, they will also have greater access to those who they feel entitled to abuse and control. Those living with family violence and abuse will also have a sense of fewer choices being available to them in terms of alternative living arrangements.

'Social work is in the frontline service category, with social workers still providing supports and services under these circumstances. A lot has been said about our heroic health services workers and social workers are an integral part of that team.'

The AASW also welcomes government support for residential tenancies.

'We cannot allow homelessness to dramatically increase during a time when there is a surge in family violence cases and increased unemployment as a direct result of COVID-19,' Ms Craik said.

We have supplied the numbers for COVID-19 – print it off as a reference guide for your local GP.

AASW
Accredited Mental Health Social Worker

AASW
Australian Association of Social Workers

Addressing mental health during COVID-19

Referring Patients to Accredited Mental Health Social Workers

Accredited Mental Health Social Workers (AMHSWs) are registered Medicare providers that can work with you to improve patient outcomes. AMHSWs can you help you treat a patient's underlying mental health and social issues to better support your practice.

How can AMHSWs assist with my patients' mental health?

Treating people who have mental health issues, for example people with:

- Depression and other mood disorders
- Anxiety disorders
- Personality disorders
- Psychosis
- Suicidal thoughts
- Relationship problems
- Life crises
- Adjustment issues
- Trauma
- Family conflicts

Which items can AMHSWs use during COVID-19?

New AMHSW MBS items

91175	COVID-19 item - Telehealth attendance lasting more than 20 minutes but less than 50 minutes
91176	COVID-19 item - Telehealth attendance lasting at least 50 minutes
91187	COVID-19 item - Telephone attendance lasting more than 20 minutes but less than 50 minutes (for when video-conferencing is not available)
91188	COVID-19 item - Telephone attendance lasting at least 50 minutes (for when video-conferencing is not available)

How does a referral need to happen?

After the creation of a Mental Health Treatment Plan, you can refer your patient to an AMHSW, you can use the AASW's public database to your local provider https://www.aasw.asn.au/find-a-social-worker/search/

A written referral letter is then required for your patient, who can then contact an Accredited Mental Health Social Worker to arrange an appointment.

Find out more about AMHSWs
https://www.aasw.asn.au/information-for-the-community/information-for-gps

April 2020

Medicare and COVID-19

AASW calls for increase in Medicare mental health sessions

The AASW has published guidance for GPs to make referrals to Accredited Mental Health Social Workers.

The AASW renews its call for an increase in Medicare Benefits Scheme (MBS)-funded mental health sessions in response to COVID-19, said National President Christine Craik.

'COVID-19 is having significant impacts in the health and wellbeing of all Australians and we will continue to see the effects for months if not years to come. It is clear now that people need short and long-term mental health supports that are responsive to their needs.'

The AASW has joined other key stakeholders in consistently calling for an increase in allowable mental health sessions.

Accredited Mental Health Social Workers (AMHSWs) who provide mental health supports through Medicare know that the current limit of 10 sessions only are not enough for many people.

The AASW is calling for an immediate extension of MBS-funded sessions from the current 10 sessions allowable per year to at least 20 sessions for the foreseeable future.

Increasing the number of sessions will allow mental health professionals to better support individuals to work through the anxiety and complicated presentations we are seeing at this time.

Accredited Mental Health Social Workers (AMHSWs) have reported instances of their clients rationing their sessions despite significant

concerns about their mental health and a worsening of symptoms as this pandemic continues. Social workers have reported observing an increase in service users presenting with suicidal thoughts and concerning behaviours. This is not surprising given the current circumstances, however supporting someone through this is difficult with the limited number of sessions available at the present time.

'People are experiencing heightened anxiety with this pandemic, due to many stressors including, loss of income, financial pressure, isolation, uncertainty about the future and for some, dealing with this alongside existing mental health issues,' Ms Craik said. 'We are seeing an increase in incidents of family violence and worsening drug and alcohol abuse. It is clear that if we are to work to support the mental health of Australians through this pandemic and into recovery, there needs to be adequate service provision.'

The federal government's MBS review has identified the need for an increased number of sessions and the AASW looks forwarding to continuing to work with government on this issue alongside addressing pay parity for all mental health professionals who are undertaking the same work.

Ms Craik said, 'As stated in our numerous submissions to the inquiry, we believe MBS Better Access needs to be based on need and level of complexity.' One size does not fit all.

There are 2,200 AMHSWs who are already supporting people through this current crisis but to be able to address ongoing and complex mental health concerns, there needs to be an increase in the number of sessions available to individuals.

AMHSWs are working with GPs to address community mental health issues during this difficult time.

AASW has created a COVID-19 flyer for GPs to help refer patients to an Accredited Mental Health Social Worker. Find out more on AASW's GP webpage and download it today.

Member Profile

Marg Petrie

Re-joining the AASW has been a really positive experience for me. In this present climate, a heightened sense of professional connectedness and common purpose is certainly valuable. I have particularly enjoyed my participation in webinars and the launch of the AASW Online Community Hub.

As a member of the AASW Health Social Work Directors' Group COVID-19 Working Party, our regular online meetings have been an excellent forum to discuss current challenges and ways to address these. We have shared resources including our business continuity plans, staff wellbeing initiatives and new programs, as well as creative work practices that facilitate our ongoing commitment to patient-centred care and family inclusive practice.

It is a time for our profession to recognise and feel especially proud of the contribution that we are making to the communities in which we work.

Trauma Education

presented by Dr Leah Giarratano

Leah is a doctoral-level clinical psychologist and author with vast clinical and teaching expertise in CBT and traumatology

Two highly regarded CPD activities for all mental health professionals: **14 hours for each activity**

Both workshops are endorsed by the AASW, ACA and ACMHN – level2

Offered in capital cities, self-paced online and via 2-day livestream

Clinical skills for treating post-traumatic stress disorder

Treating PTSD: Day 1 - 2

This two-day program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. The techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. In order to attend Treating Complex Trauma (Day 3-4), participants must have first completed this 'Treating PTSD' program.

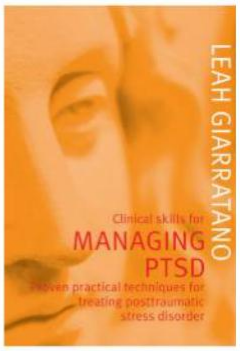
1/9/20 to 1/12/20 self-paced online
1 - 2 October 2020 Livestream
13 – 14 October 2020, Perth CBD
20 – 21 October 2020, Brisbane CBD
27 - 28 October 2020, Auckland CBD
1/11/20 to 1/2/21 self-paced online
10 – 11 November 2020, Sydney CBD
17 – 18 November 2020, Adelaide CBD
24 - 25 November 2020, Melbourne CBD

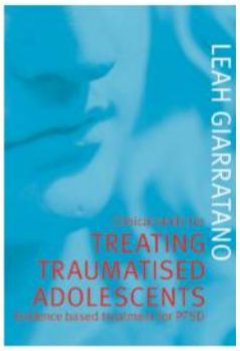
Clinical skills for treating complex traumatisation

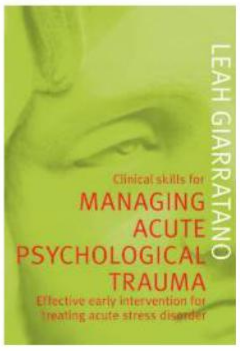
Treating Complex Trauma: Day 3 - 4

This two-day program focuses upon phase-based treatment for survivors of child abuse and neglect. Applicable to both adult and adolescent populations, incorporating practical, current experiential techniques showing promising results with this population; drawn from Emotion focused therapy for trauma, Metacognitive therapy, Schema therapy, Attachment pathology treatment, Acceptance and Commitment Therapy, Cognitive Behaviour Therapy, and Dialectical Behaviour Therapy.

1/9/20 to 1/12/20 self-paced online
8 - 9 October 2020 Livestream
15 – 16 October 2020, Perth CBD
22 – 23 October 2020, Brisbane CBD
29 - 30 October 2020, Auckland CBD
1/11/20 to 1/2/21 self-paced online
12 – 13 November 2020, Sydney CBD
19 – 20 November 2020, Adelaide CBD
26 - 27 November 2020, Melbourne CBD







Program fee

Day 1-2 or Day 3-4: $795 (same fee for capital city, online or livestream in 2020)

Day 1-4 fee $1,390 (same fee for capital city, online or livestream in 2020)

Please consider our self-paced online program or interactive two-day livestream if you are concerned about COVID-19. Note that in 2021, fees for capital city events will be higher

Program fee includes GST. Register directly on our website for a single workshop and note you must have first completed Day 1-2 to attend Day 3-4.

Note that attendee withdrawals attract a processing fee of $77. No withdrawals are allowed in the ten days prior to the workshop start date; however, positions are transferable to anyone you nominate (or to an online offering).

Please visit www.talominbooks.com for further details about Leah's books and these training offerings

Family Violence Awareness Month in May

Family violence during COVID-19

The AASW called for an increased focus on family violence during this Family Violence Awareness Month, with the increased incidence of FV during COVID-19.

AASW National President Christine Craik said, 'We welcome the extra $48.1 million announced on Friday, 15 May to address mental health during the current pandemic, however, it is quite clear that more resources also need to be allocated to family violence, which we know increases during times of crisis.

'There has been a rise across the globe in the incidence of family violence during this pandemic, and Australia has not been so lucky with this deadly and destructive toll. In the past month, family violence related hospital visits, increases in calls to emergency departments and increases in victims needing surgery for family violence related injuries have spiked across the country. This increase has been also seen in calls to women's legal services, calls to police, calls to men's help lines, family law court cases and frontline family violence services. During May we know of four women who have been murdered in family violence incidents, however there is still no official government death count for family violence deaths across the country as is the case for deaths related to road accidents or COVID-19.

'We know that family violence results from attitudes and behaviours based on a belief that the genders are not equal, and from this, a sense of entitlement and control to use power over partners and children. For those who perpetrate abuse we know that during times of crisis, that sense of needing to control becomes focused on those closest to them, with devastating results. We are seeing risk escalate, and opportunities for victims to escape that risk decrease.

'We call on the federal government to do much more for victim/survivors of family violence. We desperately need services and funding for long-term recovery. We need additional funding for therapeutic services that have the ability to work longer term through family court and recovery. These services need to be provided by social workers and counsellors who are family violence accredited. Victim/survivors need specialist assistance and are often further abused by the system if the worker supporting them does not understand the nuances of family violence and control.

'We also call on the government to consider a Medicare item number for family violence counselling and therapeutic services distinct from a general practitioner mental health treatment plan. There will be an increase in family violence-related cases going through the family court as a result of this pandemic and we need to ensure that perpetrators can no longer use the presence of mental health plans to continue to abuse their victims as is the current situation in the family court.'

AASW's credentialing program recognises specialised social work skills in family violence with its Accredited Family Violence Social Worker credential.

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VICTORIAN UPDATE:

More than 2000 Victorians have since been placed in hotels as an alternative to homelessness will be able to stay in the accommodation until April 2021 under a new $150 million package announced by the Victorian Government.

Homelessness and COVID-19

CHRIS MIDDENDORP

Chris Middendorp writes about the impact coronavirus has had on people sleeping rough and how Sacred Heart Mission is working creatively to get food out to people who need it most.

In these days of coronavirus there are new and freakish challenges for all of us. For those who are experiencing homelessness, social stigma and isolation is now magnified to absurd levels. Community services are scaled back or shut. Doors are closed and bolted. Meals options are dwindling and harder to find. The lifelines are suddenly looking tenuous.

We're still here providing meals and social contact, albeit modified to appropriate government safety standards. This is not just a new challenge, it's an existential predicament. It demands equal parts quiet compassion and frantic innovation.

For the person rough sleeping on the streets who can't find crisis housing, what does physical distancing mean when others generally avoid them by default?

People who are homeless are used to others keeping their physical distance, already. For many years they have been overly familiar with people walking around them, or visitors putting on rubber gloves when they get close, disinfecting hands after any contact.

And now some community generosity is turning away to focus on immediate family and friends rather than strangers who have always done it hard. This is understandable, but it's a bitter pill.

We are working creatively to get food out to isolated people who have nowhere to live or who reside in rooming houses with limited access to meals and cooking facilities. New questions are fired at us like missiles. How do people get access to showers and medicine and social interaction, when so many services have closed albeit for sound reasons?

How do we really define an essential service in a time like this? At the heart of being human is conversation and face-to-face contact. How do we attend to people's core need for social interaction, for comfort and connection in situations where barriers and aloneness have come to be seen as a virtue?

It's heartbreaking to observe the strictures of physical distancing. A group of people so often shunned by the wider community now sometimes feel they are being shunned by the very community workers who provide them with support. Staying two metres away from people, wearing a mask and gloves while you provide them with a nutritious meal in a sealed container is totally right and deeply wrong, simultaneously. Today we all have to keep two sets of books.

But resourcefulness and good will endure. Our staff are busting to provide services and support even if it means doing it in ways never before thought possible. Or probable.

Speaking of creativity, we recently needed to provide hampers with pasta to those people who are able to cook in their bedsits. Unfortunately, panic buying had eroded all stocks of pasta sauce. Disaster. Sauceless pasta is a 'no go' for anyone. Fortunately, our meals program chefs were able to work with a local grocer's donation of vegetables

About the author

Chris Middendorp, Manager Sacred Heart Central, has worked in homelessness services for 30 years. He has worked in case management and street outreach and coordinated and managed labour market programs, engagement hub service provision, including health and complementary health services. Chris holds qualifications in Community Development and Management.

to make dozens of bottles of tasty pasta sauce. Now all that pasta can become meals for hungry people.

Support from the community and from generous businesses remain more vital than ever so we can keep sourcing food and providing those meals.

We also hope to provide a mobile phone to those without one. A worker will make a regular personalised call to provide support and information and check that people are okay.

Our organisation and workers will find ways to make the masks and barriers work and identify humane but safe points of contact. We will continue to provide a nutritious meal and attend to the numerous crises that befall people struggling with disadvantage, albeit in spaces modified and with practices altered.

We will continue to get people medical services and clean clothing and access to housing. And alongside all of this will continue to reach out to the community to help us in our work.

Book Review

Q&A with Pamela Trotman – Triumphing Over Trauma

You have experienced some of the most pivotal moments in Australia's history in terms of social change. Which moment stands out to you the most?

Without doubt the 1967 Referendum. It was the first time I voted because the voting age had just been lowered to 18. I can recall feeling immensely proud to be Australian especially given the size of the 'Yes' vote in every state and territory. I saw, and still see this, as the moment Australia as a nation began to address the wrongs of colonisation. From that referendum flowed the black deaths in custody reports, the Mabo land rights case, Bringing Them Home Report, Little Children are Sacred Report and the Uluru Statement from the Heart.

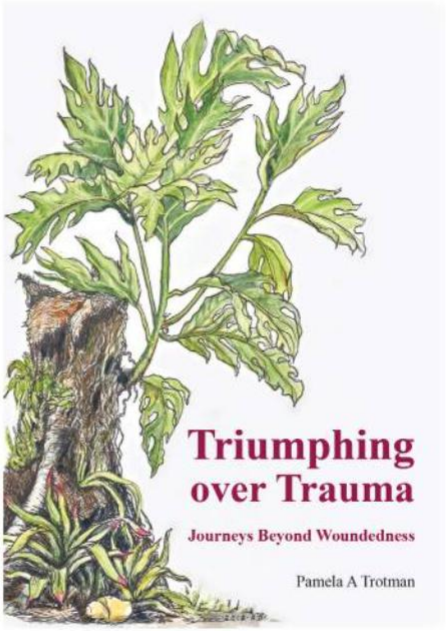
The other seminal moment for Australia as a nation, was during the 2008 Apology to the Stolen Generations. I travelled to Canberra to hear Kevin Rudd give his apology and like so many others wept in response and felt some hope that we may at last be on the road to healing and Reconciliation. Sadly, we as a nation, are not yet to ready begin to engage in and commit to those processes which I consider demonstrates a lack of national maturity on the part of our civic leaders. We may have Reconciliation Action Plans but how many of us are really committed to Reconciliation?

What inspired you to write this book?

What drove me and kept me engaged in the writing process for over a decade was an inner gnawing and grappling to make sense of my experiences, to understand the dynamics of trauma, and what shaped them, and to find a way to articulate that knowledge and wisdom.

Does writing energise or exhaust you?

I cannot say I was 'energised' to write the book but many events in public life and their relationship to what needed to be said fuelled my motivation and provided the impetus to continue even when the going got tough. And my social work colleagues and other friends supported me by acting as informal reviewers and offering much needed critiques. Perhaps one of the single things that sustained me was the feedback from trauma survivors and mental health professionals when I explained my concept of 'traumatic woundedness', as it gave another dimension to their understanding of trauma. What I have enjoyed most about writing was the sense of empowerment – that one can find and express one's voice. I have written about this in the book's epilogue and linked it to the importance of 'finding one's voice' to trauma recovery. Becoming a self-published author tested my emotional reserves to the limit, but I never faltered in my determination to see the book become a reality. I think it is probably akin to studying for a PhD.



Tell us more about your association with the Aboriginal and Torres Strait Islander community and how it began.

I think the best way to describe this is that I was 'just there' and being there at the right time, I chose to accept the opportunities offered. For example, in Gunnedah where I grew up, the Aboriginal community lived in humpies on the edge of town, not far from our house. The children and their families would walk past our place on their way to school or the nearby shop and local swimming pool. We just said 'hello' and in the summer during the searing heat we offered people a cool drink. It did not take long before the children were frequent visitors to our home and us to theirs, perhaps the only white children or families who accepted this opportunity to connect with someone from a different race or culture. That paved the way for countless similar exchanges and encounters – formal and informal. I guess it shows a willingness and capacity to step outside of one's world to explore someone else's.

You have experienced a lot of trauma in your life, yet you continue to thrive as a woman in her 70s – what is your secret?

It is no secret, but we are just learning about the brain's capacity not only for survival but for healing. But fifty years ago I was just determined to live my life to the best of my ability. My father's death when I was 22 brought home to me the reality that life was for the living. He was just 56 when he was killed in a light plane accident. We learnt of it by watching the 6.00pm news! That was the second death by accident in our family of five.

I can also recall once emphatically telling a boyfriend of the time that I thought 'being strong' was not about being rigid in the face of adversity but more like a reed in the wind, that sways with the forces and in so doing is less likely to be uprooted. I have always had an interest in the metaphysical aspects of life – those mysteries that permeate human existence.

What advice do you have for people who want to change the course of their life after a traumatic event?

I guess the biggest challenge for anyone who has experienced trauma is whether they want the trauma to define who they are as people or do they want to have a sense of self and life which is bigger, grander and more noble than the trauma? I cannot 'advise' anyone, I can help them to ask themselves this challenging question and to chart the way forward from there.

Tell us more about the notion of psychic wounding as discussed in your book.

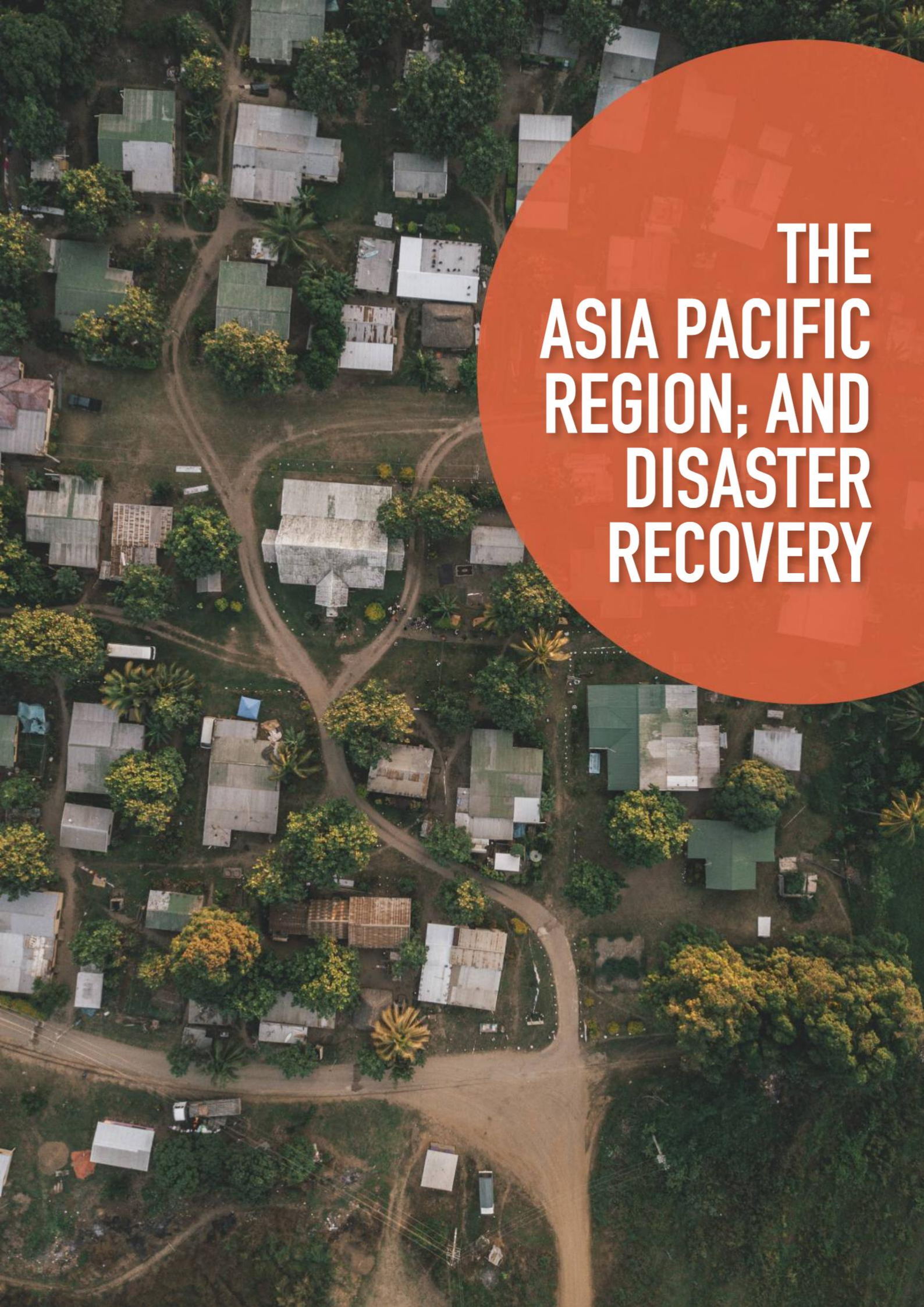
It is more than exposure to extreme threat. It is about the different ways in which people are also emotionally wounded by the traumatic experience and the need for that *woundedness* to be recognised and the person assisted to heal.

If you had some advice for your younger self what would that be?

Trust in life, and 'Live'.

What is your greatest achievement professionally to date?

Retaining my professional vitality, passion, and optimism throughout fifty years at the coalface.



THE ASIA PACIFIC REGION; AND DISASTER RECOVERY

Reflections on social work practice in Cambodia

ALYSSA MEDWAY

Alyssa Medway provides a snapshot of practice in Cambodia, highlighting some practice challenges and providing tips to social workers who might be keen to follow in her footsteps.

As a volunteer with the Australian Volunteers Program (AVP) I have been working as a Social Work Technical Advisor at a small community-based crisis centre in Phnom Penh, Cambodia. The focus of this organisation, working with persons of all ages, is to support those in crisis to access basic human rights including to shelter, food, healthcare, and education.

A particularly confronting aspect of this role for me was discovering the complete lack of social safety nets for clients experiencing significant socio-economic vulnerabilities. In Australia, while not perfect, Medicare and Centrelink provide crucial social safety nets to those who cannot afford medical treatment or the cost of living. If accessed early, they can mean the difference between crisis and stability. But in Cambodia there is no universal healthcare or financial welfare system and state-based support for those living with a disability or the elderly is limited or non-existent.

> *Social work in Cambodia is not an easy job but makes me happy because I know that change is possible. I know what it is like to grow up poor and to experience domestic violence, so I want to help people to overcome this and find the brighter side.*
> *(Crisis caseworker, Phnom Penh)*

The case of Sreyno, a 55-year-old grandmother, demonstrates some of the major obstacles to social work practice experienced in Cambodia.

Sreyno: A snapshot of practice in Cambodia

Sreyno was the sole carer for her 10-year-old granddaughter Chanti, whose mother was serving a prison sentence for drug possession. When she was diagnosed with breast cancer, Sreyno received conflicting medical advice about whether to pursue treatment. Several doctors suggested she may not recover from her cancer, leaving no-one to look after her granddaughter.

Clients at our centre are often perplexed after receiving information from local doctors, who are overwhelmed with a high volume of clients and have limited resources. Misdiagnoses, long wait periods and incomplete treatment are common.

Khmer traditional medicine and healers still play a big role in community life with many Khmers favouring remedies delivered by traditional healers over visiting trained health professionals. Sreyno's belief in traditional healing coupled with warnings from neighbours that she would likely not return if she sought treatment from a hospital, led her to avoid formal treatment altogether. Instead she hoped to stay alive until Chanti's mother was released and could care for Chanti long term,

About the author

Alyssa Medway completed an MSW from Griffith University in 2016. She has worked in a variety of cross-cultural environments including with Aboriginal and Torres Strait Islander peoples in Western Australia. She has completed an assignment in Phnom Penh as a Social Work Technical Advisor with the Australian Volunteers Program.

Social work is a relatively new profession in Cambodia, with the first graduates completing their degrees in 2012

at which time she would consider treatment.

For many in Cambodia, a serious health condition means an inability to work and no income leading to a cycle of debt. Fortunately, Sreyno was able to rely on her neighbours for daily food and living support rather than taking on loans, which would trap her in an ongoing cycle of debt as is the case for many. With few external family members suitable to care for Chanti long term, Sreyno was also left with the stress of having to find someone suitable in the event that her condition worsened.

So, what are some of the social work practice strategies used to support clients like Sreyno in Cambodia to access their fundamental human rights?

Developing partnerships

Developing partnerships with longstanding NGOs with a good track record and evidence-based practice can be a good starting point to connect clients in crisis to the urgent supports they need. Cambodia has one of the highest concentrations of NGOs in the world, second only to Rwanda, yet with no up-to-date service mapping there continues to be a lack of knowledge as to what services are available and where to find them.

In Sreyno and Chanti's case we were fortunate to locate an NGO with a prime focus on funding and supporting foster care placements. This organisation could both provide an alternative carer for Chanti, in the event that Sreyno became too unwell, and a weekly allowance for Sreyno as a kinship carer, providing the family with a stable source of income.

Upskilling and training

Social work is a relatively new profession in Cambodia, with the first graduates completing their degrees in 2012. A commitment to practice enhancement is demonstrated by the February launch of the Ministry of Social, Youth, and Veterans' Affairs' 'Guidelines on Basic Competencies for the Social Workforce in Cambodia', designed to stipulate and enhance practice standards.

Fourth-year social work students in Cambodia can choose to specialise in macro-, meso- or micro-based social work practice, the equivalent of focusing on indirect (research and policy) or direct practice (casework).

> ***When I walk down the street I can see Cambodia's old people sitting at traffic lights and begging for money, which is why, I will specialise in macro practice, because I want to see better public services for the people who need it most.***
> *(Social work student, Phnom Penh)*

Training and upskilling Khmer social workers to enhance practice and service delivery will help to give clients access to quality information and services. This will in turn help to destigmatise NGOs in communities and encourage help-seeking.

Shifting the conversation from outputs to outcomes

The majority of monitoring and evaluation discussions that I have had here have centred around how many clients we've seen, lunches we've served to school children, or

mosquito nets we've provided, rather than examining whether our actions have supported clients to achieve their short- and long-term goals. It is particularly difficult to change this mindset when it is donor-driven and when we have limited funds to dedicate to confirming whether our actions are achieving results.

> *Something we are noticing when we work with community is less spending on education and more spending on crisis and trafficking clients. International donors seem to want to help more extreme clients instead of thinking about where the gaps are.*
> *(Crisis caseworker, Phnom Penh)*

Evaluating outcomes rather than outputs will ideally see a shift in funding from organisations who privilege numbers to those who are able to support clients to achieve sustainable change.

Practising as an international social worker

Now that you have a general overview of some of the broader practice challenges in Cambodia, I would like to leave you with a few tips I have learned about working internationally as a social worker.

Tip #1

Commit to learning the basics of the local language

Working in a different language can be incredibly challenging and isolating but I found having the basics down can help to build relationships with your local colleagues. While you might be used to fast paced conversations back home, prepare yourself to slow things down, and don't be afraid to ask for clarification if you're still unsure after a conversation.

Tip #2

Expect varied levels of digital literacy and be ready to support learning

Do not expect your host organisation to use the same technologies as you. Your workmates may have their own ways of prioritising, planning, creating meetings and inviting you to them. Teaching my workmates to use Google Calendar and some of the more technical aspects of email has been for me an important part of streamlining our centre's internal communications.

Tip #3

Have a firm understanding of culturally competent, safe and sensitive practice

For cross-cultural work to be effective, you need to have a strong grip on the key tenets of culturally competent practice. There will no doubt be times when cultural differences arise when responding to a case. I found that having a solid understanding of my personal values and assumptions and understanding where I stood in the universalism–cultural-relativism debate helped to find suitable and culturally appropriate solutions.

Despite the practice challenges outlined, I have found offering social work support in Cambodia is a valuable way to give back and contribute to the growing understanding of evidence-based practice. There is a huge difference between coming to Cambodia with a specific skillset and coming to Cambodia and committing the cardinal sin of 'voluntourism'. Perhaps the biggest assurance that this work was of value was my Khmer colleagues' ability to identify gaps in their practice knowledge and their willingness to learn, driven by their passion to support clients to access human rights.

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DARRYL WADE
Psychology

Presented by Dr Darryl Wade

Darryl Wade is an internationally recognised and published expert in the field of posttraumatic mental health. He is Australia's only PE trainer and consultant accredited with the Centre for the Treatment and Study of Anxiety, University of Pennsylvania. He recently held the positions of Head of Practice Improvement and Innovation at Phoenix Australia National Centre for Posttraumatic Mental Health, and Associate Professor in the Department of Psychiatry, The University of Melbourne.

*Phoenix Australia (2013). Australian guidelines for the treatment of acute stress disorder and posttraumatic stress disorder. Phoenix Australia.

How data is improving social services for women and children experiencing violence in the Asia Pacific

TESS RITCHIE

Dr Kristin Diemer, who specialises in the measurement of violence against women, tells Tess Ritchie about helping build the capacity of countries in the Asia Pacific to improve their social services.

In the Asia-Pacific region, social work is an underdeveloped field. 'Most countries have a social welfare ministry of some description and people who are trained in counselling and social work, but it's very basic and often not specialised', says Dr Diemer, a sociologist at the University of Melbourne specialising in measurement of violence against women.

'There's a newly evolving system for counselling support standards and accreditation, and as yet there's little supervision of counsellors or review of training', she says. A perception across the region that social work is a charitable endeavour also undermines its development, including from a policy level, as noted in a recent review of the social service workforce in the Asia Pacific.

Specifically, the project supports countries to report against the UN's Sustainable Development Goals (SDGs), particularly those focusing on eliminating gender-based violence or increasing gender equality

Often more common than government-led services, are special interest NGOs, which along with faith-based organisations play a significant role delivering social services for children and families. Though as Diemer points out, the systems are not necessarily sustainable and vary from country to country.

'There are a few organisations providing services for violence against women, often started up by activist women. But they don't necessarily have qualified counsellors and usually rely on donor funds to keep going. The few highly skilled and trained counsellors are in high demand to supervise and train future counsellors. And due to a lack of sustainability of programs, or their pilot nature, there is often high turnover of those who have training.'

Alongside this, rates of violence against women and children are high. While expressed differently across the region, according to a paper by the University of Edinburgh and UNICEF, 74 per cent of children experience violent discipline in the home. And anywhere from 15 to 68 per cent of women experience physical and/or sexual violence in their lifetime, according to the United Nations Population Fund (UNFPA).

About the author

Tess Ritchie is a content writer at the Melbourne School of Professional and Continuing Education, University of Melbourne.

Within that, between six to around 46 per cent of women have experienced violence in the last 12 months (compared with less than two per cent in Australia). The implication here is that a significant proportion of women are currently living with violence and there are few supports for them to change their circumstances or receive counselling.

'If you've got a high proportion of women living with violence, it means they don't have options for leaving, or an intervention, and the perpetrators aren't being picked up either.'

Addressing this, Diemer is working on a number of projects that feed into the development of social services for women and children in the Asia Pacific. One project, which is led by Melbourne University's Department of Social Work in collaboration with the School of Population and Global Health and the UNFPA, involves providing research and technical support to countries to deliver a survey measuring violence against women and children.

Specifically, the project supports countries to report against the UN's Sustainable Development Goals (SDGs), particularly those focusing on eliminating gender-based violence or increasing gender equality.

'Sometimes the work focuses on capacity building and measurement of prevalence,' says Diemer, speaking about the survey project she is involved in, 'and sometimes we're asked to analyse administrative data and write reports in collaboration with country teams, particularly on framing context-appropriate recommendations.'

While part of the drive to participate in surveys is because donor funding often depends on measuring and improving on SDGs, results lead to awareness of problems some countries didn't know existed, as well to introducing service supports.

The demand to deliver the survey has led to the establishment of a professional development course called kNOwVAWdata – supported by the UNFPA and funded by DFAT in Australia – to equip countries to take charge of the project themselves.

'Countries may still hire us as consultants, but by and large they're running their own survey, they're owning it, the country has the data. So this is an empowerment and capacity-building program', says Diemer.

Already the teams behind the projects are seeing a lot more countries conduct the survey independently. And for social workers and advocates, it is having positive outcomes in terms of lobbying for increased services.

Participants from Vanuatu, PNG, Myanmar and Fiji take part in kNOwVAWdata at the University of Melbourne in 2019

'When country teams report to their government with data they have collected themselves, there's more validity given to the research. And it's really powerful for advocates. In most of these countries there's a strong women's advocacy network but they need this data to make the case for funding and other support.'

In terms of impact over time, being able to monitor issues is powerful because it helps to establish long-term services. This, Diemer says, will hopefully increase help-seeking and reduce the severity and rate of gender-based violence over time.

But as open-ended projects, the goal is that they become fully self-sustaining. To achieve this, a 'train the trainer' program for kNOwVAWdata is being developed, and, in November this year, the University of Melbourne is launching two new accredited courses around researching and prevention of violence against women, open to all students.

Likewise, the University's Master of Advanced Social Work, which includes an online subject on domestic and family violence, is open to both international and domestic students.

Photo credits: Kristin Diemer

Managing social anxiety in COVID-19

LINDA BURGESS

As we all know, social anxiety impacts on your ability to function in a range of situations. The coronavirus pandemic and restrictions have added to existing anxiety. Everyone's anxiety has been increasing, we are all experiencing added stress.

As we begin to eventually experience lessening of restrictions to physical distancing, mental wellbeing will improve for some but worsen for others, especially those who have existing impacts to their mental wellbeing. Take for example, the germaphobe being told to go back to work, or the social worker with impaired immunity whose children have to go back to school.

If it means being potentially exposed to coronavirus, you may not be excited about being able to go out and mix with other humans. Being told to see clients, ones who may be a health risk to you, may give you a feeling of panic – at the same time as you reassure your clients that they will be 'fine'.

Social workers can be an anxious bunch – we worry about our clients; whether we are doing our best by them; what other social workers think about us; how psychologists, psychiatrists and GPs treat us individually and our profession as a whole. We can have imposter syndrome ('am I doing legitimate work here, because it seems like we are just having a friendly chat'), excessive workloads, demanding bosses, toxic work environments – just like any other profession.

Many of us, myself included, have been seeing clients face-to-face because they are unable to do online counselling with us and we know they need ongoing support.

Or, again like me, you might be in private practice and need some work to keep trickling in so you can pay your bills, because it took a long time for the government to offer any support to sole traders.

Now the restrictions are lifting in some states and instead of being excited about seeing our friends and extended family, going to work and earning a living doing what we are passionate about, many of us are feeling exposed, our anxiety elevating. Social workers are the helpers, we walk alongside our clients as they find their healing, we are the advocates, the supporters, givers. But inside everything is twisting up and maybe we are not used to asking for help.

The more you challenge yourself to try anxiety-provoking situations, the better you will feel. But this needs to measured and gradual, not all-in as going back to work on short notice would be. Cognitive behaviour therapy is a fantastic, evidence-based treatment, but it requires agreement, a commitment to the process and trust. It is hard to trust when you don't really have much choice and don't feel a commitment.

There are some techniques that you can try on your own to help you come to terms with the changing situation, such as the obvious ones of regular exercise, deep breathing and meditation – but this doesn't deal

Start putting yourself into situations that are challenging but manageable, where you feel some control

with the desire to avoid work and social activities altogether.

My recommendation is that you take your first steps before you are required to go back to work. Start putting yourself into situations that are challenging but manageable, where you feel some control. Take the train to work and home again, go out among people every day (keeping physical distancing in place, of course). Gradually build up your participation in the world as restrictions slowly back off.

Even though you might not feel like visiting another family or group of friends, make yourself go, even if it's just for a short time. Set yourself some small, manageable, social experiments, ones that you are pretty sure you will succeed at, as this will give you the confidence to keep trying.

The other part of the exercise is to practice mindfulness. Notice how you are feeling in the moment and what your thoughts are. Just notice, be present. Being present and observing yourself helps to defuse some of your anxiety. By continuing to practice these exercises over time you will notice your anxiety decreasing, and eventually you will be ready to try something a little more challenging.

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About the author

Linda Burgess is an art therapist and social worker in private practice in the Southern Highlands, NSW.

The stewardship of hope

A professional evolution of the therapeutic use of self

MICKEY SKIDMORE

Mickey Skidmore writes of his gradual acceptance of the therapeutic use of self in his practice as a clinical social worker and how a challenging episode in his own life confirmed the value of this approach for him.

I have been a practising clinical social worker for nearly 35 years and have worked on two continents. Although I have considerable experience working clinically within in-patient psychiatric hospitals, the primary foundation and focus of my clinical work has been psychotherapy. Over the course of my career, I have engaged in individual, group, marital and family therapies, and worked with clients throughout the developmental life span. It has been a fascinating and challenging journey, which I have found immensely rewarding.

Unlike the Australian approach to social work practice, which emphasises the therapeutic use of self, the early part of my psychotherapy education and training emphasised a 'blank slate' approach. Self-disclosure was discouraged. Those old enough to remember will recall the structure of Carl Rogers' humanistic approach regarding client enquiries: 'so it sounds like it's important to you how I feel about that?' Such a stance was highly valued and believed to underscore a detached neutrality and objectivity. Moreover, it was strongly suggested that if a therapist strayed from this approach too far or too often that therapist ran the risk of being seen as struggling with therapeutic boundary issues.

Additionally, some of my earliest assumptions about psychotherapy included the notion that a therapist can only take a client as far (or deep) as they have gone themselves in their own personal journey – an idea most closely aligned with psychodynamic approaches. Although there are certainly some aspects of this assumption that I believe should be considered, at this point of my career I no longer accept this as an across-the-board statement.

Over time, as I actively reflected on my practice, I became aware of a gradual shifting away from such orientations. As I became older, I found my early assumptions about therapy to be overly limiting. Such an assumption essentially suggested that I would not be able to assist someone unless I had experienced and worked through something similar myself. There are many situations that I may not have encountered directly, yet, clearly, I can assist someone work through such circumstances anyway. Thus, my views on this have evolved.

I also found myself straying from the 'blank screen', increasingly introducing strategic anecdotes from my own experiences. After achieving a certain level of experience and expertise, I recognised that many of my clients were looking to me as a practitioner who had developed a certain level of wisdom, and were hoping I might pass some of that on to them during the course of our therapeutic efforts.

My extended immersion and exposure to Ericksonian methods in hypnosis and psychotherapy was perhaps the most profound influence in my

About the author

Mickey Skidmore, AMHSW, ACSW, MACSW, has an MSW from East Carolina University, USA. He was a Licensed Clinical Social Worker in private practice in the USA for more than 25 years and has nearly 35 years of clinical experience. He has worked in in-patient and out-patient health care; was a Clinical Director in an acute care psychiatric hospital; and has taught at tertiary level and as a trainer of mental health professionals. He is a Mental Health Social Worker at Liverpool Hospital, has a private practice, and is a casual academic with Western Sydney University (WSU).

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professional development. Training in Ericksonian methods was rich in a wide array of complimentary theories that blended or worked in concert with hypnosis and lent itself easily to multiple approaches. One of my early take-aways from this training was to avoid 'magical' explanations or anthropomorphising when engaged in storytelling. Rather, it encouraged the use of everyday anecdotes to which clients could easily relate. Perhaps as a result, I gradually shifted towards crafting strategic stories and metaphors rooted in my own experiences.

A decisive turning point in my mind occurred when I underwent formal training in Marsha Linehan's dialectical behaviour therapy (DBT) model. I experienced a visceral negative reaction to her tenet that a DBT therapist should be non-judgmental in their therapeutic efforts with DBT clients. My feeling was that such an endeavour was at best a cliché, but at worst superficial, unrealistic, and, frankly, ridiculous.

By this time, I was a seasoned therapist, and I took the view – which I still hold to this day – that I like my judgements! Moreover, I have worked hard to discern and embrace my judgements and my judgements helped to shape both the person and professional that I am today. What makes more sense to me, is to state that as therapists, regardless of the approach or methods we espouse, when engaging clients in therapeutic work we should be mindful and aware of our judgments to ensure that they do not interfere with a client's healing or progress.

One thing was for certain, I could no longer ignore that over time I had allowed for a gradual shifting towards the therapeutic use of self in my clinical work.

In 2019 I was diagnosed with stage II lung cancer. I was fortunate to be diagnosed early. My treatment involved lung surgery and chemotherapy. Given all the stories I had heard about chemotherapy, I consider myself to be extremely fortunate in managing this ordeal. I cannot thank my family enough for mobilising their support for me during this process.

One of my fondest memories of this experience is that I often travelled with an entourage of several family members who would accompany me to my chemotherapy treatments. I had begun to identify a list of therapists to assist me psychologically during this process, but somehow my weekly conversations with my brother proved to be more compelling. And before I realised it, I had completed my treatment before I ever had the chance to follow up with this list. Thankfully, I am currently cancer free.

Such an event, however, provides the impetus to reflect about many things. My brother pointed out that I had undergone a profound experience, and as a therapist I was in a unique position – in fact an extraordinary position in his view – to utilise this experience in both my therapeutic and professional work. As I began to get my head around this observation, I began to reflect more and more on the therapeutic use of self in my work.

While undergoing treatment, I was fortunate to be able to manage some ongoing private practice work. However, I never mentioned what I was going through with any of my clients as I did not want their therapy process to be about me, but rather maintain the focus where it belonged – on them. Despite some alterations in my appearance, only one of my clients ever suggested that something might be occurring for me.

After a few months of recovery, I began to selectively disclose my recent experience. Not in a casual manner, but strategically, in the context of therapy to highlight a point and inspire movement towards a needed shift or outcome. In the select times that I have done this, I have found it to be a powerful moment that was accepted with warm appreciation.

Throughout my career, when working with anyone who has been diagnosed with a potentially terminal condition, I have always done everything in my power to cajole them to embrace an attitude of determination, and to fight to overcome their condition – to fight to live. After my own experience, this stance took on heightened meaning for me, and I believe having gone through such an experience affords me a powerful perspective from which to work with someone in the future.

I have also revisited some of my previous overviews about my own personal philosophy and life perspectives. Despite my early influences with Christianity, I evolved over time to a position of atheism. I recall in my younger days being challenged about this. What is the point or purpose of living this life if there was not something bigger than us afterwards?

What I find interesting about such questions is the presupposition that if one does not hold the belief of a higher power, then there is little point of being a decent human being; that somehow atheism and being an ethical individual is incompatible. However, the conclusions I arrived at long ago seem to remain valid and relevant for me even today.

I believe that the grand purpose for living this life is to *love* others; to *serve* others as contribution to a greater good; to *grow* as a human being and become a better representation of myself; and finally, to contribute to making my world a better place than when I arrived. After my health event from last year, I feel even more

that these are worthwhile aspirations for this lifetime, and that my chosen profession of social work aligns well as a pathway to manifest my efforts and attempts in this regard.

As I continue to evolve and grow as a clinician, I am increasingly aware of the contribution my life experiences provide to my therapeutic use of self and as a result I have identified what I believe are the elements that converge in the successful application of this therapeutic strategy. They include: a strong ethical core, which may include a centred, genuine and peaceful personal code that guides one's life; an awareness of boundaries and an ability to maintain clarity in this regard; and ongoing self-reflection in order to be genuine with both oneself and the clients one works with.

As I embark on what I feel may be my last decade of viable professional life, I feel a certain sense of responsibility to exhibit and demonstrate a stewardship that emphasises hope in contrast to the immense disenfranchisement that we experience in our work on a routine basis. It is a choice that each of us can make as well.

Who would have thought that cancer would offer such amazing and profound gifts?

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Social Work Focus

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	Full page (back cover)	$1,260.00	$1,134.00
	Half page (horizontal)	$630.00	$567.00
	Full page	$982.50	$803.25
	Quarter page (horizontal)	$346.50	$311.85

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2020 deadlines

Issue	Bookings & artwork	Publication
Summer 2020	10 January	26 February
Autumn 2020	27 March	29 May
Winter 2020	26 June	28 August
Spring 2020	25 September	27 November

Prices are inclusive of GST and per advertisement.

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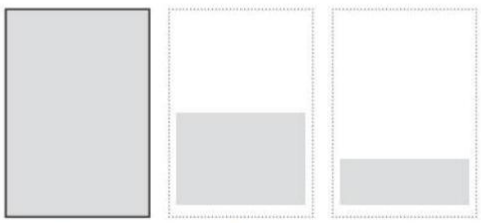

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