Social Work Focus

SUMMER/AUTUMN 2020 – VOLUME 5, ISSUE 1

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MENTAL HEALTH

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AASW
Australian Association of Social Workers

Empowering Excellence

SOCIAL WORK ONLINE TRAINING

REGISTER NOW

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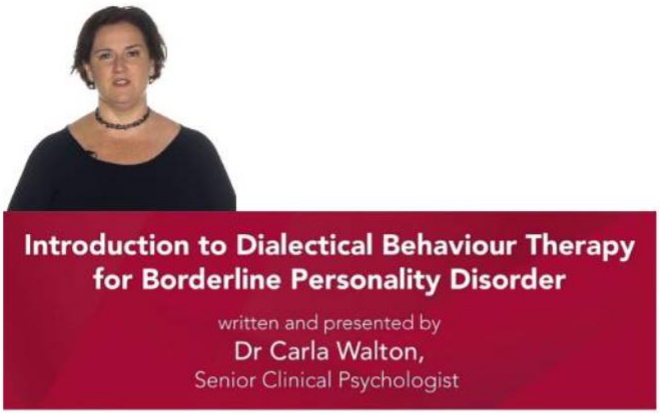
Australian Association of Social Workers

THE EMPOWERING EXCELLENCE SERIES HAS A RANGE OF ONLINE PRESENTATIONS DESIGNED TO EQUIP YOU WITH PROVIDING MENTAL HEALTH INTERVENTIONS. WE WOULD LIKE TO HIGHLIGHT TWO OF THESE PRESENTATIONS.

Introduction to Dialectical Behaviour Therapy for Borderline Personality Disorder

This one hour online course provides an introduction to Dialectical Behaviour Therapy (DBT) for Borderline Personality Disorder (BPD).

This course covers the origins of the treatment and theoretical underpinnings, together with an overview of the core components of the treatment. This includes skills training, individual therapy, phone coaching and consultation teams.



Motivational Interviewing and Cognitive Behaviour Therapy to reduce substance use problems and improve mental health and wellbeing

Mental ill-health and substance use problems often co-occur. If untreated, both types of problems can worsen, leading to poorer quality of life and, ultimately, the need for increased physical and mental health care. Smoking, alcohol misuse and other forms of substance use are common, and often present simultaneously.

This presentation strives to increase participants' knowledge and confidence in applying motivational interviewing and cognitive behavioural strategies to address co-occurring mental ill-health and substance misuse.

Contents

NEWS

MENTAL HEALTH

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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 Winter 2020 issue will be accepted until 26 June. The theme is the **Aboriginal and Torres Strait Islander 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.

EDITORS

Angela Yin
Marketing and Communications Officer

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Publications Officer

Julianne Whyte, Stephanie Azri and Tegan Leeder
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.

The impact of ongoing disasters on mental health

Social workers at the frontline

CHRISTINE CRAIK
AASW National President

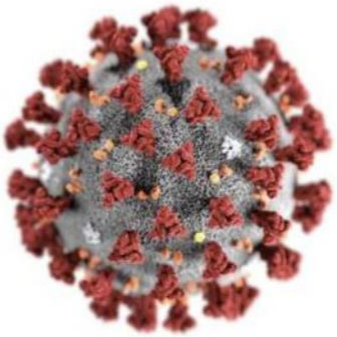
Welcome to this issue of *Social Work Focus*. This is a special 'mental health' edition, focusing on an area of practice that all social workers perform in one way or another, regardless of the setting in which we work.

There are some amazing articles in this edition, from working with the impacts of disaster, working in the space of animal assisted therapy, body mapping in Nepal, through to the ways in which organisations contribute to burn out and strain on the mental health of experienced and committed social workers. I have long held the belief that it is the effects and consequences of rigid, inflexible systems and bureaucracies that do not understand, or ignore the reality of the lives of those we work with that does the most damage to the mental good health of social work practitioners.

This edition could not come at a more appropriate time as the world enters a period of history that we have never personally previously experienced with this tsunami that is COVID-19. The entire world is existing in a state of heightened anxiety, grief and uncertainty.

We as social workers know that the most vulnerable and disadvantaged in Australia and globally will bear the brunt of this pandemic and the bureaucratic systems and selfish nature of neo-liberal survival and recovery policies. We know that those with the least will struggle to survive through this pandemic and beyond. The nature of the work we do as social workers will mean that our commitment to ensure basic human rights are afforded to all, including good health, housing stability and income support, will require a constant and massive amount of work and advocacy for some time to come.

This is where the AASW, our professional association, will play a vital role for us and for the important work we do with those who do not have a voice. We can't do this alone. We will need to work together as a profession so we can learn from each other, share, and stay connected and supported. Building on this sense of belonging is going to be vitally important to our mental good health and for us to be able to stay focused on the work we will have to do. Stay safe and stay connected.



The entire world is existing in a state of heightened anxiety, grief and uncertainty

Taking the Association into a new decade

2020 begins in earnest

CINDY SMITH
Chief Executive Officer

The start of 2020 brought with it destructive bushfires that burnt extensive areas across Australia and caused widespread devastation to people and wildlife. Now we are facing an unprecedented crisis across our national and global community due to COVID-19. We have welcomed the Department of Health and the Department of Veterans Affairs responses to the health and mental health needs in both these difficult situations.

The Government's COVID-19 measures to alleviate the hardship being experienced by so many has been welcome and essential to safeguard health, wellbeing and community cohesion. We know that many of our members have been impacted by the coronavirus personally and in their professional life. AASW has been working with AHPA to represent our concerns with government and to ensure appropriate supports are available and accessible to people impacted by COVID-19. We will continue to advocate on the issues that are of importance to our members and will be developing resources and on-line forums to assist our members to continue to work and support vulnerable members of our community.

We have been continuing our advocacy throughout the bushfire and coronavirus crises, including calling on the government to address climate change, raise the allowance for those on Newstart (which is now called JobSeeker), and to increase funding to the community sector to support those experiencing family violence, mental ill health and homelessness. Our advocacy on these and other social issues will continue well into the future.

The Association has wasted no time beginning the year with several new projects. First, one of the most exciting projects we are working on is the implementation of the Social Work Capability Framework and Self-Assessment Tool. As a member, you would have been invited to complete a survey as we seek your perspective on the key skills, knowledge and behaviours required for success in your role. The Capability Framework will support the social work profession by articulating the capabilities you need to have attained or will attain in the future.

We are also working to improve our customer service to you. We have invested in a new phone system that will enable your call to be quickly and easily directed to the relevant department, thereby ensuring you receive prompt and professional service when you call. We know you are busy and have a lot on your plate and we want to make sure your time with us is spent wisely.

Despite the difficulties this year has presented to us as an Association and as a profession, we are continuing to progress a number of key areas of advocacy and action.

In 2020 there will be momentum building around the professional registration campaign for social workers; already this year I have been meeting with Ministers, Shadow Ministers and various Commissioners to raise awareness of the registration campaign and to seek support for our campaign. I am delighted to tell you that there is a lot of support for the campaign. The importance of registration of social workers has not dissipated and in the current environment is even more essential. We will be working with members as the SA Government takes up the recommendations from its consultation process in 2019, and through State election campaigns later this year, to keep this issue on the agenda.

Following a collaborative process with the Australian Council of Heads of School of Social Work (ACHSSW) and other stakeholders, we were pleased to recently release the updated Australian Social Work Education and Accreditation Standards (ASWEAS) in February 2020. Please find a copy on our website.

World Social Work Day celebrations were disrupted by the coronavirus, and it was a difficult decision to cancel events scheduled around the country. Some events were moved online and they were well received. We were heartened to hear that members were able to celebrate World Social Work Day at their workplace. It was still important to commemorate the day and the important work that social workers do. Social workers are an integral part of the frontline health care team that members of the public need during times like these, and our special day was still a day to remember that, more than ever.

As the theme of this edition of *Social Work Focus* is mental health, we want to draw your attention to the marketing materials we have created for Accredited Mental Health Social Workers to promote themselves to GPs and the public. You can find these on the website. You can read more about the campaign in this edition. We also have a dedicated Social Policy and Advocacy Officer for the AMHSWs, to make sure your skills and knowledge are being promoted and advocated for at the highest levels.

Your Association: Where you belong

Renew your membership today

Reduced fee option available*

*T&Cs apply

Early Bird discount in May

Membership fees are tax deductible: pay by 30 June and you may be able to claim for this financial year.

AASW

Australian Association of Social Workers

What is Your Distinction?
The AASW's credentialing program

AASW's Your Distinction program continues to distinguish specialist and advanced social work practice in a range of areas. Credentials which are available are the Accredited Clinical Social Worker, Accredited Family Violence Social Worker and the Accredited Mental Health Social Worker.

Credentials assure individuals and their families, the Australian community, employers and funding bodies that accredited social workers have acquired a specialist level of expertise in their field of practice. The AASW has had an accreditation program since 2005, and the expansion of the program has been led by both industry drivers and demand from members.

Over the coming months, new credentials will be launched. You can register your interest on our website. We have received interest from members suggesting the credentials be expanded to include other areas of practice.

These credentials offer you an opportunity to position yourself as a social worker with a reputation of expertise and distinction, assuring the people you work with that you meet the highest standards of knowledge, safety and quality of service in social work.

For eligibility requirements and to apply, visit the AASW website.

Why Should You Become Accredited?

Some of the many benefits from becoming accredited include:

- Credentials are a symbol of quality and established competency
- Credentials are a sector indicator of achieved experience and capability
- Your Distinction – a credential establishes that you have achieved recognition in your field of practice
- Commitment to ongoing excellence – the credential demonstrates the currency of your skills and knowledge by setting a high standard of continuous professional development that validates your commitment to excellence
- A formalised community of practice and network of peers – through sharing of knowledge and experiences and deli ering on best practice

Strengthening our advocacy of AMHSWs

BY COLLEEN O'SULLIVAN

The policy direction of the AASW is strongly influenced by our members and the results of the last Member Needs and Satisfaction Survey found mental health was a key priority for nearly half of all members.

With this as one of our key guides for our social policy and advocacy work, the AASW has been active in a number of mental health inquiries and advocacy opportunities. We continue to advocate for an urgent injection of funds into mental health systems in crisis and to build greater community recognition of the role of social workers, and Accredited Mental Health Social Workers (AMHSWs), in supporting people with mental health needs.

We are continuously calling for the expertise of AMHSWs to be adequately reflected in the fee schedules of several government and non-government agencies nationwide, so more people in the community can benefit from the specialist mental health support AMHSWs provide.

To assist in these measures, late last year a dedicated Mental Health Advocacy Officer role was created to focus primarily on the concerns of members working in the mental health sector and to develop and implement an advocacy strategy specifically for AMHSWs.

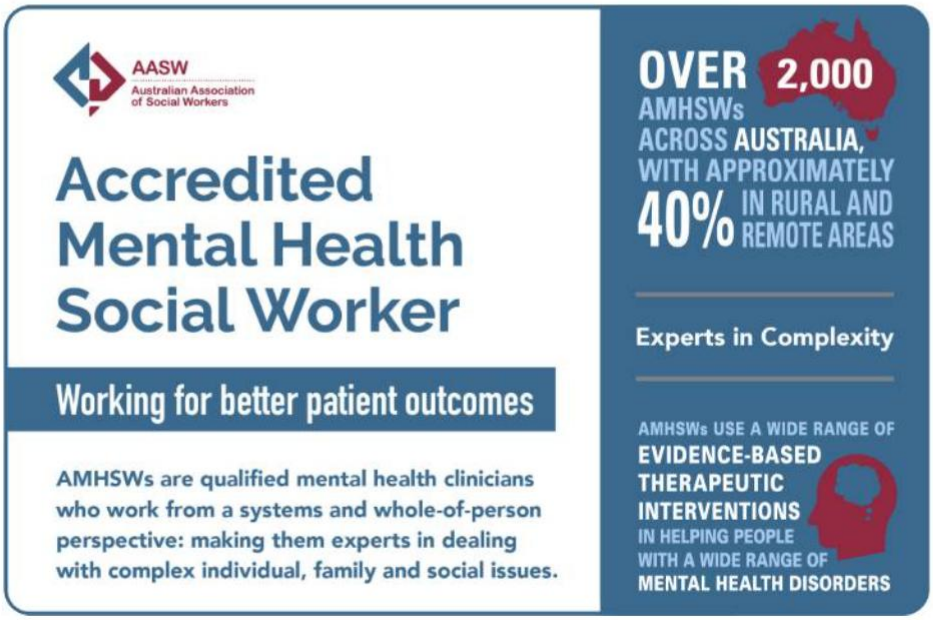
The introduction of MBS Bushfire Recovery items numbers impelled the AASW to further promote services AMHSWs can provide to people affected by the bushfires. The new MBS Bushfire Recovery Items came into effect on 17 January 2020 and will be available until 21 December 2021.

The AASW Social Policy and Advocacy team is working to provide information and clarify policy on the bushfires recovery processes and services. We have also been in contact with the Red Cross, Pharmacy Guild of Australia, Royal College of General Practitioners and the Primary Health Networks to discuss AMHSWs' involvement in the bushfire recovery plan and the role of AASW in supporting these measures.

This is in addition to talking to members on the ground and responding to enquiries.

Prior to the implementation of the new Medicare items, the AASW had identified several advocacy initiatives for the promotion of AMHSWs. An advertising campaign to promote AMHSWs to General Practitioners (GPs) began last year and will conclude in March. This campaign has highlighted the value and services of AMHSWs to GPs. An AMHSW advertisement has featured in the RACGP's journal three times and marketing materials are available for AMHSWs to use to promote their own services and practice: https://www.aasw.asn.au/practitioner-resources/amhsw-racgp-campaign

Another area we will focus on in 2020 is private health insurance with a public social media and letter-writing campaign to influence insurers to introduce AMHSW fee schedules for the benefit of their clients. We will keep members informed via the Mental Health e-News about future developments in our advocacy campaigns and resources available to members to promote their services and expertise.



Colleen O'Sullivan is the AASW Mental Health Advocacy Officer. She works from the Melbourne office and can be contacted at mhadvocacy@aasw.asn.au

Which Medicare Benefits Schedule item do I use?

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Are you at greater risk of contracting COVID-19, or currently showing symptoms of COVID-19, or subject to social isolation protocols relevant to COVID-19?

Yes / No

Was your client affected by the bushfires last summer?

- Yes → **Bushfire MBS items** (Medicare rebated)
  - 91151, 91161 (Tele-health)
  - 91150, 91155, 91160, 91165 (Face-to-Face)
- No

Does your client have a Mental Health Care Plan under Better Access, or have they been referred by a medical practitioner?

- Yes
- No → Not applicable for MBS, check other funding sources

Does your client live in a rural area as defined in the Modified Monash Model regions 4-7 and at least 15 kilometres from a social worker?

- Yes → **Existing telehealth MBS items** (Medicare rebated)
  - 80151 (video conferencing, 20-50 minutes)
  - 80161 (video conferencing, at least 50 minutes)
- No

Is a telehealth consultation able to meet the therapeutic needs of the client?

- Yes
- No → Face-to-face consultation can be considered for next session
  Continue to monitor your condition, client circumstances and billing options

Which service do you provide for the client?

Counselling

COVID-19 MBS items (Medicare rebated)

- 91175 (Telehealth via teleconference 20-50 minutes)
- 91187 (Telephone when video is not available 20-50 minutes)
- 91176 (Telehealth via teleconference 50+ minutes)
- 91188 (Telephone when video is not available 50+ minutes)

Non-directive pregnancy counselling

COVID-19 MBS items (Medicare rebated)

- 93026 (Telehealth via teleconference)
- 93029 (Telephone when video is not available)

Eating disorder management

COVID-19 MBS items (Medicare rebated)

- 93100 (Teleconference 20-50 minutes)
- 93134 (Telephone when video is not available 20-50 minutes)
- 93103 (Teleconference, at least 50 minutes)
- 93137 (Telephone when video is not available, at least 50 minutes)

Chronic disease management

COVID-19 MBS items (Medicare rebated)

- 93000 (Video conferencing)
- 93013 (Telephone when video is not available)
- 93048 (Follow-up service for Aboriginal & Torres Strait Islander people, video conferencing)
- 93061 (Follow-up service for Aboriginal & Torres Strait Islander people, telephone)

You can charge a gap fee under the COVID-19 MBS items. You are expected to obtain informed financial consent from patients prior to providing the service: providing details regarding their fees, including any out-of-pocket costs. The AASW recommends applying discretion to clients who have been impacted financially by COVID-19 when setting payment rates

The invisible impact of the bushfires

Mental health, trauma and family violence

Earlier this year, when the bushfires burning in various parts of Australia were at their height, the AASW not only paid tribute to the firefighters, individuals and groups assisting on the frontlines, but highlighted the need in the recovery stages to prepare for the less visible effects of such disasters, including ongoing mental health, grief and loss and trauma responses.

National President Christine Craik spoke of the role of social workers in both the emergency and recovery stages, 'Our thoughts and our actions are with those who continue to be impacted by the ongoing crisis. Social workers, like many others, are assisting at recovery centres across the country right now and have been since the crisis began in November last year.

'One of the strengths of social work intervention,' Christine pointed out, 'is the ability to case manage, advocate and work with trauma symptoms with an understanding that these people have lived through an extraordinary event. Working through this lens is such a vital skill set for ongoing recovery work with individuals, families and communities.'

Speaking of the consequences of living through an event where individuals and families struggle to regain control and balance in so many aspects of their day-to-day life, Christine drew on experience of the Black Saturday fires in 2009. One of those consequences seen during recovery work after the 2009 fires was an increase in incidents of family violence. 'Social workers are very much aware of the need to pay attention to these power dynamics in the recovery work that they do,' she said.

Queensland's move to end 'conversion therapy' falls short

The AASW has called on the Queensland Government to broaden the definition of 'health service provider' to better restrict 'conversion therapy', a harmful practice that purports to convert lesbian, gay and bisexual people to heterosexuality.

In an attempt to outlaw the practice, the Queensland government introduced an amendment to the Public Health Act, the Health Legislation Amendment Bill 2019, which states, 'A person who is a health service provider must not perform conversion therapy on another person' (213H Prohibition of Conversion Therapy).

AASW Queensland Branch President Ellen Beaumont commended the Queensland Government's proposed legislation but said that the failure to explicitly include non-regulated professionals in the Bill could see the unethical practice continue.

Conversion therapy is far more likely to be performed by non-professionals, such as those claiming to be counsellors or religious advisers, than by professional health service providers.

Ms Beaumont said, 'We welcome the intent of the proposed Bill, but it fails to ensure that non-regulated professionals who engage in conversion therapy are held to account and are open to the same penalties as health service providers. It also further highlights the necessity of social work registration as profession.'

Ms Beaumont continued, 'Our state's legislative safeguards simply must cover the breadth of services and organisations that may engage in this practice, including religious and spiritual advisers. We need to recognise that whether the person is a health service provider or not, conversion therapy offered by any"professional" or person in a position of power has the risk of causing significant harm, and breaches vulnerable people's human rights.'

Ms Beaumont said, 'This is a significant piece of legislation that limits the threat of vulnerable people being subjected to a knowingly harmful practice. But there's still more opportunity for the Bill to better ensure our state policies reflect inclusive and contemporary terminology and provide a greater breadth of safeguards beyond "health service providers".'

Religious Freedom Bills potentially undermine Australian values

The AASW recently called on the government to halt the introduction of its Religious Freedom Bills into parliament until the Australian Law Reform Commission finishes its inquiry into religious freedom exemptions in existing anti-discrimination legislation.

AASW National President Christine Craik said, 'Some of the exemptions contained in the second draft of these bills have the potential to harm members of the Australian community.

'Allowing people to make discriminatory and disrespectful statements of belief under the guise of 'religious freedom' undermines all the work Australia has done to become a more tolerant society.

'Social work as a profession is underpinned by respect for persons, social justice and professional integrity. These principles reflect an unwavering commitment to human rights and respect for diversity. While we agree that people should have freedom of belief and the freedom to follow their conscience, people should also be free from discriminatory and disrespectful practices. These bills could undermine gains made in other areas and remove protections from vulnerable groups, including women and the LGBTQI [Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex] community.'

Social workers know the effects of discrimination on vulnerable people and the AASW opposes any legislation that has the potential to remove existing protections.

Ms Craik said, 'We are also concerned that this legislation seeks to include faith-based community sector organisations under the umbrella of religious bodies. This mischaracterises the important work this sector does to assist vulnerable people of all backgrounds and underestimates their commitment to non-discriminatory practices and their professionalism.

'We know many of our members are employed within these organisations. They are employed because of their qualifications and expertise as social workers, not because of their religious beliefs.'

This legislation is ill-considered in its current form.

Ms Craik said, 'The Australian Law Reform Commission is due to release its findings in December 2020. We urge the government not to proceed with any new religious anti-discrimination legislation until this review is complete.'

Keeping skills and knowledge current while on maternity leave

Kirby Cooper has always had a desire to promote human rights and social justice, to make a positive difference, and work with people to become the best version of themselves. It was no wonder that social work became her chosen career and she has remained committed to the social work values of respect for persons, social justice and professional integrity ever since.

I have developed a strong personal and professional identity over the last 13 years of my career; however, I have experienced a positive identity change in the process of becoming a mother. Maternity leave has given me the time and an opportunity to utilise what social workers are known to do best, reflective practice. This new experience of motherhood has enabled me to reflect on the progress women have made over the decades of feminism and our continued need to advocate for our rights; fostering secure attachment in our children; the interesting advancements in neuroscience; maternal mental health; and the importance of mindfulness and gratitude, to name a few.

Motherhood has made me feel equally vulnerable and confident. I have an appreciation of kindness and compassion and, in taking the time to have my family, I have also been thinking about how I can incorporate this greater level of empathy and self-awareness into my practice when I return to work. Here are some of the ways in which I am keeping up to date with our profession while on maternity leave that other social workers may consider during their leave.

Keeping in touch with the workplace/ career

- Receiving monthly 'check in' emails from my employer with a brief overview of the progress in my workplace and catching up with colleagues.
- Attending conferences and networking opportunities to assist with remaining connected. Word-of-mouth recommendations are often gained at these types of events.
- Keeping up to date with the AASW Branch Facebook page and their upcoming events.
- Continuing to receive supervision.
- Attending local working mothers meet-ups.
- Processing news and appraising headlines with a social work lens.

Continuing professional development

- Reading journal articles while breastfeeding.
- Reading social work materials out aloud to my baby (followed by a favourite children's book, of course).
- Signing up to newsletters from professional networks so that I continue to receive information on the latest training and research.
- Joining a book club with colleagues and choosing a book within our field, even if we only read a chapter at a time and discuss. Or participate in online reading challenges, for example, Reading Women Challenge.
- Using online training services and webinars around sleep and feeding routines (Empowering Excellence, Mental Health Academy etc.)
- Listening to podcasts.

Wellbeing

- Participating in a writing activity, such as writing a gratitude journal, or using this time to continue your personal and professional reflections.
- Participating in mindfulness activities. There are so many phone apps that can facilitate this.
- Reaching out to your local community and services.
- Continuing regular engagement with the mothers in my Mothers' Group and discussing a range of topics, including child development, maternal mental health, family and domestic violence, different family structures and relationships.
- Always considering things from a strengths perspective and empowering women and other mothers around me.
- Engaging in future planning conversations with loved ones.
- Engaging in social media support groups and forums.

Advocacy

- Volunteering your time to a need within your community (e.g. providing telephone contact with older widows to check on their health and wellbeing and reduce social isolation, donating food to your local homeless organisation).
- Advocating in areas of social awareness. I have written to my local shopping centre management after being unable to safely move my pram around outdoor furniture. This allowed me to reflect upon other groups that may be affected by outdoor furniture, such as people in wheelchairs.
- Advocating for change. Sign online petitions, write letters to my local government about the environmental crisis and participate in the Consent Law campaign, to name a few.
- Talking about social work values to third parties during my everyday life events (e.g. to the GP at my baby's immunisation appointments, or the Child Health Nurse at the free clinic.

I'm not the first parent to experience the struggle of trying gain a work–life balance; in fact, I'm not sure there is such a thing. But I am grateful to experience both, and to have the maternity leave to do so. Motherhood has taught me how to be more playful and creative, to think outside the box of how to incorporate our personal and professional identity into our everyday lives. Wouldn't it be exciting if all social workers were inspired to return to work following leave with a renewed sense of self, confidence and a greater skill set? Could you imagine the outcomes we could achieve?

Kirby Cooper is a social worker with 13 years' experience in both acute and community health settings. She currently works as a senior social worker in a large health organisation. The hardest job, but the most rewarding of them all, has been being a mother to her son, Buddy.

Trauma Education

presented by **Dr Leah Giarratano**

Leah is a doctoral-level clinical psychologist and author with 24 years of 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

PLAN OR ACT NOW TO SAVE ON THE FEE

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.

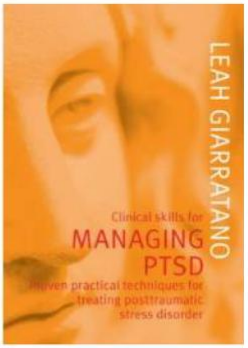
7 - 8 May 2020, Melbourne CBD
14 - 15 May 2020, Sydney CBD
21 - 22 May 2020, Brisbane CBD
28 – 29 May 2020, Auckland CBD
11 – 12 June 2020, Perth CBD
18 – 19 June 2020, Adelaide CBD

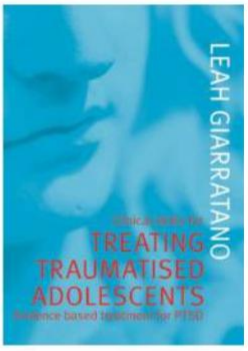
Clinical skills for treating complex traumatisation

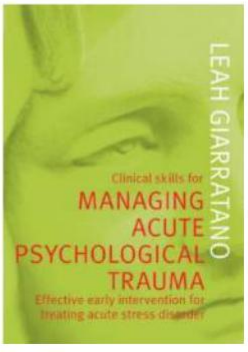
Treating Complex Trauma: Day 3 - 4

This two-day program focuses upon phase-based treatment for survivors of child abuse and neglect. This workshop completes Leah's four-day trauma- focused training. 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.

25 – 26 June 2020, Auckland CBD
6 - 7 August 2020, Melbourne CBD
13 - 14 August 2020, Sydney CBD
20 – 21 August 2020, Brisbane CBD
3 – 4 September 2020, Perth CBD
10 – 11 September 2020, Adelaide CBD







Program Fee (bank transfer is preferred however Visa and Mastercard are accepted)

Early Bird $795 each when you pay more than three months prior
Normal Fee $895 each when you pay less than three months prior
Pairs $1,290 or $1,390 as above when you register and pay for Day 1-4 in one transaction
Optional 2- 3 instalments by bank transfer only; minimum four months prior to workshop.

Program fee includes GST, program materials, lunches, morning and afternoon teas on all workshop days.

Register directly on our website for a single workshop and note you must have first completed Day 1-2 to attend Day 3-4. For Days 1-4, please email your location preference, name, address, mobile and any dietary requests for catering and you will receive a reservation invoice with the discounted fee and payment instructions.

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

Please direct your enquiries to Joshua George, **mail@talominbooks.com**

Note that attendee withdrawals and transfers attract a processing fee of $77. No withdrawals are allowed in the ten days prior to the workshop; however positions are transferable to anyone you nominate.

Australian social worker appointed IFSW United Nations Representative

Australian social worker and AASW Senior Policy Adviser Dr Sebastian Cordoba has been appointed as an International Federation of Social Workers United Nations Representative for the Asia-Pacific Region, as part of the IFSW UN Commission.

The role is a unique opportunity to bring the social work perspective to the United Nations in advocating for social and environmental justice. As an IFSW UN representative, Dr Cordoba will provide a social work perspective to the UN and the UN agencies, and work towards joint action based on social work principles, including social justice and human rights.

'The world is currently facing unprecedented levels of human and environmental devastation. As social workers, we understand that to address these challenges, we need to look at systemic and structural factors that are contributing to this situation and work in partnership and collaboration with all peoples,' Dr Cordoba said.

Dr Cordoba advocates for social justice and the social work profession at all levels of government in his position as a policy adviser with the AASW.
He is also a lecturer, course coordinator and Industry Fellow at RMIT University, Melbourne, teaching social work and social policy courses.

In his policy work, he has advocated against government policies that breach Australia's human rights commitments with a focus on the Sustainable Development Goals (SDG), social support systems, climate change and the rights of children. As a qualified social worker, he spent several years working with children, young people and families, specialising in trauma and crisis work in educational and health care settings.

Referring to his new appointment, Dr Cordoba said, 'The Asia-Pacific has the highest percentage of the world's population and is also the region most at risk for climate change and extreme weather events. The UN system provides an important platform for global leadership on key issues and holds countries accountable for their inaction, including Australia, which has consistently dropped in their SDG rankings for their climate inaction.

'The next decade is key and as social workers we are key partners in achieving the SDG targets, as the goals focus on a holistic understanding of sustainability that is inclusive of human, non-human, social, environmental and economic dimensions. This is what social work is about and it is my privilege and honour to advocate for these values at a global level,' he said.

Dr Cordoba will represent the IFSW at the UN High Level Policy Forum in July 2020.

Vale

Peter Boss

5 September 1925 – 26 January 2020

Peter Boss was born in Danzig, Poland in 1925. In 1939 he left Poland on the Kindertransporte that facilitated the evacuation of Jewish children. He went to England where he lived until he moved to Melbourne in 1974.

In England, Peter had established himself as an activist in social work practice and education. As a Child Care officer, he was a significant force in the founding of the Association of Child Care Officers, a precursor of the British Association of Social Workers.

When he joined the staff of Liverpool University, he soon gained a reputation as a writer and thinker on social policy. This brought him recognition when he was asked to revise and edit the then standard text on British social services– *Hall's Social Services in Modern England.*

In 1974 Peter was invited to apply for the foundation chair in social work at Monash University. Leading a small team of expatriate British academics, he quickly developed a social work course that responded to the burgeoning interest in and need for an expanding professional service.

In addition to the development of an innovative practice model, the teaching was strongly underpinned by an accent on social policy and administration. With Peter's encouragement Monash staff began to make significant contributions to the Australian social work literature, which had to that time relied heavily on writing from the USA and Britain.

Peter was a good organiser with a knack for getting people to work together. After some years he became the convener of the Council of Heads of Schools of Social Work in Australia. In addition, he was the chair of the Commonwealth Government Panel on Social Work for 6 years. This body played an important role in adjudicating on the accreditation of the qualifications of overseas candidates.

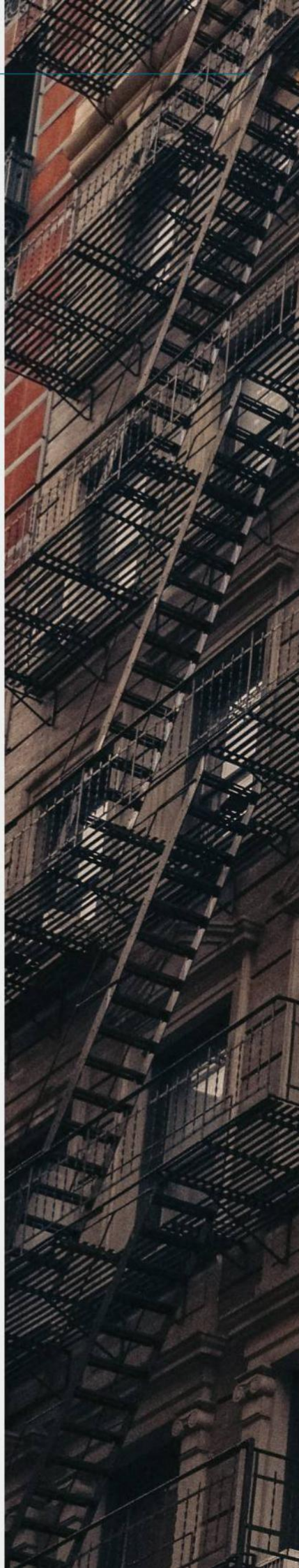
In addition to teaching, Peter was an active writer and researcher. He published books on child-care services, adoptions, and child abuse as well as contributing to the journal literature.

Peter retired in 1986 but was soon recruited to work in the Children's Bureau and then temporarily to head the Tasmanian State Institute of Technology (T.S.I.T.) social work course in Launceston until 1990.

In later years Peter, like many others, viewed with increasing alarm the withdrawal of governments around the world of their commitment to well-resourced social services. In particular, he lamented the successive attacks on the British National Health Service by reactionary conservative governments.

Peter died peacefully on 26 January aged 94 surrounded by his family.

By Cliff Picton




MENTAL
HEALTH
HOW
ARE
YOU,
REALLY?
OVERALL
MURALS

Cold indifference is this the new normal?

Inadequate support and an excessive workload

LORRAINE HARRISON

I've seen a lot in my 30-plus years as a social worker in many different settings, and I carry some scars from this work. However, most of my psychological trauma from paid work has come from the way I have been treated by the organisations I have worked for.

In 2013, I completed my PhD on workers' experience of job stress in the community services sector in Victoria,[1] and found clear evidence of psychological damage to workers from their workplace organisations. My own recent experiences suggest that things have worsened. My PhD was titled 'Feeling the Heat', a reference to the adage 'if it's too hot in the kitchen, get out'—the implication being that the problem is with the worker, not the culture, the workloads and the power imbalance between workers and their organisations. However, *cold indifference* is what I experienced in my latest workplace and what I have observed over recent years.

Recently I held a part-time position in a trial service in an area connected to family abuse. None of the protocols developed for family violence work, aimed at keeping clients and workers physically and psychologically safe, were in place. The organisation did not seem interested in hearing from me—the worker on the ground—about what was doable or what was needed to keep me and my clients safe.

My analogy for my role was of the lonely Sherpa climbing up the treacherous mountain to single-handedly assist the injured client down to base camp, only to go straight back up to do it all again. I learned from working with clients and developed ways to be of maximum benefit to them. I read extensively on my days off, reflected often on my practice, consulted outside agencies and their workers, and I worked alongside the client to make them feel safer in (as complete safety was not always a possibility) the horrific situations they were experiencing.

The clients faced physical, financial and psychological abuse; some were at risk of losing their homes; most had co-morbidities; they came from many cultural communities; and some were under very serious physical threat. Despite working in such conditions, I was not adequately debriefed, provided with regular clinical and peer support, surrounded by a team or shown that my safety was a key priority. These requirements are part of the protocols developed by Domestic Violence Victoria[2] as occupational health and safety obligations for organisations.

It was only after I had been in the role for nine months and after much urging from me that my organisation agreed to a clinical supervision session every three weeks. For me this was too little, too late. As a lone worker with a manager in another location—and not from the team that included other family violence workers—I also had very limited opportunities for more informal debriefing.

About the author

Lorraine Harrison has worked in a variety of community settings, such as Centre Against Sexual Assault, public housing, carers' organisations, local government, family violence. She gained her BSW as a mature age student in 1989 and in 2000 completed a master's degree in clinical social work. Lorraine was awarded her PhD in 2013 for her research on workers' experiences of job stress in the community services sector. She is a proud life-long unionist and has been an OH&S and union representative in various workplaces.

This 'collusion' between organisations and their funding bodies allow programs to continue that are demonstrably inadequate for the physical and psychological health of workers

New referrals came in regularly and I was expected to make contact within five working days, despite the job only being two days a week. To do this would have meant closing off clients who still needed support and assistance. It was suggested that the number of sessions should be limited, and I was told to 'refer clients on'. But 'to where?' I wanted to shout.

I was also more subtly encouraged to close off clients; for example, I was queried on the length of time I spent with individuals. There was no acknowledgement that these individuals were extremely distressed and sometimes in ongoing and credible danger. I was also subjected to comments such as 'not all your clients are in crisis' and 'we are all busy'. I felt that my professional judgement was being undermined and the reality of my work denied. The number of clients that passed through the service seemed to be more important than whether they were helped or what the negative impacts were on me.

My physical safety did not seem important to the organisation either. I was pressured from the outset to meet clients in their homes—the very homes where many of the potential perpetrators of violence lived. This practice was not only unsafe for me; it was unsafe for the client. Work Safe Victoria's information brochure 'Working Alone'[3] states that 'some jobs present such a high level of risk that workers should not be required to do the work alone. Occupations where violence has occurred before or where no information is available fall into this category'.

The longer I was in the role the more I questioned this expectation and tried to challenge this serious breach of safety. However, I was left feeling powerless and unheard. In fact, early on one response from my manager was 'maybe you are not cut out for the job', which did work to silence me for quite a while.

This lack of concern for my safety, and that of the client, was distressing. I am an experienced, well-trained and skilled social worker/clinician and I have been actively involved in occupational health and safety at many workplaces as a staff representative and/or union delegate. Therefore, I had the confidence to manage this situation by ignoring the pressure to do home visits and met clients at my workplace. How much harder would that be, and how much more distressing, for a less experienced worker?

Work Safe Victoria documentation also states that organisations should consider providing 'communication equipment to workers that is tested and maintained (e.g. duress alarms)'[4]. I was never offered an alarm despite them being available at the site where I worked. I consider this one of the major failures of my organisation in their duty of care towards me. This has left me angry and extremely disappointed.

I believe I demonstrated good faith to this organisation; I cared for the clients and I wanted the program to succeed. I made recommendations to my manager about how to make the work effective for the client and doable for the worker at a time when funding and the continuation of the program were undergoing review. However, they were not interested; the extension of the funding appeared to be all that mattered.

This 'collusion' between organisations and their funding bodies allows programs to continue that are demonstrably inadequate for the physical and psychological health of workers.

Systemic poor funding and competitive tendering result in agencies and their managers extracting the maximum out of their human resources, even if this is damaging and untenable for the worker. It can be impossible to speak up when you have a mortgage to pay and kids to feed, and there are plenty more workers looking for positions. In today's industrial landscape with ever more casual and contractual workers, and lower levels of unionism, the power is in the hands of employers. Even workers with permanent positions are reticent to speak up as they will generally need a reference from the workplace at some stage.

In the end, it felt like I stood toe to toe in a boxing ring with my managers, human resource managers and, in the final rounds, at my request, the CEO. Their solution was to push for me to leave before the end of my contract despite me having an ongoing duty of care to the clients and client work to complete. I felt shut down without due process.

This brings to mind the concept of parallel processes: 'the dynamics that arise in the lives and relationships of clients [that] play out within the teams and services working with those client groups'.[5] It is the complex interaction between clients, staff and

organisations that can lead to systems that 'frequently replicate the very experiences that have proven to be so toxic for the people we are supposed to treat'.[6] In my case this included isolation, lack of power, having my concerns dismissed, and in the final stages being given contradictory and inconsistent information. This sorry saga has left me in psychological trauma, left to deal with the confusion, anger and psychological damage.

I persevered in the role because I saw it as important and exciting work. It was unchartered territory and offered a major professional challenge. Sadly, I experienced a situation where I as the worker was not considered. This is not uncommon, but I hope my article highlights and encourages workers to talk with trusted allies, friends and respective unions about intolerable workplace conditions. These stories need to be told.

•

Lorraine invites other workers with similar stories to contact her:
justlorraineharrison@gmail.com

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Connect With Us

After the disaster

LINDA BURGESS

When I originally wrote this, parts of our country were gripped by fire and we were waiting for the fires to stop and for us all to feel safe again. Just as fire season was ending, we were in the grip of a pandemic, the likes of which we have never experienced before in our lifetimes.

This is when many of our clients will feel as though they are breaking down, they will also notice their children aren't coping, and this is when they will be thinking of booking counselling appointments. About this time, we also might feel like breaking down, particularly social workers in an area impacted by fires. It will be a confusing time, our clients will be thinking, 'I'm safe now, why can't I stop crying?'

We know it is because they are safe that they are able to express emotions they've had on hold for weeks. This is a normal response to trauma; there are many other equally normal responses. Some people break down right after a disaster and find they can't function; some people continue stoically forever after; some will block it out, pretend they're fine, then years down the track, start seeking help. There are plenty of other trauma responses that I haven't mentioned, but your clients may start to feel like they're not normal if they've done something different to the people around them.

Some country social workers have the added stress of our own trauma and threats to safety—some of us have had multiple evacuations, we have seen our neighbours and colleagues lose everything; some of us have lost people in our community, or those close to us. When clients come and talk about their trauma, we may get distracted by our own trauma, and we may be worrying about our ability to do our best by our clients.

As our clients take their first steps to talk about their trauma—those who won't bottle it up, hoping it will go away as the bush begins to regenerate—we will also be taking our first steps to work through our own trauma, booking in supervision or counselling.

Some people in my community and yours are blogging their experience, which can be a great help to them and those who read their stories. Research supports writing and rewriting or retelling as a successful way of managing trauma; you may find it helpful to write about your experience, to help yourself, clients or colleagues through their trauma response. Others prefer to find other constructive ways to deal with what has happened; rather than engage counselling support they are planning parties to celebrate the firies, feeding wildlife and putting water stations out, and supporting those around them by donating and delivering goods. Unfortunately, the parties that were planned just as fire season was over, were likely put on hold after the advent of COVID-19.

Constructive approaches to dealing with trauma that involve actions rather than talking can provide an outlet for children who are not ready to talk about their experience. We can encourage our clients to ask their children what they would like to do with their feelings—they might like to paint about them or do something to raise money for people who have lost everything. It can give children hope for the future, talking about all the wonderful things people are doing to help our land, our wildlife and our people.

Right now, you may feel like giving your all to your community. We are social workers, we are accustomed to filling gaps, providing support where it is needed. With so much of our country impacted by disaster, we need to take care of ourselves, so we don't go too far and find ourselves subject to burn out in our careers.

About the author

Linda Burgess is an Accredited Mental Health Social Worker and art therapist in private practice in country New South Wales. She has more than 20 years' experience in mental health and parent support, with an interest in PTSD. Linda has a BA, BSW, MSW and is currently studying cognitive behaviour therapy at Flinders University.

Research supports writing and rewriting or retelling as a successful way of managing trauma

Animal assisted play therapy

Modelling mutually respectful relationships

MEGAN HUMPHRIS

A few years ago, I travelled to the USA and undertook training with the International Institute of Animal Assisted Play Therapy. I completed levels one and two of Animal Assisted Play Therapy and became an EGALA (equine assisted growth and learning) facilitator.

Since then, I have provided equine assisted psychotherapy to army veterans, and have two therapy dogs that assist me with other work, such as running a group with adolescents at the local headspace centre. With many people noticing the benefits of animal assisted therapies, I am frequently asked by peers and other professionals about the pathway to doing similar work.

Training providers for incorporating dogs and horses into practice are becoming more common in Australia. But what of the ethics of having an animal working with you in practice? What rights does the animal have? If you have considered having an animal join you in practice, have you considered the training methods used?

Reflect for a moment on our undergraduate social work studies when we learned the basics of operant conditioning, positive reinforcement versus positive punishment. That is reinforcing a behaviour by adding something positive—a pat, a treat or praise—as opposed to adding a punishment such as a tug on a leash, using equipment that could be considered harsh or inflicts a measure of pain. The dog training world in particular is divided on this matter between those who use positive reinforcement and those who are 'balanced', that is, using both positive reinforcement and positive punishment.

So, why would this matter to a social worker? The way we handle our relationship with the animal speaks volumes to the client. The method of training we use with our animal matters because we need to develop a positive,

About the author

Megan Humphris has 14 years' experience as a social worker and is the Team Manager for Child and Youth Mental Health Services, Rockhampton. Specialising in the provision of animal assisted therapies, Megan also works privately through her business Therapy Tails and is accompanied by her two therapy dogs Gracie and Monty.

trusting relationship with them. In turn, we then model a trusting, positive relationship with our clients. We are keeping to our core value of respect for persons.

In animal assisted play therapy, it is paramount that we develop mutually respectful relationships not only with clients but also with our therapy animal. Both my dogs predominantly work off leash. They are free to access a drink of water, sniff around, interact or not interact during a session. This may be different to the training provided by some, where a dog must be on leash at all times. I allow my dogs to choose to join me, to choose when to engage with a client, to choose when they need to stop and scratch an itch, and to choose when they need to have a drink of water. This demonstrates to the client that it is okay for Gracie, the therapy dog, to stop for a drink of water, and that it is okay in this space to take care of their own needs also. What better way to facilitate learning about self-determination?

Having an animal join you in therapy is incredibly rewarding. Rapport is quickly established, regular attendance in sessions is higher, and learnings happen in real time through experience. We can add these benefits to our practice and also remain aligned with social work values by considering our relationship and the training methods used with our therapy animal.

Body mapping in Nepal

VICKI HANNAM, ROSIE GILLIVER, NATHANIEL CASELLA AND LUCY PAVELEY

Body mapping is the process of creating body maps using drawing, painting or other art-based techniques to visually represent aspects of people's lives and their bodies. Body mapping is a means of storytelling, the story is a personnel representation of self-experience, a journey, and may represent totems or signs that are only significant to the individual or a collective community experience. Body mapping is a tool that can assist healthcare providers to have difficult conversations around taboo subjects with their client group.

In February 2018, a three-day workshop using this technique was conducted with non-government organisations affiliated with Nepal House Kaski (NHK). The Nepali participants were nurses, social workers, counsellors and teachers. The aim of this workshop was to explore whether 'body mapping' was socio-culturally and linguistically appropriate for practice with clients in Nepal.

Nepal House Kaski was established in 2010 to provide a means for children to heal and recover from abuse, neglect, violence and trauma. The staff members of NHK work with both children and their parents/guardians, in order to encourage a continued family connection. They offer a free school for girls who, due to emotional and behavioural issues, have been asked to leave the government schools. The NGOs' health workers who participated in this study work in a variety of organisations including women's shelters, HIV/AIDS orphanages and juvenile detention centres.

It is important to note the social, economic, and political context of Nepal today when examining the suitability of body mapping as a resource tool. In 2010, Nepal emerged from a decade-long conflict, which claimed many lives while others were subjected to torture, intimidation, extortion, and abduction. 'The conflict' as it is referred to in Nepal also had an impact on the health system of Nepal. Healthcare workers including teachers, nurses and social workers are often taught to 'fix' an issue. Nepalis who attend these services often do so in order to get 'an answer' to what is happening for them. Therefore, the concept of body mapping, a person-centred approach to health services, needs to be culturally examined.

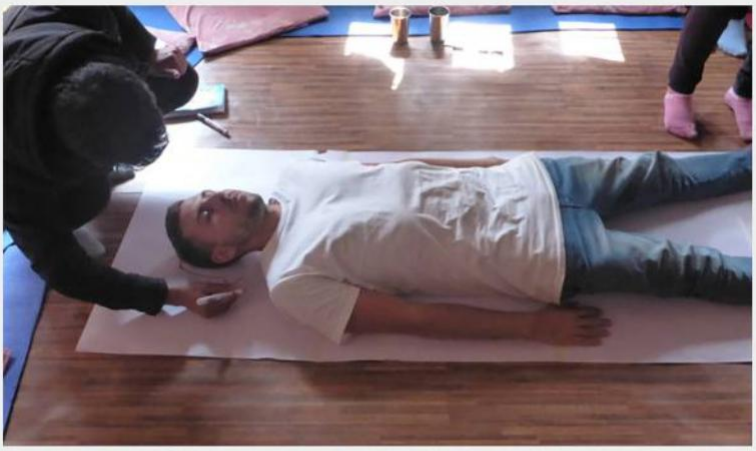
The structure of the workshop

A scenario was read out in English and then translated into Nepali. The participants and facilitators clarified words and terms. The groups were divided into two sections, one group would be body mapping with a female, and the other would be body mapping with a male.

The scenario was read and clarified (see photograph 2). The groups were asked to outline the body of a willing participant and to colour, clothe and decorate the figure drawn using the art supplies provided. Each group was asked to give a name and an age to their figure.

The groups were asked to discuss what the client or young person

Photograph 1: Body mapping session



Photograph 2: Demonstrating the body mapping

might be saying (mouth), feeling (in their heart), thinking (in their mind, intellectually), and how they might be physically reacting (in their body). The facilitators stressed that this discussion was to be 'client focused' rather than a discussion of how the service provider may feel in their role as a counsellor or educator. Four scenarios where discussed.

Scenario 1

A young client comes to see you. They are distressed and state that they 'may have had sexual intercourse but they don't know as they are not sure of what sex means.' The person who did this to them is known to their family.

Scenario 2

A 14-year-old client tells you that they were at school when a teacher discovered a bottle of Roxy (alcohol) in their bag and telephoned the young person's father. This young person is a good student who has not previously been in trouble, but their father is very angry and tells them that they can't live at home.

Scenario 3

A 20-year-old mother of two children has come to see you. She states, 'she doesn't want to die but she doesn't want to live. She just wants to sleep'.

Scenario 4

A father brings his son to you. The father states his son keeps laughing at inappropriate times and talking to spirits.

Discussion

The aim of using body mapping is to create a space to address the participant's complex feelings towards their client's stories and in turn their wider community. The participants cited that there were many subject areas that were difficult to discuss with youth and within the general community. Some of these were areas such as sexual activity, sexuality, pregnancy, sexual assault from family members, alcohol and other drugs, depression, anxiety and suicide.

Mental health was also seen in the socio-cultural context as a taboo subject. It can be seen as shameful to a family to have a member who lives with mental health issues. Many of the service providers had worked with clients who had attempted suicide. The risk factors for suicide noted by these participants were the presence of mental health issues, especially depression; marriage and relationship issues; interpersonal and family conflicts; and a family history of attempted suicide.

From a social-cultural perspective, individuals with indications of mental health, and especially psychosis, were seen as having a supernatural or religious experience. Research by Sapkota et al. (2016) shows that 38% of the families of clients admitted to psychiatric institutions believed that the mental health was caused by sorcery, evil or dissatisfied spirits.

Participants spoke of this tool assisting them to feel the sadness, pain, confusion and mixed emotions of the client. They also discussed the importance of ethical practice when using this resource. 'This tool can make both the healthworker and the client vulnerable, but as the professional we must focus on the client's needs first and in a supervision session with our peers, concentrate on our feelings' (Participant 12).

As these participants came from different service backgrounds and NGOs, it was discussed how this technique could be applied to their specific workplace and client group. The group nominated the following situations in which the technique could be used: bullying; understanding depression; anxiety; being a slow learner; family violence; violence against women; and post-traumatic stress. It was agreed upon that body mapping could be used in one-to-one work with clients or as a small group activity, especially when issues arise in a classroom, living situation such as a group home or orphanage, or working with families.

The facilitators tasked the participants to discuss how it felt to be the client that they had body mapped. They expressed:

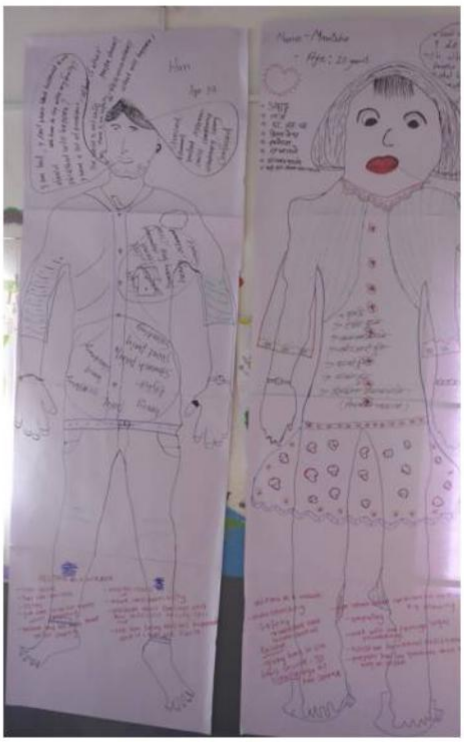
'Really feeling like walking in their shoes.' (Participant 2)

'Better understanding about having a psychotic episode.' (Participant 5)

'Sadness.' (Participant 5)

'The experience of being person-centred was very good learning.' (Participants 6, 2, 9, 15)

'I felt the pain.' (Participant 14)



Completed body maps

Photos by DOH
Reprinted with permission

Conclusion

Through comprehensive evaluation gathered by the facilitators post-workshop, the tenets of body mapping and their application to cultural sensitivities in Nepali culture appeared to be understood and culturally applicable. Further training and follow-up with the participants in the use and application of body mapping in their communities is needed in order to cement this learning and skill building. The facilitators in the evaluation process highlighted the importance of differences in 'meanings' when coming from culturally different backgrounds; and to be conscious of how we listen and interpret a participant's narrative experience. It is important to ask for clarification and additional information in cultural narratives, rather than interpreting them within a framework of our own western perspective and belief system.

Massaquoi (2017) believes 'the ability to develop ways to use emotional experiences as opportunities for reflection, self-criticism and extending theory and practice' (p. 299) is important for facilitators to use, to challenge anti-oppressive practices within society. This workshop offered a tool that can assist counsellors, social workers, nurses and teachers to better understand their clients' feelings and stories and, in turn, their wider community.

The joy of being part of the collaborative process of working with communities in Nepal is seeing how this learning and knowledge unfolds, adapts and develops over time within this country's unique cultural framework of practice.

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About the authors

Vicki Hannam, Nathaniel Casella and **Lucy Paveley** are social workers that work in Australia and internationally within the youth, homelessness, mental health, HIV/AIDS, alcohol and other drugs, disability and sexual health sectors. **Rosie Gilliver** is a clinical nurse consultant who works in the following sectors: alcohol and other drugs, sexual health, HIV and viral hepatitis both in a primary and outreach setting.

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Visit your AASW Member Benefits website for more information.

Experience Oz Tours & Attractions

Experience Oz offers thousands of things to do in Australia and New Zealand in popular regions such as Sydney, Melbourne, Gold Coast, Auckland, Perth, Darwin, Milford Sound, Cairns and Alice Springs to name a few.

You can choose from a range of experiences such as day tours, attractions, zoos & aquariums, reef trips, theme parks, extreme activities, whale watching, white water rafting, skydiving and cruises.

Save up to 10% or even more with hot deals where you can receive extra discounts and bonuses.

Visit your AASW Member Benefits website to find an experience that is right for you!

Crimcheck

CrimCheck is an accredited provider of national history criminal checks and is a web -based service for conducting police checks, making CrimCheck fast, convenient, and accessible from just about anywhere.

The cost for students, new graduates and retired members is $16.00. The cost for all other members is $35.50.

Visit your AASW Member Benefits website to get an online criminal history check.

For more information on these and all your benefits:

visit your AASW Member Benefits website: memberbenefits.com.au/aasw or contact your AASW Member Benefits team on 1300 304 551 or email: aasw@memberbenefits.com.au

Do you see clients with PTSD and Complex PTSD?

Be part of an experiential program that will equip you with effective therapy skills that you can immediately put into practice for lasting impacts on your clients' lives.

Did you know?

Individuals who receive trauma-focussed therapy **halve** their risk of having PTSD after treatment.*

One of the most effective trauma-focussed therapies is Prolonged Exposure therapy - a treatment designed to help clients emotionally process traumatic experiences and improve day-to-day functioning. PE therapy can be adapted to meet the needs of individual clients, including those with previous trauma of child abuse, rape, assault, combat, accidents and disasters.

Join Our 3 Day PE Therapy Training Program

Melbourne | Sydney | Brisbane| Townsville
Adelaide | Perth in 2020

LIVE Web-based Training also available!

The 3 day program covers the essentials of PE therapy AND advanced topics including working with clients with developmental, prolonged or repeated trauma and Complex PTSD.

LIVE Web-based Training

3 Day Training Program
SUPER Early Bird $715
Early Bird $780
Regular $840

2 Day Workshop
SUPER Early Bird $600
Early Bird $630
Regular $670

All prices incl. GST

See full training and booking details: www.darrylwade.com.au/training

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.

Social Work Focus

ADVERTISING

Social Work Focus is the Australian Association of Social Workers' member magazine. It is published four times a year and is accessible to members via email and on our website in accessible digital formats, such as PDF, flipbook and a webpage.

You can advertise in *Social Work Focus*.

We accept advertising as follows:

ADVERTISING RATES

		Single issue rate ($)	4-ISSUE package BULK DISCOUNT Price per issue ($)
Full Colour	Full page (inside covers)	$1,050.00	$945.00
	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

Prices are inclusive of GST and per advertisement.

ADVERTISING DEADLINES

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.

SUPPLYING ARTWORK

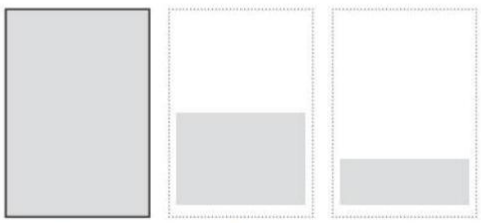
AASW will only accept final art that is supplied as a print ready, high resolution PDF with minimum 3mm bleed and crop marks. Minimum of 10mm margins are recommended for full page ads. All images must be 300 dpi.

Please send your artwork to **editor@aasw.asn.au**

Please check that the size of your advertisement reflects our specifications.

If your advertisement does not reflect the quality of our magazine, we will contact you before we make any changes to it.

ADVERTISING SPECIFICATIONS (SIZES)



Full page
210x297mm
Plus 3mm bleed

Half page horizontal
192x148mm

Quarter page horizontal
192x74mm

KEY:
- Artwork area
- Bleed (min 3mm)
- Page trim

HOW TO BOOK YOUR ADVERTISEMENT

Please complete this booking form and scan/email it to:

Email: editor@aasw.asn.au

To discuss your advertising needs, contact:

***Social Work Focus* Editor**
Phone: 03 9320 1005
Email: editor@aasw.asn.au

AASW
Australian Association of Social Workers