

Episode 10: Social Work Spotlight

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SPEAKERS

Emilie Morin, Jennifer Ryan

[intro jingle]

Jennifer Ryan 00:14

Hello and welcome back to the rehabINK podcast. This is a Spotlight Series episode where we interview allied health professionals at different stages in their careers. My name is Jennifer Ryan. I am a pediatric physiotherapist and a PhD candidate in the Rehabilitation Sciences Institute at the University of Toronto. In today's episode, we are spotlighting social workers. While many people have likely heard of social work, they may not be aware of the breadth of areas where social workers practice. Today we will meet a social worker who is relatively new to clinical practice and has experience with children and adults in acute care and rehabilitation settings. We will discuss her path to a career in social work, what it is like to transition from school to clinical practice, and her insights into the triumphs and challenges of the profession. Today I'm joined by social worker Emilie Morin. Emilie has a bachelor's degree in social work from Ryerson University, and a master's degree in social work specializing in children and families from the University of Toronto. She currently works at Holland Bloorview Kids Rehabilitation Hospital, on the brain injury rehabilitation team, and in the cleft lip and palate program. She also works casually at St. Michael's Hospital. Emilie, thanks so much for taking the time to speak with me today. I'm really looking forward to hearing your experiences.

Emilie Morin 01:39

Thank you for having me. I'm very excited to be a part of your podcast.

Jennifer Ryan 01:44

So Emilie, to start off with the Spotlight Series episodes, we typically ask our guests a few general questions about their profession. So in five words, or less, can you describe what social work is to our audience and maybe explain why you chose those words to describe it?

Emilie Morin 02:01

Okay, so when five words or less, I would share that social work is advocacy, it's holistic, it's about counseling, resources, and maybe case management. And when I say advocacy, I mean social workers have this really beautiful opportunity to challenge the language that we use to talk about certain things in the world, especially about mental health. And we are often advocates for system level change...you know, but we as social workers are often at the forefront of these courageous

conversations, and the more people will be open to talking about things like mental health and understanding its impact. Another word I use was holistic. I think what's really unique about social workers is that we take a holistic approach to providing the care that we do. With this holistic approach, I think social workers view major facets of a client's life or family's life to really better understand their underlying issues. So looking at someone not just as the issue, but looking at their whole life and every aspect of their life that may be causing them, you know, with a change in behavior, or those negative or emotional distress. And then another word I'll just expand on is counseling. You know, at every heart of every interaction, there is a deep desire to connect and support our clients and families in meaningful ways. And that can mean holding a space and acknowledging people's experiences of grief, sadness or loss.

Jennifer Ryan 03:36

I was wondering if you could also talk a little bit more about the different types of areas that social workers do practicing because I know it's quite variable and that might not be something that our audience is necessarily aware of.

Emilie Morin 03:52

Yeah, I think social work is definitely a profession that is in a lot of different areas in the workforce. I think a lot of people know social workers, particularly in child protection, so children's aid societies. The other most common are hospitals and school boards, but social workers are all really a part of the justice system. So the courts, the prison system, like law offices. Oftentimes social workers work in private practice, so they, you can actually pay a social worker under most insurance plans, it's covered to hire a social worker to counsel you. Most oftentimes social workers are in medical clinics and work alongside doctors and private clinics. Social workers work in policy and in the government, addiction and mental health facilities, hospice care, shelters, non-for-profits.

Jennifer Ryan 04:44

And what made you decide that you wanted to become a social worker?

Emilie Morin 04:49

I think I knew at a very, a very young age. I am an only child and my mom put me in a lot of different activities as a child I was always involved in some form of either summer camp or program. But as I got older, and as I was able to start volunteering, I had the opportunity to be involved with, you know, my local community centre, and my mom, her background is in education, so she's actually a special needs assistant at the Toronto District School Board. So a lot of my volunteer experiences actually were with children with intellectual and developmental disabilities. So I just always had a role at a young age to help people, it was just always ingrained in who I am as a person coming from like my mother and her background. So I kind of always knew I wanted to go into a profession of, of helping people, whether that was the medical route, or the social work route. And whenever I did those high school surveys or questionnaires that they make you do and careers class that always social work was always at the top of the list. So it just felt like a very natural route for me.

Jennifer Ryan 05:57

That's really neat. It's sort of almost sounds like it's calling for you, if you will. So in this next section, I wanted to delve a little bit more into your specific experiences about social work and I noticed in your bio, that you have both a master's and a bachelor in social work. So I was wondering if you could describe a little bit about the differences between the two?

Emilie Morin 06:22

One of the main differences between a bachelor's degree in social work and a master's degree of social work is that the BSW program is a four-year program and the master's program can either be one year, if you already hold a bachelor's degree. And if you do not hold a bachelor degree, when you're applying for your master's, it's then a two-year program. So I was in a lot of classes with, you know, my colleagues that either had a degree in biology or psychology or neurocognitive psychology, and then they chose to pursue career into social work and then they went into the two-year program. The completion, I think, of a master's degree allows you to declare an area of specialization and this is where I decided to specialize in children and families. But for example, at the University of Toronto, you can pick the children's route, mental health, health, social justice, or you can also choose the research route in the master's degree. So there's lots of different opportunities for you to really hone in on an area of practice that you really are passionate about.

Jennifer Ryan 07:29

That's great, that's, it sounds like a great option to be able to delve into in profession where there is such a wide range of areas where you can work, I feel like it would be quite daunting to go into that type of practice without having those opportunities to specialize in those areas.

Emilie Morin 07:47

Yeah, and I think you bring up a good point about positions that you hold with these degrees and there is a variety of difference with holding a bachelor degree and a master's degree. A lot of people don't know this but in order to work in a clinical setting, like a hospital, or a school, or an addiction facility like CAMH, you actually need a master's degree of social work to work in these areas. So the more clinical practices or even, you know, administrative positions like upper management, they're going to want to see higher level degrees.

Jennifer Ryan 08:24

So can you tell me a little bit about when you started working as a social worker after you had graduated? Were there certain aspects of your practice that you felt particularly prepared for?

Emilie Morin 08:39

Yes and no. The great thing about the social work program at Ryerson and U of T or any bachelor degree or master's degree, you have opportunities for practicum, so clinical practice while you're doing coursework, and I think this is really where I was able to get prepared for the real world, the real world of social work. So you know, completing biopsychosocial assessments, I felt like I had nailed that when I was in school, talking a lot about some resources, you learn about key government resources, community resources. And I think another challenge that I expected to encounter is just how difficult it is to practice self-care and be, you know, more intentional with that. So that was definitely a challenge

that I knew would be something that always, you know, would come up, and that was definitely talked about quite a bit.

Jennifer Ryan 09:34

That's interesting to hear, because I feel like the time when I went through school to become a physiotherapist, there wasn't really that conversation about self-care. And you would hope that that type of conversation is happening more, but I somehow feel like it would be or shouldn't be happening more in social work just because of the nature of the work that you do. So actually, I have another question just related to your school placements, how long were your social work placements?

Emilie Morin 10:05

So in my bachelor degree, you have an opportunity to go into two placements, one in your third year and one in your fourth year and they're both from September to April. So they're throughout your whole courseload, from September to April. And in the master's program, it was similar. So because I did the one year program, it was, again, one practicum from September to April at one place. So for example, my placement in my master's, I had a wonderful opportunity to be an intern at the Hospital for Sick Children in the leukemia and lymphoma oncology department.

Jennifer Ryan 10:41

That sounds like a really good period of time to be able to solidify some of those skills, I think, because it is such a particularly hard skill set to acquire. What were some of the specific challenges that you did encounter, once you were thrown into clinical practice?

Emilie Morin 11:00

I think what school doesn't kind of teach you is two things I think that have come up as I was becoming a new social worker was dealing with crisis situations, being able to really hone in on the skills that we talk about in school and delve into these real life situations. Crisis situations are always so unique, and sometimes we never get used to them and it's such a discomfort that we have to just sit with. So I think those are really big challenges as a new grad that I had. I think another unexpected challenge, which this might sound, not silly, but as a mental health professional, you would hope I would have this but suicide training, and working with folks who have suicidal ideation or are at risk of suicide. I am going into almost three and a half years of being a social worker and I just completed my suicide training. And it was a two-day training, which I came out of really reflecting on I really should have learned this in school. Why isn't this something that is mandatory for all MSW students? Because it's so important in just the modality, it's called ASSIST: assisted suicide intervention training.

Jennifer Ryan 12:17

That's really interesting, because I always think when I run into in my clinical job, when I run into situations that are related to family or children's coping, whether it's related to suicide, or other areas of mental health, my first area or my first point person to turn to for sort of support on the team is the social worker that I work with. So to think that you sort of feel quite uncomfortable, potentially not having that training initially, I can see where that would be really challenging. When you first started working, was there any particular advice that you received that really resonated with you and helped you with that transition from school to clinical practice?

Emilie Morin 13:02

I would say there's two really big major pieces of advice that still resonates with me to this day, is that as social workers, we're, we're known to, we're at the helping profession, we want to make change, we want to help people, we want to fix things, but it's not necessarily about fixing things. And it took me a really long time to understand that because you know, it's never, it's not always the means to an end, there might not be a solution, there might not be an end to what you're doing. But being able to reflect on that and being okay with helping someone in a moment and being in a person's life for a moment and helping them through those stages is okay, and not changing their world or, or at least me thinking that I'm, you know, not fixing the situation like sometimes you actually can't fix someone's life or change what they're going through. It's just impossible in the short period of time that at least I encounter families. So being okay to sit with that and being okay that you are one person in their life that can make a difference in that one period of time. So that is one piece and another piece, I will go back to self-care a lot in this podcast because I think it's so critical is that self care, trumps, you know, everything. I think, you know, really goes back to the saying of you need to put the oxygen mask on yourself before you help your child or the person that's beside you. I truly do believe that and as a new grad, it's really hard to grasp that because you're going a mile a minute, you want to prove to yourself you're a good social worker, you want to prove to your colleagues in your new job that you can do this and you're fresh out of school, but this is the time where you burn out so fast is because you have so much energy, you have so much drive and passion and then you just come crashing down. I think self-care needs to be implemented along the way, it's not just when you are 20 years into the field, I think it needs to be an ongoing process and an ongoing discussion with yourself.

Jennifer Ryan 15:08

So just along the lines of self-care, because I feel like it's like you said it's an ongoing process. And you know, just because you're good at self-care one week doesn't mean you're going to be good at it the next week - do you take a lot of what you've learned for providing yourself your own self-care, do you sort of apply that when you're working with families? And do you sort of try to carry over the same things that you've learned for taking care of yourself?

Emilie Morin 15:36

Absolutely, I think it blends into my work. One of the modalities or interventions I use when I'm counseling folks, one-on-one is sometimes at the end of my discussion, I'll say, next time we meet, I want you to, in the meantime, in the next week, pick something or tell me what you're going to do for self-care? And what does that mean for you? What can we do to make sure that you can follow through with that self-care plan and have a discussion like I always try to leave five or 10 minutes at the end of my session to really say, look, what are you going to do for yourself, yourself this week, before we see each other again? To kind of hold them a bit accountable and say, we're going to start with that at the next session. I want to know how it went. Because I work with a lot of moms and dads, and caregivers, in the pediatric rehab world where they don't take breaks, they feel like they just can't take a break. And that impacts the care that they're able to provide their child at the end of the day. So being that reminder to them, I have a privilege to do that. And I feel like as I sit with my social work colleagues in my office, we, we do that for each other as well.

Jennifer Ryan 16:47

How challenging is it to sort of work towards getting parents or caregivers to practice self-care, like do you see a difference between maybe the first couple times you meet with someone versus down the road? Is it a process to try to get them to practice self-care?

Emilie Morin 17:05

I definitely think it's a process, especially when a lot of our families are coming from acute care settings where their child was quite sick and being by their side 24/7 and coming to a rehab facility where they're starting to get a bit better. So it's definitely a process, you know, I have families that are like, I don't want to leave bedside, I don't want to leave my child, I can't even think about that right now. And I'm like, let's do little things. What are you doing to take a shower, who's looking after your child while you're doing that? You know, go get yourself a coffee like little baby steps that they can intertwine in their day that doesn't really feel like they're taking it away from being with their child. So making it really small. And then as you meet with them, they start to feel more comfortable with leaving maybe their child at the playroom for an hour and then going for a walk outside or being able to speak to me for an hour and not have their child beside them. There's definitely you see a shift as the weeks go on in how comfortable they feel with the facility, how they feel with the staff, but it's definitely a process.

Jennifer Ryan 18:06

In a variety of different programs, whether it's at Holland Bloorview, or in your casual work at St. Michael's, I was wondering if you can talk a little bit about what your roles look like in each of the programs and maybe how they may be similar or different?

Emilie Morin 18:22

So I'll start with my outpatient role here at Holland Bloorview. So I work in the cleft lip and palate program. I often speak with families either over Zoom or over the phone, sometimes in person, it's really preference of the family. I do an assessment like an initial assessment to really identify key goal areas that the family brings and it's often times about parent coaching, talking about parent strategies they want to, you know, support with for behaviours of their child. And then a major part of my role as an outpatient social worker is a lot of resources. So completing funding applications, getting them connected with outside resources from Holland Bloorview because a lot of our outpatients in the cleft lip and palate program are not just in Toronto, they're all over Ontario, so really trying to source out resources close to their home. And then my more acute care facility that I work at at St. Michael's Hospital, it's very fast pace. I don't see the same people all the time, because it's oftentimes either quick visits to the hospital and I only work on weekends. So I work very casual basis. So it's a one day a month, maybe two days a month. And so it's quick turnaround time. When I work in the intensive care unit at St. Michael's Hospital, I often am supporting families with end of life decisions, holding family meetings to talk about withdrawing care and, you know, my other roles at St. Michael's Hospital as like a priority as a social worker over the weekend and being the only person on call for the day you really have to prioritize your caseload. What is the most pressing need for these patients? And so oftentimes it's the end of life decisions and counseling and it's finding substitute decision makers or powers of attorney for patients who are very critically ill. So as I said, my my role there is very short term. My role at Bloorview in the inpatient and outpatient setting, in a rehab setting, you have an opportunity to really build relationships with families, weeks, months. The inpatient setting, the average day is six to eight

weeks, and the eight can go to 12 weeks. So 12 weeks is a long time to speak with families every week, or more than once a week.

Jennifer Ryan 20:47

Because you work in in a number of areas, I'm imagining that you do not really have a typical workday. But if indeed, you could call any part of your work typical, what would that look like?

Emilie Morin 21:01

In every role that I have, my day starts off with checking my emails, checking the referrals for the day, looking at patient charts. And then throughout the day, I'm meeting families, one-on-one interactions, going to the bedside, meeting them in a meeting room for a counseling session, going through funding applications. And throughout those days, social workers often are chairing family meetings in all my roles, you know, whether that's a meeting with the school, whether it's a meeting with the whole team, whether it's just meeting with one physician and the family and having a conversation. That's probably the basis of my day. And then towards the end, I try to wrap up my day by completing notes.

Jennifer Ryan 21:48

And so when you're leaving work, at the end of the day, what makes you think that that day went really well and, you know, you feel sort of rewarded for what you did?

Emilie Morin 21:59

When I think today was a good day, I think I have the privilege at a rehab facility to witness patients' accomplishments. So hearing or seeing that a child has walked for the first time since three months ago, is such a privilege, and to be a part of those conversations with parents or patients and just seeing that is just a really beautiful thing. The other piece is success in the advocacy that you do. That's a big one for me and I often feel like social workers are advocating behind the scenes a lot of the time. And it often takes a long time to advocate for certain things, and, you know, the day that that funding comes through the day that someone gets accepted to another facility or something that you've been working towards behind the scenes happens and it's positive for the family, is a win.

Jennifer Ryan 22:54

So since the onset of COVID-19, there's kind of been more discussion about burnout in healthcare. But I think for anybody who has worked in healthcare, it's always been a factor. It's just been there's been more of a spotlight on it. So how do you think that social work has been affected by burnout? And do you think it differs from other professions given the magnitude or like the emotional piece of your scope of practice?

Emilie Morin 23:26

I think social workers are definitely affected by burnout. I think even before the pandemic, we like other health care professions, like nurses, doctors, really any Allied Health, we just have a higher chance of burnout and compassion fatigue, just given the nature of complexity of our cases, the repeated stories that we hear of trauma and grief, and just the repeated advocacy sometimes we have to do at the system level for change and feeling like we're not meeting our client's needs by advocating, can get quite tiring. You know, we are the witnesses to others pain and trauma. We are the ones that hear the

stories. As social workers, we hear a lot of the winds and the positive stories, but we also are there for families in really trying times. And over time, this traumatic exposure and exposure to these stories can really cause us to experience our own symptoms of trauma and anxiety and that burnout. It's something that we've always had to encounter as social workers. I think the pandemic has definitely shed a light on health care professionals but I think COVID has definitely increase the risk of burnout because not only are we listening to these stories at work, but we're hearing it on the news, we're hearing it in our own personal life, we're scared, and to speak to other professions don't want to downplay other professionals, but I think other professionals have burnout in different ways.

Jennifer Ryan 25:04

Are there any particular strategies that you've used to sort of combat burnout, and maybe have those changed since the pandemic started? Or is it just sort of a common thread of things that you did before that you continue to work for you now?

Emilie Morin 25:21

I think it's a little bit of both, I've been a little bit more intentional, with my self-care more than ever. My acts of self-care, as I said, really need to be scheduled, I need to put it in my day-to-day work, I need to put it in my weekly, you know, routine. So if I sign up for, you know, a yoga class at five o'clock, I have to be out of work at four o'clock. Purposely making appointments for 4:30 or 4:45 because then I can try to plan my day accordingly and not say, "Oh, it's okay, if I stay an extra hour, because I don't have anything planned." So getting out on time is a huge piece, sometimes it's not possible. And I've been there where I'm here quite late because of a crisis situation, or you just have to be here, that is going to happen and I think that happens in a lot of roles outside of social work. Eating my lunch outside may seem like such a small thing but getting away from my computer in my office, where I usually have my lunch is huge. And also, as I mentioned in earlier, having social work colleagues or any colleagues just helping me be accountable.

Jennifer Ryan 26:30

And do you ever have, like planned meetings with your social work colleagues specifically for self-care? Or are they more impromptu?

Emilie Morin 26:40

I think a little bit of both. One of my social work colleagues has been sending monthly lunch reminders for us to meet as a group like the inpatient social workers to, you know, meet outside, have lunch, whether it's only for a half an hour, you know, just getting together and separating the work and enjoying a lunch with colleagues. Because it's not often that we get to all be together at one time.

Jennifer Ryan 27:07

I really like how that concept of scheduling because yeah, it's just, it's either making you accountable to yourself or making you accountable to others. So I wanted to switch gears a little bit, I'm wondering what role research plays in your profession? And if you have had the opportunity to be involved in research, either during your school or in your career so far?

Emilie Morin 27:32

I think research plays a really unique role in the social work profession. And I think a lot of social workers just want to partake in research to better the care and the practices that we do in our day-to-day. In my master's degree, I had a wonderful opportunity to be a research assistant in a lab at the Department of Applied Psychology and Human Development at U of T. It was called the Safe and Understood study, and it intervened with families to promote healthy child outcomes and prevent abuse reoccurrence for young child victims of domestic violence exposure. I was part of the qualitative research, so the interviewing process for these families and interviewing the fathers that were the perpetrators of abuse. I also was a part of the data collection, so when mothers and the fathers would do the surveys, you know, in putting that data in our system. So just being a part of that and ultimately, the goal of the study is to develop programs for perpetrators of domestic violence and to help child outcomes. Seeing that in a different light is just a unique way to see the social work profession and I think I was the only person with a background in social work in that lab. A lot of them were psychology students and PhD students. So I think they liked that I brought a bit of a unique take to some of the pieces that they were discussing often.

Jennifer Ryan 29:08

We touched upon this probably a little bit already. But is there anything else that you wanted to say about what you're most passionate about in your work?

Emilie Morin 29:17

I am passionate about positively affecting the trajectory of someone's life when they're in such a vulnerable and incredibly courageous position for asking or needing help. I think that's like a privilege that I hold as a social worker. It's really incredible to be able to hear one's life story often about how their experiences have caused them pain, but more importantly, how they've developed resiliency and ways to live with that pain. I'm doing something that I'm passionate about every day. And even though it's difficult at times, it's challenging, my focus remains on building individuals' strengths, so that people can contribute to making stronger and healthier families for themselves and communities, like I think it's bigger than that. I'm very grateful to be a social worker and I'm very grateful to have the opportunity to sit with clients and families every day.

Jennifer Ryan 30:13

And is there any advice that you would give to students who are graduating from a social work program, or for potentially undergraduate students who are interested in pursuing a career in social work?

Emilie Morin 30:28

There are so much beyond the classroom when it comes to social work, I would encourage you to volunteer as much as you can in the areas that you want to pursue, perhaps in social work, be a part of research when you can, try to get a summer job in the social work field to start really honing in on your skills and developing those skills that you're learning in the classroom for the months that you're in your degree. And it's quite easy to get summer jobs and social work, I may add. If you look at just community centers, or a lot of non-for-profit organizations, they really want summer students or very short term support and they know that a lot of university students are off for a four month period of time. So just looking at a lot of your community organizations career pages is is really, could be really helpful.

And something called Charity Village is also very helpful. It's a hub to find a lot of social work jobs in your area. Someone once said to me early in my career that, I'm just going to quote them, "Be real, be yourself and let your personality and attributes shine through." You know, after I started to do this, I learned that I could really grow in confidence and found a self-belief in my abilities as a social worker. Being a social worker can be really hard and a lot of the beginning part is building your confidence. And as you develop your career, this self-belief of your skills, knowledge, you know, is a must. We must have high aspirations for our patients and families and we should do that for ourselves. For some, we may be the only people they ever encounter that have high aspirations for them. And you don't always have to be the best because there's no such thing as a perfect social worker. Do, you know, those with the best grades are the most efficient workers in the office are not necessarily, you know, the ones that make the biggest difference. You could get 100% on every single test in your social work career. But if you're not able to connect with people in the real world, and you know, sit with discomfort and be real with, with your families, I think it's going to be very difficult. This career takes time to be confident and even in the most experienced workers, we're still learning every day, myself included. I've only been a social worker for three years and I think it's going to be an ever-evolving job and career. I'll just finish off that self-care is so important and you really cannot pour from an empty cup.

Jennifer Ryan 33:06

Thank you once again for taking the time to share your experiences with our audience. I'm sure that your insights will resonate with your social work colleagues. It will inspire social worker students, and it will enlighten other people who are working in rehab professions. This concludes our spotlight on social workers. Thank you for listening. Please subscribe, like and follow us on social media. You can find the rehabINK podcast on Podbean, Spotify, Apple podcasts and Google podcasts or on the rehabINKmag.com/podcast website. Be sure to tune in next time!

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