

RECOVERY

*The official newsletter of the
Fletcher Group Rural Center Of Excellence*



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IN HONOR OF SOCIAL WORKERS

by Founder and Chief Medical Officer Dr. Ernie Fletcher

What separates social workers from the rest of us?
What makes them believe they can make a better world?
Why take the side of the vulnerable and the underserved? And why all the sacrifice—the years of study, the educational debt, the shouldering of others’ burdens for modest recompense?

Even more mysterious: How, in a world of so much despair, do they see so much hope?

“The time is right for social work” is the theme of National Social Work Month this March. I couldn’t agree more. Those of us fighting a national opioid epidemic amidst a pandemic know the price paid each day by America’s 700,000-plus social workers. For the light, hope, and goodness you bring to the world, we thank each and every one of you.



SOCIAL WORK THEN...

19th Century England: Social work is first conceived to address the mass urban-based poverty created by the Industrial Revolution.

19th Century New England: The Association for the Improvement of the Condition of the Poor (1843) and the Children's Aid Society (1853) are America's first organizations to address social issues.

American Civil War: The U.S. Sanitary Commission and the American Red Cross are founded to assist survivors.

America's First Federal Program: The "Freedmen's Bureau" is created in 1865 to help newly emancipated slaves but ends just seven years later under political pressure.

Social Work Classes: First offered in 1903 by Columbia University in New York City.

First Social Work Employees: Hired by Massachusetts General Hospital in 1905.

World War I: Social Workers are asked for the first time to treat issues unrelated to poverty.

Collaboration with Psychiatry: By 1927, over 100 child guidance clinics are opened to serve middle-class clients.

The Great Depression: Economic decline persuades many that social welfare is a government, not a private, responsibility.

The New Deal: Social Security is created in 1935 together with social welfare programs addressing housing and child welfare needs.

The War On Poverty: Launched in 1964, President Johnson oversees legislation creating Medicare, Medicaid, the Department of Housing and Urban Development, and the Food Stamp program.

Federal Cutbacks: Launched in 1980 by President Reagan, cutbacks force social workers to rely on private-sector solutions to confront the AIDS epidemic, rampant drug use, and increasing homelessness.

...AND NOW

Among those graduating with a masters degree in social work between 2017 and 2020:

- 90% are women
- 22% are Black
- 14% are Hispanic
- 46% are the first in their family to graduate from college (the rate is even higher for Blacks at 57% and Hispanics at 73%)

Mental Health Focus

- 26% say their work focuses on people with mental health issues
- 65% provide some form of mental health service to most of their clients
- 35% work with people who have a substance use disorder

Salary and Educational Debt

- 74% are satisfied with their salary
- 83% are satisfied with their benefits
- The mean starting salary in 2020 was \$47,100
- The median educational debt was \$66,000 (\$92,000 for Blacks, \$79,000 for Hispanics, and \$45,000 for whites)

Job Satisfaction

- 90% are satisfied with their new jobs
- 92% would recommend a social work degree to others

Job Outlook

- Expected 11% increase in available jobs by 2028

The data above are taken from the "Report to The Council on Social Work Education and The National Association of Social Workers" created by the Fitzhugh Mullan Institute for Health Workforce Equity at The George Washington University.

RURAL CHALLENGES

Social work first began in large cities and, perhaps for that reason, social programs—as well as the education and research that support them—still focus on urban populations. But, despite the quiet charms of country living, rural communities face a wide range of unique challenges that can be just as daunting as those encountered by urban social workers. They include:

Lack Of Specialists

A big part of any social worker's job is referring clients to specialists. But what if, due to insufficient funding, there are none? Or those available are too far away for clients to visit? Telemedicine would seem to help, but many remote areas in America still lack reliable Internet service.

Few Resources

Rural social workers are often forced to get by with less, particularly when it comes to advanced software and specialized training.

Low Pay

Limited funding can drive talented social workers to urban areas where salaries are higher. Attracting qualified candidates is hard; so is retaining them.

Heavy Workload

High patient-to-provider ratios require social workers to pack their schedules, reducing the time they spend with each client. Compassion fatigue can be compounded by knowing that clients are not getting the help they need.

Accessibility

Geographic isolation dictates high travel costs that lead to missed appointments and untaken medications. And with homes a mile or more from the nearest public road, it's hard for neighbors, let alone social workers and law enforcement, to witness and prevent abuse.

Stigma

The shame attached to mental illness can discourage client engagement in any number of ways: not wanting to have your car seen parked outside a therapist's office, for example.

Ethical Challenges

"Dual relationships" refers to personal interactions between a therapist and client outside the office that can lead to boundary and confidentiality issues as well as conflicts of interest. Though frowned upon for ethical reasons, they're inevitable in sparsely populated areas.



What Can Be Done?

To be effective, rural social workers must replace stereotypes with a nuanced understanding of a community's history and the needs it considers most pressing. Social workers need to identify, earn the support of, and collaborate with community members while networking with professionals and, in some cases, advocating for funding in concert with local nonprofits.

A Tangible Difference

Limitless persistence, resourcefulness and hard work are required of rural recovery workers. But for those wanting to leave a positive impact on the world that they can see, feel and touch, there may be nothing like it.

COVID CHALLENGES

Three years into the pandemic, many social workers feel overwhelmed by what some call a nationwide mental health crisis. According to a December 2021 New York Times survey:

- Social workers, psychologists, and counselors in every state—both red and blue—say they can't keep up with demand and are turning away patients, including children
- The higher demand comes from both former patients and from new clients seeking therapy for anxiety, financial stress, substance use, and job worries they're experiencing for the first time
- Nearly one in three clinicians say it now takes at least three months for clients to get an appointment, assuming there's room for them at all
- Six in ten therapists say that their patients are requesting more medication

Family Challenges

- Nearly 75 percent of respondents say much of their time is spent helping clients with family and relationship issues
- Many say the pandemic is highlighting existing relationship problems that can no longer be avoided, including differences in parenting styles and communication, the division of household chores, and spending habits
- Therapists who focus on children and adolescents say they're struggling, too, echoing the recent advisory issued by U.S. Surgeon General Dr. Vivek H. Murthy
- Many therapists are now counseling healthcare workers who have been traumatized by caring for Covid-19 patients

Racial Challenges

- Following the murder of George Floyd and anti-Asian hate crimes, one in seven respondents say racial injustice is a top concern of their clients

Payment Challenges

- Several respondents say it will take state and federal intervention to address the growing crisis, with financial and insurance issues posing the biggest obstacles to patients needing care
- Many therapists require cash payment because it's too difficult to work directly with insurance companies and Medicaid
- Restrictive rules by state boards prevent therapists in some states from offering Telehealth sessions to clients who have moved to another state



What's Needed

- Survey respondents say more federal and state funding is needed for public clinics, especially those for children, and that more educational support and training programs, including loans and scholarships, are needed to increase the number of trained counselors, particularly among people of color

What's Ahead

- Six in ten surveyed therapists believe the demand for services will remain high
- Nearly four in ten predict that conditions will worsen in the coming months, making it even harder to meet the mental health needs of their patients

The data on this page are taken from the December 17, 2021 New York Times article titled, "U.S. Mental Health Professionals Say They Can't Keep Up with Demand for Therapy."

SELF-CARE BEGINS WITH SELF-COMPASSION

Burnout is common in many professions. But the stress involved in working with people in crisis, the high levels of empathy required, and the challenge of working with limited resources make social workers especially vulnerable. And though it's not natural to put themselves first, that's precisely what many social workers may need to do as pandemic fatigue sets in.

Self-compassion, the first step in self-care, can be a hard sell, but once the need is acknowledged it's time to create new habits. For more detailed advice, we recommend "The A-to-Z Self-Care Handbook for Social Workers and Other Helping Professionals." But, short of that, here are six quick tips to get you moving in the right direction.

1. Take a Break

An hour reading a book, watching a movie, walking outside, or just sitting in the sun can make a real difference by resetting your perspective and recharging your batteries.

2. Set Goals

Using pen and paper to break down your to-do's and your desires into small, attainable chunks can, in and of itself, reduce stress.

3. Learn To Say No

Saying "no" to unwanted commitments is saying "yes" to your health. Know that, sooner or later, being spread too thin will take a toll.

4. Create a Support System

Set up specific times to talk with friends. (And you needn't always talk about work.)

5. Connect With Your Emotions

Find out where the tightness and breathlessness comes from, then stay there and allow yourself to feel it. It's real, it's you, and it's okay to cry.

6. Practice Mindfulness

Pulling the plug, even for a short time, on technology and social media can do wonders. So can even a few minutes of yoga or meditation. It's nice to find out that relief isn't hidden away in some distant, other world but is as near at hand and accessible as lying on the floor.



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“We’re holding other people’s emotions, their sadness, their sorrow and their stress. I saw four people today and that’s about my limit. I’m on the edge of burnout and I have to step back and trust that my clients will be okay.”

—Claudia Coenen, a certified grief counselor in Hudson, New York

“Burnout and compassion fatigue is real — as well as the guilt we feel when we cannot see all of our patients and the wait lists continue to grow.”

—Brooke Bendix, a licensed clinical social worker in West Bloomfield, Michigan

“Usually therapists don’t experience the same concerns and traumas as their patients at the same exact time. But during the pandemic, everyone has been struggling to stay afloat.”

—Cadmona Hall, a marriage and family therapist in Chicago

THE ROLE OF LIVED EXPERIENCE

Individuals with a “lived experience” of addiction continue to populate the social work and mental health fields—something that would have been unthinkable just a few decades ago. The benefits are numerous:

- Social workers with lived experience have the “cred” of having “been there”
- Their passion—and compassion—are easily understood to be driven by a direct and personal knowledge of addiction’s costs
- As a result, they can be easier to trust and talk to, allowing those in recovery to “unmask” and express themselves freely without feeling judged
- They can spots signs of a looming episode or relapse
- They are harder to BS and deceive
- They have experience navigating criminal, health and other social systems
- Their have first-hand knowledge of how to handle segregation and discrimination
- Their very existence works to de-stigmatize addiction
- They can serve as successful role models, embodying the triumph of hope over fear and recovery over addiction
- They can also be powerful advocates, challenging the status quo; defending the rights of the underserved; identifying flaws in the system; proposing practical, cost-effective solutions; and influencing public opinion and public policy with their passion and inspirational stories.

Thriving Instead of Hiding

Benefits flow both ways. Those with lived experience can gain an enormous sense of validation, purpose, and belonging from helping others. Being relevant, valued, and visibly effective motivates them to stay the course and continue growing.

Remaining Obstacles

Self-disclosure can become riskier the higher up the ladder one climbs. Opposition within the criminal justice system, for example, is still strong, often discouraging or preventing the formerly incarcerated from studying and practicing social work.

The Importance of Good Judgment

Even in a peer support role, excessive or untimely disclosure can distract from what’s best for the client. If and how much a social worker chooses to share is a very individual decision.



A Worldwide Movement
Recognition of the importance of lived experience in social work and mental healthcare continues to gain momentum worldwide, with academics, clinicians, researchers, and mental health organizations all more open to employing those in recovery than ever before. Nothing embodies hope as powerfully as those who turn their lives around and then dedicate themselves to helping others do the same.

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I always wondered why somebody doesn't do something about that.
Then I realized I was somebody.
—Lily Tomlin