

BULLETIN

Two hats, one goal

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CHILD AND YOUTH MENTAL HEALTH CLINICIAN Colette Barker has two jobs. One is with adults; one is with children. One deals with parenting; the other with youth sexuality. Both fully engage Barkers passion for helping people whose needs are easily overlooked or misunderstood.

For instance, there are persistent misconceptions about children with sexual behaviour problems, says Barker. These are the clients she works with under the auspices of the Boundaries Program, run by Vancouver Coastal Health.

-Most of the cases are kids who are making sexual mistakes. What most people dont know is that this is very fixable. We feel completely confident as long as the family is on board," explains Barker.

Often, her greatest obstacle is the fears and mistaken assumptions of the adults involved in the lives of these five to 11-year-olds.

-People are very uncomfortable with and concerned about these behaviours and they right away jump way down the road and predict what might happen when the child is 17 or 18. But we can have a big impact and these behaviours can go away. Also, sometimes you hear fears that these children will turn into pedophiles, but the percentage is actually extremely low.

-Often, the biggest challenge is educating the schools, parents and people in the community. These kids can very quickly be stigmatized with everyone predicting what they will become. Our goal is to let them have a normal, happy childhood, but if they are ostracised we cant achieve that.

-Another common assumption is that kids who have problematic sexual behaviours have been sexually abused. This is actually not the norm. The most common correlation is domestic violence; other contributing factors might be attachment problems, or exposure to oversexualized or hypervigilant environments," she says.

Barker sees her clients once a week and focuses on keeping the sessions upbeat and fun. -We need the client on board. A lot of our work is about motivating them to stop the behaviour. We use a solution-focused narrative model, a model that is about grabbing the problem right where it is and trying to move forward in as short a period of time as we can manage."

This takes up half of Barkers week. The other half she works with foster parents of children with mental illness, as part of Vancouver Coastal Healths Foundations Program.

-Foster parents are often unheard," explains Barker. "They do 95 per cent of the work and they get five per cent of the attention. I feel very passionate about helping these people who are doing such a difficult job under difficult circumstances."

By helping the foster parents, Barker is also helping the foster child. -I want to make the placement work. Too often kids are moved when things arent working for various reasons, which usually is really not good for them.

A lot of times if there was someone like me or my coworkers going in, this could be prevented."

Barkers clients are sometimes fostering up to five children, ranging from babies to teens. One or more of these children may be struggling with anxiety, depression, early psychosis, ADHD, and in the teen years bipolar disorder and conduct disorder. It is not unusual for there to be multiple diagnoses.

-How do you parent a child with those unique needs?" Barker asks, posing the question she needs to ask with every client.

-I can help by providing parenting strategies, stress management, and advocacy support with the government, which has guardianship of the children. I help the caregivers manage the childs relationship at school and often with the natural (biological) family as well. Most of the cases are really complex, with five or six professionals working in the same home. We try to coordinate everyone involved and get them working together."


Barker has held these two positions for about three and a half years, but has been working with foster parents since 1998 both at the Ministry for Child and Family Development and in a First Nations Community. She loved that work and at the same time wanted to grow in her career, so she enrolled in a masters of social work program which allowed her to become a therapist.

Barker is an HSA steward and says her union involvement comes from the same passion for social justice that fuels her work.

-Im the kind of person who has trouble keeping my mouth shut when I see injustice. Ive always been drawn to helping those people who have trouble getting their voices heard," Barker says. Union activism is a wonderfully fulfilling outlet for this drive, says Barker. She is particularly pleased to note the way HSAs presence at her worksite has grown since she first got involved as an assistant chief steward three years ago.

-There were only two stewards for 300 workers. A colleague and I signed up and gradually got more involved. It was a bit like jumping down the rabbit hole! Recruitment has gone very well, thanks very much to Janice Davis at HSAs main office. We now have 13 general stewards and four OHS stewards," says Barker.

One of the things she likes best about HSA is the way it unifies diverse professions. -Ive been involved in other unions and when they are too big or you dont have much in common with other members you can feel powerless. With HSA, although my work is quite different than, say, an X-ray technologist, we are all working in health care and we all have common ground. That supports our solidarity."

With two different positions at work, and union activism, Barker seems to wear quite a few hats. But under all of them is the same steady head and caring heart, enthusiastically and effectively working for social justice and health. 

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