

# Knowledge is Light: an interview with Sue Foley

*Sue is a Senior Social Worker, team leader and CAPTOS Clinical Co-ordinator at the Children's Hospital at Westmead, Department of Psychological Medicine, moving to the Children's Court Clinic. Her areas of expertise include undertaking assessment of children, young people and their families in relation to physical and emotional abuse and neglect, and sexual abuse of children. She has presented research and discussions papers at a number of Australian and International conferences.*



## **Your career to date; How did you get to where you are today?**

Before I left school, I worked a lot with children, such as school holiday camps with the Anglican Church and the St John's Ambulance Brigade. I also have had a lot to do with music and working creatively. When I left school, I went to Canberra University to start a nursing course where I studied philosophy and ancient history which I partly read in French, because I love languages.

I left nursing after the 1st year, and applied to do medicine, but the application got 'lost in mail' and as fate would have it I started a Bachelor of Social Studies at Sydney University, majoring in anthropology. Anthropology gave me a strong interest in culture and social relationships. In addition I did a sub-major in psychology and major in Social Work practice. I was offered work at some of my placements, including at Sutherland Hospital and at the then Eastern Suburbs Child Guidance Clinic, as a 'social worker aide'. My final placement was in the then Catholic Family Welfare Service which looked after counselling, foster care and group homes.

My first employment combined both working for the Anglican Home Mission organisation, and the then Deaconess Institution, setting up and running group homes for young people in need of care, and working part time in St George Hospital as a Social Worker. In 1978, Neville Wran the Premier of NSW developed services for sexual assault vic-

tims. I established the sexual assault Service at St George Hospital in 1978, and was part of state-wide training for how to respond to adult and child sexual assault victims.

At St George Hospital I was a social worker at Pacific House Mental Health service, in the Emergency Department and various other wards, enjoying group work supporting children, family and young people and encouraging them to support each other so they were not completely depending on professionals.

In 1982, I moved from St George Hospital to Ryde and undertook family therapy and individual therapy at the Community Health Adolescent Unit, establishing strong interdisciplinary links between education and health services, through one of many journal clubs and education activities. The then Family and Community Services Department established a team of specialist professions – social workers and psychologists and I joined this program in about 1984 becoming an Area Child Protection specialist for Western Sydney. During this time I enjoyed a foray into legal settings as an acting legal officer for FACS and a specialist liaison person with health services.

After returning from maternity leave in 1988, I was assistant Manager of the Seven Hills Office and then acting Manager at St Marys and various other Western Sydney areas, before the upheavals in that department in 1990. I moved to be the Manager in the then CareForce Child and Family Services, looking after children's homes, the foster care program, group homes and establishing an innovative counselling service. I made an appearance at the Police Royal Commission at that time, giving information about the responses of churches and states to the needs of children and adults who have been sexually abused.

In 1998, I moved back to then DoCS and took part in setting up the DOCS Helpline. By this time I had two masters' degrees in Childhood Studies from the Faculty of Psychology at Macquarie University; and in Social Work from Sydney University and started a third one in Education at UTS.

In 2001 I moved to Nepean services as a consultant before moving to the Child Protection Unit at Children's Hospital at Westmead, in 2003. In 2004 I moved to the Department of Psychological Medicine as a Senior Social Worker and Non-medical team leader for Dr Kozłowska's team and shortly after became the Co-Ordinator for the CAPTOS Telemedi-

cine program in the Department of Psychological Medicine, eventually moving to be part of Dr David Dossetor's team.

**What do you love about the Children's Hospital at Westmead? Can you tell us about one of your projects?**

I love the environment of the Children's Hospital, I love the colours, I love all the artwork and I love its vibrancy. I have enjoyed the opportunity to be what I consider a social worker should be, that is, someone who implements our professional values of social justice, respect for persons, and promoting capacity and competence (of all). I enjoy work, as an educator, advocate, therapist, case manager, and consultant. With those principles in mind I take every opportunity to be creative, kind and encouraging.

Very early in my time at CHW I became involved in the Shaken Baby Prevention project. This important and innovative project aimed to provide an Australian version of what had been well respected education processes for all parents with children who are responsible for babies. We discovered that people do not really understand how vulnerable babies brains are. It is important that all parents and carers understand that 25% of babies' deaths occur from various shaking injuries and those that survive incidents of shaking have implications such as serious brain injury, communication difficulties or emotional/mental health problems. Some of these effects only become evident when the children are teenagers. This project is now in over 20 countries around the world and in over 20 languages and has been well received, particularly in countries where there were no resources before. It has been great to partner with the Kids Health staff, social workers at CHW and professionals and families in other parts of NSW Health and other national and international settings to distribute this program.

Since the start in 2002, there have been a number of different developments including tools such as postcards, posters and a video animation which is unique because A) it is short; B) very cute and C) the film is very engaging. Working with social work colleagues and many different students has enabled the project to continue and it is now internationally recognised.



**What part does a social worker play in supporting children and young people with MH problems and intellectual and development disability?**

I think social work can play a number of roles for children with MH and IDD. Social workers may work with schools to help them understand the meaning and function and neurobiology of children's behaviour. My view is that parents and teachers are architects of children's brains through the children's experiences. I think the most important role social workers have is to enhance parental capacity, their understanding of their child and particularly to enhance their understanding of the kind of thing that might either inhibit or help the child's optimal development and optimal experience of the present. For example, this might mean being an advocate at the school.

Our job as social workers and clinicians is to promote children's resilience in the context of whatever disadvantage or whatever vulnerability they have. This is particularly important when they have mental health problems or other developmental difficulties. It can be very hard for them to communicate their own stories or their own experiences.

As a social worker, I use many creative processes, keeping in mind what is important to that child. (Many of these are held and sold at the CHW Kids Health bookstore). Recently a young girl enrolled in a new school who had serious arousal problems. The school gave her the opportunity to jump on the trampoline for 15 minutes before class commenced - which was extremely beneficial. Social workers can help with advocating for these sorts of things. Parents sometimes think because they are not specialists they cannot be advocates for their child and are not allowed to challenge practices. Children with intellectual disability are very vulnerable so parents need a space to be curious about and review the interactions of their child with professionals.

Professionally and personally I like to challenge and change.

**Question: The importance of professional development in allied health.**



An innovative Trauma Think Tank is bringing together health professionals across NSW to discuss the impact of trauma on individuals, families and communities.

The Trauma Think Tank is facilitated through the Child and Adolescent Telemedicine Psychiatry Outreach Service (CAPTOS), a program established by The Children's Hospital at Westmead in 1996 to provide and promote child mental health services for regional and remote NSW.

Each week up to ten clinicians from a 1,000 kilometre radius teleconference to share knowledge and experiences relating to the impact of trauma. Even the most experienced clinicians appreciate the opportunity to consider new ideas and improve practice, especially in rural and remote areas where resources are limited.

Utilising this knowledge base of the impact of various types of trauma on the functioning of individuals, families and communities contributes to the confidence and capacity of clinicians in a variety of social work, mental health, juvenile justice and child protection practice settings.

Rural clinicians do not have the same ease of access to wider professional supervision groups or exposure to professional leaders in the field of psychology or therapy. Over the years CAPTOS has played a pivotal role in nurturing the skills and experience of rural clinicians, allowing them access to valued educational opportunities without the need to travel to city locations.

It is really important that we all keep on learning at a continuous rate; reading, listening to books on audio, and keeping up to date on the latest publications that might be helpful for parents and children. I really enjoy attending conferences so that I can hear an international perspective and staying up to date.

The CAPTOS *Trauma Think Tank* has helped relieve many professionals from feeling clinically isolated. In this process, professionals meet for half an hour on a Wednesday morning and watch various experts talking about their perspectives on the latest in neuroscience, family therapy or attachment. Participants then share their ideas with other clinicians around the state. They join from the Victorian border to the Queensland border and half way out to the west of NSW. Not only do they get to watch the experts, but the discussion helps them to construct new knowledge by interacting with each other and by challenging what they hear. This has practical implications enabling professionals to feel

empowered by their new knowledge and testing their new tools with their next family for positive effect.

University learning is great but knowledge is escalating, so accessing new information and knowledge is more important than it has ever been. We have to stay in touch not just by reading, but also by being part of a learning community.

Our middle brain (limbic system), that gets pressure from personal and professional contexts, can be calmed down by our prefrontal cortex, our 'thinking' brain, when we feed it. This is why I keep studying and learning; by keeping that part of my brain turned on, I am not relying on an intuitive or emotional response. It would be easy to become distressed with most of my clients, as many have tragic experiences and struggles; I need to stay well educated and well-resourced so as not to respond in an emotional way.

#### **Please walk us through the history of CAPTOS on and how it has developed over time**

When I came to CAPTOS in 2004, it had already been running since 1996. It was Dr David Dossetor and Dr Ken Nunn who in consultation with NSW Health proposed the setting up of a Telepsychiatry program. This included clinical video conferences, and rural visits, starting with Dubbo, Bourke and Broken Hill. It was established because of the difficulty for families in those areas to access Child Psychiatry services. As a result of the evaluation, it became a permanent outreach service from the Children's Hospital at Westmead to the whole state of NSW. From the evaluation process I was asked to establish more allied health clinical consultations and education for rural sites. All of the psychi-

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artrists employed at the hospital were undertaking 4 hours telepsychiatry consultations a week and 1 to 2 rural visits a year. At one point, we had up to 100 people receiving clinical consultations through CAPTOS. That meant everyone in the Department of Psychological Medicine was very actively involved in CAPTOS services, and undertaking regular rural visits.

Educational services grew as technology developed. Now we can link up to more than 20 sites at a time. This changed the opportunities and allowed for regular education process.

My job as Co-ordinator was to ensure that we worked collaboratively clinically and administratively with all the rural areas, ensuring that it wasn't the Children's Hospital controlling the service. A network meeting was established with representatives from each Rural Health Area (Now called LHDs).

### Future directions in your career

As I am in my mid-60's, I want to do what I enjoy and what I can make a contribution to. My career has always been about how I can contribute from what I have learnt. In my new role, I am the Director of the NSW Children's Court Clinic, based in Parramatta which moved to the Sydney Children's Hospital Network. It provides independent assessment of children and families before the Children's Court and seeks to assist the Court in making decisions about the needs, safety, welfare and future care of children. There are around 70 clinicians and a small team of staff who manage the Clinic's operations.

### Favourite travel experiences

Hawaii is on the top of my relaxation list. I really like travelling to South America where my husband and I have done a few cruises. We have also been to Canada for a couple of conferences and we really enjoyed being amongst the Rockies. I am a bit of a fan of the Mountains and the sea and snow. When travelling, I never leave home without my ipad.

### Favourite Books

1. The Brain's way of Healing: Remarkable Discoveries and Recoveries from the Frontiers of Neuroplasticity by Norman Doidge who provides an alternative model.
2. Emotional Intelligence by Daniel Goleman. He has also written one called Focus. Both these books are helpful for teachers and parents around helping children manage anxiety or their emotional responses to difficult situations. It is really about how social interaction can help children have a different intellectual and emotional functioning.
3. Bessel Van Der Kolk, The Body Keeps the Score and
4. Amy Cuddy, Presence - These latter two have been my most recent reads! Awesome!!

### A Link to share:

Amy Cuddy TED talk: *Your body language shapes who you are*. Amy is an American social psychologist with a serious brain injury from a car accident at 19. She was told she



would never be an academic and that she would never recover her intellectual functioning. She is now an Associate Professor of Business Administration at the Harvard Business School and has made this presentation about Power Posing. Power Posing is about the non-verbal expression of power and strength and that nonverbal expression communicates to others but also communicates to us. Amy Cuddy says try a power pose and share the science.

Another video: *Just Breathe: children dealing with emotion*

### Is there anything else you would like to add?

Sometimes in Australia we don't take on board what is happening around the world. Connecting internationally has been one of my great assets. I am on the board, as the Australian representative, for the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and I have been involved since the early 80's. I am strongly committed to adding to and being part of an international community. I have committed resources and time to what I believe in; my final addition is my motto - ***make the opportunity and take the opportunity.***

Thanks for letting me tell some of my story!!  
Sue