



Hogg Foundation  
*for* Mental Health



## Episode 145 | Social Work In A Time Of Division (Transcript)

Ike Evans:

Hi. Welcome to Into the Fold, the mental health podcast. I'm your host, Ike Evans, and today we're delighted to bring you episode 145, Social Work In A Time Of Division. But first, some mental health headlines. The Hogg Foundation recognizes the month of March as both Women's History Month and Social Workers Month. Currently, on our website, you will find a blog post about the amazing Bert Kruger Smith and one of her signature projects during her time at the Hogg Foundation, the Human Condition Radio Show that ran for over a decade and that we have featured several times on the podcast. And, of course, there is a wealth of information about our founding matriarch, Ms. Ima Hogg. Either visit our website, [hogg.utexas.edu](http://hogg.utexas.edu) or follow us on social media to see our recent posts related to Women's History Month Women, Women as Change Makers. The history of the Hogg Foundation exemplifies that, past and present.

The same goes for Social Workers Month. This is a time to celebrate the profession of social work, which is near and dear to the Hogg Foundation's goal of expanding the mental health workforce. The theme for social work month 2023 is social work breaks barriers. Because we have our own stake in highlighting the positive contributions of the profession, we'll soon be publishing a story about our own Ima Hogg scholarships, which gives aspiring social workers a boost into the field. The story will be published on our website in the coming weeks, so be on the lookout for that.

In other news, the social media app TikTok announced last week that it is rolling out new usage limits for users under 18 in the United States. This is according to a recent story by National Public Radio. Those safeguards include default settings for users under 13 that require parental permission to continue using the app after 60 minutes on TikTok in one day. Users between the ages of 13 and 17 will be asked to enter their own passcode to continue using TikTok after 60 minutes of daily use. Users under 18 will be asked to set their own usage limits if they opt out of the default settings.

There's widespread concern within the mental health field about the impact of social media on the mental health of teens. One mental health professional, Jelena Kecmanovic, a psychologist who works with teenagers, is quoted in the story as saying, "Almost every one of our sessions starts with what happened on TikTok or Instagram." In her opinion, the way that our devices and apps encroach on our lives and family time is pernicious and the new guidelines don't go anywhere near far enough. And, that does it for mental health headlines. Don't be left out of the loop. Become a Hogg insider by subscribing to mental health headlines. You can find a signup link on our main website at [hogg.utexas.edu](http://hogg.utexas.edu).

Last month we took a look at how the current political climate is affecting teachers. Here's a quick sample.

Jesus Rosas:

I've always been a strong advocate of mental health and for my students because I grew up not knowing what anxiety was, not knowing whether these things were normal or not. So, I just want to make sure. I'm not there to teach them anything that they don't already know. I'm just there to show them that I love them and I support them.

But, it does get tiring and most recently for me, I had a student who's not even one of my students complain about the rainbow flag. So, that was a conversation with HR about needing to relocate it. I did make the case. I understand that there's a student who doesn't appreciate it, but at the same time, I have over a dozen letters from my students telling me thank you. I feel loved in your classroom. I feel seen. I feel heard. So, if it's happening on such a small level within the students, I'm sure that seeing it on a state level or city level like a lot of the cities here in Texas are doing just must be really hard on them. It shouldn't be an issue, but it's unfortunate that they picked such a vulnerable demographic to go after.

Ike Evans:

That voice that you just heard was Jesus Rosas, a teacher for Richardson Independent School District in Texas, describing what his world has been like since lawmakers began to focus their attention on controlling what can be taught in schools, particularly concerning hot button topics such as race and LGBTQ+ issues.

But, we're not done yet. March is social work month and so we thought it appropriate to devote an episode to how the current climate is impacting this crucial part of the mental health workforce. The debate over gender-affirming care for trans youth is raging against the backdrop of this current Texas legislative session. To an increasing degree, support for LGBTQ+ people is an important practice area for social workers and the field itself is a magnet for people of LGBTQ+ backgrounds. Something has to give and that something might be the mental health of social workers and their confidence that they'll be able to continue practicing while the climate for LGBTQ+ people, which includes the care they need, becomes increasingly inhospitable.

Joining us today are two practicing social workers. Kimberly Goodwin is a licensed clinical social worker who practices in San Antonio. Among her honors is the 2020 Jonas Award for individuals who go above and beyond to move equality forward for the LGBTQ+ community from PFLAG San Antonio and a 2014 Innovator in Recovery Award from Via Hope, a former grantee of the Hogg Foundation. And, joining her is Kurt Oster, president and CEO of VonOstir Innovation Services, a counseling, coaching and consulting practice started in Jacksonville and recently expanded to Texas. He is also a licensed clinical social worker. Kimberly and Kurt, thank you so much for joining us.

Kurt Oster:

Thank you for having me.

Kimberly Goodwin:

Yes, thank you so much.

Ike Evans:

So, I am going to start with a very basic question. How are you two feeling? How would you describe your mood since the year began?

Kimberly Goodwin:

That's a big question with so much happening. I would say energized and ready to go because there's so much work to do, but also appropriately somber.

Kurt Oster:

I would have to agree with Kimberly.

Ike Evans:

Yeah.

Kurt Oster:

Energized, ready to go, somber. Also, keeping my finger on the pulse and watching what is going on. Being NASW Texas' OG chair, I'm in that unique role where I'm helping watch policy, see what that's going to look like. I'm involved in multiple meetings. So, it's also while energized and okay, we're here, we're doing the work we're doing, we got to keep an eye on things and take temperatures and see what's going on.

Kimberly Goodwin:

Vigilance. Yes.

Ike Evans:

Yeah. But, we know from just... I mean, vigilance has a clear sort of mental health connotation to it. It's not always good for us. And, does that monitoring ever get exhausting?

Kurt Oster:

It does, but social workers are agents of change. We are ambassadors to systems change and at times we may have to be vigilant or watching what's going on so that we know how to help influence systems change. When I'm in private practice and I'm working with my clients, I need to know what's going on with policy, so I have to be vigilant because the way I practice may change drastically in a matter of minutes if the legislator passes a policy that could affect the way we provide services for our clients.

Ike Evans:

Mm-hmm.

Kimberly Goodwin:

Absolutely. And, I think that vigilance is also only sustainable through community, and Kurt wisely is involved in NASW and I think it's critical for any of us social workers to be involved in community and be engaged in community, not only for serving, but we receive support in knowing that we are doing this work together and not alone and that we have resources and that we're all supported together with each other.

Ike Evans:

Can you each share some examples of how the current climate and in particular the backlash against LGBTQ+ people, because that's not the only backlash, has impacted you professionally?

Kimberly Goodwin:

Yeah. So, I work primarily in a private practice but I also do clinical supervision and I'm involved with some local nonprofits that serve the community, the Pride Center and Fiesta Youth and PFLAG here in San Antonio. And, I think a lot of what I'm seeing is a sense of desperation and urgency in terms of access to care, but also a lot of fear about if I do access care that I need, that is really lifesaving mental

healthcare services, will I be reported to CPF, DFPF, and will my family be able to be safe? Will I be safe at school?

A lot of my clinical supervisees work in a lot of different systems of care in our community and seeing what's happening in the child welfare systems in Texas is really disturbing in terms of youth and foster care and what their access to gender-affirming care or mental healthcare services looks like and how it's influenced by legislation, by fear, by a lot of different things, kind of influenced by all of these laws and statutes.

And, then my client or my supervisees who are working in hospital systems who are really struggling with access to care there, coordinating care in any kind of area, abuse and family violence, intimate family violence settings. How do we help our clients who are trans receive appropriate care and services and help when there's not a friendly place, a safe place for them to go?

Ike Evans:

Okay. Kurt, is there anything you'd like to add?

Kurt Oster:

I think Kimberly did a beautiful job summing it up, but also professionally, the impact that is going on professionally is we're seeing this need for professional development, but also very competent professional development. I just came back last week from NASW Louisiana's conference where I actually taught on LGBT intersectionality and social work practice. And so, it's not just us navigating those individual systems because I'm in private practice, I'm working with clients both in Florida and Texas, seeing the ramifications on both fronts. Pretty much what Kimberly said echoes what I'm dealing with.

But, also then there is that piece of there's a lot of education we're needing to do, not only for ourselves to stay up with, okay, what's going on, what's changing, but also the education of other professionals and the community. Kimberly was talking about her supervisees. I do a lot of case consultations for our social work community and much like Kimberly, I have to help social workers navigate those complex systems and well, wait, I have a family that might be losing these services. How do we navigate that? And, it's... A lot of times it's going back to our code. What do we do ethically as social workers at the end of the day? Because, that is our driving force. That is our marching orders, is our NASW code of ethics. Yes, we have to follow law, but we also have to be within our code and our code literally governs our field.

Ike Evans:

Okay. So, Kurt, my next couple of questions are just for you. Kimberly, maybe you can kick back for a few minutes and just chill. Kurt, it seems like your practice is a little bit unique in that you're set up as an LLC. I just get the sense you're juggling a few different hats. So, I'm just--tell me a little bit more about what it is that you're doing in Jacksonville and I believe Dallas and kind of more a sense of what your day-to-day is like.

Kurt Oster:

So, I started my private practice VonOstir Innovation Services in June of 2022, right in the middle of COVID. Yes. That... That was an experience. Started the practice as a mental health counseling, life coaching and consulting company. I have three unique specializations, neurodivergence, trauma and LGBTQ on the mental health side. And, then on the trauma side, I do a lot of consulting in emergency management consulting, disaster preparedness, working with the business community on continuity of

operations in emergency plans, bringing all of that together in my practice. Literally, my day-to-day is either counseling or consulting. I am a trained play therapist. I work with children. If we were in my office, you would actually see my entire playroom behind me. I'm working from home today, so different ambiance.

And, about a year ago I made the decision to also expand to Texas. My best friend is going through his mental health counseling program and was trying to figure out what am I going to do when I graduate. And, I said, "I've got an established practice. We work in the same areas. Come join me in the practice." So, I expanded the practice to Texas and kind of caught in this whirlwind of I'm wait-listed in Florida, but I'm also wait-listed in Texas and it's helping me really as the SOGI chair for NASW understand where our disparities are. Where are we still needing those services?

And so, every day I'm sitting down re-strategizing my approach. I've become a teaching practice. So, I have MSW students in my practice learning how to serve the neurodivergent and the LGBT community. And, then for me, I also serve on several board of directors for several organizations. And so, it's also getting the word out there of supporting minority LGBT businesses, making sure that we're doing a whole community approach. So, kind of stealing some of the language from FEMA there on a whole community approach and disaster response book that we're doing a whole community approach to mental health, to access to services and making sure that clients are able to get the services that they need without barriers.

Ike Evans:

Okay. And so, let's imagine a parallel universe in which all of those things that you mentioned were still taking place but without a social worker in the room. Like, what? What? Give me a sense of what would be lacking without someone of your experience contributing to those kinds of multi-sector efforts?

Kurt Oster:

What would be lacking is the knowledge. Social workers, MSWs, have a very unique training. We are trained to work within systems. We can interface at any level of those systems and that's what I tell social work students all the time. I hear you're clinical, but you're also going to be doing macro at some point. You will be interfacing in macro. You can't just say I'm strictly clinical. So, when there's not a social worker there, there is a challenge of understanding the whole impact of a system.

I say to social workers when I'm teaching them in the emergency management side, we interface at all levels of the disaster process. Preparedness, response, recovery and mitigation. We're not just isolated to one area. So, if social work's not at the table, we are missing that critical component of community but also systems theory and the strengths perspective. We have to have a strengths perspective at the table. Otherwise, are things going to get done? Probably not in a timely manner or in an effective matter.

Ike Evans:

Okay, great. Okay. So, now Kimberly. Let's bring you back in. So, I just happened to see on your Facebook page that you've are acknowledging Social Workers' Month, as we're trying to do with this episode, and I think their theme for this year is social workers breaking barriers. And so... So, my next question is, what barriers do you come up against as a practitioner and how do you try to negotiate those?

Kimberly Goodwin:

Yeah. I think that's such a great segue way too from what Kurt was just talking about, the role of social work and how we have a professional imperative no matter what kind of role we're serving in to do advocacy and activism. That is a part of being a social worker no matter what job title that you have. And so, in any role a social worker is in, there should be advocacy in breaking barriers happening. And, the biggest thing that I see, my tiny individual contribution and all these wonderful group efforts that are happening that I'm lucky to be a part of, is exactly also what Kurt was talking about. Increasing access to competent care that is based in good research, in evolving research, in lived experience of people who we're providing the services to and being centered around their needs as expressed by them and including them in the process of developing services and implementing services.

And so, my biggest contribution that I feel I focus on personally in my professional career is developing a local workforce here in Texas of really great providers in a variety of areas. But, today we're talking about the LGBT community and one of the biggest things with that is working with my clinical supervisees and with UTSA where I've done some adjunct instructing and I like to stay a part of that community to ensure that our local leaders in our community are coming and speaking to social work students. They're part of the MFW program curriculum where they're coming in and they're helping emerging social workers who will be brand new in our workforce to do good care, to know who they are, to feel that connection and build that network of support.

And, then my clinical supervisees part of what I do is I have a partnership, the Pride Center here in San Antonio, where I will waive their clinical supervision fees if they will provide community-based counseling to people who don't have insurance through the Pride Center under great supervision and with a lot of resources and training on best practices. So, we're doing it ethically and we're serving people using really good solid services. And so, that's the biggest thing that I'm most passionate about.

Very similar to Kurt, I feel like you found two of the same person almost, sort of really enhancing the ability of our whole community because Texas is... 248 out of 250 of the counties in the state of Texas are health professional shortage areas in the area of mental health treatment. So, to begin with, it's bad. And, then a 2022 report by Mental Health America says Texas is last out of every state in the United States in terms of access to care. So, there is very little access to care here in Texas and then once you finally do fight your way in somewhere, is that person competent to provide inclusive affirming services that you need or are they going to do conversion therapy? I've had so many clients come to me personally with horrifying experiences with Pray the Gay Away camp and conversion therapy and really horrifying experiences with mental health providers that I then am in a position to have to rebuild trust around.

Ike Evans:

I'm curious about the mentoring that you're doing of in particular LGBTQ+ social workers and just what those conversations have to be like with the climate being as inhospitable for them as it has gotten and what sorts of things you stress to them or that they stress to you, if there's any way to encapsulate that.

Kimberly Goodwin:

I mean, no, absolutely. I think there's a lot when you're in, like you mentioned, a fairly inhospitable environment, when you're working with folks who are vulnerable, there's a lot more safety planning involved, a lot more in terms of assessing safety and risk that may not be involved in a more affirming community. So, I have a lot of brand new social workers who are like, oh, I can't wait to get my first client and I'm going to help them come out to their family and I'm just going to get in there and we're going to just change the world that way. And, I have to kind of say, I would never discourage anybody by any means to express themselves freely, but I don't want anyone to go in assuming safety when you

haven't assessed for that, especially after having done a lot of work with the Thrive Center here in San Antonio, which is for youth, LGBTQ youth who are homeless because they have been turned out from their family homes.

Ike Evans:

So, my next question is, if you could have the ear of policymakers, what would you want them to know about your work in this current climate?

Kurt Oster:

I'll start. Our work, the work of social work, is not going to go away. We are here to help families navigate systems. We are here to help address those mental health concerns with our training. We, as... And, I go back to this. We are trained in systems, so we are helping these families or clients understand the challenges. We're helping communities. We are helping organizations. I mean, I don't just consult at the community level. I consult businesses. I consult nonprofits. We are that vital key in the table and we need... We need the voices of all social workers heard and that we are collectively bound by the same code in that.

So, yeah, we're going to have differing views and our views are going to be great because it's going to help challenge the systems. The way I may look at a system, Kimberly may look at differently or another social worker may look at differently, but at the end of the day, we're here. We're an asset. We understand the systems, but we are also a profession driven by best practice and research. At the end of the day, that is what we based our practice off of. We are not trying to do this stuff like pray the gay away conversion therapy that is not rooted in a deep rich literature like cognitive behavioral therapy, narrative therapy, consult therapy, play therapy, sand tray, expressive, dialectical. Those are rooted in literature. We can fill rooms with the literature on them.

So, that's what I would say to policymakers, is that we're here to lean on. We're here to help you figure out what is best practice. And, don't just Google search stuff. Throw that out. Ask us. We're the professionals. We are the ones trained to be at the table and understand it.

Kimberly Goodwin:

Yeah. I love that, Kurt, because absolutely when I'm teaching MSW students, I often talk of social workers as being this connecting piece. Right? Between the communities that we're serving and we see and we see how the decisions that are made are really playing out in reality and we can take that valuable, valuable data back to the people who are making these decisions and say, "Hey, maybe you didn't know or didn't realize these things that you're deciding, this thing that you did, it had all these. This is what it's doing both positively and negatively." Right? Hey, did you know when you did that, it did this great thing? Or, hey, did you know when you did that, a lot of stuff kind of went wrong?

And so, being able to be that connecting piece and saying because we see so many people in so many situations that our lawmakers are concerned with because our lawmakers are concerned with the care of our state and the people in our state. And so, being able to make decisions about what will help or harm them is... It's important for social workers to be there because we are right there seeing what it does, what happens, how it plays out in people's lives.

And, as a clinical social worker, I'm always going to be focused on mental health too and if I could tell lawmakers one thing, it would absolutely be that mental healthcare is healthcare and it is lifesaving care and one in five trans youth have attempted suicide according to the 2022 Trevor Project compared to one in ten cisgender youth. That's a really huge disparity. And so, if we really care about saving lives, if we really care about doing... Imagine like immensely powerful, literally life and death work or a decision

that could make a life or death difference, it's supporting trans youth and doing that suicide prevention on that front end because there's a lot of research that shows that when trans youth are supported and when they have social support, when they have family support, when they have school support, that goes back down.

Ike Evans:

All right. So, this is now your opportunity to plug whatever it is that you're working on. And so, just if there's anything you'd like to mention to our audiences about ways that they can help support or get involved with anything that you are doing or any current projects you have, now's your chance.

Kurt Oster:

So, I'll start. The plug I would say to everyone out there is get connected with the organizations. We've got some amazing organizations. Equality Texas, PFLAG, all the different LGBT centers. They're all working together. They're all interconnected. They are all communicating with each other. Equality Texas could literally use help with getting cards to politicians, testimony. NASW is getting involved in that. I'm looking to expand my committee to bring in a diverse perspective and that it's not just about me as a male calling the shots. I need everyone at the table. And, that's really where we have to stop and remember as social workers is that we all have to be at the table. It's not just one social worker saying, okay, this is what the entire community needs. It's all of us coming to the table saying, hey, we're here. What can we do to get involved?

And, it's also a lot of that networking in that. So, I would challenge the social workers and the mental health professionals that are listening to this to network, to meet others in the field to say, "Hey, what is it that you are doing, Kurt?" Or, "Hey, Kimberly, what is it that you're doing?" Or, "How can I get involved with supervision with Kimberly or Kurt? You're a board certified diplomate. Are you available to speak? Kimberly are you able to speak?" So, it's also tapping into us as the subject matter people, as the people that are here and we're on the ground and we're working with the clients and we're navigating these systems.

Kimberly Goodwin:

Absolutely. I mean, I really wanted to give a shout-out, less so plugging my own stuff, but just saying some of and to also to end on sort of like a hopeful note because I think it can be so overwhelming and so demoralizing to see so many pressures and stresses and things that are moving in a direction that is really scary to a lot of people for valid understandable reasons. But, Dr. Ximena Lopez, a medical doctor at Children's Medical Center in Dallas... When Children's Medical Center in Dallas shut down the Genesis program to do gender-affirming care for youth, she sued them and said you can't do that. That's affecting my clients' care.

And so, from a social... Even though it's social work month and we're talking about social workers, I was just wanting to bring in all of the people who are doing this really, really impactful work and standing up in really difficult situations and saying, no, those are my patients. You can't do that. You will not block access to care. That's not going to happen.

And, the wonderful work that a lot of our agencies... Just like Kurt said. That's the biggest thing I would want anyone to do, is you don't have to be a social worker to be helpful and if you are a social worker, you should be involved in some way, so getting training. So, if you're a social worker yourself, making sure that you have quality up to date training and information about how to provide ethical, safe, inclusive, affirming care. If you're not a social worker but you want to help, getting involved with any of the amazing efforts that are already happening. In San Antonio, Fiesta Youth. It started in 2013. That



was only 10 years ago and that was the first group because a parent of a trans kid came to a social worker who's next door right now, Daryl Parsons. He's a clinical social worker as well, and said, "Hey, you're a social worker. Why aren't there any support groups for my kid? The closest one is in Austin. I can't drive an hour every week and my kid needs help."

And so, the two of them sat at a kitchen table and said, okay, we need to make a support group. And, that was 10 years ago and today it's serving hundreds of teens and I send lots of my clients there and everyone I send, their themselves and their family talk about what a difference it makes to have that social support and to see them go from where they were to where they are after they get connected to that community is incredible.

And so, you don't have to be anyone in particular to do something amazing. You can use the skills that we have and I love that Kurt brings that up a lot because a lot of social workers I think need to feel empowered to use the training and skills and knowledge that we have, just like Daryl did to create this support group in a way that was inclusive and affirming and wonderful and sustainable.

Ike Evans:

Okay. This has been a pretty wonderful conversation. I hope y'all are feeling good about it. So glad that the two of you could join us. Yeah. It's... I don't know to what extent it's common knowledge, just how big a part of the mental health workforce social workers are, and for a certain strata, you're a lot more likely to find yourself talking to a social worker than you are a clinical psychologist and there are complicated reasons for that, but we really do appreciate it. Kurt and Kimberly, thank you so much.

Kurt Oster:

Thank you.

Kimberly Goodwin:

Yeah, no, thank you for celebrating Social Work Month and doing it by letting us come talk about stuff that we're excited about.

Ike Evans:

Yep. You're welcome.

Kimberly Goodwin:

Kurt, it was great to meet you.

Kurt Oster:

Nice to meet you. I'm going to be emailing you.

Ike Evans:

Yes, please.

Kimberly Goodwin:

Yes. I was like, oh my gosh. Where did you find another me? It's the same. We're doing the same work. How amazing.

Ike Evans:

Stay in touch. Stay in touch. Yes.

Kurt Oster:

Yes.

Kimberly Goodwin:

Yeah.

Ike Evans:

All right.

Kimberly Goodwin:

Yeah.

Kurt Oster:

Thank you.

Ike Evans:

All right. Bye.

So, as I've already mentioned, March is social workers month. This is not the first time we've heard from practicing social workers about the challenges that they face when directives from lawmakers clash with their own ethical practice guidelines and their own consciences. Last year for episode 133, gender-affirming care is trauma informed care. Eli Lawrence, then a clinical supervisor for Waterloo Counseling here in Austin, had this to say.

Eli Lawrence:

So, gender-affirming is not a nicety. It's not an extra. It's not something that should be seen as, well, this is like giving a special treat or special... This is life and death. The impact that it has when we refuse to acknowledge, especially teenagers and children, it really can be a matter of life and death.

Ike Evans:

Okay. And, I would think especially as it just seems objectively the case that things are getting less safe.

Eli Lawrence:

Absolutely.

Ike Evans:

Yeah.

Eli Lawrence:

Absolutely. Even within Waterloo, as a clinical supervisor, our own staff are just suffering from the secondary trauma of day in, day out, no longer being able to tell somebody, well, I know that you're

feeling this but there's not really any danger. We can't tell our clients that. There is real danger. There is persecution. Myself, as a licensed, licensed clinical social worker, because of the way that my license is granted by the state of Texas and because I'm a mandatory reporter, the potential for if they do actually make it legal to say that it's child abuse to affirm somebody's gender that's a minor, I would then be a mandatory reporter and I would be required by law to either surrender my license, go to jail, or turn in my clients for taking care of their children. I'm looking at it as what's my next career because I can't. I can't practice in Texas if that's a law. I can't. There's no way I would be able to do that, not... Not with any sense of ethics.

Ike Evans:

I will be including a link to the full episode in today's show notes, so look for that. And, that does it for this episode. We're so glad that you could join us. Don't forget that we're always looking for feedback or episode ideas, so email us [intothefold@austin.utexas.edu](mailto:intothefold@austin.utexas.edu).

Special thanks as always to my colleagues, Anna Harris, Kate Rooney, and Daryl Wiggins for their production assistance and to the Hogg Foundation for their steadfast support. Just as taking care of ourselves enhances our ability to help others, so it is that by helping others, we strengthen our own resilience.

And, please leave us a review and subscribe to us on the app of your choice. You can find us on Apple Podcasts, Google Play, Spotify, TuneIn, among others. Taking us out now is Anna's good vibes. Thanks for joining us.