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## The Art of Doing Social Work

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**T**hese social work stories show the “real-life drama” of social work practice. They teach us how injustice can motivate, that just “fixing things” is a limiting goal, and that to be a professional social worker, sometimes determination is critical.

### QUESTIONS TO CONSIDER WHILE YOU READ

- How do these stories fit your image of a professional social worker?
- How do these stories reflect the values of the social work profession?
- Do social workers fix things? Would they want to? If they did, why would they?
- What adversities do social workers typically face every day?

### Sue Brandt

I became a social worker out of arrogance. I spent 12 years working with the profoundly handicapped. There was a kid in my classroom who I felt was being abused, and CPS (Child Protective Services) was not doing what they should have. Well, I can do better than they can. I went down and applied. Lo and behold, I was hired, and here I am. I've been a supervisor for eight years and before that was a worker for seven years. I like the energy and excitement. I'm probably an adrenaline junkie.

The part of the job I like the best is the initial investigation, when you are dealing with new families and deciding whether the kids need to be removed from the home. Most clients don't have a lot of optimism once the children have been removed. When we take custody of the children and file a petition with the court, two-thirds of those children never go home again. Their parents never rebuild.

But when you work in investigation, you feel you have a certain level of success. If it's a bad situation and you have to remove the children, you've created, at least temporarily, a better situation for them. There is an immediateness: You're in, you're evaluating, and you're done. In investigation, we come across many families that never enter the system beyond us knocking on their door and talking with them and helping them get what they need. In these cases, we help keep the children in the home, and that is gratifying. It's not what the public hears about, but that is the bulk of the work we do, helping parents get what they need to take care of their kids.

Sometimes, it's very hard. I remember a kid named Christopher, a little 4-year-old, about 10 years ago. His mother's boyfriend almost burned and broiled the boy to death in hot water. He was in the hospital for more than a year. His genitals, his penis, were literally burned from his body. His body was fried. This guy tortured the kid for two weeks. This little boy was afraid of sirens, so the boyfriend locked him in the closet and played a tape of sirens. He burned him at about 9 o'clock in the morning over 90% of his body. The only thing that wasn't burned was his head. He waited until about 8 o'clock at night to get help. It was one of the ugliest things I've ever experienced in my life . . . inconceivable. It was what made me believe in an automatic death penalty. That was ugly.

But sometimes, you have a more encouraging case, and you know why you stay. There was a young woman—17 and pregnant—who lived with her 28-year-old boyfriend. When her newborn was 17 days old, she stood there and watched her boyfriend beat him to death. The baby was shaken, he was bruised and battered, and he was laid down to die. When they finally took him to the hospital, he was DOA. They had no other children, but while they were pending trial, she got pregnant again. I removed that baby from the newborn nursery and placed him for adoption very quickly. Ultimately, she was convicted of lower-level felony child abuse, and he, of course, was convicted of murder. She went to prison for a short period of time, and she was on intensive probation. She struggled through. It was not an easy case at all. The sad part was she had come from a rough life herself.

Probably three years after I removed the second child, she came in and sat down next to me, stared at the wall, and said, "I'm pregnant, and I know you are going to take my baby." My immediate reaction was, "You

bet I am.” But she had made great strides. She had a tremendous probation officer, a person who really invested himself in her success. He was an older man, and he and his wife essentially adopted her and reparented her in a lot of ways. The baby’s father was a very nice young man who was in the military. I didn’t take the baby. I filed a petition for legal custody and provided legal supervision for that family for five years. She is now the mother of three little girls who are beautiful, bright, capable kids. She comes in probably three or four times a year and brings the kids by to see me. I would have never thought on my most optimistic day that she would have been able to do what she’s done. She’s really tremendous. I look at her kids and tell myself that if I leave this job never having done anything else, at least I know that she is raising those three girls with her husband. She is happily married, she’s a great mom, and it’s a tremendous feat.

It was not a popular decision. I certainly wasn’t notorious for being a person who gave a lot of chances. I’ve always been fairly hard minded. We are not going to put kids at risk; we have to be sure. I’m not going to go home at night and let a kid be hurt because I underreacted. At the same time, I did it with a lot of supervision and support, and fortunately it turned out to be the right decision. I feel like that was a gift to me. I’m able to stand back and watch and say, “I had a part in that.” But when you’re doing this work, a case like this is a once-in-a-lifetime achievement. Small gifts like this you’d better hold on to.

You have to maintain a balance in your life if you’re going to work for CPS. You have to remind yourself that not everybody is a child molester. Not everybody hits his or her kids. You have to kind of surround yourself with regular families and regular people so you remember regular people still exist.

My own kids probably feel there has always been too much work to do and too little time. It’s not like I’m working on the assembly line at IBM and if I make a mistake, somebody’s computer doesn’t work. If I make a mistake here or I cut a corner there and I don’t get something done, a child can die; a child can be maimed. This is a level of responsibility that I think sometimes made my kids resent me. When they were small children and I was an investigator, they got really tired of their grandmother coming to pick them up from day care or after school because I had to work late. But if it is 5:00 P.M. and a child discloses that her father is having sex with her, you don’t say, “Gee, I have to get my kids out of day care, so I’ll come back tomorrow.” In a case like that, I may have to work until 1:00 A.M.

There are certainly more pleasant, cleaner, less smelly kinds of social work. I think, unfortunately, a lot of workers want to come in and fix these families. That is not our job. Our job is to provide parents with the tools

and the opportunities they need. But ultimately, our job is to go home every night and know that everything we put our hands on for today is OK.

We have a tendency to lose sight of why we get that first phone call: We get the first phone call because a child is at risk. Imagine that you get a call from a child's school and go to the school and call him into the office. You establish rapport, and you delve into the ugliest aspects of his life. Within 45 minutes, you have to make a decision. You have to be tremendously respectful of that brief opportunity. You can't say, "Well, I've had a bad day. I've fought with my husband. I've fought with my wife. I've fought with my kids." Yeah, you did, but you had better find a way to do your job because if you blow your one shot, it's not like somebody's getting a bad computer. If this is the work that you chose to do, you have to recognize that when a child talks to you that is a gift, and you'd better make full use of the gift. Don't just leave it unopened because you are tired or having a bad day.

I continuously remind myself not to become objective, not to become remote, not to lose my humanity. If it ever gets to the point that what I do doesn't bother me anymore, then I'll know it's time to leave. If what I see doesn't make me sad, I don't belong here because, no matter what, it is always sad to take a child away from his or her parents. You can't lose sight of the fact that no matter how bad the parents seem to you, these children love their parents. I've never been with a kid yet who said, "Take me away." What they say is, "Get my parent to stop doing (fill in the blank), and then we can go back home." You have to always remember children want to be home. And sometimes, they just don't get to go back home, and that is so sad. I hope I always think this way.

This work has made me cynical about different systems and cynical about society's capacity to do what is right for people. But at the same time, you know it depends on the day; it depends on the hour. I don't know anyone who works in CPS who is honest who hasn't felt that he or she can't see one more case. If you work for more than a year, you go through an annual cycle of "This was a huge mistake, and why am I here?" You kind of struggle your way through it, and you come back around. If you want to survive and you want to continue to do good work, you have to bring a balance back around. I see it in the workers about once a year, at different times of the year for each one of them: "I hate this job. Why do I work here?" But I suspect that is true no matter what type of job you have. I think that everyone finds his or her niche in life to some degree, and it doesn't matter where you work, you go through periods of "This was a bad choice."

I still like coming to work every day. I have an opportunity to do what I think is very important. These are tiny people who don't have a lot going

for them and don't have a lot of people watching out for them. But some of them have me.

## Elizabeth Day

When I was 7, I saw a March of Dimes ad on TV with a little boy sitting in a wheelchair with adults standing next to him. I yelled to my mother, "Come here and look at the TV. What is it called when a person helps another person?" She said, "A social worker." Now, if she had said "a counselor" or "a physical therapist," I would have decided to be that, but from that day on, whenever anyone asked me what I wanted to be when I grew up, I said, "A social worker."

We lived in South Africa when I was a child. It was in the late 1950s, and most Americans didn't even know that Apartheid existed. When I lived in South Africa, all white kids under age 9 had a black nanny. You did everything with your nanny. In public, there were four bathrooms: one for black men, one for white men, one for white women, and one for black women. Until age 9, you went in the bathroom for black women with your nanny. I went into one of these bathrooms early on, and it was so horrible that I just decided I would never go to any public bathroom when I was out with my nanny.

In comparison to other white South African families, our family had a very different feeling about our nanny, Eunice. We loved Eunice and felt that she was a family member. I had long conversations with Eunice about what life was like for her growing up. Her life was similar to living in this country on an Indian reservation, where a certain tribe would have a portion of land, and that was primarily where they would live. She would ride the bus in from town to where we lived. She would stay and work during the week and then go back home on the weekends.

Living in that system was very difficult for me. I had a lot of discussions with Eunice, trying to get it straight in my mind. I cried myself to sleep most nights just wondering how human beings could have such a skewed view of each other. I would go to church and hear that God is love and God created people equally, and I would say, "Excuse me. Why are there only white children in the Sunday school?" The Sunday school teachers just didn't know what to say because they had been brought up from the time they could walk to feel that people who had darker skin were lesser in some way. I would say, "That is not what it says here in the Bible, and that is not what you are teaching me. Why are you saying that?" It was incongruent, and the adults could see that when they were sitting there talking with a child,

but it was such a persuasive concept in the society that stepping beyond it was very hard.

My experiences in South Africa cemented my interest in trying to see all people as special and important. No matter how bleak the situation looks, everyone deserves to be loved, to be respected, and to be given the opportunity to shine in his or her own way.

Another experience that influenced me was my time as a high school exchange student in Bolivia. I lived in a town about three hours from La Paz, which is the capital of Bolivia. It was 13,000 feet above sea level. It was a mining town, and a large number of the people in and around the city lived in abject poverty. I mean poverty that we, in America, can't even imagine. During that winter when I went to school, I wore two pairs of socks, a pair of nylons, football socks that came up to my knees, wool pants, a long wool mini coat, a hat with a hood, a scarf wrapped around me, and gloves. I wore all of these clothes all day because the school wasn't heated. Yet wearing all that, I walked to school passing women and children who were sitting out on the street wearing cotton shirts and cotton skirts and sandals made of old tires. That was a pivotal experience in terms of seeing that the world is truly not a fair place and that there are people hurting more than you can put into words.

I work in the school system now, and it seems that problems in our society are getting more and more complex. Children are dealing with much more at a younger age. Life has become frantic. Maybe the pioneer children had to deal with things that were just as bad, but they were different kinds of things. I like my work in the school setting because there are a lot of professionals working toward the same goal of supporting families and children.

One thing that I did as a school social worker was evaluate students to see whether they qualified for special education. The social worker's role was to interview the parent, be an advocate, and get information. A child is like a puzzle, with different professions looking at different pieces. The psychologist is looking at the intelligence and natural capability of the child. The teacher is looking at how that child interacts with other children and how he or she learns on a day-to-day basis. And the special education social worker is responsible for helping the parents bring their pieces of the puzzle to the table. I think we often forget how important that parent piece is. I enjoyed that role a great deal. I was able to talk with parents about the developmental history of their child, the child's strengths, and the areas in which there were problems. Often, what I heard from the parents during the home visit was different from what I heard at the school.

One of the first groups that I ran as a social worker at a middle school was a grief group. We had eight or nine kids whose parents had been murdered or had died in some tragic way. We did different activities and things that you

would expect to do in a grief group. Some weeks, I thought that those things worked really well, and some weeks I thought they didn't. There was one student who didn't say a whole lot. It seemed right not to push her, and she kept coming, so we kept including her. The very last session of our group, toward the end, out of the blue, she said, "I've brought something to show you all." She pulled out a picture of her mother, who had been murdered in a very horrible way. There was dead silence for a minute, and we all caught our breath. We really cared about her. Unfortunately, because her life was in such a shambles, there wasn't a whole lot I could do. I could have worked with that kid from now until the cows came home, but there were just too many things going on in her life that were impossible to fix. But we looked at that picture of her mother and let her know we cared. She can carry that in her heart forever. And maybe knowing that someone cared about her at that one point in her life helped her later on. Maybe she has no recollection of that group experience whatsoever. We did the best we could, and I hope we helped her.

About four years ago, I switched from being a regular school social worker to coordinating the Family Resource and Wellness Center. I made that move because I like the collaborative aspect of the Wellness Center. I'm a firm believer in working as a team. I see that there are a lot of families that could be utilizing services, moving forward, and doing wonderful things, but there are so many barriers in their way. The idea of the Family Resource and Wellness Center is to try to go past those barriers and build bridges so people can get the services they need.

A barrier that seems very tiny to us could be huge to another person. For instance, one of the first years we were open, a mom came in who hadn't had heat in her home for two years. She had a couple of kids, and one of them had asthma. We were able to find an organization that would fix her heating for free. I thought this problem was going to be a cinch to solve. She didn't have a phone, so we told her to come in and use our phone to arrange a time for her furnace to be serviced. She was really excited, and she came in and made the phone call and then hung up and started walking out of the room. We asked her what happened, and she said that there was an answering machine, and she didn't know how to leave a message on an answering machine. We said, "Time out. Sit down, and we will show you how to leave your name. You will be nervous, but we can practice until you are comfortable." So we practiced a couple of times, and she called again and left her name on the answering machine. They got in contact with her, and a couple of days later, she had heat. Here was a woman who was literally willing to forgo getting heat in her house because she didn't know how to leave a message on the answering machine. It is a perfect example of a barrier that to you or me would be no big deal.

One of the first things that you need to know as a social worker is that you have to separate yourself from your work. You can't take everything home. As you grow as a social worker, you develop the ability to separate yourself from the horrible things that you hear and see. At the end of the day, you need to go home and be a part of your family. You don't have to lose your sense of compassion and genuine caring, but you do have to make some separation.

I have been reading about how the clergy are having more problems in their personal lives with things like divorce, alcoholism, and so on. I think social workers are probably in the same camp; we just haven't read about them recently because no one has done a study focusing on social workers. It is difficult to see all the hurt and then shift your focus to completing your monthly report so the program can continue. We all deal with those frustrations. What really carries me from one place to the next are those little triumphs, and sometimes they are very little. I have to keep moving on. Some days, you have to just take a deep breath and do it. You've heard the old adage, "Fake it until you make it." Sometimes, you just can't do any more than that. I've been in social work for most of my life, and I'll always be a social worker in my heart.

## Cathy Sammons

Working with children who are disabled has been the pivotal experience in my whole life and career. I became totally enamored of people with mental retardation, autism, and cerebral palsy. What I grew to love was not so much the direct work with children but the work with parents. I was exposed to the hardest thing that I ever had to do in my career—and it is still the hardest thing I have to do—which is to tell parents that their child has a developmental disability.

I would look into the eyes of the parents, and while I was telling them this terrible news and though my heart was heavy with sadness, *I* wanted to be the one to tell them. I didn't want some insensitive technician telling them this news. I had seen it done poorly a lot. I'd seen people being told devastating things in hallways and professionals who were so inept that even when they thought they were being sensitive, they would say things like, "I know you are feeling a lot of guilt right now," just leaping to conclusions that were unfounded and patronizing.

I identified with parents who were going through this, partly because so many of the disciplines were critical of parents. They would give them instructions and tell them to do this or that: what kind of diet the child should be on, with X number of calories, or this vitamin, or how they should be



brushing their child's teeth. Children with a disability can be difficult to manage, and professionals imposed many expectations on the parents. When parents didn't meet those expectations just perfectly, they were judged. I saw that parents were alone while hearing professionals' advice, which is all good advice, but nobody was helping them turn the advice into a daily reality. To me, that was the most exciting and intellectually challenging and emotionally important part of my job. Parents get nine disciplines telling them what to do, but only the 10th one, social work, is going to help them do it. Only social work will help them to decide whether they *want* to do all those nine things, and if they do, what do they want to do first, and what do they want to do last. And only social work will help them face the fact that some of those things may interfere with their marriage or interfere with the care of the siblings—or maybe violate their cultural values.

I was learning that the distinction between social work and the other fields was that the other fields were technicians, and they were committed to *fixing* things, but social workers weren't about fixing things. That has challenged me in my career because sometimes you meet clients who expect you to be a technician and look at you as a fixer. But other clients realize that what they are hungering for is not the fixer or the prescriber but the person who will help them put everything together, process it, make decisions, and take action.

I committed myself to children with developmental disabilities, and my first job was working with families in a rural area. I made home visits. That was a peak experience because all my training was in the office and in a hospital. Visiting families in their homes was such a gift and so incredible. I was service coordinator for 30 to 50 families, and I learned so much from them.

I had one family in the newborn intensive care unit, a teen couple who had given birth to a baby who was encephalic, which means the brain has not developed. The parents wanted to take the baby home, but the hospital didn't want them to. The baby was going to die and needed to be held and tube fed. I was working with the team to convince them to allow this couple to take their baby home to die. It was a moving and profound experience for me. The teenage mother said, "This is my baby, and I want to get him home like any other mother takes her baby home. I know this is going to happen, and you're telling me it will happen, and it's hopeless. OK. But at least I can take him home. I have a bassinet for him, I have clothes, and I can feed him." The issue was, could she be trusted with the tube feeding? Would she learn that? The answer was that we would give it a try because that was the healing and empowering path for the family.

A social worker has to wear three hats, which no other professional wears in combination. The first one is that of teacher because information is

important and because information can set you free. Information can empower. In the medical world, much of the time the patient is not given information. Medical professionals tend to use a paternalistic approach: “There are some things that the patient doesn’t need to know, can’t know, shouldn’t know, isn’t ready to know.” I don’t buy any of that; I think you need access to information and facilitation to understand it. The social worker can be the best teacher.

But information is not the whole story. The second hat is that of a therapist: someone who can relay the *meaning* of the information that is most useful for the individual. What is important is not the facts that patients are told but what those facts mean and how the individual interprets them. For instance, I became a specialist in genetic counseling, and I did my master’s thesis on the emotional impact of prenatal genetic screening. It is a wonderful example of the way information can be processed differently depending on an individual’s personality, culture, and life experience. You can say that the risk of having a child with X condition is 90% or 95%, and one family will respond, “Oh, what a relief. We have a chance to have a healthy child.” The next family will say, “Oh, all right. We need to terminate the pregnancy. With odds like that, we’d be crazy to go through with this pregnancy.” You learn that even though both families have exactly the same information, their interpretation is different. This is when you have to wear your therapist hat. You can never assume that every client will interpret or experience information in the same way. That is another reason that I think the technicians blow it because they think, “The information is the information! It’s just the facts.”

Because social workers know that deeper meanings and emotions often result from profound hurts and unmet needs of the past, they understand that giving a parent the news about his child’s IQ can drive him to the brink of suicide. One father could want to get his gun and shoot himself when he learns that his son has a learning disability and an IQ of 85. Another father in that situation may say, “Oh, I’m so glad that he’s not mentally retarded; we can do a lot with this.” But if you know that the first father has dyslexia, and was in special education class in school, and was made to feel worthless by his family, you understand why he feels that it is entirely his fault that he has produced a similarly “defective” son, someone who is a reflection of his own unworthiness. I am always conscious of the fact that the information I give is being received by a unique individual who has a personality and a temperament, a lifetime history with a family, a culture, and adult life experiences that have shaped him or her. In any given situation, people will derive many interpretations and adaptations from the same information. But the social worker, wearing his or her therapist hat, knows this.

The third hat is that of an advocate. This is a political role because the emotional world of the family is not limited to a 50-minute hour. Even if

you are successful in conveying information and addressing your clients' emotional and psychological states, clients have to live in a system of services. Unfortunately, the developmental disability system is a network of confusion and complexity. These families often have to deal with 10 different providers and systems, and they have to evaluate those services, pay for them, and coordinate them. It can be a nightmare. A social worker knows how to help the family make decisions, get the professionals to work together, and then advocate for systemic change.

Having a child is not like producing a product in a factory. From the time they learn of the pregnancy, parents fantasize about the child they will have. Proactive parents believe they will produce offspring who are beautiful and smart and better than they are. They think their child will be someone who will achieve things in this world—he or she will “grow up to be president of the U.S.,” they fantasize. How well that child does in the world and how smart and productive he or she is reflects on the parents. They will give him or her their genes, raise him or her right, and shape and mold him or her. They will provide a first-class education and all the benefits they can afford.

This is every parent's fantasy, but in the real world, I was working with families whose children were not attractive, were not achieving much, and would never grow up to be president. Their parents knew this, and they loved them anyway. That was a profound lesson for me, that even children with disabilities are precious gifts, and our job is to love them and to help them reach their potential. These parents have taught me that helping a child who has an IQ of 50 learn independence skills is absolutely meaningful, good work, and it is worthy of our energy and attention. It is just as worthy as helping a gifted child learn a second language or play the violin. I really believe in my heart that this is the true meaning of being a parent. This is my social worker role: When a family first receives the diagnosis and realizes that their child is not going to be on a path of perfection and become a reflection of all their competence and their achievements in life, they really grieve. I accept the parents' grief because I know that they are losing their fantasy child, but I also have learned that there is life in the real world. Yes, there will be struggle and frustration, but there will also be love, and my joy is helping them understand this.

## **Kay Stevenson**

I made a commitment, and I pursued it. I started in Louisiana working with DD [developmentally disabled] kids. When I moved out to Arizona, I went to work at the crisis nursery. I saw a lot of abused kids, and I saw CPS

workers coming in at all hours of the night bringing in kids. They had a real commitment, and I thought, “That is what I want to do.” I interviewed for my position three times before they hired me. During the third interview, I said, “I can keep coming back as long as you ask me to because this is what I want to do.” I’ve been here for more than 10 years now.

I’m a Child Protective Services unit supervisor for investigation. This job involves less client contact, which is something I really miss because I enjoy people. I enjoy the client contact. I enjoy the case management part of social work. I have less of that now. I have to keep up with the personnel issues and policy troubleshooting. I do get to work the more difficult cases, and I get to train new workers.

I’ve been able to move around a little bit in the agency and change positions. I started out in a general unit. Then, I was on a pilot project for sexual abuse. Then, I came over here as a supervisor. I’ve moved around a little bit, and I think that has helped. I also do a lot of my own stress management. I don’t take the job home. There are times when I take paperwork home because I can’t avoid it, but I don’t take my job stresses home. I run, I read, I do ceramics, and I do all sorts of arts and crafts. I’ve got a supportive family and husband, and I think those are major factors that keep me from burning out. I don’t have a lot of stress-related physical issues. A lot of people develop some physical symptoms related to stress, and I feel lucky that hasn’t happened to me. I have a Native American background; part of our tradition is walking in balance, and I really try to do that.

But I think my work takes away some of my family time. My children are grown, so it’s not as big an issue as it was when they were younger. Fortunately, my husband is extremely tolerant. We can be at work at 5 o’clock, and no one’s even noticed it’s 5 o’clock. It could be 6 o’clock, and people are still working away. But you know, it depends on me. I don’t know any colleagues in this position in CPS who aren’t so totally committed that they wind up working so hard that they don’t even notice they are doing overtime. You need to get this done, and you do it. However, I think that I’m more committed to my family than I would have been prior to social work because I see a lot of dysfunctional families, and I really appreciate the family I have.

There are certain images that you take home, and for me it’s shaken babies. This really upsets me because they are such tiny babies, and by the time we get them, there is just nothing left there. They are vegetables. They can be blind and deaf and sometimes not even able to eat. It creates a lot of trauma in families. It’s just devastating to see the effects of shaking on a baby who had so much potential. And then, we can’t even find out who did it. Burns are also particularly bad. Burns are horribly painful, and it is

difficult to see a child go through that much pain. I have an abiding faith in God, so I just put my faith in Him that everything is as it should be, and things will work out.

Working for CPS is extremely challenging. The number of cases that come through is incredible. The demands put on my people are incredible. There have been times, as a supervisor, I thought, “I can’t do this,” not because of what I was going through, but what I was seeing my people go through and trying to help them dig out case after case and being hit with case after case. Some months, we filed more petitions than any other unit. To see my people buried like that was difficult. I have a real commitment to the people who work for me.

During investigations, we are right at that cutting point where families are in crisis, and we can turn it around and keep the children at home or we can take the kids out. If we can intervene and provide services, and provide food boxes, and get that family some furniture, and suggest family prayers or some type of counseling, or hook them up with outside services, and somehow stabilize the family, that family can blossom. And once in a blue moon, we’ll get a thank you, and that’s all I need—once every five years.

It makes you appreciate what you have. Sometimes, I look at my neighbor’s house, and I wonder what’s going on in there. I think I’m more aware of the stresses the families are under in abuse situations than I would have been otherwise. I pick up on more cues and more warning signals than I would have as a lay person. That’s good and bad. Sometimes, I’m in a grocery, and Mom’s yelling she’s going to hit the kid. I’m thinking, “Oh, no. Not now. I do this at work. I don’t want to do this at the grocery store.” Usually, she doesn’t hit the kid. I haven’t ever been in a situation where she actually did.

But sometimes, I wonder whether my job has skewed my view of humanity a little, and I think it has, especially during investigations because I’ve gone into what would look like a normal family and found horrendous sexual and physical abuse. It makes me wonder, when I’ve investigated a case and go back a year later and do it again. I think, “How could I have missed that?” So it changes me.

Over the years, I’ve come to realize when I don’t have all the pieces. One of the things that I learned in sexual abuse cases is there are certain windows of time that open up when a child is willing to tell about things. During those moments in time, the child will tell you, and if you don’t happen to hit one of those or come in at an opportune moment, you could miss it, and the child is not going to tell you. I try to be really careful and do a complete, thorough investigation: talk to everyone, get all the evidence, get

all the medical records. It takes more time, and we don't meet a lot of the deadlines, but when our cases are done and they pass my desk, I can sleep at night.

Human beings never operate on deadlines, anyway. Case A is not like Case B, and sometimes we do need more time to investigate a case. I would rather take that additional time and make sure the children are safe. So what if I didn't finish the case within 21 or 30 days? I would rather be able to say, "I did a good job."

I've seen social work evolve from a soft science, a people science, to more of a hard science, with an emphasis on quantifying and qualifying data. There is more paperwork across the board in social work. We have moved from a people-oriented science to more of a behavioral science with objective data. I hate to lose the "people component" because I'm a real old-school social worker, but I also have a strong background in psychology because that was my undergrad focus. I worked in the lab—lab rats and all that good stuff—and I know that data moves you toward credibility in the scientific community, and I think we have that.

My people average one new case every day or every other day. We are supposed to close them within 21 days, but we don't always do that. It is intense. I have a wonderful group of great people. They do their jobs with a smile. When my unit is really busy, there is a lot of humor back there. You know, I just need to smile and look the other way because that is the way they are diffusing their stress.

I've seen so many children come through. I've seen children battered and abused and sexually abused. You develop a commitment, and once in a while, you hear about one of your kids making that long haul down the road, and you know you've done something really positive. I had a kid come in once and say, "You don't remember me, but I graduated, and I wanted to let you know." I had talked to him about things in high school. That did it for my once-every-five-years *thank you*. Just one child is all it takes.

I had one father who had five or eight, a large group of kids, and Mom couldn't handle them, so he took custody of the kids, and Mom agreed. Every year for five years, he called me and said, "This is really hard." He never asked me to take the children back, but he said, "This is really hard." We would talk a while, and he would be fine, and he would call me again the next year. I work with another father in Texas who has custody of his daughter, and he calls me every year just to tell me they're doing well. It doesn't happen very often, but it's good to know they are doing well.

It's the most rewarding career I've ever been in. I love it. It doesn't pay anything. I didn't expect to get rich coming in, but I could not find a more rewarding career than child protective services. There is a passion behind

social work that you don't get in any other career, and it's that passion and excitement that keeps me from burning out. I'll probably stay until I retire. I'm fairly close now. I'm going to retire when my husband does, which is in four years, so I'll probably bide my time. I do expect to work at least part-time doing social work. I want to keep my hand in.

## **Andrea Kushner**

Growing up in my family, I always felt that I had to talk quickly in order to get information out because people's attention span when they were listening to me was short. People weren't emotionally or psychologically invested in what was going on with me. I felt that people had a right to be heard and a right to be listened to. I wanted to provide people with the opportunity to speak and express their emotions and their feelings in a place where they were going to be heard. That's what got me into social work. I wanted to help people who aren't heard in their lives and who come from circumstances in which they haven't even been seen. Incarcerated people are an unheard, unseen population. They don't have a lot of privileges, and they don't have a lot of rights, for a variety of reasons. I felt the need to get out there and give people half a chance, especially juveniles. Maybe I felt like they would still have a chance if they had help.

These kids have taught me a lot. Each of them in his or her individual way has impacted me. I've had a hard time separating myself from the ones who allow themselves to feel pain the most and who have emotional breakdowns in my office. They have been in a tremendous amount of pain. I just want to take these kids and shelter and protect them from any more harm. You just want to take them home sometimes and set up a new life for them, but you can't. You can't come in and save the day. You can't come in and say, "I'm going to erase the last 14, 15, 16, 17 years of your life and make it all better for you." Those are the kids you struggle with because you know that their journey is going to be long, and they've got a lot of healing ahead of them. But they are fighters and survivors. These kids are still going, they're still alive, and they are still taking care of themselves. They are still, in a lot of ways, treating themselves with respect, treating others with respect, and treating their relationships with respect. It's been horrible, but my God, they are still standing and still fighting this battle, and you've got to have a ton of respect for them.

Social work is not necessarily therapy. You're in the environment helping people. You're not just sitting behind a desk talking to people. You are consistently, proactively, going out to meet people's needs. That is what

your job is: to meet people's needs as best you can and help them internalize so they can eventually carry on without you. That is the goal of treatment: to eventually wean people off it so they can get on with their lives and have a strong enough sense of self. For that, you need to utilize resources. You need to utilize yourself, you need to utilize other people, and you need to utilize the environment. You can't do it when one of those is lacking.

The treatment relationship isn't about you; it's about them. You become part of their world, and you work on their stuff in your relationship with them. It's never about you, and it's never about burdening your client with any of your stuff. You have to be really careful and always walk a really fine boundary line to make sure that you empathically can get into their world, but you also can remove yourself from their world at any time to offer objectivity and to offer a sense of distance. If you offer too much distance, it becomes a problem, and if you get too involved it becomes a problem, which is why you always have to find that fine line. You need to somehow engage in their world and think, "What is it like to be this person?" not "What is it like for me to observe this person?" In order to do that, sometimes you have to get into their world, but if you become part of their helplessness and hopelessness, you become stuck with them. If you're stuck with them, you are no good to yourself or to them. You need to have one foot in and one foot out at all times. Without that foot, you have nothing to stand on.

There should be no personal agenda for the social worker or therapist. The agenda for the therapist is to sit and do the best he or she can to try to understand his or her clients, whether they are moving in centimeters, inches, feet, or yards. You need to be there, wherever they are. That is a huge thing that I've learned: Everybody is in a different place, and some people suffering from different symptoms move more gradually or have more or less insight or can step away from a problem better than others. Some people don't have that capacity, and that is something that you have to go back and work on.

You have to make sure that you are going into a treatment setting in a relatively clear frame of mind. That means every day making sure that you're OK and that you're not going to be taking your own stuff into the relationship because you can't do that. That calls for you to work on yourself but also know every day that you are not perfect. You're not a saint, and you are going to run into trouble and obstacles and barriers in your life just like everybody else. You are going to need to somehow separate your personal stuff from the relationship, always and every day, because it's not fair to bring it in. It's not fair to the client. It's not fair to the relationship. I have to understand that I'm not going to have a great day every day. I'm not going to feel that I'm ready to go in there every day and solve problems,



but I'm going to be able to do the best I can. Doing the best you can every moment is hard sometimes, especially when you are going through whatever is coming up in your own life. You can learn to separate it.

It can be frustrating. Social workers have to work within the social system. You don't always find that the people who work in that system are doing the best job they can to help your client. It's not so much that I get frustrated with the kids as I get frustrated with services that they should be getting, and they are not. I am most frustrated when a kid is put into the hands of a person who is not doing his or her job. These kids put their confidence in people who are supposed to be taking care of them and who fail them.

I try to trust the process. You have to. You have to trust the process and, to some extent, the system. If you start losing faith in that, then the whole thing collapses. There are people whom the system hasn't been fair to, but there are a lot of people for whom the system has worked, and they have moved on with their lives and gotten out. They have gotten what they need in some way, shape, or form that was good enough to enable them to become psychologically stable people. You have to trust that. You have to trust the good people out there who do take this to heart and are ethical and do their job. If you stay focused on the people and entities in the system that don't, you are going to run yourself into the ground. You have to have faith in your supervisors and faith in the system and how it works. You have to know the flaws and the problems, but overall, we have to maintain some sort of respect for what is going on.

You aren't going to see immediate results. What you put into it is not what you get out of it. You usually won't be able to go home at the end of the day and say, "OK, that's over now, and I'm going to move on to the next thing tomorrow." It's a constant learning process, and you are never fully done with it—ever. From the first day you begin as a social worker until the day before you retire, it's never a finished process; it's always a continuous flow of helping people. There is not a lot of the closure that some people need. Some people who aren't in social work need to see a project finished. They need to see the finished product, and they need to say, "Here you go. This is the fruit of my labor." That is not something that you can get from social work. I think social workers need to understand that.

I think people who aren't social workers have difficulty understanding the treatment relationship. A professor said to me in a Psychotherapy of Adults class, "You know, friends and family—and you can't be disappointed by this—will never truly understand what you do. They'll never truly understand it, and you can't expect them to." People are not stagnant. They don't present themselves in the same way week after week with the

same sorts of problems. I think that is something somebody from the outside would have difficulty tolerating, that constant changing and constant moving. The social worker has to adjust to circumstances: lack of resources, lack of money, lack of appreciation.

You have to make sure that you are in social work for the right reasons and are not working on yourself in any way. It's a big commitment, and you need to know the reality of being a social worker. You need to understand yourself and get your issues sorted out. That is something that you need to be committed to, first and foremost. If you are not committed to that, then I don't think you should be in the field. You should be committed to helping people, period. Social workers don't have a magic wand that they can wave and everything is going to be better. Most of the work is going to have to be done by your clients. The object is to give them the tools to do that work: to enable them to do the work themselves so they feel valued, worthwhile, and have enough self-esteem to build themselves into the kind of person who is able to take care of himself or herself psychologically so they are not in so much pain. You can't do the work for them. You can be with them during the process, and you can help guide them, but the work is up to the person. That is the bottom line. Self-empowerment is one of the principles of social work practice, to make people feel like they can and do have the strength to do what they need to do to take care of themselves. I think that is a process that they learn. It comes with patience and having a sense of worth.