REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

General Submissions
Field Education Section
Historical Reflections
Teaching and Learning Reflections

Volume 21, Number 1 Winter 2015

REFLECTIONS
NARRATIVES of PROFESSIONAL HELPING

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REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

Volume 21 Winter 2015 Number 1

Letter from the Editors

Michael A. Dover and Maureen O'Connor

Abstract: This is the Letter from the Editors for the latest issue of this journal. It announces that this and three other issues from Volume 21, 2015, will be published by the end of May 2016, and plans are underway to bring the journal fully up to date in its publishing schedule by September of 2016.

Keywords: field education, process recordings, peer reviews, cover art

The letter serves to introduce Volume 21#1 of Reflections. It is the first of four issues which will be published in May of 2016. These issues will complete Volume 21, which was scheduled to publish in 2015. The publication of the issues in this volume will bring the journal one step closer to being fully up to date in our publishing schedule, since the hiatus from January 2012, V18#1 – the last issue published at California State University Long Beach – and Fall 2013, V18#2, the first issue published online at Cleveland State University.

Back dating issues like this is a standard journal publishing practice. Our website shows exactly when each issue is published as does the inside cover of each issue. That said, we are very much looking forward to being on a normal publishing schedule by Fall 2016. We hope to have Winter and Spring 2016 published by August 2017 and to publish the Summer 2016 issue next September.

The next three issues will include the long-awaited Special Issues on Honoring our Indigenous Elders, Family of Origin: Reflections on Practice, and Dismantling Social and Racial Injustice. These three special issues will represent a wonderful end of the long tradition of special themed issues and the beginning of a new tradition of special themed sections in issues to come.

Using special themed sections will permit the same full attention to special themed content, including guest editors, cover art keyed to the theme, and the same ability to have issue-length special themed sections. But it will leave room for general submissions in each issue as well as the publication of articles in our permanent special sections, including the Field Education Section, Historical Reflections, Research Reflections and Teaching and Learning Reflections. Finally, it will mean that guest editors can include as few or as many articles as are appropriate, with less concern about the length of the issue.

The journal is succeeding in this accelerated publishing schedule with the full participation of a growing editorial team of journal editors, including the special section editors. Please see the inside cover of the full issue PDF found in the link on the table of contents on the website, or see the website homepage (About/Editorial Team).

In addition, the Narrative Review Board – made up of the most active and highest quality reviewers – has recently had three conference calls in which twenty participated. At this time, we have 260 enrolled reviewers, of whom half have successfully completed a review. A decision has been made to rely more on the Narrative Review Board, on the team of editors, and on published *Reflections* authors as reviewers.

The editors would like to acknowledge and thank several members of the Narrative Review Board who have contributed much but who will no longer be serving on the board due to personal or professional transitions. These include Barry Adams of the United States Navy; Laura Beres of King's University College at Western University; Dana Grossman Leeman of Simmons College; Priscilla Day of University of Minnesota Duluth. We would like to particularly thank John Kayser, a founding reviewer, and Professor Emeritus at University of Denver, who has provided regular advice as part of the transition of the journal to Cleveland State University.

As the above shows, it is all hands on deck for Reflections as we strive to become fully up-to-date in our publishing schedule and prepare for the editorial succession, once the term of Michael Dover as editor ends in May 2017.

Readers, authors, and reviewers, should feel secure in the future of the journal. Contributions to Friends of Reflections have continued apace, with over $10,000

in individual donations received since 2012. Our confidence in support of this kind resulted in the journal making an important decision in December 2015 to make the content of the journal freely available as of January 2016. Subscriptions have been suspended for both individuals and journals, and all subscribers were notified that they can enjoy open access to the journal in the future. Accordingly, clicking on Archives at the website now permits access to all PDFs of articles and issues, without logging in, although we encourage readers to register. Soon we will announce a new arrangement to further ensure the long-term fiscal stability of the journal. But the best way to vote for the journal's long-term survival is to join Friends of *Reflections* (please see the link on our website).

In this issue, we publish two general submissions, described next, one article from the Field Education Section, our second article in the Historical Reflections series ("The Settlement years"), and four wonderful articles from the Teaching and Learning Section. Please read the following descriptions of these wonderful issues. We hope you enjoy the thought provoking cover keyed to the first narrative, about the experience of traversing the desert on the way from Mexico to the United States and the work of those who reach out a human hand of help to them.

On the Road to Arivaca: A Prose Reflection on a Meeting

Larry Ortiz writes about his experience volunteering as a human rights worker for undocumented travelers near the Mexico/Arizona border. He describes his daily tasks with the Samaritan workers in bringing water and food to stations where the migrants may pass, and looking for foot traffic in the hopes of coming into contact with one of them. Ortiz notes his own internal conflict in working to "save" the immigrants, and the paradox in meeting an undocumented worker of his same Mexican heritage, but without his American privilege. Although Ortiz's volunteer work was in 2009, he notes that immigration remains an important issue today, as many Latino immigrants travel to our country, undocumented or not, to be with family and/or to find better work to support their families back home.

The Complicated Process of Caregiving: The Case of Mr. S (James) and Ms. Q (Sherry)

This narrative explores the tender and complex relationships that social workers develop as they advocate for and get to know their patients in the medical social work field. Nicole Saint-Louis describes the dual roles she serves – counselor to patients and their families and communication facilitator between families and medical staff. She writes how medical social workers work to create a nurturing environment in the medical setting, which can sometimes feel fast paced and impersonal to patients. Nicole's story of the relationships that develop between she and her patients exemplifies how interactions with clients can impact us as social workers. This narrative illustrates the challenges of creating a therapeutic relationship with patients and their families within the medical setting.

Social Work off the Page: Two American Social Worker Students in Vietnam

Atwater and Morrill describe their experiences working with the Da Nang Social Welfare Center, a new social welfare agency that provides housing to homeless adults and children in Vietnam. They observe treatment in the welfare center that would be considered unethical by American standards, but that is considered the best available at the Da Nang Center, given the lack of staff and resources available. As Atwater and Morrill work to develop sustainable practices and recruit more community support for the Center, they note the tension between their American social work values and what is customary for social workers in Vietnamese culture. Atwater and Morrill share their personal feelings and insights from a relationship with Tuân, a orphaned boy who resides at the Da Nang Center. Inspired by his resiliency and spirit, they each develop fond feelings towards him. They observe how an American model of child development would not fit for this boy's history and current strategies for survival. Instead, they recognize the coping skills he develops as an orphan, and as a resident of the Center. This narrative highlights the conflicts that can arise from always using an American based social work lens to understand and react to social problems in other cultures.

1960 to 1976: The First Sixteen Years of My Career in Social Work: The Settlement Years

McKenna's early years in his social work career encompassed a dynamic and tumultuous time in social work and in society. As a young social worker in his formative years, working with at-risk youth and young adults, he works as a counselor and mentor, helping to divert his clients from choosing paths that might lead to gangs and other risky behavior. As a leader to these young men, McKenna sees the racism that they encounter, as well as the lack of resources available to them. Later on, when promoted to a more administrative position, McKenna learns how to navigate relations with a different population of people, such as those who may serve as board members or contributors to his nonprofit. McKenna discusses the people who influenced him throughout his social work profession, as well as how each of his social work experiences prepared him for the next step in his career.

Seven Self-Care Strategies

Joshua Miller writes of the challenges social work educators and other social workers face in addressing their own needs whilst attending to the needs of their students and clients. He reveals how his own patterns of overwork have lead to feelings of burnout and isolation. Miller shares seven ways he has found to be effective in managing his self care and helping to decrease his stress. While some of Miller's strategies may be familiar to some, such as exercise and mindfulness practice, he offers other tools to create better personal/work balance, such as engaging in social action, deepening self-awareness, and building self-acceptance. Joshua provides a brief excerpt from his book, *Psychosocial Capacity Building in Response to Disasters*, that provides greater detail on how to incorporate more self care into one's social work practice (Miller, 2012).

Reflections from an Untenured Chair: Myths and Realities

Donna Wang shares her story of taking an unconventional route from an untenured faculty position to serving as an untenured department chair at a new university. A relatively new Ph.D., embarking on her career in academia, she took a leap of faith in accepting a position few in her place would take, but finds that there are strengths in her lack of experience. She discusses some of the challenges she faced in balancing her administrative and teaching duties in her new position, as well as the social work skills she drew on while serving in this role. When Wang completes her three years in this position, she finds that she is able to earn tenure as well as move onto the next best professional position for herself. Wang's story of trusting her instincts and taking a non-traditional step in her career, may offer optimism and encouragement for academics new to the field. Wang also advises advocating for one's needs early on at hire, not being too afraid to negotiate for certain conditions, and incorporating a strong self care practice as well.

The Meaning of the Cohort Community in Social Work Doctoral Education

The authors combine their stories of how relationships formed during their social work doctoral program helped to fortify their performance and provide critical social support throughout their education. They assert that while many doctoral programs emphasize the importance of research opportunities or administrative support to students, some of these programs lack a supportive community. Non traditional students as well as students from minority backgrounds may struggle to feel a sense of belonging and support at their graduate programs. The authors note that the average graduation rates for doctoral students has remained at 50% for many years, suggesting that improving the support and community at a campus may improve the retention rate. The authors identify common themes from their collective experiences, and outline how their doctoral cohort group impacted their experience and led them to success in completing their doctoral program.

My Journey through Social Work

Often as social workers, our natural attraction or passion for certain issues is shaped by our early encounters in life. Courtney Gazerro writes about how her experience as a student in a lower socio economic school influenced her decision to pursue a social work program. She writes about being aware of the challenges her classmates faced that she did not, such as family violence, housing instability, and drugs. Her awareness of the resources she had, versus what her

classmates lacked, led to her desire to positively impact the lives of at risk students. Once placed in her school internship, she is confronted with her own self doubts and questions whether she has the skills to be a school social worker. Although she is intimidated by some of the traumas and struggles the students encounter, she finds through her engagements with the students that they trust her and feel safe with her. She finds she is able to respond to difficult situations with skill and tact, and her sense of competence grows. Courtney's narrative tracks her initial interest in social work as well as her transition from uncertainty to confidence in her social work internship.

Conclusion

Having read these descriptions, you may very well realize this issue contains many compelling narratives. Like most issues of *Reflections*, this issue is thought provoking. But in addition, reading *Reflections* narratives is often a very difficult, emotionally demanding experience. Just as working with people and communities as helping professionals and social activists can be gut-wrenching, so can reading a *Reflections* narrative.

The same thing is true for those of us who are editors and for our dedicated reviewers. Sometimes we literally have to put down a narrative and come back to it later. And if there is a great deal of emotional labor which goes into serving as an editor or reviewer, imagine how much goes into writing a narrative of one's practice, teaching or research, or sharing important portrayals of the history of helping and of struggles for social justice. Better yet, don't just imagine it, please try it!

In a workshop recently at the Cleveland State University School of Social Work, our Director and Professor Cathleen Lewandowski welcomed to campus Francine Vecchiolla, Dean and Professor at the Springfield College School of Social Work, and Victoria Rizzo, Chairperson and Associate Professor at the University of Binghampton Department of Social Work. They were here as part of a speaker series funded by a bequest from the estate of Winifred Bell, formerly of our faculty (as was, notably, the founding editor of *Reflections*, Sonia Leib Abels.) Although their topic was advanced generalist practice, they discussed the role of process recordings in social work education. Writing process recordings, they confirmed, is something students find difficult to do, while field instructors and field advisors often sometimes demur from the process of reading and discussing process recordings. But, they agreed, process recordings can be an important part of an optimal social work education. Discussion showed that often, when one goes back to old process recordings and looks back at one's practice in light of subsequent professional experience, great insight can be obtained. If care is taken to fully disguise and make composite as necessary the experience about which one is writing, process recordings and our experience as students in social work can prove to be a rich source of *Reflections* narratives.

No profession can survive without the process of narrative accounts of practice and reflection on practice. This is well established in medicine and psychiatry, with an entire field of narrative medicine having evolved in recent decades. In the helping professions more commonly represented in this journal (social work, psychology, counseling, nursing, community organizer, etc.), the need for narratives of practice is also especially valuable.

This journal's publication agreement requires that authors certify they have taken great care to protect the confidentiality and privacy of the persons involved in the experiences about which they write. We will be taking additional steps in the near future to ensure this, and welcome suggestions from the readers. In the past, the journal and/or authors have asked that selected material from a previous article or even an entire article be withdrawn, and we will continue to take great care. Prospective authors who have concerns in this regard are encouraged to contact the editor. Meanwhile, however, enjoy this issue please!

Miller, J. (2012). *Psychosocial capacity building in response to disasters*. NY: Columbia University Press.

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On the Road to Arivaca: A Prose Reflection on a Meeting

Larry Ortiz

Abstract: This prose is an account of a desert meeting between a social work professor volunteering as a human rights worker and an unauthorized traveler trying to reach his home in California. Framing the prose is an overview of the organizational and geographic setting, followed by a discussion on the social context noting the similarities and difference between the primary actors attributed to their respective social locations. The poem is followed by a discussion on "where are we now" and concludes with a reflection.

Keywords: humanitarian support, unauthorized immigrants, immigration, border crossing, justice, borders, Samaritans, rescue, privilege, Border Patrol

The Timing and Setting of this Prose

It was in late July 2009 that I spent several days along the Arizona/Mexican border investigating the border and issues related to immigration. After visiting organizations on both sides of the border, traveling into Mexico and staying with a Mexican family in a colonia in Nogales, Mexico, I was able to volunteer with a church based humanitarian group, Samaritans of Tucson, Arizona. The organization's website describes their purpose as, "Since July 1, 2002, Samaritans has been a voice of compassion, a healing presence in the Arizona desert. It is an organization comprised of people of conscience and faith who render humanitarian aid to migrants in distress in the Tucson Sector of the Arizona/Mexico border. Samaritans is a mission of Southside Presbyterian Church" (Tucson Samaritans, n/d.). Daily, this group sends at least one and often two teams of at least three people into the Sonora Desert to drop gallon jugs of water, packets of high energy food and socks and other clothing items at locations where it is believed there has been high immigrant traffic. Each team of three has one person who is trained in first aid, a Spanish speaker, and a support or observer. On a typical day volunteers hike at several locations, maintaining copious notes of signs of foot traffic and marking these findings on hand-held GPS devices. Hikes are along migrant trails and range from a few hundred feet to two miles. At least once a week, a Franciscan Brother leads an overnight patrol traveling the same routes as migrants, who typically travel at night to avoid the heat and take advantage of reduced visibility.

July 31, 2009 was the first desert hiking trip I made with two other men, a nurse and person who had ties to the Guatemalan Consulate in Phoenix. That day we hiked several miles in various locations carrying gallons of water by hand and in our backpacks, along with food and socks packs. Both men were gracious enough to teach me valuable lessons, about the Samaritan organization, the migrant treks through the desert, and how to "read signs" of recent foot traffic. Not infrequently, volunteers meet immigrants on the trail, and occasionally locate a body. The Guatemalan volunteer had been involved in several "rescues" and many "recoveries"; the nurse, although having volunteered for many months had not yet met a traveler in the desert, which is the typical experience of the average Samaritan volunteer.

Arivaca is a rural town, 11 miles north of the US/Mexican Border and the closest town to our desert hikes that day. I have become quite fond of the place in the four or five trips I have taken to the desert since I started volunteering in 2009. A place with a very wonderfully unique cast of characters that inspire one's imagination, the town was originally a ranching and mining town, and now boasts a population of 700 residents nestled about 3500 feet into Guijas Mountains. Some joke that the residents are a combination of ranchers, artisans and old hippies. Probably its most famous artisan is children's book author Bryd Baylor, whose property south of Arivaca hosts the No Mas Muertes camp, a medical clinic founded by "… A coalition of lawyers, professors, anarchists, and radical religious figures made up of nuns, pastors, and parishioners, many of whom were involved in the sanctuary movement of the '80s, came together to found the group that has become a pesky bug that won't go away for Border Patrol"(Villarreal, 2014). The camp, demarcated by yellow caution tape around the parameter, has a rope gate that displays several private property signs, thus requiring any intruders such as Border Patrol, to have a Search Warrant to enter. On the site are several temporary structures and tents that serve as medical clinics for

migrants lost, sick, or injured. Once in the camp travelers typically are safe from Border Patrol for about 72 hours, the approximate time required to obtain a search warrant.

Arivaca, it seems has been "ground zero" in the immigration issue. As Brian Wolf (n/d) stated, "The Clinton Administration introduced the more aggressive 'prevention through deterrence' immigration policy in 1994.This plan sought to deter immigrants from crossing by cutting off the traditional crossing routes in the Southwest and funneling border-crossers into harsher terrain." Traversing this inhospitable terrain with an experienced coyote or guide takes a minimum of five days, about a 40 mile trek from border crossing to highways considered suitable for safe passage. Temperatures in the summer reach as high as 115 during the day, and following monsoonal rains in the afternoon, temperatures can drop into the 60s or lower. Dehydration is the most common source of death among the travelers, but snake and scorpion bites, falling down mountain cliffs, or drowning in flash floods raging through arroyos following sudden rain storms, are among other life threatening encounters facing travelers. Snow frequently falls during the winter months, so migrants crossing face both heat related illnesses in the summer, as well as hypothermia after the rains, and at night, or in the winter. Rape of women is common, and expected. Forensic anthropologists I have hiked with told me that women crossing the desert will plan for it by initiating birth control planning weeks before their travel. Robbery and murder are also not uncommon. This stretch of territory in southern Arizona is essentially lawless. It is not only the travelers that eschew laws, but also Border Patrol agents who occasionally operate outside the law as humanitarian and immigration rights groups routinely report stories of agent abuse, and even murder in the desert, for which no agent has ever been held accountable.

Arivaca is situated in the middle of what the ACLU (2015) calls a constitutional free militarized zone. The main road to the town is an east-west intersect of the desert. Once used by coyotes, families, and friends as a meeting spot for migrants crossing, it is now heavily patrolled by Border agents, so it is no longer considered a safe pick up or meeting spot for travelers. Checkpoints are permanently located on the east and west parts of the single road leading in and out of the town. Traffic does not flow freely in and out of Arivaca. Rather, it requires passing through a heavily guarded checkpoint reminiscent of entering a Soviet Bloc country back in the days of the Cold War.

On this day, July 31, 2009, we volunteers conducted the rescue at the end of a long, tiring day. As rescues went, it was uneventful. We followed organizational protocol, which had been worked out over the years by human rights lawyers designed to protect volunteers from prosecution. For the two other volunteers the rescue was in some ways a reward for the hard work they had been doing for many months. The mood was almost festive that we had saved a man from possible death. Although that point of celebration was not lost on me, I nonetheless could not fight off an empty happiness somewhere deep in my soul. I turned therefore to writing my existential angst, deciding to put this story in prose form so as to capture its essence. Now as I sit preparing to share publically this angst, I feel no closer to a resolution than I did seven years ago. Sure, we did the right thing according to protocol. But, I know in my heart of hearts the journey for my friend did not end that day. And, neither did my journey of wondering about the difference between correct and just action.

On the Road to Arivaca: The Social Context

Set in the Sonora Desert, this prose captures the dilemma that is often at the core of the ethic of helping within real or perceived boundaries. This prose reflects on a moment in time between two men, caught up in the cross-purposes of the dysfunctional US Immigration policies. Two men both of Mexican heritage, meet in the Sonora desert: one a sojourner, lost and scared and trying to find his way back home into the US to be with his family; and the other a professor volunteering in the desert providing food, water, first aid and clothing support for migrants on their journey.

Both men share in common: cultural heritage as they are both of Mexican descent; marginalized in their own respective ways; familiar with immigration encounters; and, love for family. But despite their commonalities, their social location, places them worlds apart.

Each is marginalized, but in different ways. One lacks resident documentation rendering him a "non-person,"

an "illegal alien" in a land that historically belonged to his ancestors. The other man although privileged in many different ways, a person of mixed heritage, traverses between cultural borders, that of his identity and his profession. As a professor, he walks in the holy temple of the master narrative, academia; a foreign culture really, where his voice is quintessentially an alien one.

Both men are motivated by love for family. One man motivated by love for his daughters, a desire to work and provide safety for the family with whom he has built a home, braves the dangers of the summer desert heat, with little food or water, and no direction. Traversing the treacherous terrain, he also encounters the soul numbing humiliation of running like a wild animal from humans and beasts who view him as little more than a target for prey. The other, motivated by love for an immigrant father long passed on, and a daughter-in-law, who also suffered as an "alien" in the "land of the free." He is also fueled by anger toward anti-immigrant sentiments, resonating with Univision journalist Jorge Ramos' (cited in Linthicum, 2015) words, when he suggested there are many social and political concerns Latinos are interested in, but immigration is a defining issue of existential nature that lines up those who are with us and those who are not.

In an act of solidarity and defiance he sets out with other volunteers to drop water, food and clothing in the desert to aid travelers on their journey. Nearing the end of the day and a week of volunteering the professor and companions happen upon this lost sojourner ready to give up his journey of returning to his family and home in California.

What transpires between the two men results in the professor's reflective prose, an internal struggle of idealism and reality; speculating and acting, and a confrontation with the reality that choices are not choices.

On the Road to Arivaca

Three driving
Tired
Hot
Dirty
Thirsty

Back to Tucson

Walked miles today
Dropped water, and food packs
Picked bags of trash
Sojourners' artifacts
Litter on the path to dreams

Stop!
Turn around
Back there
Bent over
In the *arroyo*
Check it out

U-turn now

Walking away
Back into the dessert
Two jump out – calling out
Stop, *alto*

Volunteer: *Señor! Agua! Comida! Medico!?!*

One drives on
Decoys *la migra*

Traveler: *Sí agua por favor!*

Volunteer: *Señor,* we are volunteers
Are you ok?
Do you need assistance?
Can we help?
How far have you come?
How many days?
Are you by yourself?
Are you hurt?
Sick?
Are there others?
Do they need help?
Are you hungry?

Traveler: *Sí* I go back to Mexico.
Today *la migra* came by the camp
There were four of us
Others ran off – left me asleep
La migra didn't see me – walked right by
I can't find the others
I see the road

The journey is over

Traveler: Eight days walked
Two days no water
No food
Too hot
Shoes ripped
Feet hurt

The journey is over

Volunteer: Here – new socks
A packet of food
More water

Traveler: I hurt all over
Can't go on
Want to go home

The journey is over

Professor: *Donde es* home?

Traveler: Bakersfield
Two daughters 8 and 7
Mother, sister, brother
Got to get to the girls
Wife alcoholic – can't care for girls

The journey is over

Professor: Are you sure *Señor*?

Traveler: *Sí*

Volunteer: *Señor* drink more aqua
Eat some food
Think about it

Traveler: Tired
Lost
Two women
Two days back
Dead

Volunteer: *Donde*?

Traveler: There in mountains
Two days from here
So bad
No one will ever find them
We see them sitting – like asleep
Arms crossed chest
We touch –
Wake up
Walk with us
Nothing – cold
Eyes shut
No breath
Dead

Volunteer: See anyone else?
Anyone injured?
Sick?

Traveler: No – but many bones

Professor: People?

Traveler: *Sí'*

Volunteer: *Donde?*

Traveler: Elephant Mountain
The stone steps
Very steep
Must climb
Very slippery
Many fall
Dead now
Saw their bones
It's bad out there

The journey is over

Volunteer: Do want us to call *la migra?*

Traveler: *Sí* – I go back to Mexico

Volunteer: Are you sure?
Could be arrested
Put in detention

Traveler: *Sí* – I know
The journey is over

Volunteer: Walk to the road?
Only if you are sure
Amigo back soon
Call *la migra* then

Traveler: *Sí*
It's bad out there
So many problems

People fight
Steal
Kill
Gangs
No good
Two women dead
Can't sleep
Scared

Volunteer: *Pinche* phone
No signal

Professor: Compadres go to call
I'll stay with you

Traveler: *Gracias*

Professor: Are you sure *Señor?*

Traveler: *Sí*
So many problems
My girls
Got to get to my girls
Deported June 2
My little girl call me
Papa come home for my birthday
Promise – on my way
Eight days ago

Carry tortillas,
Canned tuna fish
Water

No *coyote*
Meet three others
Travel together
Today – they ran off
Don't know *camino*
Can't find my way
I hurt all over
My shoes are all ripped

My girls
Mi mama too old to care for them
Ask her to get girls passport
Bring them to Mexico
Mi primo has trailer in Tijuana
We live there

I have job in Bakersfield
Eight years work the fields
Lots of work

Professor: Out there?
What did you eat?

Traveler: *Napoletes*
Picked them
Made fire
Roasted
Good
Two days – no food

What's this?

Professor: Canned *chorizo*
Comer

Traveler: So many problems
It's bad out there

Professor: Did you bring anything for sleep?

Traveler: No
Sleep on ground

Professor: What about clothes?

Traveler: No – *muy frio en la noche*

Professor: Many people out there?

Traveler: *Sí*
One group *muy grande*
53

Professor: *Cincuenta y tres?!!*
For real?

Traveler: *Sí*, many families, old men
Mothers, children
Five maybe *seis anos*
Crying
Fathers carry
My daughters
Desert no place for kids

The journey is over

Waiting for *La Migra*

What to say?

No words
Only pain
Confused

I want to scream
Run back *Señor*
Keep the dream!
You're so close
I-10 is just over that mountain

No – can't do that
He could die

Or,
Señor hide
Wait here
Tonight – I return
Take you with me to LA
Tomorrow

Take him to his home
To see kids
Work
Love his family
Shelter them from harm

The same as I want
Love
Family
Work
I too am a father!

What to say
What to do?
Confused
FUCK!!!!!!!!!!!!!!!!

What does he think of me?
Does he think I could help him?
Does he wonder why I won't help him?
Does he know he could take my money?
Buy a bus ticket to home

Am I just some kind of liberal do-gooder?
Big on words–but–only safe actions
Shall I stand by and watch *la migra* haul him off
Is this what I have taught my boys?
And teach my students?
All of this is so much easier on paper
FUCK!!!!!!!!!!!!!!!!
FUCK!!!!!!!!!!!!!!!!

FUCK!!!!!!!!!!!!!!!!

La Migra

The journey is over

Border Patrol: Is he OK
Are there others?

Volunteer: Yes
No

Border Patrol: Is he sick?

Volunteer: No

Border Patrol: Seems OK

Where did he come from?

Volunteer: Mountain over there

Border Patrol: Any one back there?

Professor: Two dead women

Border Patrol: Where?

Traveler: Two days from here

Border Patrol: Heading up there today
Look for them

Border Patrol: *Señor*
You ready?

Traveler: *Sí*
Gracias

Volunteer: Good luck

Professor: Go with God

Traveler: *Gracias*

The journey is over

Driving to Tucson

Did good today
Saved a life

What about the dream?
Broken?
Delayed?

Confused
Conflicted
Torn

Nogales

Leaves the bus
Phone call
Beans, rice and tortillas
Bus ticket nowhere Mexico

Next move?

The journey is over?

Bakersfield

Little girl waits
No papa
Jumps into bed
Covers head
Cries–alone
Birthday without papa
How many more?

Reflecting in hotel

My head
It was right
He is alive
Be glad

Journey over

My soul weeps

I ask
What was his sin?
Wanting to work?
Care for his family?
Protect his little girls?
What terrorist threat does he pose?

What freedom has to be walled?
Is this democracy?
America's promise:
Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore.
Send these, the homeless, tempest-tost to me,
I lift my lamp beside the golden door!"

What a crock of fucking horse shit!

Mr. Reagan's party:
Tear that wall down
Damn you all!

Invaders of this land
With your manifest destiny
And your manifest history

The journey is over?

For whom?

Manifest karma
Manifest justice
Never forgets

On the Road to Arivaca: More Than a Half a Decade Later– Contemporary Context & Reflection

While a lot has changed since 2009, much remains the same. The vitriolic debate over immigration rises with each political seasons. Hate and fear mongering among those on the right and benign neglect and platitudes of those on the "so-called" left dominate the political debate, as the Latino Narrative Threat (Chavez, 2013) rises to a crescendo pitch. In our own profession of social work we have failed to prepare a workforce and fill curricular gaps to effectively work with the largest minority group of color in this country (Baek & Ortiz, 2015; Ortiz, 2007).

For Latinos, immigration remains a wedge issue. Although there are many social issues Latinos as a group are concerned with – such as health care, education, and climate change – Univision journalist Jorge Ramos stated it well (cited in Linthicum, 2015), in saying that for Latinos "the immigration issue is the most pressing symbolically and emotionally." For good or for ill, immigration is a litmus test many Latinos use to determine whether you are for us or against us.

Unauthorized immigration has plateaued over the last

five years (Pew, 2015). Despite spikes in certain populations, such was the 63,000 women and children who flooded the border in 2014. There are many reasons for this trend: the slow economic recovery has reduced the demand for unskilled, low paid earners; policies of the Obama administration, which has earned the President the dubious title of "Deporter-in-Chief," because of the aggressive and constant deportations throughout the years of his presidency; and PEW reports that large numbers of people are voluntarily returning to their countries of origin, converting to legal visas, or in a small percentage of cases, dying, have also contributed to the stabilization of unauthorized residents in this country. The numbers of unauthorized entries have also changed with many more Central Americans passing through Mexico to reach the US. Fewer Mexicans are crossing now; in part this is due to Mexico's economy being more stable and its infrastructure less fractured than Central American countries (PEW, 2015). Those countries are suffering from a complete collapse in their economies and governmental infrastructure, resulting from the aftereffects of post-NAFTA treaties and the collapse of CIA installed dictators following the Reagan proxy civil wars of the 1980s, whose pro-American policies destroyed the social political and economic infrastructure for generations to come. Central Americans fleeing to this country are in a desperate situation, more akin to refugee movement than migration.

On the border things have changed as well. Funding for "border security" has increased tremendously and greater technology has led to increased surveillance. Travelers into the US have been squeezed into an ever shrinking geographic corridor, and forced to take increasingly treacherous routes, traveling "commando" style stealthily and at night. There are two implications here: one, is the demographic of the successful traveler is younger and the leaders are more skilled and often more ruthless. In fact, passage through the desert is almost entirely an enterprise of the Mexican drug cartels. Generations of coyotes are now obsolete. Costs for crossing have increased dramatically, and safe passage often ends in "shakedowns" from families of travelers for more money, while travelers are held hostage or enslaved in the sex trade, or in some situations, killed. Hence, older travelers and those crossing with families are more vulnerable to the risks of crossing alone or being left behind. Two, while the number of border crossings have decreased, the number of deaths during the same time has remained the same, according to my volunteer colleagues.

As hate mongering has reached an art form in states such as Texas and Arizona, governors of those states have either tacitly or openly encouraged vigilante groups to "hunt down" immigrants. This has resulted in increased violent confrontations between everyone in the desert including Border Patrol agents and travelers alike as victims. For example, in my most recent trip to the border in January 2015, my group observed widespread slashing of water jugs that had been left by Samaritan volunteers. On one recent hike I observed at least half the bottles that had been placed previously were slashed with its contents fully drained. We simply left more water.

The Samaritans as a volunteer group have gained momentum. Two trips almost every day, college and other volunteer groups participate regularly, several books have been written by volunteers, and journalists from all parts of the world have written articles and documented the work in film and other art forms. Led by local artist Alvaro Enciso, individually crafted crosses are planted at the site where a traveler has died. Using data from the Pima County Forensic Science Center, Enciso and his team use GPS tracking coordinates to find the site where remains have been found. In the six years that I first became involved with Samaritans, over 1100 bodies have been recovered. There is no reliable estimate of the percentage this number represents of total numbers of deaths in this geographic sector. Sometimes listed in the print out is a name, sex, approximate age, nationality and cause of death. Most of the time there is no information, not even a name. On weekly and sometimes bi-weekly water drops, volunteers led by Alvaro, hike to locations carrying an artfully constructed cross, shovels and other digging tools, and water and concrete for planting these memorials. Jugs of water, food and socks are also planted at high trafficked sites. With Alvaro's team I have hiked as far as two miles each way to locate the spot of a fallen traveler, with the purpose of memorializing their life, and bringing closure so the spirit can move on.

Migration is not simply an issue in the US. African and Middle Eastern migration to Europe is a huge

issue and equally as treacherous. Although in general the European stance toward immigration is not a vitriolic as in the US, there is increasing political resistance and a reassessment of immigration policies by many countries. Immigration from south Asian countries to the island countries in the Pacific are probably the most treacherous of our times as the violence against immigrants in passage and upon landing is exceedingly high and often state endorsed. Global economics and political, ethnic and religious divides, are all a part of the equation that helps to explain these immigration patterns.

My reflections seven years later

Whether it is Iraq, Afghanistan, or the Mexican/US borders, one thing the imperialists never seemingly considered is the fallacy of arbitrary borders. Ortiz (2014) suggests that the US/Mexican border is a function of failed treaties and US greed, that for generations many Mexicans considered a mere inconvenience to cross. Hence, until the immigrant became racialized, post 9/11 (Ortiz & Jani, 2010), many people crossed between countries with little consequence. I find myself thinking continuously about the border, seldom a day goes by that I don't think about both the travelers and the volunteers in the desert. To me the border is not simply a geographic place arbitrarily drawn as a trophy of war, but it is also existential, a part of my identity, because as a mestizo, a person of mixed race decent, the border runs through me, in the words of Gloria Anzaldua (1994). At all times my identity and life straddle borders.

I have been drawn back to volunteer a few times over the last six years, but not often enough. From time to time I actually find myself wondering if I should relocate to Tucson so I can volunteer in the desert weekly. I reflect on the day I met my traveler friend, and wonder: Did he make it back to Bakersfield? Was he apprehended and detained? What about his girls, was he able to relocate them to Mexico, like so many other families whose parents get stuck in Mexico, similar to my daughter-in-law's family? If so, what is life like for the girls as they immigrate to Mexico, and are faced with learning a new culture, and quite likely, also having to learn a new language? And, of course the worst case scenario crosses my mind. Did he try again but instead of getting caught or succeeding, succumb to the life threatening conditions of the desert? Could his remains have been those recovered at the site of the cross I, and others on Alvaro's team, planted in the desert this past January? Where the Coroner's print out simply read:

Name: Unknown
Age: Unknown
Sex: Unknown
Nationality: Unknown
Cause of Death: Unknown
Date of Death: Unknown
Place of Death: Pima County AZ
Latitude 35^0 35 21.1875"
Longitude W 111^0 13' 32.1094"

I reflect on privilege. Asking how do I use my privilege to give voice or agency to others? And at some point I wonder why him and not me? Realizing that privilege, a function of social location, even among outsiders and within marginalized groups, dictates choices, hence creating a chasm within groups of people who share more in common than not. I reflect on the meeting and realize that in the end, we both left with our own pain: his pain is rooted in the mix of fatigue, hunger, thirst, and the humiliation of giving up his journey. My pain is existential in nature, rooted in questions of identity, right actions, duty, and unending "what ifs."

And, I still weep.

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The Complicated Process of Caregiving: The Case of Mr. S (James) and Ms. Q (Sherry)

Nicole Saint-Louis

Abstract: In the midst of the daily chaos of healthcare and hospital social work, there are tender moments shared with those we serve – moments that make it a privilege to share their journey. Using thick description, the story of two patients is recounted by the social worker that cared for them.

Keywords: caregiving, patient, client, nursing home, oncology, thick description

Each patient's life impacts the professional in a different way. Each patient has a singular experience and the caregiver shares in that journey in some manner. The taxing emotional expense of caring for seriously ill and dying patients in conjunction with other professional, personal, and organizational stressors, is the norm for hospital social workers. Each health care social worker's caregiving experience parallels the emotions and journey of their respective patients merging their distress and stress. However, in the midst of the chaos, we must recognize the humanity in our patients. We must find their strengths in the context of what others might find to be challenges.

Over the years, I realized that in order to survive the rigors of this work I had to have an outlet for my emotions. It is difficult to explain what we do in the care of patients, especially vulnerable patients. I write to not only help in my professional process, but to honor the patients I serve. Social workers become repositories for our patients and their family's stories, but along the way our own caregiving narratives and the silent need to tell their stories emerges. In this paper, I share two case narratives excerpts of a caregiving relationship.

A Note About Theory and Process

Much is written in the social work literature about theoretical pluralism and how social workers draw selectively on various models or methods during practice. A number of theoretical approaches could have been used in thinking about these narratives, including systems theory, the ecological perspective, the strengths perspective, ego psychology, object relations, the working alliance, and others. Also, the social work literature identifies differing understandings between theory and practice. Healy (2005) identified two main schools of thought in social work–the empirical movement and the reflective tradition. The following narratives are in line with the reflective tradition and can be considered thick descriptions of my clinical experience with two patients, one (Mr. S/James) on an acute inpatient oncology unit and the other (Ms. Q/Sherry) on an acute inpatient physical medicine and rehabilitation unit. Patients admitted to the latter were primarily admitted from an acute care hospital or from the community. The former were most frequently admitted from the emergency department or from the oncology clinic.

Thick description is a type of analysis that helps interpret events and is a process of "sorting out the structures of signification," while helping the explication of meaning (Geertz, 1973, p.9). Geertz (1973) asserted that it is necessary to study what practitioners do to understand practice. As per Geertz's rationale for the importance of using thick description in understanding detailed case narratives, I incorporate practitioner and patient dialogue.

Writing about my interactions with patients became one method that helped me cope with the rigors of this work. I have done the work of pruning the thick description and redundancies into a narrative so that certain aspects of my interactions with these two individuals are highlighted. The names of the individuals have been changed and certain details have been excluded to maintain confidentiality. The medicalized term *patient* is used rather than *client* as both of these interactions occurred in healthcare settings where *patient* is predominant.

Background

I often have the opportunity to meet patients several times and over several admissions, sometimes the initial meeting is a bit unconventional. On this

occasion, multiple colleagues informed me that a man they described as cantankerous had "social work issues." Mr. S, a 50-some-year old male, had been admitted through the emergency room late the previous night and arrived on the floor just around 6:00 AM. After I received a consult from my colleague, I checked to see if the patient was in his room. Since Mr. S was not in his room, I read through his electronic medical record and paper chart. As I was reading, another colleague approached to tell me about Mr. S., and at one point, three colleagues were talking to me about Mr. S simultaneously. I recognized this communication as a pleading for me to help provide some relief for them in their caregiving duties as much as a request to help the patient. I noted a combination of frustration and concern as each colleague shared his or her experiences of caring for Mr. S. I knew it was important to meet with Mr. S as soon as possible. However, on each occasion, I would check his room and noticed that he was either off the floor or in the middle of some treatment.

As I read the chart, I noted multiple expressions of exasperation stated in professional medical language, "Patient in need of BID wound dressing. RN attempted to remove bandage and patient refused…" One entry read, "Patient demanded to see the social worker and kicked medical team out of the room…" Each progress note and written entry went on like this. Based on their documentation and verbal reports, he was making their jobs as caregivers extremely difficult. It seemed Mr. S was "a hard stick" and would refuse to be stuck with needles by someone he deemed to be unqualified. However, after much negotiation with the medical personnel, he would finally be convinced of the importance of the procedure and would agree to it. Yet, when the phlebotomist, nurse, or physician would then attempt to take his blood or perform the test, or wound care, Mr. S would protest and become frustrated, often refusing again.

As I was walking down the hall en route to the room of another patient, I noticed a patient was lying on a stretcher in the hallway. The transportation attendant was scurrying around the unit searching for the paper chart for this patient. The unit secretary was helping him in the search. At that moment, a nurse and the unit secretary motioned nonverbally, so as to not alarm him, that Mr. S was the patient lying on the stretcher waiting for the transport attendant to take him to his next set of tests. I was pleased to finally see Mr. S and I proceeded to introduce myself to him while he was waiting. I planned to tell him that I would be in to see him at a later time in hopes that it would decrease some of his anxiety. Apparently, Mr. S was more than ready to talk to me right at that moment. I reached out to shake his hand and as just as he grabbed my hand, the transport attendant began to push the stretcher. Mr. S continued to hold my hand pulling me with him as the stretcher moved. Mr. S began to speak with a sense of urgency, "I need help with my insurance." I could hear the distress in his voice.

The patient looked up and said, "Yo, man, can you hold up a minute this is important. I been askin' to see this lady all day." I looked at the transporter and noticed that he realized that the patient wanted to talk with me, but he had a schedule to keep and he had to get this patient to catscan (CT). The transporter had already spent a great deal of time running around the floor frantically looking for the chart.

Mr. S, kept talking loudly as if I was unable to hear what he was saying, "I handed in all the papers but they want more…I don't know…can you talk to my wife cause I need this worked out and my check…" I squeezed his hand and said, "Yes, I want to work with you to get this issue sorted out. I am also happy to speak with your wife. I will come to speak with you later this evening when you return from your test or first thing tomorrow morning. How does that sound?" He nodded in agreement as he continued squeezing my hand. His grip was tightening on my hand, seemingly afraid that I would never return. He then looked at the transporter and said, "I need to talk to this lady now." It was clear that he was not thrilled about having to go for another scan.

In a soothing tone I stated, "Mr. S, I hear how important this is to you and I agree this is an important issue. Please know I will work with you and your wife. It is also really important that we find out what is going on with your health. This gentleman needs to take you to CT for an important test right now. Would you be willing to put our discussion on hold until we can talk some more?" Mr. S replied, "You promise you will come back?" I promised to return to help address his concerns. Based on the documentation I read in the chart, I believed that Mr. S was eligible for

benefits (both cash assistance and medical assistance). Also, I noted that Mr. S and his wife seemed to be diligently working to get all of his paperwork turned in. He paused, "Really, you sure? You promise you'll come back and talk to me cause I really want to…" The transporter started giving me *th*e *eye*. If I could see his foot, I am sure he would have been tapping it on the floor, as if to say, "Alright lady, hurry it up, I gotta go."

I reassured Mr. S and said to him, "I know this is easier said than done, but please try not to worry about this right now." He squeezed my hand tighter. "What good is worrying going to do for you right now?" He shrugged. "We will work together to get this sorted out either later today or tomorrow morning."

"You promise you will come back," he said sheepishly.

I replied, "Of course I will, but now it is important for you to go to this test so we can find out what is going on with your body and your health, alright?"

He nodded in agreement while still squeezing my hand.

"So, will you let this gentleman take you down for your test since we have a plan to talk later?"

"Ok," he said. I looked at the transporter signifying that they could continue moving. Once Mr. S felt satisfied, he let go of my hand. After I was no longer in tow, Mr. S needed further reassurance so he bellowed from the moving stretcher, "You promise?" as he was wheeled down the hallway.

I replied, "Yes, I promise."

At this point, I already found him likable and charming. When I reached to shake his hand, he looked up at me from the gurney and there was a mix of vulnerability and kindness in his eyes. I realized he was scared. I theorized that much of his anxiety and his way of coping had to do with his traumatic loss of control from the sudden onset of symptoms and the severity of his diagnosis. He was independent prior to his admission and now he was unable to walk due to a severe pain in his leg. One of the scans showed that a metastatic tumor was pressing on the bone. The physicians felt that he had less than six months to live. The numerous tests he was undergoing were to determine if he was a candidate for palliative surgery, radiation and chemotherapy. Additionally, he needed to have a central line placed, but up to this point he was refusing.

Although it was after 7:00pm and I was tired, I decided not to go home even though I arrived at 6:30am that morning. I wanted Mr. S to know that I heard his concerns and that he could rely on my word. I felt that if I waited until the morning his anxiety might continually increase and add additional emotional pain. Additionally, this anxiety might spill over into his much needed medical care. Later that evening, I went into Mr. S's room. It was cold and dark. The curtains were drawn and no lights were on. His head was hidden beneath the covers.

"Mr. S (I always addressed patients with their surname unless they indicated that I call them by their first name). Later, he encouraged me to call him by his first name or nickname. He will be referred to as James (name changed).

"Yeah," from beneath the covers muttered.

"It's Nicole, from Social work."

He peered out of the covers and sat up, "I've been waiting to talk to you."

"Well, here I am," I commented lightheartedly. Even in this brief banter, I found him charming.
He smiled.

He immediately started speaking with a sense of urgency, "Listen I am having trouble with my cash assistance. My wife is going to bring those people all them papers, but could you help? Could you call my wife–[he gave me her name and number]?"

"Sure, I can. Is it ok if I ask you some questions?"
He nodded his head. "First, how are you feeling?"

He seemed to relax a bit. "Not so good," he remarked. This was an opening to be able to talk about how he was coping and to fill in additional details in the psychosocial evaluation.

We proceeded to talk for about forty-five minutes and James candidly opened up about his family history, past intravenous (IV) drug use, and recent incarceration. He was very forthcoming and guarded simultaneously. I could tell he was testing me. He began to talk about his father. Later, I found out it was his "play father" and that he "wouldn't know his biological father if he saw him the street." I looked at James' face as he spoke. He had kind expressive eyes. I could see both the wisdom and the weariness. I knew he was sizing me up as well. He was determining how much he could trust me. He told me some things about himself to see how I would react. He was quite thin and I wondered if he was always thin or if the cancer had eaten away at his frame. I imagined him with more muscle as he described how active he was prior to "coming in [the hospital]." He pointed out self-consciously that his hair was askew and he lamented that he needed a haircut. The nurse entered the room while we were speaking and he gave her a hard time. I mentioned this observation to him. "Aww (gesturing with his hands), She's always bugging me…" The nurse smiled, and continued on with her mission to give him a low molecular weight heparin injection. Mr. S, of course, continued to give her a hard time. She went about her business and smiled at me. She seemed relieved that I was finally able to speak with James.

"You *are* in the hospital you know (our rapport was growing and I felt strangely comfortable to speak to him openly and honestly)."

I did not have to finish the thought as he replied, "Yeah, I know."

"I can only imagine how challenging all of this has been. You came into the hospital for chest pain and leg pain and find out that you have cancer. How are you coping with this?"

"It's hard, but I have to beat this for my kids."

"How many kids do you have?"

"Two sons and a daughter, but I don't talk to her much."

We continued to talk and at the end of the conversation, Mr. S looked at me and said, "Thank you for comin' by. Will you stop in and let me know what happens?"

"Of course," I replied. "I am going to go call your wife right now. We will work together to get this insurance issue resolved."

"Ok," he answered.

As I was leaving, I fixed his sheets for him. I noticed he looked exhausted, but he seemed more relaxed. "Do you want the light on or off?"

"You can keep it on," he said. I saw him reaching for the remote and I handed it to him.

"Good night, Mr. S."

"Good night," and as the door began to shut I heard a soft, "Thank you."

Readmission(s)

One of my colleagues jested with me that "Your guy is here" and admittedly, I looked forward to seeing him. I was curious and concerned that he had been readmitted so quickly. Due to a history of intravenous drug abuse, pain management was often difficult and sometimes he was admitted for that reason, but this time it was more complicated. In rounds, I could see the exasperation on the physicians' collective faces. The patient never hesitated to give them a hard time, yet they were incredibly concerned about him. He was very sick–sick enough for the doctor to say, "I am not sure he will make it out of here..."

The doctors were having a hard time speaking to him about the seriousness of his medical condition so I asked them to explain it in detail to me. I then offered to accompany the medical team into the patient's room to help with *the conversation*. They gladly took me up on my offer.

During his hospitalizations, I regularly spoke with James's wife by phone. James's wife, Kendra, was very much like him in personality and temperament. I could tell she cared for him deeply and was worried about losing him. All of our initial interactions revolved around concrete issues, namely the insurance application. After we last spoke during James's previous admission, Kendra went to apply for medical

assistance on his behalf. Up until that point, James had no insurance coverage and no income. He was being cared for by his wife who previously, at least for a little while, he had been estranged from. She was meticulous and followed up on every detail. It was great to work with her.

On this day, she had the number of the Supervisor at the Department of Public Welfare Office and asked me to call because the assigned caseworker would never return her calls. She had advocated as much as she could but needed assistance. I was glad to help. I called the supervisor, Ms. Costa, at the welfare district immediately after hanging up with Kendra. I left a message and awaited her return call. During our conversation, I took the time to explain James's situation (with James's written and verbal permission) and Ms. Costa was more than willing to help. She was actually very concerned that her subordinate had not returned our numerous calls. After a couple more interactions, she had activated his insurance and his cash benefits.

I remember the day I went into James's room to tell him that his benefits were all activated including his cash assistance. I realized that this significant concern about finances was a barrier to working through his feelings about his own mortality. He had been given weeks to live – a couple of months at the most. When I shared the news, the relief showed on his face and he began to tear up. He fought the tears and whispered, "I want to be around for my babies." I wanted that for him also even though I knew the seriousness of his medical condition. I had to balance the need to maintain hope with helping James come to terms with his situation.

Return to Bloodletting

James had stage IV lung cancer that had metastasized to his entire body. The doctors did not feel that chemo or radiation therapy were options any longer as his cancer was already too advanced when he was first diagnosed. Also, they felt that the chemo might further ravage his already fragile body. The medical team consulted orthopedic surgery, regarding a serious pathologic fracture, and radiology to determine if palliative radiation might be advisable. According to the medical team, one of the tumors was incredibly dangerous due to the precarious location near bone and arteries. James also had an infected wound which was quite significant and was not healing with "a triple cocktail of the strongest antibiotics on the planet." None of the treatments were working and he was still spiking temperatures to 102. I observed the palpable concern on the faces of the physicians, especially one of the residents. The medical team needed to have *the talk* soon, especially to discuss code status. It was deeply troubling for the physicians and nurses to think about performing chest compressions on James's fragile body. The physicians had been attempting to speak with James about the severity of his condition for several days, but they reported that they were unable to make any progress because James yelled at them and would not let them conduct any necessary diagnostic tests.

The team knew I had been working with James and that I had a good rapport. I explained that he is incredibly intelligent and probably knows what is going on but is afraid to hear the details. I shared how difficult it must be for him to lose control. The physicians nodded in agreement and informed me that the James's choices would include: 1.) Surgery, if the surgeons would operate. However, the procedure, if done, would potentially not heal properly due to his compromised immune system and 2.) The antibiotic course could be continued to see how he fared.

On the day we were going to speak with James, I remember that the resident came to speak with me, "He's a hard stick and he won't let me take any blood. I have to go convince him to let me take it out of an extremely painful spot on his wrist. I will come and get you when I'm done..."

The resident was taking quite a while and I felt drawn to the room. I walked in and sure enough James was giving him a hard time. The resident was extremely patient and caring, but he looked relieved when I entered the room.

After the blood was collected, we settled in for a serious chat. I briefed James earlier in the day that we would be having a discussion about his health. At that time, he asked me, "Is it bad? Am I dying?" It was an opportunity to speak privately at length about his feelings. At one moment, he wiped tears from his eyes and looked up at me and said, "So does it just end? Do you just go to sleep and it fades to black?" Words eluded me for a moment so I leaned over the bed and

touched his shoulder. We then talked about his beliefs and we sat together for a while. James let his guard down and for the first time spoke about his fears, pain, and sorrow.

The doctor began to speak about the medical challenges for James. James was calm and asked some very insightful questions. I interjected to help clarify issues or translate medical terms into layman's terms for James throughout the conversation. During this meeting, he decided to make the choice that he did not want to have invasive surgery, even if it meant that he would ultimately lose his life sooner. At this time, James also decided to change his status to do not resuscitate Level A or a DNR-A. This DNR-A meant that all means to save his life would be taken with the exception of intubating him (putting a tube down his throat) and chest compressions ("pounding on his chest"). Although very tough in spirit, his thin body was frail and probably could not handle drastic resuscitation efforts. He shed some tears in our presence and it was a moment that helped open the door further to his confronting his mortality.

I stayed to speak with James long after the doctor left the room and he clutched my hand and said, "I don't want to die. I just wish." and he stopped.

"What do you wish?"

"I just wish that I could have 5 more years with my kids." A lump formed in my throat and my eyes filled with water. I took a deep breath so that I could continue.

"What would you do?"

"I would just..." He could not seem to get the words out so after a brief silence, I added, "You can love them now. Enjoy each other. Cherish these moments that you have together."

He looked at me and stated, " I have done a lot of bad things in my life. Maybe this is…" He stopped and began to cry. I held his hand as he cried and sat in silence with him. I fought my own tears. I realized that he did not see his many strengths. He was an intelligent, caring, humorous, and a loving man. I wished wholeheartedly that he could have more time with his family and that I could ease both his psychic and physical pain. After a bit of time had passed, I spoke.

"You know what I see?" He looked up at me as he was lying in the bed and I was leaning over him while we talked. He responded with his eyes, urging me to continue, "I see a man who has a great capacity for love and who despite all of his tough talk and antics loves really deeply."

He said, "You see that."

"I do."

We are often interrupted in the hospital and this moment was no exception. It was approaching 5:00pm. At this point, I was emotionally exhausted and I still had documentation to finish. He told me that his wife was on her way into the hospital. He stated that he would love for me to meet her in person. I understood immediately that he wanted me to help with speaking to his family. Every part of me wanted to go home, but I decided to stay at work to meet her. I would return when his wife came into the hospital. I was not sure where I would muster the strength from, but I reasoned that it gave me time to complete my documentation and follow-up on a number of other patient issues. Also, I could see that James was emotionally drained and I was unsure if he would be up to explaining all of the details.

Family Meeting

She came up to me at the Nurse's station and I knew it was Kendra. "Mrs. S.? It's so nice to finally meet you in person."

"Call me Kendra," she exclaimed.

We began to walk toward James's room and she looked at me and said, "I'm scared." She had tears in her eyes. I grabbed her hand and squeezed it and then I hugged her. It was the only thing that could be said at that moment. She fell into the hug and sighed. We went into the room and I basically repeated the conversation that occurred earlier with James, the doctor, and me. As we finished up our conversation it was approaching 6:00 pm and Kendra told me that their sons were coming in to visit. Kendra also asked if I would call her mother and explain everything as I had explained it to her. I would call Kendra's mother

the next day, but I sensed that James and Kendra wanted me to stay and talk to their kids. Even though I was feeling emotionally and physically exhausted from the day, I appreciated their trust in me and I felt honored to be a part of this difficult time in their lives.

Their sons arrived about a half-an-hour later. We situated ourselves around the bed for the family meeting. I said, "[Mr. S] has had a lot happen today. I am here to help explain what is going on with his health and to answer any questions you might have." I will never forget the look on the eldest son's face. His body language was indicative of someone sitting on a roller coaster ready to go over the big hill. I began to explain the details of the conversation with the doctor, including Mr. S in the conversation, and making sure he had the opportunity to speak and share his thoughts and feelings as he needed. As we spoke, I watched their faces change – the youngest son turned his head toward his dad and began to pick at his blanket. He then gently rested his forehead on his father's good leg. His eldest son's eyes began to show a despair and sadness as if the worst news had come true. I stayed with them for nearly an hour and then left them to spend time together as a family. As the meeting came to a close, I felt an unspoken shift. I could sense they knew the importance of every moment they had together. I said goodbye for the evening and I walked towards the door. Kendra followed me out and at the door and looked up through her tear stained eyes. She whispered, "I love you," as she reached out to hug me, I hugged her back and I fought the tears from flowing in my own eyes. I thought about responding in kind as I did have a deep and growing affection for this family. I felt so privileged to accompany them on this journey, but I was conflicted because I wanted to maintain professional boundaries. I hoped that they knew that I cared for them through my work with them. At this point, I did not think about my own feelings, rather, I focused on the task at hand, helping this family get to the point where they would be comfortable enough to leave the hospital. The recommended course for the patient was hospice. As James and his family considered transitioning from aggressive medical intervention to comfort care and hopefully, quality of life, in hospice, I wanted to be as supportive as possible.

Ultimately, at the end of this admission, James aka Mr. S, went home on hospice. I wondered if this would be the last time I saw Mr. S and his family. At this point, I prepared myself that this might be a final "goodbye" and by the time discharge arrived I had given so much of myself emotionally that I was ready for them to leave.

Transfer Request

On a particularly busy day, I was paged overhead at the nurse's station that there was a call for me on one of the lines. It was Kendra. She shared with me that James had been at home on hospice and he had experienced trouble breathing. Kendra called 911 and she had requested to come to our facility. However, the ambulance, as required by law, took him to the nearest facility. At some point in the conversation, I explained this to Kendra. Kendra asked if I could help facilitate the transfer to our hospital. I knew that we had no open beds and I had little control in prioritizing transfers. I explained to Kendra that the physician at the current hospital needed to arrange for direct admission with an accepting physician at our facility. "[James] really wants to come [to your facility]." I sensed the desperation in her voice. I theorized that she did not want him to die at a hospital she was not as familiar with. Also, I am sure James was adamant and perhaps having a difficult time working with the medical team at the other facility. I acknowledged her emotions. I could hear James's muffled yell in the background. I pictured him yelling through an oxygen mask. Apparently, in their desperation to transfer, James had even called 911 to take him from his current hospital room to our facility. I admired their tenacity. I could only imagine how the staff at the other hospital was feeling at that moment. I tried to calm Kendra down with soothing tones. I was honest with her that I was not sure what I could do, but that I would make some phone calls and get back to her.

I proceeded to call our facility's admissions center and to my great relief, we actually had him listed in the queue for admission, but as I suspected there were no beds available. I asked my slightly irritated, probably incredibly busy colleague, "is there any way to know when a bed might become available?" I knew when I spoke with Kendra she would press me for *when* James would be transferred to our facility. She responded that she did not know when a bed would open up. I pressed a bit as I told her that I had a discharge happening shortly. She let me know that

there was a patient already slated for that bed. I knew there was no way to know definitively when a bed would open up so I thanked her for her time and hung up. When I called Kendra back, I let her know that we had James listed as an admission, but that there were not any beds available yet. Kendra asked me what to do. I spoke with both her and James in an effort to calm them. It was clear they had become attached to our facility. The transfer hospital could have provided perfectly good care, but they wanted to be with staff that knew them. James said in a muffled voice, "I just want to be there…" I then heard him yell something at someone in his room. I thought that his feistiness was a positive sign.

Immediately after the call, I felt saddened. I knew in my heart that this would be James's last admission. In two days, a bed opened up and James was admitted to one of our other oncology units in the same building of the hospital. The unit was one floor above mine and was covered by another social worker. However, we all attended the same rounds and I communicated in detail with the medical team and the primary social worker about James's case. The oncology social worker and/or the hospice social worker would be the primary worker on his case, but they both welcomed my continued involvement.

Final Admission

I heard my name in a sing-songy voice. Kendra ran over to give me a hug. "They put us upstairs. I won't be around all of my girls. They are real nice too, but we're just used to here…" James and Kendra had established many relationships with the nursing staff as well. They would have some of the same physicians while others had cycled off service. I watched as the nurses stood around her and talked with her. She seemed relieved to be around staff she was familiar with. In truth, I was happy to see her. However, I was feeling conflicted about seeing James. On the one hand, I wanted to see him very much, but there was something holding me back. I seamlessly compartmentalized my emotions and did not delve further into my reasons for not running right upstairs. I promised Kendra that I would come upstairs to see them, but I purposely did not say that it would be that evening. It was around 6pm and I went into my office and closed the door. I checked email and finished some documentation. I began to think, *Why didn't I go to see them right away? After all, I had tried to see what I could do to get them transferred here? Why was I relieved that I did not have to visit that night? Why did I feel some relief that they were not admitted to my unit? Had I become too involved?* During that moment, I insisted that I must be tired from an incredibly busy day. I also thought, perhaps I was feeling all of the mounting pressures of oncology work and the many admissions and discharges. I convinced myself that my feelings had nothing to do with the constant death and dying around me and I certainly did not allow myself to think that it had anything to do with James's *last admission*. Instead, I thought about what I would have for dinner and I collected my stuff and went home for the day.

I had rounds on the floor that James was on, but the next day I found myself avoiding his room and on one occasion, I even went in the opposite direction. I began to think to myself, *Why am I doing this?* I felt almost like I was standing outside of myself and looking in, watching from afar. I was talking about him to my colleagues and my fond feelings for him. I knew all about what was going on with his care and that the inpatient hospice team had been consulted. I also knew that many of the staff found it frustrating to work with him. He was tough to work with, but I understood him and I cared for him so *why had I not visited him yet?*

After rounds, I was sitting in my office and my phone rang. It was Kendra. She asked when I was coming up to see them. She put me on the phone with him. At the end of the conversation, they said they wanted and needed to see me. I inquired about the hospice social worker and they insisted that I speak with them. After I hung up, it was eerily quiet in my office and I put my head in my hands. My mind was blank. I was numb. I then thought to myself, *it's already 4:30pm, I will just go see them tomorrow.* For a moment, I allowed myself to think, *what am I feeling?* Frustrated with myself and unable to pick an emotion or more, I gave myself permission not to go visit that evening. Even though, I made this deal with myself, I was still thinking about it at 5:00pm. I finally decided that I would stop in after rounds the next morning.

As it turned out, I actually popped in their room before I went to rounds. As I knocked on the open door to the hospital room, I noticed James was sitting up in bed

and Kendra was sitting on the side of the bed leaning on him. I could see how much she loved him.
I smiled and I said, "Hey you."

He looked at me. He had the mask on his face and it was incredibly loud. His eyes smiled. I touched his hand. "We been waitin' for you," he said. Kendra came over to hug me. They were so happy to see me and I them. *Why did I wait to come up here? I felt a tinge of guilt.* "Sit down, here you go." Pointing to a chair. I accepted the chair and she began to speak quickly. They shared that they wanted to make their marriage official and were asking if I could help. I let them know that I would look into it and get some information for them, but I silently noted that James did not look well and was struggling to breath. He stated that he was feeling "sluggish" and asked if I could return later. I said that I would come back that afternoon with updates.

I returned to his room around 3:00 pm and he was grumping at the nurse.

"Hi James, how are you? Are you giving these ladies a hard time up here?"

"No I'm just sayin' this mask ain't right. It's too loud."

I turned to the nurse and I said, "What do you think about an AquinOx™?" She thought it was an excellent idea, but the doctor had to put in an order. The issue was that at his current saturation levels most people would be intubated, but he had decided not to return to the intensive care unit. Many of the staff were avoiding his room because he gave them a hard time. I looked at him and I knew right away that he was terrified. I watched helplessly as his chest struggled to grasp each molecule of air. I called the physician and spoke to them about the AquinOx™ which would be much quieter and would force the oxygen into his nose so he wouldn't have to wear the loud mask which prevented him from eating (for pleasure) and talking. After speaking with the physician, the nurse left the room and went to call respiratory. In the meantime, I helped James try to get comfortable.

"Move my foot."

"Please," I retorted.

"Please," he responded with a grin.

These were my last moments with him…

"We then began to communicate nonverbally. I rolled up a pillow and put it under his head and we moved in this silent way both of us trying to alleviate his apparent discomfort and air hunger. In the midst of this awkward dance, he made us both chuckle when he stated with a delivery that was quintessentially his, 'I'm going for the 'L' shape.' Ironically, I immediately understood what he meant because it helped maximize the flow of oxygen to his labored lungs.

After we managed to make him less uncomfortable, I sat in the chair next to the bed. I knew he was tired, not just physically tired, but emotionally. He was ready to go soon.

'James, it's ok if you want to go to sleep.'
He replied, 'you ain't gonna leave me is you?'
'No, I'm right here. I will sit with you for a while.'

I thought I would try to stay until Kendra came back so that he would not be alone. I was hoping she would not be too late as I thought about all that I had to do before days end, but I chose not to worry, and to sit and absorb this moment. I sat still somewhere between tears and stoicism.
I sat in the nondescript concave blue chair next to a sleeping James as a swirl of emotions rushed over my person. I thought about my first interaction with James who was admitted through the emergency room for an orthopedic issue, only to find that it was caused by metastasized tumor from his stage IV lung cancer. James pulled me out of my thoughts with a whisper, 'I feel like the devil is on top of me…' My heart sank and I felt a chill in my spine.

'What makes you feel like that?'

'I've done a lot of bad stuff in my life.' I chose to comfort him and to engage in a discussion about his spiritual beliefs. Later I would ask the Chaplin to stop in and see him as well. He stated that he talked to God all of the time and that his ultimate comfort came through his redemptive relationship with his Creator. Silence fell upon us once again with only the sound of the oxygen flowing through

his mask.

'Are you scared?'
'Sometimes.'
I just rubbed his hand and my heart ached inside my chest. We sat like this for several moments and I said; 'we knew it was going to happen, we just didn't know it would be this soon.'
He shook his head as a tear trickled down his cheek, 'I wish I had more time.' I fought back the tears welling in my eyes." (Saint-Louis, 2014, p.35)

As we sat waiting for his beloved to come, respiratory came with the AquinOx™ apparatus (nasal cannula). He, in true James fashion, gave them a hard time, looking at me with his mischievous smile. I watched at his side as they put the AquinOx™ on him. He was panicking because he could not get air, but he calmed down and the respiratory therapists left as their job was complete. I resumed my spot in the chair and James drifted off to sleep. I soaked in the moment and felt genuine love towards this man. He seemed more peaceful and less agitated.

Soon after the respiratory team left, his wife called and stated that she was running late and would not be in until after 7:00pm. I knew it was time to say goodbye. I went over to him and kissed his forehead, "I love you he stated…nobody has been like you." "I love you too…" my voice trailed off and I squeezed his hand. As I exited the room I had tears in my eyes.

They had been together for most of their lives and they complimented one another. They were a feisty couple that often showed their love through sharp barbs and heated debate, but their relationship lasted the test of time. My little slice of time with James consisted of 28 hospital days and 3 months in total. The narrative about James was not written in one sitting. It was written in pieces over time. The quoted section above was written in the context of one session of Narrative Oncology rounds (Saint-Louis, 2014).

Reflections

The formerly "angry and combative" Mr. S could have easily continued to be categorized negatively as angry, "uncooperative," and "noncompliant." It was important to take the time to observe and work with him and his pre-existing strengths to help him cope with the reality of his situation. James was incredibly resilient and a survivor in every sense of the word. He had endured unspeakable abuse, racism, and yet found a way to make a living and care for his family. He overcame so many obstacles and managed to keep his family together. His sons were educated and working in great jobs and his wife adored him. He showed his loving, sensitive side to a select few. He allowed himself to be vulnerable in my presence and I cherished this privileged trust he had in me.

According to the NCCN (2015), approximately one third of cancer patients experience significant distress and only five percent obtain psychological help. Although, the distress does not impact the cancer directly, it does impact how patients cope with their cancer diagnosis and their subsequent ability to follow the recommended course of treatment. Social workers on the front lines have the unique privilege to provide emotional support to patients, especially in an inpatient setting. However, we have to be aware of our own emotions while working with our patients. There were times when I was working with James that I did not acknowledge or deal with my own feelings. As James's social worker, I also experienced distress throughout my interactions with him. I felt and internalized his stress, distress and other emotions, but I did not allow myself to cry or even to have my own feelings in his presence. I was *the professional caregiver* and I never wanted him or any other patient to feel the need to take care of me. As I reflect on the above narrative, it is much clearer that there were moments where I was depleted or that the reality of James's shortened life had become painful for me. I question whether I should have expressed my care for him. Ultimately, in our final moments together, I made the decision to express my "love" for him. Much can be written about boundaries, transference and countertransference and I could argue the benefits of not sharing in this moment. I chose to respond in kind because I wanted him to know that working with him had touched my heart. I wanted him to die knowing that I cared. I do not even know if he heard me. Ultimately, I will cherish the time I had with him and his family. Writing about James allowed me to finally shed the tears I had stifled, helped me to see places where I might have helped in a different way, and ultimately, it helped me to cope.

Ms. Q (Sherry): Psychosocial Evaluation and Ongoing Work

Initial Note: Psychosocial Evaluation: HT: 5'1 WT: 375lbs Contact Person(s): Daughter 21 #.###.####; sister 21#.###.###, sister 21#.###.#### PCP: Dr. I. M. Caring 21#.###.#### Pt. is a 65-year-old female, single, with one adult daughter. Pt. lives alone in an apartment with no steps to enter and is wheelchair accessible. Pt. was well connected with community services and was known to the City Corporation on Aging and had a home health aide provided through B Home Nursing Agency for several hours a day. Pt. has good social supports. Pt.'s family, nieces and daughter assist in getting patient necessities, groceries, etc. Pt. states that she does not use tobacco, ETOH or illicit drugs. Pt. became tearful and shared some very difficult experiences with SW. Pt. discussed her desires to "go out and see the world and how it has changed...new buildings that went up..." Pt. states that other than medical issues, i.e., inpatient hospital admissions that patient has not been "out [of her home]." Pt. stated that she has suffered from "bad nerves" and depression as well as "worrying about sickness." Pt. described how her dream is to "stand up and jump for joy." Pt. described that she desires to "get glasses," and get her "teeth fixed." Pt. reported appreciation for being able to talk about her feelings. SW will continue to work with patient, family and insurer to set up appropriate services and order needed equipment or restart services that were in place prior to admission to rehab. Please call with questions. NS-L 21#.###.####

Admissions and Introductions

Ms. Q (Sherry) was an inpatient on the rehabilitation unit at the hospital. Her story serves as an example that daily interactions with patients can be used to uncover patients's viewpoints, feelings, fears, and preferences for their medical care.

I first heard about Ms. Q through the admissions coordinator who stated that the patient would be coming to the rehabilitation unit and that she was "high profile." She was high profile because her case had been featured on a special program on the local city news channel. I also received an informal briefing from the attending physician. The attending physician, a renowned lymphedema specialist, admitted Ms. Q to the unit to see if we could help. She knew that Ms. Q had a complicated psychosocial history and she was eager to have me evaluate and work with the patient. As the social work case manager, I was responsible for the entire coordination of each patient on my service. This coordination included utilization review with the insurance company. The admissions coordinator obtained prior authorization for Ms. Q's initial week on the unit. A follow-up review with the insurer was due a couple of days after Ms. Q was admitted. It was clear that the patient would require a great deal of equipment and lymphedema supplies upon discharge. Some of the supplies needed to be ordered in anticipation of the patient's admission as these were specialty items that would not necessarily be available in the hospital or acute rehabilitation unit. In an effort to get as much detail as possible about Ms. Q, I researched the local News website that had links to the broadcast that featured Ms. Q's story.

Upon admission, I attempted to meet Ms. Q on at least two occasions prior to our first meeting, but both times her room was full of therapists, nurses and the attending physician. Ms. Q's story began long before the television cameras were on and long before our hospital's inpatient rehabilitation medicine unit agreed to accept her for care. According to the physician, "Sherry came into this world with a compromised lymphatic system, plus it was further damaged by the surgeries she had."

Sherry later referred to the surgeon as "the butcher." "He didn't even say he was sorry. He didn't even have the decency to come and talk to me himself. He just cut me open and left me there with a hole in my leg and an infection and had his resident tell me I could go home."

The first thing I noticed about Sherry, when I finally got to talk to her, was her expressive eyes. They showed the depths of her pain, her yearning to be loved and accepted, as well as her considerable skepticism of any new "caregiver in the room." However, in our first couple of meetings, she chose to close her eyes for a portion of the conversation. Initially, I thought perhaps it was the pain medication, but later I realized Sherry had a lot of experience with healthcare providers. She also had good reason not trust her caregivers. Her trust had to be earned and she

was sizing me up to see how I would handle talking to her. Her body language intimated that she was not truly interested in what I had to say.

"Hi Ms. Q, my name is Nicole and I am the social work case manager that will be working with you while you are here. Do you feel up to talking right now?" She peeked at me through one eye and then closed it. I stated that I might ask some questions that overlap her previous conversations, but that I would appreciate her patience with the process. She kindly told me that it was no trouble. I began the typical psychosocial evaluation conversation. I noted her body language and I could almost hear her silent voice and her closed eyes saying, *Yeah, yeah, lady I heard it all before. People promise the world and don't deliver. How are you going to help me?* I knew I had to be patient with Ms. Q and that this would be the first in many interactions because it was about developing rapport and hopefully, a relationship, so that I could find out what she needed and help her return home safely. Ms. Q said she could not recall a lot of the specifics like phone numbers during our conversation. I told her I would see if I could find the numbers and then I would run them by her to see if they were correct. I believe this was one of my first tests.

I knew Ms. Q had agreed to be admitted to our hospital and that in spite of her skepticism, she had some hope that we could help her.

The conversation moved slowly with short polite answers to my questions. After the conversation went on like this for a while, I stopped and looked at Ms. Q and asked her, "What would you want to come out of this [admission]?" Her eyes popped open and lit up and she looked at me. So much happened in that quick glance. She was completely awake and engaged. She replied clearly and frankly, "I want to jump up and shout for joy!" "Can you tell me more about what you mean?" She took a deep breath and began to tell me what happened to her. "It's been really hard. Really, really, hard. I hid from people and didn't want them to see me."

Ms. Q discussed that she was embarrassed about going out in public. "I used to sit on a commode all day" because she had no other chair that could comfortably accommodate her. Ms. Q shared with me at one point she was admitted to another hospital and "the doctor operated on [her]." She stated that the surgeon performed liposuction. "He thought it was all fat and not fluid," she stated. "He cut me open and left me like that to die. He is just one of the many…"

"How did you ever feel comfortable returning to a doctor after that?"

"Well, I didn't for a long time. It was about 6-7 years. Even when I knew I should go and my family wanted me to, I wouldn't go." As she spoke, I thought to myself, *I do not blame her*.

Ms. Q described vividly her feelings of being trapped. Essentially, her body, a prison of flesh and fluid, held her hostage. If you were to take off the nearly 250 pounds of fluid, Ms. Q was actually a tiny woman. I now knew what she meant about jumping up and shouting for joy. I pictured her leaping out of her bed and running down the hall, dancing and shouting. At that time, she was unable even to walk. The hope was that as the lymphedema was reduced and she got stronger through physical and occupational therapies, she would begin to walk household distances and then perhaps the length of a city block. Ms. Q described the days leading up to her admission to the rehab unit of the hospital. She reiterated that she sat on a plastic adjustable commode all day. She told me that she wanted to get a lazy boy chair or recliner she could both sit and sleep in. From that moment on, it would be my mission to get her that specialty chair.

"They used to call me the elephant lady. *They* did, a nurse did, a nurse. When they put me in the Nursing Home. I saw a lot of bad things in that home. I saw a lady scream all night that she was in pain and she was bleeding all night. They brushed her off like she was crazy."

What happened to her?

"She died."

"Ms. Q that must have been so scary."

The more she talked the less guarded she became. I came to admire Ms. Q very much for her courage, strength, and resilience. Most people, including me, feel self-conscious for things that are a lot less serious. Sherry, (she now insisted that I call her by her first name) stayed at home for thirty years. She was

transported to and from her home only when it was a medical emergency. She never shopped for herself. She stated that she did not see the new apartment building being built down the street or get to feel the wind in her hair while riding in an open car with the window down. She could not remember the last time she bought shoes.

I touched her arm as tears trickled down her soft, and radiant cheeks. She did not know it, but she had a light that emanated from her even when she was hurting which I suspected was most of the time. I wished I could remove her considerable pain and suffering. I wanted her to know how special she was. I touched her arm as tears flowed down her face. I hoped this touch could compensate for the inadequacies of my words at this time. She leaned into my touch. Other than the contact that comes with medical care or that of a wound care regimen, I suspected that normal human contact was frequently absent for Sherry. Over the years, I observed that when people are sick, people avoid touching them. Family and friends sometimes had to be encouraged to touch their loved ones.

At an appropriate moment during our conversation, I asked Sherry what she thought of her ReidSleeves®, the big boot/compression garments, and the lymphedema wraps that were keeping her legs from filling up with fluid again. She replied, "It's a miracle."

"Is it painful?"

"Oh the pain, you just don't know." I knew she was talking about more than the wraps on her legs.

"You are so strong Sherry. You are an amazing woman…" I wanted her to know that I saw her, the whole person – the beautiful, smart, courageous woman. I wanted her to know that she was more than just her lymphatic extremities.

I let Sherry know that I would advocate for her to the best of my ability, but I made sure to never promise anything I could not deliver. I told her what homecare and medical equipment resources I thought could continue and I discussed the medical equipment items that might be more difficult to obtain. It was clear without having to ask that she would never return to a nursing home facility even if it was vetted and visited by her family. She needed a great deal of specialized wound care supplies, around the clock care, a specialized wound care mattress, wound vacs, a specialized wheelchair, and of course, the recliner/lazy boy-like chair. I asked her what she thought of this initial plan for resources and I followed-up with her at every point in the process. I made sure she participated in every decision and I kept her updated frequently. I wanted to continue to build her trust, to empower her and to decrease any anxiety about what was happening.

Preparing for Discharge

We had been working with Sherry for several weeks and she was due to be discharged the next week. I was going to be away at a conference when Sherry was due to be discharged. In anticipation, I made all of the arrangements for discharge and the coordination of care before I left. Sherry did not have computer access at home so I created a binder of resources for her and her family.

We were able to piece together 24-hour specialized care. In order to get the medical equipment, I wrote a letter of medical necessity that both the attending physician and I signed. I had most of her wound care supplies delivered to the hospital so that they would be transported home with her. I wanted the nurses to make sure they were all the correct items she needed and to practice the night before she left with her own supplies. The nursing staff diligently trained Sherry and her family on the details of wound care. All members of the interdisciplinary medical team worked to make sure that Sherry and her family were trained and worked to ensure the safest possible return to her home. In the binder, I included all of her contacts at the various nursing and physical therapy agencies, the medical equipment companies, the hospital and the City Corporation on Aging. I included some inspirational quotes and I put a schedule template in the binder that I asked the team to fill in for Sherry. This would help her and her various healthcare providers to keep track of her extensive wound care regimen.

As a result of the television broadcast, a fund was started to help Sherry with her considerable expenses, but there were limitations on its use. I spoke with the fund manager about paying for certain specialty items and made sure that all of the necessary paperwork was

in order. I arranged Sherry's next three follow-up medical appointments and the requisite transportation. I discussed the detailed discharge and follow-up care plan with all of the members of the medical team during our detailed weekly interdisciplinary rounds.

I returned to the hospital after my time away and within an hour and a half patients were filling the physical therapy gym. I noticed Sherry was there. She had not been discharged as planned that past weekend. She was lying on one of the elevating mats in the gym and she gently lifted herself up and smiled a cheerless smile at me. She did not look like the same Sherry that I left before the conference. I went over to Sherry and she whispered, "They took me to surgery. They closed my wounds. I am in so much pain." She seemed noticeably uncomfortable being on display in the middle of the physical therapy gym. I went over and sat next to her with my legs crossed. Her previously braided grey hair was pulled out of its proper place and she reached out to hug me. As she spoke, I could hear the despair in her voice.

The nurses arrived to change Sherry's bandages and the smell of pseudomonas was immediately identifiable. I knew the smell upset Sherry. Sherry, for as encumbered as she was by the lymphedema and her body, she was well taken care of and took pride in "being clean and smelling nice." Her family told me a story of how Sherry would take her sheets and clothes and clean them in the bathroom sink before she would allow them to take the sheets to be washed. I remember her daughter saying, "She would be in the bathroom forever and when she came out, those sheets were so clean and dry they looked like they were already washed." Before she came into the hospital and during her hospitalization, Sherry continued to take pride in her personal hygiene. It was often difficult for lymphedema patients to attend to all of their activities of daily living due to reduced mobility. However, Sherry wore pretty housecoats with flowers and several members of the team reported that they had never worked with a lymphedema patient that was as diligent in their personal care.
I was happy that the nurses thought to put up a privacy screen. Sherry was in so much pain, tears streamed from her eyes. I hugged her and told her I would let the nurses "do their thing" and I would see her later. As I walked away, my heart sank. I was right to be worried while I was away. The wrapping of her stage III lymphedema, although effective and healing in its own way caused her tender flesh to be stripped away from her leg and in some places was so deep that it had become infected. Two debridement procedures were necessary a couple days before she went to surgery.

The next day, Sherry was in her wheelchair and rolled by my office so I came out to see her. "Sher, how are you today?"

"Not so good. They buried my brother today…" My heart ached for her.

"Oh, Sher, I am so sorry to hear that. It's just one thing after another…"

We spoke about her brother and their close relationship. Prior to this series of unfortunate events, she was improving physically and psychologically. The whole team noticed that her functional status declined since the surgery and now with the death of her brother, she had become increasingly depressed. When Sherry told me that she was in the middle of therapy, I promised to catch up with her later.
"Hi Sherry," Now much later in the evening. Sherry was back in her hospital bed, but she turned and lifted her head and showed some light behind her deep brown eyes. She reached for my hand.

We started to talk and she said, "Do you know what's wrong with me?" I knew what she was asking because she had asked another member of the team earlier in the day. As my colleague and I were discussing Sherry's concerns, we realized that it was a visit from Infectious Disease that lead her to believe that she had something really wrong with her. "They came in and they examined me and they left."

"Sherry, I know it sounds just awful, but the doctors consult Infectious Disease (ID) when they are worried if you might have an infection. They are worried about the wounds that you have and they want to make sure they have you on antibiotics and the proper antibiotics for that infection."

She looked at me as I began with skepticism, but then her eyes changed and I saw a glimpse of trust. However, she still seemed so sad. "Sherry forgive me

for not staying down where you can see me, but my knees were starting to hurt." There were no chairs in the room and I hated standing over patients when I talked to them. Once my knees were stretched I got back down at eye level.

"Sherry, were you told why those doctors came into see you?"

"No they just came in, did their thing and left. You know I am just sick of people talking about me like I am not here."

I heard her concern. I also knew that no one meant there to be any harm to Sherry. The medical team most likely consulted the ID team, but before they had the chance to speak with her about it, ID met with the patient. I spoke with the medical team about this and the physicians later came in to speak with her.

In the moment of our conversation I responded, "I am sorry, Sherry. You are right to feel the way you do and you have every right to be upset. You just want to know what is going on."

She looked at me and nodded her head. I chose not to make excuses and rather to apologize on behalf of the entire medical team, as she needed her emotions to be acknowledged. I then began to answer her question:

"I think I would be so scared if someone came in and said they were from Infectious Disease and I did not know why they were here. As far as I know Sherry, there is nothing *wrong* with you. You have some health issues that we already know about and are actively treating and managing." I went through each of her diagnoses with her. "You have CHF, but that's under control…You have diabetes, which is being managed…As you know, it is important to keep a close eye on your wounds because of the diabetes. Plus, the lymphedema or the swelling in your legs continues to need wrapping. Now you have these boots [pointing to the ReidSleeves®] and the wound vacs are for helping the wounds that you have on your legs to heal faster. Does that sound about right?"

It was a good opportunity for us to review her healthcare issues. "Sherry, you are one of the strongest people I know. That's what I see when I look at you – strength and determination." I rubbed her shoulder and touched her forehead, moving a tuft of hair from her face. She leaned into my hands and took a deep breath. We sat like this for a moment.
"Is your family coming in tonight?"

"No they were here for a long time yesterday."
I asked how her legs were feeling.

"It hurts a lot."

"Do you want me to get the nurse to get some more pain medication?"

She replied, that she did not want to have any more pain medicine, "because one time it almost stopped my heart." I thought about how much she had to contend with on a daily basis. It must have been exhausting, yet she persevered. I noticed a change and I was worried about her. She seemed to be slipping into a depression, which I shared with the medical team.
As we continued to talk a young woman dressed in a white coat, potentially a physician, yelled to me from the doorway. "Why is she on contact precautions? Is it necessary to wear the gowns?" I felt a bit annoyed with the consulting physician, even if she did not mean any harm, because Sherry was quite fragile at this moment and the physician did not address Sherry directly and inquired about her as though she were not there. It was helpful to witness as it gave me some insight into how Sherry might feel with all of the consultative services in and out of her room.

I looked at Sherry (she looked so hurt) and before responding to the physician's question, I asked her, "Do you know why you are on isolation precautions?" She nodded that she did not know why staff wore gowns in her room.

I looked at the physician and I politely replied, "I think you should speak with the nurse."

It gave me a chance to ask Sherry again if she knew why everyone wore gowns and gloves in her room. I explained that the gowns are probably used for the same reason that she needs antibiotics and I answered any questions she had about isolation precautions. I urged her to speak with the nurses and the doctors about her concerns and questions, and that I would speak with them on her behalf as well. I reminded her

that it was completely appropriate and within her rights as a patient to know what was going on with her medical care – why she needed certain meds? Why are the doctors here?

As we were talking, the same doctor came in and said, "Hi Sherry. I am from Psychiatry." Sherry looked at me with fear and concern.

I wondered if the doctors had the chance to tell her they had consulted psychiatry. I told her that I would be back to touch base with her before I left for the day. In the meantime, I spoke with the nurse and the physicians about the consultations. Later when I returned, we talked about why psychiatry came to see her and I discussed that the staff was concerned about her increased sadness from everything that is going on and the death of her brother and that they were thinking that she may need some different medicine.

"I just wish they would talk to me…"

At that moment, the nurse and attending physician walked in and we all discussed these issues with her. She seemed satisfied with this discussion.

As I was leaving her room, she thanked me and as I was almost out the door, she whispered, "I love you."

Post-Discharge Reflections

Sherry lived for several more years. We maintained contact as I continued to arrange her transportation to and from her appointments for several months until we could transition to the outpatient team and she felt comfortable. Every once in a while, Sherry would call and leave a message for me. Once she left me a message, "I just wanted to hear your voice." On one particular day, I received a call from the emergency department (ED). The physician told me that Sherry and her daughter were in the ED and were asking to see me. I was both worried and excited as I made my way to that part of the hospital. Once I arrived; I could see that Sherry was clearly in pain, uncomfortable and struggling on the small emergency room bed. She reached out for a hug and thanked me for coming. She wanted my help in explaining what was going on with her care. I knew she was scared. I stayed while the medical team explained that she would be admitted to a medical floor. I spoke with the medical team on Sherry's behalf and translated issues to Sherry. The ED social worker and I worked together to help Sherry adjust and before too long she was smiling. Sherry had several admissions to the hospital over the years and each time she came in she would call me.

Conclusion

These excerpts can be considered thick descriptions of my experiences as a social worker on two different healthcare service settings. In part, the very act of writing helped me to reflect back on these experiences and think holistically about these patients. It also helped me to process my own emotions and it allowed me to see the humanity of James and Sherry. Writing about these two individuals also provided further insights into the vulnerability patients feel when they are sick and ultimately it allowed me to appreciate their trust in me. Additionally, I am able look at the content of the experiences of working with folks that are ill, vulnerable and skeptical of the very system that I represented. The ability to collaborate with these clients, while meeting them where they were was paramount to our ability to move forward.

In the health care setting, especially in a hospital or acute rehabilitation unit, the ultimate goal of the insurer and the institution is discharge. Social workers play a key role in the discharge process and in order to achieve a "safe" and acceptable transition to home or another facility, social workers provide emotional support to deal with the complicated stress and distress of our clients. While working with and focusing on client distress is critical, social workers might be inclined to ignore their own feelings and the overall impact of working with complex and vulnerable patients.

Beyond case narratives, research, especially rigorous qualitative research, is needed to further elucidate the complex relationships social workers have with their clients in healthcare settings. In particular, attention should be paid to stress, including secondary traumatic stress, distress, compassion fatigue, and burnout. These two narratives exemplify that the process of professional caregiving for those that are ill often involves an intense relationship that does not abide by the normal conventions of hours or time. These caregiving relationships frequently extend beyond the bounds of admission, discharge and the traditional

therapeutic relationship, and leave both patient and clinician forever changed. With that knowledge, we, the professional health caregivers must also find a way to take care of ourselves.

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Social Work off the Page:
Two American Social Worker Students in Vietnam

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Abstract: In our narrative, supported by our practice and our experience, we discuss the difficulties of being American-trained social workers and trying to influence change through field work in Vietnam. We will examine and reflect upon our personal and professional growth through interactions at the Da Nang Social Welfare Center, focusing on a 13-year-old male orphan and the environment in which he lives. This paper will also share our experiences with the University of Da Nang and the ways in which we tried to create sustainability. Our involvement as students working with the Vietnamese lifted the profession of social work off the pages of text books and into reality.

Keywords: sustainability, Vietnam, social welfare, orphans, social workers

Introduction

The State University of New York College at Brockport's Vietnam Study Abroad Program has been in existence for fifteen years, providing American students with a unique opportunity to become more educated about the Vietnamese culture and service the Da Nang community. We originally planned to participate in the Vietnam Program for one month during the winter session of our senior year. We soon decided to stay in Vietnam for an additional three months to complete our field placement for our BSW, a first in the program's history. In addition to our field placement requirements, we collaborated with the faculty at Da Nang University to implement a social work internship program. The field of social work is a developing field in Vietnam and the Da Nang University program is merely two years old. Similar to the profession in the United States during the early 1900's with Jane Adams as the forerunner, social work in Vietnam is transitioning from a charity model to a human rights based one. We came to Vietnam with the expectation that our worldview would be broadened however, something more profound happened during our initial visit to the Da Nang Social Welfare Center.

Social Welfare Center

The Social Welfare Center is a government run agency that provides shelter for many of Da Nang's marginalized groups such as: indigent and homeless individuals, elders with no family, physically disabled, intellectually challenged, and abandoned or orphaned children. Funding for the Center comes from the city budget, donations from community members, and contributions from non-government organizations, similar to many nonprofit human service organizations in the United States. The Center is directed under the administration of Mr. Lien who oversees the faculty. There are thirty staff members currently employed at the Center with three Vice Directors working alongside Mr. Lien. Each Vice Director is in charge of a different department: administration, education and counseling, and health. The majority of staff members work within the administration department, leaving a sizable gap in other departments. The Center is severely understaffed and the residents do not receive adequate services due the disproportionate ratio of staff members to residents. There are 150 to 200 residents currently housed at the Center, most will never be allowed to leave due to the regulations.

There are three ways to be admitted to the Center. Some clients who are homeless are admitted after filling out an application requesting to stay at the Center. The second is if an individual is on the street begging or displaying abnormal behavior and is seized by authorities after a member of the community calls a hotline to make a report. The final method of admission occurs when families who are unable to provide for a member who is disabled abandon them at the Center. There are three ways to be released from the Center. If at the age of 18 an individual is able to find a job and stable housing, they may file for release. However, this requires management approval. Secondly, a resident who is at least 15 years of age can be sponsored by a volunteer or family with the agreement the sponsor will provide housing as payment in return for work. Lastly, if a resident has

family, a worker from the center may reach out to resolve issues between them so that the resident can eventually return home. Through interviews with residents and staff, we understand that reintegration into society is not likely.

My (Travis) first impressions of the Social Welfare Center were mixed; it was unlike anything I had ever seen, both fascinating and frightening at the same time. On one hand it was fascinating to see how a facility in an underdeveloped country deals with such populations. On the other hand, I was frightened, because it was not only an environment that seemed uncontrolled; it was one that I was completely unfamiliar with. While I saw the need for such a place and I realized that the idea of housing these forgotten or abandoned people was with good intention, I observed the poor conditions and the lack of resources immediately. The Center is isolated from society, placed on a dead-end road in the outskirts of Da Nang city. There are so many different populations of people here that no one can get the care they need. There are no specialized services for individuals with specific needs. In actuality, the staff members are untrained and simply fill a position. As I (Jaime) walked around the sidewalks of the Center, I felt almost immobilized. My thoughts raced as I began to assess and evaluate the risk and protective factors that I saw; providing any amount of substantial help or change seemed too big an obstacle. While residents have shelter, food, and clothing the conditions are unsanitary and in many ways violate the United Nations Declaration of Human Rights.

Residents at the Center receive the absolute basics in order to survive and at times, are treated maliciously by staff members. I (Travis) noticed the only love and attention that residents receive comes from other residents. Many residents treat each other as you would imagine brothers and sisters do, sometimes affectionately and other times argumentatively. We saw the communal characteristic inherent in the Vietnamese culture seep through the cracks of the concrete walls.

In the back of the Center, a group of young men with varying cognitive and physical disabilities are kept tied to chairs which are tied to a fence. The lack of staff has driven the Center to these measures, restricting residents' mobility for the safety of themselves and those around them. In the next room, children and young adults with cerebral palsy and other serious conditions can be found lying in metal cribs for hours at a time with no stimulation, unable to move. Their bodies are at an advanced state of atrophy; misshaped heads and twisted limbs lay flat as if they were frozen. They are only taken out of their cribs to be fed. When a staff member feeds them, they shove food down their throats until they are literally choking, spitting half of the food out down their clothes. One building away there are two more girls also restrained in chairs. A girl around the age of 10 who suffers from epilepsy and autism repeatedly knees herself in the head as a result of lack of treatment. A massive protrusion emanates from the side of her head, surrounded by bruises and scabs. Her moans and her screams are continual and echo throughout the Center. The environment and the sounds surrounding us caused an unsettling feeling in us both. I (Travis) felt unsure of how to respond to these situations because there was an overwhelming need for assistance that pulled me in every direction.

Most of the time there are flies covering the residents. Many of them are unable to move their limbs to brush them away. Often times they sit in their own excrement or soiled clothes which are changed infrequently. Prior to this, I (Jaime) had only read about or seen conditions such as these on television or in movies. Up until this point, issues like this felt a world away. It wasn't until I stood in the midst of the Welfare Center that I realized how sheltered I was. On multiple occasions, we bathed and changed the clothes of people who were weak and malnourished.

For the first time, we found ourselves outside the protection of the classroom and confronted with the realities of international social work, which are so different from that which we have previously experienced. Treatment and care for the residents only improve when the staff knows that volunteers are coming, and even then the improvements are minimal. This is drastically different from what we had previously experienced working in agencies where the care is continual, policies are in place, and standards are adhered to. The Center relies on volunteers to stimulate and care for its occupants. I (Travis) shudder at the thought of what the residents' life would be like were it not for volunteers that frequent the Center. Witnessing conditions such as these for the first time brought tears to both our eyes and fueled our

aspiration to stay in Vietnam and affect change to the best of our ability.

Tuân

Perhaps one of the most impactful cases that we worked with at the Center was a boy named "Tuân". The first time I (Travis) met Tuân he was carrying around a dead bird that he had found lying within the compound. He was carrying the dead bird by its legs and gently swinging it back and forth. The bird was the "toy for the day" and he and the other young boys took turns playing with it. They played with the bird as if it was a doll, shaking it and manipulating all the movable parts.

Since I knew nothing about Tuân at this point, I remember wondering if he had an intellectual condition. At this time I was not familiar with his story and I was very disturbed by the whole scene. As I (Travis) spent more time at the Center, I began to learn more about this young man. He was always excited to play and interact. One day while we were getting ready to start packing up at the Center, Tuân appeared. He was dusty and dirty, his clothes were filthy, and his sandals were torn. He walked up to me, and with the help of my friend who could translate, I had a small conversation with him. I (Travis) engaged him with simple questions to learn about his story and what he does daily. I (Travis) learned that he was an orphan and had been living at the Center for three years. If Tuân is not working or sleeping, he tries to play with some of the other residents. Tuân has an energy that is contagious and I (Travis) found myself becoming more motivated and enthusiastic when interacting with him. I (Travis) wondered how he still had such positive energy while living in a place such as this; it became clear that he embodies what it means to be resilient. Tuân obviously has coping skills that he utilizes but I could not see them and I decided that I would explore this further. Through a translator, Tuân began opening up to me (Travis) about his personal story of how and why he came to be at the Center. I (Travis) became somber and empathetic to his situation however, being outside of my own culture, I felt unsure of how to respond. I patted his shoulder and gave him a slow nod, as I've learned this is an acceptable way to communicate that you care in Vietnamese culture.

We later interviewed him with the help of our friend who is our unofficial translator and a person Tuân is familiar with. I (Jaime) know that Tuân likes art and so we used water color paints for an activity, to avoid the pressure and uncomfortableness of a question and answer session. I learned this method of engagement through past experience working with children in a special needs school. We painted and playfully smeared each other's faces while asking questions about his history, his experience here at the Center, and his aspirations. He told us he grew up in Southern Vietnam and his parents died when he was around the age of nine, his father from cancer and his mother from an accident. Following their deaths, Tuân thought that a family member was going to pick him up but no one came. He shared with us that his mother's and father's families did not get along, that there was some sort of miscommunication, and Tuân was abandoned and left to his own devices.

As he talked more about his family, his eyes remained fixed on the picture he was painting and his mouth grimaced. He went on to tell us that after days of being on his own, he decided to just start walking. He walked north with no destination, catching rides and receiving money from kind strangers, eventually making his way to Da Nang. Once there, he explained that he was lost in the city. After some time he was stopped by police and brought to the Welfare Center. Hearing Tuân's arduous journey, we were astounded by the fact that he has experienced all that he has in his thirteen years of life. While I (Jaime) don't speak or understand Vietnamese that well, I could hear the pain and loss in his voice. I (Travis) wondered what I would have done at nine years old had I been faced with a similar situation, with no family to turn to and no one to care for me. The courage that Tuân displayed to make the decision to continue to survive is awe-inspiring. I (Jaime) tried to imagine the terror of being a young child surrounded by a world that is unknown and without anyone to support and watch over me.

While Tuân has found refuge at the Welfare Center where he is provided clothing and food each day, he still lacks a stable, trustworthy support system. According to Hutchison (2013), the social environment – family, peers, institutions, community, and culture – are significant elements of adolescent life. As adolescents become more independent and move into the world, they develop their own

relationships within the social environment (Hutchison, 2013). Tuân has reached the stage in his life where he may begin asking himself "who am I?" or "how am I different?" this is the start of the process of individuation. Individuation is defined as "the development of a self or identity that is unique and separate" (Hutchinson, 2013, p. 563). While the Vietnamese culture is a collective one, Tuân is still experiencing these feelings and thoughts. Everyone is a unique person and their identity is what strengthens the community. It is important for this process to be fostered, not stifled.

During our visits we observed many interactions that Tuân had with other staff members and residents. By staff members he is treated as a laborer and is subservient. Dressed in crisp button-down shirts, dress pants and leather shoes, the directors roam the grounds of the Center each day, ordering the able bodied residents to do things for them. Washing themselves in well-water only a few times a week, Tuân and other young boys spend their days gardening or performing odd jobs around the Center such as: fixing windows and awnings, repairing buildings, and breaking bricks. While these activities serve as a break in the monotony in the life of the Center and give residents a purpose, members of administration exploit Tuân and the other young men. Often times we have seen the director throw his clothes at Tuân with the expectation that he would do his laundry. On one occasion, we witnessed one of the vice directors sitting in the shade while Tuân cleaned his head of white hairs, a trend among upper class Vietnamese men. Tuân shared with us that his belongings and gifts from volunteers are often confiscated by staff members. Treatment such as this is not only demeaning but has caused Tuân to live in a state of anxiousness and distrust.

As our relationship with Tuân developed, we began to spend more time with him in his housing unit where we would play cards. One afternoon, Tuân quickly swept the deck of cards under his pillow as a staff member walked by. I (Jaime) could see the panic on his face, desperate to keep one of his only possessions for just a little longer. Tuân's fear of authority has affected his ability to trust. According to Flanagan and Stout (2011), "Social trust reflects an individual's positive view of humanity, the belief that people generally treat others fairly rather than try to maximize their own gain at others' expense" (2nd para). We saw how years of living in a prison-like institution began to affect his behavior and questioned how these characteristics would transition into society, if he is ever allowed to leave the Center. It was a harsh reality to see a child's rights not protected and in fact, those who are responsible for upholding these rights are the ones exploiting them. I (Travis) often felt disgust towards those who exploited Tuân and angry at the thought that he may never leave the Center. At times, I (Jaime) felt powerless and insignificant in improving Tuân's situation and found myself desperately wanting to find a way to help him feel safe and find comfort.

Unlike Vietnamese children that we shared time with outside the confines of the Center, Tuân has an awareness of the world and a strong sense of independence. While he is restricted to the grounds of the Center, he is seemingly less sheltered than children who have strong family and community supports. Given that Tuân is in an environment that has pressured him into self-reliance, it is hard for him to build deep relationships. This is contrary to the collectivism of Vietnamese culture in that it relies on a kinship with neighbors and others in their community.

The Welfare Center is a disjointed community, one that is isolated and forgotten. When talking with Tuân one afternoon, I (Travis) asked if he had any friends here at the Center and he replied with a terse "no". I (Travis) asked Tuân about another boy that is of similar age; he shrugged his shoulders and shook his head. I (Travis) noticed that Tuân has a hardness about him, he is used to people coming in and out of his life. Although Tuân is guarded, I (Jaime) witnessed him demonstrate compassion towards residents who are suffering from severe disabilities and neglect, despite the abuse that he endures from others at the Center. In one day, I (Jaime) saw a range of emotions in Tuân; from anger and frustration when he was hit by an older resident for no reason to love and genuineness when he held the hand of a younger resident with Down syndrome. Tuân's character reflects that of the Vietnamese culture in that he internalizes his aggravation and converts it into compassion. Initially, I (Jaime) wanted to encourage Tuân to release his anger through talking, what I know to be a healthy coping skill however, it occurred to me that personal openness is not a behavior that is common amongst Vietnamese. I (Jaime) began to recognize that coping

skills may look different across cultures but that does not make them wrong or less effective.

We primarily utilized the Life Course Perspective to evaluate and understand Tuân and the point that he is at developmentally. This model is a western one that exemplifies American culture and therefore does not always apply to the Vietnamese culture. However, by referring to the biopsychosocial concepts of this framework and revisiting our own adolescence, we were able to gain a better interpretation of the elements that shape Tuân's growth and identify the gaps where cultural differences exist. Through this practice, we realized how critical it is to understand the client with which you are working and the importance of cultural competency.

Tuân is in the stage of early adolescence; his body and mind are beginning to change more rapidly. Biological, psychological, and social changes such as: the onset of puberty, increased moodiness, seeking sameness, and less structure, are just a few of the examples that occur during this stage (Hutchison, 2013). Tuân is in the process of creating his own identity and discovering what kind of person he wants to be. According to Hutchison (2013), early adolescence is the stage in which individuals become creative thinkers and begin to consider their future. We wondered if this was true for Tuân. I (Travis) noticed he often would take pictures and draw while we were at the Center.

I (Travis) asked Tuân what he was interested in and what he would like to do professionally in his future and he answered that he wants to be a photographer. At the Center, Tuân is not being challenged or fed intellectually. Tuân shared with us that he has never had the opportunity to go to school during his time at the Center. The closest thing to educational material Tuân possesses is a comic book given to him by a previous volunteer. During our second interview with Tuân he shared that he has a third grade education and expressed his desire to go back to school. The lack of opportunity and positive influences at the Center could prove to be detrimental to him.

According to the United Nations Educational, Scientific, and Cultural Organization (UNESCO) (2014), education is a fundamental human right and essential for the exercise of all other human rights. Education promotes empowerment and yields individual freedom (UNESCO, 2014). Yet millions of children and adults remain deprived of educational opportunities, many as a result of poverty, Tuân being just one of them. "Poverty, nutritional deficiencies and inadequate learning opportunities are among the leading reasons that at least 200 million children in the developing world are not reaching their developmental potential" (World Bank, 2013).

The UNESCO (2014) has created international legal obligations which promote the right of every person to have access to quality education. The legal and political responsibilities of education fall upon the governments of individual countries who are members of the United Nations, Vietnam being one of them. The Vietnamese value education and the Socialist Republic has worked to establish a reputable schooling system that most are able to enjoy. However, the people at the Social Welfare Center have been forgotten.

Currently, agencies are underfunded, understaffed, and lack specialized training and education necessary to work with a variety of marginalized and vulnerable groups. Vietnam is quickly developing but with little consideration to minority populations. Isolated holes in society such as the Welfare Center are where the profession of social work can take root in Vietnam. The profession of social work, regardless of national boundaries, seeks to enhance human wellbeing, empower the oppressed, promote social justice, and encourage social change. The National Association of Social Work (2014) identifies the responsibility of the profession to facilitate the ability of people to address their own needs and discover their own solutions.

Da Nang University

With the understanding that our time in Vietnam would come to an end, we wanted to create sustainability. In effort to avoid imperialism, we saw an opportunity to bridge a connection between the Da Nang University and the Social Welfare Center. When we first went to the University we found that social work students were restricted to studying the profession in a classroom setting. The majority of social work students had never even heard of the Social Welfare Center and the conditions came as a shock to many of them when they first accompanied us

there. With our own understanding of the importance that field work plays in deepening knowledge of theories and frameworks, it was obvious to us that the same opportunity should be offered to them. The Council on Social Work Education recognizes field education as the "signature pedagogy" of the profession and is essential in shaping competent social workers (CSWE, 2014).

Initially, the students were overwhelmed and fearful of the clients at the Center. Just as we were, they were unsure of how to interact or engage. As questions and conversations emerged, we found ourselves in a leadership role, teaching through modeling. The first day that the students joined us at the Center was also the day that we decided to untie the young men from their chairs for the first time. Surrounded by students in what felt like a whirlpool of chaos, we began untying the residents. We were quickly bombarded by the raised voices and shaking fingers of staff members. In this moment we stood up for the rights of the clients and began a discussion, explaining our reasoning and our willingness to accept responsibility. One by one the residents were unrestrained and with the help of the students we guided them out of the building and into the sun.

We saw our own passion reflected in the social work students, and we tried to harness that energy, in effort to direct it towards something tangible in their own community. It was through this relationship with the social work students and their experiences that we realized our own potential, and social work became real. Through bringing awareness to the students, we brought awareness to ourselves and discovered a confidence that allowed us to be leaders, to make decisions, to be spontaneous, and to create change. We realized that possibilities for change are limitless and ideas can be cultivated into reality.

Cultural Competency

In some aspects, social work is a profession that matches elements of the Vietnamese culture, in that it is collective, values helping, and serving fellow members of their community (Durst, 2010). However, traditional Vietnamese culture maintains respect, and tends not to challenge or question those in a position of authority (Durst, 2010; LaBorde, 2010). While it is important to respect authoritative figures, it may prove to be detrimental to initiating change and making progress in certain situations. A cornerstone of the social work profession is advocacy. Knowing when to challenge and when to advocate for the rights of a client is a skill that we hoped to introduce to the students as we recognized this may be a form of practice they had not yet seen before. Our ultimate goal was to promote Vietnamese helping Vietnamese. Through our own practice we sought to give students the opportunity to take what they learned from us and apply it as they see fit to their own culture.

One of the biggest challenges we faced during our time in Vietnam was not recognizing cultural differences, but learning to be sensitive and accepting of those differences. Awareness of cultural diversity is a core competency of the social work profession. As students, we learned about cultural competency and never anticipated the struggle that we encountered when we found ourselves immersed in a culture so different from our own. Characteristics of our own culture and that of the Vietnamese became clearer as we tried to implement western models. For instance, American individualism promotes free thinking and the challenging of authority whereas the Vietnamese mindset tends to respect authority and remain obedient to the family and community, which they hold greater than the individual (Durst, 2010).

We quickly began to realize that social work practice will look very different in Vietnam. Western ideologies, as they are inherently individualistic, are not always applicable to non-western cultures (Alex, 2013). Rather, an integrated blend of knowledge, cultural, political, and economic philosophies will be better adaptable within non-western cultures (Alex, 2013). While working with Da Nang University to develop a field work program, we had to continuously assess ourselves and refrain from imposing our views of what is right and how things "should be." We learned to listen. Through living and absorbing the culture, we did not disregard our own, but rather gained a dual perspective on people and their interactions with the environment.

Farewells and Reflections

Our last day in Vietnam was spent at the Welfare

Center with Tuân and other residents. It was surreal to know that this may be the last time we ever see any of these people again. It was business as usual at the Center, I (Travis) was interacting just as I did any other day, except this time I was burying my grief, numbing myself in anticipation of saying goodbye. I (Jaime) had been dreading the day that we would say "tam biêt" to the incredible individuals that we were so fortunate to work with. It felt as though I was abandoning them, like so many other volunteers who come and go do.

Tuân was on his bunk when the time came to tell him that we would be leaving. As our friend translated this to him, we could see the shock fill his face as his eyes widened. He jumped off of his bunk and into my (Travis) arms and kissed me on the cheek. I (Travis) flashed back to when we first met and our interaction was as modest as a pat on the shoulder. This was my (Jaime) first experience with the termination process and as I struggled with heartache I was overcome by tears. Tuân jumped down and began rummaging through his meager belongings. He appeared in front of me (Jaime) with a tissue and began to wipe my eyes. As we walked towards the exit, Tuân yelled out his window and motioned for me (Travis) to come back. He gave me a small battered figurine of a cartoon character. Knowing that he has very little, I (Travis) refused to take it but with a playful smile he insisted. I (Travis) smiled back and then turned to walk away so that he could not see my eyes fill with tears. We found it interesting that on this day Tuân displayed more togetherness and strength than we did. As he comforted us, we were reminded of his resiliency and his story of survival. Throughout our four months working at the Welfare Center we focused on making a difference in the lives of the residents. It wasn't until our last day that we realized the real difference and the biggest change had occurred within us.

Our work with the social work students and the University to create sustainability is the only reason that enabled us to walk away from this project with a feeling of hope. Social work students will continue to provide support to residents and in the future may even bring programs to the Center such as: educational programs, vocational training, hygiene classes, etc. It is exciting to think about all of the possibilities and opportunities that await the social work students as they are the first of their profession in Vietnam. Our experience in Vietnam as a whole represents what the profession of social work truly is – to make connections, foster helping relationships, empower people to help themselves, and then let go.

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1960 to 1976 (The First Sixteen Years of My Career in Social Work): The Settlement Years

Thomas Morrison McKenna

Abstract: This section of reflections on my 50 year career in social work focuses on my formative years from social work school through my work in the settlement movement in New York City. It encompasses a vibrant and vital period in the struggle for social and economic justice that continues through this day. I was fortunate to have lived and worked during this tumultuous time.

Keywords: settlement house years, social work career, delinquency, poverty, civil rights

Introduction

This section of reflections on my 50 year career in social work focuses on my formative years from social work school through my work in the settlement movement in New York City. It encompasses a vibrant and vital period in the struggle for social and economic justice that continues through this day. I was fortunate to have lived and worked during this tumultuous time.

At each stage described below, I will provide some narrative including accounts of some of the meaningful interactions I had which influenced my development as a social worker as well as reflections on the historical events which helped shape these two decades as they impacted my practice.

(1960 – 1964) Graduate Student, Group Worker, and Supervisor

As I was finishing up at DePauw University with a BA in Psychology and entering my twenties, I decided on social work as a career and enrolled at Columbia University to get my MSW. Certainly the radical backgrounds of my mother and father (both were Communists in the 30s) were key influencers of this choice of career path though neither one was particularly pleased with my decision. They had both long since left the fray for social justice and were comfortably ensconced in a middle class lifestyle though both were quite liberal politically, particularly my father. I'm sure they would have preferred my becoming a doctor since I had started as a pre-med in college, but since I had figured out that my attraction to becoming a doctor was essentially to "do good," social work, which was the route my mother had taken, and was simpatico with my father`s commitment to social justice, seemed a logical choice. I reflected on my participation in sports (football at the high school and college level and baseball in high school), and having been enamored with the play *West Side Story*, the notion of working with gangs seemed a good way to carry out my budding social philosophy.

Fortunately, one of the steps leading to my choice of social work was a summer job experience sponsored by The Social Work Recruiting Committee, at The Wel Met Camps, where I met my wife to be. Kay O'Connor had also chosen that same route, and we had a wonderful summer of 1958, as counselors in a social group work oriented setting. Although Kay was a practicing Catholic and I was an agnostic, we shared a common social philosophy. Her inspiration for social justice had come from Dorothy Day and The Catholic Worker movement. We were married in September of 1960 as I was entering my second and final year at Columbia. We are still going strong as a couple more than 55 years later, with two wonderful fully-grown offspring.

My second year placement at Columbia was at Hamilton Madison House on New York's Lower East Side. As a group worker, my primary work experience was with an African American social club/gang called The Conservative Gents. I hung out with them on the streets, met with them at HMH where we played basketball, shot pool, and sponsored dances. I also worked with them to get jobs, and went to court with them when they were in trouble. We went on overnight camping trips together and I used whatever contacts or insights I had to support their activities and interests. For example, going through the process of making bongo drums with help from our woodworking shop and arranging for a well known Bongo drummer and recording artist Babatunde Olatunji to meet with the group at his home in

Brooklyn. The group members were in their early to middle teens and were in and out of court for truancy, petty theft and drug use. They were not a hard core fighting gang, and one or two did quite well in school though this was certainly not the norm. They were mostly from single parent homes and lived in the Lower Income Project where HMH was located. One of the boys died of an overdose while another was the older brother of Luther Vandross who was to become a big pop star. I got a glimpse of what life was like growing up as a young black male from a welfare family background. For example, one night while walking with my group down a street outside our neighborhood, several white pedestrians deliberately crossed the street as they approached us. On another occasion I was in charge of a bus trip to a country park with my group and their friends and upon stopping at a rest stop along the way, the proprietor of the convenience store locked his door as he saw us departing from the bus. Experiences like this, which unfortunately were not infrequent, certainly had an adverse effect on the self-esteem of these adolescents, to say the least.

My Masters thesis was a group project that focused on the study of the different delinquent gang subculture types and was under the supervision of Professor Richard Cloward, who greatly influenced my thinking about delinquency. His theory of delinquency as espoused in his book "Delinquency and Opportunity," co- authored by another Columbia Professor, Lloyd Olin, was based on Emil Durkheim's classic description of "anomie," which asserts that in a state of "normlessness," individuals particularly from disadvantaged backgrounds with few clear role models for paths to success in the conventional world, gravitate toward criminal or delinquent subcultures with their own norms for behavior. In the case of adolescents there are three major adaptations of delinquent behavior, or acting out: the fighting gang, the retreatist, or drug sub culture, and the criminal gang.

After receiving my MSW in Group Work from Columbia in 1961, I stayed at Hamilton Madison House (HMH) as a group worker in the Teen Program. In addition to continuing my work with the Conservative Gents, I worked with the local neighborhood council to organize softball and basketball leagues that served the multicultural Two Bridges Community. Located between the Manhattan and Brooklyn Bridges, the area included Alfred E. Smith Houses, which was largely Black and Hispanic, Knickerbocker Village, which was primarily Italian, and tenements on the edge of Chinatown. Written communications were in three languages.

Needless to say, there was a lot of racial tension and organizing sports leagues was seen as a major way to foster some common activity, though the teams organized themselves pretty much by race. On one occasion, a group of Italian men from Knickerbocker Village crossed the Catherine Street border into Smith Houses and attacked an African-American adolescent who was rumored to have beat up an Italian youth. Although there were not organized Italian fighting gangs in the area, the fathers of teen boys, sometimes took matters into their own hands. Since the fathers of the black delinquent youth were often absent from the home, it was left to the adolescent gangs, which included my Conservative Gents, to respond. There was talk of a counter attack into Knickerbocker Village, which was tamped down by the social workers and priests in the neighborhood, including myself. In many ways, we were an instrument of social control, along with gang or "street club workers," paid by The New York City Youth Board, which also sponsored outdoor dances and provided funds for special events and bus trips out of the city for gang members.

In '62 I was promoted to Director of the teen program at HMH. This meant more supervisory and administrative experience in addition to group work. I continued my connection with Columbia as a field work supervisor, a role I maintained throughout my career. My big influence was Bill Schwartz, a professor at Columbia whose work focused on open and direct "contract setting" with both clients, groups and supervisees – no hidden agendas, and lots of self awareness. Bill was a leading scholar and author in the field of social group work in the 60s, and I was lucky to have him as a hands-on mentor. One case he helped me with was the eventual termination of a supervisee who worked with a Puerto Rican Drug group through a contract we had with Mobilization for Youth (the first big anti-poverty program in the nation focusing on juvenile delinquency). Harold K had become so identified with the group and its problems he ended up smoking pot with them. Bill saw it coming in my records long before I did and helped me work through

issues related to authority and setting limits, lessons which became very crucial to my work in the years ahead. Probably the skill he emphasized most was listening, the ability to hear where the client or for that matter anyone you were working with, was "coming from." His notion of mutual aid as a guiding principle in understanding and promoting group process, helped me to see how, through the group, individuals basically meet each others' needs. This became crucial to me in my "administrative" work with boards and staffs, and particularly important in my future work as National CEO of Big Brothers Big Sisters of America for fourteen years.

Working with a mix of wealthy individuals, celebrities, people possessing special skills or knowledge, and those who benefitted directly from the service allowed for the potential for strong boards built on trust and commitment to a common mission. The skills I learned as a group worker were critical in helping me to succeed in these later years. I found that engaging and thus empowering board members in shaping the direction of the organization was a more effective strategy than simply "managing" the board through a low level contract characterized by a less involved board which pretty much left things up to the staff. An engaged board meant one that not only raised more private funds but also used their connections and expertise to advance the work of the organization. The last ten years of my career were spent at Penn where I focused my teaching on nonprofit leadership, which included great emphasis on building strong boards. I'll comment more on this in my conclusion, but now lets get back to the sixties.

1963 was a year when many threads came together resulting in my full engagement in the civil rights movement. Ed Pitt, a young black social worker joined our staff as a worker in the teen program. He had been an active participant in college at North Carolina AT&T in the Woolworth lunch-counter sit-ins, one of the seminal events in the evolution of the movement. He brought his zeal and commitment to HMH and especially to another young social worker who joined our staff that year, Mickey Schwerner, who later became a martyr to the cause. It's hard to imagine, but Mickey had been asked by Columbia to Intermit from school after his first year in order to get more experience before returning to complete his MSW.

Three events sparked the engagement of Ed, Mickey and me. A July 4th sit-in at The Gwynn Oaks Amusement Park in Maryland, demonstrations at the construction site of Rutgers Houses on the lower east side and The March on Washington for Freedom and Justice. All three are viewed as landmarks in the history of the civil rights movement with the most famous being The March on Washington, the highlight of which was Martin Luther King's "I Have a Dream" speech.

The successful demonstration to desegregate The Gwynn Oaks Amusement Park (1) was led by black ministers and consisted of a couple of hundred activists, mostly from New York and Philadelphia, who met at a church in west Baltimore and rode in buses to the privately owned amusement park, where 283 of us were arrested for trespassing and spent the night in jail. This was the first experience of this type for both Mickey and me. I'll never forget Mickey staying up all night trying to convert one southern white youth who was in our cell and had been arrested for drunkenness. My other vivid memory is of us getting ready to leave the bus and being reminded of our training in non-violent resistance (putting our arms over our heads) if we were attacked by a mob. Fortunately this didn't happen as the police were out in force and arrested us rather quickly. We were released the next day and returned to New York full of enthusiasm for the next encounter.

That summer, the civil rights movement came full force to our Two Bridges community. The focus was on integrating The Building Trades Unions, which were well known for their policies of grandfathering family members for construction jobs. Since the unions were all white, this in fact amounted to blatant discrimination. Just a couple of blocks down the street from HMH was the construction site for Rutgers Houses which became the target along with Rochdale Village in Queens for large scale sit-ins to block construction workers from entering the sites. Unlike Gwynn Oaks, this was largely a community based demonstration, and as such, many of the teens and adults who frequented HMH became a part of the rallies and subsequent sit-ins where Ed, Mickey, and I were subsequently arrested. We were taken to The Tombs, a Manhattan based detention center where we were adjudicated later that day. Our lawyer was Mark Lane, a well-known civil rights lawyer who counseled us to plead guilty to trespassing and

resisting arrest.

We were given our choice of thirty dollars or thirty days. Mickey and I chose the former. Ed Pitt wanted to make a stronger statement, so he took thirty days, and was sent to the Brooklyn House of Detention, where he ironically met up with one of the kids he was working with, who had been sent there for petty theft. Imagine the surprise of the kid when he saw his worker, who was trying to keep him out of trouble, and ended up in the same place.

As the summer rolled around to a close, all of us at HMH were involved in planning for the massive March on Washington, scheduled to take place on August 28. Through the help of Mickey's parents we were able to pay for two buses to transport our group of teens, adults and staff to the demonstration. It was a moving experience to be part of such a monumental event.

Later that fall Mickey and his wife Rita who lived nearby in our Brooklyn neighborhood where our son Mark had been born earlier that year, made the fateful decision to go south to work with The Congress on Racial Equality (CORE) in Mississippi, and the rest is history. Mickey along with his two colleagues, Andrew Goodman and James Chaney, were murdered that following June 21st by The Klu Klux Klan. Mickey and Rita had organized a Community Center, and were actively encouraging voter registration among other civil rights activities. The brutal killings sparked the signing of The 1964 Civil Rights Act and The Voting Rights Act of 1965. Kay and I received numerous handwritten letters from Mickey and Rita during their time in Mississippi which we unfortunately lost, or threw out by mistake, in the process of our several moves. Movies and TV dramas depict their story. Probably the best are "Murder in Mississippi" with Tom Hulce playing Mickey, and Jennifer Grey playing Rita, and "Mississippi Burning" starring Gene Hackman as an FBI Agent.

(1964-1967) Assistant Executive Director of Bronx River Neighborhood Centers

The next move up the ladder for me was to become a Community Center Director. In the spring of 1964 I went to work for The Bronx River Neighborhood Centers (BRNC) as Director of their James Monroe Community Center. Located in the Soundview Bruckner section of the southeast Bronx, JMCC was located in a low-income housing project and served a mixed community of White, Black and Hispanic people. Programs were primarily youth centered and ranged from a Child Care Center to a teen program, and included an active after-school program and summer day camp, for kids ranging from 8 through 13. I remember one single parent black family, whose two daughters were in our teen program. They had to take care of their infant brother, while their mom worked, and often brought him to the center with them. He turned out to be an all American basketball player and became a successful pro and later an assistant coach. I also remember another teen in our program, who I helped get accepted to Hotchkiss as part of the A Better Chance (ABC) program, which placed low income minority students in top prep schools. He went on to gain fame as a singer and later became a successful movie exec. He passed away earlier this year. In the 90s I contacted him and tried unsuccessfully to get him involved in a fund raising event. But he made it clear he didn't want to "look back."

I continued to supervise grad students and had a small year round staff of three full time workers which grew to over a dozen during the summer months. Kay and I moved with our year old son to a middle-income housing development a few blocks from the center. I got very involved in the larger community helping to form The Soundview Bruckner Community Development Association, and getting appointed to the local school board for the district. This was prior to members having to be elected. I also had my first opportunity to work with a board of directors which consisted of a range of adults from the community, most of whom were parents of kids in our programs. This was a relatively uneventful period of time. My strongest memory is of a terrible accident to a young boy who almost lost his leg when a ping-pong table collapsed on him. I remember literally holding the boy's severed leg together (he had a compound fracture with the bone breaking the skin of his lower leg) until the ambulance arrived. The parents of the boy were so grateful their son's leg had been saved they never even considered suing us for what was obvious negligence on our part. What a different litigious environment exists today.

A year and a half later, I was promoted to Assistant

Executive Director at BRNC, in charge of all programs in four locations including oversight of James Monroe. The experience there in managing staff and budgets for the many programs run by BRNC was very essential to my development as a manager/administrator, though I continued to have a direct hand in working with youth. The Executive Director was a solid administrator though not very creative and BRNC had a multitude of sports and recreational programs in addition to Headstart and social programs for seniors and adults. They were not as oriented to organizational work in the community and didn't get very involved in community activities. None of the more than 25 staff actually lived in the community except for me. I got a chance to work with some of the members on the board, all of who also lived outside of the community including a very wealthy elderly woman who was a big contributor in my later years at United Neighborhood Houses.

(1967-1971) Executive Director of Hamilton Madison House

In the spring of 1967 I was recruited to come back to Hamilton Madison House as Executive Director, another step up the ladder. My mentor at HMH, Geoff Wiener, left HMH as Executive Director to get his doctorate at Columbia and was now the volunteer Chair of the Board. Coming back as head of HMH was a great opportunity to play a larger role in serving the Two Bridges Community. At 29 I was the youngest Executive Director within our network of 36 settlement houses affiliated with United Neighborhood Houses (UNH). My predecessor was an experienced social worker who was known for his professionalism but didn't really understand or care for the community organization aspects of the job, nor was he at all hands on in his approach to working with staff. He delegated all staff supervision to the assistant ED. The agency was languishing and in financial difficulty. The board stepped in and fired the ED. My first decision as executive director was to not continue with the Assistant Director, much to his chagrin. By now I had experience "letting people go" and I felt comfortable with the decision.

Another decision was to once again move into the community where I worked. Kay and I moved to the lower eastside a few blocks from HMH with our son Mark, and soon to be born daughter, Lisa. We lived in a Mitchell Llama Co-op with a great view of The East River. It was situated amid low-income housing projects and tenements and proved to be a great place to be, with lots of good friends with young families, most of whom were social workers like us. Our son Mark enjoyed the programs at Henry Street Settlement, and Kay helped organize a cooperative nursery school at the nearby Educational Alliance Settlement House.

For the next four years I was the Executive Director of HMH. These were turbulent years, highlighted by The War on Poverty with its "maximum feasible participation of the poor" in government funded programs which included Head Start, VISTA, Neighborhood Youth Corps, Community Development, Jobs Training and many other federally funded programs. The funding for many of these programs was through neighborhood-based boards of community residents called Community Corporations which reported up to a citywide Council Against Poverty. For the first time, low income, Black and Hispanic community residents had a real voice in decision making, and this largely political experience became a route for many to become state and federally elected officials. Examples include Congressmen Adolphus Towns and Major Owens from Brooklyn, and John Conyers from Detroit.

In order for Settlement Houses to remain relevant and receive government funding, we needed to bring local residents on to our governing bodies. Since I had been active in the civil rights struggle and believed very strongly in community engagement/participation, this fit right into my approach to leading HMH. I was very involved on The Lower Eastside Community Corporation while at HMH and in later years was a member of the Citi-wide Council Against Poverty. The major role of the community corporations and its citywide parent was the allocation of antipoverty funds to community based and citywide nonprofits. Many long nights were spent in the bargaining and horse-trading .

With the influx of government funding, the size of the staff of HMH grew to well over a hundred. Our programs included day care, Head Start, a mental health unit with a psychologist and a psychiatrist, a community organization with a focus on housing and community development, a teen program with a focus on at-risk youth, an example being Alternatives to

Detention, an after-school program heavy into tutoring, and a senior citizens program, which consisted mainly of several hundred older men who had left their families in China many years ago. Through these programs and services we reached thousands of community members who represented the three major racial groups with distinctive ethnic identification among them such as Italian, Puerto Rican, and various Asian peoples. In fact as an outgrowth of our mental health unit, our program director, Harold Lui was instrumental in our establishing the city's first Chinese mental health program, the Chinatown Family Consultation Center, which later grew into the largest Asian mental health program in the city serving Chinese, Japanese, Philippine, and other Asian groups. As an example of the diversity in the programs, I was able to choose from three types of lunches each day: soul food by the Headstart program cook, Chinese at the senior citizens program, or Greek/ Italian by our day care center cook.

Like 1963, 1968 was punctuated with major social action initiatives where HMH was involved. The Poor Peoples Campaign (2) was an outgrowth of the riots in Newark and Detroit the year before. Martin Luther King was the driving force. His idea was to bring non-violent protest to Washington in the form of turning the area around the Lincoln Memorial, the site of his great civil rights speech, into a tent city of low income and unemployed protesters for economic justice in the form of federal legislation that would be introduced to Congress as an Economic Bill of Rights. Unfortunately Dr. King was assassinated in April, a month before "Resurrection City" was created. Although the six week long encampment attracted around 10,000 full time tent city residents, it did not lead to any major legislation as the 1963 March on Washington had. Our Two Bridges Neighborhood was represented by a group of dedicated activists. I remember being part of the construction of our tent in the middle of a very muddy area within sight of The Lincoln Memorial. Two positive outcomes were increased awareness of the plight of the poor, and the embracing of economic issues by the civil rights movement. In the middle of the life of "Resurrection City" Robert Kennedy was assassinated on June 8th. He had been an early supporter of Dr. King's original plan.

Around this time another social action initiative was taking hold in our community and around NYC: the welfare rights movement. Welfare clients organized to push for changes in the welfare system through demonstration at the offices and home of the Welfare Commissioner, Jack Goldberg, whom I knew well from his days as the Director of Camp Wel Met, where I had worked for two summers. The demonstrations led to the institution of a flat grant payment system, as opposed to welfare recipients having to itemize their needs, for example, money for clothes in the fall, for the school year. The tactic used by protesters was to flood the welfare offices with requests for checks for specific items leading to a bureaucratic nightmare for the department. Although the amount of the flat grant was too low, it did represent a reform in the way welfare recipients were treated, no longer needing to justify each expense, no matter how small. One of our community organizers on staff at HMH, Jeanne Latting Jones, was in the forefront of the demonstrations that included many of the families in our program, some of whom were involved in the Poor Peoples Campaign. (3)

The third well-documented historical event which rocked our neighborhood that year was the public school strike, called in the fall by The United Federation of Teachers led by Al Shanker. The citywide walkout was called in response to the experiment in community control then underway in three areas: Oceanhill Brownsville in Brooklyn, IS 201 in Harlem, and our own Two Bridges neighborhood. Our three areas were designated "Model School Districts" and were funded by the City and The Ford Foundation to put in place elements of what is now called school reform. These included what were then new concepts in education such as " schools without walls." The controversial part, however, was the authority given to community school boards in those areas to select their own superintendent who in turn had authority over hiring principals. Teachers were also to be held accountable for their performance. It was working fine in our area, but in the other two where there were clear racial overtones given the nature of the two black ghetto communities, things did not go smoothly, to say the least as several teachers and administrators were fired. In Two Bridges, HMH played an active role in helping to keep our schools open. We were the only district of the three where most of the teachers did not go out on strike. This was because they had been heavily involved in the experiment through true community participation,

made possible by a foundation grant to establish PDP, The Parent Development Program, one of whose leaders was Paul Kurzman, a longtime board member of HMH. Our after-school tutoring programs took place in the schools and our staff and parent groups were very present in keeping the schools running. In fact, after the strike ended and the UFT had essentially emerged victorious in forcing The Citywide School Board to end the experiment in reform, the principal in one of the schools actually terminated our tutoring program in his school. We had the community on our side though and the program was reinstated. The UFT actually picketed HMH one day in protest of our role in the strike. Our parents were quick to counter demonstrate and the UFT sponsored picketing did not continue the next day.

One of the most dramatic examples of the multifaceted role of HMH took place the following year. It demonstrated how much HMH was a part of the Two Bridges Community. Volunteers in Service to America (VISTA), otherwise known as The Domestic Peace Corps, was an important federal source for staff in several of our programs. We had over a dozen workers, one of whom was assigned to work with The Two Bridges Neighborhood Council. Ken was an English major who like to write and the director of TBNC, Dick Duhan, who we worked with very closely, needed someone to develop his Council Newsletter, an important source of information in our tri lingual community.

Around mid-night one evening, Ken was working at the TBNC office, which was located in a storefront down the street from our main headquarters. Apparently he was doing some last minute editing of the newsletter when a truck pulled up to the storefront next door and began to unload hundreds of cartons of cigarettes. Since the storefront in question was rumored to be a Mafia hangout (there were always older men out front playing cards), Ken was suspicious and called the local police precinct to report what he thought might be an illegal activity: importing cigarettes from a southern state to avoid paying taxes on them and then selling them for a larger profit. It took a while for the police to respond and by the time they finally arrived the truck was long gone. Ken described what he had observed but there was no further action taken.

The following morning Dick was paid a visit by one of the older guys from next door who told him what a mistake the "young kid" had made the night before by calling the police and that something was going to happen to teach him a lesson. Dick then came over to my office, explained the situation, and asked for my help. I had an idea.

Our Headstart pre-school program was the most integrated of any of our services. The focus was not only on the kids but also on their families through what was referred to as "parent participation." Parents of kids in classes were hired as teacher's assistants and one of them was an Italian woman whose mother, Eleanor J., often hung around the program which served her daughter, a single parent mom and parent aide in the program, and grandson who was a participant. I had gotten to know Eleanor who was a very gregarious woman and whose brother was a well-known racketeer. Her husband was the leader of the Democratic Party in the neighborhood and they lived in Knickerbocker Village, the aforementioned middle-income co-op across the street.

Eleanor and I had once had a conversation about the new book everyone was reading called "The Godfather" and she made no bones (pardon the pun) of her knowledge of the sub-culture depicted in the book later to become one of the most popular movies ever made. My idea was to ask for Eleanor's help in dealing with the danger to Ken, our VISTA worker. I was pleased when Eleanor said she would look into the situation after I had described it to her. She was very calm and noncommittal in her response.

A few days later Eleanor reported to me that everything was going to be all right with Ken. I was very relieved, to say the least, but couldn't resist asking her what she had heard was going to happen to Ken. She calmly replied "they were going to throw acid in his face." Later Eleanor asked me if we could assign a youth worker to set up an outreach program for "their" teens in the basement area of Knickerbocker Village. Needless to say, my response was a positive one.

Our programs and budget continued to grow at HMH and I began to conceptualize a purpose for our overall approach: "to enable our community to better deal with the major institutions/systems that impinged on their lives." There were five: world of work, juvenile

justice, welfare, education, and health/mental health. All of our programs seemed to fit within this context. I also continued my interest in drug addiction though involvement with The Lower Eastside Addiction Services Agency.

During '69 and '70 I also became very involved with our parent federation, United Neighborhood Houses of New York. Here I was able to interact with the other executive directors of the then 35 settlements in New York City. A year later I became the president of The Executive Directors Council, a peer group which met monthly to share best practices and advocate with UNH on key social issues. I developed a strong relationship with Bert Beck, the leader of the largest and most well known settlement house, Henry Street Settlement. Bert was an older man with a strong reputation in the field. I considered him as much of a mentor as Geoff Wiener and Bill Schwartz had been earlier in my career. In fact it was Bert who in late 1970 was my key supporter for the job of ED of UNH after the long time head, Helen Harris, had announced her retirement. Helen's retirement was precipitated by a strong protest from the Executive Directors Group over her refusal to continue UNH as a citywide sponsor of The Neighborhood Youth Corps, an important youth employment program which was of great benefit to all the settlements. The program was involved with a great deal of red tape, and at this late stage in her illustrious career, Helen Harris just didn't want to bother with it. She had been the head of UNH for over 25 years.

In early 1970 I was recruited by a headhunter to become the head of a large group of settlement houses in Chicago. It seemed a natural progression for my career, and I went through several interviews and a trip to Chicago before I was offered the job. Kay and I were ready to move our young family to Chicago when I was informed that the board had given in to pressure from black leaders to not hire a white guy for the job and had rescinded their offer. I viewed it as fortunate that I hadn't uprooted my family only to be driven out of the job upon arrival in Chicago. Clearly, the board wasn't in touch with the community. Although I had already announced to my board at HMH that I would be leaving they were happy to take me back. Word was out about my willingness to change jobs and I was asked by Bert and several other EDs if I would be interested in applying for the top job at UNH.

When I threw my hat in the ring for Executive Director of UNH, I had the support of the local executive directors, but not the key members of the board of directors nor Helen Harris and her top staff, all of whom were older and more experienced than I was. UNH had become somewhat removed from its affiliates, and my approach, as it was in my later job at BBBSA, was to bring the "locals" into closer alignment with the parent group so that they were truly "united." My biggest supporter for the job on the board was Helen Hall, a retired executive director who was the best-known person in the settlement movement over the past 50 years. The board deadlocked on several older and more-well known candidates, and then finally settled on me. Helen Hall placed a phone call to me, after the crucial board meeting, telling me: "you're in." This was now in the fall of 1970, and the decision was to be kept confidential until after a great celebration was to be held later that fall honoring Helen. It was held at The Waldorf Astoria and included most of the political luminaries of the city, including the Mayor and several Congressmen.

(1971-1976) Executive Director of UNH

In 1971, at the age of 33, I became the Executive Director of United Neighborhood Houses, The Federation of New York City's Settlement Houses. The next five and a half years proved to be very productive. UNH became more united, and an even stronger force for change in NYC. Through our Settlement Housing Fund (SHF), led by Clara Fox, and our Settlement Houses Employment Development Program (SHED), led by Juliet Brudney, we sponsored the development of a variety of housing projects, employment training, and development programs. Both Clara and Juliet were my seniors and had stood with Helen in opposing my candidacy for the job. However they both came around to buy into my approach and leadership, and eventually accepted me as their boss. My approach was essentially one of consensus building among our major stakeholders: the local affiliated settlement houses, focused on the development of government funded joint projects. Several major new programs were initiated, including a multimillion dollar adult consumer education program, funded by Title XX of the Social Security Act, the employment of several hundred workers

placed in Settlement Houses funded by The Comprehensive Employment Training Act (CETA), a citywide Alternatives to Detention Project which I hired my former assistant director at HMH, Harold Lui to direct. This program focused on serving adjudicated youth and was built on the model we had worked on at HMH. Our Senior Companion Program also worked through our affiliates to bring outreach workers and meals on wheels to low income senior citizens.

Beyond program development and subcontracting with settlements to carry out government funded projects, UNH provided technical assistance to agencies in all of its program areas and assisted in fund raising with foundations and individuals through the Joint Supplemental Fund, moneys of which were distributed on a formula basis. We fostered collaboration and mergers where needed through our Cluster Program in areas we served, such as the South Bronx, Lower East Side, West Side, and South Brooklyn, and were heavily engaged in social action on a citywide level, related to our work in all areas. We were in the forefront of the move to decentralize public services in the city and to separate them from flat grant payments to welfare recipients. We also helped establish a Statewide Federation of Settlement Houses, for the purpose of social advocacy on the statewide level.

The demographics of the settlement movement in New York changed radically during my time, pushed mainly by the advent of The Poverty Program in the 60s. I embraced this change and pushed it whenever and wherever I could. By 1975 more than half of the 50 key executives in settlements were black or Hispanic and the majority of overall staff which now numbered 3,313, more than doubled, were residents in the neighborhoods served by their settlement. More than forty percent of the local board members lived or worked in their settlements neighborhoods. Self-help was not just a fancy phrase but had become a daily reality of settlement life.

An important dimension of my work at UNH was working with my own board as well as the leadership of local boards, and I was very fortunate to have two highly committed and effective Board Presidents at UNH in Dr. Arthur C. Logan and former NYC Mayor, Robert F. Wagner.

Arthur Logan was a distinguished African American surgeon in his mid sixties, who was among other things, the doctor and best friend of Duke Ellington. His second wife was a former jazz singer, twenty years his junior, who was very bombastic. For example, Arthur called me back from a consultancy I was doing in Florida on my vacation, to deal with his wife who was over spending our funds to develop a fund raising auction with the public television station in NYC that eventually fell through. His highly publicized death on Nov. 25, 1973 was from a fall from the elevated Henry Hudson Parkway at 134th street, onto the site of what was to become The Arthur C. Logan Memorial Hospital. I served as a pallbearer at his magnificent funeral in Riverside Church, attended by Mayor Lindsey, Whitney Young, and Ramsey Clark, to name a few.

Arthur had been a big help to me in my first years at UNH. His support was critical to my being accepted by the Helen Harris admirers. There is a photo on my "ego wall" of Arthur, Helen and I cutting a cake at our 70th birthday after I had just become Executive Director. He was the most skilled chair of a meeting that I have ever seen, and was extremely helpful to me in gaining support for my ideas from the board. He was a true mentor and close friend. After his death there was a great deal of discussion about who should succeed him. The two leading candidates were Cyrus Vance who had been president of Union Settlement, and former mayor Robert F. Wagner, who had worked closely with the settlements during his tenure at city hall and was a big admirer of Helen Harris. By this time Helen and I got along quite well, as she too had gained confidence in how I was leading UNH. She and her long time admirer Julius C. C. Edelstein convinced Wagner to take the post.

It was fun having Mayor Wagner as my board president. He opened lots of doors and was very much in demand as a speaker at various settlement functions. His speeches were always written by Julius, who was a real character, and had been the deputy mayor under Wagner. He was now the Vice Chancellor of The City University System. A visit to his office at CUNY would entail walking over literally dozens of copies of The New York Times laid out on his floor. Mayor Wagner was deaf in his left ear and always had me on his right side at meetings so he could hear me. He also explained to me once how he faked eating by moving around the food in his mouth and skillfully dropping it

into his napkin when he got a chance. Needless to say, he was required to attend far too many dinners on the rubber circuit as mayor. He was very laid back and made famous the expression "if it ain't broke, don't fix it" but this belied a highly astute politician who was a true liberal in the tradition of his father Senator Robert F. Wagner.

One of the culminating events in my tenure at UNH was our 75th Anniversary Dinner, the biggest fundraiser in our history which honored two of the major givers to settlement houses through our history: Lawrence Rockefeller and Brooke Astor. The event was held at the Hotel Pierre on 5th Avenue, probably the city's fanciest banquet venue, at the insistence of Mrs Astor who also gave us her list of vendors to solicit as did Lawrence Rockefeller. The Chair of Shell Oil, Gus Taveloraos, served as a vice chair as did several settlement alumni among them Kirk Douglas, Burt Lancaster, and Harry Golden. Politicos like Louie Lefkowitz and new Mayor, Abe Beame, also settlement kids, were also present. A highlight of the evening came when Brook Astor made a speech extolling the value of settlements. What was important was not what Mrs Astor said, but what resulted from her remarks. Within the next week more than a dozen of our locals had written elaborate fund raising letters to her, and as a result her key staff aide, Linda Gillies, called me to set up a meeting to discuss how Mrs. Astor should respond to all these requests. She took my advice and recommended to Mrs. Astor that she make a gift to our joint fund which would be distributed through UNH to the settlements. Mrs. Astor came through with a commitment of a million dollars, which at that time, was the largest single gift ever made to UNH.

In my final couple of years at UNH, I recruited my old high school friend, Sid Lapidus, to become involved as a volunteer committee member. He soon became treasurer and then several years after my departure, the long standing Chairman of the Board, and its most active contributor and fund-raiser for over 25 years. He remains active today as Honorary Chair.

By 1976 things were really rolling at UNH despite the fiscal crisis facing New York City, that led to the State creating the Municipal Assistance Corporation, to meet the borrowing needs of the city and prevent its default. The Settlement's total budget had grown from 14 million to 35 million in the past five years and UNH had brought in close to 5 million in service grants and contracts from foundations and government in the past year. However, cuts in services were on the horizon in order for the city to regain its fiscal stability.

At the citywide level in addition to serving on The Council Against Poverty and the advisory board to The NYC Department of Social Services, I was active as a part of Community Council of Greater New York. At The Community Council I chaired their committee on the reorganization of the department of social services which developed a model for services decentralization to neighborhood locations throughout the city. Unfortunately, like school decentralization, it never came to be. Another Council committee I was active on was their Task Force on The New York City Financial Crisis, and it was there that I met the executive director of SCAA, Gordon Brown.

State Communities Aid Association (SCAA) was a 104 year old statewide public policy and advocacy organization focusing on improved health, mental health, and social welfare which has since changed its name to the Schuyler Center for Analysis and Advocacy. Because of the growing importance of the state's role in oversight of the "bailout" of NYC, SCAA became a key player on The Community Council Task Force and I got to work with Gordon who was planning to retire in '76. He approached me one day in true WASP fashion telling me he liked "the cut of my jib" and asked me if I would be interested in succeeding him at SCAA.

After thinking about my response for a few days, I answered in the affirmative influenced by the fact that by then I was interested in becoming The Commissioner of Social Services for New York City one day and felt that SCAA would give me more experience with government agencies. I had been a serious candidate for Commissioner the previous year but lost out to the retired head of Metropolitan Life Insurance, J. Henry Smith. In retrospect, I mistakenly thought that SCAA would provide a better route than UNH. Probably an even better route would have been to apply for the deputy commissioner job which Deputy Mayor Cavanaugh had asked me if I would be interested in. But, it was also clear that states were playing an increasingly important role in public policy

in human services so that I felt I could do more to influence policy through SCAA.

After I stepped down, Former Mayor Wagner also decided to step down as Board President and the Board hired my Assistant Director without undergoing any kind of a search. As is sometimes the case when there isn't proper succession planning, the number two person doesn't work out in the top job. I made the mistake of staying out of the decision making process even though I had some of my own misgivings which I did not express, as I should have. My eyes were too fixed on my next job. UNH went through some troubled times before selecting a new exec several year later who was able to right the ship.

A pattern had developed in the first 15 years of my career. I was doing well in my various jobs and gaining confidence in my ability to assume greater responsibility. Clearly I was very ambitious about advancing to what I thought at the time was the job where I could have the greatest influence and impact on peoples lives – Commissioner of Social Services. Because, through the years, cutbacks in public funds and the enormous shift in government funding from publicly run services to contracting out with the voluntary sector, my focus changed. It seemed that government had become more the monitor than the provider, and was limited in its creative development of new approaches by an increasing fiscally conservative public. SCAA afforded me the opportunity to work more directly on advancing progressive public policy options without having to worry directly about fund raising. It was financed through an endowment the earnings of which funded the core programs.

I remained at SCAA for the next nine years before being recruited to head Big Brothers Big Sisters of America, a post I held for 14 years before retiring to academia for the last ten years of my career, teaching nonprofit leadership and advocacy at the University of Pennsylvania.

As I now look back on my career, certainly among the most memorable years were those spent in the settlement movement. There existed a hope and spirit that inspired our work, and led us to truly believe that we could make a real difference not only with individuals and groups, but with society as a whole.

Unfinished Business

If I were to do an assessment of where we stand today, regarding the major themes which guided my work over 50 years, I would have to say that there is much left to be done.

Certainly strides have been made in the important quest for racial justice, but as recent events involving criminal justice has demonstrated, we still have a good way to go to eliminate institutional racism.

Sadly there has been little, if any, progress when it comes to economic justice. We appear to be headed more and more toward an oligarchy of the super wealthy elites, who dominate the political process through their unfettered campaign contributions supporting regressive policies. While it's encouraging to see grass roots support as indicated in polls for more egalitarian approaches to lessening the disparity gap between the haves and the have-nots, it's questionable how much change can take place given the dysfunction of the political process at the national level.

The field of social work has certainly changed in its orientation since my student days. We seem to have been captured by the health care industry. An indication of this is our identification in the yearly rankings of graduate schools by US News and World Reports. Social Work is listed under Health Specialties. And during my stint in academia at Penn, the School of Social Work, which was not even led by a social worker, actually removed 'social work' from its name. Although casework has always been the dominant methodology, back in the sixties we had a robust program in group work and community organization. Although we still see the term community organization used to describe a field of work, witness the experience of President Obama, it doesn't seem to be identified with social work training.

Admittedly I am out of touch with current trends in the field since my retirement six years ago, so I certainly hope there still is important advocacy and public policy work being carried out in the name of Social Work, as there was when I was active in the New York City Chapter of NASW thirty years ago.

Certainly there is much unfinished business and Social Work has an ever-important role to play. The birth of the settlement movement in the late 1800s and its evolution through the years stands as testament to significance of our being where the action is, in communities, and through neighborhood based services, and approaches, to making a positive impact on peoples' lives as well as society as a whole.

NOTES

I have indicated below links to websites with more background information from Wikipedia on three of the lesser-known demonstrations/movements I have cited.

Wikipedia (2015). National Welfare Rights Organization. Retrieved from https://en.wikipedia.org/wiki/National_Welfare_Rights_Organization

Wikipedia (2016a). Gwynn Oak Park. Retrieved from https://en.wikipedia.org/wiki/Gwynn_Oak_Park

Wikipedia (2016b). Poor People's Campaign. Retrieved from https://en.wikipedia.org/wiki/Poor_People%27s_Campaign

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Seven Self-Care Strategies

Joshua Miller

Abstract: This narrative describes the importance of centralizing self-care as part of being a social worker. Seven different self-care strategies are described and a self-audit tool is offered to help practitioners to generate a self-care plan.

Keywords: self-care, mindfulness, social work, self-audit, relational connections, vicarious trauma, traumatic growth, social distance, positive psychology

Introduction

Like many social work academics, my teaching, writing and direct practice overlap. My practice involves helping individuals, families and communities to recover from major disasters and armed conflict, as well as antiracism activism in the US, and I teach courses in both of these areas. I once published an article in Reflections called "Violet's Seeds" (Miller, 1996) which described a violent tragedy experienced by one of my first clients, when I was 25, and the impact that this had on me, which included what we would now call "vicarious trauma."

One of the ways that this was manifested was that I had a compulsive need to be available to the survivors of the tragedy and also to work with all of my clients to prevent future catastrophes. I would find myself in my office, a department of social services in London, late at night after everyone else had gone home, eating Chinese or Indian take-out while writing my reports. My workaholic habits isolated me from other people and meant that I had little time for my own self-care. In some ways this period, early in my career, established a pattern of intense investment in work that has characterized my career. While there have been some rewards and benefits to this intensity, it has also been a challenge to sustain this level of energy and it at times has meant that my life is out of balance. Thus, developing self-care strategies has been an important counter-weight to my fervent commitment to my work.

As with many tragic and traumatic situations, over time I experienced traumatic growth. It was this experience that directly influenced my desire to respond to acute, overwhelming emergencies, as well as stimulating my interest in helping professionals who are triggered and adversely affected by their work. What I have found from my work responding to disasters is that self-care strategies are important for both clients and workers; they help all of us to manage the toxicity generated by disasters as well as helping inoculate by stimulating our sources of strength and resiliency. One of the beauties of a self-care approach is that it is not only empowering, but cuts down on the social distance between the helper and the helped – we all need and benefit from engaging in it. In this article, I will describe seven self-care strategies that I have found valuable for myself, my students, and the people to whom I am responding.

My practice of self-care draws on positive psychology (Fredrickson, 2008; 2009; Seligman, 2012; Seligman, Rashid & Parks, 2006), resilience theory (Bonanno, 2004 ; Miller. 2012; Southwick and Charney, 2012) mindfulness (Begley, 2007; Chodron, 2001; 2002; Miller; Wallace, 2007) and neurobiology (Farmer, 2009), as well as my own experiences. Individual aspects of the model have been empirically validated although not this particular overall package. However, clients and students have reported to me successful ways that they have incorporated, metabolized and used these strategies.

Self-Care Strategies

In this section I will cover exercise, mindfulness, relational connections, altruism, meaning, pleasure and enjoyment, and deepening self-awareness. As can be seen from the list, self-care is multi-directional; it can involve an inward journey but also involves focusing outside of ourselves, such as on other people and our environment.

Exercise

Social work is exhausting and mostly a sedentary way of working. Not only that, but the work itself is

stressful and can release many hormones that keep us on alert, such as adrenalin and cortisol, and activate parts of the brain that generate feelings of anxiety, hyper alertness and fear, such as the amygdala (Farmer, 2009). Even when we cognitively know that this is happening to us, it still is occurring physiologically. And, of course, this can interfere with sleep, healthy eating, and intimacy with others, and becomes part of a cycle of tension and depletion, with negative physical, emotional, psychological, social and spiritual consequences.

Exercise flushes out toxins, releases good hormones, such as endorphins, stimulates sleep, has many physiological benefits and also grows brain cells, so we can think and perform more effectively (Southwick & Charney, 2012). It also improves our mood and often leads to higher levels of self-esteem.

The benefits of exercise are well documented but I know many people who find it difficult to develop a routine or to be able to maintain their exercise practice when deployed in the field or during very busy periods at work; the times when we most need it! So how can it be initiated and maintained?

I have found from my own experience and from talking with others that it is important to not be formulaic about how to exercise – what kind, how often, how hard – this can lead to feeling unable to live up to someone else's expectations or create pressure to do something that is not pleasurable. Exercise should strike a balance between pushing oneself and enjoying oneself. I made a commitment to myself that exercise is as essential as eating, bathing, and sleeping, which means that I have to do it every day. And this is where the need for flexibility comes in-sometimes it will be for two hours, at others for 15 minutes. When I responded to Hurricane Katrina with the Red Cross, I managed to run early in the morning or late at night. When working in Uganda during the rainy season, there are times I have settled for doing yoga underneath a mosquito net. Psychologically, it helps me to know that no matter what I do and for however long, that I am caring for my body and that elevates my sense of efficacy and self-esteem. I have now incorporated this into my expectations for students planning to do crisis intervention or disaster response work; building in exercise and other ways of self-care is part of their preparation to become an effective social worker.

Mindfulness

In my recent book on responding to disasters (Miller, 2012), I end each chapter with a mindfulness exercise. I also start and end each class in my disaster course with a brief mindfulness exercise. For the past few years I have been teaching a similar course at a Chinese University and have found students very receptive to this. I have also used mindfulness techniques in working with disaster survivors in Haiti, Uganda and Sri Lanka. The form that it takes varies and mindfulness practices need to be adapted and modified by indigenous people so as to be consistent with their life styles and cultural practices. But in most cultures, value is placed on being able to calm oneself, or exercise self-control, or on achieving elevated states of consciousness and awareness.

Mindfulness as a self-care strategy means to me that a person intentionally tries to build an awareness of themselves, often, though not necessarily, through some form of practice, where there is a greater ability to be present in the moment and to not be aversive or clinging towards particular thoughts, feelings and bodily sensations. When people are present, they are better able to be engaged with others and often find meaning in what they are doing, even under oppressive conditions and corrosive environments. Social workers engaging with clients, and students engaging with case studies and clinical material, are empathic people with mirror neurons, and often will vicariously experience pain and suffering.

Mindfulness allows a person to not fear these reactions or to try and avoid them nor to see them as some kind of inevitable vortex that will pull one into a downward cycle. The emphasis is on noticing such reactions and then letting them go – knowing that they will come and go but do not define who we are. It is common when doing social work to feel invested in certain outcomes, some of which we have influence over but others that we cannot control. Mindfulness can help sort out when to try harder on behalf of ourselves or others, and when acceptance will help us to let go of depleting and demoralizing concerns that are the subject matter of rumination; mindfulness helps people to situate their concerns in a bigger context and picture.

As with exercise, there is no one way to do this – it is an approach to things rather than a rigid set of practices. Some people, including me, meditate every day, even if it is only for five minutes. One of the things that I value about mindfulness as a self-care strategy is that it is portable; I can carry my practice with me wherever I am.

There are a wide range of mindfulness practices informed by a range of traditions – spiritual or secular. Employing a mindful approach includes doing regular body scans (Kabat-Zinn, 1990) or intentionally uncoupling from work concerns and focusing on nature (Coleman, 2006), or beauty or music. Journaling is another mindfulness strategy. When engaged with mindfulness, a person strives to be in the moment, aware of oneself, engaged with others and the larger world and to be less emotionally reactive; accepting of oneself without severe self-criticism or judgment. When there is no succeeding or failing attached to how a person engages in mindfulness, rather just an intention to be mindful, then it is less likely that person will evaluate themselves negatively, or feel discouraged and give up on this approach.

There is increasing awareness of the benefits of mindfulness. Research by Richard Davidson and others has shown, through brain imaging techniques, that mediators practicing mindfulness activate certain regions of the brain that lead to a greater sense of calmness and well-being (Begley, 2006; Wallace, 2007). Anxious neural territory (e.g. the amygdala) is often less active, while the more rational, pre-frontal cortex is more active (Begley, 2006). Some forms of mindfulness involve focusing on a single source –such as one's breathing – while others engage practitioners in guided imagery or intentionally breathing in other people's suffering while breathing out healing energy (Chodron, 2001; 2002). There are lots of web-based pages that offer suggestions about how to meditate or practice mindfulness – including one offered by Shambhala Sun, a Buddhist journal (http://www.shambhalasun.com/index.php?option=content&task=view&id=26&Itemid=161).

One benefit of a mindfulness practice is that it can lead to greater sense of oneness with others (Otake, Shimai, Tanka-Matsumi, Otsui, & Fredrickson 2006). This leads to the next self-care strategy – connection with others.

Relational Connections

Social work is a relationally based profession and relies on the use of empathic relationships, whatever the type of work, level of intervention, or approach being used. It is also a profession that values teamwork, supervision, consultation and mentoring – so there is a framework that encourages us to work with others.

Social support is a critical ingredient that has been found to help individuals to recover from trauma and disaster (Hobfoll, et al., 2007; Miller, 2012). It is what emerged as a pivotal ingredient in helping prisoners of war to withstand torture and degradation (Southwick & Charney, 2012). And it is one of the most important factors in stoking resilience (Miller, 2012; Walsh, 2003; 2007). Social networks can lead to better health, greater emotional well-being, and higher levels of self-esteem and a sense of meaning (Christakis and Fowler, 2009). When I went through my period of Vicarious Trauma, I lacked social support and once I was able to establish this, my symptoms diminished.

Social support has sustained me over the years and in many challenging situations. I find that it generates a desire to give back to others, which leads to the next self-care strategy.

Altruism and Social Action

It is in the nature of social work that we are altruistic – our goal is to help others reduce their suffering, gain more control over their lives, and to find more pleasure and meaning in what they do. Social justice is an important part of this mix. One reason that we help others is that it also makes us feel better about ourselves. I think one reason that I do this kind of work, is that helping others and engaging in altruism, generates positive emotions (Otake, et al, 2006) and forges closer social connections with others. Instead of feeling helpless, I feel as if I am contributing to healing or recovery, which also nurtures me. It is part of the beauty of social work that engagement with others, which can be the cause of much stress, is also an activity that fosters such pleasure, significance and inspiration. Helping others can transform "compassion fatigue" to "compassion satisfaction" (Radey & Figley, 2007).

But it is a delicate balance between experiencing the benefits of helping others and overdoing it to the point of depletion. The risks of focusing on altruism as a self-care strategy include feeling that we need to try and work harder, increasing fatigue and stress. If mindfulness and social support are also being used as a self-care strategy, then we will (hopefully) be aware of this risk and be able to monitor which side of the scale we find ourselves. I usually know when I meditate at the end of the day how fast my heart is racing, how heavy my eyelids feel, how preoccupied and obsessed my brain is with someone else's suffering, and how distracted I am. Or my friends and family let me know that I am too preoccupied with work, so social support helps to give me a reality check.

It is also liberating to engage in social action, to actively try to change policies, laws, or the culture of the agency where we work. Engagement with others in a struggle for justice is empowering. It can involve working to transform a toxic work environment to one of respect and collegiality. Or it could involve advocating on behalf of targeted or marginalized clients. As one of my mentors, Richard Cloward, once explained to me, there are seams in history when social change can happen and then the seams close up again, sometimes for decades. So it is important to take the long view, to keep the pilot light lit even when there is not enough fuel for a full flame of social justice, because at some point there will be. The act of resisting and standing for something gives us a sense of purpose and meaning, which is the next self-care strategy.

Meaning

Meaning is implicit in what we do in our work and yet it is sometimes lost in the avalanche of cases, or teaching requirements, or bureaucratic tasks or in the repetitive and mundane aspects of our work. When I was the director of a large state child welfare agency, I found that many workers were stressed and demoralized and had lost a sense of meaning and purpose in their work. This contributed to a demoralized group culture.

The search for meaning is one of the most important tasks of being a human being (Frankl, 1946) and yet it is all too easy to lose sight of this in our work lives. How can we intentionally build meaning into our lives? One way is to set goals and priorities for what we want to engage with and accomplish. When we have established goals and priorities, it is easier to see what is blocking them and we can develop strategies to re-set our goals or alter our plan for achieving them

Approaching meaning as part of a larger quest for spiritual growth may be appropriate for some but not others. Spiritual growth is one way of framing the search for meaning and purpose. Another is to view one's work and efforts as part of a larger political or professional agenda. Why are we engaging in the specific acts of our lives and to what purpose? Connecting the quotidian with a bigger picture helps to generate greater coherence and direction. It is easy to lose sight of this and to be in touch with the burdens of our daily activities but not their purpose and the value that this holds for us.

For example, I was asked to serve as the Associate Dean at my School at a time when I was engaged with some very meaningful practice and scholarship projects. I was also in my 60s. I agreed to do this as a form of service to the School but soon was feeling resentful about the many administrative responsibilities that constituted the job. I needed to remind myself of my commitment to my school, to educating future practitioners and to the profession to place the job responsibilities in the context of my commitments and priorities. I also had to work out a plan that led me back to being a professor rather than an administrator. Once I had a roadmap and timetable for this, I felt more comfortable with fulfilling my administrative responsibilities and could see how they fit with my larger career arc and trajectory.

Pleasure and Enjoyment

This is a simple one while it also can be stubbornly hard to achieve. When constantly immersed in the suffering of others, it can almost feel as if we are not entitled to feel good or have fun. Of course, balance in one's life is essential to being able to withstand the strains and rigors of social work and social work teaching. One of our hardest tasks can be giving ourselves encouragement, if not permission, to cultivate ways of enjoying ourselves without feeling guilty. Pleasurable activities certainly generate positive emotions and positive emotions in turn make people more stress resistant (Fredrickson; 2009,

Seligman, 2012). The motto work hard, play hard is apt. It is also particularly important to build this into a self-care strategy early in one's career. In my experience, workers who are working too hard and playing too little when they are young often carry these habits through most, if not all, of their career.

Deepening Self-Awareness and Self-Acceptance

While mindfulness activities can help with noticing thoughts, or even patterns, it can be helpful to go even further and develop greater self-awareness through self-exploration. There are many ways to do this. Therapy is an obvious one but it is not for everyone. Activities with others or journaling or artistic pursuits are others. What I have found for myself, and for many of my fellow social workers, is that self-acceptance and relaxing internalized harsh judgments are life-long tasks but can be mitigated with self-awareness. The ability to notice unproductive patterns, critical thoughts, self-defeating tendencies goes a long way –it doesn't make these issues disappear but they can be worked with and lead us astray less often.

Implementing a Self-Care Strategy

In my book on *Psychosocial Capacity Building in Response to Disasters* (Miller, 2012) I tried to help practitioners develop a means for self-auditing their self-care strategies, which I will summarize here:

1. Investment: Identifying one's goals and professional and personal commitments is a helpful starting place. Why are you doing this work? Writing down a few of these and even posting them in your office or on your computer can remind you of what this is all about.

2. Monitoring your investment in clients and outcomes: Try to notice when you really want a client to act or behave in a certain way, or to accomplish a particular goal. Notice when you are very preoccupied with particular clients or absorbing so much of their pain and anguish that you are suffering. Use self-care strategies to redirect your thoughts and feelings.

3. Supervision and support at work: If it is there use it, if not try to generate it. If it is not possible to adequately get this formally, then seek it from peers or outside consultants.

4. Exercise: Try to set some modest goals and a plan for what you hope to do and when you might do it. If you find that it is not working, don't hesitate to modify it or scale it back – but also assess what is getting in the way and what can be done to reduce the obstacles. For some people it helps to do this with others.

5. Recreational activities: Once a month reflect on what you were able to do and if you are not doing much, what is getting in the way and what it will take to balance out your life.

6. Mindfulness and meaning: Try to identify at least one strategy for achieving this – meditation, journaling, performing, hiking, yoga, etc.

7. Connection with others: Try to be mindful if you are withdrawing from social contact or working so much that you find it hard to hang out with people. Even a small encounter with a friend, like a cup of coffee together, can go a long way.

8. Help when wounded: There is nothing to be gained by toughing it out if you are experiencing the symptoms of compassion fatigue, depression or vicarious trauma. Ruminating about clients, breaking into tears about work issues uncontrollably, excessive anxiety, drinking or smoking too much, loss of libido or energy, too many sleepless nights – you know what the indicators are! Get help sooner than later. Do for yourself what you would wish for your clients.

Conclusion

I have encouraged readers to view self-care as an essential aspect of your practice. This essay has shared an admittedly personal and idiosyncratic approach to incorporating self-care, but also cited some empirical and evidence-based data supporting their value in fostering balance, resilience and an overall sense of well-being.

I hope some readers will share their self-care strategies with Reflections – we can all learn from and support one another. Social work is a noble profession not only because of its aspirations and values, but because practitioners are willing to deeply engage with the

suffering of others. It is for this reason that I encourage myself and others to develop our own unique blend and flavor of self-care, so that we are able to shoulder the weight and responsibilities that come with this line of work while finding pleasure and meaning in the process.

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Reflections from an Untenured Chair: Myths and Realities

Donna Wang

Abstract: This is a narrative account of a journey of an individual who earned tenure while in the role of departmental chair at a teaching institution. Reflections on the decision to take the position are discussed, as well as reasons and insights as to how tenure was successfully earned. Struggles in the classroom and student relationships were unique. Lastly, insight is offered for those in similar situations and connections to social work practice are made.

Keywords: academia, tenure, teaching, administration

In 2011, with only three years of full-time academic experience, I accepted an external position as untenured chair of a social work department. My career in social work academia was going well at the time. I had a full-time faculty position in social work at a university that did not have a tenure system. I was certainly happy enough, but then a colleague approached me and asked if I would apply to her university (a teaching institution) for a position as incoming chair of the department of six faculty and four administrators.

I needed to make a tough decision. Do I take a departmental chair offer in a tenure track position? Not the best position to be in, for sure! My friends and colleagues around the country were shocked when I took it. Some of the common reactions I received were "What, are you crazy?" and "Oh boy, good luck!"

Had I lost any sensibility? Because I was hired from the outside meant I was unfamiliar with campus operations, the culture of the school, the students, processes, and procedures. The MSW program is jointly accredited with the other main campus of the university and resulted in an extra learning curve. Each campus ran completely autonomously, such as separate admissions departments and differing academic calendars. Coordinating with this collaborative program increased the workload tremendously. To further complicate things on a personal level, I am a 38 year-old woman who is an ethnic minority with only three years of full-time academic experience as a faculty member.

One reading this may be thinking, "Why did they hire someone with your lack of experience?" Truth be told, the founding chair of fourteen years had stepped down, and no other faculty member was willing to assume the role. To my credit, I did have experience as an agency and program administrator during my direct social service days. My experience in those positions did give me confidence that I was an able administrator. Although it is my opinion that having administrative experience isn't absolutely necessary, I found that for myself it did prove useful for two reasons: first, in managing a department; and second, it also just gave me the confidence to even pursue the opportunity.

So I accepted the offer as an untenured chair. I had just the right mix of youthful energy, ambition, and naiveté to give it a shot. It also felt like the next step for me. I was conditioned into believing that earning tenure, and everything that goes with that, was the gold standard of being a successful academic. When I was on the job market that year, I declined other offers because they were outside of social work and did not seem like a fit for me. So, it wasn't that I WANTED to be a chair, but rather simple, this was the best position available to achieve tenure. Thus, I took this position with optimism that everything would work out (one way or another!).

Although I was optimistic and hopeful, I still had major concerns and anxiety about potential scenarios. Before starting, I had three major concerns. First off, I was starting a new job, and of course there was the usual apprehension of change. Secondly, I was concerned that my very ambition would be my undoing. I would eventually have to make decisions that would be deemed unpopular by the same people that would eventually decide on my tenure and promotion. Thirdly, I was concerned about having the time to publish.

But my fears were steadily relieved throughout the three years I was chair. For the most part, people welcomed me and were willing to experience some change. In addition, three of the four other department

chairs within my school were also untenured, so it was considered more of a natural transition for new faculty as opposed to an anomaly involving some "wet behind the ears" upstart.

More importantly, I had the support of a dean who backed me in every situation. He provided me with whatever I needed to succeed in my scholarship and in my role as chair. He also presented a united front with me in working with members of my department and with the campus that we had a collaborative program. And of course, he literally supported all my reappointments.

Also, with some strategic planning, I was able to remain productive in my scholarship. Because the department was small, there weren't any other faculty members with similar scholarly interests as mine, which looking back may have been fortunate. I collaborated with individuals outside my department and university, which again, provided clear boundaries between my scholarship and those who were deciding on my tenure. I worked collaboratively with some wonderful colleagues outside the university that would yield a number of different manuscripts.

Planning studies that would yield several manuscripts from one study with different people taking the lead as first author proved to be an effective way of generating scholarship. All told, our partnerships yielded thirteen articles in three years. Another reason for my productivity and eventual earning of tenure was that I was realistic in my scholarship. I know of many newly minted doctoral graduates not having the confidence that their work is worthwhile and therefore paralyzed to produce at all. I didn't let this stop me.

I knew that stellar research takes years and years of work and preliminary data and articles, so I just went for it, with the realization that some manuscripts were stronger than others. So some I submitted to higher-end journals, and for some manuscripts I pursued less rigorous journals. In addition to research-based manuscripts, I also capitalized on other areas to publish in, such as a reflective teaching piece (Wang, 2012), and a few other theory-based articles. These articles, which are valued by my teaching institution as scholarship, allowed me to write in my own time pace, as they were not reliant on upon collecting or analyzing data. Hopefully, this type of scholarship earns the merit it deserves for all. Boyer (2000) describes it as a need for "scholarship revisited", in that the faculty reward system does not match the full range of academic responsibilities, and that scholarship does not just include "discovery" (or what we typically call research), but there is also scholarship of integration and teaching.

Unlike what many untenured chairs believe (Williams, 2006), I do think my untenured status affected my decision-making with regards to the battles I chose. I would put some volatile or controversial things on the back burner and only choose what was really critical. In retrospect, the humility I brought as being a new untenured chair ironically helped me be a better administrator.

One of the most difficult aspects of the position was balancing the roles of chair and teacher. One drawback in holding a chair position (tenured or not) that I did not expect was the feeling of disconnect from the students. With reduced teaching and increased dealing with students' issues, the rewarding aspects of getting to know and mentor students were minimized. This, in the end, was another reason why I chose to return to regular faculty. A chairing colleague from another school told me she didn't teach at all. She focused solely on administrative duties, as she felt the leap from administration to teaching was too much of a stretch. I personally agree, and this is even more difficult untenured. The difficulties proved to be for both the students and me.

The first challenge arose around role boundaries. It was an ongoing struggle to keep the classroom as an instructional environment, rather than a forum for students to "vent" to the chair. I knew that class time should not be taken to vent individual administrative and academic issues. However, the students' concerns still needed to be addressed in a way that they felt heard. So I reinforced office hours, and redirected concerns to email communication and discussions after class. These measures helped me earn the respect of the students as both a chair and teacher.

A more subtle issue for the students is the potential conflict of interest that may arise around having the departmental chair as your instructor. There is an obvious conflict if students feel they have no recourse

if problems arise with me as a teacher. Also, the ability to separate out interactions as chair, particularly disciplinary actions, may have been difficult for the students involved. There was one instance when a student placed on academic probation successfully grieved the decision, and then had me for a teacher. Also, a student with numerous complaints about fieldwork and needed multiple interventions from me as chair eventually became one of my students.

Although we never had open discussions about either of these situations, I can imagine that in general, some students may have felt somewhat nervous that I would hold past "transgressions" against them. Did I? I don't think I did, but I certainly looked at my roster and saw their names with an unwarranted bias. This is understandable when you consider that they were linked to "negative" circumstances. In other words, as chair, I only saw some of these students "at their worst" or, at least, under duress. In these cases, as an instructor, I did my very best to try to leave the administrative issues at the door of the classroom and tried my very best to engage them in a learning environment and build a relationship as a teacher-student. I think I was successful. On the personal development side, my perspective of them became more balanced as I got to know these students in a more "positive" environment.

There are two reasons I am happy that I was able to teach a few classes while chair. First, it helped me remain connected to the student body and also as aforementioned, not just see students "at their worst." Second, it was a way of keeping my ear to the ground. For example, I would overhear students mention in passing that an instructor didn't show up for class. Having this type of information, that I may not have normally received, made me a better administrator.

To be an effective manager, one needs to know a person's strengths and weakness – including your own. For example, I am an expedient and efficient organizer and good at working with people. I had brought stability to the department, and I grew it from six to eight faculty. However, I saw myself as a transitional leader – not a visionary leader to take the department to the next level. With this in mind, I stepped down from the chair position after my 3-year cycle was over, which happened to coincide with when I was going up for tenure since I negotiated a shorter 3-year tenure clock. It all worked out: A more senior person now felt more comfortable stepping into the chair since the department was more stable. And I received tenure!!!

If you are considering this route yourself, only you can discern whether it is plausible for you. Please know that the second year is easier than the first (Beall, 2003). Hand-in-hand with knowing one's strengths and weaknesses, I agree with Beall (2003) to do a careful assessment of your own personal needs as well as the department's. If there are some needs or upcoming situations for the department that may be untenable, then either decline the appointment or take it up at a future point in time when things may be more secure for everyone. So for example, if there is a known possibility of a change in dean or another substantial change such as a merger with another department, you might not want to enter such precarious and unpredictable conditions. As far as taking stock of your own personal needs, negotiate what you need upon hire, such as a shortened tenure clock or reduction in scholarship expectations. Also, I found self-care to be critical. Between chairing a department and trying to earn tenure, for my own sanity, I made sure I did not lose sight of family and friends, and also frequently engaged in several self-care techniques, such as yoga, meditation, acupuncture and massage.

I share this all because these are issues that are not often talked about in social work, especially in doctoral programs. Doctoral programs often focus on research and the need to publish, but neglect the realities of teaching and administration of social work programs. And I believe administrative responsibilities will become more and more common within social work programs and in higher education in general. It may be increasingly common that heads of departments are untenured as more and more institutions are or are trying to abolish a tenure system or decreasing the number of tenured lines. Jacobson (2002) stated that institutions have lost senior faculty to retirement, but budget constraints have prevented institutions from replacing those lines, thus shrinking the pool of potential department heads.

Further, academics are often not trained or interested in some demands in higher administration, such as

recruitment and retention, outcome assessment and graduation rates. I certainly heard this from older, more senior professors outside of my department that I interacted with for various reasons. For example, as departmental chair, I would often attend meetings with other chairs on campus. Many of these were at the university for twenty or thirty years, and were male, white and tenured. There were occasions when they shared their curiosity as to why I was hired, if I was qualified enough, and where did I stand on issues for which they fought. Was I going to be representative of a changing status quo? Would I be the one who would agree to take on areas such as outcome assessment and make them look bad? In situations like these, I would dance the dance lightly, and hope that I did not irritate anyone that might have the power to impact a promotion recommendation at the university level.

I am very grateful for the experience of having been an untenured chair. I constantly made use of my social work skills, such as advocating, negotiating, brokering and educating. In fact, being an untenured chair is really not that much different than being an administrator of a non-profit agency. And as I stated, bringing this experience certainly helped me to understand dynamics more quickly than if I didn't have administrative experience. People are still people no matter where you go, and human nature is human nature. Learning what is important to them, drawing on their strengths and making them feel utilized and appreciated holds true across any management position.

Having learned this earlier in my career enabled me to capitalize on this knowledge sooner rather than later and resulted in my concerns about being untenured being quickly replaced by a focus on being a good leader for the welfare of the department and the students. When it's less about being tenured, people can't threaten you with something that's not important to you. I was confident that if I did not earn tenure, that I had the credentials and skills to move to another institution if necessary. The irony is that I was concerned that being chair would be the biggest risk to becoming tenured, and in the end it was the biggest asset. The whole experience has been a tremendous learning opportunity. I developed different leadership skills and experience within higher education. I also believe it has increased my marketability should I ever want to start another chapter in my academic career.

Writing this piece has really been a tool for reflection and processing! Being reflective is important to me in all aspects of my life (I wrote a piece in the journal *Reflective Practice* about my teaching philosophy; Wang, 2012), which helps bring balance and clarity to my work. I think this may be one of the most critical personal traits that made me a successful chair. One other thing that I think can lead to effective chairing is acting as a buffer between faculty needs and the administration's agenda. Again, it's attempting to ensure everyone's needs and opinions are heard. Also, invaluable social work skills that we teach are applicable here as well, such as drawing on strengths and acting in appropriate roles when necessary, such as an educator, advocate or broker. These are not the only skills that would lead to effective chairing. However, they are what worked for me and my personality, experience and life orientation. I couldn't recommend an untenured chair position with certainty unless that person has developed a general "game plan," and I don't mean just in scholarship. Regardless of what it is, each person might want to devise a stance, philosophical orientation, and try to remain flexible.

In terms of personal needs, I think the only way I survived was by developing a strong meditation practice. For my practice, this means two hours daily and taking regular courses that required 10-days of complete disconnect from work with no access to email, phone or other communication. My dean supported it, which was fortunate because it was non-negotiable for me. Hadn't it been for my practice, I may have not been able to do the job – certainly not as well. So in line with assessing your own personal and professional needs, make sure this very critical aspect of yourself isn't neglected. Whatever it is that is going to help balance your mind is too important to sacrifice.

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The Meaning of the Cohort Community in Social Work Doctoral Education

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Abstract: Doctoral education in social work is designed to prepare the next generation of educators, researchers, and scholars. Although much has been written about the importance of curriculum, mentorship, funding, and the dissertation process in shaping individual experiences and programs, little has been written about the importance of cohort support in promoting and shaping successful experiences among students and graduates of doctoral programs. This article explores the meaning of cohort in doctoral education through the utilization of a narrative approach to inquiry. The final narrative analysis revealed that intentional community building, regular maintenance, the successful negotiation of difference, and the intentional use of anti-oppressive interactions provides modest beginning level guidance to other doctoral programs and cohorts seeking to better understand the traits and process of building a successful and supportive doctoral cohort.

Keywords: doctoral education, cohort, narrative, adult education, praxis

According to U.S. News and World Report, (2014) there are more than 70 accredited doctoral programs in social work and/or social welfare in the United States. The growing number of doctoral programs in social work demonstrates a broadened worldview of social work as not only a profession, but also an academic discipline (Kirk & Reid, 2002). While the Council on Social Work Education (CSWE) oversees Bachelor of Social Work (BSW) and Master of Social Work (MSW) programs, the Group for the Advancement of Doctoral Education (GADE) oversees and helps to develop doctoral programs in social work. GADE emphasizes five major focus areas that doctoral programs should strive to promote and build among the program and students: 1) knowledge of social work as a profession and discipline, 2) research and scholarship, 3) teaching, 4) resources/administration, and 5) recommend aspirational outcomes to students (GADE, 2013, article II). While each of these elements is important, in order for them to be effectively enacted, schools must retain the students admitted to their program. One way to potentially assist and retain students is through building and nurturing a supportive cohort community.

Doctoral Education Context and Challenges

Many articles have been written about doctoral education from an institutional/program level, speaking to resources, supports, and evaluation of doctoral programs (Bentley, 2013; Pryce, Werner-Lin, Browne, & Smithgall, 2011). While supportive structures and resources are undoubtedly important to the success of students pursuing doctoral education, many graduates of doctoral programs have mixed emotions about their experience (Pemberton & Akkary, 2010; Powers & Swick, 2013). Additionally, others have written that doctoral education in social work has shifted in recent years to being exclusively a training mechanism for preparing the next generation of researchers and academics (Anastas, 2012; Boud & Lee, 2009). One of the major consequences of this shift is that cohorts are becoming younger and less experienced in social work practice, while racial/ethnic diversity continues to be a challenge for most programs (Anastas, 2012). As a result of this shift, non-traditional students and experienced practitioners may struggle in research-focused doctoral programs to forge community among cohort members. Subsequently, despite improved best practices in doctoral education, average graduation and retention rates for doctoral programs have stagnated at around 50% for decades (Holloway & Alexandre, 2012; Rosen & Stretch, 1982).

Factors contributing to whether someone has a positive or negative experience in doctoral education or whether or not they finish their degree are not entirely known; however, graduates' experiences tend to stay with them over the course of their careers (Anastas, 2012; Mayadas, Smith, & Elliott, 2001). While the literature of higher education and social work education have examined doctoral education and provided recommendations, seldom have scholars used a critical adult learning lens to try to understand how a

supportive cohort can serve as a sort of protective factor against typical challenges associated with doctoral education. This article will seek to expand upon the current understanding of a seldom considered, yet important, characteristic of doctoral education: the impact of an inclusive and supportive cohort community on success and perception of one's doctoral experience in social work. This article is based on the perceptions of eight members of one cohort that started their doctoral program in 2008 and came back together in 2014 to process and reflect upon their individual and collective experiences. This narrative was written collaboratively as one voice, but in places, uses individual voices of cohort members. Each cohort member wrote his or her individual narrative that was then used to construct the collective narrative in this paper. While this is not a research paper, we did try to apply some theoretical guidance in putting together our experience and narrative. Guidance from Gadamer (1975) and Riessman (2002) was utilized to uncover our own individual truths as members of the cohort, before constructing our collective narrative. Gadamer's focus on hermeneutics emphasizes that what many social scientists pursued as objective truth was not accurate in the context of human understanding and experience. In fact, people discover their own truths through taking part in events, experiences, and contexts that shape their consciousness and perspective of the world around them (1975). Furthermore, peoples' lived experience is a consequence of the deeper narrative that they construct through interactions with others (Riessman, 2002). Finally, underlying our narrative are theoretical roots in critical adult learning. According to adult education theorists, critical learning and associated empowerment based outcomes are related to engaging in group-based learning, which is necessary for the development of critical consciousness (Freire, 1998; Lange, Naydene, & Chikoko, 2011). These guiding theories provided the foundation for constructing our collective cohort narrative and the subsequent implications taken from it.

Cohort Context

The cohort experience described here began in the summer of 2008. The school of social work that serves as the setting for much of our narrative housed an undergraduate, masters, and doctoral program. In any given year more than 700 students attend the school with anywhere from 25-45 doctoral students or candidates at various stages in the doctoral program.

The physical building that existed when the cohort commenced in 2008 was a historic building with three floors and a basement, where the doctoral offices were located. When you entered the building you immediately noticed a slight mildew or stale smell. The paint on the walls was old and chipping away as a result of being painted over countless times over the years. The elevator was a scary experience for anyone who took it for the first time as it made clangs and jarred your entire body upon stopping. Despite all of the dated features of the building, it also possessed the character of an old southern Victorian home somewhere out of a Faulkner novel, complete with high ceilings, antique craftsmanship, and portraits of former deans lining the hallway. The classrooms were plain, small, and often had pillars in the middle of them that made presenting and interaction with one another difficult. Despite these architectural challenges, we always made the best of it.

The doctoral offices (or tombs as some referred to them), were void of almost all daylight, always either too hot or too cold, and had an even stronger mildew smell than the rest of the building. There were only four old desktop computers when we began the program with slow operating systems and outdated software. There was donated furniture in both doctoral offices and tables to gather around. Regardless of the smell, lack of technology, and dated décor, the cohort spent many days and evenings here engaged in work and conversations. We were seldom very quiet as a group, something that in hindsight seemed unique about our time. We immediately made the doctoral offices our temporary home and our voices, laughter, and rants could be heard down the halls.

For the purpose of this paper, our collective narrative in the subsequent pages of this paper is primarily based on the two plus years that we spent in close proximity to one another in coursework and in preparation for comprehensive exams. We are telling our story in order to discuss a different truth related to doctoral education than the competitive, individualistic, antagonistic one that is often experienced by many doctoral students. We make no

claims that our story is generalizable to other cohorts, however within our narrative readers may find commonalities, differences, and takeaways about the building and importance of a supportive cohort community, which we welcome and embrace.

Our Grand Narrative

As we walked out of classes our first day in 2008, we wondered if we had bitten off more than we could chew. We all had doubts on the first day. Some of us doubted if we were smart enough for doctoral education, while others wondered if a Ph.D. was really what we even wanted. One cohort member responded, "Everyone was from such great backgrounds and went to major schools, and here I was from a small town wondering if I could cut it." We were all anxious, scared, unsure, and yet also excited and hopeful as illustrated by this cohort member's statement, "I am a first generation student and while I was petrified to be in a Ph.D. program, I also felt like nothing could be harder than my life was before the program… I was ready for the challenge." We came from small towns and large cities dotting one side of the country to the other as well as from outside U.S. borders. We differed in terms of gender, spirituality, race, ethnicity, sexual orientation, socioeconomic class, and age. For some of us a Ph.D. was the crowning achievement of a career, a pathway into a teaching career for others, a spiritual pathway for some, and the fulfillment of a dream for many.

During the first semester we all had to grapple with program and personal challenges. In the classroom, we were feeling each other out, trying to get to know each other. Many of us had experiences in higher education or had heard stories about the perils of doctoral education. There was no shortage of tales of super competitive cohorts, the stealing of intellectual property, backstabbing, bullying, and professors pitting cohort members against one another in the classroom and for funding opportunities. Many of us felt as though we were the dumbest one in the room at any given time. We marveled at how smart everyone else was compared to us. We were cautious of one another during our early days together as we attempted to build trust, community, and identity as a cohort. One cohort member indicated this well by saying, "During our first week of classes, people would mention these theories and philosophy, people that I had never even heard of before…seriously, I wondered if I was over my head in a doctoral program."

Although we spent time getting to know each other during the first semester of the program, and again during the start of our second year, due to the addition of a new cohort member and the loss of others, we were also developing bonds and cohesiveness as a group. While the strength of the bonds we developed with one another varied due to common interests, age, and circumstances, as a group we were forging an identity rooted in mutual support, respect, and trust. Many, if not all of us, had points in time during our doctoral program where we doubted whether or not we could successfully engage in the doctoral process. These are the times that can make or break a doctoral student, and for some it can be the most isolating of times as you feel like you are the only one who is having doubts. It was during these times that we would reach out to one another and learn that our feelings were not occurring in isolation, but similar to what others were feeling or had dealt with at some point during the program. One individual replied,

> I remember running into a cohort member in the doctoral office one day and reluctantly asked if I could study with them. We both realized that we were both a bit scared to voice our fears, but became quick friends in the process of studying together.

What is interesting is that while we each had our own friendships among various cohort members, some of the most powerful conversations and dialogues occurred between members who were not necessarily close friends. Our ability to engage in these conversations demonstrated just how close we were as a group. One member discussed this point by stating:

> It must have been about midway through the first semester and here I was engaged in a conversation about religion and social work with three individuals with very different upbringings than me. I sat silent for a bit, but then chimed in when I was asked about my own spiritual beliefs and what I thought about their place in social work education…I mean seriously, I couldn't remember the last time that I had talked about my spiritual beliefs, and here I was engaged in a deep conservation about them with people that I only

> vaguely knew; how cool is that?

As a cohort we did many things to help build community and to support one another. During our statistics classes, we formed study groups to help each other grasp and understand the material. Everyone was welcome to attend, but if some people could not make it, they would get together with others to study and go over homework on their own time. The doctoral offices were another place where we forged relationships through venting about classes, studying on occasion, and more than anything, getting to know each other beyond academic interests. Where else in life can a diverse group of people in their early 20s to 60+, from every end of the socioeconomic spectrum, with differing sexual orientations, religions, experiences, interests, and values come together and create a space of mutual respect, caring, and admiration? A cohort member reflected on this aspect of their education with the following perspective,

> I couldn't help but notice that I was one of the oldest members of the cohort, but here I was talking to these young ones about 80's music at a time when we were all cramming for final papers and exams. The conversations in the doctoral office often served as a nice distraction for many of us from the realities and stress of the program.

Were there differences that existed between us that sometimes caused conflict? Of course, but somehow our spats and disagreements were less similar to the destructive kind that occurred among other cohorts that we knew and more like those that occur between sisters and brothers. One cohort member stated,

> It was hilarious how we all interacted with each other. Sometimes during class, I would become long winded about a concept or I would poke the bear so to speak by pissing off the professor, and when this happened, a certain cohort member would just gently kick me under the table to let me know to shut up or she would shoot me this glance from across the table. We laugh about it to this day, but I generally listened to her, most of the time at least.

During the summer prior to comprehensive exams, we held study sessions and posted notes online for those who could not attend. These study sessions were highly important to the cohort as it felt like we were in the process of studying for comps together. We could have easily all went our separate ways to study on our own, but many of us came together, and even those who could not physically be there, regularly touched base with the group. When we all successfully passed through comps, we celebrated together, all nine of us, for what would be the final time together. While we all knew that our days together were numbered, no one wanted to say it. We wanted to enjoy one last moment together – captured for all of time – in the only picture of all the cohort members that we took during our doctoral experience; sometimes a picture says a thousand words.

After the comprehensive exams and during the dissertation phase, we organized cohort breakfasts for those still in town, communicated via Facebook and through e-mail. While some cohort members kept in touch more frequently than others, everyone touched base on occasion, and knew that the support was there if they needed it. Most of us have finished our journey through doctoral education, which we believe to be due to the strength and support we provided one another. The friendships and relationships forged during our time as a cohort transcend geography, boundaries, and time. We are and always will be the 2008 cohort of one doctoral program, who came into it with our own unique reasons, challenges, and purposes, and leave as sisters and brothers forever united and bonded together.

Implications

Although narratives are not generalizable in the same way that findings in more formal research studies are, narrative inquiries are built from a tradition of learning through the experience of others. In this discussion of our cohort experience, we hope that others find something useful to them, even if it is that humor is the best medicine for success in a doctoral program. As with any narrative inquiry, what the reader takes away from the story is entirely up to them; however, it is our hope that those reading our story will pause to think more deeply about the importance and impact of cohort on the experiences of students in social work doctoral programs.

Cohort as an Intentional Community

One of the major lessons learned from our cohort

experience is that we all experienced doubts about whether our decision to enter a doctoral program was the correct one. While the doubts may have been more frequent during our first semester, they arose for all of us at various times during the program, especially right before comprehensive exams and throughout the dissertation phase. The cohort's ability to come together and support one another was essential to overcoming doubts. The cohort's ability to support one another inside and outside the classroom was imperative to building the necessary trust needed to work together in the program, instead of on our own or against each other. Furthermore, the supportive environment constructed by our cohort helped to create a space where learning easily emerged. Some of us felt empowered by the learning community we established, which helped facilitate opportunities for individual intellectual growth (i.e. some cohort members who were apprehensive and anxious about research received support that led to self-empowerment, regarding their abilities to engage in research). The implications of this is that doctoral students should consider the purpose of cohort beyond just classroom learning, but as an intentional community of support that can help serve as a buffer from the stress and anxiety that often comes with pursuing doctoral education.

Cohort as a Mechanism for Intercultural Learning

Another major shared experience of our cohort was how to deal with difference among cohort members. Difference was expressed in our cohort through differences in social identities, religious views, political ideology, and cultures as well as by differing ontological views, perspectives on human nature, and preference in research methods. Although some differences were more readily apparent than others, the cohort respected and accepted differences. During the course of our time together, starting from early on in the doctoral program, we established rapport with one another beyond the classroom. Our regular cohort gatherings, study sessions, and celebrations helped us get to know each other as people, which helped us challenge previously held stereotypes, assumptions, and viewpoints that otherwise may have created divisions among us in the program. As time went on in the program, many of us changed our thinking due to interactions, relationships, and respect for the differing perspectives of cohort members. We benefitted and learned as much from one another as we did from the program and classes.

Cohort as a Catalyst for Critical Consciousness

Lastly, our cohort dealt with many individual and collective challenges through the doctoral program, which is not uncommon; however, when we experienced adversity or if one of us was struggling, we came together to support them. While this simple aspect of cohort may seem unworthy of analysis or as something implicit in the meaning of cohort to begin with, many cohorts go through doctoral programs segregated into different groups or as individuals; only a cohort in namesake (Ford & Vaughn, 2011). Our cohort has published together, presented together, guest lectured for one another, and provided social and professional support for one another. We engage in these actions, not because we are merely colleagues, but also friends, who have shared a unique journey together that few people can ever fully understand unless they lived it. It is through our cohort experience that we built community; community that we can rely on not only in our doctoral program, but also in the future. In a Freirean sense, we became critically conscious as a result of the cohort, the relationships, the difference, and the support (Freire, 1998).

Recommendations for Building Supportive Cohort Communities

While much of the effort in building a strong cohort came about over the first two years in the program, there were some things that the school of social work did early on that facilitated the process. The program offered several opportunities for Ph.D. students to begin getting to know each other before classes began. They offered a Mentor Monday, where all new Ph.D. students and their student mentors met and shared information about themselves, asked questions, and discussed how to be successful in the program. The program arranged several other opportunities in the initial weeks of the first semester that allowed students to interact outside of class time. Since other cohort members were often the only familiar faces, this provided opportunities to begin getting to know and rely on each other.

Although it is difficult to provide recommendations to

others from a single narrative inquiry, it is possible to leave others with some thoughts on what worked for us in building a cohort community. Firstly, our cohort took time from the beginning to get to know one another as people, not just as scholars or researchers. Getting to know one another as people, as is consistent with social work ideals, was essential for building trust and rapport as a group. We also celebrated important personal milestones, such as the birth of a child, acknowledging the significance of these life-changing events. Secondly, we tackled classes, comprehensive exams, and even to a lesser degree dissertation work together as a cohort. When we had tough classes in statistics, we formed study groups that were well attended. During the summer before comprehensive exams, we held regular study sessions and posted notes and materials online for other cohort members who could not attend sessions. Finally, during the dissertation phase, cohort members would meet for breakfasts, talk on the phone, and provide support via social media. Although it is not easy to juggle schedules or to deal with the competitive culture present in many programs, by working together from day one, it became a habit to approach each hurdle of the doctoral program as a group and not solely as individuals. Cohorts in social work doctoral programs should remember that you do not need nor should you rely solely on the program to build community among your cohort, but should take it into your own hands to forge relationships and establish the foundation for a cohort community.

Lastly, as a cohort we had many disagreements, debates, and opposing dialogues in the classroom, but we handled them with respect and professionalism. We all at different points in time probably got on each other's nerves, which is bound to happen when you spend nearly every day with each other over a two year period; however, we never held grudges or allowed our differences to divide us as a group. Different members of our cohort may have built closer relationships with some members than others, but all of us were always included in gatherings and study sessions, etc. It was also our disagreements in the classroom over science, philosophy, social problems, and research that were the source of our individual growth as scholars. After all, it is not conflict that is negative, but what you do with it that makes all the difference in learning (Addams, Bell, & Griffin, 2007). It is fair to say that our individual empowerment was directly linked to our collective empowerment as a group (Freire, 1998; Gutierrez, 1990). This may be important for new cohorts to remember when they have heated debates or disagreements inside or outside of the classroom. While it is naïve to believe that a group of adults will always agree with one another, it is not impossible to respect one another and to embrace the differences in opinion as an opportunity for personal and professional growth.

Final Thoughts

This narrative inquiry can only speak to the experiences of members of one cohort, yet we believe that our experience was somewhat unique. While many doctoral students in social work programs compete with one another and find themselves isolated, we found a way to forge and nurture a cohort community. We respected the assets that each one of us brought with us into the program. Some cohort members were young scholars with limited practice experience; they possessed excellent knowledge of theory and statistics, which they happily shared with other members who struggled in this regard. Other cohort members may not have taken a recent research course, but brought many years of practice experience into class discussions, that provided a much needed real world context to discussions of research and social problems, that enriched the perspectives of everyone. Within the cohort, we had experienced instructors who brought in pedagogical learning that improved how many of us approached teaching and learning of complex material. Regardless of whether a cohort member was seeking a Ph.D. to engage in research, to be a more effective educator, or to become a better-rounded practitioner, the cohort provided a community of respect and appreciation for theory, research, practice, and teaching. These aspects may be lacking in some doctoral programs in a day and age where research and grant writing take precedence over teaching and practice; this is something social work education needs to critically consider. Finally, our hope is that other doctoral students will read about our cohort experience and understand the power and benefit inherent in working together and supporting one another. For faculty and administrators of social work doctoral programs, we hope more time is invested in understanding, discussing, and promoting the idea of building community in doctoral cohorts. It is our belief that this cohort community positively

impacted each of us during the Ph.D. program as well as after graduation. Our cohort experience enriched us as scholars, researchers, social workers, and individuals.

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My Journey through Social Work

Courtney Gazerro

Abstract: It is no secret that clinical social work is a tumultuous and heart-wrenching career path. However, I was drawn to the career by past experiences, as many social workers are. This article was written during my first year of graduate school at the University of Chicago and describes my journey on the road to becoming a clinical social worker. In this article, I explore past experiences as an adolescent growing up in an inner-city environment, and how they influenced my perception of students' struggles in Chicago during my first year internship.

Keywords: social work, clinical, community violence, intern, competence, Chicago, journey, past experiences

It amazes me just how much I have grown in these past two years since beginning graduate school at the University of Chicago. All in all, I feel very lucky that I am here and able to say that I have chosen the right career path, one that is fulfilling, meaningful, and challenging. Although I have felt at times that I have been thrown to the wolves, I have not floundered. This is my journey.

Almost four years ago, I began looking into social work graduate programs around the country, paying attention to classes, certificates, and field experiences. I was overwhelmed with the amount of available programs and how similar they all seemed. Every school I looked at had a similar format. It was difficult to decipher the key differences between them. However, the University of Chicago immediately became one of my top choices despite my skepticism about the competitive admissions process. In the application process, I had to reflect on my journey up until that point. Back then, I had to answer the question "why social work?" Despite how far I've come, I am still being asked that same question.

My social work journey, come to find out, began before college. During the application process, within the personal statement, I had the opportunity to reflect on my own growing experiences, specifically looking at the environments to which I was exposed. I attended a public high school in Providence, Rhode Island, with about 1,200 other inner-city adolescents. My school was relatively poor and the building was literally falling apart. Cinder block walls, cold as the coldest winter day, ceiling tiles falling on our heads as we ran to class before the bell, dysfunctional toilets, and a lack of paper supplies in every room. Not to mention most of our textbooks were from the 1950's. But on a more interpersonal level, I remember many of my peers struggling with school or community violence and a less than ideal home life. To my knowledge, there was no school social worker around to support them.

The overall atmosphere at my inner city public high school was well represented within the staff. There were high expectations for students to perform well and graduate. However, the goal was just that: graduating high school. There was not much of an emphasis on getting into college as there is now in most public schools around the country. Teachers also showed a lack of support for struggling students, myself included. I was one of many students who lacked motivation in some areas and would fail to show up for class. None of my teachers ever wrote me up for detention, called home, or even mentioned it to me. If they did not care about students attending their classes, why should we?

As I started my college career at Boston College, I was surrounded by a completely different environment, one of wealth and ample opportunities. I spent much of my time thinking about what factors contributed to my ability to be accepted into college, and a good one at that. Money, intellectual ability, extracurricular activities, and involved parents all contributed to my success up to that point. But even my high school peers who also had those things did not succeed in the same way I was able to. I became aware of my own motivation in school and realized many students did more than skip class. They would not submit homework assignments, and would receive negative, sometimes embarrassing, feedback from teachers. It may seem that I am blaming the student for lacking motivation and skills, but what I can point out now is that there was no support for them to overcome their personal obstacles. They were left to themselves to figure it out. They simply did not have the tools to do better.

I believed back then that college was not a right, but a privilege that some could be afforded, but not everyone. I felt that because I was more privileged than some of my peers, I had to take advantage of that opportunity. You either got there, or you didn't. Although I recognized that my peers could have benefitted from support in school, my focus and concern in college was not that. I had an interest in their problems outside of school: drugs, poverty, abuse and their effects on children and adolescents in the school setting. Thus, I declared Human Development and Psychology my majors in my sophomore year in college.

Through my classes at Boston College, such as Adolescent Psychology, Counseling Theories, and Clinical Psychology, I became increasingly interested in mental health and therapy for children who lived through what many of my high school peers did. To help me better understand the effects of poverty and abuse, I interned at a therapeutic day school where I got a surface level look into special education for children with emotional and behavioral difficulties. Because I was an intern, I could not observe therapeutic sessions with the students, leaving me with a limited inside look. I also was not allowed to be trained in restraints or be left alone with any children without a direct staff member present due to liability concerns, as the children being served were very volatile with severe behavioral disorders. Instead, I saw what behavioral techniques teachers used in the classroom to correct behaviors and attitudes. My lack of in-depth experience at the day school was driving me towards social work without me even knowing it. By my junior year, I had decided I was more interested in therapy and how that helps students like the ones I was working with in the classroom.

Fast forward to October of 2013, when I began my studies here at the University of Chicago. My first thoughts about starting graduate school were chaotic and overwhelming. I had doubts about the career I had selected, my ability to actually do social work and therapy, and if I would be able to perform academically. While I was nervous and uncertain about my academic abilities, I was even more nervous about the experience I would get at my first year field placement. I had mostly worked in schools and felt comfortable there. I was almost certain I would not be granted that privilege of comfort coming into graduate school. I felt like I belonged in a school and any other site would not benefit my learning. To my delightful surprise, I was placed at a middle and high school just four blocks south of the building where I take classes. My supervisor, who would guide me through this experience, was Mr. P. He has been eight years in the field of school social work and has recently transitioned from a therapeutic day school to a charter school. I hoped he would be supportive and accessible to not make me feel as though I was being thrown to wolves.

As my first day at field approached, I remembered that I had zero clinical experience. I knew nothing about therapy and what it was actually like to talk to students this way. While most of my fellow cohort members were having an easy first week at their sites, my first week was more than overwhelming. In my first two days at field, I had sat in on many crisis situations with my supervisor, Mr. P. I first watched as he helped a young senior girl talk about recently being robbed at gunpoint. He had never spoken with her before and asked if I could sit in on their meeting. She agreed and began to explain her story. What struck me, because I was very new to Chicago and had only heard stories of violence was that this event occurred not far from the school and not long after the school day had ended. She cried as she explained how terrified she was. Mr. P. began to assess her current feelings and safety plan, if any, that her family was implementing while she copes. He also explained symptoms of Post-Traumatic Stress Disorder (PTSD) to keep an eye out for. I was nervous the entire time and tried to not make eye contact with the student. The situation was completely overwhelming.

Next, I watched him speak with a student whose cousin became a victim of the Chicago street violence I had only heard about. He gave her time to explain what happened, how she heard about it and what was going through her mind the moment she heard. He assessed her current supports and asked her blankly, "What do you need from us and the school right now to help you cope with this event?" She asked him to let her teachers know that something was going on, and to be lenient with her in the classroom. I kept telling myself that I was not ready for this placement. There was so much to process that I could not think straight.

My mind began racing. Was this what I would deal with every day at this school? I told myself I was

underqualified for this position. Those first two days certainly put things into perspective for me. I felt ill-equipped, unprepared, and incompetent. School social work, and therapy in general, seemed far beyond my capabilities. Anxiety began to take over. Because I thought I was incapable of talking to students with serious problems, the resulting anxiety prevented me from thinking clearly. I froze whenever Mr. P. asked me to speak to students one on one.

After about two more weeks of observations, Mr. P. gave me my first client. She would prove to be my most challenging and the one I would learn the most from throughout the year. She was a freshman struggling with Dysthymia, a disorder with mild depressive symptoms that last longer than major clinical depression. Thankfully, she was not new to therapy. Now I had a real life client in front of me with no tools in my brain to help her. In my Direct Practice class, we discussed building rapport, assessment, and the importance of goal setting. Only after about two sessions I began to scramble to find things to address and the tools to intervene. However, I realized that therapy is not as linear as I had learned in class. Each client is different. We learned in class that therapy is more of an art than a science, and I was experiencing that first hand.

I felt so much pressure to "do something" with my client, something that I still struggle to grapple with. I was making notes in class of techniques to try with her. Each week I would talk about these things with Mr. P. until he finally told me that it was still too early in the relationship to start attacking goals. For this particular client, rapport building would take a little longer than expected. Building rapport was therapeutic in its own way for her. Just being there with her each week was benefitting her. I was putting pressure on myself to "do something" to ensure I felt like I was accomplishing something. In doing that, I was risking the quality of the relationship. In that case, nothing I would do thereafter would be effective.

Not too long after I started meeting with this client, Mr. P. would throw me into the most challenging week yet. Mr. P. and his office coworkers were going on a Caribbean retreat leaving myself and another intern by ourselves to play the real role of school social workers. For the first time, I was in control of which students I saw and when. I had to go into classrooms and pull them out. I had to communicate with teachers I had never met and ask permission to speak to students. I had to use my judgment and instincts to push through the uncertainties of the job. With my anxiety the highest it had ever been, I felt I surely would fail this week. During this week, the most serious case of the year fell into my lap. I was asked by the Dean to speak to a freshman boy who was being bullied because of suspected homosexuality. Although the Dean and staff had intervened already, they felt he may need some extra social and emotional support to process through the bullying.

While talking to him, it became clear almost immediately that bullying was an ongoing experience. He had shared with me a journal entry about his experiences with bullying and his desire for it to stop, yet feeling helpless. He expressed that bullying was just something he had to learn how to deal with. The entry stated things like "taking care of things myself" and "I'm done talking to people about this." I used this entry as a way to dig deeper by asking him to clarify his statements. Why did he feel he could not continue talking? What did he mean by "taking care of things?" He brought up Newtown, Connecticut and the Sandy Hook Elementary School shooting. He asked me, "If you didn't know me, and heard I had done something like that, would you think I was a bad person?" My response was one of understanding and explaining how there are reasons why people do the things that they do. Shaming him in that moment was not going to be useful.

Maybe I was better at this than I thought. My anxiety was subdued while I was speaking with him. Looking back, I had no choice. I could not let my anxiety prevent me from doing my job. There was no one at that time to look to for guidance. I had to trust myself.

I assessed his access to a weapon and immediate risk. I felt my next step was to allow him back to class and relay my conversation back to the Dean. After speaking with him and creating a plan of action, I realized what I had done. Before Mr. P. left, he emphasized the need to "share the burden." He taught me to never tackle crisis situations on my own. Without even realizing it, I had created rapport with this student, assessed his risk, collaborated with the Dean, and created a plan of action.

Monday rolled around and what I heard made me feel better. I had thoughts that maybe I was overreacting and reading into his comments too much. However, Mr. P. and other staff members spoke to this student and agreed that this was something that could not go unattended. On Tuesday, Mr. P. confided in me that SASS needed to be called as this student was a risk to others and possibly himself. In that moment I realized that my gut was correct. Something was off with this student and he needed an immediate intervention. Trusting myself had worked.

The student ended up being assessed at home under his mother's supervision. Once Mr. P. and I received the report from SASS, it was clear that mom was present during the interview, which was coached. His responses were significantly different from the week before. Yet, there was not much we could do. They determined no further action apart from a referral for outside counseling services. While we "shared the burden" to help ease our load, I would question at that point if those steps actually were helpful. Sharing the burden made our lives easier, but the situation was now not in our control. Are situations with students ever really in our control? Are we supposed to have control over these situations?

The next week, he came into our office looking for me specifically. The student refused to speak to Mr. P. and waited until I returned. For some reason, he separated and trusted me over everyone else involved in his situation. He expressed that he appreciated my honesty about how I would proceed after that initial conversation, something his teachers never did. The relationship is everything in clinical work. I felt confident that if he ever had a problem again, I would be someone he could confide in.

This particular case was the most challenging case I had to initially deal with on my own. That week increased my confidence. I realized that when I had to act, I acted, and acted correctly. It was here that my anxiety and self-doubt began to gradually dissipate. Now, I feel confident meeting with students one on one, collaborating with teachers when necessary, and communicating with parents. I began to realize these things only four short months into my internship. I felt I was well on my way to becoming a great school social worker.

Besides the actual clinical work I did each week with students, supervision was where I learned the most and had the ability to process all of my thoughts. I was blessed to have had such a great supervisor like Mr. P. If I ever began to question my ability and place too much responsibility on myself, he talked me through those feelings by letting me know they were normal to have that early on in my career. I had become more aware of my thoughts through supervision and was able to catch them before they increased my anxiety. I had to continue to tell myself that what happened with my clients was not a direct effect of my work with them. It was important to not blame myself for negative events or reward myself for improvements. Knowing my place was difficult. How do I measure my own work and determine if what I do is helpful or has a direct effect on students?

What also had been helpful outside of my placement supervision, is the reflection and debriefing time I got with my social work friends after each day, a practice I readily use during my second year internship. It often is more helpful to have this time with peers who are experiencing the same thing I am. We all have struggled with applying principles and techniques in direct practice. Sometime I feel there is just too much information that I could use, I do not know where to begin or how to determine what would be most helpful for the students I meet with. We have been able to bounce ideas off of each other and remind each other of our limitations in this field. Needless to say, they keep me grounded and contribute to my sanity in this emotionally draining profession.

While I am more confident now than I was when I started all of this, there is still so much I need to learn. Often times I still find myself with doubts about whether I am actually helping students. I feel I have improved with rapport building and assessing problems, but still do not know what to do about goal setting or helping students reach those goals. I am only now learning more details about specific therapy techniques. Being consistent is difficult when I have not figured out which modality is best for me. But then, I know some theories work better than others depending on the client and their problem. How do I choose? Should I choose or should I be very familiar with all of them?

While it is easy to see how much I have improved in my field work, I can also firmly say my thinking has

also improved. I had the chance to reread my personal statement for entrance to the University of Chicago. My story for the most part has not changed. I still believe and feel that looking back on my high school experiences has helped guide me to this point. But it was clear, over a year ago, I had thought I knew what I wanted to do with social work. Inside, I felt clinical work was my end goal. What I wrote in my essay was a little different from that.

Looking back on my personal statement, I can see that I was pointing out the faults and cracks in the education system and how that was related to a need for social work. I was also hinting to biases and stereotypes that teachers and school staff held that directly impacted how students were performing academically. The major problems I saw at my high school were more on the administrative line, even though I understood direct social work services could have helped.

Now it makes me wonder. Is my heart really set on addressing those underlying issues or do I think students at this point would be better served by more clinical help? I have told myself that administrative roles are not for me. But maybe down the line that will change. After all, this graduate program has taught me that many clinical social workers end up in administrative roles further into their careers. I still need to keep my options open and really trust myself and my instincts. Maybe those ideas I have learned in field will help guide me on a different path.

It is interesting to see how much I have improved since the time I applied for graduate programs in general. It has served me well to reflect on that personal statement. It has caused me to think about my career after clinical work. Maybe I will be infuriated in the future with some school systems and feel my work would better be used in the administrative role. Time will tell. What I do know is that I am happy with my choices thus far, confident in my abilities, and enjoying the bumpy ride that is social work.

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