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.

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 benefiting 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.

About the Author: Courtney Gazerro, A.M. (University of Chicago School of Social Service Administration), is School-based Clinician: Franciscan Hospital for Children, Brighton, MA (cegazerro@gmail.com).