

The Truth: To Value Oneself

In applying for the CalSWEC Title IV-E child welfare stipend, a social work student was asked why she wanted to work in child welfare as well as what personal strengths and weaknesses she brought to the table. The following is her exploration and discovery of the positive use of self in working with clients, as well as a reflection on her growth as a student and a professional entering the field. Her personal narrative explores her experience with a family reunification case in her second-year child welfare internship as a CalSWEC student.

by
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Victoria was thin and nervous, walked and talked fast, had a big grin and sad, liquid eyes, the whites of which had a slightly yellow cast. She chewed gum incessantly, and her eyes darted constantly about, never settling long in one place. I noticed right away a prominent scar thickly splitting her upper lip. I later learned she had received it compliments of her common law husband during a fight. I introduced myself as her new social worker and suggested we go over her service plan.

"I never seen it," she said matter of factly. Since I had read the case before seeing her, I knew that the service plan had been sent to her in jail via certified mail by the previous worker.

"Well," I said, calmly, "I'd like to go over it with you so we're both on the same page." The service plan generally required Victoria to attend parenting classes, receive drug treatment, achieve six months sobriety, maintain appropriate visitation with her children while demonstrating good parenting skills during supervised and unsupervised visits, agree to drug testing if requested, maintain appropriate accommodation for her and the children, and provide

means by which to support them. Both Victoria and I looked at the plan in silence after I read it. I could see in Victoria's eyes that she knew she'd never meet the terms of that plan in time for the 21(f), or twelve-month court hearing, a scant two months away.

I acknowledged that Victoria had been in jail the majority of the time since the plan had been implemented and suggested we start by determining priorities. I saw that she had been released from the Inroads jail program a month ago, placed at a homeless shelter, and admitted to the four-day-a-week outpatient drug treatment program, which she had attended for only one day before disappearing. Victoria's excuses for this were vague and, frankly, I wasn't really interested in hearing them. Although I did not tell her so, I also was not surprised she had been unable to succeed. When I first reviewed the case on paper and saw that she had been referred to a homeless shelter and an outpatient treatment program—knowing what I know about crack addiction and seeing her extensive history with it—I knew that, precluding divine intervention consisting of at least one genuine miracle, she could not possibly

achieve recovery under those circumstances. What I was interested in, I told her, was helping her from where we were at that moment in time, and there was not a minute to spare.

We agreed that her first priority was sobriety, weekly phone calls and visitation with her children, and obtaining a current MediCal card and food stamps for herself. Sobriety meant attending the outpatient treatment program, the perinatal program for addicted mothers in which she had been enrolled in January after being released from jail, and submitting to drug testing. The visits with the children could be arranged by calling her cousin. I assured Victoria I would also call the cousin to help arrange the visits. Together we did some research and found out how Victoria could re-apply for MediCal and food stamps and I provided bus vouchers so she could do so. In addition, Victoria agreed to call me from the treatment program on Mondays at 10 a.m., as she did not have a phone where I could call her.

Although Victoria's face was bright and her voice chirpy as our visit concluded, her eyes settled on the wall, the floor, the ceiling, on me, and then away again, and there was a vacancy there that I could not miss. I knew I was not talking to what could have been: a 32-year-old mother of four children, a thin, animated, beautiful, dark, and striking woman with a bright mind and hopes for the future for herself and children. I was talking to an addict. I was talking to a drug. The drug had her in its grips and was not going to give her up easily, if at all. While Victoria said all the

right things, her main focus was to get bus vouchers. She also wanted me to fund a prescription for Prozac, which she had been taking while in jail. I suspect she hoped for a cash voucher. Instead, I helped her by providing the address to the MediCal office, where she could apply for an emergency medical card.

Victoria had a history of crack addiction dating back to the birth of 9-year-old Cindy. She herself had been placed in foster care as a child and was raised off and on by an alcoholic mother. Victoria's twin sister, it turned out, had five children, all of whom had been placed in the system some time ago. Victoria's sister, her cousin informed me, was homeless, also a crack addict, living in people's garages. When Cindy was born, CPS got involved. Victoria went into residential treatment with Cindy and managed to remain clean and sober, according to self-report, for several years thereafter.

My attempts to pinpoint the date of her relapse back into addiction were met with vague and evasive answers, as well as change of topic. I was talking to an addict who was desperately scheming for the avenue and way to her next fix. The mother of her children was looking out at me only for the briefest moments from the deep pools of her dark eyes. I could only guess at what might be left of her human spirit and will to live. I knew, from my own experiences, that I was powerless to gauge that. My role, as I saw it, was to show her the door, to point the way, to provide the opening into which only she might choose to step. But I felt passionately—at

the same time I knew it unrealistic to hope for success—that she should have the opportunity, a real chance, to step through to the other side, both for the sake of herself and her children. Four children aged 4 to 14 could not easily be placed in the long term without being separated and further traumatized. I saw Victoria's family cycle repeat. Someday her children would sit in her chair, unable to save their own children from a similar fate.

When I next met with my supervisor, we discussed Victoria's case. I told her that I felt Victoria really did not have a chance to meet the terms of her service plan, both with having been in jail a large part of the past year and with the nature and severity of her addiction. She needed—rather than a homeless shelter and four-day-a-week outpatient program—intensive long-term residential treatment. This was a lady who was locked up for possession of drugs and petty theft, with a history of a severe crack addiction, whose only support system, inadequate as we may judge it to be, had been her common-law husband. He had provided the only stability she had known the past ten years of her life and was now locked up and facing a possible 32 years in prison for molesting their daughters. Her mother, who had lived with them, had fallen very ill and was now incapacitated in a convalescent home. Victoria came out of jail and into a homeless shelter having lost her only support system, as well as custody of her children. I did not feel that the homeless shelter and outpatient program had been sufficient in light of her situation. It was my

impression that we needed to refer Victoria for long-term residential treatment as soon as possible. I advocated for Victoria. I was looking for a way to open a door wide enough that Victoria might actually get to walk through. My supervisor agreed with my assessment and I began to investigate what was available for possible referral. In addition, I spoke with the director at the outpatient program Victoria was enrolled in who, although skeptical about Victoria's level of motivation, agreed with my assessment for the need for residential treatment.

However, Victoria disappeared before the referral could take place, and the director and I agreed that if she showed up, we would work together to make the referral happen. In working on Victoria's case, with the exception of my supervisor, I sometimes got the impression that people thought me naïve. Seasoned workers smiled knowingly. A fellow student seemed to misunderstand my desire to help Victoria to be at the expense of her children's best interests. But in my heart, I knew it was not. As I had written upon applying to the CalSWEC program for acceptance:

I see the neglected, abused, and exploited children and their families that child welfare serves as I see myself for much of my life. I know the pain of not knowing. I know what it is to be victimized. I learned what it is to get beyond victimization and claim responsibility for the present. I know what it is to be unable to trust. I know what it is to not know and to think I do know. I know the

shame of ignorance. I can help. And for those who aren't ready for help, I will still help. Because I understand not being ready. I understand intrusion. I understand shame and anger and despair. I will help by carefully balancing and respecting the rights of my clients. I've been on all sides of those rights. As a child. As a parent. And now, as a contributing member of society.

The application for the California Social Work Education Center Title IV-E Child Welfare Stipend had instructed, "Discuss your motivations for wanting to work in child welfare." I responded:

For many years of my life, from childhood, I struggled to grow in an environment of limited options and guidance. Until grace visited me and I found a way out of the abyss of ignorance and despair, I did not understand that other ways to live might be available to me, personally. I lived as best I could with the information I had. It was limited, and inaccurate. I was not a bad person. I was a survivor, struggling to find my way. When I truly despaired of ever changing, my life changed. Hands reached out. A new way was provided and I chose to take the outstretched hands that offered me a step up, a step up and out and into a whole new way of life.

The call to first meet Victoria had come on a Wednesday. Wednesday is the day I work at the Social Services Administration building completing the policy portion of my combined

clinical/policy field placement. The combination is a new option in the exploratory stage at Loma Linda University, where I am a CalSWEC Title IV-E Child Welfare stipend recipient completing my MSW with an emphasis in child welfare.

I requested the combination because, along with the clinical emphasis that is part of the required child welfare competencies, I wanted an experience that would give me more exposure to child welfare at the macro level. I felt that, given a better grasp of how policy effects direct service in child welfare, with exposure to administration and program planning, I might later be better equipped to impact the child welfare field as well as personally and professionally operate more effectively in my role as line worker upon employment. Mondays are officially my day at the Department of Children's Services, the clinical portion of my field placement, but it is understood between my supervisors, field instructor, and myself, that my cases come first. Thus, when the call came that my client, who had been missing the past three weeks, had surfaced at the drug and alcohol outpatient clinic she was supposed to be attending, I had immediately put aside my policy project to go meet her.

Victoria, a 32-year-old female African American crack addict, was the mother of four of the five children involved in the family reunification case I was given. The fifth was her stepchild and the original intervention by the Department of Children's Services, had been made due to reports that Victoria

had been physically abusing him, reports that were substantiated by the bruising found on his chest, arms, back, and buttocks. The additional children were removed because both parents were absent when the police arrived to investigate and there was no water in the house. A nearby cousin of Victoria's agreed to take her four children, but said she was unable to take Mario, the stepchild, who was placed in a home for special needs children as he is developmentally delayed and reportedly has had severe emotional problems. Once the four siblings were placed and safe at the cousin's house, further information came out that the two girls, 7-year-old Angel and 9-year-old Cindy, as well as a neighbor girl, 10-year-old Jessica, had been sexually abused by their father, Victoria's common-law husband and the alleged father of all five children. He had subsequently been arrested, tried, and convicted of the sexual molestation charges and was now in a detention center awaiting sentencing.

Human rights are for those who have value. Victoria, like her children, and her mother before her, didn't know her value and, therefore, had no concept of how to claim her human rights. Entitlement, yes. Having been victimized, Victoria had that feeling so common to many victims—of being owed something by somebody. What she didn't know, I sensed, is that she had the right to not only survive, but the right to get well, the right to, well, what better word than redemption? Shame, laid on early and woven like a thread through

so many family histories, is a heavy, dark burden for a child to walk under. Victoria was once a child, as her mother must have been, as her children are now, who didn't get a fighting chance at life. I wanted to help her see, to catch even a glimpse that she could get beyond her history, this legacy of pain. I knew, in my heart, then, as I do now, that Victoria, of course, will make the final choice. If only I could be instrumental in helping her see that there was one.

The phone rang on Friday. It was Victoria's probation officer. Victoria was in jail again. When did she go in? I look at the dates. She was picked up days after I met with her to go over her service plan. The charges? She failed to show up for a court date regarding a traffic ticket, which violated her probation. Further, she had failed to meet the terms of her probation, which had included completing the outpatient treatment program. Her P.O. wants to know what my recommendation is. She had plenty of chances already. He's ready to give up, send her to prison for violation of probation. I take a deep breath. "What has she done?" Possession of drugs. Failure to appear. Petty theft. Not exactly an ax murderer, more of a nuisance than a menace to society.

I explained to the P.O. that I don't think the homeless shelter and outpatient program Victoria was initially referred to out of jail a month and a half ago were sufficient given the nature and seriousness of her addiction. It's my assessment that she should be at least offered the op-

portunity for residential long-term treatment. The P.O. sounds almost incredulous, but patient. "She talks a good talk," he says. "She had the previous social worker convinced," he says. "Frankly, I don't see her doing a thing," he says. "She sounds good," he continues, but..."

"No." I reply. "She does not really sound good. She sounds like an addict. I think she deserves a real shot at recovery. Coming out of jail and into a homeless shelter and being provided outpatient treatment when she's lost the only support system she had in its entirety, as well as her children, with a history of an addiction as severe as hers, Victoria needs long term residential treatment at a minimum to even begin to have a chance."

"You can do that," he says. "But it's not going to do any good."

"You're most likely right," I respond. "She probably won't stay. Within ten minutes of getting into treatment out of jail, she may be out the door. That's her choice. Mine is to give her the opportunity."

"Ok," he says. "Drug court is Monday at 8 a.m. Can you be here?"

I can and I am. My hope is to talk with Victoria privately, but I find out I have to whisper to her in the courtroom at the jury box where she and the other prisoners sit. She looks surprised to see me, then happy. She's dressed in a bright orange jumpsuit. I almost see the addict in her start scamming the minute she sees me. "Maybe the social worker will get me out of this jam!" I don't blame her. After

all, she's just trying to survive.

I tell her why I'm there. The court wants my recommendation regarding her case. I tell her I saw her kids the other day. The first thing they asked me was when they could see her. Genuine tears spring quickly to her eyes, then just as quickly, she looks away, and they're gone. I tell her what I think. That she needs long term residential treatment for her drug addiction. What does she think? I'm not at all surprised that she assures me she wants it too. Anything's preferable to prison. "I promise. I promise," she says.

I want to cry. I know what an addict's promises are worth and I'm not asking her for any. I just want her to have a fighting chance. How can I let her know I'm on to her? That this is one addict talking to another? That I've been there, done that? I don't need to, though. She never needs to know where I came from or that I know just a little bit about where she is. How can I let her know I can't give up on her "in the best interests of her kids." If Victoria had just one child under five, or four kids under five, we could probably find adoptive homes for each of them, and they'd have to be split up. Right now, her kids, if Victoria gets it together, have a chance. They're intact and stable at a relative caretaker's home. They're thriving and doing well there.

What Victoria doesn't really get is that the cousin has said she can't keep them past June. That means if Victoria doesn't get it together, her kids, ages four to fourteen, will have to go into long-term foster care in different homes; maybe, just maybe, someone

might adopt the four year old. Everyone knows the scenario. Foster care is the least good option for the kids. Victoria is their best chance. If only she could grasp how much her well being translates into hope for her children. It is clear to me, although I have been warned, been prepared by class discussion of this reality; there is no really ideal solution for Victoria's children. Their best hope is their mother's cousin, but she says she cannot keep them much longer. I hope to convince her otherwise, but it is not something I can force. This is a hard reality for me to begin to accept. Rather than accept it, I fight fiercely for Victoria, for myself twenty years ago, for my daughter who lost her children due to drug addiction, for all the Victorias' and their children.

I look into her eyes. This time she looks back. "Don't let them throw me away." She says clearly, "Don't give up on me."

I don't know if it's the addict talking, trying to get by one more time, or if it's the children's mother talking to me. I say, "Victoria." She looks at me, expectantly. "Victoria," I say, "You are the one who is throwing yourself away. You are the one who will decide whether or not you will be thrown away, as you put it." But I can't help but remember; Victoria is a former foster child herself. For all intents and purposes, she was "thrown away" a long time ago.

There is a long moment where we look at each other. "I'm recommending long-term residential treatment," I tell her. "What you do with it is up to you."

Victoria throws her arms around me in the middle of the courtroom. "Thank you!" I pull

her arms from around my neck, embarrassed. She still doesn't get it. I can't save her. Victoria learned a long time ago to manipulate everything and everyone around her for what she perceived to be her own survival. "Victoria," I say, "This is up to you. I may have just enabled you to stay on the streets and use your drug of choice a little longer before they lock you up, maybe next time for good. I don't know. But I hope, instead, that you take this opportunity, that you make this moment the turning point for you and your family."

And I walk away. The P.O. says to me later, shrugging his shoulders, "Well, it's not like she's an ax-murderer." He agrees to and gives the judge my recommendation and Victoria is ordered kept in jail until a residential treatment facility is found. I start looking. Being new to the system I have to start at the beginning. There are lots of places, but most have long waiting lists and only a few county beds. Those beds, I'm told, should go only to the most motivated. As promised, I call the P.O. the next week to let him know I don't have a place yet, but a few things in the works.

In my coursework at Loma Linda, we talk about positive use of the self. Is that what I'm engaged in here? I know there's some countertransference going on, and I also know it's not always necessarily negative. The important thing, I've been taught, is to be aware of it. I make a mental note to process some of this with my supervisor at the first opportunity. I wonder if I have a hidden agenda in this case. Because I am a recovering addict myself, am I over

invested in making sure Victoria gets a chance at recovery? Is this survivor's guilt I feel? Am I over-identifying? In my work in the field as a second-year intern, I have sensed a rising passion within. The passion tells me something good is happening here. I have come full circle. I am now in a position to give back some of what has been given to me in my own struggle to know my own value and thus, others, and to learn to live it. My heart says to Victoria and others I meet so like her, "If only you knew...if only you knew how precious your life is, how valuable you are." I have learned that if one doesn't know her value, she cannot know how to value others. This, I think, is the crux of the work we face in child welfare.

Friday is Cindy's birthday. I have a few things I keep around; stuff donors who choose to remain anonymous give me for just such occasions. I pick out a soft, fuzzy pink and purple bear for Cindy and a game that will help her learn her multiplication tables, which she's been struggling with at school. The bear, I tell her, is a special bear that she can talk to when she misses her Mom. The four of us plan for next month's visit. We'll pack a little picnic and go to a nearby park. I look at them. Reggie is 14 and neatly dressed in blue jeans, tennis shoes, and a polo shirt. He sits on a large trunk in the garage where we're talking, dangling his legs. Cindy is animated and excited about her recent birthday and the party Anne threw for her. Seven-year-old Angel shadows her older sister's excited dance, tugging at

my hand. Little Douglas is quiet as usual, seems to be in his own world. But they look safe. They're clean, well-fed. Though their lives have been disrupted they are still in a familiar world, down the street from where they used to live, in their mother's cousins home. Their faces look so bright today.

Their mother's cousin has just reminded me that there is no way she can keep them after June. She just had to put her mother, who has Alzheimers, in a convalescent home and it's all becoming too much for her to handle. This seems to have tipped her over the edge. She works full time and though her husband supports her, he's not much help with the kids. She's tried to get other members of the family to help out, but none of them do. She becomes tearful, torn with guilt. "I don't want to see them split up," she tells me. "I've become attached to them. But I've got to take care of myself. I've got high blood pressure myself, and with my mom in the nursing home now..." Her voice trails off. I make a mental note to ask my supervisor if we can provide some respite care in the hope of maintaining the placement.

Victoria's court date is coming up in April, the twelve-month or 21(f) hearing. According to the Welfare and Institutions Code, unless there is a substantial probability that the family can be reunified, I have to recommend reunification services be terminated. And Victoria has given me nothing in the scant month and a half I've had the case, to show a substantial prob-

ability. My supervisor assures me she won't sign off on any other recommendation. This is a learning experience for me. I realize it's not fair to the kids to leave them in limbo while we wait for Victoria either. This is where balancing all the pieces of the case is imperative. While I fight for Victoria to provide her with options, concurrent planning means I continue to look, given the failure of their mother to reunite with them, for reasonable options for the children. Unfortunately, I don't find the options available, unless the cousin decides to commit. I resolve to work very hard toward maintaining the placement with the cousin. At the same time, I know it's not fair to expect her to shoulder the burden.

When I talk with Victoria's P.O. the next week and still don't have a treatment facility for Victoria, he tells me about the drug court social worker and says she can help me with finding treatment for Victoria and facilitating Victoria getting in intake while in jail. In a few days, she calls and lets me know Victoria has been accepted for treatment at a long-term residential facility, where she can receive treatment for up to six months. She puts Victoria on the phone and I explain, "It's totally up to you. Reunification services will most likely be ended at your next court date and I have to recommend they be terminated. That gives you six months until the 26, or 18 month hearing, the hearing where parental rights are terminated if an adoptive home or guardianship is available for the children, and where permanent

plans for the children's care are made. If you stay in treatment from now until then, you can ask that reunification services be reinstated." I tell her about her cousin's plans not to keep the kids after June, and tell her if she stays in treatment and does well from now until then, we will probably be able to convince the cousin to hang in there a while longer. I remind her, "You are your kids' best chance."

Victoria promises me she's going to make it this time. That she realizes she has to get it together and adds, "I'm sick and tired of ending up in jail. Will you visit me at the treatment center?"

"Absolutely," I say. And silently I ask, "Are you just sick of jail? Or are you ready to get well? Is this just another escape hatch for your addictive path?"

The CalSWEC application wanted me to discuss what personal strengths and weaknesses I might bring to the field of public welfare. I addressed my weaknesses by writing:

Some would consider the following weaknesses:

A mother and father, who were also abused, abused me as a child. I abused drugs and alcohol beginning in my teen years. I am now fifteen years drug and alcohol free and eleven years nicotine free. I was a teenage unwed mother at seventeen. I was a battered wife. I was a single parent, at one time on welfare. My daughters both abused drugs and alcohol. My eldest now has five years recovery. We are breaking the cycle. I dropped out of high school. Today I am a successful high school English teacher working toward a

master's degree in social work. I struggled with depression as a result of the trauma in my life and learned to live with and treat it successfully. When his eighteen-year-old mother agreed she could not care for him with her crack addiction, I carried my two-year-old grandson in my arms on a plane and into the waiting arms of his adoptive family. My little brother, his wife, and their two children accepted him gladly. Today he is a thriving, happy ten-year-old who knows both his birth and adoptive-birth family love him. I subsequently walked through the relinquishment of his two little brothers, both born with crack in their system, to friends of the family who agreed to an open adoption. I have walked through a lot of healing, with and without my family, with therapy and sometimes with the involvement of child welfare, as in the case of my grandchildren.

Most of these things I at one time considered weaknesses. Today I know they are my strength.

If and when Victoria is ready, and it may or may not be her time for reasons I can never guess at, she may come to understand that her darkest night may be the light she can someday hold out to another.

Back at my policy placement, I review the current alcohol and drug policies that, in part, determine the nature of many of the direct services to our clients. I make a mental note to discuss with my supervisor the need for more intensive treatment with available beds for our clients, to ask for her viewpoint given her years of experience in

the field. I know this is being addressed at the macro level in many arenas, especially with the advent of new legislation regarding concurrent planning and welfare reform. I know it involves dollars. And I passionately believe the dollars can be best spent if focused particularly on providing viable treatment options for this population. Dollars spent on treating substance abuse can and will, in the long run, have a positive impact on society as a whole and begin to address many of the social problems, so prevalent, that continue to endlessly cycle with each generation. I resolve to learn more about what has been undertaken in addressing addiction at the child welfare level historically as well as presently.

I wonder if the policy makers truly grasp the degree that addiction plays in creating the need for child protective services in our communities. Even though I question my sanity, I toy with the idea of a doctoral degree, or at least of doing post-graduate research with the potential to make an impact on current policy regarding drug and alcohol treatment for child welfare clients. I am especially interested in looking at the impact of familial addiction on children and the possibility of intervention for children of addicts currently in the system. It makes sense to me that providing specifically designed intervention in the addictive process as it begins in the children of alcoholics and addicts, who are currently in the system, could have far reaching effects. It is a social problem of such magni-

tude and scope that it is hard to even imagine where I would start.

Then, coming back to earth, I look down at the court report I'm writing regarding Victoria's case. This, then, is where I begin.

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