

# SOCIAL WORKER IN A FISHBOWL: AN IMMIGRANT SOCIAL WORKER'S NARRATIVE

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*As an immigrant social worker, the author struggled with the integration of her professional and personal self within practice settings. The challenges encountered included working with informal clients, practicing beyond traditional social work roles without any termination process, and coping with constant ethical issues. In the following narrative, the author reviews the mistakes and successes she experienced within informal practice settings.*



Self, a critical practice tool utilized by social workers, is one that continuously interacts with various social environments. The constant interaction with the social environments facilitates ongoing formation, change, and reformation of the self. A social worker's ability to integrate her or his own personal and professional self is key to effective social work practice (Shulman, 2006). As an immigrant social worker, I struggled with the integration of my professional and personal self within my unique practice settings, which consisted of immigrant individuals, families, and communities.

In an effort to better manage my struggles, I sought advice through literature regarding other immigrant social workers' perspectives on the integration of professional and personal self. Unfortunately, I was unable to find good and thoughtful literature about similar struggles experienced by other immigrant social workers. It is my humble hope that a detailed review of my idiosyncratic experiences will provide readers with a

thoughtful perspective of the unique struggles encountered by immigrant social workers.

## **A Social Worker within Korean American Communities**

I am a 37-year-old Korean American male community social worker, currently teaching at a university in a small southern city where approximately 100 Korean Americans reside. I also regularly attend a Protestant church, which serves as a hub of resources, as well as Christian religious activities for Korean Americans. Eleven years ago, I came to the United States to pursue a Master of Social Work (MSW) degree from a university in a mid-sized southern city that approximately 3,000 Korean Americans called home. After obtaining two years of post-MSW experience and completing my doctoral education, I moved to a major Northern U.S. city and found a very large Korean American community there. Over the last decade of residing in these three cities, I have had many Korean immigrants ask me to assist them with various issues.

## **Informal Clients**

The most distinguishing feature of my practice within Korean American communities was the heavy reliance on the informal networks used by Korean immigrant clients to obtain my assistance. While the terms "Korean Americans" and "Korean immigrants" overlap, the meanings are different. The former refers to anyone of Korean heritage (Lum, 2007). The term mostly includes the first generation of immigrants from Korea and those who are born in the U.S.A., while the latter group consists of the first

generation of immigrants from Korea. Korean immigrants are part of the broader "Korean American" community. Even though there is a wide variance of acculturation within the immigrant groups, English is not their native language and they still adhere to Korean cultural norms and traditions in various degrees.

My unique practice with Korean immigrants began with a needs assessment at a local Family Service Center that attempted to reach out to various underserved Asian communities. Through conducting various needs assessments, I met and interviewed local Korean immigrants and their families and became known as a social worker to them. Interestingly, although very few from the Korean immigrant community sought formal help from the social service agency, many Korean immigrants contacted me through their personal network and sought informal help, independent of the agency. Even when I left direct social work practice settings and began to teach social work as a faculty member, this pattern of informal help-seeking by Korean immigrants was repeated in two other Korean immigrant communities where I resided.

As I pondered the reason behind this unique help-seeking pattern, some possibilities came to mind. Perhaps it is due to their lack of experience with social workers in Korea, where the helping profession is still relatively new to the society. Or, perhaps it is due to the language barrier. Still yet, it could be, as frequently mentioned in the literature (Sue & Sue, 2000), their preference for informal approaches to formal services was a way to avoid feeling shameful about seeking help from a formal social institution. Although I am unsure which of these possibilities is the main factor explaining their help-seeking pattern, the fact that only Korean immigrants and no U.S.-born Korean Americans informally sought help from me suggests that their help-seeking pattern was somewhat related to their status as immigrants from Korea.

Whatever the reasons behind this unique pattern, I realized that there were inadequate social service programs specifically designed to serve this immigrant group and that someone needed to fill the void of services for this clientele. I felt an obligation to serve them, as

I was often the only or one of a few social workers available to them. The Social Work *Code of Ethics* states that "[s]ocial workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service)" (National Association of Social Workers [NASW], 1999, p. 5). With this in mind, I decided to assist them. As I had clients from my formal eight-to-five job, these immigrant clients became informal whom clients I served beyond my regular schedule.

It was also difficult to refuse their need for assistance because many of them sought help through my personal and informal networks, with some being friends of my closest friends. Furthermore, many were members of the church I attended. These reasons further compelled me to offer my assistance as I did not want to be perceived as an arrogant young elite by my closest friends and acquaintances. Most of all, beyond my duty or reputation, I enjoyed assisting them. Even though helping them was not part of my formal job, I felt a sense of satisfaction when the informal clients received the needed help. However, since I had to provide these services outside of work as well as during working hours, I eventually became overwhelmed by this extra workload.

The sheer amount of the additional workload was not the only factor that overwhelmed me. At times, I was exhausted by the frustration stemming from some abusive clients. For example, although I lacked training in immigration issues, I frequently received questions and requests for assistance related to immigration. Fortunately, one of my close friends was a bilingual, Korean American attorney who specialized in immigration, so I was able to refer them to this friend for assistance. Some clients who could not afford to hire an attorney received pro bono or low-cost legal consultations from the attorney.

However, some informal clients possessed the financial capacity to hire an attorney yet still sought out free legal counsel from my personal connection. Due to the limited availability of his pro bono services, my value system told me that these informal clients were attempting to abuse the goodwill of my friend

and irresponsibly deprive someone in need the opportunity to obtain free legal services. As social workers should promote clients' socially responsible decisions (NASW, 1999), I recommended that they employ the services of another bilingual lawyer. Having such morally harrowing experiences undermined my belief in the innate goodness of human nature and occasionally created doubt about offering my services to informal clients.

### **A Generalist by Demand**

Another feature of my practice as an immigrant social worker was serving as a generalist practitioner by demand. Borrowing from Shulman (2006), I was "the only game in town," like social workers in a rural community. Rural communities often lack adequate social services to address similar needs experienced by those in large urban hubs, where social services are readily available (Davenport & Davenport, 1995). This fact requires rural social workers to serve as generalists in order to fill the gap and satisfy the varying needs of those they serve. Likewise, although two of the cities where I lived were mid- or large-sized metropolitan cities, the Korean immigrants had limited access to public services due to their language barriers or their cultural barrier defining help-seeking behaviors as shameful. Since I was the only (or one of the very few) social workers available, Korean American communities informally requested me to perform various roles in different settings, regardless of my formal training.

Interestingly, almost none of my informal clients seemed entirely sure what social workers could do for them; yet they still had hope that a social worker could do "something good" for them. The most frequently requested form of help from my Korean immigrant clients included seeking public assistance for medical care or income maintenance, solving issues related to their immigration status, or obtaining information about available resources. This posed a challenge for me as I possessed little knowledge in these areas, since my primary practice experience was not related to public assistance programs involving medical care or income maintenance.

In order to cope with the discrepancy between the various service demands and my limited knowledge in these areas, I spent a significant amount of time investigating issues, reviewing federal and state policies, researching available resources, and contacting service providers, as well as other stakeholders related to my informal clients' interests. This clearly expanded my knowledge of various social service programs and agencies. To illustrate, I recall an occasion when one of my clients, a middle-aged hairdresser, experienced a medical emergency at her home. Fortunately, she received the necessary treatment in an emergency room. However, without health insurance and without meeting the five-year legal residency requirement, she was ineligible for Medicaid and thus faced an enormous medical bill.

This woman had heard about me as a social worker from one of her customers and inquired as to whether or not I could assist her. After contacting various agencies, I learned of a nonprofit foundation that assisted with medical expenses for low-income families without health insurance. I connected her to this local foundation and the foundation paid the entire medical bill. As she needed various follow-up tests and treatment sessions, I arranged them for her and worked as a translator in these medical settings. In the process of helping her, I became familiar with various medical assistance programs in the community.

I was also an advocate for my clients and a consultant for my English-speaking colleagues. On one occasion, I had an opportunity to visit an independent high-rise senior apartment in an effort to reach out to different members of a community. After the director of the geriatric facility realized my nationality, he began to grumble about two older Korean American women in the apartment complex. According to him, these women never participated in any social events, and some of the other residents complained about the smell of the ethnic foods the women occasionally prepared. When I met with the women and indirectly encouraged them to participate in various activities offered by the facility, it was obvious that their fluency in

English was very limited, of which the director was fully aware. However, the primary reason for them not participating in the activities was cultural. The center scheduled a variety of activity-oriented events, such as aerobics and fashion shows. These older women preferred more static activities as they had never participated in aerobics or fashion shows, even in their younger years.

The women also pointed out that meals served in the facility were not “fitting” to their tastes since they were accustomed to traditional Korean foods. Therefore, they frequently cooked their preferred Korean foods. Although they were fully aware that other residents did not appreciate the smell of the foods, they were unable to open the windows for ventilation because all the windows were screwed down to their frames to prevent residents from falling out. When I explained their unique needs and asked the director to allow their windows to be opened enough to circulate air, he was very glad to make the requested accommodation to their windows.

In addition to traditional social work duties, I performed a wide range of nontraditional social work jobs for my clients. For instance, as someone who is known to have a strong mechanical background (obtained from my military service in Korea), newly arrived immigrants often asked me to help them find cars and negotiate the prices. Helping someone search for and purchase a car was very time-consuming. After serving as an automobile consultant for more than a dozen immigrants, I created a checklist to help future immigrants select reliable cars on their own. I must admit that the checklist was not mainly for them, but for my own mental health as well. In addition to being a car expert, I was deemed a tax consultant, too. Thus, in the spring months I frequently found myself filing income tax returns for many immigrants as there were limited Korean-speaking tax professionals available in the community.

### **Burdens**

One unexpected by-product of my practice with Korean immigrants was the psychological burden that I levied upon myself. My assistance

to the previously mentioned hairdresser case seemed to be a test for me to earn trust as an expert within the Korean immigrant community. As the hairdresser shared her story with her customers, the story served as evidence of my competency and led other Korean immigrants with various issues to trust and contact me. It is not unusual among culturally diverse groups to witness successful helping relationships between the helping professional and one of their members before seeking help (Sue & Sue, 2008). Since their requests were based on their faith and trust in me, I did not want to fail them. Thus, I agreed to help. Yet much to my dismay, I quickly discovered that these seemingly simple tasks always required extra, time-consuming work on my behalf.

As these immigrants had very limited English proficiency and I was the only social worker they could trust and with whom they could communicate, I was unable to simply refer my clients and cease involvement. Unlike other social workers—who are able to refer clients to other agencies where those clients may receive better services—I had to be continuously involved throughout the intervention process as a translator/advocate for them and for the social workers to whom the referrals were made.

Learning to perform as a generalist took an additional toll on me psychologically. When I performed various roles in different settings as my clients’ translator, case manager, advocate, educator, mediator, and information clearinghouse, my knowledge and skills were certainly expanded. However, my learning did not occur without costs. For example, I occasionally had to translate at hospitals or in court on behalf of my clients or their families. As I had never received any formal training regarding medical settings or court procedures, I was haunted by thoughts that my clients would not be treated well at a hospital or might lose a legal battle because of my incorrect translation. Such fear is frequently reported among children of immigrants who are translators for their parents (Sue & Sue, 2008; Umaña-Taylor, 2003).

I had to continually educate myself about these areas and related terms in order to do a

good job. The time to self-train was never adequate, and having sufficient time to learn the details of a client's case was a luxury I did not have. Many of my clients sought my help as a last resort after some attempts to "save face" by themselves, so I had to learn about their medical condition, legal situation, or related terms simultaneously upon meeting them. Therefore, it was natural for me to feel a huge burden when translating in medical or legal settings. The experience I have gained in these various settings has enabled me to feel more comfortable in helping prospective clients.

### Practice Without Termination

Another unique aspect of my practice with immigrant clients included the lack of termination of the professional relationship. The Generalist Intervention Model (GIM) has seven usual stages: engagement, assessment, planning, implementation, evaluation, termination, and follow-up (Kirst-Ashman & Hull, 2002). Most of my informal clients initially asked for specific help. I thought that my professional relationship with them would cease once they received the requested service or a connection to the services desired. However, it did not take long for me to realize that notion was incorrect. Like other native-speaking clients, my informal clients from Korean American communities frequently had multiple issues over the years. However, unlike U.S.-born clients, my immigrant clients did not have additional services available as I was the only social worker accessible for them. Therefore, they would return to me with other types of issues within a one-or-two-year period, and the assessment stage would begin all over again. Thus, my practice within the Korean American communities was a perpetual loop of all the stages.

As those clients came back to me, I slowly became disturbed by the notion that I might have been responsible for their possible dependency. Even though I was fully aware that many of my informal immigrant clients were unable to communicate in English and that I was the only one (or one of a few social workers) available, I sometimes became doubtful as to whether I was really the last

resort for them. From working with several informal clients, I learned that they were capable of getting needed services by themselves with the information I provided to them. But they *seemed* to use me as their quick-service provider, because that was much easier than doing it on their own.

Their returning to me may have been caused by my *rescuing* practice. Rescuing refers to a situation when social workers view their clients "as victims in need of rescue or salvation" and "assume disproportionate control over and responsibility for clients." (Cournoyer, 2008, p. 48). As a result, clients become more dependent on workers. While ruminating on my possible rescuer-rescuee relationships with my clients, the word "duty" emerged, since I felt a very strong moral duty to serve them. In retrospect, I now wonder whether the moral duty was my sense of *noblesse oblige* toward my Korean immigrant clients who had very limited communication ability in English, while I was *fortunate* enough to have been educated in America. Thus, I might have unnecessarily rescued them out of *pity*, thereby diminishing their independence.

On the other hand, their alleged reliance might have been just one of many survival or adjustment strategies they decided to use within a new environment where their ability to cope with new challenges was not fully developed and where they had very limited resources available to them. What I considered simple tasks might have been overwhelming to them. Therefore, they may have needed to rely on me, but not as a result of my rescuing services.

Another possible explanation for their continuous requests for help may simply have been the result of belonging to the same ethnic group and speaking the same language. Such a help-seeking pattern is commonly reported among the culturally diverse (Sue & Sue, 2008). Or, more likely, it may have been the combination of my rescuing approach, their environmental deficit, and our same ethnic background that were significant factors in their continual reliance on me for assistance.

### Living in a Fishbowl

As one of a few social workers in an immigrant community, I felt as though I was living in a fishbowl. The term "fishbowl" originally refers to a rural practice setting where a social worker is known to the community members and her or his every action is subject to constant public observation and judgment (Daley & Doughty, 2006). Compared to other minority groups who see social workers as agents of oppression because of their negative experiences with the helping profession (Sue & Sue, 2008), my Korean immigrant clients lacked a chance to experience oppressive social workers in Korea since the profession is relatively new in the country. Thus, they held a high expectation of me as a social worker. In addition, I was a faculty member teaching at a university at relatively young age, while many of my immigrant clients engaged in manual labor. Therefore, I was perceived by the community as a role model. The combination of being a respected social worker and role model made me aware that clients treated me differently and constantly observed my actions. Even though I was much younger than many of my clients, they spoke with me as if they were speaking with a respected elder or superior.

I did not want to be perceived as a role model because I knew that I would be unable to live up to that image. Yet many Korean Americans felt I should conform to their expectations. When I failed to conform to those expectations, some of them did not hesitate to express their *concerns* about me. For example, having lived in the South for more than eight years, I was accustomed to wearing shorts during the hot, humid summer breaks. One day, while shopping in a Korean grocery store, I encountered one of my informal clients. The client, in response to my attire, freely expressed his disapproval, stating, "A professor should not dress like that."

As my informal clients used my personal networks to seek help from me, I was easily tracked down. In an effort to disseminate information about available resources and programs for the elderly, I conducted several workshops for older Korean adults and their family members. In addition, I wrote syndicated

columns for Korean newspapers explaining the services and cultural differences. One newspaper was distributed in three states. As a result of those workshops and newspaper columns, I received many calls from people I did not know. Faced with the knowledge that people whom I had never met now knew of my whereabouts, I felt as if there was no place for me to take a break from serving my immigrant clients.

After moving to my current location, I have discontinued the workshops and writing the columns. I erroneously assumed that by stopping these activities, I would not get any more phone calls or contacts from Korean immigrants in the cities where I previously resided. Because members of my personal networks had my contact information, some prospective clients still managed to track me down. Sometimes, my close friends were responsible for encouraging those strangers to call me giving them my contact information!

I did not appreciate those calls for practical and psychological reasons. In a practical sense, because I physically live in another state, it was difficult to locate social services that could assist the caller. Additionally, there were occasions when my contacts at social services agencies in the cities where the caller lived had resigned from their positions. Yet some callers seemed too desperate to understand the challenges on my part. Even though I was able to connect some of them to needed resources, I was unable to satisfy the needs of all. Psychologically, the inability to help them resulted in feelings of guilt on my behalf because of my perceived sense of failure to serve them. In addition, I worried that my inability to assist them could have given them distorted images of social work, as those who called me had very little knowledge about this helping profession. Now, after living in my current city for more than two years, I rarely receive such calls.

### Ethical Issues

Also unique to my experience is the presence of constant ethical issues from working with my informal clients. Those issues included maintaining confidentiality in dual or multiple relationships with my informal clients,

setting up boundaries for offers of bartering, and refusing to be involved in perjury. Additionally, my role as *an expert* within Korean immigrant communities frequently collided with the self-determination principle from the profession's *Code of Ethics*.

Since many of my informal clients and I were within the same social circles, it was natural for me to have dual or multiple relationships with my clients where confidentiality issues accompanied the relationships. Such dual relationships are reported to be not unusual within new immigrant groups (Loewenberg, Dolgoff, & Harrington, 2000). Clients and I frequently relied on the same services targeted for Korean Americans, such as ethnic grocery stores or restaurants. We were often members of the same church. Sometimes, my clients were the providers of services that I used.

Cultural heritage complicated these enmeshed social networks. Some Asian American groups are reported to experience a sense of shame in seeking social services, and hide their seeking help from others (Kirst-Ashman & Hull, 2002; Sue & Sue, 2008). This was illustrated by clients within my congregation who experienced difficulties, yet sought to maintain an outward appearance of normalcy and control. When a third party from the same congregation was ignorant of the clients' situations and made insensitive comments about my clients, I was tempted to divulge confidential information in an attempt to correct their misperceived notions about my clients. However, as I was fully sensitive to the fact that my relationships with my clients were based on trust, breaching confidentiality would have destroyed our mutual trust and was therefore unacceptable. Most of all, had I divulged any information about my clients, they would have felt shamed at having "lost their face." The *Code of Ethics* mandates that social workers should "protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons" (NASW, 1999, p. 10). Thus, I had to restrain myself and not acknowledge the professional relationship with my clients. Since it was difficult to maintain control and not release any

personal information about my clients, I began to understand why self-control is considered one of the true hallmarks of professionalism (Cournoyer, 2008).

Self-control was also needed when some of my clients attempted to barter their services for mine. The *Code of Ethics* recommends that social workers "avoid" bartering between practitioners and their clients because of potential conflicts of interests or exploitation (NASW, 1999, p. 14). Yet, bartering is allowed "only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community" (p. 14). While I was a pro bono service provider upon their request, the clients I served were also at times providers to me. When clients and I reversed our service-provider/client roles, they were aware that I worked for them without financial compensation. Therefore, some did not want to charge me for their services out of the kindness of their hearts. The previously mentioned hairdresser would not let me pay for my haircuts. Even though I thought this arrangement would be acceptable among Korean immigrants, I told her that accepting the "in-kind" offer would jeopardize my social work license. While this was certainly not true, it allowed me to set a boundary related to bartering of services by using professional standards. As a result, she finally stopped insisting that I not pay for her services.

Unlike the previous ethical issue caused by my client's goodwill, I experienced some clients intentionally crossing ethical boundaries by contemplating perjury. As eligibility for many public assistance programs is means-tested, applicants for the programs should honestly report their means on application forms. Since many of my informal clients did not understand the forms, they asked me for help in completing them. While I helped them answer questions on the forms, I noticed that some of their answers were dishonest. Since many of the clients and I were members of the same congregation or within the same social network, it was not difficult for me to determine the deceptiveness of their answers. Such dishonest behavior is not only a matter of ethics, but also perjury and a criminal behavior.

Most of all, I felt that our relationships, which were built on mutual trust, were now destroyed, and I was saddened by this break in trust.

As social workers have a dual responsibility to their clients and to the broader society, they are advised to resolve conflicts of interests between the two in a "socially responsible manner" (NASW, 1999, pp. 5-6). Thus, I explained to them that lying on the forms would be considered a criminal behavior and that I could not sign my name in the preparer's section unless they answered the questions honestly. Although this explanation usually changed their minds, it did not always work. In fact, I had one client who had the means to meet his needs without relying on public assistance, yet refused to honestly fill out an integrated public assistance application form. He knew that the form was a gateway to many public assistance programs. I reminded him that perjury is a criminal behavior and he would never be eligible for any other social services if government workers realized that his answers were intentionally deceptive. However, I was unable to convince him. Thus, I had to leave the application form with him to fill out by himself after explaining what each question meant.

In retrospect, I regret using that method in an attempt to have him to reevaluate this decision. I now feel as though I might have passively approved of his action by continuing to explain each question on the form. Since I also stated that his behavior would be a crime *if* his lies were detected, did I in fact imply that it was acceptable to lie on the form as long as no one detected the lie?

In my experience, self-determination—one of the major social work ethical standards (NASW, 1999)—sometimes collided with a cultural norm among Korean immigrants. My informal clients often preferred simple directions from me as opposed to various options from which they could choose. For instance, when I attempted to practice respect for my clients' self-determination by explaining different Medicare options or publicly funded insurance programs, along with the advantages and disadvantages of each program, my clients usually said they were unsure about what to

choose and asked me to select one that would be best for them.

Initially, I thought the information I had presented was overwhelming and that this was what caused my clients' reluctance to make their own choices. However, I later came to note that many clients chose to waive their sense of self-determination even before I presented the available options. I believe this was due to Korean immigrants' cultural heritage of expecting experts to present advice when appropriate and to play more active roles in their clients' lives, which is a commonly observed expectation in other minority groups (Shulman, 2006; Sue & Sue, 2008). Yet, I never avoided explaining their various choices because I was educated to believe in the Euro-American principle that professional helpers should not unduly influence clients' lives and blur the boundaries of the helping relationship by making unilateral decisions for them (Sue & Sue, 2008). Most of all, I was unsure whether I would always make the best decision for my informal clients.

#### **For the Future:**

##### **Empowerment through Contracting**

Thus far, I have delineated my unique practice experiences, including challenges and ethical issues, from being the only or one of a few social workers in Korean immigrant communities. Today, I still struggle with many of those challenges and ethical issues. In the process of searching for solutions, I have found that the concept of empowerment through contracting is very useful in my unique practice setting.

One of the most challenging aspects of my practice as an immigrant social worker was the fact that my practice did not have termination with many of my Korean immigrant clients. They kept returning to me. However, when I nurtured the ability of some of my informal clients to *navigate* through various service systems by increasing their knowledge about available resources, I saw that some were able to use those resources without me. However, helping clients navigate through systems is a only primitive form of empowerment and is criticized as being a pressure-relief value that prevents clients from

becoming truly empowered (Shorris, 2000). Thus, my efforts to empower my clients may have fallen short.

In retrospect, I could have “truly” empowered my immigrant clients through contracting with them. Contracting is a process that “leads to a more or less formal agreement concerning the nature, scope, and focus of the services to be provided” (Cournoyer, 2008, p. 295). This process includes reflecting on and identifying an issue, clarifying issues for work, establishing goals, developing an action plan, identifying action steps, planning for evaluation, and summarizing the contract (pp. 295-296). The contracting process could have nurtured my immigrant clients’ critical thinking capacity, which may have been deactivated by the number of overwhelming challenges presented to them in a new society. With this newly activated critical thinking, my informal clients may eventually be able to choose the best option for themselves if they are given options from which to choose and find the locus of control of their fate within them, rather than within the experts. I also believe that the process of my clients’ use of critical thinking will facilitate their adaptation to American society, as well as eliminate my fear of making wrong decisions for my clients. In addition, this empowerment through contracting can curtail and eventually eliminate my unconscious rescuing of my immigrant clients because I will see them more as capable partners in my practice setting.

Reflecting upon why I chose a brief contracting process without formal agreements with my clients, a few reasons come to mind. First, I thought that having a formal contract with my informal immigrant clients was too cumbersome for my pro bono services with them. As those services were outside of my formal employment, I did not want to generate additional paperwork. Therefore, I assumed that providing a verbal explanation as to what I could do for them would be sufficient and less time consuming. Second, I certainly did not want to be bound by formal contracts as my services and clients were informal. Therefore, my selfish ego was satisfied with giving informal promises to my

clients. Finally, most of my clients were urgently in need of my services and were very specific about what they needed from me. As a result, clarifying their issues and setting goals and action plans to achieve the goals seemed less important to me.

It is my great regret that I ignored the importance of the contracting process. In addition to being beneficial for the clients, the process would have also minimized my ethical struggles about maintaining of confidentiality in dual or multiple relationships with my clients, setting up boundaries for bartering offers, respecting self-determination, and refusing to be involved in perjury. Due to the mistake, my immigrant clients did not have a clear understanding about what we, as the practice partners, were able to do together. The *Code of Ethics* mandates that, “when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries” (NASW, 1999, p. 9). I now understand that contracting serves as a protective measure for both me and my clients.

In this narrative, I have described my experiences with Korean immigrants. I also highlighted the mistakes that I made as their social worker. When I decided to write this narrative, I hoped that sharing my experiences would help other immigrant social workers who might have the same struggles, and would increase our understanding about the meaning of being an immigrant social worker. While I am unsure how well this narrative achieves those initial goals, I am very certain that I am a primary beneficiary.

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