

A Lesson Brought Home from Seminar

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As an adoptive parent of a child with severe and persistent mental illness, and as a social work educator in a rural Intermountain area, I have struggled with unavoidable dual relationships as a client, parent, and educator. In the following narrative, I review my experiences and navigate these overlapping responsibilities and roles.

It's not quite dark, but the sun is setting. Its location in the sky makes me feel like I am in a spotlight. After another discharge from the psychiatric hospital, my daughter is deemed safe for discharge, but as yet it is unsafe for her to be home with the stress of her siblings and a family-like atmosphere. With the sun shining on me, I reluctantly ring the bell on the secured shelter door, where I will leave my thirteen-year-old daughter. Dizzy and numb with exhaustion from the ordeal of discharge planning and discharge, I reel with the shame of having failed as a parent, and the fear of checking my daughter into a shelter with those kids. As the shelter door opens, I squint into the sun to see a popular social work senior, who enrolled in several of my practice courses, answer the door. Puzzled, but enthusiastic, she speaks, "Dr. Wall, are you here for a field visit?" Feeling defeated, I looked down, wishing the sun would set, and that my time in the spotlight was over.

Past, Current, Future Students, Oh My

The social services in my conservative state are skeletal, at best. There are no residential treatment facilities, no group homes that work with private pay clients, and no residential options for any long-term care for children or teens with significant mental illness. Almost all agencies with a social service component depend on the work of students to provide services to their swollen client loads.

There is one small shelter for runaway, abused/neglected, or otherwise unmanageable teens

in the state's capital, where I reside. This is where my daughter will remain for the agency's maximum of three nights, while my family determines our next step. The shelter employs two social workers, both graduates of the program where I am a professor, and is supervised by a social worker who oversees several additional social work students each year. As part of the admission process, I sit down with the popular social work student, who greeted me at the door to complete the required intake paperwork, consisting of a description of my family's history, my relationship status, preferred parenting methods, religious affiliations, income, etc. As I complete the same paperwork for what seems like the hundredth time, I continue wishing for my time in the spotlight to be over.

Between the local inpatient psychiatric hospital, the larger, less acute setting of the state hospital, and juvenile detention; my daughter has been a resident of a facility approximately 80 days this year. Each incidence has involved encountering a number of my students doing internship hours or being paid for post graduate (BSW or MSW) work. Some of these students/former students have taken a special interest in her as my daughter; others have kept their distance because she is my daughter, but all have struggled with defining boundaries in this hazy realm of dual relationships. The extent at which students' systems and mine have overlapped is mind boggling to me. In absence of other available staff, a former student facilitated several family planning sessions, a current student observed one discharge

planning session – in order to have two staff members in the room – and countless students have checked us in or out. One especially difficult night, a current student working as a psychiatric tech while waiting for his social work license was involved in restraining my daughter after a physical altercation following a family session. When she is not in a hospital setting, my daughter receives the services of a therapist and psychiatrist, both of whom employ social work students and graduates of my program.

Parenting, Living, Failing in a Fishbowl

When I adopted my children, I had many dreams, some of which I have grieved, as most adoptive parents do. Other dreams have softened into new, less defined dreams that are more in line with the people my children really are, rather than whom I thought I could make them become. While I knew that parenting was taxing, none of my visions included police at three a.m., secure transports to psychiatric hospitals, or appearances before a juvenile detention judge. Although universal and natural, the loss and softening of those dreams has been sharpened by the fact that it appears that everywhere I turn there is a student, eager to learn, drawing attention to the complexity of parenting and living in a small community and dissolving my new dreams of quietly floundering through parenting.

Looking for Resources and Losing Faith

Each time my daughter has been admitted to some form of facility, I have been bewildered by the reports from staff indicating that she is their “best patient,” “so kind and funny,” “really insightful and helpful,” and even “perfectly behaved.” Yet, time and again, upon discharge, she would spiral out of control with violent acts in the home, threats and plans to end our lives, running away, destroying property, injuring herself, others, or pets. Each discharge has culminated in another admission to the psychiatric hospital, where she would be the shining star for staff, and make frequent, tearful phone calls pledging to change dangerous behaviors and expressing love and gratitude toward me, her adoptive mother.

Full of hope, I would return to the hospital during visiting hours, only to be greeted with more verbal and physical explosions, or her outright refusal to attend visits or family therapy sessions. The

contradictions in responses left me feeling mystified, emotionally exhausted, frightened, self-conscious of my ability as a social worker and mother, and wary of the skills I taught students for intervention with children and families.

The discharge letter prepared by the psychiatrist provided an introductory theory to the contradictions in my daughter’s behavior when outside of my home. He wrote more than three pages after patiently listening to my exasperation and self-blame. The day following this letter, Amy was discharged home when no other long-term placement as described in the psychiatrist’s letter was available in our state. During the discharge planning session requested by the social worker to outline expected behaviors and consequences when Amy returned home, Amy became angry and attempted to choke me. She was carried back to a locked unit, but the discharge continued as planned, with the social worker saying “She is just a [diagnostic acronym], acting like a [diagnostic acronym]. That can not be fixed here.”

As a parent, I was terrified to bring this wounded child into my home again. As a social worker, I was aghast at the crushing collapse of the system that could anticipate failure, in this case meaning further psychic injury to my daughter and physical injury to me and my family. As an educator, I felt lost and angry that a young social worker was so ambivalent to leaving my family’s needs so clearly unmet. I felt uninspired to continue encouraging noble young people to seek a job in this “helping profession” and dialoguing with students about the power of effecting change.

Redefining Success for Me and Amy

Realizing that parenting Amy was not a task I could master with more reading, workshops, reflection, or by finding the “right” resource nearly shattered me. Survival depended on my ability to redefine success for my daughter, for me as a mother, and for me as a social worker. I came to understand (or remember) that Amy is a beautifully bright, talented, and passionate young woman, who is aware of her limits, and not mine to “fix.” She is my daughter and is wounded deeply from the tragedy of child abuse and neglect, abandonment, multiple attachment disruptions, and horrors I cannot begin to comprehend. As a mother, I had to do what I tell

students in the field everyday: talk less, listen more, allow her take the lead in her own treatment, focus on strengths, surround myself with helping professionals competent in the field of attachment, and trust in the process. As a social worker, I have to be a relentless advocate for a reorganized system that is responsive to the client's needs.

Recommitment to Educating Social Workers

During this period in my family, I sat on the graduation stage looking out at the students who had completed their degrees, many of whom had inadvertently been brought into my personal world. This year students elected to display a PowerPoint presentation containing "words of wisdom" they had gained from each faculty member as a part of their contribution to the graduation ceremony. When my picture flashed across the screen, "It did not start with me and it will not end with me" scrolled under my picture. This is a mantra I adopted many years ago, while working in child welfare, to remind myself that I did not cause injury to my clients, change is not up to me, nor is it usually done within the short time I am able to work with them. I have shared this mantra with many students in seminar struggling to "see" the fruits of their labor with clients. Somehow, seeing that mantra shared helped me reframe the job of change back to its rightful owner – my daughter. In the end, my students reminded me they are listening and learning and that I am giving a valuable piece of the puzzle, which they helped me see that day despite all the pomp and circumstance. Indeed, I am not the origin of the injuries in my daughter's soul. Nor, will I be the cure for them. I am merely one in a line of supportive people planting seeds of difference, and that is how to be a change agent.

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