As I walk past the Bunker Hill Mall and up the hill to work, I pause to cross Main Street. I'm greeted by a parent of one of my clients. She stops to tell me how pleased she is that her son keeps his afternoon appointments with me at the clinic. He attends middle school less than a block away. One of the advantages of a neighborhood health clinic is the close proximity for people in the community. As I continue up the hill, a horn honks, and a woman waves to me. “Hi,” she calls and reminds me we have a family meeting later that day. By the time I reach the top of the hill, my day has already begun as a clinical social worker in a community health center.

Nestled at the top of the hill among stately old homes is the MGH Charlestown HealthCare Center. Built in the 1920s, the red, brick building was once converted from a public health building to the Bunker Hill Health Center, and in 1968, it was acquired by MGH as its first community health center. The Charlestown HealthCare Center offers comprehensive medical services with Internal Medicine on the first floor, Pediatric/Adolescent Medicine on the second floor, and Counseling and Behavioral Services for children, adults, and families on the third floor. Because medical and clinical social services are located in the same building, I often run into clients and families as they come and go from other appointments. It’s an informal setting that affords me ample opportunity to stay connected to my clients.

An important aspect of my job is understanding the ‘culture’ of the population. Charlestown is a diverse community with many ethnicities and a wide variety of health issues.

Like many urban communities, Charlestown struggles with substance-abuse, crime, and poverty. Though progress has been made in some of these areas, many of my clients still deal with the effects of parents suffering from overdoses or incarceration. As a result, some children are being raised by single parents, extended family members, or they have become part of the foster-care system.

During one family session, a grandfather asked me what he should tell his six-year-old grandson who continually asks, “When is my mother coming home?” Parental guidance for these caretakers becomes one of the primary goals of treatment. Because these issues are so complex, community resources are available to our families.

As a member of the Child and Family Team, I work with a multi-disciplinary group of social workers, psychologists, psychiatrists, and trainees. We each provide clinical services to children and families, and we provide outreach and consultation to neighborhood schools. Our weekly team meetings are an invaluable

*A day in the life of a social worker at a community health center*  
— by Dinah Gilburd, LICSW, clinical social worker
opportunity to share, coordinate care, and learn from one another. The Child and Family Team collaborates monthly with the Adult Team to discuss cases.

In this community setting, outreach to children and teens in neighborhood schools is a crucial part of my job. Visiting schools allows me to see children who otherwise might not receive therapeutic services. In addition to providing clinical services as part of the Headstart program, I observe and evaluate classrooms for credentialing requirements. I work closely with staff to identify high-risk children and families for counseling.

When I visit a classroom or observe a child for diagnostic purposes, I’m reminded of the resilience of children and the safe and nurturing environment provided by staff at their schools. Dr. Robert Brooks, in his book, The Self Esteem Teacher, uses a powerful metaphor to describe how he locates a child or adolescent’s area of strength. He writes, “Many of my patients are swimming or drowning in an ocean of self-perceived inadequacy. To counteract this image of drowning, I contend that every person possesses at least one small island of competence, one area that is, or has, the potential to be a source of pride and achievement.”

When I consult with teachers, we try to identify a child’s area of strength. In one classroom, a nine-year-old boy with significant learning problems and suffering from low self-esteem was proficient with a musical instrument. He was asked by his music teacher to play for his class. The expression of pure joy on his face as he played and the positive response of his classmates helped him locate his ‘island of competence.’

I help facilitate a camp scholarship program for children and teens who would otherwise remain at home for the summer. Some local organizations provide summer programs for youth in the community. Perhaps I can explain my deep feeling of satisfaction by sharing a comment made to me by a 9-year-old client. He had just finished his first session at camp after a difficult year at school. Because of learning problems, he was going to have to repeat the grade. As he entered my office, he exclaimed, “Dinah! Guess what! I made friends for the first time and everyone was so nice to me! I can’t wait to go back next summer!”

Presently, I’m participating in an innovative research project. The MGH Community Health Associates and the MGH Benson-Henry Institute for Mind-Body Medicine are collaborating on a project to provide, “easily accessible, behavioral-medicine interventions to patients served by the MGH community health centers.” The outcome of their collaboration is a pilot study entitled, “Effectiveness of a Behavioral Medicine Intervention with Depressed Patients in a Community Health Center Setting.” My role is to teach stress-reduction techniques to patients who want to become more actively involved in their own health care. The response from participants has been extremely positive. Once they learn to elicit the relaxation response on their own, they begin to feel the benefits. A group member with chronic shoulder pain shared with me, “The pain has not gone away, but I am different. I feel peaceful. I’ve learned to drift off to a place of quiet, a little break from my daily crazy stuff.”

I have found so much meaning in my work. At the end of the day, I leave the building and amble back down the hill. I pass the Boys and Girls Club and wave to some of my clients who are waiting for a ride home. As I reflect on my career as a social worker in a community health setting and my passion for helping clients navigate life’s challenges, it is tremendously gratifying to know there is no other work I’d rather be doing.