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# My Second Date of Birth: Learning Limits in a Helping Profession

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On my first day as a first year MSW graduate student, a faculty speaker told the story of how she was “bitten” by a case experience and fell in love with social work not long after she began her career. My field advisor calls driving events like these “aha!” moments. The same week, I had the opportunity to hear an MSW graduate attempt to prove that “social workers are not made; they’re born.” These two thoughts began to tumble around in my brain, and I wondered anxiously when I would come to experience both of these notions. I was standing on the brink of a wonderful adventure as I began my first field placement two short weeks later.

I always knew that I wanted to help others. After a few months of school, I discovered that my passion was in healthcare and mental health. I spent the majority of first semester shadowing social work caseworkers and therapists in the health and community mental health fields. I also observed psychologists, psychiatrists, doctors, and nurses. My supervisor allowed me to learn at my own pace and feel comfortable asking questions. I became an expert when it came to the relationship between behavioral health and chronic illnesses. I found I was skilled at keeping up with documentation and creating Specific, Measurable, Attainable, Relevant, and Time-bound (SMART) goals.

While I loved what I was experiencing, I also felt slightly disconnected from a real understanding of helping clients in the field. I tended to shy away from direct client contact even though I wanted to help. I was honestly afraid of what was beneath the surface of a client’s presentation. My natural instinct was to draw back from the action even though I knew it was wrong.

On December 10, 2015, a morning I will never forget, I received a call from my supervisor that his paternity leave was beginning earlier than expected. I did not think much about how this news would affect me. As I drove to my internship, I marveled at the explosion of colors present in the sunrise that were unusual for that time of year. I couldn’t help connecting the beautiful birth of the day to the baby being born that same morning. The real surprise was that a third “birth” was about to happen.

That week at my internship, my life was flipped upside down when one of my supervisor's high needs clients was admitted into the inpatient unit of the hospital. Because I knew so much about the case, I attended the discharge meeting with another coworker. Although I felt excited to have this opportunity, the actual experience enraged and frustrated me. I sat at the meeting feeling completely incompetent listening to the client's family members argue and talk over the client, observing the state caseworkers belittle the client's feelings, and noticing how the hospital inpatient mediator failed to pick up on so many aspects of the entire dynamic. I watched as the client kept burying his face in his hands in anxiety and frustration.

The other professionals did not form SMART goals to carry out a plan, nor used a strengths-based approach with the client. They did not seem to really understand the case. Suddenly, everything I had been learning all semester in school and in my field placement came together, as I strongly desired to help the client and alleviate the complexity of the situation. I wanted to magically come up with a solution to the problem, while also desperately hoping my supervisor would appear out of thin air. I wanted to help, and to have someone assist me in making sense of the situation, but I was on my own. I felt I did not have the tools to make proper use of the abundance of information I had regarding the case.

I finally found the courage to ask my first series of clinical questions to a client. Although I felt proud that my questions opened up the conversation, it was not enough to resolve the tension in the room. I left the meeting feeling distressed and experiencing a large amount of concern for the client's wellbeing. As dissatisfying and emotional as this was, it sparked a fire inside me. My frustration towards the decisions of the other professionals in the room combined with my desire to help others, and I finally understood that I had the ability to make a change. I had been "bitten" by my first "aha!" moment.

I struggled to cope with my stress regarding this situation for about a week before finally emailing my supervisor. His response included the following:

*"This is tough work and even tougher when you're not on the clock. Part of maturing clinically is understanding limits. Please know that you are doing good work and that there is so much out of our control as helpers. Just being as good as we can when we can is what is important."*

This was strangely comforting to read; he seemed to understand my feelings of failure and incompetence for something out of my control as a beginning social work intern. I began to realize the importance of understanding our limits as helpers. We can guide people to information, options, and answers. However, the choices people make are ultimately up to them and thus not in our control as clinicians. The incident deepened my understanding of "meeting the client where they are." I also realized the true gravity this job entails. Picking up the phone and calling a client may seem simple,

but it is managing the emotions involved in the conversation that can be very difficult.

This experience fueled a deep confidence in me to help others in a way I never knew possible. I was born a helper, but I will never forget the moment I was born as a social worker and the lessons that I learned from it. My field placement has been invaluable in shaping my social work career. I look forward to all the “aha!” moments still to come.