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Part One: Introduction

In approaching any client interaction, it is important to uphold social work's inherent values and its holistic, person-in-environment philosophy to establish rapport, articulate a multidimensional assessment of a presenting problem, and mutually establish hierarchical goals to address a client's concerns (Hepworth, G. Rooney, R. Rooney, & Strom-Gottfried, 2017). One must also meet the client where they are in order to respect their dignity and worth, and to support their right to self-determination (NASW, 2008; Ward & Mama, 2015). This sentiment implies empathetically and unbiasedly listening to a client's story (Lukas, 1993). While I recognize these tenets as vital aspects of the helping process, they were particularly challenging in my recent work with a client named Emma at Greenwich House.

Greenwich House is a private 501(c)3 non-profit, providing diverse programs in social, health, cultural and educational capacities (Greenwich House, 2017). Through direct practice, the centers skillfully engage with clients, collaboratively assess their needs, and actively provide or locate appropriate resources (Hepworth et al., 2017). In 2016 alone, social work staff helped 327 seniors with case assistance, daily money management and referrals (Guidestar, n.d.). These services operate under the DFTA Standards of Operations and Scope of Services and illustrate the crux of the social workers' role at the agency: Handling case management and acting as a broker when clients require additional resources (Hepworth et al., 2017).

Emma was recommended to the social work department by her psychiatrist Debby who she works with at a different Greenwich House senior center location. After receiving Debby's referral, my supervisor asked me to meet with Emma. Because of the case management nature of the social work department, we do not take a formal biopsychosocial, but the line of questioning employed intuitively lent itself to obtaining a greater understanding of the client's

life; how her history and extant environment has enhanced or hindered her in her current circumstances; and why she is contacting the agency at this time (Ward & Mama, 2015). I attempted to use open-ended questions and clarifying comments to garner this content in an approachable, conversational manner (Ward & Mama, 2015).

Emma is an 83-year-old white female who lives by herself in Greenwich Village. Her presenting problem was a recent denial of her QMB Medicare benefit. She had an upcoming fair hearing to challenge this decision and sought assistance in preparing for her court date and organizing her defense. Emma operates on a very limited income, so this was a critical matter for her. It was also a time sensitive request – I scheduled an initial meeting with Emma on Monday, November 20th (the Monday before Thanksgiving and my last day in the office until after the break) and her fair hearing was scheduled for the following Friday, December 1st. Needless to say, these time constraints alone posed a stressful sense of urgency and a degree of uncertainty as to if/how this material could be adequately synthesized and appropriate resources identified.

The client struggled to fully grasp the entirety of the situation and to express her story. Despite the fact that she had pages of notes written as a script, her explanation became tangential and unfocused. Her psychiatrist mentioned that Emma had become increasingly forgetful. She was unfortunately attacked in a subway station a few years ago which exacerbated this already detrimental cognitive difficulty. Aware of these limitations, I made a concerted effort to be patient and understanding in listening to her oblique accounts. As time went on, however, I became frustrated both at the lack of pertinent information I was able to gather and with the client's demeanor. She was methodical and rigid, lashing out at me if she interpreted any of my words or actions as interrupting her process. As McQuaide and Ehrenreich (1997)

proffer, initial attempts to empathize with client's struggles can aggravate one's ability to ascertain necessary information that must be established quickly in a time limited treatment. I certainly felt this frustration and wondered if my empathetic endeavors were counterproductive.

The client's memory impairment was a central focus of my initial observation; after spending more time with her, I came to hypothesize that she was dealing with other psychological disorders as well. At the time, it was hard for me to see beyond these factors; the difficult nature of our exchange; and her crass, direct comments. I was also taken aback at her incredible resistance to relinquish any control, while simultaneously pleading for help. Silverstone (2005) speaks to the idea that older adults often grapple with issues of control, particularly given the upsurge of meaningful losses as one ages. Control takes on a symbolic connotation and it is the social worker's responsibility to sidestep the subject and avoid a power struggle; the worker should instead genuinely cultivate the client's trust, which typically leads to a willingness on the client's part to temporarily surrender control in favor of beneficial assistance (Silverstone, 2005).

Hindsight afforded me the ability to better appreciate the client's strengths. Strengths can be defined as "the capacity to cope with difficulties, to maintain functioning in the face of stress, to bounce back in the face of significant trauma, to use external challenges as a stimulus for growth, and to use social supports as a source of resilience" (McQuaide and Ehrenreich, 1997, p.203). All people and environments possess these attributes, which should be collaboratively explored and utilized to improve presenting problems and quality of life (De Jong & Miller, 1995). In this scenario, the client has historically and continues to advocate for her needs and to seek out community resources. At Greenwich House alone, she is active at several centers in various capacities and has taken advantage of clinics that the centers offer. I also recently spoke

to her case manager at New York Foundation for the Aging, who coordinates several benefits on her behalf. Lastly, the client has had a successful career as a painter and is still active in the art community; thus, she engages in mezzo level systems. Her proactive stance to seek support from a variety of outlets is an impressive testament to her motivation.

While I had limited knowledge of the client's history, I was aware of the aforementioned subway attack. This was undoubtedly a traumatic experience for her, and her ability to work through it is evidence of her coping capabilities. From what I observed, the client currently appears to deal with challenging scenarios by ruminating over them in an attempt to more fully understand them; be best prepared to tackle them; and to create a sense of power over them. This was demonstrated by her handwritten script; her organized, paper-clipped "evidence" sections that were required to stay in a very precise order; and her penchant for describing every minute detail of a story, to ensure that the listener fully comprehended and was aligned with her position. As Saleeby (1992) espouses, no matter how impaired or downtrodden a client may seem, they have survived and even thrived; as social workers, "we need to know what they have done, how they have done it, what they have learned from doing it, what resources (inner and outer) were available in their struggle to surmount their troubles [...] We must tap into that work, elucidate it, find and build on its possibilities (as cited in McQuaide & Ehrenreich, 1997, p. 202). I sought to hone in on and build upon these innate skills.

Part Two: Engagement and Assessment

By the end of our first meeting, the immediate presenting problem was reinforced, but with a bit of a twist: it had been previously established that the client had lost and was seeking to reinstate her QMB Medicare benefit. However, the reason *why* she was denied became progressively murky. The client's difficulty in registering this uncertainty and going "off-script"

from her specific prepared remarks as to why her benefits were terminated did not help this exploration process. Based on the limited report her psychiatrist sent, the hypothesis was that the client failed to report a one-time grant that she received in 2016 to pay for her art studio rent. This may have put her over the income threshold for the QMB benefit. Although this was not confirmed, it was the impetus of our work together.

Knowing that the client had some psychological challenges, and in an attempt to better meet her where she was, I informally employed the tenets of the Mental Status Exam, observing the client's appearance, speech, emotions, thought processes and content, sensory perceptions, mental capacities, and attitude toward me (Lukas, 1993). For instance, following our first meeting, I recorded that the client spoke very quickly and repetitively – she almost stopped an existing thought to interrupt with a slightly different reiteration of the same idea. She also became fixated on particular thoughts which she seemed to meditate over, a compulsion potentially driven by her anxiety. The intensity of her actions and her acute sensitivity also implied a dysregulation of emotions. Lastly, she appeared to have conflicting opinions and reactions toward me, sometimes seeking me out and eliciting my input and involvement, and other times pushing me away and insinuating that I don't understand her or her circumstances.

Given these behavioral signals, I responded in ways that expressed understanding of what she was saying (Hepworth et al., 2017). For example, during our first meeting, I validated her feelings and paraphrased and reframed her responses in a strengths-based perspective [SWI: It sounds like this has been a very challenging process for you, and understandably very overwhelming. From everything you are telling me, you have done a great job researching and compiling the information we need to better determine what is going on with your benefits.] (Hepworth et al., 2017). I also made a concerted effort to respond to her emotions (even when

they were directed toward me) with compassion and care in order to promote an empathetic connection (Hepworth et al., 2017). This was particularly necessary in instances when the client exhibited non-verbal, physical reactions such as periodically standing up when she became overwhelmed. Admittedly, during our second session, my patience waned and frustration set in – I had lost perspective at the force of the client’s emotions and had taken them on myself (Freedberg, 2007). As Kaudshin and Kadushin (1997) note, too much emotionality diminishes the worker’s ability to be optimally helpful; instead, one must establish separateness and clear boundaries to augment the helping process (as cited in Freedberg, 2007). Unfortunately, I struggled to achieve this objective at times.

During our exploration process, I also steered the client’s ancillary comments back to the task at hand: “Emma, I’m sorry to interrupt you but I just want to make sure that we stay focused on your hearing now, especially since it is coming up so soon. Is this story about SCRIE related to that? If not, and you would still like to tell it to me, we can save it for a bit later but I just want to be sensitive to our timing today.” Her tangential dialogue seemed to stem from loose associations that made sense to her, but which were hard for me to comprehend (Lukas, 1993).

It took some time, but we increasingly ended our sessions with a more comprehensive framework and respective concrete goals. Even our first meeting ended with homework assignments for both of us: she was to collect any and all pertinent income information and bank statements. Given her drive and determination to rectify this matter, I was confident that she would accomplish this task quickly and without hesitation. I was to speak with my supervisor and to reach out to Medicare Rights and NYLAG with details of her case, hoping that they could expedite any feedback in time for the fair hearing. We also established a couple of other objectives: we would meet once more, following the Thanksgiving holiday, armed with this

updated knowledge and documentation; we would establish an advocate to accompany her to her hearing; and, as a related but less time sensitive goal, we would seek a pro-bono accountant who could assist with the long-form tax return (Although she was under the income threshold necessary to require filing, she was adamant about submitting for 2017). These goals were formulated to be within the client's frame of reference; to be specific and concrete; and to be realistic and achievable (De Jong & Miller, 1995). I confirmed that the client was comfortable with them and agreed that this was a constructive agenda [SWI: Does this all sound good to you, Emma? Are there any questions that you have? CLT: Well, I'm okay with this. I have to remember to just get all of my bank statements and bring in everything I can find related to my grant and my income on paintings. (We proceeded to write these goals down as a visible reminder)].

As time went on, several factors contributing to Emma's predicament surfaced. The "system" as a whole had failed her. As I would come to learn from NYLAG, the denial letter they sent her was defective: It was dated 8/31/17 but removal of the benefit had been effective since 6/30/17. Thus, they did not give her the required ten-day notice. As a result, Medicare had been cutting her Social Security payments to retroactively charge her for the two months she had still received the benefit (June/July). For a senior citizen already operating on limited income and barely able to make ends meet, this seemed ruthless.

Despite these roadblocks, the client fortuitously had resources to advance her cause. This was especially significant because the client does not have any identified family to assist her in such matters. My role essentially became a liaison between the client and organizations well-versed in such issues. NYLAG (through its Evelyn Frank Legal Resources Program) was undoubtedly the most helpful of them. The initial goal had been to arrange for a representative

to attend the fair hearing with the client. After learning that this would not be possible, the decision was made that I would attend. Rebecca, the lawyer that I spoke with, patiently helped me to organize the client's defense based on the information and documentation I shared, which gave me the confidence and competency (a limited version, admittedly) to speak on the client's behalf. It ultimately led to a fortuitous outcome – a verdict that Emma's benefits would be reinstated.

Thus, we achieved our mission of a successful fair hearing and recovery of this important benefit. Along the way, I was personally challenged more than ever before as a social work intern. I was triggered by and took personally the client's comments and emotional volatility, particularly in our earliest meetings. I was brutally honest about my negative reactions to some of our encounters and working through them to rediscover a place of empathy. It was an important lesson in accepting and working through unfavorable emotions, which elicited guilt and self-deprecation. It also evoked broader personal issues, ones that I've been aware of but which heretofore had only subtly affected my work. After I sat down with my supervisor and she suggested that I cultivate a view of difficult interactions through a clinical lens related to the client's psychological impairments, I was able to better realize that this is how the client functions in life. Observing her conduct in the courtroom reinforced this notion; she reprimanded the judge and demanded that she be able to tell the rest of her story after we had already won the case. The judge told her that she was closing the case and that we had to adjourn the room. This exchange was another catalyst to view her behavior in a different light. Interestingly, her tone changed toward me after we won the case to a more positive and almost submissive one. She was grateful for winning and for my help, but was still angry that "my hearing wasn't a fair one at all – they barely let me speak!"

Part Three: Organizational Context for Practice

Greenwich House's broad reaching services accounted for Emma's relationship with Debby and the internal network that led her to the social work department. Notably, however, this scenario also bore witness to a disconnect and inefficient communication within the agency. This disorganization commenced with Debby's failure to share pertinent details that would have been instrumental in helping the client. After I had had extensive conversations with Rebecca at NYLAG, she informed me that Debby had reached out to Rebecca's colleague Carol just a month prior to discuss the client's case. Rebecca (and likely Carol) was understandably irritated at this overlap in outreach on the part of Greenwich House. During my second meeting with Emma, she even brought in a copy of the email correspondence that Debby had with Carol, which was essentially the same information that Rebecca shared with me. Debby's initial email to my supervisor Judy insinuated that this situation was beyond her scope of services and that she had shared any pertinent details she had regarding it. Obviously, this was not the case. It caused an unnecessary drain of energy and resources on multiple fronts.

This communication breach was further illustrated during the fair hearing. One of the recommendations that Rebecca had made was to try to acquire a copy of the evidence packet ahead of the hearing. I sent in a request to HRA, but because I was not a listed representative they would not send it to me. During the hearing, the judge asked if we had requested any documents, and I volunteered that I asked for but did not receive this packet. Emma told me that Debby had received it and sent it to her the day before the hearing! I was somewhat amazed that Debby wouldn't have thought to send a copy to me, having referred the client to us for this very purpose. This sequence of events served as a stark reminder as to the importance of effective communication. Knowing that this matter was not in Debby's wheelhouse, my supervisor and I

had not actively followed up with her to confirm that she could not provide additional information. Therefore, the fault lies on both of our ends. Still, however, I would have expected that as an advocate for the client she would have proactively offered this knowledge; and even if she was remiss in doing so initially, she certainly should have notified us of the evidence packet the day before the hearing.

Having insight into the timeline of events related to this case, it also seems that there was a delay in the client's referral to the social work department. The client had been seeing Debby for some time before being connected with the social work office. Had she been made aware of our services earlier, perhaps she would have reached out to us on her own rather than waiting for a delayed recommendation on Debby's part. This is particularly likely given the client's penchant for pursuing community capital. It would have provided more ample time to shape the client's defense and would likely have mitigated some of her (and my!) anxiety.

At the end of the day, it's easy to point to the obstacles of any situation, but the most important fact is that we accomplished our sought-after objective and strove to engage in the fundamental values and goals of the social work profession in doing so. I was proud to have a role in this process and to provide the client with the support, encouragement, and resources that she needed to successfully rectify and re-instate her benefit. That Emma and I were able to simultaneously engender a meaningful working relationship made it all the more rewarding.

Resources

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