I’m High Functioning...How about You?

March 18, 2012 By Lora René Tucker

Please forgive me for being a bit tardy with my entry - I was caught in what a social worker dreads: The “Pre-Audit Vortex.” It’s a monster, especially when you are anticipating the program’s first audit. (Can I get a witness?!) For the past four weeks, I was on my computer, (with my feedbag on,) reviewing my charts and typing progress notes. If I wasn’t typing, I was on the street, keeping up with my clients (I call my caseload “Team Tucker,”) and handling any crises and everyday concerns. I love my “nine to five,” (the hardest job I’d ever loved) but when audit time comes, the twinkle in my “advocacy, change the world, make a difference” eyes dim.

I realize that being a social worker is a daunting occupation in the 21st century: The pay does not equal the tasks, the respect by other professions is minimal, and burn out is crispy. So why in the hell did I leave a corporate interior design career to become a social worker? I believe I wanted to get away from the exclusivity and superficiality; I often felt like I was maintaining a caste system through workstation design and office furniture. Seeing a person conquer their challenges and succeed is so much more satisfying. They also didn’t have HGTV when I was a designer. I could have been a star! (NOT.)

Anyway, I am now a social worker, doing “social- worky” things, speaking fluently in “social-workese.” I have social work responsibilities; I clinically supervise case managers and have a full case load (remember, “Team Tucker”) and of course, I write progress notes - the bane of every social worker’s existence. Now, don’t get me wrong, I love writing - like this blog - but daily, routinely, writing:

“The client is high functioning and can clearly and concisely communicate her/his needs and concerns...”

Well, it doesn’t stir the creative juices as often as I would like. (You know?)

Couple of weeks ago, as I was typing my progress notes, it hit me upside my head (my enlightenment) what would my psychosocial* look like? What would a social worker write about me? How would a health care professional assess me...and would I get a good worker or a bad worker, who could scribe an impression of me worse than having a compromising picture on facebook?

“LRT is an African- American (Black, whatever,) female, born 1960; ___ years old (you do the math,) divorced with no children...”

Do you really think I am going to write my own assessment? I could save my future case manager some trouble, but that’s a blog for another day. (*FYI: A psychosocial is a document that describes

a client's information from name and address, to ailments and issues; from family background, to how one socializes. It's a verbal painting of a client and their needs, which should be updated as treatment progresses.)

Then there were couple of times, I recall, that I found myself sitting amongst other social workers, healthcare professionals, or people of "like hearts and minds," who were making conversation about a "target group" and I found myself listening to them talk about people with hiv; their clients. As they attempted not to generalize, judge or patronize, their language, verbiage and body language did just that: Generalize, judge and patronize. I would leave those meetings, with teeth clenched and head throbbing, feeling as if I had experienced the "Some of my best friends are Black" statements I had to endure in the 70's. No, I'm not over sensitive; constantly thinking that people are deliberately making malicious statements about people living with hiv, but believe me, once you fall into one of those (quote) "target groups," sensitivity to that "target group" heightens. You feel like the target gets hung around *your* neck. Ignorance is not bliss but bull. And it's not about being politically correct; it's about just being correct.

And I think this should be expected from all professionals. With that said, I also believe that professionals need the place and the means to learn, grow, and gain the skills and tools they need to support clients and educate families and the public. Also, healthcare professionals need the space to learn how to appreciate and collaborate with their clients and recover from misnomers and errors, cause I hate to inform everyone; including you social workers who are "...able to leap tall buildings in a single bound..." you're human. I know I'm not perfect, but I try my best to learn as much as I can about the cultures, practices and values of the community, institutions, and people I have to serve and work with. When I am not proactively learning; keeping myself open to what opportunities are out there, I learn the hard way. (That is what ignorance does, makes a soft behind out of a hard head.) I realized very early in my career that the authority is not in what I know but is usually sitting in front of me, answering my questions. And being a member of the clients I serve *is* a commodity, but doesn't necessarily make me an authority.

So through my tornado of audits and progress notes and psychosocials, I had to stop and think of who I am doing this for and remember: "There but for the grace of God go I."

And on that same note, I want to one day, at one of those conversations about "target groups," turn to a colleague, and state:

"I'm high functioning...How about you?

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