

Classroom Comes to Life in HIV/AIDS Field Placement

Contributed by Nancy Martin, BSW

My graduation from Stockton's BSW program is fast approaching. Within a month, I'll be seeking a part-time job to help with the expenses of my upcoming MSW classes. The piece of paper that I will soon receive signifies to the world that I am academically prepared to enter the field. However, it was my internship experience that reassured me that I am personally, emotionally, and professionally ready to begin the transition from student to social worker. I was fortunate to have an exceptional field experience that served as a living example of a multitude of concepts emphasized throughout the program and relevant to the profession as a whole.

My placement was with South Jersey AIDS Alliance, a nonprofit organization in Cumberland County that provides services to residents living with HIV/AIDS. There, I assisted the Early Intervention Case Manager in performing client intakes; scheduling medical appointments; and helping clients obtain needs such as food, housing, pharmaceutical assistance, and transportation. The application of numerous textbook elements in a real-life agency setting became clear as I witnessed the challenges and the rewards of the profession with each day on the job.

Every Stockton social work class stresses the importance of self-awareness and ethics. These elements came into play immediately at my internship. My social work training taught me that a nonjudgmental, respectful attitude is essential when working with any population. I was well aware, though, of the stigma associated with HIV/AIDS that still exists within our society. Exposure is too often equated with "irresponsible" behavior and assumed to be preventable. Therefore, during my initial interactions with clients at SJAA, I was particularly conscious of my demeanor, tone, and body language to ensure that I was conveying empathy, respect, and acceptance. I also encountered a variety of new terms and expressions related to drug use. I tried to clarify their words carefully so that my lack of familiarity wouldn't be mistaken for judgment by any of the clients.

A constant attention to confidentiality issues, another textbook theme, was essential in my work there. A person must be HIV-positive to be eligible for SJAA's services, so even revealing the name of the agency reveals a client's status. This created the added challenge of making phone calls, faxing paperwork, and making outside referrals without compromising the client's right to privacy. At times, this could be frustrating. For example, I had to remember to check to see whether or not a client had requested that the agency's number be blocked from their caller ID before calling his or her home number. There were also times in which I made phone calls on behalf of clients and couldn't leave messages, because the person calling back would be greeted with the agency's name.

The issue of disclosure presented another challenge. Several clients chose not to disclose their status to anyone, including family members with whom they lived. This not only made it difficult to contact them by phone, but also affected the type of health-related social support that was immediately available to them. Others chose not to discuss their status with their sexual partners. The first time I heard this, I struggled to understand this decision from the client's viewpoint. From a social work perspective, this felt like an ethical dilemma, because I could neither protect the other person nor force the client to disclose. This was a valuable lesson in "respecting self-determination," a critical classroom concept.

I also observed how clients' self-determination governs their decisions to attend medical appointments, adhere to their medication regimen, or continue to abstain from drug use. Considering each individual's personal choices deepened my understanding of two other textbook elements, the "person-in-environment" perspective and the need to "start where the client is."

I met clients from a variety of racial and ethnic backgrounds and age groups, and in different stages of HIV progression. I saw how the virus affects each person differently, both physically and emotionally. Some clients felt energetic and maintained part-time jobs, while others suffered from debilitating medication side effects or developed opportunistic infections. There were many clients who shared similar present realities, but possessed unique perspectives on their current situations and past experiences.

I marveled at the variety of personal strengths and coping skills that clients had developed. Many clients created new social networks for themselves through regular support group attendance. Some clients relied on drug use to "escape" their situations. One client stopped taking her medications because she believed that her faith would heal her body instead. Personally, I didn't always agree with the methods that they had chosen. Professionally, though, I understood the importance of viewing each situation from the client's perspective, not my own.

Although there was a rich diversity among clients, their contexts shared a common thread. Nearly all of them requested assistance in obtaining basic needs, including food and housing. Therefore, I quickly became aware of the many available resources and service deficiencies existing in our area. I also learned how resources can sometimes be

creatively combined or supplemented. For example, a client displaced by hurricane Katrina was receiving FEMA funds to stay in a hotel. At the end of the thirty-day maximum allowance, he still had no alternative housing options. Low-income housing was so scarce in our area that our county was facing a three-year wait for "Section 8" assistance. I was uncertain about how to help him until I learned that he was still eligible for additional hotel vouchers through Ryan White funds, which provide services for people living with HIV.

At the same time, I witnessed first-hand how policies and funding issues on the mezzo and macro levels affected our work on the micro level. The agency was beginning a new grant year, which brought with it several changes. For example, every file had to be updated for us to continue services for each client. We were responsible for verifying current contact information and obtaining new signed consent forms from every client on our caseloads. Also, client information and documentation of each contact now had to be entered into two computer databases instead of one. Accuracy and consistency was vital in this process, because these databases generate statistics that ultimately demonstrate the program's use and effectiveness.

The most significant change, though, came with the sudden announcement that funding cuts had eliminated all non-medical transportation. Nearly all of our clients depended on this service to attend medical, mental health, and even our own agency's appointments. Essential services such as support groups and our agency's food bank were no longer covered. I was faced with the dilemma of how to link clients with services when I knew that they couldn't get to them. I was also confronted with the reality of having to explain this change to the many long-term clients who had always relied on this service.

During my time at the agency, I was granted many opportunities for client interaction. I performed intakes on my own, initiated numerous client contacts while working on file updates, and accompanied several clients during their appointments at our associated clinic. As my direct work with clients increased, everything in the textbooks about the importance of active listening and effective communication came to life. I began to develop my skills and personal style as a social worker. I also employed skills from research class. On my own initiative, I sought out information about HIV medications and the progression of the illness. This increased my effectiveness in relating to clients and improved my understanding of some of their concerns.

Throughout my internship, I saw classroom concepts merge with real-life experience. I discovered how to successfully draw upon under-utilized resources, such as extended family connections, support group bonds, and an individual's own faith or spirituality. However, I also learned a great deal from the clients themselves. As I worked with clients over time, I learned more details of their unique, and often inspiring, personal stories. The tremendous amount of untapped strength that they possessed became evident. I was amazed at the resilience and determination that they exhibited in coping with the impact of HIV/AIDS and with other difficult issues in their lives. I learned about social work as well as about the strength of the human spirit.

In spite of the challenges of the profession, my eagerness to continue working in the field has increased. I have always been drawn to social work, even before I recognized the path. Now, I know that this was where my personal journey was always meant to lead. I have felt the surge of enthusiasm that keeps others rooted in this meaningful career, and my appreciation for my social work education has deepened. Through this experience, I have come to understand that what we learn in the classroom forms the body of the profession, but the way in which we apply our education in our work is its heart and soul. As I prepare to begin the next phase, I am proud to step into my roles as MSW student and new social worker.

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