

14

Case #5

DRIVEN TO DRINK

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As a social worker at Jackson County Hospital (Missouri), Lisa Silver had grown accustomed to a certain amount of commotion at work. But this was annoying. Lisa thought she recognized the voice of Carol Davis, a social worker from Jackson County Division of Family Services (DFS), in the registration area. For some reason, she had been talking and laughing, loud enough to be heard above the usual din for at least ten minutes.

As a service to busy DFS workers and police officers, Lisa allowed them to bypass registration and come directly to her office for assistance with abused and neglected children. Finally, Lisa went out

This decision case was prepared solely to provide material for class discussion and not to suggest either effective or ineffective handling of the situation depicted. Although the case is based on field research regarding an actual situation, names and certain facts may have been disguised to protect confidentiality. The author thanks the case reporter for cooperation in making this account available for the benefit of social work students and practitioners.

and reminded Carol that she didn't have to stand in line with the other patients.

Carol laughed, "Oh, yeah! I got mixed up!"
That was when Lisa first suspected Carol had been drinking.

JACKSON COUNTY HOSPITAL

Located in downtown Kansas City, Jackson County Hospital was a huge facility sprawling across two city blocks. As a major teaching facility for the University of Missouri at Kansas City and a Doctor of Osteopathy Medical School in Kansas City, the hospital offered numerous stand-alone residency and fellows programs in addition to rotations for medical students. For example, after four years of medical school and earning an MD, a physician might do a three-year residency to develop a specialization in pediatrics. After completing the residency, the physician might specialize even further by completing a fellowship to become a pediatric cardiologist. Both residents and fellows earned salaries for this additional on-the-job training. As a teaching facility, the hospital also provided many services through specialty clinics, including pediatrics. Over the years, several Jackson County Hospital physicians had gained national recognition for their published research on physicians' roles in child abuse investigations. As a public-health facility, the hospital served many indigent clients, who increasingly, because of changing local demographics, were Mexican American.

Lisa's office was located near the main registration desk at Jackson County Hospital, where some four hundred patients checked in each day for their clinic appointments. Children often arrived crying and upset; sometimes staff hollered patients' names. The registration area was always very busy and often noisy, especially in the morning. People waited in line for as long as thirty minutes. It was very often smelly with unwashed patients. Because the registration desk was right inside the main hospital entrance, there was additional traffic unrelated to outpatient registration. Although the walls were painted with colorful murals, they couldn't hide how worn the linoleum was or how old the desks and computers were. The computers inevitably went down once a day.

LISA SILVER

Since earning an MSW at the University of Missouri at Columbia, Lisa Silver had worked for seven years in the Pediatric Clinic at Jackson County Hospital. As the pediatric social worker, she was also assigned to the Pediatric Emergency Room, a specialized unit designed to provide emergency services for children. About 25 percent of Lisa's social work cases required making routine referrals for resources (e.g., food, diapers) or helping undocumented people deal with the Immigration and Naturalization Service or seek US residency. But 75 percent of her cases involved allegations of child abuse and neglect. For these cases, Lisa was part of a team that evaluated children for abuse. Her role included coordinating hospital services. Lisa typically collaborated with a medical resident: she interviewed the child regarding his or her abuse while the resident completed a medical assessment. Many abused or neglected children were brought to County Hospital by DFS workers for expert assessment, usually by appointment, but sometimes as walk-ins. Other cases of abuse or neglect were found during routine medical care. When DFS or the police were not already involved, Lisa had to ensure that both were appropriately informed of these cases. She sometimes had to advocate on behalf of child patients with either DFS or the police and often made outpatient referrals for follow-up services.

As the social worker in the Pediatric Clinic, Lisa reported to Diane Hughes, supervisor of the hospital's Social Work Department. Lisa in turn supervised Denise Ulmer, the BSW assistant in the clinic.

Some of Lisa's relationships with DFS workers and police were more than professional. They occasionally socialized outside of the hospital after hours. For example, Lisa's best friend for several years was a sex crimes detective who also coached her soccer team. As a result, she saw him several times per week outside of the hospital.

A DISRUPTIVE SOCIAL WORKER

One day in mid-November 1998, soon after 9:00 AM, a commotion in the registration area caught Lisa's attention. Carol Davis, a DFS worker about the same age as Lisa, had transported a three-year-old foster

child to the hospital for a walk-in assessment. That in itself was not unusual. But something about Carol's manner was. She was talking very loudly and with more animation than usual; she slurred her speech and laughed a bit too hard at her own jokes. *In fact*, Lisa thought, *she's acting drunk*. And when she called Carol into her office, a more confined space than the registration area, she smelled alcohol on Carol's breath.

Lisa had never before had reason to suspect problems with Carol. Although never close, they had known each other for several years and always got along well. In fact, Lisa believed that Carol did her job adequately, unlike some DFS workers. An African American, she kept her long hair straightened and was consistently well dressed.

While Carol waited for a physician to see the child she had delivered to the hospital, Lisa asked Denise whether she smelled alcohol on Carol's breath. She did. But several nurses said later that they had not noticed alcohol on Carol's breath.

At any rate, Lisa did not confront Carol with her suspicions. Following completion of the medical assessment, Carol drove the child back to the emergency shelter. Almost immediately, Lisa regretted letting her do this. As she remarked to Denise, "It was bad enough that she was driving at all, let alone having a foster kid with her!"

CONFRONTING THE PROBLEM

Unlike the supervisor she had been hired by, Lisa believed that her current supervisor, Diane Hughes, was "not so good." Now with seven years of practice experience, Lisa didn't want help from her very often. In this situation, though, she was not sure what to do. So that afternoon, Lisa went to talk with her supervisor.

Lisa started by saying, "I think I screwed up." Then she described the morning incident and her concerns.

After some discussion, the two women agreed that Lisa should call Carol's supervisor to report her concerns. Lisa promptly tried to reach Carol's supervisor, Randy Burgess, but could only leave a telephone message with his secretary, saying it was urgent that she speak with him today.

When Randy returned Lisa's call the following day, she described the incident in detail. Uncertain about what to do, Randy said that he

would consult with his own supervisor, Dale Bailey. Because Randy did not seem surprised by Lisa's report, Lisa wondered whether Carol had done something like this before.

Later that day, after talking with Dale, Randy called Lisa back to suggest that she talk with Carol herself. As Randy explained, "You're the one who observed the problematic behavior, so you really ought to confront Carol about it."

"She's your employee!" Lisa disagreed.

Randy suggested that Lisa, Diane, Randy, and Dale meet to discuss it.

"I'll think about it and get back with you," Lisa said. Now the ball was back in her court. Lisa knew she probably should have said something to Carol the day before, when she first became concerned. But Lisa realized that she hadn't confronted Carol because she didn't know how.

After hanging up the phone, Lisa felt stuck. The more she thought about it, the less she liked how this was going. On the one hand, she was deeply concerned about a DFS worker (or any social worker, for that matter) drinking on the job. In this case, it only further jeopardized the health and well-being of an abused child. On the other hand, talking with the person herself didn't seem to be the appropriate response. Despite what Randy said, this issue still seemed to her to be something the social worker's own agency needed to address—a supervisor's problem. Besides, she wondered, *what difference would talking with Carol make, anyway? If she was drunk, she isn't likely to admit it. So then what?* At the same time, Lisa knew that other things smelled like alcohol (e.g., certain medications, mouthwash). Lisa thought, *I'm pretty sure that Carol was drunk, but what if I'm wrong?* Lisa was used to making tough decisions—daily—but this one stumped her. And she really did not want to deal with it.

As the day wore on, Lisa grew angrier about the whole situation. While driving home that afternoon, she fumed aloud, "I'm pissed that I've been put in this position—pissed at Carol, Randy, Dale! It's not my job to be supervising DFS workers! This job is stressful and crazy enough as it is. How could a social worker screw up like this?" Finally, she felt angry with herself for endangering a child's life. "I messed up. Screw Carol."

Although Lisa felt angry with Carol, she also knew about secondary trauma and understood how it could undermine a professional's performance. She had experienced it herself. Especially during the first few years at Jackson County Hospital, it seemed that she had cried over a case either at work or at home at least once a week. She dealt with the horrors she saw at work—babies starving to death, children beaten so badly they had one big bruise from the back of their knees to their waist, babies with third degree burns from being dunked in a hot bathtub as pony training, children tortured by automobile cigarette lighters, a five-year-old doubled over in pain saying, "I'm such a bad boy" (he was in the hospital six months for internal injuries), a fourteen-year-old girl sexually abused by every male in her extended family—more and more by forgetting about the child. She obviously couldn't forget them all. But sometimes only a week after interviewing a child with a resident, the resident would ask if she'd heard anything more about the child, and Lisa would respond, "I don't know who you're talking about." She had neither the time nor the energy to follow up on patients they saw, anywhere from six to twelve children per day.

The next day Lisa went to talk with Diane again. As Lisa suspected, Diane confirmed that it was not Lisa's job to confront Carol now. It was now an issue for Carol's superiors. Having worked at DFS for several years herself, Diane knew Randy Burgess and Dale Bailey personally, so she called them. The supervisors, both of whom were white males, reportedly told Diane they were afraid Carol might "pull the race card" if they confronted her about drinking on the job. When Dale asked whether he and Randy could meet with Diane and Lisa at the hospital, Diane agreed.

At this meeting the following day, Diane and Lisa basically reiterated that it was Randy and Dale's responsibility to deal with Carol. They encouraged the two men to consult their policy people. But it seemed apparent that Randy and Dale had no intentions of following through.

What should I do? Lisa felt responsible but wasn't sure that she was. She had tried to bring the problem to DFS's attention. *But they aren't going to do anything about it!*

