

Deloria Berks, LCSW: Portrait of a Professional

Tania Belle Berks

Fordham University

Due 24 January 2015

Deloria Berks explains that she first started working with abused children and adults when she worked for the Jewish Board for Children and Family Services. She was on the enhanced preventive services team and her clients were required to make three contacts per week, a quantity Berks refers to as “a lot” for social services. Berks explained that when ACS gets a call about a family, they investigate, and depending on their opinion of the severity of the situation, they will either remove the children right then and there, or refer the family to the Jewish Board for treatment. This is where Berks came in. She stated that she actually tried to protect the families from ACS because from her experience, ACS workers often do not understand the dynamics of underserved communities, and from their middle-class backgrounds the things they are seeing seem more troubling than they actually are.

Her extensive years of service and agency work mean that Berks has worked with abused people at all stages, from children, where the abuse was just discovered, to adults, who are only now trying to process the abuse they suffered as children. Berks has an interesting theory when it comes to the differences between abused children and adults with a history of abuse as children, and she contends that it is almost easier to start the healing process as a child rather than as an adult, years after the abuse has concluded.

Firstly, Berks is an adherent to the concept of the “inner child”; that is, every adult has an inner child that must be nurtured and attended to in order to maximize psychological and emotional health. When it comes to adults with a history of abuse, Berks claims that the inner child and the adult do not get along. There’s a constant internal conflict. The adult went to college, maybe got married and got a job, started her life, and the adult doesn’t want to deal with a painful past of abuse because the adult wants to avoid these negative feelings. This is the point

where the resulting PTSD and dissociations begin to intersect with the inner child-adult conflict. The inner child feels abandoned, and the adult feels too victimized to deal with that internal pain.

Berks says that the inner child and the adult must begin to get to know each other in therapy. The adult must mentalize what it was like for her to be that abused child; the adult must internalize everything, must experience the full range of emotions, regression, instability, nightmares, all the corresponding symptoms, in order to work through and move past them. In this way the inner child and the adult are merged. The only reason this is even required is the adult never dealt with it as a child, and learned a host of negative schemas and patterns which must be de- and re-programmed.

When asked which theories she finds most influential to her work, Berks did not hesitate to name Bowlby and Ainsworth's Attachment Theory (Bretherton, 1992). (Additionally, she also names these researchers as her main role models.) She believes that this theory is applicable to all therapeutic processes, and fingers the insecure and anxious attachments to parents as the most damage-inducing styles.

Berks has noticed that covert abuse, or the kind often leveraged with these types of insecure attachments to the parents, has more long-term harm than overt abuse. If a woman is bipolar and beats her child, and the child presents with bruises which tipoff a response from authorities, the mother can ostensibly receive treatment and learn through therapy how to bond with her child. This is easier to overcome than the parent who is withdrawing, dismissive, and emotionally abuses or neglects the child. Berks says that when the parent is repeatedly cold and avoidant and demonstrates a habit of not showing up for the child's needs, the child has a difficult time overcoming this attachment pattern in adulthood.

When asked which case is her most memorable, Berks pauses for a moment to collect her thoughts. Finally, she names the case with the Jewish woman, “Golda”, who had an Iranian husband and five children. Golda and her husband lived in the Bronx, and he would do things like grab her hand and put it on a hot stove, causing blisters, or beat her children. The children had to call 911 to save Golda at one point. Finally, she succeeded in leaving her abusive husband, and she and her children found a placement in Staten Island.

The oldest son was very intellectual, but he felt out of place in his predominantly Black high school, and he had sustained some psychological damage from observing the turmoil at home for most of his life. Berks discovered a regents school at a psychiatric center for children with severe axis 1 disorders and helped Golda’s son get accepted. He loved it and cultivated some genuine connections with his classmates. Meanwhile, after raising five children for the better part of two decades, Golda had been out of the workforce and desperately needed a job. Despite having a college degree the only work she could find was as a keypunch operator earning around \$25,000 per year. This was an unsustainable salary when rent and childcare costs were factored in, and at one point Berks alludes to chipping in her own funds to help Golda pay for essentials like bedding and clothing.

Berks was clearly satisfied with how she handled this case; it did not take her long to come up with a case that did not go to her liking. She relates that once she worked with two Hispanic parents who adopted an abused three year-old Black girl. The girl only ever learned one way of behaving, and Berks suggested to the father that, when the little girl overreacted and screamed in the future, he ought to try sitting close to her and holding her. Unfortunately, the tender advice we give to clients in person doesn’t always translate exactly the same during dry,

emotionless documentation, and when the psychiatrist on the case read the note she assumed Berks was referring to the controversial attachment therapy technique that has been linked to several deaths (Grossman, 2003). This psychiatrist called the director of the agency and informed her that Berks was advocating for an extremely dangerous intervention. Berks was able to successfully explain her true intentions and avoid any serious and irreversible damage, but the whole ordeal left such a negative impression on her that she ended up leaving the agency entirely to form her own private practice.

Based on Berks' professional experience, most of the child abuse and family violence cases are coming out of poverty. She has witnessed the results of systemic, institutionalized racism, and provides some interesting insights. For instance, she says the Black churches promote a cult of women who demean the men. She sees that no one tells the men they're worth anything, and as a result the cycle continues, with them finding trouble with the law like their fathers. The lack of positive role models contributes to social disarray, and the oblivious middle class ignores the existence of the problem.

But can any of these abused children ever overcome their traumatic upbringings, and what is the most effective treatment? Berks cites addressing the PTSD as essential for healing. In her opinion, there is no one best treatment, and a combination of measures, to include simply developing a strong therapeutic relationship, is best. The individual must get in touch with his own reality and feel safe enough, and heard enough, to begin the path to acceptance and health.

To a new social worker just starting out in the field, Berks says that flexibility is the most important trait to possess. Agencies, she explains, are dysfunctional with all manner of government mandates, and it's important to avoid getting turned off by all the perceived

obstacles. Berks ends the interview by echoing a bit of sage wisdom from most social work generalist practice classes: “Often the most you can do is just listen and hear what’s going on with them.”

REFERENCES

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth.

Developmental psychology, 28(5), 759.

Grossman, W. (2003). "Holding On". *Houston Press*, pp. 3–4, ISBN

0-670-49192-6.