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The State of Clinical Social Work in California--1985

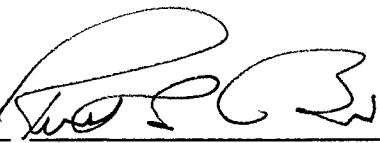
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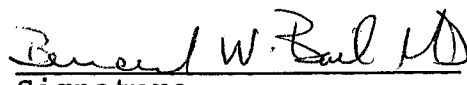
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THE CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK

THE STATE OF CLINICAL SOCIAL WORK IN CALIFORNIA--1985

A dissertation submitted to the
Institute for Clinical Social Work
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in Clinical Social Work

By

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Abstract

The State of Clinical Social Work in California--1985

Purpose. Clinical social work is the youngest branch of the social work profession, a mere twenty years old. This study researched the opinions of California social work leaders: specifically their views of the directions of clinical social work development in this state. This study is a non-probability, qualitative design, descriptively reported.

Method. The first part of the study, an experience survey, involved the selection of those designated as "leaders". Approximately 25-30 social work leaders in diverse state-wide settings (e.g., deans of social work graduate schools) were asked to name 15-30 social work professionals whom they considered "leaders" in the field. Some criteria for their selections were provided. The final study sample included 16 "leaders" from diverse settings throughout California (e.g., academia, agencies, private practice) who were interviewed by the researcher. All interviews followed a specific outline. The interview responses were transcribed, summarized and reported in the study, with themes emerging from the summaries.

Findings. The subjects' responses showed much concern for the future of clinical social work in California due to the perceived lack of leadership development and the lack of education in and use of power by members of the profession. In addition, clinical social work needs were identified as including: a specific, clinical psychosocial theory of practice; the development of quality practitioners; the enhancement of clinical social work's role in the mental health field. Increased graduate educational opportunities, professional employment and expansion of social work practice areas were also emphasized.

Achievements such as the L.C.S.W. were also highlighted.

Implications. The study's findings must necessarily be viewed with this limitation: the "leaders" here were in essence asked to predict the future, a truly impossible task. Further study is needed to broaden the base for these findings: does the majority of the field in California share these views? If so, how can all, or any, of the issues be addressed?

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TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	v
Chapter	
I. INTRODUCTION	1
The State of California Clinical Social Work	1
Purpose of the Research: Research Questions	5
II. REVIEW OF THE RELEVANT LITERATURE AND HISTORICAL OVERVIEW	7
<u>State of California:</u> Professional Organizations, Licensing, Vendorship	24
Summary	34
III. LIMITATIONS OF THE STUDY	38
IV. METHODOLOGY	39
The Sample	40
Data Analysis	45
Demographic Information	46
Definitions	48
Findings	50
Research Questions	51
Subjects' Responses	54
V. SUMMARY OF FINDINGS	95
VI. DISCUSSION	100
VII. RECOMMENDATIONS	114
VIII. BIBLIOGRAPHY	116
IX. APPENDIX	121

INTRODUCTION

The State of California Clinical Social Work

"Every year we should make the name of the social worker mean more." Mary Richmond, in 1917, made this statement, applauding the change in name of the National Conference of Charities & Corrections to the National Conference of Social Workers. The scope and vision of the field of social work was expanded by the new conference name. Jane Addams held the same belief of continuous growth and respect for the users of the services and the givers of the services. (Richmond, 1930; Addams, 1930.) The subsequent history of social work has pursued this goal with varying degrees of commitment. In the state of California this has been evident to a substantial degree. The history of the social work movement in California is one of continuous struggle to develop meaning and significance for the role and function of the social worker. The licensing of social workers, the birth of "clinical social work", is one area which exemplifies Mary Richmond's statement. In achieving a license enabling independent clinical practice, the social work community gave itself greater definition, power, and enhanced the process of professionalization. California was a leader in

requiring high standards and certification for its professional social workers.

The L.C.S.W. (Licensed Clinical Social Worker) was enacted into law in 1968, was granted to social workers who had completed the master's degree, had two years post-master's supervised experience, and passed the qualifying examination. The L.C.S.W. is the California license for social workers at both the master's and doctoral levels.

In the early 1970's, the Torres Act was passed in California. This legislation enabled licensed clinical social workers to receive vendorship payments from private insurance companies. The Torres Act, in further defining this discrete group as payees, now called clinical social workers, recognized and supported these individuals as having an identity somewhat different from social workers in general.

These new laws represented, in the main, the results of cooperative efforts by various social work groups in the state, notably those individuals who later organized and became the Society for Clinical Social Work and a reorganized group of the California chapter of the National Association of Social Workers. These organizations are continuously involved in legislative activities at the state and federal levels, as well as developing professional standards through their professional organizations.

The most recent development in the clinical social work identity is the California Institute for Clinical Social Work, the first university without walls in clinical social work. The California Institute is the first to confer the Ph.D. degree in clinical social work. This has provided exciting opportunities for a number of social workers who have wanted to continue their professional growth in this area but who previously did not have a formal way in which to do so.

Social work is a young profession. The first professional organization of social workers occurred in 1918 with medical social workers. Physicians and psychologists were organized much earlier. The American Psychological Association came into existence in 1844 and the American Medical Association came into existence in 1847. What is significant for this study is that both physicians and psychologists are generally viewed by their own professions and by the American society at large as more professionally competent and qualified psychotherapists than are social workers. This notion is demonstrated by one specific provision of the Torres Act itself: it is required that a physician or Ph.D. psychologist refer and supervise the work of the clinical social worker in order for that clinical social worker to be eligible for insurance company payments. Yet it has not

been proven that the two former groups are more knowledgeable or competent psychotherapists than clinical social workers are. (Albert, 1978, p. 2.) In fact, clinical social workers are often teachers and trainers of physicians and psychologists during the course of their professional education. What is significant is that in thinking of future directions for clinical social workers specifically and for social workers in general, one must keep in mind that a significant part of their environment includes physicians, psychologists and others trained to be psychotherapists.

California clinical social work may now be entering a new phase in its professional growth. Just what that phase will be depends upon a number of factors, such as the actual professional goals of the group, the economic and political environment both of the state and social work itself, the obstacles barring further development, as well as the forces moving towards advancement and development of the profession. It is the purpose of this study to determine what those variables might be and how they may facilitate or inhibit movement.

If the name of the social worker is to have increased recognition and meaning, these trends in California social work should be identified. At that point, with sufficient information and consensus regarding

the state of clinical social work, social workers may be in a position to make decisions affecting their future.

Purpose of the Research: Research Questions

By 1978, clinical social workers in California had become eligible for vendorship and payments by third parties for social work services, under the so-called Torres Law. In that year Julie M. Albert, in an unpublished dissertation, stated, "There seems little doubt that in the next decade our provision of mental health and physical health services will continue to undergo reorganization in terms of service delivery and financing. The clinical professions will vie for a place in the system and a share of the resources. Success will be partially determined by how clearly and succinctly each group can describe its contributions and to make a case for its legitimacy, economy and effectiveness." (p. 6).

The significance of this study is that it recognizes the need for clarification and definition in clinical social work that is being anticipated in the above statement. Social work historically has been a changing and evolving field. Social work faces new challenges in California, not only with respect to

vendorship, legislation and legitimacy, but in its need to recognize its future and the direction it will take.

Social work is a complex field of practice and is undergoing definition, redefinition and professionalization. This study presents the opportunity to research a group of contemporary leaders of social work and their ideas and feelings regarding the future directions of clinical social work in California. While it is acknowledged that these individuals belong to a select group, it affords the opportunity to observe potential future plans for clinical social work, or the lack of them. In either case, the study may lead to further research as well as strategies for greater involvement in their own futures by social workers at various levels of achievement.

The central research questions are:

1. What do leaders of California social work see as the significant past events in the development of clinical social work in the state?
2. According to these leaders what current events are shaping clinical social work in California?
3. What do these leaders of California social work see as the future of clinical social work during the next two decades?

REVIEW OF THE RELEVANT LITERATURE AND HISTORICAL OVERVIEW

This study will primarily address social work development, specifically clinical social work in California. The general history of social work on a national level as well as the state level, will be discussed to provide a chronological context for the California experience. In any historical survey of social work, what immediately becomes apparent are certain values upon which social work is founded. These values are intrinsic to the professionalization of social work and provide a thread linking experiences throughout the decades. The first is the value of help, at the individual, group and community levels. The second is the value of change, which is the corollary to the value of help. Third is the value of knowledge and education on the part of the social worker as well as the recipient of the service.

A key aspect of the relationship between social work and the recipient of the service can historically be found in the bible, i.e., "thy brother's keeper". Early social work was neither an occupation nor a profession; it was a voluntary charitable offering. It was staffed primarily by ministers, other clergy, and upper-class

women with intentions of "doing good works". The earliest forms of American social work were brought to the colonies by English settlers, transplanting English doctrine, notably the Elizabethan Poor Law of 1603, the Law of Charitable Uses of 1603 and the Settlement Law of 1662. This collective doctrine provided the foundation of what later became the American Social Welfare System. (Encyclopedia of Social Work, hereinafter referred to as ESW, 1967, p. 19-20.)

Mary Richmond, in 1899, stated:

The Church furnishes us with a motive for all our work; it heartens us as it heartens many other classes of workers, and sends us forward on life's battlefield to do our allotted part in a campaign that involves wider issues... the Church supplies the charitable motive... without which our part of the world's work must remain undone. We are prepared to give the method. (1930, p. 115)

Thus, social work and the early charitable movement are based on the Church and good works with a primary philosophy of "higher life through service" (ibid. p. 296). Social work in America began as a religious calling.

The aspect of "social" in social work was not, however, overlooked by the founders. The awareness of "social" included a beginning understanding of the

concept of personality to replace such earlier concepts as "pauperism". Richmond (1930) stated, "The criterion of the social, its indispensable element always, is the influence of mind upon mind." (p. 397). In 1869, Octavia Hill stated, "By knowledge of character... passions, hopes and histories of people... our memories and our hopes are more truly factors in our lives than we often remember." (quoted in Richmond, 1930, p. 578). Predating Freud, early social workers were aware of the importance of the mind, its influence on the mind of another and the individual bases for problems, rather than the strictly environmental.

Mrs. Helen Bosanquet, a social worker who wrote in 1898, states, "The soul literally is, or is built up of, all its experiences; in such part of this experience, or soul life, as is active at any given time or for any given purpose constitutes the self at that time and for that purpose. We know how the self enlarges and expands as we enter upon new duties, acquire new interests, contract new ties of friendship; we know how it is mutilated when some sphered activity is cut off, or some near friend is snatched away by death. It is literally, and not metaphorically a part of ourselves which we have lost." (quoted in Richmond, 1917, p. 368-7). Richmond adds, "A man really is the company he keeps, plus the

company that his ancestors kept." (ibid.)

Richmond, in 1930, anticipating future struggles, as well as speaking to then current issues of professionalism, states, "If not now, then very soon the social case workers of this Conference are going to be recognized by the different professional groups that deal with human beings one by one--by the doctors, the jurists, the teachers, for example--as collaborators in a division of work among equals. We shall have a skill of our own, a point of view of our own... Nor will the fact that our skill was first developed and first practiced in certain charities damn us utterly, either. More than one of the other professions have worked out their technique under the same capacious mantle." (p.399).

Throughout the first twenty years of the twentieth century, social work knowledge and professionalization progressed rapidly. It was a time of organization, and educational advancement. The first school of social work was established in 1898 as the New York School of Philanthropy; by 1904, it had a full academic program for training social workers who would be paid for their work. This educational development resulted from an awareness on the part of the pioneers that an incentive to do this complex and difficult work must be provided. Mary Richmond stated the incentive, "We must educate them."

(Rich, 1956, p. 44). By the 1920's, graduate schools of social work had moved into the university system throughout the nation, including two schools in California.

During this period, social work literature was developed. A study of case records became a method of practical training, annual training institutes were established, and in 1917 the first textbook in social work was written. It was entitled Social Diagnosis by Mary Richmond, and was an exhaustive, investigative, methodological treatise. The milestone was the conviction that not only was investigative work necessary, but treatment was mandatory. At the same time, Richmond wrote, "It may also be predicted that the forms of organization now responsible for casework will change. That its scope and skill will advance far beyond the present day practice described in this study." (quoted in Rich, 1956, p. 54). Along with this development, Richmond saw that applied psychology would greatly influence social work knowledge and theory, eventually expanding social work with family and small group to work with the individual.

Emphasis was primarily on the definition of social work. In 1925 Richmond referred to "The Rhythm of Social Work", "when social movements, social agencies, social workers, have a conception of development and advancement

which includes both the welfare of the individual and of the mass... social work will at last come into full possession of itself and its rightful field of service." (1930, p. 584).

Briar (1974) states that in the 1920's the profession was starting to divide itself into a growing array of agencies, each with its own functions, specialties, and organizations. This tended to underscore the differences between social workers. This was of such major concern that 17 executives and board members from six different national organizations voluntarily began to meet annually, beginning formally in October, 1923 and ending in 1929. They published a report entitled Social Casework: Generic and Specific--A Report of the Milford Conference. This firmly established social work's desire to be a profession and emphasized the need for training, supervision and professional development. It determined that the similarities between the various specialties of social work were greater than the differences and that practitioners in these various specialties required a common base of knowledge and a common training program. The concept of generic social work was born at this time and defined as including:

1. Knowledge of typical deviations from accepted standards of social life.
2. The use of norms of human life and human relationships.
3. The significance of social history as the basis of particularizing the human being in need.
4. Established methods of study and treatment of human beings in need.
5. The use of established community resources in social treatment.
6. The adaptation of scientific knowledge and formulations of experience to the requirements of social case work.
7. The consciousness of a philosophy which determines the purposes, ethics and obligations of social case work.
8. The blending of the foregoing into social treatment.

(Milford Conference, 1974 reprint, p. 15)

In the preface to the reissue of the Milford Conference Report, Briar points out that social workers have not been enthusiastic about knowing their history and as a consequence they are talking about the same issues currently--That is firstly that social work

practice theory and definition is vague and in need of more precise specification; and secondly, that research activity in the profession should be encouraged.

The events of World War I, the new social and individual problems that appeared, the advance of "scientific" psychology and Freudian psychoanalysis, brought social work into a bifurcatory stage beginning in the 1920's, culminating in the 1930's. A new line developed which would eventually lead towards psychiatric social work, a field separate from the social work associated with the "scientific charity" movement. A new level of professionalization was thought about and considered with the result that the personalities of those entering the field were being examined. This form of social work, already predicted by Richmond, brought social workers into a competition with psychology and psychiatry, also newly developing. (Albert, 1980, p. 49)

The emergence of psychiatric social work, organized as the American Association of Psychiatric Social Workers in 1926, was not smooth and without conflict. Eventually those involved in the new psychology became critics of traditional social workers who were without such knowledge. By the end of the 20's, it was widely held that social work had mastered the environment and was now able to add dimensions of personality in psychology.

(ibid. p. 64) Social work would gradually treat the whole man as early social workers valued.

This bifurcation deepened during the 30's. Self-awareness in personal development and change became part of the educational process of the psychiatric social worker. (ibid. p. 80) Social workers were beginning to have private clinical practices and undergo psychotherapy or psychoanalysis themselves as part of their professional training and personal interest. (Robinson, 1962)

Traditional social workers identified with scientific charity objected to these changes. Reynolds, (1934) reminding social workers of the "social philosophy" of help, change, knowledge and education, the thread that links social work's past and future, stated "Perhaps our problem is to learn to dare to learn from life." (p. 123) In "learning from life," the past is the foundation and building blocks of the future. This is seen in terms of policy development, professional standards, educational goals--Social Work has used its experience, as Reynolds (1953) states, "as out of the past the future comes... The distilled essence of the best in the past is what makes possible a better future..." (forward) Therefore, by stating that knowledge of the mind would help social caseworkers help their clients, she began to reduce the splits in the field of social work. This was but a

remedial and temporary measure. The split between clinical--social casework (psychiatric) and community--charity, has continued. It exists presently despite Reynolds, Richmond and others, more recently, who are looking for a bridge between the two.

All of this was overshadowed by The Depression. It was a time which greatly stressed all social work agencies and their capacities to deal with poverty and social deterioration. As the government stepped in with the New Deal and Social Security Act, new opportunities to educate the public were apparent. Charlotte Towle (1945) wrote her book Common Human Needs so that government employees would understand the humans with whom they were working.

Emerging out of the 30's, social work had clarified its skills and developed a wider use of family casework, reaching people with social problems as well as economic problems; the movement was away from charity and into the emotional life of the client. (Rich, 1956, p. 137-38)

The second great war plunged the nation once again into chaos and reorganization. During this time "private practice" developed--it occupied only a small segment of the total social work community but may have been motivated by "strivings for freedom from administrative routines, for higher income, and for more status." (ESW, 1967, p. 12)

Traditional family service agencies had begun fee-charging

so that the services would be available to any who wanted social work's professional service. Private practice was the next logical step for more social workers to follow. During World War II, many social workers served as individual and group therapists and were reluctant to leave this work. (Albert, p. 146) Again the continuing need for advanced training was observed.

The growth of technique and skill continued throughout the 40's, 50's and 60's unto the present time. Government money became available through student scholarships and graduate schools continued to develop. By the 60's, the "doctoral degree became a primary requisite for any kind of advancement in schools of social work and for decent salaries in schools of social work." (Hollis, quoted in Gottesfeld, 1979, p. 300, hereinafter referred to as Hollis) But it created problems. Experience alone was no longer sufficient for academic placement. Expectations of the degree were beyond what the doctorate could provide. Despite the fact that it had been hoped that leadership in social work would emerge as a result of having this degree, it did not.

We thought that these extra years of study would really produce leaders. We don't produce leaders. Certain people whom you hope have leadership potential come in and get more information and some

more skills in writing or reading. They may or may not turn out to be leaders. (ibid. p. 297)

Academician-generalists were graduated without practice field experience. And ground was lost in the growth of clinical knowledge. Hollis goes on to say that this area of clinical social work was saved by its development of clinical societies in the 70's. (ibid. p. 297)

There were problems at the master's level. The educational curriculum was being changed to meet the needs of the 60's. Social action and planning and political activity were being stressed. The "generalist" graduate appeared. The "specialist" took a back seat. All of this was fueled by evaluative research which had been published that suggested casework was inefficient as a solution to social problems. (Roberts, 1980; Hollis, 1979) NASW, in 1971, had lowered standards so that the entry level into their professional organization was now at the bachelor's level and non-professionals as well could become members of a professional organization.

In 1975 the Council on Social Work Education, the official accrediting agency in social work, recognized and began accreditation of bachelor's-level programs in social work (BSW). In part these changes begun in the 60's and 70's were spurred by factors such as sudden increase in demand for social service personnel, the civil rights

movement, and a general increase in the demand for higher education. (Specht, 1984, p. 219) Along with academic restrictions, agency funding was unstable and agency employment was often restrictive.

Private practice was even more desirable now. Private practice by social workers had developed in the middle 1920's. It meant that social workers had moved from practicing their profession under the aegis of governmental or duly incorporated voluntary agencies into private offices thereby taking sole responsibility for themselves and their clients. (ESW, p. 566) Both the private practitioner and the agency social worker practiced social casework which was also referred to as psychotherapy. This methodology later became known as clinical social work. This term is not synonymous with private practice. Private practice was viewed by traditional social work as a betrayal of the value of helping the economically disadvantaged. It was viewed by those advocating it as increasing the amount of social services available. (p. 569)

Originally scorned by traditional social work for leaving traditional clients, private practice and private practitioners became a means of advancing the entire profession. Wallace (1982) states:

The original stresses and strains experienced by social workers and agencies resulted in the

development of a "deviant" sub-group of private practitioners, and this group, with the support of colleagues, initiated a series of acts resulting in greater recognition of the skills of social workers both inside and outside agencies.

This group has been responsible for initiating licensing, regulatory laws and vendorship rights, benefiting all social work, including agencies which could now receive additional funds from insurance companies.

The contribution of private practitioners thus far has not been to the development of a private practice profession, but to the recognition of the professional skills and expertise of social workers inside and outside of agencies. (p. 263)

Not all that has been said about private practice has been positive. There are those who believe that private practice constitutes "an abandonment of the primary mission of the profession... although social work is not practiced exclusively in public agencies with disadvantaged consumers, its origins and its images are rooted in the social and historical imagery of the poor. The profession's return to privatism raises not only an ethical question

within the traditions of the profession, but the question of policy in terms of its future mission." (Walter Dean, 1977, p. 370). Another author states, "If social work continues to be licensed primarily for clinical activities it might well abandon its mission and with it the poor. Poor communities need a social worker with knowledge and skills to do clinical work and who is able to intervene via social action on larger community systems." (Morales, 1977, p. 387-93).

All during these years, beginning with Mary Richmond's concern in *Social Diagnosis*, The Milford Conference, and individual authors such as Towle and Reynolds, social work had to deal with theory--the development of a psychosocial theory of living embracing all social work. Work on developing such a theory continues currently and has been the subject of educational forums during the last two decades. In 1977, NASW devoted several issues to "conceptual frameworks". How to bring all the facets of social work into harmony has been a question of clinical societies as well, particularly when it has been observed "that there is no real agreement on the purposes and objectives of social work". (Minahan, p. 5). Therefore, how can there be agreement on a theory of social work. R. Dean (1977) in an unpublished paper states that clinical social work is the basis of all social work.

This view is not dissimilar to that stated at The Milford Conference--in 1929. That social work was divided into two schools of thought is demonstrated in the following quote by Hamilton (1940):

If it (social work) specializes--and it must specialize in order to add to the content of knowledge--it is because it is concerned with significant and relevant problems in its own areas. If it generalizes--and it must generalize because a purely pragmatic and expedient methodology will not serve--there must be well considered hypotheses based on substantial data devised from both social values and science, or else social work policies and practices will be merely those of appeasement instead of problem solving.
(p. 6-7)

Hamilton saw social work "as a gradually expanding and deepening profession with its own body of transmissible subject matter, its own fields of characteristic operation and usefulness, and its own disciplines and methods."
(ibid. p.5) She did not see it as a profession of divisiveness, rather one of unity:

Social work should not be evaluated as is sometimes alleged by a self-liquidating test. Its purposes,

historically based, are still concerned with making love instead of hostility effective in human relationships. Social work can release creative energies only as its purposes are accepted, not denied. Political democracy cannot survive unless based on the welfare of its people, but this welfare can neither be handed out nor handed down; it must be progressively achieved through enlightened participation of the commonwealth... All these movements (social action, planning, policy) are interdependent and all rest ultimately on the possibility of socializing the individual personality within the family and the group, for the development of a truly good society. (ibid. p. 371)

This theme was carried on in a 'mission' statement by Minahan and Pincus, 1977, in a Special Social Work issue on "Conceptual Frameworks".

The mission of social work is to promote the values that underlie the ends and means of the profession. These values which reflect broader societal values are the following: 1) People should have access to the resources they need to accomplish life tasks, alleviate distress, and realize their own aspirations and values. 2) The

transactions between people and the course of securing and utilizing resources should enhance their dignity, individuality, and self-determination. 3) The realization of these values should be the mutual responsibility of the individual citizen and the collective society. Society's responsibility includes fostering conditions whereby citizens have opportunities to discharge their social responsibilities to each other and to participate in the democratic process. (p. 347-52)

Talk continues regarding a psychosocial theory of social work but no agreement has yet been reached.

State of California: Professional Organizations,
Licensing, Vendorship

Professional organizations for individuals have always been a part of social work history. Membership is primarily by length of service, but by 1933 education became the basic criterion. (ESW, page 14)

By 1939 completion of a two year graduate program leading to a master's degree (MSW) was the primary criterion for professional entry into social work. (Specht, 1984) Specht, et al. note that the social and economic context of social work education has changed

radically since the start of the 80's. Enrollment in programs of social work education at both master's and bachelor's levels have dropped. This has threatened the survival of many schools and programs, as well as the standard of what constitutes professional achievement and status. (p. 223) In the ensuing years the seven associations of social workers, associations based upon specialization, recognized their common interests and goals. These associations were (1) American Association of Medical Social Workers (1918); (2) National Association of School Social Workers (1919); (3) American Association of Social Workers (1921); (4) American Association of Psychiatric Social Workers (1926); (5) American Association of Group Workers (1946); (6) Association for Study of Community Organization (1946); (7) Social Work Research Group (1949). (ESW, p. 13, 14) In October, 1955, the National Association of Social Workers, (hereinafter referred to as NASW) an amalgam of the above seven associations, was formed and social work became a more unified professional body. The goals included quality and effectiveness of social work practice, education and research, high standards of practice and preparation for practice, all with the aim of serving human need. These ideas already incorporated into the full academic, graduate programs of social work within university

settings, supported the original values of social work and fulfilled Mary Richmond's insight--"We must educate them." At this point the NASW supported a generic body of knowledge.

As professionalization continued, legal sanctions were sought. The Academy of Certified Social Workers was established in 1961 by NASW, as a voluntary way to fulfill the function of regulation until legal recognition could be achieved. NASW continued to work towards licensing and certification, and proposed a "diplomate" designation for recognition of competence in the specific areas; a regulating attempt because of the generic and widely diverse nature of social work. (ESW, p.17, 578) NASW has continued to develop policy and regulatory standards for social workers at the national as well as the local levels.

California social workers were the first to use certification as title protection. California's history in licensing and regulation began early. Californians were the first to introduce a bill for social work registration (1929); to obtain registration (1945); to obtain certification (1967); to enact the practice license called the LCSW (1968); to obtain vendorship (1976). (Angell, 1980, p. iii).

The certification and licensing laws were developed in response to the Attorney General's opinion of 1966. This opinion stated that social workers could not practice psychotherapy. This produced a crisis in that social casework was considered to be a form of psychotherapy, whether practiced inside or outside an agency (Gabler, personal communication 1982, Grimm, personal communication mimeographed, Angell, 1980). Social workers throughout the state organized in an effort to protect themselves and initiated political action on their own behalf. By obtaining legal sanction to continue social casework or psychotherapy, they would also be protecting the rights of their clients. Certification as a title protection was an interim step towards obtaining the licensing law. An important factor in delaying progress for licensure was the internal disagreement within the profession as to whether social work should be licensed and, if so, at what level. This was compounded by the opposition of psychiatrists and psychologists, the other mental health specialists. (Dean, R. 1977) Social work political action shifted its focus temporarily from the client to the self-interest and protection of the social work group. (Angell, Gabler) This shift occurred only after the Attorney General's opinion that social workers could not do psychotherapy.

Without protecting themselves, they could not protect their clients. When passed, the California license, a mandatory practice license, exceeded the provisions set out by the NASW, the national umbrella organization of social work but was less than originally planned by the above group of social workers. As of the 1980's, the law "does not go far enough." (Angell, p. 19) Recent changes in government policies, such as the Sunset legislation although not currently active, demands review of the agencies, boards and laws to determine their validity and their continuance. The Board of Behavioral Science Examiners, under which social workers are grouped, is just such a board which could come up for review (Business & Professions Code, California State). This has far reaching effects for the continuation of the social work licensure and demands a constant vigilance as an outgrowth of involvement in state regulatory actions.

Vendorship was achieved in 1976 through the efforts of the social work societies, primarily NASW and the Society of Clinical Social Work, the main California association. It was recognized that "each one of us needs to define ourselves as a health care professional capable of performing independently on a fee-for-service basis in individual, group or institutional settings. We must define ourselves as psychotherapists with like

competence of a psychologist and psychiatrist but with our own expertise in the management of the socio-cultural aspects of psychotherapy. The ultimate goal is autonomy." (NASW, p. 1, 1977). Not all believed vendorship was progress. It was also viewed as threatening to the security of those without the license. (NASW, 1977)

The California social work experience ran a course not unlike the national profile until 1966. At that time, on June 14, 1966, the Attorney General for the state of California handed down an opinion which would make it illegal for anyone but a medical doctor to either practice psychotherapy or call himself a psychotherapist. This proved to be "the shot heard 'round the world". Psychiatric social workers in California rallied to this insult and began the process which eventually led to the practice license (LCSW) enacted into law in 1968. This process was in fact an upheaval of the social work professional system as it had existed. (R. Dean, 1977) NASW did not find it within its scope to support the California proposal and actively, at the local and state level committees and commissions, fought the efforts of this group of social workers which later organized itself into the Society for Clinical Social Work.

Dean and others in personal communications, indicated that social workers and their Board of Social

Work Examiners did not expend the energy to protect and safeguard the rights of social workers. An example of this was the Law of Privileged Communication. That it did not originally include social workers went by unnoticed and took several more years of lobbying and political activity to obtain that privilege for social workers and their clients. (Grimm, Gabler, personal communications)

The term "Clinical Social Worker" was born to describe this group of people who now qualified for this license. They, along with the help of William Grimm, legislative advocate, wrote a working definition of clinical social work which included psychosocial issues as well as "unconscious motivation". (Grimm, Gabler, Dean, R.)

In a legislative report to the Society for Clinical Social Work (1979-80) Grimm stated that there are three general areas of concern: "(1) protecting the gains we have already made through legislation, (2) protecting our scope of practice from encroachment by any who lack the training or competence to do what we do under our license, (3) maintaining a strong and respected voice in all matters that effect clinical social work in order that we may win the battles that lie ahead." To do this, money for lobbying, interest, and an informed electorate were required, along with a view "of not denying others (MFCC's,

etc.) what we so avidly advocated for ourselves."

Grimm goes on to state that social workers need to initiate their own legislation rather than be "tag alongs" on other groups' bills. This concern is a continuation of the licensing experience which demonstrated the need to be vigilant.

Gabler, in a private communication, underscores the need to document accurately this period of California history. He points to what has been neglected in the various reports of that time--that is the organizational component along with the political maneuverings which gave legitimacy to the licensing effort. (Letter, April 29, 1983). He, along with Roberts, Briar and others, remind the profession of the value of knowing one's history.

With the exception of Angell's report on Sunset legislation, this history has remained only informally documented. (Dean, BBSE) Jackson (1979, p. 83-84) discusses this history as background for her unpublished doctoral dissertation on clinical social work definition, values, knowledge and practice. Through her research she documents the growing schisms between academicians and clinicians, the dichotomy in language and theory of social work and clinical social work, and the growing need to research, write and publish in the clinical area. All are concerns of educational as well as clinical social work.

It may be noted that these issues are the same as those identified at The Milford Conference of 1929. Briar (1983) states that despite the "fiscal-ideological assaults" on social service programs and social work, the profession should emerge from these times with greater strength and competence. This can be accomplished by new approaches, theory building, continuation and development of traditional social work areas, prevention and research. (p. 1057-58)

The social work experience with research has more often been negative beginning with the Flexner report of 1915 and the evaluative studies of the 60's and 70's which invalidated social work methods and efficacy. (Flexner, 1915, Hollis and Roberts, 1980) Roberts is cautious regarding the excited attempts at research methods being used in social work wholesalely--they require experience to be meaningful as does practice. While experience with research is essential to advanced education he suggests that professional research production should be left to research specialists. He recommends that a melding of research and practice can only occur by making changes in the social work doctoral programs. Therefore the trends of the 70's and 80's includes development of generic as well as clinical social work practice, theories and the development of a field of social work research which is compatible with practice.

It may be noted that rarely in the literature, with the exception of the aforementioned unpublished documents and articles such as Briar and Briar, 1982, is political activity and lobbying as enlightened self-interest and protection advocated.

Once again, since the beginning of professional social work, its definition has been an ever present problem and concern. With the advent of public recognition through licensing and vendorship coupled with the profession's concern for the roots of social work, the definition has been under revision.

The NASW in March of 1984, approved a new definition of clinical social work:

Clinical social work shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families and small groups. Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge of one or more theories of human development within the psychosocial context. The perspective of person-in-situation is central to clinical social work practice. Clinical social work

includes interventions directed to interpersonal interactions, intrapsychic dynamics, life support and management issues. Clinical social work services consist of assessment, diagnosis, treatment including psychotherapy and counseling, client centered advocacy, consultation and evaluation. The process of clinical social work is undertaken with the objectives of social work and the principles and values contained in the NASW Code of Ethics.

Phyllis Caroff, head of the provisional council which proposed the definition, says, "The importance of clarifying the nature of clinical social work cannot be underestimated. It is crucial for developing professional standards, for legislation, for third party vendorship, social work education, and ultimately for the way we respond to our clients." (NASW Newsletter, 1984). She further goes on to discuss that the position of social work and social work vendorship is under attack by physicians and that we run the risk "of being undercut by other professions." This echoes Albert.

Summary

The literature review has illustrated the conflicts in social work as it moves away from its philosophy of scientific charity and its mission of doing good works.

One direction of change has been towards clinical practice whether in a private setting or public agency. Another has been towards community organization and group work. Other directions have been necessitated by economic, political, and social flux, as seen in each decade of the twentieth century. Social work has reflected all the changes in the society. Social work education is now at a pivotal point in its own development, needing to determine its standards and viability. There are many other areas of concern to social work, as well as specifically California social work. However it is not within the scope of this paper to discuss them.

Continuity in social work has been seen in its emphasis on continuing education and on-going development within the profession. There has been continuity of another sort as well. It is the continuity of disagreement and of schism. Despite the words of Mary Richmond that change is natural and desirable, "that the forms of organization now responsible for casework will change... That its scope and skill will advance far beyond the present day practice...", social workers have viewed change with suspicion and distrust. Both the private practice and licensing issues are testimony to that distrust. It may be that she was mistaken in her view that social work development would not be utterly damned by its genesis in

charity. There is continuity in overlooking history. The Milford Conference demonstrated that the similarities in all social work areas far exceed the differences. There are social work principles that override the individual specializations, yet more than fifty years later, the same argument is being touted, the same schism being emphasized -- All so unnecessarily had these works been understood and valued.

The absence of unity in social work, the absence of clearly stated professional goals, are obstacles barring future development. While the economic and political environments are always critical to any profession, the divisiveness in social work further complicates these issues. Perhaps individual areas can make gains and develop but it would seem that social work as "one" profession is floundering. Even the ideal of a "mission" or a 'religious calling' does not provide the adhesive for the various parts. The mission seems to have moved from a more global ethic to one that is more personally and individually designed. Certainly this would be true of the delivery of that mission--whether only an "agency" can be ordained as the voice of the mission or whether, at the other extreme, the private practitioner can be the voice of the mission.

The question assumed in this research is that social work may be at a new phase in its growth. There is nothing new regarding the conflicts. They are old. What may be the newest development is that the pool of applicants to social work programs is diminishing steadily. This fact may alter the perception of phases. If future directions, as well as the current state of clinical social work are to be understood, they must be understood in the context of diminishing high level professionals, a phasing-out of one level of social work achievement. This would certainly affect the continuing of social work.

LIMITATIONS OF THE STUDY

Social work is a complex field of practice and is undergoing definition, redefinition and professionalization. This study presents the opportunity to research the leaders of social work and their ideas and feelings regarding the future directions of clinical social work in California. While it is acknowledged that these individuals belong to a select group, it affords the opportunity to observe potential future plans for clinical social work, or the lack of them. In either case, the study may lead to further research or strategies for greater involvement by social workers at various levels of achievement. A review of social work literature and doctoral dissertations over the past 10 years has revealed that no such study has been done.

There are many areas of social work being omitted in this study: minorities, women, children, aliens, labor, elderly, etc. It is believed, however, that what will be revealed in this research will influence them directly or indirectly, as consumers of social work services.

An important limitation to the study is confidentiality. As leaders, the sample of this study, and therefore as public figures, confidentiality should have been suspended and each participant openly accountable for his views.

METHODOLOGY

The following questions were designed to answer the central research questions.

The Questions

1. A. What past events have been significant in the development of the social work profession?

 B. What has significantly affected the development of clinical social work specifically in California?
2. Does social work as a profession currently have a "mission", i.e., service and charitable ethic originally identified with social work?

 -- Does clinical social work have a "mission" today?
3. What do you see as the relationship between clinical social work and the social work profession as a whole?
4. What are the goals of clinical social work in California today?
5. What obstacles exist to the achievement of these goals?
6. How will these goals be accomplished?
7. What do you believe would contribute to the advancement and growth of the profession?

 -- What would contribute to the enhanced status of the profession?
8. Which of the following will affect the future of clinical social work:

 Neutral ----- Significantly

 a) funding from the public sector
 b) accountability of social workers

- c) Clinical social workers' admission privileges to hospitals
 - d) deletion of physician referral for third party payment
 - e) workers' compensation inclusion
 - f) sunset legislation
 - g) competition with psychologists, psychiatrists for the psychotherapy consumer
 - h) specialization of practice by areas of expertise
 - i) specialization by type of practice (e.g., public agency, private, etc.)
 - j) recession
 - k) advanced licensure for clinical social workers
9. Do you believe that a further advanced degree, beyond the M.S.W. will become desirable and/or required?
10. Who do you see as the leaders of Social Work in the future?
11. What role do you see the autonomous practitioner playing in the future development of clinical social work?

The Sample

The particular nature of this group, leaders of California social work, poses certain problems in presenting the data, the most notable of which is confidentiality. During the data gathering, the interviewer was told on a number of occasions "I'll bet I know who the others (leaders) are." And on several occasions was told "Everybody will know it's me" by this information; data was given "off the record" in some instances; certain subjects expressed great concern regarding "being repeated". Perhaps as leaders and, therefore by definition, public

persons, the issue of confidentiality should have been suspended. It was not, however, and therefore confidentiality remains a strong condition and limits the content of the demographic material.

The design selected for this study is the experience survey. This allowed a selective sample of respondents who could "provide provocative ideas and useful insights" and "are called in precisely because they are of special experience and competence". (Selltiz, 1981, p. 94, p. 440)

A letter was sent to deans and directors of undergraduate and graduate schools of professional social work, organizations, including the National Association for Social Workers (California Chapter), the California Society for Clinical Social Workers, Council on Social Work Education, the State of California Board of Behavioral Science Examiners, and individual leaders not formally identified with an elected or appointed position in an organization at this time. Each was informed of the study, requested to provide a list of 15-30 names they believed to be leaders in social work. The criteria used for defining the leaders is (1) high visibility, (2) contributions and impact on the profession, (3) education minimally at the MSW level, (4) a minimum of 10 years' active experience in the field in California, and (5) influential to the profession's development. While these criteria are biased

by the recipient's definition of each one, the experience survey design allows for such subjectivity.

Approximately seven days following receipt of the letter, a follow-up phone call was made to obtain these names. It was at that point that difficulty arose. The overwhelming majority of those contacted could not think of names of leaders immediately, minds went "blank", there was discomfort with being asked to name specific leaders for fear of offending others by omission, and finally, there was a significant number who had no knowledge of leaders, formal or informal, and referred the interviewer to social work directories and registries for names. This happened more frequently at the undergraduate level than at the graduate level of education. When the interviewer contacted the Council on Social Work Education in New York for names of members in California, she was told she was "presumptuous", "inappropriate", and was refused assistance.

Approximately 25-30 people were contacted. As noted above, all those originally contacted were in "leadership" positions or positions of influence, such as: the deans and directors of professional schools of social work; recognized leaders of social work, clinical and non clinical; academicians and non academicians; agency and non-agency individuals. Of that number 19 responded. An

average of 12 leaders per person were named. The maximum named by any one individual was 23, the minimum was 2. No one named himself, although that was an unstated option. A total of 125 persons were named. The total number of votes was 223. The list of respondents would be drawn from those named most frequently. Only one individual received eight votes, the next received seven, the next five were named five times each, the following four, four times each, the next six were voted three times each. Seventeen persons were named twice and 86 persons were not seconded.

The first 12 were selected and four more added to balance the sample so that the main areas of social work were represented. (Selltitz, 1981, p. 427, p. 440; Babbie, 1983, p. 178) This would include generic, clinical, administrative, academic, and political, with individual subjects occupying more than one area. Confidentiality prohibits a more detailed description.

Each of the 16 respondents was contacted by telephone, advised of the study and their selection for it, and was requested to participate in it. All agreed. Appointment times were scheduled at their convenience and the interview guide, informed consent and confirmation letter were mailed at least one week in advance. (Selltitz, p. 97) The interview was tape recorded, when possible,

with the permission of the interviewee and each interview lasted approximately one to one and one-half hours.

According to Isaac and Michael (1982, p. 138): "The semi-structured interview most closely approximates the clinical interview in its use of structured questions from which the interviewer branches off to explore in depth... the opportunity to probe for underlying factors... which are too complex or elusive to encompass in more straightforward questions..." Further, in the focused interview described by Selltiz "The main function of the interviewer is to focus attention upon a given experience and its effects. Interviewer(s) know in advance what topics, or what aspect of the question they wish to cover... The manner in which questions are asked and their timing are left largely to the interviewer's discretion." (p. 318). Selltiz goes on to say with respect to the questioning of respondents in the questionnaire:

Even in the more systematic interviewing of the later informants, it is essential to maintain a considerable degree of flexibility. The purpose of providing the interview with structure is to make sure that all people interviewed respond to the question the researcher wishes to have answered; however, the formulative and discovery functions of the experience survey require that the interviewer

always allow the respondent to raise issues and questions the investigator has not previously considered. (p. 95)

Data Analysis

The goal of this research is to explore the development of clinical social work in California to determine if that development points to any specific future growths of professionalization. The data is classified according to each of the 11 questions of the interview guide followed by the answers to the three central research questions.

This is a non-probability, qualitative design in which the data will be descriptively reported and their significance discussed. The variables that have emerged in each question will be identified according to the frequency of response. This will be followed by a commentary using quotations to amplify the results. In that the method of analysis is qualitative, the interpretation of the raw data is subjective and therefore may be vulnerable to biases of the researcher. This is balanced by the factual nature of the questions. It is to be noted that feelings and attitudes of the respondents may also be prejudiced but the range of positions of leaders may balance out this bias. (Selltitz, p. 95)

Demographic Information

All of the following information was gathered through resumes of each of the respondents. Of the 16 respondents eight are women and eight are men. Eight have doctoral degrees, eight do not. The average age is 59.6 years, ranging from 41 to 69 years. The average number of years in the field is 31.6, ranging from 42 years to 17 years. The average number of years in California is 27.5 years, ranging from 42 to 14 years.

All of the respondents hold the LCSW. The current social work positions held include clinical and private practice, academic work, administrative positions. Of the 16 respondents five are in various states of retirement and/or in transition to new positions. Three respondents do not include private clinical practice in their professional experience. The sample represents, not only areas of social work, as seen above, but is drawn from all areas in California.

With respect to education, 10 were educated and received degrees in California and six in other states. All but one have been involved in teaching, ranging from extensive participation to occasional seminars and workshops. Seven of the participants list the ACSW as a certificate they hold and three list the registry. Professional affiliations are extensive and are not

confined to social work. The subjects hold membership in the Society for Clinical Social Work and NASW, or both. Six of the participants belong to the Society for Clinical Social Work only. Six of the participants belong to the National Association for Social Workers only, and four hold membership in both.

Seven of the participants have published, some rather extensively. Finally, almost all of the respondents have received recognition or awards for their participation in social work.

The reader is again reminded that the information given in the above section is, by necessity, brief in order to protect the identities of the individual respondents. However, the following is a sample profile of the types of organizational and work experiences of the subjects. As will be seen, the range of experience is great, the degree of professional activity is extensive. Each respondent has been involved in numerous positions.

Employment Locations

Child guidance clinics, psychiatric departments in major hospitals, including The Veterans Administration, family agencies, inpatient and residential units, State mental health agencies, County mental health facilities, community and neighborhood organizations, governmental agencies, universities and colleges, private practice.

Employment Positions: Paid

Social casework--individual, family, group, child, adult; child welfare worker, supervisor, consultant, training coordinator, Field work instructor, teacher, researcher, personnel management, social policy designer, community organizer, professional staff developer, administrator, deanship, director of professional social work school, Clinical and Associate Professor, legislative advocacy worker, elected political positions, private practitioners, executive directors of agencies and organizations, Chief Social Worker.

Voluntary, Appointed, Elected Social WorkPositions: Unpaid

Representatives, delegates (NASW), coordinators, presidents, chairpersons, treasurers, consultants, advisors, members (boards, councils, committees), editors, governmental examiners, program secretaries, project directors, vice presidents, lecturers, governmental appointees, "Founders and charter members", fund raisers.

Definitions

The terms used in this study are primarily defined by the respondents of the study. A goal was perceived as the purpose towards which an endeavor is directed, an objective. A leader has already been defined in the

previous section on Methodology. Clinical Social Worker and clinical social work was defined by its legal and organizational definitions in the literature review. Generic social work is defined as containing all areas of social work from clinical to public policy, social action, administrative and community organization. This includes all the skills, knowledge and beliefs of the field of social work. The definitions are not rigorously placed in the effort to obtain the most spontaneous information from the informants. Each was in the position to make his or her own definitions. There was, however, apparent consensus on what any of these terms mean. That is, with the exception of "leader". A leader was defined as a person of influence, as well as in a traditional formal way. One obtained leadership either through association with a formal organization and a position of influence and power within that organization. A leader is also someone who is outstanding in a particular area of social work, as an expert. More often, the respondents hesitated at the question regarding leadership, not knowing how to define it and not knowing who would fill that role. As one respondent indicated, there are no great leaders any longer, as in the past. Leadership now took on a much narrower definition. Private practitioner is defined as "a social worker who, wholly or in part, practices his

profession outside the aegis of a governmental or duly incorporated voluntary agency, who has responsibility for his own practice and sets up his own conditions of exchange with his clients and identifies himself as a social work practitioner in offering his services." (Levenstein, 1967, p. 566)

Findings

As was noted above, the classification of the respondents fell into clear divisions; eight men, eight women; eight doctorates, eight non-doctorates; almost equal distribution in professional organizations. The data was analyzed along each of these continuums without significant results. There is a more important reason to discuss the data as a function of the total group. The split between social work generic, and social work clinical, has been injurious to the total profession. It was the opinion of the researcher that the data would have more significance and meaning if it were presented in terms of the sample group as a whole. This is an experience survey and is designed to include members from all areas of the field in order to provide information that is provocative, thoughtful, and represents the various experiences and points of view. As stated earlier, the new data will be reported in terms of the frequency of particular responses

to each of the 11 questions. This will be followed by quotations of the leaders with respect to each of the questions.

Research Questions

1. A What past events have been significant in the development of the social work profession?

The most frequently identified historical event was the charity organization movement and the identification of the early pioneers of social work. This area included the industrial revolution, Friendly Visitors, settlement homes, and names such as Towle, Judge Baker, Reynolds, Richmond, Addams, Robinson, and Taft. This phase in history was the response of 10 members of the sample.

The second most frequently identified event was the withdrawal of economic support for social services, ultimately leading to private practice. This was named by 10 subjects and included political activity of both self-interest and client advocacy.

The third, named by seven respondents, was the educational achievements and professionalization of the field. This includes the development of standards, a code of ethics, peer review, referral services and registries, and entry into the field of health care providers.

Educationally this includes the development of graduate social work training and efforts at continuing education, including a clinical doctoral program.

The fourth significant event was the development of psychoanalysis and this was named by six subjects. The psychosocial theoretical debate was named four times. Three votes each were given for World War II, the development of fields within social work such as group work, community organization, the war on poverty and the social action of the 60's. Two votes were given for World War I being significant in the development of social work and two respondents did not directly answer this question at all.

The following events were named only one time: The Depression, the development of NASW, the development of the BSW, stipends for education, and the development of clinical social work at the national level, and finally the development of the National Academy of Social Work Practitioners.

1. B What has significantly affected the development of clinical social work specifically in California?

There was unanimous agreement, i.e., all 16 subjects, that the LCSW is the most significant event in California social work history. This is followed with eight votes for the development of the Society for Clinical Social Work (1969) and the emergence of the California Institute for Clinical Social Work (1970's) with six votes. Six votes was also given to the actions of the National Association for Social Workers which resulted in devaluing the practice license by proposing a multi-levelled license, by deprofessionalizing the organization and introducing the BSW (Bachelor of Social Work degree) as an entry level degree (1970's). Vendorship received five votes followed by the events of the 1960's in which casework was considered "dead" and there was severe economic cutbacks in traditional social services. The development of private practice was the next significant development with four votes.

Each of the following received three votes: The RSW (Registered Social Worker) of 1926 and 1945; the Attorney General's opinion of 1966 which would make it illegal for social workers to call themselves psychotherapists

or do psychotherapy; the enactment into law of social workers being eligible for privileged communication; all current legislation now pending in Sacramento; and the establishment of NASW is 1955.

The remaining events all received one vote: The "me" culture of the 60's, the legislative and social action of the 50's and 60's, the women's movement, and the continuing educational and training programs.

Subjects' Responses:

This question was primarily dealt with by historical renderings of facts. With respect to recent times, statements include the observations that social workers who were committed to more traditional agencies "were foreclosed on... in a sense by the culture" and forced into private practice. "The sine qua non of clinical social work... that social workers look at a psychosocial event rather than purely an inner event and purely an outer event that is being the causation of problems." Early social workers were "do gooders" but since that time "the magnitude of the changing training" is the most significant. "We are a profession... that's been influenced and shaped to a large degree from events outside us." Social work has had to "bridge" and "integrate" various psychological and social theories.

"What comes to mind as the most significant event in the development of social work was the advent of Freud's work--psychoanalysis. The social work profession, in its beginning, was firmly and admirably based in good work in the community. But we didn't have a theoretical basis for what we were doing. So I think that Freud's work in social work is a readiness to both become the patients (clients), but also to use the work (Freud's) to support their own professional endeavors was the most significant development for us..." [even though] we are a profession that has been influenced and shaped to a large degree from events outside of us... we have integrated psychoanalysis and social work. ...a bridge that we've had to make ourselves."

"Moving away from our history--that drives me insane. If young people are without awareness of it that takes away from the richness of our profession."

"Social work has gotten away from its grounding, from its fundamental, its foundation and I think that's a mistake that we continue to make. I think that some day when it realizes that mistake... it's going to realize that clinical social work really was the piece of the profession that stayed with its fundamentals and perhaps preserved the profession, if it's to be preserved."

"For many, many years I wondered about the exodus of people into private practice as a leaving behind some of

our history, of our ethics, our values. I changed my mind about that... It had the net effect of sharpening loyalties to clients [not agencies], of adding a dimension of responsibility and accountability, at least to clients, and about one additional layer of autonomy which I think is a critical dimension in professional operations."

"Young people leaving the university often find themselves without a job. They enter private practice, probably ill-prepared to do so."

Private practice of clinical social work was viewed as an economic and survival necessity:

"Development of private practicing, because with the closing down of mental health clinics (1960's), there was no place for social worker or client to go except to an office that was apart from the social service system."

In addition, "good clinical input has receded as the profession has yielded to the academic institutions more and more realm and more and more leadership." The economic cutbacks which have almost eliminated agency work is seen to "make it almost impossible to do a good job in any agency". And the political climate in which people "ought to take care of themselves" is putting social work into a position of jeopardy.

"What is much more dominant in the control of that business [child welfare, traditional social work concerns]

is how much money is assigned to it -- cost effectiveness is the battle cry."

"Budgetary cuts and retrenchment of social services. The current political administration will provide social work with more work in four or five years--with the new political regime."

"I don't think any profession has control of their destiny and so would be foolish even to think it."

Global events such as the nuclear age are seen as being responsible for an absence of a sense of continuity, producing a "me generation" demanding an immediacy of experiences. With respect to the events in California "It was the coming of age of the profession that just was gradual". The leaders of the licensing action were seen as "people who were ready to move... they had guts". "The license was recognition that we needed as a profession... it would help move us out of a kind of second class status in the clinical picture." With respect to the environment at the time of the licensing, one leader stated "We had no juice, no true leadership... I don't know where social work was, I don't know where NASW was... there was nobody watching the store... they (MFCC's) could have preempted legally our whole profession..."

"Here was the first license for social work, really history being made, some sort of definition [of clinical

social work] at that time and there was only one other social worker in the gallery [Senate]."

"We have broken ground in vendorship, licensing, definition. We have accomplished nothing short of a miracle."

"Social caseworkers felt [during the 60's] that the work they were doing was somehow being demeaned, put aside as unimportant to the day's social action of the 60's. Social change was in the air, struggles with the NASW to find, once again, a place, for really, what is the majority--it never has changed. Social casework, or clinical social work as it is now addressed, is fundamentally the major by far, methodological activity of social work--90% I would guess, at a minimum... This argumentation led ultimately to the licensing arena."

"This Attorney General ruling hit me to the core. I was prepared to do everything possible to have us move because my livelihood depended on it, my independence depended on it. So I selected... people who felt the same way but for different reasons. But we were all people who were ready to move... So it was a question of doing everything you could to protect our base, the practice. And it's not new that one operates out of one's self interest much more than we ever acknowledge we do."

Licensing movement was "at that time primarily a leadership group. They organized, they gave it vitality, they gave it momentum, and they put their dollars in, money, to support this movement. I think it was that effort, that powerful effort that those people made that created the circumstances, the favorable circumstances, for licensing and for the clinical perspectives in California in the direction it has taken."

"I was ready to work for it (licensure) but I wasn't really hot about it. I didn't know how significant it would be... I'd say the outcome has been of tremendous importance for me, not necessarily in terms of my job, but in terms of my sense of alliance with the profession."

"The clinicians in the field, I think, probably represent a more homogeneous group and many of them, I think, are concerned with ways in which we can maintain the excellence of practice, and the testing of the excellence of practice, and so on. That's hard to maintain. You have both to have teachers in university that can hand down the clinical history and the clinical strategies and techniques, which increasingly have become fewer and fewer as people attend to academic pursuits and as the agency system becomes truncated by virtue of being starved to death and having to be accountable for its units of service, which makes some ways of teaching and learning less possible."

"I felt the license was recognition that we needed as a profession."

"Clinical social workers are independent practitioners... we work, not in the context of representing the agency's function or the function that is delegated to us, rather, we contract our services out... which we are then in charge of."

2. Does social work as a profession currently have a "mission", i.e., service and charitable ethic originally identified with social work?
--Does clinical social work have a "mission" today?

The respondents combined these two questions and answered them as one. The primary mission which was given 11 votes, is to develop a conceptualized psychosocial theory of practice in order to bring about the highest possible satisfaction and adaptive functioning. Seven votes were given to the traditional mission of working with the disadvantaged and working with "human conditions in whatever form". The third view of the mission with six votes was the survival of social work and clinical social work, to keep it alive and viable. There were five who

felt that the mission has been lost sight of in both areas of social work. Quality service received three votes. And, social workers teaching other social workers and sharing knowledge received two votes. Upgrading the profession, developing new ideas, prevention, and the absence of leadership, each received one vote.

Subjects' Responses

The mission is to bring "the concept of and devotion to social justice into the psychotherapeutic fields and into psychotherapeutic practice." "An obligation, a professional commitment serving any and everybody depending on what their needs are." "I don't know that we have a mission that is clear... it's getting beaten up." The term "mission" was felt to be inadequate and replaced by some with the term "responsibility". A new responsibility was the development of a "think tank" to provide leadership and thinking regarding what has gone wrong in social programs and in society. Social work is failing to offer solutions for such problems. The traditional mission of social work will exist "in perpetuity". "We don't have a mission but missions of a variety of kinds and various components of the profession interact in one or another aspect of that." "There is an obligation to help pass on skills."

"Clinical social work does have a mission. It is clear that it wants to be a therapeutic, therapy-oriented piece of social work [first]."

"I think there is plenty of room for individual social workers to make choices about to whom they deliver services."

3. What do you see as the relationship between clinical social work and the social work profession as a whole?

The answer to this was unanimous. All 16 subjects indicated a split between clinical social work and social work in general.

Subjects' Responses

"When we relate ourselves to the larger social scene and to issues that relate to the public good, I think then that we are really exercising social work in a broad sense and in the finest manner." "There are enough pieces of the pie." "I often doubt whether we're all the same profession... we are not the same profession." "Our differences are irreconcilable... hostile, divided opinion" between clinical social work and social work. "Maybe we start from a common and shared interest and body of

knowledge which is then used to move in two different directions... significantly different... so that we should think in terms of two professional entities." Clinical social work is viewed as "a bump" in social work development. It is seen as helpful but "elitist", "snobbish" and less concerned with social issues. Clinical social work is "a nag (good), a source of pressure... reminds the larger group that if the needs of clinicians are not met there would be another home... historically a positive effect... both sides can be faulted for maintaining a silly kind of internecine warfare."

"They may not want it [split between clinical social work and social work] to change because it gives them a group against whom to be struggling."

"I see it as the dichotomy between practice and the university, between the practice of social work and even its political arms and its professional arms." One solution is the development of a third kind of social worker, a "new breed".

4. What are the goals of clinical social work in California today?

Leading the list with 24 votes were the goals to develop autonomy, independent thought, clear knowledge,

and the ability to demonstrate this. Included was the upgrading and production of quality practitioners. The second goal with 14 votes was the development of political self-interest, including the protection of the license and the consumer, along with the willingness to spend money on lobbying and legislative activity. The third goal with 13 votes is to obtain power, to explore the fear of power and aggressivity, which seems to be part of social work, and to educate in the use of power and self-interest and aggressivity through social work organizations. The fourth goal is to expand the horizons of clinical social work and become a central consulting agency for all aspects of the society. This received eight votes. Fifth on the list is to promote better education and clinical training in the master's and post-master's levels. This includes involvement in other disciplines and the use of social work as a resource to social work. This also received eight votes. The third item that received eight votes is to use political advocacy more wisely. The seventh goal is to broaden the definition of clinical social work to a psychosocial endeavor and to build a theory of clinical social work practice. This received seven votes. With five votes the eighth goal is to upgrade admissions to graduate schools and to have graduate schools survive. The following two each received four votes: to be in control

of more settings under social work auspices and to write professionally and popularly, publicize and do research. The eleventh goal is to create a comprehensive examination at the MSW level and give a general license. This received three votes. The following three each received two votes: to change from the Board of Behavioral Science Examiners to the Board of Medical Quality Assurance; to immerse ourselves in our history; and to sever our dependence on medical doctors. All of the following received one vote: to train leaders, to think, to return to the "mission" of social justice and spiritual renewal, to develop research instruments to validate social work, to keep social workers in the field of social work, to agree on minimum standards in clinical social work, to change, to bring clinical social work and social work together, to enhance income, to develop nationally, and to develop a DSM III for social workers.

Subjects' Responses

"The goal of clinical social work in California today and in the country should be to train leaders, number one!"

"To use that [social work] knowledge in the development of priorities related to the community,

society, policy issues, that they would contribute to research..."

"To make clearer for clinical social workers in agency practice that they're as important as independent practitioners, that their contribution to how the profession will grow is as important, if not more so..."

"...work in a traditional setting where you can learn how you can help people because you know first something about human dynamics and then you know how to help them understand what their problem is and then you have the skills to help them change it."

Must do things that positively effect "how we are accepted... another empowerment of us,".

"Those are the goals: to work with people who need therapy, to improve the therapy methodology and practice, the knowledge through a professional organization as well as the institute [ICSW]... then we can say 'that's what we do but we also do these other things'..."

"We need a good, strong, professional organization and one that is politically astute and aggressive because so often many of the decisions that affect not only clinical social work but all forms of social work, are decided by politics or by government... Social workers have traditionally shied away from that [power] for some reason. They are uncomfortable with that kind of influence and

they're uncomfortable around politicians. It will take someone wiser than me to figure it out."

Political activity "is probably the ultimate in social work in the following respect: ...[one has] say over social policy, something social workers like to influence... direct service, constituent service... what we try to do is help them [constituents, clients] understand how they can become more powerful in influencing the destiny of their own problems without fixing it for them in absentia... and... we do community organizing."

"We have to be political personages... not each social worker has to be a political fighter... but our professional organizations do have to worry about the political climate and try to make some impact on it... and on how it gets translated into operation."

"...the impact of political life is so intensely important to the profession, it seems to me somewhat unequivocal and so evidently clear... That it does have to be taught [early]."

The future of this profession depends on the accumulation of more power, otherwise we're always going to be just a weak step-sister. "Power is part of it (therapy). And the responsible, accountable use of power is a worthy and noble thing... I try to accumulate as much power as I can because if I don't my [opponents] will use

it on me."

"We have to be more politically involved in the profession... we have to be more visible in Sacramento and in Washington. It's just essential... [we must] get to be in positions where you can exercise some power."

"We have to do more to appeal to the public--public imagination. We know a lot... about a lot of things. Yet we don't appeal, usually, in any systematic way to the public's knowledge of the issues... I think social workers are now known to be more than welfare workers. I think the contributions [of social workers] have not been publically popularized and instead lots of what we do gets picked up--like in family therapy--gets picked up by other people or other disciplines..." "We gotta have change... even our old boys are changing."

5. What obstacles exist to the achievement of these goals?

The first obstacles listed with 18 votes are: "narrowed minds", "tunnel vision", "knee jerk reactions to change". This includes all resistance to change, lethargy and feelings that are anti-innovative. The second obstacle is identified as inadequate education and scholarliness. This includes the lowered standards of NASW, making the BSW

the entry degree and the three-tiered license as a dilution of the practice license. The problem in graduate schools is that there are no practitioners to teach practice courses. The split between practice and research, including the absence of a practice theory of clinical social work obstacle which received 15 votes. Nine votes were given to the problem of "in-fighting and self-hatred". The fourth obstacle, with nine votes, is the fear of power and assertiveness, i.e., "timidity". The fifth obstacle is the lack of leaders, "a vacuum of leadership" along with the non-recognition of existing leaders. Current and past leaders have lost interest in working for the group for a variety of reasons, including age, retirement and other interests. This obstacle received five votes. The next three each received four votes: being the "bosom" and giving away services; the lack of agreement on the minimum standards of clinical social work and on the definition of clinical social work; and the lack of political savvy and gratitude to those who have looked after clinical social work survival. The next three each received three votes: the lack of a clear identity, along with stereotypes and images that keep many out of social work; competition with other practitioners and professions; and criticisms of both men and women in a "women's field". Two votes were given to the inadequate jobs in the public sector. The following

each received one vote: private practitioners remain isolated; clinical social workers being unknown to the public; success; economics; the feeling that men in leadership positions have not done so well; Council on Social Work Education; the lack of research; and the ethos of the nation.

Subjects' Responses

"We have had such an enormous amount of in-fighting in our profession that the struggle becomes harder. We're battling ourselves. I mean Pogo's comment that 'I have met the enemy and it is we' is us personified. That must have been written about a social worker... We seem to be unable to enjoy the successes of each other." "The amount of hostility within the profession, towards the profession, towards each other, is incredible... absolutely incredible... I mean everybody hates everybody else in this profession."

"The obstacles that exist to achievement are narrow minds only, are tunnel vision, are knee-jerk reactions to people who have a different point of view than our own sacred cows... The obstacles are less in others and more in us."

"Social workers feel competent in [a variety of roles]... it is like a never-ending list--from public

housing onto the world, and I think that is both our richness and our problem in social work."

"I have always been concerned about the quality of what we offer [education and training] and one of my worries is that a lot of people are leaping into private practice who are not, perhaps, as well qualified as we would wish... Most schools... are not teaching a clinical program, perhaps pieces of clinical work... faculty who are not clinicians."

"Inadequacy of our educations--The lack of scholarliness." Social work writings "have been essentially poor efforts... Most of what I have found meaningful to me has come out of other academic discipline."

"I feel personally that a lot of my peers don't write, and I include myself in this, because it's damn hard work. You're chicken about it. I often think 'well, that's not new, everybody knows that' but once you put it into words, you've done something different with it."

"Social workers pioneered the many, many areas of practice that they didn't write about and hence, the other professions scooped them... our weakness has been that we've been inarticulate about what we do. We're terribly mute. The great bulk of social workers didn't say it--they talk a lot but they didn't write much."

"It's the natural tendency I think for people to get

tied up in their own little practices and if we're not careful, you start to protect your own turf, and that becomes the major issue. One doesn't then allow oneself to be involved in other kinds of activities."

"Our ability to influence... The legislative process, except in those matters that are of personal concern to the profession--licensing laws or those kinds of regulations--has been very limited and in no way worth the amount of money the organizations have spent on lobbying efforts... I think social work has nothing to gain from an involvement with electoral politics."

"I do acknowledge that those [goals] things are important. I just personally no longer can get terribly invested in that because it no longer matters that much personally."

"The greatest obstacle is the seduction of success... advancing our self-interest... the tremendous professional competition we face... The pie is shrinking... the whole health care field is heading for a crash."

"We certainly are a profession in crisis, in sum... We are being pushed by the MFC's (Marriage, Family, Child Counselors), the diploma mills are turning out people who are really poorly qualified but who are licensed, and the license that we had thought would have some significance doesn't have as much significance."

"I have been thinking about [criticisms] that this has been, and continues to be, a female-dominated profession. As such we have brought to the field both the strength and the weaknesses of our feminine identification, so that we have not been as aggressive or forthright in articulating and formulating some of our thinking as has been the case in some of the male dominated professions-- psychology and psychiatry. I think they have articulated a lot of crap, and they're very free to present it as gospel. I get bored of it. I really get very tired."

"They didn't vote for him [a brilliant informed social worker] here because he ran against a woman... I worry about that" and about lack of gratitude to those who have helped us.

"He said [Franz Alexander] that man's ability to effect change in the environment greatly exceeds man's ability to adjust to the change in the environment, so there is a lag between the changing of the environment and the ability to cope. And it's in this lag, this difference, this time period, that social workers fit."

"One of the functions that I thought the institute [ICSW] was for, was the system of upgrading the public perception of the profession, not upgrading the profession... my assumption was that we already had people with experience, proven ability, education, etc. of an equal level with

those who were practicing with a doctor's degree [5 years' experience, a license... the minimum amount]... one of the things that I felt the saddest about was that they never really accepted that concept and... the moment we selected five people and said 'you are professors', their attitude changed into 'professors'... they started quibbling about degree, how do you know (what someone knows, his or her knowledge base and experience), and what kind of papers (assignments and requirements)... The person who knows the subject should have been able to tell... carry on an intelligent, knowledgeable, professional conversation with someone else who knew the subject matter... We did not have, even in that group, enough personal, professional, self-assurance to be able to stand up for their judgment about who is capable of having a doctor of Clinical Social Work... [now we have an academic degree, not a practitioner's degree]... Therefore, we are not in community in the numbers 'selling' clinical social work 'by performance' [and] we are not going to sell it by saying we've got a good school."

"We use words like influence, our ability to influence for our clients, or any of those nice things, people will talk to you. But when you define it for what it is, whether it is the power, or the feeling of being in

power--sometimes the assumption is as good as the fact--they don't talk about it."

"I resisted that trend, not openly, because you don't do things openly..."

"Their inability to accept their own judgment of any of the leaders -- these are people everybody agreed to (as being leaders)... now we are in the position of continued confusion as to who we are, and what we want people to think we are, or know we are, and [which] people we want to think or know..."

Certain students not acceptable "his methods of trying to meet new situations were not accepted by some of the old gals, if you will excuse the expression,... who, like all of us, get set in our thinking. [unable to accept innovation and change]"

"What's going to happen is going to happen, and there is nothing they (the old tribe) can do about it..."

"...our profession doesn't have the standing in society, in the eyes of most people, to say, 'Hey, I want a social worker making policy for me'. We blew it bad in the war on poverty which was our great chance..."

Organization "...and so they aren't bringing in young people... It's a recruitment problem and then it's a leadership development problem... I wanted to be on the Board of Directors of NASW... They didn't want me to

apply--the 'establishment' [I wanted to do something that had never been done before]... we had a big fight and I finally got it from them because they could not deny it legally. And I won election to it. So there is that suppression and the same ones want to stay at the top--for 15 years--so there isn't that cultivation."

Fear of political power "I think it will happen (political power). It's sort of like... you can't help an alcoholic until they hit the bottom--I think that's what's going to happen. When they hit bottom and they're flat on their ass they are going to say 'Jesus, we'd better stop fighting each other and get it together and do these things'... In the meantime... there's isn't enough follow-up."

"There is a certain kind of professional insecurity that is inbred at school for some reason. My dream is to go back to a university somewhere and teach political social work as a part of your education... how to function in a political setting whether it's the Board of Supervisors, the Mayor's office, or anywhere on up in the United States Congress. As professionals, as therapists, ...deal with so many people who are dependent on government decisions, we should be comfortable in dealing with those people who make those decisions and we're not. We seem to shy away from power, from politicians and all that."

"I'm mad at the BBSE (Board of Behavioral Science Examiners) and would like to see us under BMQA (Board of Medical Quality Assurance)... because I don't want a regulatory body telling me what I have to learn and know, or be exposed to in order to keep my license. I do expect a regulatory body to say, 'As a professional you have a responsibility to keep up' [continuing education] but not that they should prescribe it."

6. How will these goals be accomplished?

The first idea, which receives nine votes, is that these goals will be accomplished through organizational efforts, whether through NASW, SCSW, CICSW, or people simply grouping together for particular reasons or to accomplish a particular goal. The second is through legal and legislative activities, including the willingness to pay, development of political savvy and astuteness, and the development of power. This received six votes. Leadership was the third means and received five votes. The fourth was referred to as "action", that is the development of the five-year plan, meeting and talking with the various arms of social work to bring social work together. This would include Council on Social Work Education, accreditation committees, Society for Clinical Social Work and NASW. The

next two received three votes each, that is, publicizing social work competency and a feeling of not knowing how to accomplish these goals. The development of the theory of clinical social work practice, integrating psychosocial issues and education and training, each received two votes. Understanding history and social work roots and the elimination of narrow mindedness and tunnel vision each received one vote.

Subjects' Responses

"I wish I knew." "With the right leadership." "I'm not really interested, just fascinated." "We need an Einstein to pull it all together." "If enough people appear who are motivated to pursue goals they'll be accomplished."

"If we want people who believe as we do to get into (political) office, we have got to do something about getting them there... as influence, as power, we need money and an informed electorate."

"Through organizational efforts because they begin to transcend what an individual by themselves can do... tied in with the degree to which leadership in the professional organizations, particularly the clinical societies, have vision and can see themselves moving."

"The thing that makes it happen is that we pay off--that we are competent, that we do manifest our

competence... we have confidence... we must make a common perspective rather than individual... Sure I can be terrific, you can be terrific. Some of our colleagues can be terrific. Our clients and patients know we are terrific--but that doesn't make 'the clinical social worker' terrific."

7. What do you believe would contribute to the advancement and growth of the profession?
--What would contribute to the enhanced status of the profession?

First on the list with 16 votes is legislative and political activity producing an informed electorate and the capacity for enlightened self-interest. Second with 14 votes, is the development of the capacity to plan ahead to expand areas of practice, to develop experts, to develop a "think tank" to deal with global social work issues, and the development of public relations. The third with 12 votes, is an increase in professional competence, upgrading continuing education and training. The fourth item is to support clinical social work from within, to see it as a valid profession. The fifth is "new blood", recruitment, "right leadership". The following two each received six votes: the acquisition of power and the unification of

social work and clinical social work with a common perspective. Each of the following received four votes: The removal of the doctor referral in vendorship, a psychosocial integration of the field, and entering multidisciplinary areas. The following two received three votes: to use social work as a resource for social workers and to license everyone at a generic level and have board specialties. The following received two votes: writing, publishing and researching, and developing a uniform method of standards and licensing at the national level. The remainder received one vote each: The development of a comprehensive examination at the end of the MSW; an increase in income; a cessation of in-fighting and hostility; a relearning of history; and a reduction of the number of social workers in the field. Finally, there is a suggestion of changing the educational system with the BSW as the entry degree, followed by a three-year program leading to a Ph.D.

Subjects' Responses

"It's foolishness to sit and worry about enhanced status within the profession for the general society and not recognize that there are going to be some limits in that unless the profession decides, which I don't think it will be allowed to decide, that we no longer want to treat

unfortunate people." "We enjoy a great deal of status... a rather thin disguise for their wanting to be disidentified with poor people." "Whatever we do should always advance the status of the profession." "We can't afford to give away the store."

"Those of us who do clinical work... I would not say social work as a whole, but I would say even more boldly, we have to relate ourselves to society. And we're on the side of the angels then... you know, conceptualizing social problems and applying our thinking to them. We've gotten confused, in the clinical group, with assuming that if we think that we have to relate ourselves to social problems we should be 'doing' something about them. Well, we've passed the days when we were meeting boats and meeting trains... we're not there anymore. We need to think about the impact of these rapid changes in our society; the impact of these changes on development, on personality development, the impact of these changes on the way we work in organizations... We need to think about power, how to use it."

"...dealing with issues that relate to other social workers (including clinicians) in a more global sort of overarching philosophy that can be tied to the public good, that can be tied to theorizing about social problems, that can be tied to what it is that we as clinicians can do

about them. I use this in the sense of think about them, conceptualize about them--actual doing, maybe yes, but thinking and conceptualizing first."

"For every article that is selected in the Journal of Clinical Social Work there ought to be an article that deals with these overarching issues. That's what I think would advance us. But I don't think it's going to happen."

"We ought to carefully and planfully, but surely, include ourselves into related fields at the academic level in other departments (universities and colleges) and at the post-doctoral level in terms of professional associations."

"We've got to feel secure about ourselves first, as professionals. And I think the schools have to do a better job of that and I think the professional organization has to do a better job of that after we get out of school. [They have to] make us feel better about ourselves... just start believing first themselves and then telling others 'Hey, we're as good as anybody else'..."

"We have to get greater cohesiveness within the field or else we're going to have to swim out."

Fear of political power and internecine warfare

"'Hey, I don't want to hear that crap. I've got too many important things--you guys can go sit there and fight each other and meanwhile Rome is burning'. And when they finally get burned so bad that they give it up, then we'll

be ready to do something and there will be some of us who can help them do it."

"There is another way I would try to integrate concerns about excellent practice with political activity and that is to portray role models that can do both."

"I think that it is in all best interests not to continue to turn out the number of social workers that we have over the years--and schools do have to survive--but the profession as a whole... no group of faculty is going to sit down and cut their own throats and say we have to cut our program in half because the jobs aren't in existence,... but it would be nice if we moved away from certain kinds of self-interest. You don't need the numbers of people we are training... [Then] worry about are you abrogating the field to another professional group?"

"All I'd like to see is some enlightened self interest and some recognition that we understand what the forces beyond our profession are and be somewhat more responsive to them."

"...we're never going to be a profession with enormous status. That is not how the profession got born and there will always be some ambivalence about social workers... We are a profession that the society set up to take care of the unfortunate people and society is very

ambivalent about its unfortunate folks. It would really like to sweep them under the rug and so long as this profession remains associated with disadvantaged folks, we are not going to win the highest professional levels... we need to watch out for our throats not being slit while we're delivering services."

8. Which of the following will affect the future of clinical social work:

Neutral ----- Significantly

- a) funding from the public sector
- b) accountability of social workers
- c) clinical social workers' admission privileges to hospitals
- d) deletion of physician referral for third party payment
- e) workers' compensation inclusion
- f) Sunset legislation
- g) competition with psychologists, psychiatrists for the psychotherapy consumer
- h) specialization of practice by areas of expertise
- i) specialization by type of practice (e.g., public agency, private, etc.)

- j) recession
- k) advanced licensure for clinical
social workers
- a) Funding from public sector:
15 - S 1 - N
- b) Accountability
13 - S 3 - N
- c) Admission Privileges
14 - S 2 - N
- d) Physician referral
16 - S 0 - N
- e) Workers Compensation inclusion
14 - S 2 - N
- f) Sunset legislation
15 - S 1 - N
- g) Competition for consumers
15 - S 1 - N
- h) Specialization by area of expertise
9 - S 7 - N
- i) Specialization by type of practice
7 - S 9 - N
- j) Recession
13 - S 3 - N
- k) Advanced license
5 - S 11 - N

Subjects' Responses

Comments for number 8 include, under item d), deletion of the physician referral for third party payment. This was the only item that received a unanimous vote. The comments are as follows: "I find that antagonistic to my very core--my professional autonomy." "Anything that releases us from dependency." It would be "recognition we are independent profession". It was felt to be necessary "psychologically, absolutely". "Oh, yeah, that's got to go."

9. Do you believe that a further advanced degree, beyond the M.S.W. will become desirable and/or required?

This was an almost unanimous vote with 15 respondents agreeing it is desirable and one indicating it's preferable but not necessarily desirable.

Subjects' Responses

"We need it." "Instant respectability." "I think we created an artificial need for the advanced degree because of university politics."

"The minimum (LCSW, Ph.D.) is to buy legal credence in the structure. It is to be competitive. ...It means the

person who stays at the MSW does, in fact, handicap themselves because they can't be accepted as equals [with other Ph.D.'s and M.D.'s]."

"I mean either you are licensed to do it or you are not licensed to do it."

"I think we have to move towards a doctoral level... in order to have the clinical skills and the body of knowledge that our professionals carry into the marketplace wherever they go, in order to achieve legitimacy with all the other doctors out there. Otherwise I don't think we're going to be able to compete and we're being washed by the MFC's."

"I think the master's level is too short a time to provide training... and the post-master's programs that used to be available to young graduates in agencies and clinics has not been available for a long time... we have to move towards the doctoral level. We provide it within the context of the training because we know it's not going to happen once they get out there."

10. Who do you see as the leaders of Social Work in the future?

Four votes went to the belief that "I don't think we're going to have any". Ten votes went to "I don't

know", and two votes went to a belief that Ph.D. programs will produce leaders.

Subjects' Responses

The respondents gave the following definitions as representative of their view of leadership:

"Thoughtful, reflective, committed to the profession, able to say things in a way that people will listen and hear, interested in more than the tiniest narrow dimensions of what our profession is about, helpful in the teaching, be it formal or informal, new entrants into the profession, autonomous in one's thinking--that is to say to be able to sort out why you do what you do for which reason."

"People who literally get themselves into a position where they have an opportunity to make policy for aspects of the profession. People whose personality or force of ideas or expertise puts them in demand so when you think of social workers you think of those people."

"Someone who is able to articulate clearly the needs, the goals, the direction in a way others will listen to... I think it takes a certain amount of Chutzpah, and courage, and willingness to get mud on your face, and willingness to work. Its neat if a little charisma is thrown in. Some folks have it and some folks don't. It isn't essential; good, but it's not essential. Leadership

is work--a willingness to work, put your ass on the line--And sometimes to lose friends."

Leaders of organizations "by virtue of being active" ... 'and that kind of more formally announced and formally elected leadership looks as though it might be more representative of what the profession is considering as leadership people'."

"I don't think we're going to have any leaders in the future. I think we are a dying breed. I think it is unfortunate and sad; our value system is what the world needs." "I don't think we are producing the kind of leaders that we've had and I don't see us producing the leaders that the new times will demand." "Now I hope history proves me wrong about this but I don't see where they're coming from." "The people who are beyond the mold are simply not acknowledged." "The reason I think we won't produce leaders of the future has to do first with our graduate schools." Educational systems "have an absolute blind spot around helping people to take their leadership role", because of this, "how are we going to get leaders in the profession. They aren't going to come up out of the ground. So I don't think there's any future for us". "I don't think schools develop that kind of confidence in people." "God only knows." "...I'm sure we're not going to have grand leaders as we've had in the past." "If

nobody does it (develop leadership) it's not going to happen." "I wish I knew, we struggle over that." "What kind of leadership, for what?" "We better be sure we have the right people." "...We must have leaders who understand clinical social work." "Im not sure... I really don't know... none that I really know of." "It would be wonderful if there was some effort made to identify young people who could be helped to take on more and more leadership." "God knows who the devil is a leader." "I think people at the doctoral level will provide a lot of leadership... because they will write." "Well, that's a problem." "...The old ones are fading out and no new ones are coming in." "The society (SCSW) seems quite successful, whatever the processes are, of bringing in younger people and getting them involved." The same opinion was accorded NASW. "I think those people who are preparing themselves by further learning are going to be the ones to create the future." "... You'll have to think of what it is you want to do and dream up some ways of doing it like we did." "It's something that just some of us have and some of us don't." "I don't see real brightness." "Leaders are developed from leaders." "Disappointed." "We are losing good leaders." "No juice, no real leadership."

Additionally, the subjects added:

"That some effort should be made to find younger people with the capacity for leadership is terribly important to a profession, otherwise it develops arteriosclerosis and we may have been doing that."

"When we talked, it never occurred to me to name myself as a leader. I didn't even realize it until two or three days later. And if I had thought of it, I don't know that I would have named myself as a leader anyway. I'm more apt to do it outside of social work. It's like your own family. If your own family doesn't know that you're a leader, why should you tell them that you're a leader."

"We simply don't recognize our leaders and that they may be doing something that is not in the 'books'. They may be functioning in a way that none of us even understands but we would learn something from doing that [observing leaders]."

"...our value system is what the world needs. It is, at its best, what the country needs. Our emphasis is on the preciousness of the individual."

"...You shouldn't have asked me that because I just get so upset thinking about it."

"A school like the ICSW, with all of the energy, all of the resources, all of the money, all of the time spent in planning the program, did not plan a curriculum that would include the production of leaders in our profession."

"The kind of leadership that I'm interested in our field developing are people with ideas. Idea people who have that kind of curiosity, inquiring mind, questioning, forever dissatisfied with what has been, capable of imagining something better. And perhaps out of their enthusiasm hauling other people along with them.

"There are lots of the young people who I feel quite confident who will pick up the reins when we have to drop them or relinquish them in some part... we oldtimers had a kind of advantage... Solidly grounded psychodynamically... in a way that was not possible for the younger ones."

Laughter, "I don't see any leaders in the future. I don't see any. Who do you see? It's not fair for me to say I don't see any... maybe it is (fair). Here I am, I'm a social worker... And I don't know any social work leaders. I know medical leaders. I know psychology leaders..."

"I don't think the professional organizations are developing them, or at least they're not doing it where I see them. Maybe they're doing it somewhere else."

11. What role do you see the autonomous practitioner playing in the future development of clinical social work?

There were six votes for the belief that the autonomous practitioner must be part of the larger social work organization and political system. This was followed with a definition of the autonomous practitioner as the future "voice" of clinical social work and the one who would continue to professionalize the field through writing, researching and training. The third was that the autonomous practitioner is a part of the problem due to his or her isolation. This received three votes. And lastly, with two votes, the role of the autonomous practitioner depends on leadership and open mindedness.

Subjects' Responses

"Professional autonomy... goes with the person of the professional and I take it with me... if I worked in an agency I will still be an autonomous practitioner because I am autonomous... a sense of yourself, the ability to listen to others, to take in information and then to make a decision on how you will unfold that information."

"I think clinical social work as a separate entity is supported by its autonomous practitioners... it's

identified with the autonomous practitioner [private practitioner]. Clinical social workers, safe in agencies don't really have a lot of investment... Without a body of private practitioners, clinical social work would rapidly shrink back into the body of general social work."

"They should belong to an organization that fosters the growth, in terms of public awareness as well as practice issues, knowledge. They should contribute politically in those other areas (e.g., testifying and submitting programs to subcommittees in mental health). I think the autonomous practitioner has to for their own enlightened self-interest, should belong, has to belong to an organization like the SCSW or NASW, even though it's a mess, so that when the day comes--so that we can influence --so that we can structure it. But too many social workers throw up their hands and just walk away and do their own little thing. And what they are really doing is signing their death warrant, long term, to their own profession because it ain't gonna save them. They're going to get wiped out, get passed by--the same way they did by the MFC's. So they must become organizationally active and through the organization, politically active."

SUMMARY OF FINDINGS

The following is a summary of the interview findings as they answer the central research questions.

Central Research Questions:

I What do leaders of California social work see as the significant past events in the development of clinical social work in the state?

This question was answered by questions 1A, 1B and 2.

1A. The subjects in this study emphasized several past events as significant in the development of social work. These included: the charity organization movement, identification of early social work pioneers, the withdrawal of economic support for social services, educational achievements (professionalization) in the field and the development of psychoanalysis.

1B. As regards the events which the subjects believed significantly affected California social work development, the LCSW was a unanimous choice. In addition, frequently mentioned events were the development of the Society for Clinical Social Work, the California Institute for Clinical Social Work, the BSW, and vendorship.

2. Most often, the subjects in the study viewed the development of a conceptualized psychosocial theory of practice as social work's "mission" (including clinical social work's "mission"). Helping the disadvantaged and assisting in the survival of the profession were also seen as "missions". Others felt the profession's "mission" had been lost sight of.

Central research question 2 is answered by questions 3-8.

II According to these leaders what current events are shaping clinical social work?

3. The subjects were in unanimous agreement regarding the relationship between clinical social work and social work as a whole: a deep division exists. A theme underlying their responses indicated that they believe the division is somewhat hostile, though perhaps necessary to foster growth.

4. The goals of California clinical social work most often identified by the subjects were: development of autonomy (including clear knowledge and the demonstration of this), production of quality practitioners, development of political self-interest (including consumer protection), the development of and education about power. In addition,

frequently mentioned goals were expanding the horizons of clinical social work, promoting better education, using political advocacy more wisely, building a theory of clinical social work practice and upgrading admissions to graduate schools.

5. The most frequent obstacles to the achievement of these goals are resistance to change and lack of scholarliness, according to these subjects. Further obstacles identified included: the practice/research split, "in-fighting", fear of power, and lack of leaders.

6. The subjects answered the query, how will these goals be accomplished, by focusing on: organizational efforts, legislative activities, and leadership.

7. With regard to what would contribute to the advancement and growth (including enhanced status) of the profession, the subjects all pointed to political activity. Also frequently mentioned were the expansion of practice areas (including development of experts), an increase in professional competence, support for clinical social work from within, "new blood", acquisition of power and unification of the profession.

8. "Which of the following will affect the future of clinical social work?"

Subjects responses were as follows, including whether they saw a particular item as significant in its

effect or neutral:

Item	Responses	
	<u>Significant</u>	<u>Neutral</u>
a. Public funding	15	1
b. S.W. accountability	13	3
c. C.S.W. hospital admission privileges	14	2
d. No physician referral for vendorship	16	0
e. Workers' compensation inclusion	14	2
f. Sunset legislation	15	1
g. Competition with psychologists, psychiatrists	15	1
h. Specialization of practice by expertise	9	7
i. Specialization of practice by type	7	9
j. Recession	13	3
k. Advanced licensure for CSW's	5	11

Central research question 3:

III What do these leaders of California social work see
is the future of clinical social work during the
next two decades?

This question is answered by questions 8-11.

8. As above.

9. All but one of the subjects agreed that an advanced degree, beyond the M.S.W. would be desirable.

10. Responses to the question, Who do you see as the leaders of social work in the future? were most often "I don't know", and "I don't think we're going to have any".

11. As to the autonomous practitioner's role in the future development of clinical social work, the subjects most often expressed belief that this practitioner must be part of larger social work system and will be the future "voice" of clinical social work.

DISCUSSION

As the reader will have discovered by now, the subjects in this study identify a number of concerns regarding social work, whether specifically clinical or generic, current and future. What is of particular importance to this study is the state of clinical social work in California. Social work is a field with a history which spans many generations, many centuries. If the mission of social work is to help others in need, then social work is as old as mankind itself. The techniques and skills employed by social workers are considerably newer. Social casework, the systematic organized approach to human problems is not even one hundred years old. Newer still is "clinical social work" which has not yet had its twentieth birthday.

Clinical social work, a newer conception of earlier established casework methodology has developed with a large psychotherapy and private practice component, though not limited to this alone. As this study shows, there are overlapping concerns affecting both clinical and generic social work. Some of these concerns are as follows: educational opportunities at graduate and post-graduate levels; professional employment opportunities, including

expansion of social work practice areas; and, social work organizational development at local and national levels. These areas of concern are aimed generally at upgrading levels of competency and practice, and therefore the survival of the field. The socio-political climate, whether the present political administration, economic stresses, or nuclear threats were primarily implied as concerns rather than specifically stated.

Clinical social work issues have been identified in this study as: the need to develop a specific, clinical (social work) psychosocial theory of practice; the need to produce quality practitioners; and, the need to strengthen both the autonomous and cooperative positions of clinical social work in the mental health field.

There have been many achievements in California clinical social work. The most notable achievement, unanimously acclaimed in the study, is the empowerment of social work through licensing, known as the LCSW. Following closely are the establishment of the Society for Clinical Social Work and the California Institute for Clinical Social Work.

The subjects' responses illuminated two of the components upon which a profession is founded: leadership and power. It is these two elements which are primarily

the subject of this discussion. The subjects indicated that leaders in the field have neglected to provide a clearly defined method of encouraging leadership within the profession. They also stated strongly that there is inadequate understanding of and education in power and its uses in the socio-political environment, as it affects clinical social work. In addition, the study's subjects highlighted a discomfort which appears to be noteworthy in the field as a whole: the discomfort around power.

Basic to this study is the assumption that the state of clinical social work in California can be ascertained by interviewing the identified leaders in the field. Given the previously noted lack of consensus as to who the social work leaders are, can we reasonably impose on this group the burden of determining the future of the profession? Can we further hold them responsible for the development of future leaders? We in the profession may indeed have a tendency to look to these, and other, "identified" leaders as having the power of clairvoyance, hoping that with the title of "leaders" they are influencing events.

Webster's Third New International Dictionary defines leader as: "a person who by force of example, talents, or qualities of leadership plays a directing role, wields

a commanding influence or has a following in any sphere of activity or thought". Can it be that in its search for leadership, the profession has been forced to designate "leaders" and then hope they live up to the definition? Social work "leaders", like any other group of leaders, may be influential for several different reasons: visibility, academic prominence, longevity in the field, publication, personal charisma to name a few. The study's leaders certainly illustrate these achievements, although their own self-image as leaders is guarded. These leaders may or may not be typical of all social work leaders, but they represent the entire range of professional roles and experiences in social work.

The word power comes from the medieval French word "poer", "poeir", meaning "to be able". It means a position of ascendancy, the ability to compel obedience, control and dominion. (Webster's) One of the most striking findings to this writer was that only several of the people interviewed had any sense of power for themselves or for their fellow "leaders".

While acknowledging their contributions to the advancement of the profession and their use of personal influence and power, the subjects also expressed these feelings about themselves and other social work leaders: despair, futility, competitiveness, helplessness,

bitterness. They appeared overwhelmed by the tasks of clinical social work in the present and future. The reader is reminded of the phrase previously noted, "it would take an Einstein to" make social work a coherent contained organism.

The subjects' responses indicate that these "leaders" have at least some ambivalence about their role. In such a relatively young profession, so newly organized, the "leaders" may be in the same position as a teenager who is suddenly in charge of the family of younger siblings. Is it not perhaps too much to expect well developed, assertive leadership is one so young? Has the history of social work leadership in California been by design, by choice, by deliberate action? Or have individuals entered "leadership" positions by default, or to fill an existing need, yet remaining virtually unknown to the vast majority?

Apparently, it is and has been against the ethic of the field that power be valued and taught to new students. The leaders here consensually agreed that power is a dirty word in social work, that social workers are afraid of it. Their responses illuminate a contradiction or at least a deception that is being practiced by maintaining this fiction. Each leader in the field does have a particular sphere of influence, power. On close examination of these individuals and their roles, whether academic, agency,

institute or organization, one finds that power is in existence. The expressed notion that power is somehow anti-social work is detrimental to the future of the profession. The use and understanding of power is a function of maturity, just as the acceptance of power is necessary to the profession's life. Is social work floundering then due to its denial of power for its own interest and for the interests of clients?

Rarely does one find suggestions, actual recommendations for sharing power, developing power. Rarely does one find that the leaders have scrutinized the younger population in order to groom future candidates for leadership positions. Even if one cannot predict the future, one can assume a future exists and therefore plan for it.

One must see this comment--that power is anti-social work--which is made with great regularity as one of those mindless statements handed down from generation to generation but entirely false. Not only false but crippling to the future and development of social work and its members. How can leaders in a field develop a skill and strength in themselves or others which is felt to be antithetical to the philosophy of the field?

This borders close to another statement made several times in the interview situation. That is the statement

"this is off the record". Should anything be off the record with leaders of this or any group? It would seem true leadership keeps the body politic informed of everything: the good, the bad, the indifferent. It educates not by prejudicing the truth but by laying it out, by giving argument for whatever proposition exists within the field, and by using its (leadership) greatness of vision and sensibility to elevate the mind and hearts of its members.

Churchill, in a speech that is frequently quoted, states that in England's darkest hour during the war, her people would fight everywhere--on the beaches, in the hills, in the valleys, in the streets--they would fight house by house, they would never give up. There is the feeling that this kind of energy can only be aroused in wartime. This is not accurate. It is equally true that one must have this kind of energy in that constant insidious war that occurs in peacetime. If the leaders say that there is an incredible amount of "in-fighting" going on, if everyone hates everyone's success, then one ought to consider the fact that there are profound forces at work in all individuals which come more noticeably into existence in the event of such phenomena, i.e., success.

Perhaps one needs to pay attention to the unconscious dynamic forces that may be operating in all

people and groups--forces such as Freud described--the life and death instincts, the forces of greed, jealousy and envy, along with love and reparation.

This issue may have to be understood by recalling the Tower of Babel myth in which the forces of jealousy, of envy, of hatred, become a substitute for languages and are brought into play when there is an effort at cooperation towards some greater goal, some effort at improvement for greater numbers of people.

No one can escape responsibility wherever he may be in this system. The power issue continues to be most important, and it would seem the most avoided issue by social workers of whatever inclination. How might one understand this?

Perhaps when social work was historically equated with doing God's work, this issue was not as pressing. In the ensuing decades, survival has become far more complicated, and the necessity for the use of power has emerged. For example, in the past, social work approached the rich on behalf of the poor. In that context, the power was the personal influence of the social worker on the rich donor. Since then, the profession's growth has reflected the growth, trials and tribulations of the country. Today the situation is different, different for all agencies.

Today it is the government that has to be approached and many come to this giant trough eager to lap at it, suck at it, bite and chew at it; and essentially he who asks and fights for it, gets it and he who does not, remains hungry. Fighting here means to gain the necessary skills, whether at the county level, the state level or federal level, to deal with the holders of the purse. The "government" is the practical men who have risen to power by virtue of their practical actions and who wish to stay in power by whatever actions may be necessary. The "dole" is given to those who might support them, to those who might threaten them, to those that might advertise them, to those that might elevate them. Where are the social workers that realize the necessity for such political knowledge, for such survival knowledge, along with theoretical knowledge, who have made it their business to be in the power arena? And where are the courses in the graduate curriculum that teach this necessity? Where are the lecturers that come and preach of this new "God" that must be acknowledged? The institutions must examine themselves and their curriculum. If it is not there, one can only say the field of social work, the institutions have lost touch with the "common sense" of survival. If nothing is done in this area, the whole field of social work is in the position of

the child who pays no attention to where his father and mother get the money to pay the rent, buy his food, buy his clothes and insure his physical survival at least.

Recalling that there was no consensus of leadership, no way to think about leadership (i.e., the interviewer was referred to registries and telephone books), one must wonder about the individuals themselves in this field. If the social worker wishes to pay no attention to the survival of his or her group in social work, whether clinical or agency, community or administration, that person can no more help the needy, the rich, the emotionally disturbed, than can a child help his parents. One learns that the faculty of giving meaningful help depends precisely upon the maturity of the giver, on the self-sufficiency of the giver, on his ability to survive in the world, and to meet and deal with those forces that endanger his survival. It is this experience coupled with the technical knowledge that lends conviction to the experience he gives his charges. Anything less puts all of social work in jeopardy and is the surest means of demise.

If there is none of the above in evidence, if no one questions the future and the place for the oncoming generations in the field, if no one cares about the politics of life, then it should be known. Everyone in

this field should know where he and his leaders stand and on what they are standing. This confrontation seems a function of true leadership.

As the literature demonstrates, some of the pioneers seemed to have insight and awareness regarding the nature of the human being, regarding the nature of the field, and the nature of change. The evidence suggests that these original awarenesses were lost by the field, that they never really spread to the social work student, to the rank and file. Both in the literature and in the subjects' responses this was demonstrated time and time again as an inability to make use of history, so that one learns from it rather than repeats it, so that one finds one's place "in time" rather than being inundated and lost in it. If one is not paying attention to these issues, can one be prepared for future advances in skills and techniques in a world which is changing so rapidly?

An astonishing, yet logical and simple conclusion to be reached, once the evidence of this study is available, is that the state of clinical social work in California today is such by no one's planning. For example, the great changes that came over the field came by virtue of external events which militated sweeping changes in the field, e.g., World Wars I and II and the needs of the body politics of

those times; the coming of national legislation: budget cuts eliminating many agency workers and social services; the changing nature of society--its population, its mores, its concept of the family. Having survived so much national trauma, the further two wars since World War II, i.e., the Korean and that tragedy in Vietnam particularly, seems to have brought the youth of America to its knees in their nihilism and widespread drug use. It may be, this last war, with its incubation and efflorescence of the drug culture--alive and well even today--still burrowing in perniciously, may well be seen as a watershed of some kind in 100 years or so. These huge tides are areas over which the masses have no control, over which the leaders of social work, clinical or generic, or leaders in any field in the arts and sciences--have no control. These events determined the future of the field. It might be noted that none of the leaders mentioned these last two wars as influential in determining the course of social work.

If one follows only this line of thought, the simple yet elegant albeit painful conclusion is that a study of this kind or any study which purports to look at or attempts to look at the future of the field is mere fantasy. In fact, it caters to one's omnipotence. To think one is able to chart the course of the future is to

avoid one's helplessness in the fact of great world events. One wonders, did the dinosaur sit down and wonder what we are going to do with the earth in the next one hundred million years?

The conclusion seems to be that although there would appear to be new developments in social work, new areas, that in actuality there may not be new phases developing; there may not be new contributions to the knowledge of mankind. Nevertheless, Social work, whether it is clinical or generic, must examine itself, its ideas of leadership, its foundation, its tenets, its view of the world, so that it may know and be able to tell its younger members what its future directions might be.

In summary, a major goal emerging from this study is to sensitize the members of social work to the issues of power and leadership. The profession needs to develop a sophisticated awareness and knowledge of the uses of power on behalf of the profession itself and on behalf of its clients. In 1985 living and working are far more complex than in times past. There are more demands upon social workers than ever before, mandating them to participate in the planning of the future of their profession, particularly in the scholarly, scientific and practice contributions to the field. It seems clear that both leadership and power

have been neglected and underdeveloped. If the field is to have a future, these components can no longer be "forgotten".

RECOMMENDATIONS

The main recommendation suggested by the study is that of investigating the 'common ground', the roots, the foundation of social work to determine whether this is one field with compatible albeit divergent areas or whether something else has evolved. This seems essential for providing a foundation upon which to build.

Leadership development is critical to the future of any profession. This combined with an understanding of power and political acumen would provide guided and enlightened direction. These areas could be researched and further explored in the service of more carefully defining the needs and beliefs in these areas.

Social work shares its functions as a helping profession with other professions, most notably psychiatry psychology and other counseling specialties. Do these groups experience the same problems around leadership, historical roots, common professional perspectives and "in-fighting"? This would be valuable to examine and research. Perhaps some common threads or factors could be isolated and identified which would allow new directions to develop. If social work is the only field to experience this, then crucial data would be available to expose these

problems and obstacles to social work development.

Since the issue of leadership itself is in question, it may be indicated to replicate this study with other "leaders" in social work. It is not known whether this group of subjects represents all leaders in California social work or whether they are representative of leaders nationally. It is not known whether they reflect the current political times in California and the nation. And it is not known what impact their individual stages in the life cycle has upon their attitudes and responses to the questions in this study.

Lastly, if it is discovered that all the helping professions share these problems, comparative research into organizations, at all levels, including government, might be considered. The ultimate aim would be to distill those common human factors that operate in all groups and in all humans, to bring them into the open, and then have a basis, a foundation for planning and development.

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APPENDIX

Questionnaire

- I. Demographic Information
 1. Sex
 2. Age
 3. Race
 4. Education - when, where
Masters
DSW or Ph.D.
 5. Social Work position currently held. Past positions
and roles - work history
 6. Number of years in field, and in California
 7. Licenses
 8. Certificates
 9. Professional affiliations
Voluntary
Elected positions

This information will be collected at the time of the interview.

Thank you.

Questionnaire

1. What past events have been significant in the development of the social work profession?
 -- What has significantly affected the development of clinical social work specifically in California?
 2. Does social work as a profession currently have a "mission", i.e., service and charitable ethic originally identified with social work?
 -- Does clinical social work have a "mission" today?
 3. What do you see as the relationship between clinical social work and the social work profession as a whole?
 4. What are the goals of clinical social work in California today?
 5. What obstacles exist to the achievement of these goals?
 6. How will these goals be accomplished?
 7. What do you believe would contribute to the advancement and growth of the profession?
 -- What would contribute to the enhanced status of the profession?
 8. Which of the following will affect the future of clinical social work:
 Not at all-----Neutral-----Significantly
- a) funding from the public sector
 - b) accountability of social workers
 - c) clinical social workers' admission privileges to hospitals
 - d) deletion of physician referral for third party payment
 - e) workers' compensation inclusion
 - f) sunset legislation
 - g) competition with psychologists, psychiatrists for the psychotherapy consumer
 - h) specialization of practice by areas of expertise

Questionnaire Continued:

8. i) specialization by type of practice (e.g.,
 public agency, private, etc.)
 j) recession
 k) advanced licensure for clinical social workers
9. Do you believe that a further advanced degree,
 beyond the M.S.W. will become desirable and/or
 required?
10. Who do you see as the leaders of Social Work in
 the future?
11. What role do you see the autonomous practitioner
 playing in the future development of clinical
 social work?

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Dear _____

As a candidate in the Institute for Clinical Social Work, I am currently engaged in research studying the future directions of clinical social work in California.

As you are a leader and expert in our field, I am hoping you may be able to help me.

I will be interviewing 15-30 leaders of social work for this study, and I am compiling a list from which to draw this sample.

Within the next _____, I will be calling you in hopes that you will contribute to the list by giving me 15-30 names of people you consider to be social work leaders.

Thank you very much in advance for your assistance.

Sincerely yours,

Lorraine Gorlick, MSW, LCSW, ACSW

LG/jjb

LORRAINE A. GORLICK

Ph. D.

1985