

THE CALIFORNIA INSTITUTE
FOR CLINICAL SOCIAL WORK:
CONCEPTION, BIRTH, AND EARLY DEVELOPMENT

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The California Institute for Clinical Social Work, founded by clinicians, for clinicians, was created in October, 1974 as a legal entity separate from the California Society for Clinical Social Work, with tax-exempt status. For some years there had been a burgeoning demand for post-Master's education and training, a dissatisfaction with the limitations of many disparate courses, and a wish for an integrated sequence leading to a certificate or degree. There was an aspiration to upgrade competence, to place clinical social work on a level with the other mental health professions. The few existing schools admitted but two or three students a year. Candidates for a doctoral degree had to be "in residence," which usually meant moving away from their homes and sometimes their families. Enormous expense was entailed, not just for tuition and room and board, but involving the loss of practice income as well. Moreover, every student was put through more or less the same mill, and in the same period of time, regardless of years of experience or courses of study since the Master's degree. Curricula were not sufficiently exciting for advanced people, and statistical dissertations were often not suitable for clinicians.

In January of 1975, the Board of Trustees of the Institute began to meet intensively and extensively to hammer out philosophy and directions for a school which would offer a doctorate in clinical social work. The Trustees then consisted of Jean Sanville, Konrad Fischer, Bob Dean, Helen Gruenberg, Harvey Gabler, Beatrice Sommers, and Jannette Alexander. In March of that year, Carl Shafer was invited as a consultant, and later also made a Trustee. When Konrad Fischer had to suspend participation because of a conflict of interest with his responsibilities on the Board of Behavioral Science Examiners, Gareth Hill and Mary Aherne were added, so that the Trustees now number nine. In the immediate future, community representatives are to be appointed.

The Trustees met over many months, generally using the conference facilities at Asilomar for weekend get-togethers in which many issues were "brainstormed." One of the first was whether to educate for clinical social work or for a sort of "fifth profession." We came up with a preference for retaining that which is rich in our own cultural heritage while adding new dimensions, incorporating both expanding knowledge

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and new clinical skills. We dealt with our ambivalences regarding the title, "Doctor," noting the temptation of many to seek the easy status that can bestow. We were aware of advantages in our not having relied in the past on that prestigious appellation to give us "authority." Above all, we did not want this advanced degree to connote in any sense a finished product, but rather to designate a clinician seriously bent on ongoing professional growth, a "skilled learner." Debating whether it should be a clinical doctorate or Ph.D., we deferred that decision, pending further research on the implications of one or the other. We began to define the excellence to which we aspired, and to spell out both the practicum and curriculum necessary. We considered and then rejected affiliation with other academic institutions, believing that, for now at least, we needed the freedom to determine for ourselves what sort of educational program would be most suitable for our unique purposes and circumstances. Because of the shortage of good clinical programs at the M.S.W. level, we considered offering the whole sequence from the Bachelor's degree to the doctorate. We decided against that for several reasons. It would be a more ambitious undertaking and it would be some time before we could accumulate the necessary resources. The field was currently overcrowded, with a shortage of jobs for new professionals. The greatest need seemed to be to improve the quality of existing practice and to produce a cadre of advanced clinicians who would then be available for the training of others.

It was clear that we must evolve an alternative model of graduate professional education. It had to be a noncampus program, a school-without-walls, if it was to serve clinical social workers throughout the huge state of California. It had to be highly individualized if it was to meet the needs of students of diverse ages, experiences, and interests. It had to emphasize self-directed study, while maintaining the highest standards of scholarship and professional excellence. It had to find ways to permit candidates to continue in and to learn from their existing practices, and to integrate such learning with curriculum content.

Realizing the need for a new kind of faculty interested in alternative modes of education, we hammered out the qualities which we saw as descriptive of the advanced clinician, qualities we hoped to generate in students. We developed an application form which was then tried out on a group of Fellows in the Society for Clinical Social Work. These are Society members with a minimum of five years' experience post-M.S.W., that is, they are licensed and have three years in addition to the two which are required for that. By unanimous agreement, we deemed these to be clinicians of the caliber from whom and with whom we would like to study. The criteria included skill in practice combined with ability to communicate concepts, experience in teaching and in

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staff development and consultation, published writings, participation in continuing education, enthusiasm and charisma, leadership and contribution to the field of clinical social work, and personal therapy or analysis. We invited those chosen Fellows to criticize our instrument of selection, and then asked these colleagues to join us as consultants. From then on this extended group met to develop further our philosophy and program.

When we came to consider students, we found that we had the same high standards. We wanted "autodidacts," persons who had demonstrated dedication to their own professional growth. We realized that only secure professionals could take a chance on the Institute in the first few years, for there could be no guarantee that there would even be a doctorate. We knew furthermore that we would be judged by the caliber of our graduates, so we had to be sure that they would be persons of whom we could be proud in our communities. Thus, we issued to all Fellows in the California Society for Clinical Social Work an invitation to apply to participate with us, not yet as students but in a further year of developing the program itself.

The selection process began with a written application and submission of materials substantiating education and experience. Then in both northern and southern California, group meetings of potential candidates were held, in which the Trustees and others who had been participating shared with applicants the developments to date. We professed the opinion that this year of creating the Institute would be in itself a rich educational experience, but there could be no guarantee that any one would get credit toward a doctorate out of his or her time and effort. We invited questions from the applicants, and then broke up into smaller groups to offer opportunity for further questions and explorations. Finally, individual interviews were offered. We aimed at a mutual selection and ruling-out process and were largely successful in this. Out of some 60 applicants, 37 both chose and were selected to continue. Each of these persons has been willing to spend \$1,000 for the privilege of working 10 months to further program development. Their financial contribution will go into a fund necessary to start the accreditation process in motion, for the Society itself has subsequently voted to underwrite the first year of operations of the Institute.

It will be observed that the Institute has drawn upon an ever-expanding base in its planning—from Trustees, to Trustees plus consultants, and now Trustees, consultants, and first-year participants, and that the endeavor has the support of the entire California Society for Clinical Social Work and its 1,000 members, who are constantly kept informed of developments and from whom advice and criticism is received and welcomed. Moreover, we have a dedicated group of D.S.W.'s who are making themselves available as resource persons to us as individuals, to our groups, and to the Institute as a whole.

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We have begun as a forum of scholars, of clinicians learning from and with each other, and for this year, learning about clinical education itself. There are 42 participants, 6 of whom are designated "animateurs." These latter are not teachers, but have the job of seeing that each colloquium gets organized to get its task done. These animateurs are clinical social workers expert in group process, aware of the developmental stages of groups, with skills in supporting a group in its unfolding and its achieving of goals. Their function is to enliven and impart zest to participants, to provoke by cogent and stimulating questions. For this first year, these animateurs have not been paid.

For now, we have constituted ourselves a study and research unit in advanced clinical social work education. We have sought to answer questions in three areas: What should we be trying to do? How should we go about doing it? And how shall we know that we have done it?

The initial program, from September 1976 to June 1977, is organized into six colloquia, meeting in convocation at Mills College four times a year, for three-day weekends, and holding whatever meetings are deemed necessary between convocations. Moreover, each individual participant is taking responsibility for an assigned piece of the task of his colloquium. This is considered by us as an experiment with the form which the Institute might take in the future.

The first colloquium, led by Bea Sommers, has had the task of developing a model for the structure and operation of the Institute. The second, led by Chester Villaba, is spelling out the scope of the required practicum, and defining and describing the advanced practitioner. The third, led by Gareth Hill, is concerned with the evaluation processes throughout the student's learning, and is developing guidelines for final Projects Demonstrating Excellence, for alternatives to the usual doctoral dissertations. The fourth and fifth colloquia, led respectively by Mary Ahern and Samoan Barish, are addressing the task of developing curriculum content and ways of offering it. Finally, colloquium six is composed of the animateurs, who will oversee it all, and coordinate the efforts of the other five colloquia.

Timetables indicating the accomplishments expected of each colloquium were drawn up in advance. The first meeting was a kind of get-acquainted session, in which people could digest the task, and in which both the groups and the individuals could take on assignments. In each colloquium a sort of educational diagnosis took place, via a sharing of professional life histories. Everyone had sought out further education and experience following the Master's degree, with some satisfactions and some frustrations. The felt needs seemed to be primarily for more knowledge, for a sounder theoretical base. It was affirmed that there is value in what is spontaneously reached for, and a danger in over-structure, lest it constrict the sense of choice. Also, however, there was an awareness that utter freedom presents its prob-

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lems too lest there be inadequate standards. Each of the groups struggled with some of the issues with which the Trustees and consultants had previously dealt, such as how would our doctorate differ from those in other fields, how would we be changed by being called "Doctor?" Ideally, the answer seemed to be, we will do what we do now, but we will do it better, with more confidence, more satisfaction, more ability to contribute to patients, to fellow professionals, and to the community. As would be expected, there was much initial anxiety in these meetings, but then a creativity was unleashed.

We are still very much in the process of our unfolding, so that whatever is described herein is of necessity somewhat tentative. Nevertheless, it is possible to discern the likely shape of things to come. Here is how it looks as of now.

Students

For at least the next three years the school will continue to admit only candidates who are Fellows or the equivalent, who are currently in clinical practice, and who can demonstrate capacity for taking a high degree of initiative and responsibility for their own learning. Our postulates are that each such student enters with the desire to learn and the capacity to be accountable for his own learning, that he has resources for identifying his own learning needs, the ability to assess available resources to fulfill those, and is able to participate with mentors to determine the content to be mastered. We believe that rapid learning will occur when the subject matter is relevant, when the student in the educational situation is confronted, as he or she will be, with the practical problems of the "real world."

If this year's sample is any indication of the caliber of student to come in the next few years, they will be both mature as persons and seasoned as clinicians. Only 6 of the 42 participants are younger than 38, and 19 are over 48. Only 4 completed schools of social work as recently as 1970, and 20 have had more than 20 years of experience since their M.S.W.'s. Thirty-nine are working independently, 18 in full-time and 21 in part-time private practice. Those in agency practice hold highly responsible positions calling for autonomous judgment. Three currently teach in schools of social work, and 30 have taught in various continuing education programs. Thirteen have published articles or books. It is clear that education of such people can aim high and can pioneer in some new modes of teaching and learning.

Faculty

Core faculty, who will be hired on a one-fourth time basis for the coming academic year, are to be chosen from the participants in this

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year's program. Members from each colloquium have been asked to suggest persons from their group whom they would like to see in faculty positions, the final decisions being up to the Board of Trustees. One-half of the core faculty will serve as animateurs, each heading a colloquium of eight students. They will function by listening more than talking, by questioning rather than answering, by moderating rather than dictating, by stimulating rather than performing. The animateur will describe overall objectives, ask students about their goals, help them to compare program objectives with their individual needs, and enable students to translate their learning needs into specific objectives. The animateur will attend to the amount and quality of individual participation in the group, will note how members influence each other, how group decisions are made, how subgroupings are formed, how feelings and thoughts are expressed. Input from animateurs is an important part of the evaluation process.

The other core faculty will serve as doctoral mentors who will coordinate students' programs from beginning to graduation, participating in the admissions procedure, pulling together evaluations from the various sources throughout the student period, helping students to tailor individualized programs, and coordinating all with the animateurs in whose group students may be working.

In addition to core faculty, there will be adjunct faculty selected from among those who have previously taught in the various continuing education programs previously offered through the Institute. They will be called upon as their particular areas of expertise are needed. A Collegium of Faculty will be chaired by a Dean, at present to be hired for one-half time, and will be composed of the core faculty, plus one representative of the adjunct faculty, and one doctoral consultant. The Dean will attend to educational affairs and will have an administrative assistant. He or she will be directly responsible to the Board of Trustees.

Practicum

As previously mentioned, each student must be in clinical practice and have a caseload with which he can learn. Colloquium two has evolved a description of the advanced practitioner, against which every participant can view his present level of attainment. Several instruments are being devised to measure the level of the student's clinical experience both quantitatively and qualitatively. At the time of the written application, the prospective student will submit a professional life history, detailing and evaluating the clinical social work experience to date and including what he or she views as desirable future goals. The student during the application process will give a case presentation of his own and will participate in a group discussion of a case presented by

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faculty. Assessment tools are being evolved so that student and advisor can determine what further areas of learning in the practicum are necessary to enable the candidate to meet doctoral requirements.

Curriculum

The two colloquia which worked on curriculum followed two different modes to determine the *sine qua non* of curriculum content. Colloquium four derived content from first identifying learning objectives, while colloquium five worked from a case presentation to ferret out what a clinician must know to make those complex judgments necessary in direct service independent practice where there can be no standardization, no formulated technology. In spite of their difference in approach, these two groups emerged with surprising agreement on the contents of a core curriculum and, meeting conjointly, arrived at consensus on the points to be ascribed to its different components. Both groups expressed enthusiasm for a mode of teaching and learning that centers around case material, a "holistic" approach.

The Institute will not actually offer all courses, but, again, will evaluate with each applicant what parts of the required curriculum have been mastered and what parts must yet be learned or integrated. Students may make up deficits through courses or seminars or workshops at colleges or universities or other institutes, or through independent study and reading. To qualify for the doctorate the student will have to demonstrate his grasp of the following knowledge.

I. The Profession of Social Work

A. History

The objective of this study is to gain a knowledge of social work as a profession; the evolution of professional values and ethics should be understood in relation to social work history. A sound professional identity is based in this history. A study of this subject could be divided into two major categories:

1. The development of psychotherapy beginning with its roots in ancient medicine.
2. The development of social work in America.

B. Laws and Ethics

C. Social Responsibility: Leadership Role

The clinical social worker has the ethical responsibility for understanding the operation of present delivery systems and exercising leadership in the community as related to the field of social welfare planning, policy, and legislation. In the area of service delivery systems, the clinical social worker must have basic knowledge and the capacity to evaluate and utilize the systems.

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II. Growth and Development (Normal and Abnormal)

A. Personality Development

The objective in this area of study will be to have an in-depth knowledge of the following areas of personality development:

1. Intrapsychic development (utilizing concept of developmental lines)
 - a. Psychosocial
 - b. Psychosexual
 - c. Ego development
 - d. Development of object relations
 - e. Cognitive development
2. Development as a member of a family (role theory, systems theory, etc.)
3. Development as a member of society (cultures and subcultures)
4. Current research in brain functioning

B. Comparative Personality Theories

The objectives of this aspect of study are to become familiar with the major theories regarding the development of personality. A goal of the study is to gain understanding of the ways the various formulations overlap and complement each other as well as how they differ and disagree. The study would be divided as follows:

1. Psychoanalytic theorists
2. Current psychoanalytic contributions
3. Theories stressing ego psychology and other related concepts
4. Theories emphasizing object relations
5. Other major theories (i.e., humanistic, existential, behavioral, cognitive, and family)

C. Psychopathology

The objectives of the study of psychopathology will be to gain a familiarity with this area from the following three perspectives:

1. Traditional classifications (from neuroses to psychoses)
2. Theories of psychopathology
 - a. Biophysical
 - b. Intrapsychic
 - c. Behavioral
 - d. Phenomenological
3. Cultural perspectives

D. Physical Aspects

The objectives of this area of study will be to have a familiarity with the physical aspects which relate to development from the following points of view:

1. The interrelatedness of psyche and soma

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2. Organic components
3. Traumatic injuries
4. The influence of pharmaceutical agents

III. Practice

A. Theories of Psychotherapy

The object of a study of the psychotherapies is to have an understanding of each of the major systems of psychotherapy in terms of the goals to which these therapies relate and how these therapies facilitate change. The three major systems to be considered are as follows:

1. Psychodynamic model
2. Learning model
3. Growth model

B. Techniques of psychotherapy

The goal of this course of study will be to familiarize the candidate with the most widely used treatment principles, approaches, and techniques of psychotherapy and to foster a thorough exploration of the complex and often subtle aspects of the treatment relationship and of the role of the therapist.

Two main divisions are conceived:

1. Treatment
 - a. Diagnosis
 - b. Treatment plan
 - c. Modalities
 - d. Evaluation
2. Role and attributes of therapists

C. Consultation and Supervision

The goal of this area of study will be to familiarize the candidate with the concepts and issues in consultation and supervision including an ability to demonstrate this understanding both didactically and experientially.

D. Research, Writing, and Teaching

The objective of a study of research would be to have a familiarity with the following four areas:

1. Statistical concepts
2. Methodology
3. Research and experimental design
4. Evaluation

In addition each candidate will pursue independent study in an area of his or her special interest. Participation in colloquia will provide opportunities for simultaneous teaching and learning of the work of the independent study.

All candidates will participate in a group specifically devoted to

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exploring aspects of the therapist's use of self in the treatment relationship.

Evaluation

Colloquium three has attended to the whole issue of evaluation from admission through to qualifying for the degree. We are seeking students who have already a highly developed capacity for self-evaluation. Each applicant would be given a kind of grid or chart indicating the goals as to practicum, curriculum, and the Project Demonstrating Excellence (more of the PDE later). He would rate himself on a point system in each area. A faculty advisor, on the basis of data previously submitted, would have independently rated the prospective student. Then the two together would indicate the work to be completed in each of the three areas.

At some stage early in the program a "contract committee" would be assigned to each student, made up probably of one core faculty, one adjunctive faculty, the animateur of his colloquium, and one other candidate from a different colloquium. If the candidate were doing a PDE in an area outside the expertise of anyone on his contract committee, outside experts could be added.

Evaluation is ongoing, by self, peers, and mentors. Much spontaneous evaluation can be expected to go on in the colloquia, but in addition the student may at any time ask for more formal evaluation using forms which are still being designed. The purposes of the latter are to aid the learner/teacher in rating his or her progress towards stated educational goals, receiving the benefits of concerned observation. The various colloquia have been experimenting with and modifying these forms which were designed by Colloquium three. Additional forms are being contemplated for evaluating animateurs and the groups themselves, so that the Institute too will have continuous feedback.

Research

Although some points may be awarded for previous writings or projects, everyone will be expected to do a Project Demonstrating Excellence, known as the PDE. This could be a research endeavor, or could take the form of a written dissertation on a clinical subject, or perhaps a film or other project. Criteria for judging the PDE include the following:

- (1) It must be rooted in sound theory.
- (2) It must show reasonable expectation of being useful to the individual's development.
- (3) It must be professionally meaningful.

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- (4) The quality of the prospectus must be high.
- (5) The manifest quality of the product must fulfill the prospectus and must include (2) and (3).
- (6) Consideration will be given to the use of theory, to the quality of presentation, to adequate documentation, and to the depth of exploration.

Accreditation

Recognizing that an institution can be accredited only after a minimum period of successful operation, the Education Code of the State of California has a provision known as "A-3" through which innovative, experimental, and alternative schools such as ours can be authorized to grant degrees without having to conform to a traditionally accepted model. There are two requirements for such authorization. The first is that \$50,000 in assets be maintained for educational purposes, and, as previously described, the Institute has made a start toward that amount. Gifts and donations are being received which will, we hope, make up the necessary sum by June of 1977. The second requirement is the filing of a "full disclosure" with the Bureau of School Approvals. This statement must include facts about the following: institutional objectives and methods of reaching them, curriculum, instruction, faculty and its qualifications, administrative personnel, educational records, tuition and fees, scholastic regulations, diplomas or degrees to be granted, graduation requirements, and financial stability.

After being authorized to grant the degree, the next step is to gain "approval" by the state under provision "A-2." To accomplish this the Institute will undergo a formal approval process involving visits by a team appointed by the State Department of Education to ascertain the quality of educational offerings and methods.

The final accrediting body is the Western Association of Schools and Colleges. Preliminary contact with that group has at least not discouraged us. It is not unprecedented that a school-without-walls is accredited, although the written specifications include buildings and parking lots and the like. The requirements for library resources can be met by stable arrangements with existing libraries and proof that these are utilized. It is somewhat problematic that the Institute should offer a doctoral degree without all of the faculty being themselves doctoral persons, but W.A.S.C. does seem willing to consider ours as a sort of "bootstrap operation" akin to that followed by the first schools of social work which granted such degrees. They have indicated that they would look more favorably upon a D.S.W., or a D.C.S.W., than on a Ph.D, which they see as a research and not a practice degree. We ourselves are inclined to favor a practice degree, one which would

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identify the profession of Clinical Social Work to potential consumers of services.

Present State of Affairs

There must be one more Convocation, in May, before things take on—not final shape, for we expect that to be constantly evolving—but at least the form to be tried for the coming academic year. A fact sheet will shortly be sent out to potential applicants describing the program and the procedures for admission. In the fall of 1977 the school will officially open.

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Clinical Social Work Journal
Vol. 5, No. 4, 1977