

**AN ALTERNATIVE MODEL FOR
CURRICULUM BUILDING IN CLINICAL
SOCIAL WORK EDUCATION: THE
CALIFORNIA INSTITUTE FOR
CLINICAL SOCIAL WORK**

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A decade has passed since a paper appeared in the pages of this journal describing a bold new experiment in doctoral education in clinical social work (Sanville, 1977). The California Institute for Clinical Social Work was about to embark upon its first operational year, having set a series of goals for itself:

- To provide a doctoral curriculum that would be of interest to experienced clinicians possessing advanced knowledge and skill.
- To make it possible to complete doctoral study while continuing to maintain a clinical practice.
- To upgrade competence and to place clinical social work on a level with the other mental health professions.
- To discover an alternative to the traditional doctoral dissertation which, drawing upon quantitative methodology, ordinarily does not enhance clinical skills.

The present article is intended as a follow-up report on the Institute as it has passed from "early development" into a robust adulthood. It also represents a challenge to social work education in general. In recent years, there has been a resurgence of interest in clinical practice in traditional schools of social work. Mainstream social work itself has gone through a developmental cycle, in which clinically oriented work was repudiated for a period of time (Briar, 1968, Fischer, 1973) and then, in a reversal of ideology, finally embraced.¹

During the ensuing turmoil, Master's degree training in most mainstream schools of social work has not appropriately provided training for students wishing to specialize in clinical practice. It has become the prevailing wisdom in the field of Master's level social work education that if clinical skills are the focus of training, our social work heritage and the inculcation of "systems" thinking will be sacrificed. At the doctoral level, traditional social work educators have attempted to achieve academic credibility by duplicating the positivistic research approach of the hard sciences, although this orientation is inconsistent with the general systems world view which is supposed to permeate social work curriculum building. Certainly a positivistic research approach does little to foster clinical acumen.

Thus in traditional schools of social work, Master's level "generic" learning has all but replaced the clinical curriculum (Pincus & Minahan, 1973; Garvin & Seabury, 1984). Most mainstream doctoral programs are geared to train theoreticians and researchers. More than ever, the California Institute for Clinical Social Work fills a void. More than ever, having reached maturity, the Institute is prepared to share its rich experience with curriculum builders in other schools as the renewed interest in clinical practice dictates sweeping changes in mainstream social work education.

The faculty of the California Institute for Clinical Social Work have adopted a philosophy of doctoral education that by now has withstood the test of time. That philosophy has been translated into pedagogic principles which are consonant with a systems-oriented world view and which flow from a strong identification with the heritage of the field of social work. This educational philosophy offers ideas which can be translated directly into the mainstream doctoral curriculum and which could be adapted readily by curriculum builders in Master's degree programs.

The educational principles which flow from the Institute's philosophy have been submitted twice to challenges which were unanticipated when the Institute was founded. In the early years of the Institute, all of its candidates were highly skilled clinicians with long experience in the field. More recently, the student body has become highly diversified, drawing from the ranks of experienced clinicians and from among younger social workers who have had to augment their mainstream "generic" social work training with disparate supervisory and course experiences after receiving the Master's degree. Because of the entry of the latter group into the Institute, it has become necessary to initiate a supervisory requirement for all first-year candidates in order to ensure that the Institute's goal of excellence in practice is realized by all of its graduates.

At the opposite end of the spectrum, there have been still other de-

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velopments in the Institute. The California Postsecondary Education Division approved the granting of the Ph.D. degree by the Institute in 1981. Since then, dissertation study has become more rigorous in order to remain in compliance both with State requirements and with the prevailing standards of the community of scholars.

Thus the California Institute for Clinical Social Work has had to meet a dual challenge. The Institute has had to find a means of providing a level of clinical supervision that in some instances might more properly have been offered in the Master's program. At the same time, the Institute has had to seek a way of enabling the candidate to undertake learning leading to research that is both meaningful to the clinician and sufficiently rigorous to meet appropriate standards for the Ph.D. degree. That these efforts have been largely successful attests to the tensile strength of the Institute's undergirding principles.

EDUCATIONAL PHILOSOPHY

The educational philosophy of the California Institute for Clinical Social Work is best understood within the context of its institutional philosophy.

Institutional Philosophy

The institutional philosophy governing the delivery of education at the California Institute for Clinical Social Work is based on two main precepts. Both of these precepts flow from the facts that every student in the Institute has a Master's degree in social work and that every student is already State-licensed to practice as a clinician. These two precepts are:

- Advanced training in psychotherapy must flow from the clinical practice of each individual learner. The basic objective of the clinician's education is the development of the learner as a therapeutic instrument. All aspects of the educational process and every field of study should in some way contribute to this objective (Fleming & Benedek, 1966). Thus research learning, as one example, must be consonant with the view that psychotherapy is the potential source of new and unexpected observation, that it is a Hermeneutic discipline which has as its aim the derivation of the meaning of experience (Ricoeur, 1970).
- When the psychotherapist-student is a social worker, the world view, the values, and the heritage of the profession of social work must be integrated with the study of the theories of therapy and with the learning which refines practice.

Characteristics and Advantages of Practice-Based Instruction

Practice-based instruction is characterized by the direct involvement of the learner in selecting and applying bodies of theory appropriate for practice. The clinical process is unique and specific to each therapeutic encounter. Knowledge of theory and technique cannot be proffered as a Procrustean bed suitable for every therapist in every clinical situation. Exhaustive knowledge of theory cannot in itself refine practice. No one body of theory is appropriate in every case.

At the California Institute for Clinical Social Work, each student maintains a clinical practice and each student uses questions raised by that practice to tailor an individual program of learning to meet the general Ph.D. requirements for the mastery and integration of theory. Through clinical supervision in the first year of study; through ongoing self-assessment and evaluation of learning patterns and therapeutic skills; and through presentation of continuous case material throughout her or his candidacy the student draws upon and develops her or his own strengths, discovers lacunae in knowledge, and gains the recognition that learning, never complete, is a lifelong process of choosing between alternate philosophies.

Institutional Philosophy in the Context of Other Advanced Programs in Clinical Social Work

One may distinguish three different types of advanced study in traditional schools of social work.² These educational models reflect three disparate institutional philosophies. The three contrasting traditional models are: (a) advanced scholarship in social work; (b) advanced training in practice; and (c) scholarship plus advanced practice. Each of these approaches stems from a different institutional philosophy and each educates clinical social workers with a different expertise.

Traditional schools focusing on advanced scholarship (such as the Ph.D. program of the Columbia University School of Social Work) prepare doctoral students to devote themselves to research and theory-building and to contribute to the professional literature. By contrast, mainstream schools specializing in advanced practice training may offer separate post-Master's programs focusing on treatment skill. This post-Master's practice training is kept distinct from the school's Ph.D. program. Within this educational model, no pretense is made that scholarship is the goal of post-Master's practice training. An advanced certificate, rather than a doctoral degree, is awarded to the program's graduate. (An example of such a post-Master's program is that offered in the School of Social Work at Hunter College of the City University of New York.)

In either of the foregoing kinds of program, the institutional philos-

ophy (at least implicitly) is that scholarship and advanced practice may be separated pedagogically. There is another type of program to be found in some traditional schools of social work, based on a third institutional philosophy. It pedagogically combines scholarship with a practicum. In such a Ph.D. program, the practicum is used as a kind of research laboratory in which scholars critically analyze various treatment methods with a view to conducting quantitative research on the effectiveness of different treatments for disparate client groups.

The student in such a program does not come with an ongoing practice, which is then used for research purposes. On the contrary, the thrust of the practicum is to expose the student to unfamiliar treatment approaches. The institutional philosophy of such a school is grounded in positivism and tends to be committed to quantitative analysis of the data which are collected in the practicum (Reid, 1978; Orcutt & Mills, 1983).

The California Institute for Clinical Social Work occupies a fourth position with respect to institutional philosophy. The Institute shares with traditional "scholar-practitioner" doctoral programs in clinical social work the goal of enabling students to master knowledge of the general content of a range of treatment methods and research skills in evaluating these methods. What the Institute's program adds to the traditional approach is the opportunity for students to continue in their own practice while earning the Ph.D., and in so doing to refine the students' own unique treatment capabilities while learning research methodology applicable to their own caseloads. This is in contrast with the typical "practice doctorate" which uses the practicum for teaching methods of critical analysis of treatment methods generally.

Relationship of Philosophy of Research to Institutional Philosophy

The philosophical orientation of the Institute embraces the research goal of generating grounded theory (Glaser & Strauss, 1967) and opts for qualitative analysis of the data which are derived from observing clinical data and related social phenomena.³ Clinical phenomena are seen as data which may be ordered and analyzed to derive meaning (Ricoeur, 1970; Modell, 1978; Spence, 1982). This approach flows from the belief that the observer and the observed are always part of the same phenomenal field and cannot be separated from it for the purposes of what is often termed "objective, scientific" research. The Institute's view thus is consonant with the social work maxim that the client can be understood only in relation to the surrounding social network. There is no context-free knowledge, just as there is no person without an environment.

Given the world view undergirding qualitative research, quantitative analysis of the outcomes of large numbers of cases is less meaning-

ful than a detailed qualitative analysis of one's own case. The Institute is philosophically committed to inculcating a qualitative research point of view as one means of refining practice.

This point of view has been described as (a) empirical, because it utilizes concrete experiences as reported by others; (b) discovery-oriented because the observer does not pretend to know what others have experienced; (c) a mode of research in which understanding the meaning of experiences is crucial; and (d) a mode of research in which meanings cannot be transformed into quantitative expressions (Giorgi, 1986).

The contrast between philosophies of traditional positivist scholar-practitioner Ph.D. programs and the qualitative approach espoused by the California Institute for Clinical Social Work reflects a more pervasive ongoing "epistemological conversation" current in all of the human sciences today. It has been argued with cogency that the "history of this conversation is the history of the successive corrosion of the belief that pure objective knowledge is possible" (Polkinghorne, 1986). The Institute on the one hand and the traditional schools on the other hand are taking part in a vigorous discourse that is one manifestation of a scientific revolution (Polanyi, 1967; Schwartz, 1974; Habermas, 1971; Kuhn, 1962; Crews, 1986).

Some faculty in traditional schools of social work have already begun to lend their voices to this discourse by questioning the adequacy of data generated by positivistic methods as a source of knowledge for practice (Imre, 1984; Heineman, 1981; Kronick, 1983; Butler, Davis, & Kukkonen, 1979). As yet, their views are not reflected in the institutional philosophy of traditional schools of social work. Nevertheless, interest in qualitative study exists in many other fields of endeavor—psychology, education, sociology, geography, communications, and nursing among them (Giorgi, 1986). This interest has crystallized and has become an identifiable movement, one in which traditional and nontraditional schools of social work may both participate.

Characteristics and Advantages of Inculcating a Social Work Orientation

The second precept embodied in the Institute's philosophy is that a social work point of view is an essential part of the learning experience. For social workers, attention always has been focused on the transactions occurring at the interface between the person and the environment.

A real grasp of the traditional social work notion of the "person-in-the-situation" leads to the understanding that person-environment transactions are mutual and that they are enormously complex. Each individual perceives and reacts to the environmental situation in her or his singular way. Moreover, the environmental situation is comprised of

other unique human beings and is characterized by the presence or absence of essential social resources. Individuals and institutions in the environment evince their own reactions to the individual client's behavior. Therapy never takes place in a vacuum. Because therapy is conducted in a social environment, each component in a vastly complicated field becomes another contingency requiring the comprehension and interventive skill of the social work clinician (Hearn, 1969).

In recent decades, the field of psychiatry has gained a heightened understanding of the interaction between the social structure and individual psychology as codeterminants of human behavior. At least in part, this greater understanding may be attributed to the collaboration over the years between psychiatrists and social workers in clinics, hospitals and family agencies. The parts played by the social work profession in the growth of milieu therapy and the community mental health movement bear witness to the effects of this collaboration. The contributions of the profession of social work to the field of mental health have been inestimable.

As the foregoing discussion makes clear, the Institute's philosophy diverges from that of traditional schools of social work in some respects. In preserving the heritage of the profession of social work, the Institute is entirely traditional. That heritage is to be nurtured and preserved for the breadth of perspective it brings. The social work aspect of every case remains an integral part of learning in the Institute (Turner, 1974; Simon, 1970).

EDUCATIONAL PHILOSOPHY⁴

The educational philosophy which pervades the curriculum and learning modalities at the California Institute for Clinical Social Work is guided by the following principles:

- The acquisition of knowledge is an active process. The learner is not a passive recipient of facts; his goal is not merely to understand the known but to develop the capacity to ask questions about the unknown (Bruner, 1973).
- The adult learner comes to the educational process with her or his own life experience, value system, and learning style. The effective teacher of the adult is not a transmitter of information but a facilitator of inquiry. Attention is focused on the learner rather than on content, with a view to enabling the learner to utilize internal incentives, not external rewards, as the motivation for self-directed study (Knowles, 1970; Belfand, 1975).
- Adults learn best when permitted maximum participation in the

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process. A teaching modality that fosters dependency engenders resistance to learning (Kadushin, 1976).

- The ultimate goal of an education system is to free the individual to pursue his or her own education. Real education occurs indefinitely, throughout the life space and life span of the individual. Education is not confined to the classroom nor it is reserved for youth (Gardner, 1976; Reports, 1982).
- Learning on the part of the mental health professional is fraught with difficulties that no other learner encounters. Assimilating clinical material depends on the learner's coming to terms with her or his own unconscious conflicts, the very issues to which the learner has the strongest resistances. Thus it is essential to design clinical education in such a way as to overcome resistance to the learning experience (Bandler, 1963).
- Learning in the mental health professions occurs in the context of a relationship between student and teacher which provides the medium for growth in the learner's integrative capacity. Thus the teacher establishes a relationship which fosters security without dependency (Towle, 1954).

DEVELOPMENT OF EDUCATIONAL PHILOSOPHY AND
OBJECTIVES: APPLYING THE EDUCATIONAL
PHILOSOPHY AND OBJECTIVES TO
PROGRAM COMPONENTS

Each of the foregoing principles and objectives has been integrated into the Ph.D. program.

Knowledge Acquisition as an Active Process: the Quest for the Unknown

From the first day of her or his enrollment in the Institute, the student is actively involved in learning content and in experiencing the limits of her or his own knowledge as the task of developing an Educational Plan is begun. Although every student must satisfy the same academic requirements, each student does so in a singular fashion, according to a unique, self-created Educational Plan. For example, it is the responsibility of the student to read widely in the field of developmental theory to determine what elements of theory are supportive of the body of practice knowledge which that student has selected after a period of immersion in the professional literature. Only after appropriate bodies of theory and knowledge are identified does the student set forth a formal plan for satisfying program requirements. The typical student needs one or more years of study to develop such a plan.

The learner is not confronted with a foreordained curriculum but is in effect involved in her or his own curriculum design. Thus, at the very outset of the learning process the student is actively engaged in learning and in asking the same epistemological questions that are raised in the colloquium, in the research seminar, and ultimately in the dissertation phase of the program: What is the source of our knowledge? How may we acquire new knowledge? How may we collect and analyze data to substantiate or modify our conjectures? How may we evaluate our findings? What remains unknown? (Lukton, 1980).

In sum, the student is actively involved in exploring knowledge, questioning its validity, and discovering its limits throughout the Ph.D. program.

Focus on the Adult Learner Rather Than on Transmitting Information

In every aspect of the program, the individual learner is the unit of attention.

Each student is assigned a Mentor, who meets with the student for a minimum of one hour per month. The responsibility for mastering knowledge and skill at a doctoral level resides with the student. The process which culminates in mastery is monitored, reviewed and evaluated by the Mentor, who assures that doctoral standards are maintained.⁵ The Mentor is a facilitator who occupies a pivotal position in the Institute. The founders of the Institute described the role of Mentor as follows (Bro, 1980):

(The Mentor is) an individual consultant assigned to accompany the student from entrance . . . through candidacy to graduation. With the Mentor, the student carries on a self-evaluation which is the guide to learning, plans ways in which mastery of the core curriculum is to be acquired and demonstrated . . . and is in regular contact with the Animateur.

The entire focus of the mentorship is on the interests, learning style, experience and educational needs of the individual student who is engaged in self-directed study. With the Mentor, the student develops an Educational Plan and satisfies program requirements through written and oral work.

Concomitantly, the student is assigned to a semimonthly colloquium. When the Institute was founded, the colloquium leader was called the Animateur. Although this term has fallen into disuse, the roles that it implied have remained the same. Like the Mentor, the Animateur (currently referred to within the Institute as the colloquium leader) acts as a facilitator of the learning process. The colloquium is not the site of didactic teaching. Rather, it is the learning medium for a group of individual students, each of whom has unique styles, needs and

goals. The leader of the colloquium moderates, questions, listens and attends to the process of the group. She or he is present not to impart information but rather to serve as a source of conceptual themes which promote learning and to develop a safe environment for the learner (Sommers, 1979). Learners in the colloquium present and discuss case material within a theoretical context and learn to evaluate each other's presentations as well as their own.

In the colloquium, students support and assess their peers' learning and in the process learn not only how to evaluate performance effectively but how to foster the learning of others. Thus they learn about their own learning styles and expand their capacity to assess their own achievements. They come to relate their own learning styles to their own unique ways of helping clients in treatment.

Self-assessment is the primary learning tool in the program. The student is required to submit a self-assessment essay each trimester, describing the learning experience and self-development over the course of the preceding weeks. This fosters self-monitoring and self-directed study. Self-assessment is supplemented and informed by regular evaluations provided by the Mentor and the colloquium leader.

*Maximum Participation of the Learner in the Educational Process:
Freeing the Student to Pursue Her or His Own Education*

As the foregoing discussion demonstrates, the adult learner is the central focus of the Ph.D. program. The student is not only encouraged to pursue learning in her or his own style and tempo; the program is designed in such a way that the student has no other choice but to do so.

Institute students have already developed their own learning styles and have had a variety of life experiences by the time they have been granted the Master's degree and have earned the L.C.S.W. Nevertheless, prior exposure to the traditional educational system has predisposed many students to enter the Ph.D. program with the expectation that they will be taught didactically and that they will have a learning structure imposed from without. To discover that the structure must be created *de nouveau* is often unsettling initially, but if the student is given support, personal and professional growth follow.

*Clinical Education Must Be Designed So As to Overcome
Resistance Engendered by Unconscious Conflicts:
Fostering Student Security and Autonomy*

In effective clinical learning, teaching and therapy are separate processes. Although transference phenomena may be expected to develop in the student-teacher relationship, regressive phenomena are not directly addressed. The teacher focuses on the conscious aspects of the

relationship and on fostering identificatory processes (Zetzel, 1953; Ekstein & Wallerstein, 1958). The student's clinical work is at the forefront of the learning process. Thus the core of education at the Institute is not merely cognitive, it is experiential. When transference develops in relation to the several faculty involved in the education of any one student, regressive phenomena are kept to a minimum by concentrating on the nature and the constructive use of the relationship that the therapist-student has with the client (Abroms, 1977). The educational philosophy is not to focus on the pathology of either the client or of the therapist-student. Instead, the relationship between them is viewed transactionally (Bro, 1980).

Personal psychotherapy is an integral part of the typical candidate's learning experience as a clinical social worker. Personal therapy is not a degree requirement but it is the medium through which candidates experience the client role and through which they gain access to countertransference issues. It is in the domain of personal psychotherapy that transferences projected onto teachers appropriately are worked through. This frees the student-teacher relationship for fostering learning in relation to integration of theory and the refinement of interventive skills, in an atmosphere of support and encouragement. Manifestations of the transference in such an environment can be examined as learning blocks, with no imputation of pathology (Bro, 1980). The student-teacher relationship is a consensual collegial one in which a consultant collaborates with the therapist-student. The model is not one of master and apprentice (Kutzik, 1977).

The same spirit pervades the relationship between the student and the Clinical Consulting Faculty (CCF) member to whom she/he is assigned. Within the Institute, CCFs carry a role analogous to that of the Clinical Professor in a medical school. These are teachers immersed in the world of practice who transmit their practice wisdom to the candidate.

CCFs are specially selected alumni of the Institute who donate their time to supervising the clinical work of first-year Ph.D. candidates. The supervisor-supervisee relationship follows the consultant-collaborator pattern that is inherent in the Institute's educational philosophy.

Because CCFs are graduates of the Institute, they are identified with the philosophy of the program and they are able to assist in freeing the student to pursue her or his own learning. CCFs themselves benefit from the teaching opportunity as they utilize the learning that they themselves have integrated. Accordingly, they can elaborate upon their own experience in the Institute. Thus a program which was begun for highly skilled clinicians has expanded to include those with less training without violating the principles upon which it was founded.

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SUMMARY

The growth and development of the California Institute for Clinical Social Work has been paralleled by the enhanced professional contributions of its alumni. Of the 59 graduates of the Institute, ten hold academic positions in top-ranking institutions of higher learning while three more are the chief administrators of social agencies. The remainder devote their time to direct clinical practice.

In a recent survey of alumni, all graduates commented in one form or another upon the fact that because of the program, their work was more rewarding personally and was more responsive to clients' needs because of the knowledge and skill that they had gained. The evolution begun in 1974 still continues. This novel program has been elaborated to meet changing needs. Study of its efficacy and flexibility will be pursued as its development proceeds.

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REFERENCE NOTES

1. This reversal is perhaps best reflected by the fact that since 1981, the National Association of Social Workers has sponsored an annual national conference on clinical practice.

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2. This discussion is based on Alfred J. Kahn, "Curriculum Issues for Doctoral Education," unpublished paper presented at the annual meeting, Group for the Advancement of Doctoral Education, University of Alabama, October 10, 1983. Also see Aaron Rosen's distinction between education for "line" functions vs. "staff functions" in "Toward a Function-Related Organization of Doctoral Education" in Aaron Rosen and John J. Stretch, eds., *Doctoral Education in Social Work: Issues, Perspectives and Evaluation*, (St. Louis, MO: Group for Doctoral Education in Social Work, 1982).

3. For a grasp of the scope of qualitative methodology and the epistemological questions raised by qualitative research, the reader is referred to two journals, each of which recently has devoted an entire issue to these concerns. See *Methods: A Journal for the Human Sciences* 1 (Spring 1986); and *Saybrook Review* 6 (Spring 1986).

4. The educational philosophy of the Institute is an amalgam of myriad contributions by the early founders of the program. Especially see Ruth Ehrlich Bro, *An Exploration of the Role of the Mentor: A New Clinical Teaching Concept for the Education of Advanced Professionals*, unpublished doctoral dissertation, Institute for Clinical Social Work, 1980. This portion of the present paper is based on that dissertation.

5. It is assumed that a doctoral-level clinician can integrate theory and practice, examine the components of practice and analyze them for the purpose of synthesizing new formulations. See Ruth E. Bro, *op. cit.*, pp. 102-103.

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