The Forest and the Trees: Neighborhood-Based Clinical Social Work

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Social work education gives lip service to systems-based, integrative approaches to practice, yet the profession tends to create unnecessary polarities between clinical practice and social work's original commitment to vulnerable populations, person-in-environment, and social change. The author describes a model of community-based family services that bridges this gap.

Even social work—despite our unique brand of systemic, contextual thinking—falls prey to the American tendency to polarize ideas, to go to extremes. During my first year of social work graduate school, various debates (concrete services versus individual treatment, ecosystems versus medical model, community organizing versus psychotherapy) shaped my belief that our profession has strayed from its original commitment to social justice, vulnerable populations, and a person-in-environment focus. Yet I continued to feel certain that, while I applauded community organizing and case-to-cause advocacy, my talents and interests ultimately lay in casework. That was when the cognitive dissonance set in: is it possible to specialize in clinical social work without abandoning our profession's mission and values?

I began to see that extreme positions preclude possibilities for social work practice that draws upon sophisticated clinical insights and interventions yet remains contextual and empowernment-based. For example, it is hardly useful to demonize the medical model when basic knowledge of psychopathology often sheds light on human behavior. On the other hand, it seems counter-productive to suggest that clients faced with multiple, interacting problems are best served by manualized interventions designed for clinical populations. Another polarity: by renouncing casework altogether, proponents of community organizing fail to recognize that "it might be necessary to provide skilled, patient interpersonal help to some families on a long-term basis" (Halpern, 1999, p. 244). Yet when clinical social workers insist that advocacy and concrete service provision are beyond the scope of therapy, they rarely meet their clients' needs.

During my second year of social work school, I was lucky enough to encounter a community-based family support center that offers a "third

space" between polarities (Kemp, 2003). Like the early settlement houses, the Center for Family Life provides comprehensive, non-stigmatizing, neighborhood-based services: after-school arts programs for children, youth development, summer camp, parent education, an employment center, an advocacy clinic, and a program that meets families' emergency needs for food, clothing, and financial support. By organizing these components around a core family counseling program, the Center also draws on the best of contemporary professional clinical social work, thus attaining a "unique combination of community rootedness and clinical sophistication" (Hess, McGowan & Botsko, 2003).

Instead of placing "bio," "psycho," and "social" aspects of clients' experiences side by side, social workers at the Center for Family Life seek integration, offering students a rich—and rare—representation of systems-based practice that receives so much lip service in social work education. Not surprisingly, the clinical program's focus is not the individual, but the family. By avoiding labels and prescriptive treatments, practitioners acknowledge the uniqueness of each family member and minimize social distance between themselves and families. Overwhelmingly, social workers believe that their role is to support and enhance family functioning throughout all phases of development. In refusing to differentiate between therapy and case management, they honor the inextricable connections between environment and psychology and recognize that therapeutic work (for example, modeling or creating a holding environment) often occurs beyond the pale of psychotherapy. Caseworkers keep abreast of social justice issues and participate in advocacy efforts undertaken by the agency. Unlike therapists in traditional mental health settings, social workers at the Center for Family Life count on in-house resources—therapeutic groups, after-school programs, an emergency food program, and housing subsidies—as they develop individualized treatment plans.

This is not to say that counseling at the Center for Family Life survives on service-brokering alone. Rather, it remains grounded in professional clinical social work values and methods. All caseworkers hold Masters' degrees in social work. Journal articles and descriptions of continuing education circulate freely at casework meetings. Staff members are articulate and thoughtful as they discuss their work in terms of object relations, countertransference, the therapeutic alliance, group work theory, cross-cultural issues, and so on. Yet interventions are not informed by an over-reliance on a single theoretical perspective; instead, in the spirit of general systems theory, the therapeutic process is flexible and open to creativity (Janchill, 1969). Such flexibility—along with the horizontal nature of the issues at stake—hardly seems to lend itself to traditional methods of program evalu-

ation, which rely on neat, pre-determined outcomes. Nevertheless, a recent evaluation suggests that children and families who take part in the Center's programs do indeed achieve positive changes (Hess, McGowan & Botsko, 2003)— a testament to the effectiveness of the Center's staff.

I emphasize the accomplishments of Center for Family Life's casework staff to stress that these frontline workers are creative, thoughtful, competent and kind. To me, it's quite clear that clinical social work's identity crisis—call it "psychiatry envy" if you will—is part of a search for legitimacy in the eyes of a society that undervalues our profession. Of course social workers choose private practice, policy analysis, and program development over community-based social services—note the differential in salary and prestige! Yet unfortunately, our profession's response to its identity crisis is a retreat to polarities: at one extreme, repudiating the notion that social work should incorporate elements of psychotherapy; at the other, relying all too heavily on managed care's short-term therapeutic prescriptions for alleviating human suffering. Instead of going to extremes, why not revitalize our profession and support our frontline workers by sharing more examples, more stories, and more dialogue about possibilities for operationalizing systems approaches to clinical social work? The Center for Family Life's flexible, comprehensive model of casework offers a marvelous point of departure.

References

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