VCU University History Books

VCU University Archives

1987

Past, present, and future, 1917-1987 : School of Social Work, Virginia Commonwealth University
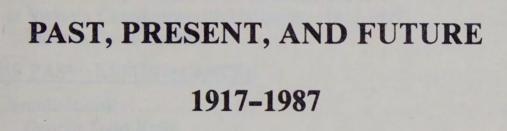
Past, Present, and Future

1917–87

School of Social Work
Virginia Commonwealth University
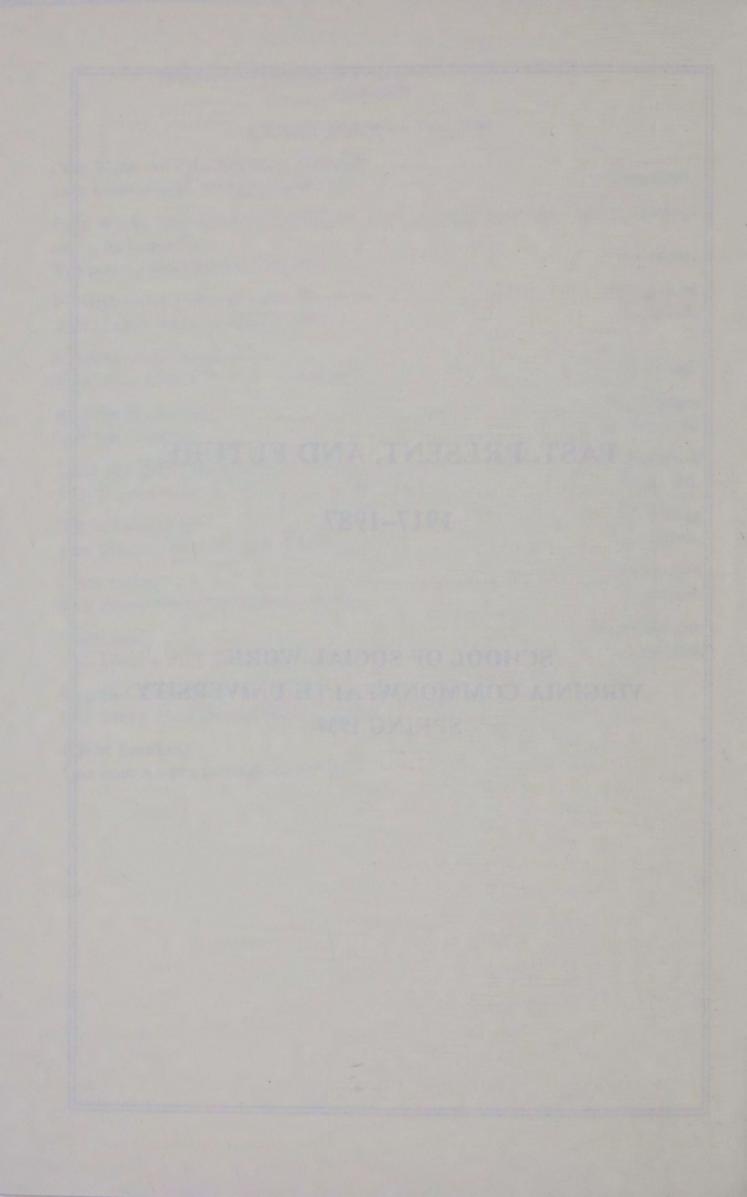Spring 1987

RICHMOND SCHOOL OF SOCIAL ECONOMY
1917-1918

CURRICULUM — First Year

Case Work, Its Principles and Methods.
Two hours a week throughout the year.   Required.

Field Work.—Supervised by Executive Secretary in co-operation with instructors and social agencies.
Ten hours a week throughout the year.   Required.

Principles and Types of Social Work .... Mr. Ackiss
Two hours a week throughout the year.   Required.

Elements of Economics
Two hours a week throughout the year.   Required.

Applied Economics .... Mr. Hodges
One hour a week.   Required

Facts and Principles of Political Science .... Dr. Anderson
Two hours a week throughout the year.   Required.

Social Psychology .... Dr. Young
Two hours a week throughout the year.   Required.

Child Welfare .... Miss Logan
Two hours a week throughout the year.   Required.

Child Study .... Miss Coleman
Two hours a week throughout the year.   Required.

English Composition.
One hour a week throughout the year.

Public Speaking.
One hour a week throughout the year.

PAST, PRESENT, AND FUTURE

1917–1987

SCHOOL OF SOCIAL WORK
VIRGINIA COMMONWEALTH UNIVERSITY
SPRING 1987

CONTENTS

Grace Edmondson Harris
Dean
1982 —

FOREWORD

It is with great pleasure and pride that I present this Anniversary Monograph of the School of Social Work, Virginia Commonwealth University, celebrating seventy years of social work education in Virginia. It is particularly heartening that this School is the oldest school of social work in the South and that we continue to offer social work education—now on the baccalaureate, master's and doctoral levels.

As part of this celebration, we have asked two former deans and several faculty to reflect on the past, the present, and the future. This monograph is the product of their efforts. Within this book, we look fondly but critically at our School's history; we assess our present state of the School, and, by implication, the state of the profession in America today; and we strive to comprehend and plan for the challenges of an uncertain future.

These papers will be, I hope, a blueprint for our future, building on our past history—as reflected in an article from our archives and a paper by Tom Carlton, and past reminiscences from George Kalif and Elaine Rothenberg. We have looked at the present and future in social work education: the importance of social policy issues in social work by Dennis Poole; some thoughts about social work practice from Edna Roth; comments about field instruction from Jane Reeves; research in the social work profession and the School of Social Work as examined by Bob Green; and a future perspective on the relationship between the School and the public mental health system from King Davis.

This Anniversary represents a celebration of growth and change—the sometimes agonizingly slow progress toward education for enlightenment, social justice, and applied science. We recognize that we have far to go, but we also recognize and proudly acknowledge those before us who have contributed to this progress to date.

This is a celebration of continuity—the sometimes difficult to understand wisdom of traditional ways of doing things. We have to stop to remember that today's traditions were yesterday's revolutions. The threads of growth, change, and continuity permeate the story of the Virginia Commonwealth University School of Social Work, as reflected in the articles to follow.

Finally, this is a celebration of people—the many persons who have provided wise counsel in our past, who are the shining stars of our present, and who will provide the hope of our future. The Anniversary highlights the friendships people made during their days with the School, the friends we have all maintained in professional relationships, and the friends we can yet meet. This monograph tells the story of wonderful human beings constantly struggling to discover the knowledge and skill necessary for helping others, and new and better ways of translating this to others.

I welcome you to this Anniversary celebration. We, of the School of Social Work, celebrate our history and our future — namely, you.

Grace E. Harris
April, 1987

i

ACKNOWLEDGMENTS

ADMINISTRATION AND FACULTY
SCHOOL OF SOCIAL WORK

1986-87

Grace E. Harris
  Dean
David P. Fauri
  Associate Dean
Beverly B. Koerin
  Assistant Dean
Mordean Taylor-Archer
  Director, Student Affairs
Edward A. McSweeney
  Director, Baccalaureate Program
James R. Seaberg
  Director, Doctoral Program in Social
  Policy and Social Work
Thomas O. Carlton
  Director, Field Instruction
Florence Z. Segal
  Director, Continuing Education
Deborah Freedlander
  Director, External Affairs

Martin D. Adler, Professor
Alice L. Barber, Associate Professor
Joyce O. Beckett, Professor
Brent Benda, Assistant Professor
David P. Beverly, Associate Professor
Marilyn Biggerstaff, Associate Professor
Martin Bloom, Professor
Patrick Dattalo, Instructor
King E. Davis, Professor
Elizabeth Dungee-Anderson, Assistant Professor
Hans S. Falck, Professor
Rosemary Farmer, Assistant Professor
Anne Fortune, Associate Professor
Robert G. Green, Associate Professor
Carolyn Gruber, Instructor
Julia Hall, Assistant Professor
Marcia Harrigan, Assistant Professor
Susan Helton, Instructor
Mary Holden, Assistant Professor
Anita Horwitz, Assistant Professor
Rosa Jimenez-Vazquez, Assistant Professor
Jaclyn Miller, Associate Professor
Robert Peay, Instructor

Dennis Poole, Associate Professor
Frances Raphael, Assistant Professor
Jane Reeves, Instructor
Amy Rosenblum, Instructor
Edna F. Roth, Professor
David N. Saunders, Associate Professor
Robert L. Schneider, Associate Professor
Charlotte Schrieberg, Associate Professor
Martin S. Schwartz, Professor
James R. Seaberg, Associate Professor
Mark Singer, Assistant Professor
Eva Sutton, Instructor
Evangeline Tolley, Assistant Professor
Ruby C. Walker, Assistant Professor
Mabel G. Wells, Associate Professor
Claire E. Wompierski, Associate Professor

STAFF
SCHOOL OF SOCIAL WORK

1986-87

Loverna O. Boyd
Cynthia Coe
Sally E. Companion
Jane H. Crawley
Bernadette M. Davis
Lila Garlick
Beverly Gary
Marcia Hathaway
Mildred Knox
Twalla Moore
Barbara Page
Eva H. Smith
Elsie C. Smithers
Gwenevere Taylor
Dolores A. Torres

PART I

PHOTOGRAPHIC MEMORIES

PHOTOGRAPHIC MEMORIES

Pictured above are Elaine Rothenberg (left),
George Kalif (seated), Grace Harris (right)
and Richard Lodge (painting).

THE DEANS

The Directors and Deans since 1917

Dr. Henry H. Hibbs, Director,
    Richmond School of Social Economy, 1917-1918
    Richmond School of Social Work and Public
        Health, 1917-1938
    Dean of the School of Social Work, 1930-1940

Dr. Henry Coe Lanpher, Director,
    School of Social Work, 1940-1943

Dr. George T. Kalif, Director
    School of Social Work, 1943-1966

Dr. Richard Lodge, Dean,
    School of Social Work, 1966-1972

Elaine Z. Rothenberg, Dean,
    School of Social Work, 1972-1982

Dr. Grace E. Harris, Dean,
    School of Social Work, 1982-

PHOTOGRAPHIC MEMORIES

Faculty and Students in the 50s

Lois Washer, Aileen Shane, George Kalif, Dorothy Haywiser,
(from left to right, back row); Virginia Hebbert, Edythe Allen,
Betty Davis Roosevelt (from left to right, front row)

Students in the 50s

Jaclyn Miller, Martin Schwartz, Florence Segal (from left to right, top row); Hans Falck, Anita Horwitz, Mordean Taylor-Archer, Mabel Wells (from left to right, center row); faculty group (bottom row): Frances Raphael (standing), Rosemary Farmer, Anita Horwitz, Delores Dungee-Anderson, Marilyn Biggerstaff, Mabel Wells, David Beverly (from left to right, back row); Amy Rosenblum, Robert Peay, Florence Segal, Martin Schwartz, Mordean Taylor-Archer, Edna Roth, Jane Reeves (front row from left to right)

PHOTOGRAPHIC MEMORIES

Students in the 80s

Student Lounge, Raleigh Building

Students and Robert Peay using tapes to learn.
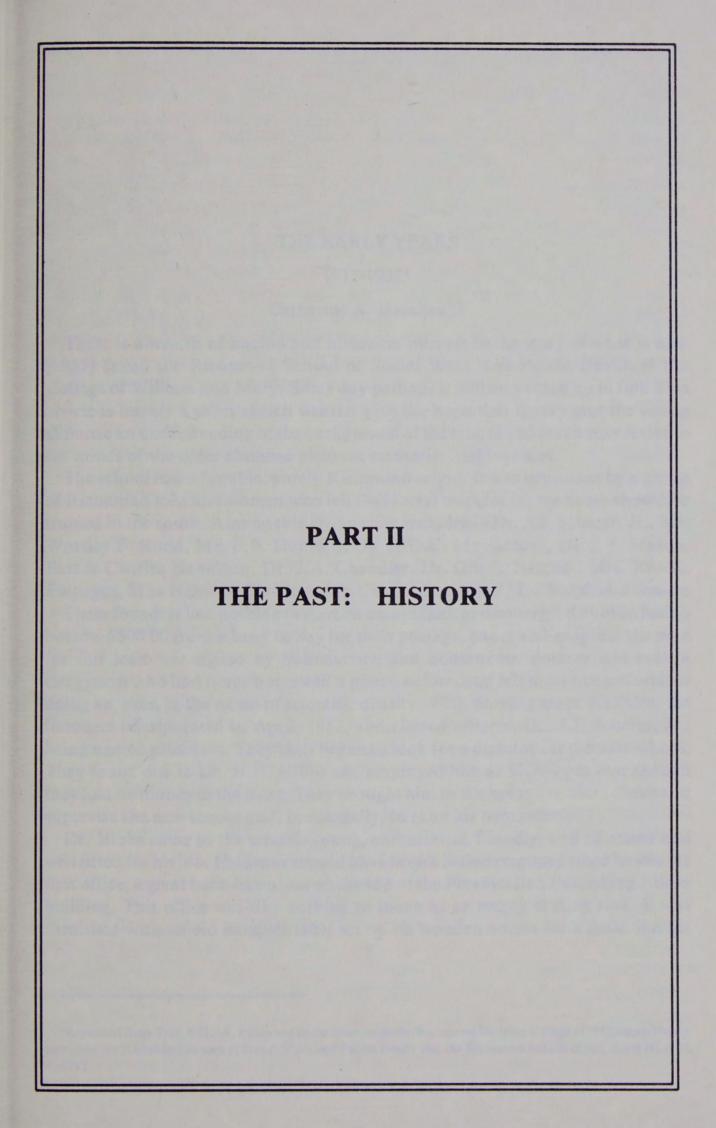
Many hours, many books

The computer, Michael Sheridan, doctoral student, and Robert Green

Remember *your* graduation day?

PART II

THE PAST: HISTORY

THE EARLY YEARS

1917-1935*

Catharine A. Harahan**

There is a wealth of human and historical interest in the story of what is now [1935] called the Richmond School of Social Work and Public Health of the College of William and Mary. Some day perhaps it will be written up in full. This article is merely a short sketch written with the hope that it may give the young alumnae an understanding of the background of the school and that it may revive in the minds of the older alumnae pleasant memories and loyalties.

The school had a humble, purely Richmond origin. It was organized by a group of Richmond men and women who felt that social workers for the south should be trained in the south. Among this group were included—Dr. J.J. Scherer, Jr., Mr. Wortley F. Rudd, Mr. F.B. Dunford, Dr. H.D.C. Maclachlan, Dr. J.T. Mastin, Father Charles Hannigan, Dr. J.A. Chandler, Dr. Ora L. Hatcher, Mrs. Roy K. Flanagan, Miss Helen D. Christian, Mr. Charles Straus and Mrs. Ralph H. Johnson.

These founders had nothing to start on except faith and courage; they even had to borrow $500.00 from a bank to pay for their postage, paper and supplies; the note for this loan was signed by businessmen and housewives, doctors and even a clergyman who had never borrowed a penny before, and felt most uncomfortable doing so, even in the name of scientific charity. With nothing more than this, the founders incorporated in April, 1917, and elected officers, Dr. J.J. Scherer, Jr., being named president. They then began to look for a director for the new school. They found one in Dr. H.H. Hibbs and employed him at $1,800 per year though they had no money in the bank. They brought him to Richmond to plan, direct and supervise the new school and, incidentally, to raise his own salary.

Dr. Hibbs came to the school, young, enthusiastic, friendly, well educated and well fitted for his job. His ardor should have been a little dampened when he saw his first office, a great barn-like room on the top of the Presbyterian Publishing House building. This office was like nothing so much as an empty skating rink. It was furnished with an old banquet table set up on wooden horses for a desk. But his

surroundings must have spurred him to great effort for the first catalogue of the "Richmond School of Social Economy, 6-8 No. 6th Street" is a most remarkable testimony not only to his own understanding of his job but to the completeness with which he was able to organize almost out of the air a full course of lectures for a school of three departments—Case Work, Public Health Nursing and Recreational Work.

The general purpose of the school as then listed was as follows:

The Richmond School of Social Economy is a school to provide training in social work. It has been established in answer to a long felt need for more available training for Southern social workers. With the development of social science on every hand, there is everywhere increasing realization that social work should rest upon training as thorough and definite as that of other professions. The waste of time and money by inexpert workers, as well as the danger to those treated is easily manifest. In all types of public service, the world is becoming increasingly scientific. Philanthropy in all its phases, state functions of punishment, reform, caring for the sick, for the mentally defective and the aged, protection of children, together with other related activities, have come to be recognized as dangerous in the hands of the uninformed, and as resting, far more than was hitherto realized, on fundamental social sciences. The public is realizing as never before that the intelligent social worker must understand something of the structure and development of society, the relation of capital and labor, the connection between mental deficiency and moral delinquency, the principles of heredity, the superiority of preventive measures to remedial, and of many other truths about which we have only recently begun to think constructively.

This reads like a very modern treatise on the reasons for education in social work.

Even in that first year such courses were offered as: General Social Work, Case Work with Families and Individuals, Field Work, 10 hours per week, Institutional Social Work, Social Science, Juvenile Court and Probation, Preventive Medicine, Rural Health Problems, Public Health Nursing, Biology and Bacteriology, Diets and Budgets and so on. The teachers were secured from the staffs of Richmond Colleges and Richmond agencies, public and private and included—Dr. Ennion G. Williams, M.D., Dr. Roy K. Flannagan, Miss Nanie J. Minor, R.N., Judge J. Hoge Richs, Miss Agnes Randolph and Miss Loomis Logan.

Having secured a staff and curriculum, it became necessary to secure a few class rooms. Through Mr. John Hirschberg, then Chairman of the Richmond Administrative Board, and with the cooperation of Judge J.H. Ricks the school secured two small rooms on the third floor of 1112 Capitol Street, the building which formerly housed the Juvenile Court and now houses the Richmond Academy of Art. The rooms were simple, the furniture was plain and we are told that the director while there managed things from a borrowed desk and chair. Education and social life were intertwined; the pupils not only learned in class but by attending teas given for them in the Juvenile Court.

The first session began in October, 1917, and the first class graduated in June, 1918. It included 4 Case Workers, 18 Public Health Nurses and 18 Red Cross Home Service Workers; a rather healthy accomplishment for an infant school. It is

interesting to note that the graduates of this first class came from 7 states including, Virginia, Tennessee, Kentucky, North Carolina, South Carolina, Maryland and West Virginia, thus providing the faith of its founders in the fact that such a school was needed to educate southern workers for southern states. It is interesting to note also that the graduation ceremonies of the first class were enlivened by the announcement that Dr. Hibbs was leaving immediately—to get married. In one short year he had accomplished much. He had organized a school and turned out a group of public health nurses and Red Cross home service workers at a time when they were most badly needed, the United States being at war. He had also won his way into the respect and affection of Richmond people who had been known to refuse to accept other leaders from north of the Mason Dixon Line.

In 1919 after 2 years on Capitol Street, the School was forced to move because of lack of room. Monumental Church offered it the use of a building located at the northwest corner of 12th and Broad Streets, now the headquarters of the Virginia Commission for the Blind. Anyone who attended school there could not forget it. The building had been renovated; it was clean and neat but bare. On the first floor and basement were large rooms used by the recreational department for lectures and indoor games; on the second and third floor were classrooms. The Director's office was in a little room on a landing between the floors; a strategic place for him, but a most unfortunate one for the students, especially those with a proclivity for coming late. A tardy student might try to sneak up the stairs but they were very rickety and squeaked in protest in every step. By this time the recreation department had secured students and they and the case work group took certain classes together. Doubtless they liked case work as little as the case workers liked recreational work. But they showed off to better advantage in class than the staid case workers did in folk dancing and story telling.

One year a large group of public health nurses entered the school. They had just returned from the war. They were sad and tired and weary looking, dressed in uniforms, with sailor hats and flat heeled shoes. The younger workers, when they first saw them, wondered if they, too, would have to become weary and sad and tired and wear flat heels and sailor hats to become graduate Social Workers; but as the year progressed they kept their youth and the nurses became more rested and less sad.

Field work was carried on night, day and Saturday, wherever a place could be found because good agencies were few and far between. Amongst the new teachers were Miss Mary Dupuy, a descendant of Powhatan the Indian Chieftain, Indian in appearance with high cheek bones and dark skin, Miss Anne Smith, formerly of Hull House and Miss Betty McDonald and Mrs. Gertrude O'Connell of public health nursing fame.

After 4 years on Broad street, in 1923 the school began to look about for new quarters. Lack of room and a change in the character of the neighborhood of the Broad Street School made this necessary. A house was secured at 17 South 5th Street across from the Y.W.C.A. Repairs and alterations were made. Dr. Hibbs arranged the new building and then invited some of the women members of the board to visit it to register their approval. Imagine his dismay when they told him that though he was a good teacher, he lacked much of being a good housekeeper. They sent him away and rearranged everything. It is a pleasure to remember the

11

results, particularly the library and reception rooms on the first floor with their dark rich rugs, simple drapes and book lined walls. The classrooms were relegated by the board ladies to the second floor. Miss Luella Townley joined the faculty there and did much to develop the case work department. Another memorable happening in the 5th Street school was the organization of the Alumnae Association. Mrs. Roy K. Flanagan, staunch friend and ardent supporter of the school, called together the former graduates in 1923 and at this meeting the Association was formed.

In 1925 the school had again outgrown its quarters. Looking toward the future the board decided that it had become so useful that an attempt should be made to put it on a firm financial basis. Up to this time it had been supported by an occasional campaign for funds. These campaigns were usually successful due to the interest of the board. At one time $5,000 was raised; at another $5,000 was the goal but $15,000 was raised. This money came not only from Richmond but from all over the southern states. In looking about for a suitable place the board found that the building formerly occupied by the University Club at 827 W. Franklin was for sale. This building was especially desirable because it was large enough to provide a dormitory as well as class rooms. A plan for affiliation with William and Mary College was worked out whereby the school would purchase and equip a suitable building and present it to the College of William and Mary on the condition that they maintain it thereafter.

The school needed $100,000 to carry out its share of the bargain. It would be impossible to forget the thrills of the campaign for that $100,000; Mr. Arthur Guild, present director of the Richmond Community Fund, planned the campaign and Mr. John M. Miller, Mr. Wyndham Meredith and Mr. I.J. Marcuse took an active part. There was no set publicity but each day the campaign workers met and each day some graduate gave the story of her work since leaving school. Gene Smith talked one day for an hour to a group of hard boiled business men and they alternately laughed aloud and wept secretly. They gave their own money and got money from others. It was a most effective demonstration to a lay group of what social work means.

This campaign was a success. One hundred and four thousand dollars was raised. As a result 827 W. Franklin Street was purchased and renovated. The school moved into it in 1925 and that same year became a part of William and Mary. New classes and teachers were added but we are reliably informed that one thing did not change. The students still sang with vim and gusto those two traditional songs "Work for the Night is Coming" and "Jingle Bells," the latter regardless of the weather. For the first time students could live in the school, both dormitory and dining rooms being provided. More social life became possible and Mrs. Chalkly was selected by the school to supervise this part of its program. Eventually the building across the street at 901 W. Franklin Street, formerly the Richmond Public Library, was also acquired. Eventually too, the Anderson Art Gallery was built. With the years the faculty increased. It now consists of Dr. H.H. Hibbs, Miss Aileen Shane, Dr. Franklin Johnson, Miss Purcelle Peck, Miss Martha Jaegar, Dr. Doris Fales, Dr. S.J. McCoy, Dr. Margaret Johnson, Miss Young and Mrs. Lillian Keck. Four years of college were developed, an art school established and many extension courses added.

The history given above is for the new graduates. We wish to tell the old graduates, particularly those who are far away and perhaps still think of the school in terms of the years when they attended, something about the school as it is now constituted. It has truly grown with the years; in numbers, faculty, physical equipment and curriculum it is something of which to be proud. It has 4 years of college, the last two of which are primarily for students preparing for social work. It has a large public health class and it has a class in recreation. In addition it has an enrollment of 60 graduate students in the case work department; there were only ten in 1929. These students and nurses, graduates and under graduates come from all over the United States, North, South, East and West. While at school they do their field work with recognized Richmond agencies. In the case work department alone there are 15 supervisors, all senior members of the American Association of Social Workers. There are also two training districts, one in the Family Service Society and one in the Social Service Bureau.

Graduates from all three departments have secured positions without difficulty, in public and private agencies; they have been quickly promoted, due partly to individual ability, partly to the needs of the time but primarily to good training. The school is a member of the American Association of Schools of Social Work, is in fact one of the 8 charter members, having joined in 1919. It enjoys the reputation of having a good standard. It is developing all the time. This fall it hopes to offer a 2 year graduate course in Social Case Work, the first year to be much like the present course and the second year to be devoted to training in specialized fields such as children's work and psychiatric social work. It is also encouraging individual research and at present students are making studies which if sufficiently good, will be published. Another interesting fact is the presence of 10 men in the present class.

It is a far cry from the 2 room school of 1917 to the completely equipped school of 1935, though the older students learned much and well and their work records spread across the country make pleasant reading for the founders of the school . . .

The Alumnae Association congratulates Dr. Hibbs on what he has accomplished in 18 years; it extends its good wishes to the faculty; it renews its thanks for the training given its members and it pledges again its loyalty to the School.

14

A BRIEF HISTORY OF THE SCHOOL OF SOCIAL WORK
AT VIRGINIA COMMONWEALTH UNIVERSITY

1917-1987*

Thomas Owen Carlton**

At the turn of the twentieth century, America had lost its innocence; the bucolic dreams of an earlier, agriculturally-based society were already fading into history. In their place were the harsh realities of a rapidly-changing industrialized, urbanized nation, and a growing inability to deny the poverty, anomie, and despair that were the fate of many Americans. Dealing with these kinds of problems was not new to social work. For half a century earlier social workers had been exploring ways of providing charity and personal services to the needy, but their philosophy, that personal troubles were the result of defects of character, was not conducive to successful outcomes. Efforts by early social work leaders, such as Mary Richmond, to put what was then called applied philanthropy on a scientific footing, resulted in the establishment of schools of social work. In 1898, the New York School of Applied Philanthropy was founded, the first formal program in education for social work practice in the country. (It was later renamed the New York School of Social Work, and then Columbia University School of Social Work.) Schools in Chicago, Boston, and Philadelphia soon followed.

The first school of social work in the South was the Richmond School of Social Economy, founded in 1917. This is a summary of the story of this School, its establishment, its pivotal role in the development of the Richmond Professional Institute, and its current position as the oldest unit of the academic division of Virginia Commonwealth University.

The Richmond School of Social Economy was born in a world at war, but as a child of its times, it sought to establish social work as a scientific profession. The School's First Annual Announcement (Bulletin) states:

> Philanthropy in all its phases . . . has come to be recognized as dangerous in the hands of the uninformed, and as resting, far more than was hitherto realized, on fundamental social science.

To demonstrate the scientific foundation guiding practice remains a formidable challenge today.

The School's first Director, Dr. Henry H. Hibbs, was a young, energetic social worker who trained at the Boston School of Social Work and earned his doctorate at Columbia University. He had several years of both practice experience (in Boston) and university teaching (at Illinois and Tennessee). Dr. Hibbs' first tasks included raising his own salary of $1,800 per year, and locating suitable housing for the School. Eventually, the School opened its doors to twelve full-time students and fifty auditors (part-time students) who were required to be at least twenty-one years of age, a high school graduate, and "suitable for the work." Tuition was $40 per year for full time students, and room and board was pegged at $4 to $7 per week, depending on one's tastes. Before the year was out, thirty-one students were registered in regular day classes and fifty-five were enrolled in courses in the Extension Department, thus beginning a long history of part-time education through the School.

Later in the year, the School changed its name—the first of many changes that reflected the overall sponsorship of the School or University of which it was a part. The new Virginia School of Social Work had a curriculum that was jointly developed by representatives of the city's social agencies and the College of Richmond. The course of study described in that first bulletin included casework methods and principles, types of social work, elementary and applied economics, political science, social psychology, child welfare, child study, English composition and public speaking, and field work. The second year's study included courses in the city and its problems, heredity and eugenics, feeblemindedness and delinquency, the medical aspects of delinquency, social ethics, church and community, diet and budget, and more field work. Such was the best available knowledge on which to base social work practice in 1917.

A year later, the School moved to new quarters and again changed its name, this time to the Richmond School of Social Work and Public Health. The 1918-1919 Bulletin identifies public health nursing as a form of social work and the impact of the world war as a major factor in the increased need for trained social workers. There were constant changes in the curriculum during the early years. A course in industrial social work was added in 1918, anticipating one of the "recent innovations" in social work in our own day. There was another course on urban blacks— even though no blacks were permitted to study at the School. (One of the ironies of the School's 70 year history is that when Dr. Grace Harris became Dean in 1982, she became not only its first black administrator, but the first person to become dean who had been personally denied permission to study there as a student in 1954 on grounds of race. The State of Virginia did pay to send her to school in another state. Such were the intrigues of a segregated educational institution.)

In 1919, the Board of Trustees decided to place the School under the direction of the Extension Division of the College of William and Mary, which enabled students to earn a bachelor's degree. (To make matters more confusing to the would-be historian, bulletins issued that year for the Richmond Division of the College of William and Mary were issued as Volume 1, Number 1.) In addition, a Department of Recreation was added to social work and public health nursing in 1919, and a sorting out of academic concentrations became apparent—individually-oriented

case work (termed General Social Work), community service, and work in institutions.

In 1923 the School moved a fourth time, and began to require a four year college curriculum for all students. The first two years were to be completed at William and Mary, and the last two in Richmond. Majors now included social casework and community social work. Enrollments were increasing, as were tuitions, and another building was needed. In 1930, Dr. Hibbs became Dean of the School of Social Work (rather than Director), and simultaneously, served as Director of the College of William and Mary in Richmond.

Social work education was in a state of ferment during the 1920s and 1930s. "Freud landed on Main Street and Broadway," it is said, and social work began its long romance with psychoanalysis. The profession had begun as professional altruists working in charity organizations and in settlement houses like Hull House in Chicago, and had led the nation in many social reform efforts. But after World War I, many social workers became increasingly interested in personality change. By the late 1920s, this trend was reflected in a curriculum oriented to the psychodynamic version of psychology in which the client's relationship to the therapist was the major grist for the analysis. This trend continued to grow even though the Great Depression made it obvious to almost everyone that socio-economic conditions were the primary causes for the distress widely seen—". . . one third of the nation ill-housed, ill-clad, ill-nourished." Social workers spent considerable energy debating these theoretical fine points, but the Richmond School, like most others of the era, added courses in advanced psychiatric social work during the depths of the Depression. Finally, in 1936-1937, the School made available an elective course (housed in the Department of Government) entitled "Government Reorganization and the Depression."

The late 1930s also saw the development of group work courses, an area in which this School would later make important contributions. One more name change occurred in 1939 that was to last for the next 23 years; the School became part of the Richmond Professional Institute of the College of William and Mary, which also included the Richmond School of Art, the School of Store Services Education, and the Vocational College Departments.

In the following year, the restriction of social work education to the graduate level became mandatory for all accredited schools of social work, and the School's undergraduate program was transferred to the College of Applied Social Sciences. The long association of social work and public health in the School also ended in 1939 with the formation of a separate School of Public Health Nursing.

Dr. Hibbs stepped down as Dean of the School of Social Work in 1940, and was succeeded by Henry Coe Lanpher who held a doctorate from the University of Chicago School of Social Service Administration. Dr. Hibbs continued as Dean of Richmond Professional Institute. (He retired from the University in 1959 after forty-two years of service during which he was a central figure in the development of the Richmond Professional Institute. It was in recognition of his many contributions that the Hibbs Building was named in his honor.)

In 1943, Dr. George T. Kalif, a Harvard Ph.D., became Director of the School of Social Work. Throughout the first forty years of the School, the faculty was small. In 1954, the School had eight faculty members (including officers of the School who

taught classes), eleven adjunct faculty, and nineteen field instructors. But large numbers of students were trained who eventually filled social service positions throughout the state. The Richmond School remained the sole school of social work in Virginia and one of the few in the South.

Dr. Kalif began to build a program aimed at "mature individuals with paid social work experience and two years of college work"—the beginnings of the School's widely respected continuing education program. Another important development took place under his leadership in 1955 when the first off-campus program was organized in Norfolk, in cooperation with local social workers, the Norfolk Community Chest, and the Norfolk Division of the College of William and Mary. Students could complete the first year of study in Norfolk and then apply for admission to complete the second year in the Master of Social Work program in Richmond. From this beginning, the School has developed a number of off-campus programs to respond to local interests of communities at some distance from Richmond.

In 1952, social work educators nationwide were able to unite forces to establish a Council on Social Work Education which had the power to accredit all social work education programs. Three years later, the seven different professional associations that had developed between 1918 and 1946 also merged to form the National Association of Social Workers. New educational and professional standards were being set, causing important changes in schools of social work around the country, although the Richmond School was already in compliance with the new requirements.

The decade of the 1960s began optimistically, as President Kennedy challenged people in America and abroad to achieve new frontiers at home, overseas, and in space. Great social changes began in civil rights, health, education, and welfare, as did international developments such as the Alliance for Progress and the war in Vietnam. Opportunities for social workers were expanded on all levels, and resources rapidly expanded in schools of social work. A remarkable series of laws were enacted: the Economic Opportunities Act, the Community Mental Health Act, the Peace Corps legislation, among many others. But there was a social revolution amid these rising expectations for which the traditional social work curriculum seemed unprepared and not well adapted. Course changes reflecting what was "relevant" replaced required courses, leaving many curricula of schools of social work in total disarray.

At the Richmond Professional Institute, major changes were occuring. In 1960, Elaine Rothenberg joined the faculty as Assistant Professor, and began a career that continues today as Associate Vice President for Academic Affairs. The School reorganized its curriculum along clear sequence lines that included practice methods courses (emphasizing casework, and reducing group and community practice), human growth and development, social welfare policies and services, and research, along with supervised field work. These remain the main outlines of courses today. But, in the words of faculty and students of the mid-1960s, the School was "a small, psychoanalytically-oriented casework institute, understaffed and under-funded." This was also the judgment of the CSWE Commission on Accreditation, and the School was obliged to develop better facilities, obtain new faculty, improve library resources, increase financial support, and restore the title

of Dean.

Richard Lodge, who held a doctorate from the University of Pennsylvania, became Dean in 1966, and proceeded to fulfill the demands required for accreditation. Dr. Kalif assumed responsibility for the School's continuing education program. The School moved to its present site, the Raleigh Building, and new courses were developed for the curriculum, particularly in social group work (under the leadership of Emanuel Tropp), community organization (with Bernard Scotch providing direction), and social work administration (coordinated by Edward Carpenter). In 1967, Grace E. Harris joined the faculty of the then newly created Virginia Commonwealth University as an Assistant Professor, so that as the 1960s came to an end, the School had the unique experience of having four of the six administrators who have led the school during its seventy years working together in the School at the same time.

Dr. Lodge resigned the deanship in 1972 to become Director of the Council on Social Work Education during this difficult period. He was succeeded by Elaine Rothenberg who as dean led the School through some of its most challenging years. (She resigned from the deanship in 1982, and became the Director of the University Self-Study.) During the early 1970s, the number of programs and students in schools of social work expanded greatly, and the VCU School of Social Work followed this same pattern. The School began the decade with thirty faculty members and ninety field instructors. By 1978, the School had an all-time high of 58 faculty members, and the student enrollment had risen to over 500.

Some of the important developments during the 1970s included the establishment of a doctoral program, at first combined with the Department of Sociology, and later an independent entity. This program, along with a revitalized undergraduate curriculum—made possible by new CSWE accreditation policies, and benefitting from the thirty-three years of leadership provided by Lois McGregor Washer, who directed the program as part of the College of Applied Social Sciences—permitted the School to offer the full continuum of academic degrees: a Bachelor in Social Work (BSW), the Master in Social Work (MSW), and a doctorate (Ph.D. in Social Policy and Social Work), one of only a handful of schools of social work around the country to offer all three. Another development of note was the Social Work Educator Preparation Program (SWEPP), designed and directed by Dojelo C. Russell, in which master level students were prepared for employment as faculty in community colleges and other institutions where undergraduate courses in social work are taught. The successful accreditation visit of 1978 described the SWEPP program as "the School's crown jewel." This jewel was eventually absorbed by the doctoral program, where teacher preparation remains a central concern.

In the social work field at large, bachelor programs grew so rapidly in the 1970s that students applying to master degree programs began to request some credit for their previous training. This led to the Advanced Standing program at the School, in which BSW students from accredited institutions can complete MSW degree requirements in one summer plus one academic year of second year master level courses. Since 1974, this Advanced Standing program has been an important component of the School, and reflects the varied ways people gain entrance to the social work profession. Likewise, accommodation was made to the fact that many students had to work full or part-time to support themselves by the development of
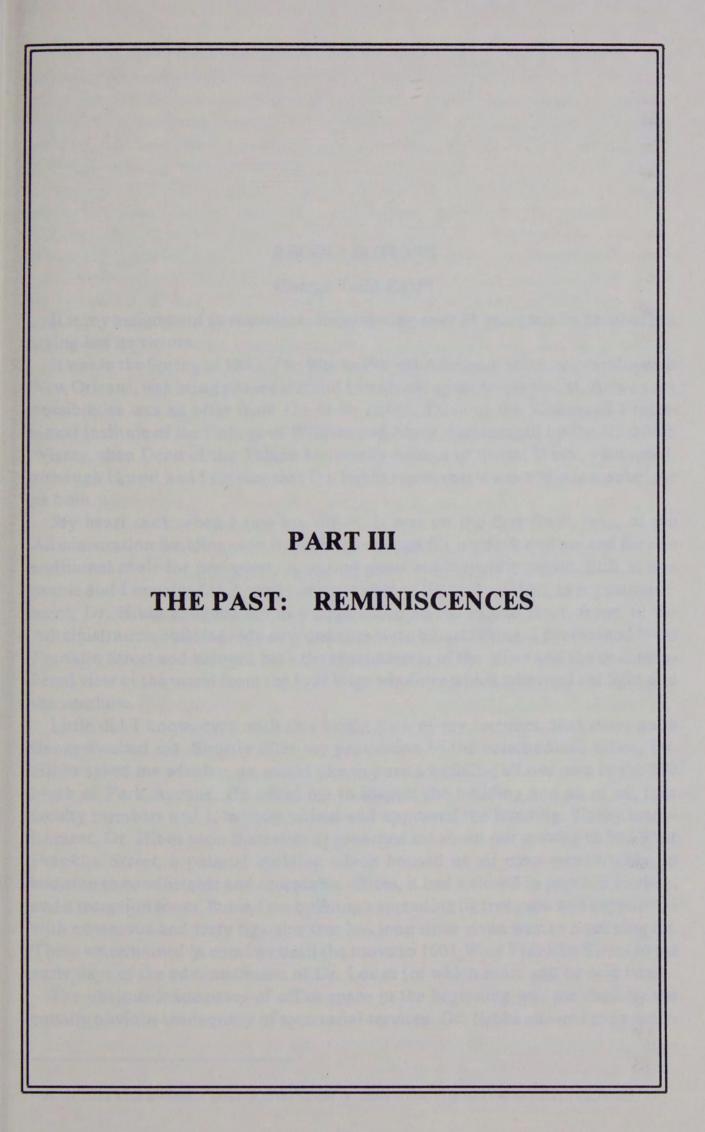
evening courses and extended time options.

The School also joined in interdisciplinary ventures, such as the school social worker certification program with the VCU School of Education (1975), a dual degree program with the T.C. Williams Law School of the University of Richmond (1978), and the cooperative program with the Presbyterian School of Christian Education (1970). Most recently, an MSW and Certificate of Aging Studies option was added (1984), in cooperation with the Department of Gerontology in the VCU School of Allied Health Professions.

The 1970s had seen the rise of the "Me Generation," "doing your own thing," and retreating from community problems and societal concerns. The trend toward more conservative political leadership under Presidents Nixon, Ford, and Reagan led to retrenchments at schools of social work by the end of the decade. These changing social forces were to serve as the backdrop to the story of social work education in the 1980s: declining Federal support for social work training, decreasing student enrollments, retrenchment and re-allocation of resources, greater specialization of practice, and expanded part-time and off-campus instruction.

The 1980s have been trying years as the School has continued to define its mission and goals amidst an environment of decline and changing resources. This has been the challenge to the current dean of the School, Grace E. Harris, who assumed the deanship in 1982. During the last five years, the School has had increases in student enrollment (contrary to the national trend); it has expanded its off-campus and part-time programs—now including five locations around the state; there have been increases in the number of faculty and funding sources; and a new atmosphere of scholarly expectations and performance prevails—last year a half-dozen books were published by faculty.

This high level of achievement is most visible in the contributions being made by the faculty of the School in research, teaching and service. Most recently, Hans Falck has had the distinction of being the only faculty member to be elected President of the Faculty Senate for two consecutive terms. At present, two faculty members are editors of major social work journals—Anne Fortune *(Journal of Social Work Education)* and Thomas Carlton *(Social Work and Health)* and other faculty serve on the editorial boards of numerous social work and non-social work journals. The faculty's record of research and publication was established in the early 1970s by Emanuel Tropp, whose book, articles, and encyclopedia entries on social group work constitute nationally recognized contributions to the profession. Many other faculty since that time have contributed books, including H. Otto Dahlke (on values and legal rights in social policy), Dennis Poole (on policy and disability), Robert Green (on family therapy), Thomas Carlton (on social work in the health settings), Anne Fortune (on task-centered group work), Mark Singer (on fatherhood and family relationships), Robert Schneider (gerontology), James Seaberg (child abuse), and Martin Bloom (on prevention and human behavior), with other faculty having books in progress. Professor Edna Roth has the distinction of being selected for the National Academy of Practice in Social Work, while Professor King Davis has held the honored post of Galt Scholar, connecting Virginia's Department of Mental Health and Mental Retardation with activities at universities around the state. Professor Mabel Wells was appointed by the Governor to sit on the State Board of Social Services, and other faculty hold other governmental

advisory positions. Thus, at the national, state, and local levels, members of the faculty are making a number of contributions to the social welfare system, continuing a tradition that began when Dr. Henry Hibbs welcomed the School's first students in 1917.

22

PART III

THE PAST: REMINISCENCES

RECOLLECTIONS

George Todd Kalif*

It is my assignment to reminisce. Reminiscing over 31 years has its hazards but trying has its virtues.

It was in the Spring of 1943. The Works Project Administration, my employer in New Orleans, was being phased out and I was looking for employment. Among the possibilities was an offer from Dr. H.H. Hibbs, Dean of the Richmond Professional Institute of the College of William and Mary. Encouraged by Dr. Elizabeth Wisner, then Dean of the Tulane University School of Social Work, I accepted, although I knew, and I am sure that Dr. Hibbs knew, that it was a "pig in a poke" for us both.

My heart sank when I saw my office. It was on the first floor, rear, of the Administration Building, and it was large enough for my desk and me and for one additional chair for one guest. A second guest made quite a crowd. Still, it was usable and I remained in it until the latter part of the 1940s, when, to my astonishment, Dr. Hibbs assigned me to a large office on the second floor, front, of the Administration building. My new quarters were breathtaking. I overlooked West Franklin Street and enjoyed both the spaciousness of the office and the unencumbered view of the world from the four large windows which admitted the light and the sunshine.

Little did I know, even with this bright turn of my fortunes, that more good things awaited me. Shortly after my promotion to the commodious office, Dr. Hibbs asked me whether we would like to have a building all our own in the 800 block of Park Avenue. He asked me to inspect the building and all of us, four faculty members and I, happily visited and approved the building. To my astonishment, Dr. Hibbs soon thereafter approached me about our moving to 800 West Franklin Street, a palatial building which housed us all most comfortably; in addition to comfortable and acceptable offices, it had a closed-in porch, a kitchen, and a reception room. Behind the building a spreading fig tree grew and supplied us with enormous and tasty figs; this tree has long since given way to a parking lot. There we remained in comfort until the move to 1001 West Franklin Street in the early days of the administration of Dr. Lodge (of which more will be said later).

The obvious inadequacy of office space in the beginning was matched by the equally obvious inadequacy of secretarial services. Dr. Hibbs allowed me a secre-

---

*George Todd Kalif is emeritus Director of the School of Social Work, Virginia Commonwealth University.

25

tary for two hours each day. There being no alternative, I scrounged the use of a typewriter which I placed on my desk. Between classes and recruiting trips and committee meetings and faculty meetings, I kept the typewriter clacking, morning and noon and night, Saturdays and Sundays. It was heavy going, and I hardly saw my wife and baby. Still, the mail had to get done and it got done. Gradually, I was given a few more hours of secretarial help, but such was not adequate until our first Federal grant came through in 1948.

I would like now to mention briefly two other aspects of these early days of my administration, namely, students and faculty. On my arrival in September, 1943, we had twenty full-time graduate students. At the conclusion of my first year in June, 1944, we had two graduates. Both were excellent students; one was Mrs. Charlotte Schrieberg who later became a member of the faculty, and, not long thereafter, Director of Field Work at which her performance was outstanding; and the other was Mrs. Anne Fischer who also later became a member of the faculty. I mention these two because they had the distinction of being a graduating class of just two above zero and because later they contributed superbly as faculty members to the School program.

As for faculty, we had at that time one full-time faculty member, Miss Aileen Shane, who came to the School in 1929 and retired in 1964, and one half-time faculty member, Miss Jimmie Cox, who departed shortly after my arrival. Among the part-time faculty there was Mrs. Lois Washer known to many of the social work community.

In view of the small number of students in the School, one of my prime responsibilities was recruitment, which I pursued unremittingly. I traveled on visits to various colleges in the South, both senior and junior, hunting for students for both the graduate School of Social Work and for students in the undergraduate curriculum. On one occasion I went as far south as the University of Alabama. As an additional recruiting device for students in the graduate program, I taught a course for undergraduates in the College, hoping that this would serve as an incentive to undergraduates to enter the School. Dr. Hibbs was most concerned about the small enrollment in the School of Social Work and wanted me to admit seniors into the School. However, we had only a few years earlier gone on a bona fide graduate basis in accordance with the requirements of the American Association of Schools of Social Work, of which we were a charter member, and I was not about to compromise on this. We then had our first full-scale confrontation and I learned from this that Dr. Hibbs held no grudges because, at the end of my first year, he left in my box a note on a torn piece of brown paper, advising me that for the following year, my salary would be increased by $200. Each of us had taken the measure of the other, and each knew the kind of person the other had to deal with; each of us survived this initial confrontation and others which occured in the future. And at the end of each year, he raised my salary for the next.

In the beginning of the 1950s, we had some 50 full-time students and four full-time faculty members, plus agency field instructors who were devoted and most supportive. However, hard times came again in the mid-1950s, when our enrollment dropped to some 30 students. Drop in enrollment at this time was a national phenomenon, and, while we took heart from this, it was not too consoling. Misery did not love company.

We survived this setback; our enrollment picked up handsomely and we were able to employ additional faculty members, one of whom, Mrs. Elaine Rothenberg, who joined us in 1960, later became Dean of the School. In the year 1965-66, my final year as head of the School, we had 97 full-time students and 10 faculty members. At this time, too, we had achieved two much-sought-after developments: (1) that applicants for admission be candidates for the master's degree and remain in residence for the required two years, and (2) that field instructors have the master's degree.

It was sometime in the 1950s that a hitherto intolerable situation was corrected. We had no black students and were prohibited by law from accepting them. The then Director of the Urban League, in a friendly but firm manner, commented to me that I was responsible and I could not convince him or others in the black community that the matter was beyond my control. This unhappy situation was resolved by a black applicant for admission to the University of Virginia Law School; he brought suit on the ground that he was denied admission for reasons of race alone and he won and the University of Virginia Law School was forced to admit him. Whereupon, I went to Dr. Hibbs, called his attention to the outcome of this law suit, and suggested that we immediately open our doors to black applicants. Within the next day or two, he advised me that the School of Social Work had permission to receive applications from prospective black students. Thus, the School had led the way to a more just relationship with a wider community.

Within this period of satisfactory achievement and development, we entered upon an unhappy period of confrontation with the Council on Social Work Education, our accrediting body. It began in the early 1960s, and it was a period of some storm and stress. However, we survived, and in the reorganization, Dr. Richard Lodge came on as Dean in July, 1966, with a tripled budget.

In the latter 1950s, the General Assembly made the Richmond Professional Institute an independent institution, separate from the College of William and Mary. In the latter 1960s, the General Assembly merged the Richmond Professional Institute and the Medical College of Virginia into Virginia Commonwealth University. Both of these events were important and were noted in the media. They affected lofty administrative levels, but the School program proceeded serenely without visible after-affects, except that, after the merger, ampler funds were made available to the University and the School profited therefrom.

Meanwhile, in the Spring of 1966, just prior to the conclusion of my tenure as head of the School, our Alumni Association requested that I sit for my portrait, which was to be hung in the School building. The Alumni representative who approached me about this was one of our very good students. My son, Todd, came from Connecticut to help Mrs. Margaret Fitcher, then executive of the Travelers Aid Society, pull back the curtain. The applause was most welcome and the portrait now hangs in the Conference Room at 1001 West Franklin, along with the portraits of Miss Shane and Dr. Lodge.

With the entry of Dr. Lodge as Dean of the School in July, 1966, I accepted the post of Director of Continuing Education and remained in this position until my retirement in July, 1974, a period of eight years. Dr. Lodge had noted the extensive program of institutes which the School had developed during my administration and he encouraged me to expand the program still further. Whereas we had

previously been limited to Richmond, we were now able to extend our offerings throughout the Commonwealth. The agencies responded handsomely, and we offered as many as fifteen to twenty programs each year. In a number of instances, agency personnel from Maryland, North Carolina, and West Virginia attended in substantial numbers. Thus, the continuing education program became area-wide in its reach, contributing substantially to the greater visibility of the School. This was further enhanced by proceedings which we published and made available to participants and to others on request.

In all of this Dr. Lodge gave me a free hand and supported me in every way. In one conference with me, he made an excellent suggestion, namely, that I develop one-week summer institutes based on topics gleaned from the *Encyclopedia of Social Work,* with the author of each topic to be the leader. These institutes brought outstanding social work professionals to the School and attracted students from far and wide. Mrs. Rothenberg, who succeeded Dr. Lodge as Dean of the School, gave the same solid support to the continuing education program; she was well-acquainted with the School, as she was a superb faculty member in my administration, was Assistant Dean and later Associate Dean under the administration of Dr. Lodge and, consequently, she administered the School program with clear direction and notable vision.

In this program of continuing education, I had the able assistance of Mrs. Florence Segal who was Assistant Director for one year, after which she returned to teaching in the master's degree program. She later succeeded me as Director of Continuing Education.

I was still going strong in the flourishing continuing education program in the year 1973-74 and did not anticipate with gladness my imminent retirement as of the close of business on June 30, 1974. Still, I had just previously reached the venerable age of 70 and the law of the Medes and Persians admitted of no exception, even for one who really felt like a vigorous 45. I therefore mentioned to the Dean that I would like to take her and the President of the University to court for administering a law which discriminated against the aging. She was amused. I tried the ACLU and the AARP but neither would accept the case. Then, I went to the Wages and House Division of the Department of Labor, which, I learned, administered a law which forbade release from employment for reasons of age alone. That agency advised me that the age limits within its jurisdiction were 45 to 65; whereupon, I capitulated and accepted the inevitable and entered upon retirement status on July 1, 1974, still a young man of 45 going on 70. The luncheon in my honor was well attended; it was a happy occasion and the title of "emeritus" was welcome.

And, now, by way of general overall view, I had seen the School through thirty-one years of ups and downs, through fair weather and foul, through light and darkness; and, as I look back over these years from the current perspective, I am happy to have departed in the bright day of an upswing in enrollment and in faculty strength and in the thriving program of continuing education. Dr. Lodge brought with him an emphasis not just on accreditation, but, more important, on excellence. Under his dynamic leadership, the School made notable strides in that direction: increased faculty strength, increased enrollment, and a richer and more extensive professional program. This continued under the far-seeing leadership of Mrs. Rothenberg, under whose general direction I operated during the last two years of

my tenure at the School. And may the first period of 70 years be followed by another period of 70 years of wisdom and stature initiated by Dr. Harris' clear vision and outstanding administrative skills. It seems to me reasonable and appropriate that we now bequeath to our successors the pleasure of celebrating the continuing vitality of the School on the occassion of its 140th anniversary in 2057.

A DIALOGUE WITH ELAINE ROTHENBERG*

In a graciously appointed office at Ginter House, the University's Administration Building, Elaine Rothenberg met with one of the editors of this Anniversary monograph to remember, to relish, to reminisce about the decade of her term as Dean of the School of Social Work, as well as about the years that Dr. Richard Lodge was Dean, 1965-1972. She didn't retire in 1982; no one who knows her could have possibly imagined that. Instead, she was asked to direct the University Self-Study, and after that, she became the first woman at the vice presidential level at VCU. Her current title is Acting Associate Vice President for Academic Affairs, a position that her many friends and associates could fully imagine to employ her energy, administrative talent, and fine personal touch.

Ed.: Of the many things that a discussion of your term as Dean must draw up from memory, what are the first things that come to mind?

ER: Having been trained as a social worker, I always look at both the personal aspects of professional development, and the larger social events of the times we live in. I was thinking about our interview in my spare moments, in the car or in the shower, and I wondered whether I should include all those personal things, like my salary at my first job (which was $1800) or how I came to be in Richmond (I married a handsome wonderful soldier who is a native Richmonder), or how I caused some raised eyebrows by being a married working mother in those days after World War II.

Ed.: I suspect that would be a lot more interesting than the size of the operating budget of the University, but since this is an historical reminiscence, maybe you could talk about how you came to the University.

ER: I remember very well the events that took place as I became a full-time faculty member in 1960. You know that the School was part of Richmond Professional Institute (RPI) at that time. In 1968, it merged with the Medical College of Virginia to form VCU in a legislative marriage. During this time, social work and social work education were in ferment, reflecting the rapid changes that were occurring in the country at large. The civil rights movement had already begun; the student movement was beginning in California; social workers across the country

---

were rallying behind human rights. Part of that excitement motivated workers to merge together in establishing the National Association of Social Workers. And, in place of a loose federation of all the programs offering master's degrees in social work, a new organization was formed—the Council on Social Work Education. The major purpose of the Council was to institute standards of high quality through its accreditation process and to support the advancement of social work as a profession.

Ed.: How did that affect RPI?

ER: At that time, the resources allocated to RPI were minimal and the School of Social Work was threatened with removal of our accreditation unless we rapidly expanded personnel, financial support, and the development of a new curriculum. As the new member of the four-person faculty, I was much involved with the search for eight faculty and a new dean. And I am pleased to say that I was quite instrumental in getting Dick Lodge to come to Richmond as dean. Do you want to know how I did that?

Ed.: Of course, it sounds a bit sinister.

ER: It was wonderful. During the search for the new dean, I was discussing procedures with the president of RPI. I insisted that the dean candidates meet with the Board of Visitors and the heads of major agencies in the state, so as to get a clear understanding of the sources of support he might expect. This was unheard of at that time. Then I asked the president what salary figure I could quote when candidates asked me. He thought a minute and gave me a figure. I did some fast calculating and said that I thought it would take several thousand more to get a good person in the dean's position. "But," he sputtered, "that is more than I make." Dick Lodge did finally come and did get that salary, but the president also saw to it that his salary was raised as well.

Ed.: What were some of the highlights of Dick's tenure as dean?

ER: Dick Lodge made many changes, but let me tell you a story to give you a feeling for his style. With his own sense of commitment to social work values, and his ability to relate to the college administration and to community groups, Dick quickly assumed a community role as spokesman for the disenfranchised. As the student movement increased in power and visibility, and particularly after the deaths at Kent State, Dick assumed a role as counselor to the college administration, negotiator with students and others in the community, and participant in peaceful demonstrations that enabled expressions of the need to change.

Ed.: How was the School of Social Work changing during these times?

ER: Of course, there were lots of changes when the people that Dick hired came on board, people like Manny Tropp, Otto Dahlke, Lionel Lane, Grace Harris, Flossie Segal and others. Dick got the School to add group work, community planning and social action, and social work administration to the curriculum. Those were major changes, but again, they reflected the times. I must also tell you that we had a successful reaccreditation after Dick became dean, and I am proud to say that we have had exemplary reaccreditations ever since.

Ed.: Sounds as if the School was flourishing.

ER: It was indeed. Enrollments increased, additional faculty were added over time, and specialty programs were developed with the help of contracts from state agencies and university funding. A faculty governance and student governance system was established and the Advisory Board to the School was greatly strengthened with leadership from Sam Wurtzel, Virginia Crockford, Dick Bates, and Bill Crunk. During the late 1960s, the dean and faculty became more visible on the national scene, especially in leadership roles on the NASW and the CSWE. Dick and I were active in accreditation matters, making visits to other schools across the country and participating in national debates about the content of social work education.

Ed.: What effect did that have on the School?

ER: Obviously, we could learn from what other persons were doing across the country, but it also led to some interactions with outstanding social work educators, and the establishment of the Whitney Young lectures, some summer programs for social workers from other countries to visit VCU, and the offering of summer institutes staffed by persons who had written articles in the Encyclopedia of Social Work. Did you know that we also provided workshops for the staff of the Secretary of the Department of Health, Education, and Welfare?

Ed.: How about that! Let me ask how you happened to become dean. You were Associate Dean during Dick's six years as dean?

ER: Yes, and especially in that first year, I was actively involved in the School's day-to-day programs. Then, when Dick decided to resign in 1972 and take on the leadership of the Council on Social Work Education, there was a national search for a new dean. I was urged to apply. That was the first job I ever applied for! But everyone was very encouraging, and eventually I became one of two women deans at the University at that time (the other being at the School of Nursing), and one of very few women deans of schools of social work in the country.

Ed.: I'll bet you liked that.

ER: Loved it. And I must say in all honesty that I think I did a pretty good job. I mean that I was in consonance with the times. There were wonderful opportunities for extensive funding and special projects, and I pushed hard for the School to obtain them. We helped to train social workers dealing with the neurologically impaired; alcoholics; drug abusers; and we obtained special funding for preparing minority social workers to provide services to minority clientele. My commitments to CSWE and with the Accreditation Commission continued, and, in 1978, I became chair of the Commission, which involved considerable work in accreditation of both baccalaureate and master's level programs.

Ed.: That must have been a whole education in itself.

ER: You're right. This role necessitated intensive work with the administration of other universities through involvement with the Council on Post-Secondary Education. There were many other events during these times as the School continued to

grow. Discussions of a doctoral program began early in the 1970s, and culminated in the Ph.D. program in Social Work and Social Policy in 1978. This doctoral program, along with the BSW program that was transferred to Social Work (from the School of Community and Public Affairs) in 1975, meant that we were the only school in the Commonwealth of Virginia to offer all three levels of social work education.

Ed.:   That's a lot of things to keep going all at the same time.

ER: Yes, but we recruited a group of outstanding faculty, even though I had to accommodate to their many and varied demands. But that's ok. That's what you have to do to get and keep that quality of faculty. And another thing. I think we built up a very strong student body. Our graduates are recognized nation-wide.

Ed.:   How was that?

ER: Agencies used to write us and say that we had the best prepared students. And I think that we had as many of our MSWs and graduates publishing in social work journals as any other school in the country. We were also meeting community needs through our students; our strong continuing education division was offering courses and programs throughout the State of Virginia. Faculty scholarly output had reached an all-time high and individual faculty members' contributions to furthering the development of social work practice and education were nationally recognized as well. The School was well-established in the University, and was pointed to with pride by University administration and in University publications. Travelers would return with the message that they had met one of our former students almost anywhere in the country or abroad.

Ed.:   One last question: What was your most memorable moment during the time you were dean?

ER: Let me tell you. Did I tell you this story before? Being one of the few women deans of social work in the country, I was asked to be on a CSWE program regarding women who were interested in moving into administration. And someone asked me that same question—what was my most memorable moment as dean?—in the middle of the meeting. And do you know what I said?

Ed.:   What?

ER: I said it was when I first became a grandmother.

****

We both smiled at this story, so typical of this marvelous administrator who is first and foremost a wonderful human being. There was a knock at the door. Her secretary reminded her that her handsome soldier was waiting outside. I thanked Vice President Rothenberg for this opportunity to reminisce with her for the Anniversary monograph, and then we went outside to greet Hank. She gave him a delicious still-on-the-honeymoon kiss. I apologized for taking so much of her time from him, and he replied, "that's ok. I have her all the rest of the time." And so he does.

PART IV

THE PRESENT AND FUTURE

CURRENT TRENDS AND THE FUTURE
OF SOCIAL POLICY IN SOCIAL WORK

Dennis L. Poole*

Introduction

Visiting the American exhibit at Walt Disney World's EPCOT Center can be a sobering experience for many social policy faculty and social work practitioners who received their professional training during the sixties and seventies. Audio-animatronic figures of Benjamin Franklin and Mark Twain review several critical incidents in the ebb and flow of American history, and critique them on the basis of the consitutional provisions of the nation and the dominant values of its people. The jewels in the crown of their presentation—the ones that capture the attention and imagination of the audience—are the recurrent themes of liberty and equality, independence and self-sufficiency, democracy and national defense. Americans almost invariably leave the exhibit deeply moved and profoundly touched by what they believe captures the "American spirit."

For many of us in social policy and social work, the exhibit is sobering in that it reminds us of a fundamental reality: the dominant value structure of American society has changed very little over the past twenty-five years. Recent cutbacks in social welfare expenditures and efforts by the federal government to shift domestic responsibilities to states and localities, and even to the private sector, merely confirm this fact. These cutbacks and shifts make the ideological debates that we have in our social policy classes, which often end with an endorsement of a "universalist" approach to social welfare, seem utopian and, perhaps, misguided. The view that entitlement to benefits in the modern welfare state should derive from a "badge of citizenship," to which all members of society, rich and poor alike, may claim an equal right, still seems to run deeply against the grain of the American character. On the other hand, the American public does not seem to feel entirely comfortable with those who call for a purely "residual" approach to social welfare. Even the Disney exhibit ends with the warning that prosperity can breed a self-regarding populace that makes less and less room for concern about others.

Americans appear to be searching for new ground in social policy and social welfare. Events and circumstances over the past quarter of the century have affirmed the principle that the federal government has some responsibility in promoting the social welfare of its citizens. "How much welfare?" and "By whom?"

*Dennis Poole is Associate Professor at the School of Social Work, Virginia Commonwealth University.

are questions still unanswered. Six recent trends in American society, however, will probably shape the public's response to these questions in the future. This paper examines these trends and discusses how schools of social work might best prepare their graduates to respond to them creatively, or to resist them.

Searching for Common Ground

In one of most controversial books in social policy recently published, *Losing Ground: American Social Policy, 1950-1980,* Charles Murray (1984) argues that social policies in the United States have been misguided. Instead of helping the poor and the disadvantaged, they have actually made life worse for them. What's more, he points out, these policies have cost American taxpayers dearly: an increase in social welfare costs by twenty times over the past three decades.

Robert Morris (1986) believes that Murray's book should be labeled "dangerous," because the author's arguments are flawed, simplistic, and biased. However, Morris also argues that it "would be a mistake to dismiss the book as a crackpot's reaction" (p. 72). *Losing Ground* is a major resource to public officials and to private citizens who want less centralized government and few expenditures for social welfare. Leonard Silk of *The New York Times* calls the book the Reagan Administration's new "bible." Murray's proposals to scrap the entire federal insurance and income maintenance system for working-age people has received a sympathetic hearing from the President. "It's an Alexandrian solution," explains Murray (1984): "cut the knot, for there is no way to untie it" (p. 228). The Gramm-Rudman automatic deficit-reducing law of 1985, which is tooled to force Congress to cut overspending by about $28 billion to $36 billion each year over the next five years, is such a solution.

Philosophical support for the position taken by Murray runs deep in the libertarian camp. Robert Nozick (1974) and George Gilder (1981), two of its leading proponents, argue that justice is better served in the marketplace than it is through government interventions. They stand against enforced governmental redistribution of income and for altruism on a voluntary basis. Interestingly, their perspective is largely shared by many media evangelists whose followers have become a formidable political force in the United States. In *Bringing in the Sheaves* (1986) George Grant preaches a similar philosophy. He provides practical suggestions for churches to fulfill their mission and obligation to the poor. Conservative black economist Walter E. Williams, Jr. and futurist Michael Novak have given high acclaim to Grant's work.

Many social policy experts have reacted to this conservative trend with a mixture of disgust and denial. Historically they have called for a loosening of social welfare eligibility standards and for a broadening of the welfare state's client base. They want more government intervention, not less. Their efforts to expand the welfare state and to further redistribute the nation's wealth have been illuminated in two fascinating and provocative books by Martha Derthick (1975, 1979).

Other experts, however, have begun searching for a new common ground. Pulitzer prize-winning author Edgar May (1980), in a keynote address before the American Public Welfare Association, criticized many of us in social policy for failing to define the limits of the welfare state. Neil Gilbert (1983) and Robert Morris (1986) have made similar comments. They urge us to search for a middle

course between the unrestrained free market of capitalism and a planned society controlled by government in all important respects.

In that regard, Lawrence Mead (1986) argues that we need to go beyond entitlement and explore the social obligations of citizenship, i.e., to strike a balance between rights and duties. Although the philosophical assumptions underlying his argument are not thoroughly examined, Mead's argument seems to have some merit. As Morris (1986) explains, "The future form of welfare can be enlarged, over the present, if it is rooted in these twin convictions: that people in organized societies not only need each other and depend on each other, but each needs to contribute to the general well-being within his or her capability" (p.209). In *Shared Responsibility,* Robert Moroney (1986) provides further insight into this issue; he identifies possible ways to bring about a more equitable change between the family and the State for the provision of care to dependent members.

Shrinking Resources and Shifting Responsibilities

Part of the Reagan Experiment has been to shift domestic responsibilities from the federal government to state and local governments and to the private sector. Despite problems with this one-sided approach (Poole, 1985), Palmer and Sawhill (1982) point out that any President elected to political office in 1980 would have felt great pressure to pursue a similar strategy. The unprecedented peacetime inflation and slow productivity growth of the 1970s, the increase in the proportion of the nation's GNP going for federal expenditures, and the growth in the federal budget deficit—these conditions created a virtually unanimous belief that the federal government had to be put on a budget diet. Other sectors, it was believed, had to become more responsible for meeting pressing human needs.

While efforts to realign domestic responsibilities have generated much confusion and debate, four future scenarios seem clear. First, despite growing need, no significant expansion of social welfare programs is expected in the decade ahead. Second, further shifting of role responsibilities from the federal government to other sectors of society is imminent (Austin, 1983; Glazer, 1983; Gilbert, 1983; Kamerman, 1983). Third, efforts to improve the efficiency and effectiveness of social programs will continue (Friesen and Frey, 1983; Gilbert, 1985; Levine, 1980). And fourth, pragmatic partnerships between different levels of government and between public and private sectors will be further explored and expanded (Kramer, 1981, 1985).

Collectively these four scenarios reflect the emergence of a "new mixed-economy" in the American welfare state—one that does not support a single uniform model for financing and delivering human services (Austin and Hasenfeld, 1985; Gilbert, 1983, 1985; Judge, 1981). This model contrasts sharply with the highly centralized planning and funding model that dominated much of the social policy thinking of the sixties and seventies. It raises questions about the relative responsibilities of different levels of government as well as about the respective roles of nonprofit and commercial organizations, the family, and informal networks in financing and providing human services. However, unlike the centralized planning model, the mixed-economy model does not offer a comprehensive theory of the state in the provision of social welfare.

Commercializing Social Welfare

With the new mixed-economy of social welfare has come commercialization—a trend that has drawn heated debate within and outside the social work profession. Gilbert (1985) reports that the number of for-profit agencies in human services has increased substantially in recent years, especially in nursing home care, day care, child welfare, and health care. For example, between 1960 and 1979 the proportion of beds in short-term general and special hospitals operated by for-profit providers more than doubled, from 2.5 percent to 6.6 percent. By 1984, the figure had increased to about 15 percent, which reflects the growing number of beds belonging to investor-owned hospital chains (pp. 369-370). With the recent shift in financing from retrospective to prospective payment systems, and with the newly emerging trend toward capitated payments and voucher mechanisms, commercialization of health care will probably continue to expand in the foreseeable future.

Gilbert also points out that our own profession has contributed to this trend toward commercialization. He notes that between 1972 and 1982 the number of NASW members reporting employment under for-profit auspices increased four-fold, from 3.3 percent to 12 percent. The growing number of social workers in private practice and in employee assistance programs (EAPs) apparently accounts for most of this increase (pp. 372-373).

Of course, the commercialization of social welfare raises many ethical questions for social workers, especially about professional responsibility to low-income people in need or outside the labor market. Though important, perhaps the more critical issue facing social workers today is not one of choosing between public or private provision of services, but rather one of identifying how public and private providers can best be used to finance and deliver social benefits and services. As Kramer (1985) points out, "similar service delivery system dysfunctions—such as lack of access, coherence, continuity, and coordination—are found in the most advanced welfare states regardless of their mixture of public and private providers of service" (p. 383).

Preventing Illness and Disability

Throughout the remainder of this century, the United States will join other nations in searching for new ways to prevent illness and disability. Experts of the World Health Organization (WHO) estimate a 10 percent disability prevalence in the world population. They predict by the year 2000 the number of disabled people will be 580 million, up from an estimated 387 million in 1975 (World Health Organization, 1976, p. 18). Other experts believe that the disability prevalence is around 12.3 percent, and that the estimated number of disabled people in the world will reach about 846 million by the end of the twentieth century. About 80 percent of this population will come from developing countries where disability is caused primarily by uncontrolled infectious diseases such as diarrhea, tuberculosis, and poliomyelitis. In developed countries the rate of disability is much more a function of traumatic accidents involving brain and spinal cord, chronic mental illness, developmental disabilities, and chronic illnesses related to the aging process (Noble, 1981, p. 29). For the United States alone, the escalating multi-billion dollar costs associated with such long-term disabling conditions will force policy makers to take further steps to prevent, or at least to curb, this growing financial burden.

Historically, prevention has received much less attention in our nation than acute care and treatment. Prevention is less glamorous, and its outcomes are more difficult to measure. In the American health care system, high status is allocated to professionals engaged in technical breakthroughs and research, to those employed in medical schools and medical centers. This "professional model" of health care, as Light (1986) calls it, leads to expensive, institutionally-based care and an emphasis on specialized clinical treatment skills. "Medical schools under this model and the physicians they produce focus little on nutrition, pollution, preventive medicine or occupational health and instead value specialized, technological interventions and hospital care" (p. 434).

Gradually, however, prevention is gaining a larger share of the policy spotlight. A recent study by the American College of Hospital Administrators (1984) reports that health care experts and decision makers around the country rank preventive medicine as one of the key strategies for reducing health care costs in the 1990s. The sudden and spectacular growth in the number of wellness programs throughout the nation is indicative of this trend. Another is the increasing emphasis being given to prevention in the field of maternal and child health. In South Carolina, for example, the state's health care system for the indigent has been radically changed in the last five years to emphasize prevention. One of the new programs in that state sends social workers into communities looking for poor children with disabilities or diseases in which early treatment can save the child and eliminate the need for more expensive treatment or custodial care later.

Promoting Independent Living and Community-Based Care

The independent living movement, though not new in the 1980s, will continue into the 1990s and have substantial influence on the shape of social policy in the decade ahead. Groups representing the interests of the elderly, the chronically mentally ill, the mentally retarded, and the physically disabled are becoming better organized; singly and collectively they are beginning to mount considerable pressure on federal, state, and local decision makers who influence the welfare of their constituencies.

Disabled citizens and their advocates are calling for service delivery strategies that promote independent living and community-based care. Highly critical of the "professional model" that does things to disabled people rather than with them, they want a collaborative partnership in the health care process—one that allows persons with disabilities to exercise choice and control over their lives to the fullest extent possible. And, they believe that the disabled have a right to receive services that promote independence and growth as well as participation in the normal activities of family and community life. Their perspective represents a change in philosophy of care of mentally ill, mentally retarded, physically disabled, and substance abusing citizens, from long-term treatment and confinement in institutions to alternative living arrangements and service supports in the community. On a practical level, this perspective means a responsibility on society's part to provide housing, transportation, education, recreation, employment, and health services for persons with disabilities in exchange for a commitment by the disabled to participate to the fullest extent possible, in the social and economic life of the community and society of which they are a part.

The demands of these groups will force local communities and society-at-large to address some provocative problems related to service delivery and to cost. Deinstitutionalization has demonstrated that many families do not have the physical facilities and equipment to care for persons with disabilities in the home; other families do not know how to cope with the emotional strains and stresses placed on them by family members returning from institutional care.

In addition, deinstitutionalization has shown that states and localities are not able or willing to allocate sufficient resources to meet the community-based service needs of people discharged from institutions. This problem is further complicated by the fear among many decision makers that while the provision of community or home-based care may be cheaper than institutional care in the short run, it may not be in the long run. Some authorities are worried about the "hidden" long term costs of noninstitutionally-based arrangements. The U.S. Health Care Financing Administration, for example, tightened the Medicaid waiver system for home health care when it discovered "pent up" demand for this form of service in the community. The fear is that many patients, who presently rely on natural helping networks at little or no cost, will turn to the public sector to finance such care through a local, Medicaid-approved, home health care agency. Similarly, the cost of providing education, employment services, transportation, housing, social services, and income maintenance for disabled persons outside institutional settings are "hidden," but substantial, costs associated with independent living and community-based care.

Regardless of how these issues are dealt with, pressures toward independent living and community-based care are likely to remain for some time. And many institutions, especially acute care hospitals, are taking aggressive measures to reduce any further erosion of their power base. "Continuity of care" is now their slogan. As one hospital executive recently stated, for example, the "term 'hospital' is passe; [administrators] must think beyond the sick patient and the acute care bed" (*Hospitals,* February 20, 1986, p. 102). To survive, hospitals must implement an array of alternate non-acute health care services closely tied to the community. Providing hospice programs, health care planning and case management services for the sick elderly, wellness programs at the work site, community outreach programs to coordinate services with local community agencies, and home-based health care services to keep patients healthy and at home—these kinds of services which make hospitals active members of the community and home environment are the wave of the future. For the health care consumer, one result may be a more vertically and horizontally integrated health care system; for social workers, there may be more opportunities to demonstrate their unique skills, particularly in the area of case management.

Addressing Issues of Work, Income, and Dependency

Finally, the future of social policy in the United States will also be shaped by the changing nature of work, income, and dependency.

Since the mid-1970s, plant closings in large manufacturing firms have eliminated over 900,000 jobs a year, representing big job losses for production workers, and a mismatch between the skills of displaced workers and the requirements of new employment opportunities in high-technology manufacturing industries. Particu-

larly acute has been the regional distress that labor markets in transition have created in the snow-belt states. Many regions will continue to experience economic uncertainty as they shift from smokestack to high-tech industries. While such major economic transformations can create more jobs over time and generate more wealth which can be shared, they also can destroy the lives of persons "transitionally" displaced from their traditional work (Harris, 1984).

Especially hard hit have been workers in their middle years whose jobs have disappeared in the face of international competition or new technology. However, they now join four other groups of potential workers who are outside, trying to get into, the nation's labor market. First, there are many young, unskilled persons, especially minorities, whose educational experiences have not adequately prepared them for work or whose efforts to find work have been hampered by racial prejudice. In addition, large numbers of elderly people are forced or strongly encouraged to retire under present industrial and public policy incentives, even though they may have many years of vigorous work life ahead. Third, many persons with severe disabilities want to enter the world-of-work, and have been able to get agencies, such as the U.S. Administration on Developmental Disabilities, to subsidize new initiatives in that area. The Supported Work Services Employment Project for Severely Physically and Multiply Handicapped Persons, recently undertaken by Virginia Commonwealth University's School of Social Work, is one such project (Katzen, Tetrault, and Poole, 1985). Finally, there are many single-parent women with small children who, throughout the remainder of this century, will be trying to enter the work force in order to escape or avoid social dependency.

Regarding the latter group, the increasing rates of divorces and of births out of marriage over the last two decades have resulted in record numbers of children living in one-parent families. The impact of this family structure on the children involved is not yet clearly known. While some studies report that the loss or absense of one parent in the home has no negative consequences, most studies indicate that this living arrangement can seriously impair the self-concept, self-esteem, and psychological adjustment of the children in families (Vosler, 1985). Should the latter studies prove correct, one wonders what the long-term impact will be on the dependency ratio in this country. Today large numbers of single-parent families live in poverty which in itself places additional stress on the single parent and the children. Typically, the mother, hoping to prevent further disintegration of the family unit, is forced to choose between the Scylla of staying at home and raising her children on a meager AFDC grant, and the Charybdis of going to work at low wages and risking the loss of other benefits (e.g., medicaid, food stamps, rent subsidies) that help to keep her family intact. Society will also have to make choices: between forcing single parents with small children to "earn" their support by work outside the home; or, providing adequate resources for single parents to "earn" their respect as nurturing parents in the home and securing commitments from them to make other contributions to the community.

Finally, juxtaposed against the group of workers who traditionally have been outside the nation's labor force is the growing number of people who have become disenchanted about work. Instead of work they want more leisure time, i.e., shorter working hours and more vacation time. In addition, in areas where structural unemployment is high, and where the prospect of an early return to full employ-

43

ment is low, there is another group of people emerging who hold non-traditional attitudes about work. Khaleedee and Miller (1984), for example, point out that in West Riding of Yorkshire, Great Britain, greater recognition is now given to the worth and legitimacy of work done outside paid employment when the once thriving woolen and worsted cloth manufacturing industry of the community all but collapsed.

Perhaps, as Khaleedee and Miller go on to suggest, post-industrial society will need to consider "a different kind of future in which employment, as an institution, is no longer the principal way in which goods and services are distributed and in which the non-employed individual can feel that he/she is a worthwhile member of society." Certainly this notion applies to the single-parent who wants to remain at home raising her/his children on an adequate level of income—and to other potential workers traditionally outside the labor market. However, it may not apply to the multitude of people who want to enter the work force but cannot: i.e., displaced workers, ethnic minorities and women, teenagers, and persons with disabilities. For them, society will have to make an equity/efficiency tradeoff, that is, between providing resources and opportunities for those who cannot participate in the work force without assistance and making the most productive use of its resources in the creation of society's goods and services (Noble, 1984). Thus far, American society has favored the efficiency side of the equation, neglecting the more humane, though costly, alternative associated with public service employment, job subsidies, tax incentives, and vocational services for the hard-to-employ.

Directions for Social Work Education

Social policy courses in schools of social work have never held much initial popularity with students. The term "social policy" alone draws up obscure mental images that confuse most students. This problem—and their expressed desire to work "directly" with clients—brings many students into social policy courses with a mixture of dread, intimidation, and resistance. Although some students never get over these feelings, many are surprised and fascinated by the content and become avid supporters of social policy curricula. Then there are students—probably the majority—who leave school, become practitioners, and discover that social policy not only determines the general health and well-being of their clients, but also the nature and scope of their professional practice. Many of these graduates develop an intense interest in social policy content and become leading advocates promoting social change in the community. For faculty teaching social policy, it is a never-ending struggle to shape and reshape course content so as to attract the interest and commitment of students who, through no choice of their own, are required to take courses in this area.

Part of the key to reaching these students is making course content obviously relevant to practice. Helping them acquire knowledge about the historical development of social welfare policies and programs as responses to personal and social needs and to the dominant values in society is basic. Similarly, examining policies and programs in terms of rights and obligations, and equitable treatment for poor and minority groups, within the political economy of different societies, is an essential component of the curricula. But the content must go beyond the cliches of the past and strike students at the core of their professional practice experiences of

44

today. In field work, these students are now coping with trends that are shaping the future of social work practice: a fiscally and ideologically conservative electorate, a "mixed-economy" of public and private welfare, shifting responsibilities from federal to state and local governments, commercialization of social welfare, deinstitutionalization and community-based care, unemployment and the changing nature of social dependency.

These trends challenge many of our traditional assumptions about the modern welfare state. Our debates about "residual vs. institutional," "right vs. privilege," and "public vs. private" are useful for heuristic purposes, and should be continued, but often overly simplistic in light of the challenges we face today. We must ask ourselves how, given the political, economic and social constraints of our "client," American society, we can restructure service delivery systems to best serve people in need. This means that we must explore new public-private partnerships in the finance and delivery of human services; tease out the balance between self-help and public responsibility; find new ways for the federal government to stimulate new service innovations at the state and local level without forfeiting its moral commitment to the politically and economically disadvantaged members of society. Students must be informed about the intricacies of the "mixed-economy" of social welfare that has evolved in the United States. They need to be involved in identifying the relative responsibilities of the person, the family, informal social networks, profit and nonprofit organizatons, and government in the finance and delivery of social services.

Social policy analysis within a "value theoretical framework" (Moroney, 1981) must be a central component of the educational experience preparing students to engage in such discussions. Today, policy analysis among public officials has resorted mainly to searching for an optimal (single best) solution within a broad cost-benefit frame of reference. Or, policy analysts turn to cost-conscious administrators and say "tell me what you want, and I'll tell you how to do it." Students must understand that "the professional has to be seen as a moral agent—not a purely instrumental problem solver" (Bolan, 1980, p. 273). Further, they need to recognize that objective knowledge is an impossibility—that interest and facts cannot be separated (Habermas, 1968). Reason, evidence, and values are each important for analyzing social problems encountered by social workers and for identifying preferred policies and implementing effective programs to deal with these problems.

Another important part of the student's educational experience is developing knowledge and skill in the practical aspects of policy formulation and implementation. In this regard, at least two strategies should be followed in the social policy curricula of schools of social work.

First, social policy, social action, and practice issues should be well integrated in the curricula. Too often in schools of social work, unnecessarily sharp distinctions are drawn between courses in social policy and clinical social work practice. NASW's campaign to raise $10 million to fund a National Center for Social Policy and Practice is illustrative of the foci that need to be included in the social policy curricula. It will use data collected from practitioners to determine how existing social policy is affecting clients and, from these data, develop alternative policy proposals to be introduced at federal, state, and local levels. Thus, the Center promises not to be simply another academic "think tank."

Second, social policy courses need to help students, including clinicians, to develop the capacity to promote social change both in their agency settings and in the larger communities. These courses should provide students with an opportunity to develop competence in the practice of policy making in social agency, community, or legislative settings. They need to obtain knowledge and skills in: 1) identifying a policy issue; 2) examining how political, economic, social, and administrative factors affect the nature of the issue; 3) developing and presenting specific and detailed policy solutions to key decision makers; 4) determining the political and economic feasibility of a policy recommendation; 5) reevaluating and revising the recommendation so that it accommodates internal and external pressures on decision makers without trading off professional social work values; and 6) designing and implementing a strategic plan to promote the enactment and implementation of a particular policy recommendation.

Conclusion

Since colonial times social policy in America has reflected an uneasy balance between benefits and services financed and delivered by various sectors of society, public and private. Given this reality, and current trends, it can be assumed that these sectors will continue to influence the formation of social policy and the delivery of social services. How responsibilities for meeting needs will be allocated to these sectors in the future is not clear, nor is it clear how resources to implement these responsibilities will be obtained. What is clear, however, is that many of the paradigms used in the past to address these issues are inadequate for charting the future of social policy and social work.

Therefore, much more research is needed to understand the current trends that are shaping social policy and the roles that social workers can play in resisting or adapting creatively to them. In that regard, closer links between courses in social policy and social research should be developed. Students should have educational experiences that enable them to obtain and interpret data that are relevant to their practice and useful to decision makers. Too often, however, research courses taught in schools of social work are so embedded in the traditions of sociology and psychology that students leave them with little ability to obtain and interpret such data. It is important to remember that the task of social research, as Mary Richmond pointed out more than fifty years ago, is "assembling known facts in order to interpret them for use in social reform" (Richmond, 1922, p. 224).

References

American College of Hospital Administrators (1984). *Health care in the 1990s: Trends and strategies.* Chicago, IL: Author.

Austin, D. (1983). Program design issues in the improved administration of human services programs. *Administration in Social Work, 7,* 1-11.

Austin, D., & Hasenfeld, Y. (1985). A prefatory essay on the future administration of human services. *Journal of Applied Behavioral Science, 21,* 351-364.

Bolan, R. (1980). The practitioner as theorist. *Journal of the American Planning Association, 46,* 261-274.

Derthick, M. (1975). *Uncontrollable spending.* Washington, DC: The Brookings Institution.

_____. (1979). *Policy making for social security.* Washington, DC: The Brookings Institution.

Friesen, B., & Frey, G. (1983). Managing organizational decline: Emerging issues for administration. *Administration in Social Work, 7,* 33-41.

Gilbert, N. (1983). *Capitalism and the welfare state.* New Haven, CT: Yale University Press.

_____. (1985). The commercialization of social welfare. *Journal of Applied Behavioral Science, 21,* 365-376.

Gilder, G. (1980). *Wealth and Poverty.* New York: Basic Books.

Glazer, N. (1983). Toward a self-service society. *The Public Interest, 70,* 66-90.

Grant, G. (1986). *Bringing in the sheaves: Toward transforming poverty into productivity.* Atlanta, GA: American Vision.

Habermas, J. (1968). *Knowledge and human interests.* Boston, MA: Beacon.

Harris, C. (1984). The magnitude of job loss from plant closings and the generation of replacement jobs: Some recent evidence. *ANNALS, American Academy of Political and Social Science, 475,* 15-27.

Hospitals, February 20, 1986, 102.

Judge, K. (1981). *A mixed economy of welfare: Purchase of service contracting in the personal social service* (discussion paper). Personal Social Service Research Unit, University of Kent, Canterbury, England.

Kamerman, S. (1983). The new mixed economy of welfare: Public and private. *Social Work, 28,* 5-10.

Khaleedee, O., & Miller, E. (1984). *West Yorkshire talks about the future of work.* London: Work and Society.

Kramer, R. (1981). *Voluntary agencies in the welfare state.* Berkely, CA: University of California Press.

————. (1985). The future of the voluntary agency in a new mixed economy. *Journal of Applied Behavioral Science, 21,* 377-391.

Levine, C. (1980). Organizational decline and outback management. In C. Levine (Ed.), *Managing fiscal stress.* Chatham, NJ: Chatham House, 458-474.

Light, D. (1986). Comparing health care systems: Lessons from East and West. In P. Conrad and R. Kern (Eds.). *The sociology of health and illness* (2nd ed.). New York: St. Martin's Press, 429-443.

May, E. (1980). Fifty years of looking ahead. *Public Welfare, 38,* 10.

Mead, L. (1986). *Beyond entitlement: The social obligations of citizenship.* New York: Free Press.

Moroney, R. (1981). Policy analysis within a value theoretical framework. In R. Haskins & J. Gallagher (Eds.) *Model for analysis of social policy.* Norwood, NJ: Ablex, 78-99.

————. (1986). *Shared responsibility: Families and social policy.* New York: Aldine.

Morris, R. (1986). *Rethinking social welfare: Why care for the stranger.* New York: Longman.

Murray, C. (1984). *Losing ground: American social policy, 1950-1980.* New York: Basic Books.

Noble, J. (1981). Social inequity in the prevalence of disability. *Assignment Children, 53/54,* 23-32.

————. (1984). Commentary. In P. Cornes, *The future of work for people with disabilities: A view from Great Britain.* New York: World Rehabilitation Fund, 71-72.

Nozick, R. (1974). *Anarchy, state and utopia.* New York: Basic Books.

Palmer, J., & Sawhill, I. (1982). Perspectives on the Reagan experiment. In J. Palmer & I. Sawhill (Eds.). *The Reagan experiment.* Washington, DC: The Urban Institute, 1-28.

Poole, D. (1985). The future of public-private sector partnerships for the provision of human services: Problems and possibilities. *Journal of Applied Behavioral Science, 21,* 393-406.

Richmond, M. (1922). *What is social case work?* New York: Russell Sage Foundation.

Vosler, N. (1985). *Children in intact, one-parent and blended families: Psychosocial consequences of family structure.* Unpublished doctoral dissertation, School of Social Work, Virginia Commonwealth University, Richmond.

World Health Organization (1976). *Disability prevention and rehabilitation, Reports on specific technical matters.* Geneva, Switzerland: Author, April.

IMAGES OF SOCIAL WORK PRACTICE

Edna F. Roth*

It is always difficult to discern the substance of the future, whether it is a moment or a decade from now. But the present casts its multiple shadows toward the future, giving us glimpses of tomorrow's shapes. The near view is relatively clear. The far view is hazy, pure speculation.

THE NEAR VIEW

Many revolutionary changes in social work practice exist because of changes in social service delivery systems brought on by external factors. These changes will guide the future of social work practice. Here is a preview: Physical care will continue to be economically and technologically based, dominated by corporate interests. Mental health care will be community-politics based, dominated by the privatization of professional services. Family welfare will also be dominated by the changing economic bases for professional services, and will focus on normality in an abnormal world. Public welfare, including child welfare, will continue to be need-based, dominated by guns/butter political expediency. The field of corrections will be experiencing the impact of cost containment, and traditional legal interests will conflict with newly emerging business interests. The profession of social work will have to re-affirm its identity in the conflicting pressures of ethics and economics. Social work practice will have to be re-assessed and revised to respond to future events. Consider these points one by one.

Physical Care

Technological changes, hospital-for-profit movement and cost containment measures have combined to make hospitals into emergency and short-term care facilities. Tomorrow's social service department will have one or two M.S.W.s who will be administrators/supervisors and program directors. Programming of social services will be organized around the length of hospital stay, rather than medical or surgical condition. The difference is phenomenal. Length of hospital stay cuts across services, whether they be maternity, ophthalmology, or oncology. Discharge from the hospital is not focused on whether the patient is "well enough to go home," but on whether the patient is in need of specialized services and equipment which are primarily available in the hospital.

*Edna F. Roth is Professor at the School of Social Work, Virginia Commonwealth University.

While technological advances have influenced changes in hospitalization, it has been the inflationary costs of hospitalization (particularly for Medicare patients), which drastically affected hospital-based health care. Using Medicare data, a Federal and State Prospective Payment System was evolved.[1]

> . . . payment is built upon the requirements for the average Medicare patient for a given set of diseases and disorders. This includes the length of stay, the number of services provided, and the intensity of services. Therefore, the more efficiently care is delivered, the greater the [financial] operating margin will be.[2]

The payment system is tied to a surgical and medical classification system known as Diagnosis Related Groups (DRG).

> . . . diseases and disorders of the body are classified into 23 major diagnostic categories, e.g., diseases and disorders of the respiratory system. Most categories contain a surgical division and a medical division. Each division is further broken down by Diagnosis Related Groups. There is a total of 467 of these groups derived from all 23 major diagnostic categories.[3]

The economic revolution of health care services is here. Each of the 467 groups is assigned a Mean, or average, Length of Stay (Mean LOS) and a Relative Weight (RW). The Relative Weight is ". . . intended to reflect the relative consumption associated with each DRG."[4] The higher the RW, the greater the payment to the hospital. For DRG examples, see*

The DRG classification system is complex and extensive. It directly impacts on salaries, use and allocation of personnel, equipment, technology, and social work practice. Its ramifications will continue to affect the delivery of health care services, and social work practice in the future.

It seems probable that the BSW social worker will be the service provider in hospitals, a part of continual care teams which are literally at the elevator when the patient arrives. Discharge planning will be the major focus of service. In between admission and discharge, the social worker will need to secure a psycho-social history, including psycho-social stressors and the level of adaptive functioning within the past year. The medical staff will need to secure health and drug history. These reports, combined with the DRG assist the BSW social worker in checking for appropriate community resources and developing individual discharge plans. Accordingly, future BSW education will need to include a heavy emphasis on physical health, history taking, principles of discharge planning, classification

---

[1] Allen Spiegel and Florence Kabaler. *Cost-Containment and DRGs*. National Health Publication, Owings Mills, Maryland, 1986. See also Federal Register. Part III, Medicare Program; Changes to the Inpatient Hospital Prospective Payment System and Fiscal Year 1986 Rates; Final Rule. 50 (170); 35722-35735 (September 3), 1985.

[2] *The Physician's DRG Working Guidebook*. St. Anthony Hospital, Louisville, KY. 1984, p. v.

[3] *Ibid.*, p. III.

[4] *Ibid.*, p. 271.

*Examples: DRG 253, Fractures, Sprains, Strains and Dislocations of Upper Arm, Lower Leg except Foot. Age greater than 69 and/or Complications or previously diagnosed influencing conditions. (Mean LOS 6.6) (RW = .7388). There is a separate DRG listing for ages 18-69 without complications - DRG 254 (Mean LOS 5.3) (RW = .6193), and another for the same conditions in ages 0-17 - DRG 255 (Mean LOS 2.9) (RW = .4637). There are 37 fractures, sprains, strains and dislocations included in DRG 253 and its age-specific DRGs. *Ibid.*, p. 119-120.

systems, inter-disciplinary teamwork, referral process and resource use.

The former hospital-based medical social worker at the MSW level will probably move into the community, to work for independent health care providers. The focus will be on follow-up and continuing social services for discharged patients. Costs will continue to be a big factor, and those patients who can afford it will have multiple health insurance plans. With or without insurance coverage, patients will be discharged too soon, the community resources will be inadequate, readmission rates will climb and hospital-based medical care will be accused of 'economic euthanasia.'

Because of the foregoing trends, MSW programs of the future will probably have two setting-related tracks in health or medical practice. The first will be community-based and focused on prevention and after-care. It will include health care education, rehabilitation and chronic-care counseling for patient and family. It, like other future MSW specializations, will have a curriculum component in business, because of the dominance of economics. The second track will be hospital based, and focused on administration, supervision, programming and research within the health services corporate structure.

Mental Health Care

Like physical health care services, mental health care has been reorganized. Classification systems are manifest, and mental health care has moved from the institution to the community.

Mental health conditions have been classified in many ways in times past, depending on the theoretical base used and on developing nosology. Since 1968, the American Psychiatric Associations' official classification system has been tied in with or has been made compatible with, the mental disorders section of the International Classification of Diseases, thus permitting international studies and research of mental disorders. The mental disorders section has been extrapolated and expanded into a separate reference, the Diagnostic and Statistical Manual of Mental Disorders. The current reference is the third edition, familiarly known as the DSM III, and is already in the process of revision. The DSM III is atheoretical regarding etiology. It attempts to consider mental disorders on a descriptive basis, a diagnostic basis and a multi-axial basis. All of this is intended to make it possible for clinicians of various theoretical persuasions to arrive at similar and defensible differential diagnoses of the presence or absence of a mental disorder in a patient/ client. See example below.[5]

The use of a multi-axial system for evaluation is particularly compatible with the social work perspective of the person-in-environment. The evaluative system gives

---

[5] Anorexia Nervosa is listed under Eating Disorders, of Infancy, Childhood or Adolescence. 307.10 - Diagnostic Criteria for Anorexia Nervosa are: A. Intense fear of becoming obese, which does not diminish as weight loss progresses. B. Disturbance of body image, e.g., claiming to "feel fat" even when emaciated. C. Weight loss of at least 25% of original body weight or, if under 18 years of age, weight loss from original body weight plus projected gain expected from growth charts may be combined to make the 25%. D. Refusal to maintain body weight over a minimal normal weight for age and height. E. No known physical illness that would account for the weight loss. *(DSM III,* American Psychiatric Association, Washington, DC, 1980, p. 69.)

Note: the DRG listing of Anorexia Nervosa is #428, Disorders of Personality and Impulse Control (Mean LOS 8.3) (RW = .9640) and is one of 19 disorders within that DRG. St. Anthony Hospital, *op. cit.,* p. 228.

51

importance to conditions outside of the mental disorder itself which might bear on the nature of care and services.

Each individual is evaluated on each of these axes:

Axis I	Clinical Syndromes
Axis II	Personality Disorders
	Specific Developmental Disorders [an example of specific developmental disorders would be a developmental language disorder]
Axis III	Physical Disorders and Conditions
Axis IV	Severity of Psychosocial Stressors [Note: an eight level rating, including "unspecified," and ranging from "none" to "catastrophic"]
Axis V	Highest level of adaptive functioning past year [Note: five level rating, defined and ranging from "superior" to "poor"][6]

The classification systems for diagnosis (the DSM III) and for hospital care (the DRG) are independent of one another, though it is possible to locate connections (see note after example below). To the future belong the arguments about the appropriate length of time to stay in the hospital. In most instances, acute symptoms of the patient are brought under control through medication and the patient is discharged under medical supervision (for monitoring and evaluation of medications). Therapy or counseling for the patient and/or family may be recommended, but is usually external to the institution.

The concept of de-institutionalization has spread from hospitals for the mentally ill, to residential centers for emotionally disturbed children and adolescents, to centers for developmentally disabled/handicapped children, to institutions for the mentally retarded and, recently, to correctional institutions. The community has become the unattended back ward.

Social workers, whether in agency settings or independent practice, will likely get caught in the maelstrom of having clients who are adrift in the gaps between appropriate and/or available services. Community-based politics will decide where the town money shall go; e.g., should the town or city have a drug-detoxification program, an AIDS education and counseling program, a program for de-institutionalized mentally retarded adolescents? Or should there be a program for "street people"? Politics will outweigh research on the decision, because this is an economy rooted in individual responsibility and local decision making. Social workers will probably utilize skills in group practice to try to respond to new problems—e.g., maintenance of the chronically mentally ill within the community. Use of groups are likely to be everywhere—in club houses, group homes, foster home programs, as well as in counseling/therapy settings.

Once again, group work methods will probably be in demand in the curricula of schools of social work. Also, as practitioners learn about working with 'new' clients through group process, they will be able to develop new approaches to new problems. Some schools will provide forums on innovative approaches to practice,

---

[6] *Diagnostic and Statistical Manual of Mental Disorders DSM III,* American Psychiatric Association, Washington, DC, 1980, p. 23.

and will teach advanced practitioners the principles of group model and theory development. Some schools will doubtless develop research and demonstration projects to test out the new approaches to group problem-solving, and recommend modifications.

Independent practice will undoubtedly continue to grow as a major career goal of social workers. In recognition of the persistent demand, graduate schools will probably identify 'clinical practice' cores in curriculum offerings (e.g., theories of normal and abnormal development, plus courses in direct practice with groups, families, special problem populations). An additional curriculum component will possibly be a course in methods of working with community forces (intra-community practice).

Economic pressures on the profession will probably increase, pressing for proof of outcome of services, and for means by which it will be possible to identify clinicians who can provide cost-effective service. As part of the answer to such pressures, the effort to determine educational, experiential and examination standards will continue so as to provide national credentialing at an advanced level (e.g., five years post-graduate, post-licensing where applicable). Research will attempt to evaluate the relative contributions of the three "e's"—education, experience and examination.

Family/Child Welfare

The corporate image has already come to the voluntary agency, and will remain because of the need for financial support. The reduction in government support of human services has produced cut-backs in purchase of service contracts, in third-party reimbursements for service (e.g., Blue Cross, CHAMPUS, and other insurers), and has practically eliminated grants for special programs. The family service agencies look to other sources of income—investments, contributions from business and individuals, special projects (like the production and sale of films and books), and increased fees for service. Cost-efficiency efforts will probably continue to bring about substantive changes; e.g., use of part-time staff and volunteers such as retirees who continue to practice in the agency, but on a not-for-pay basis; increases in staff work loads; reorganization and merger of agencies; and a pay-scale based on a percentage of income derived through fees for service.[7]

The major areas of family welfare services fall within normal life circumstances, which includes developmental and transitional conflicts from childhood through adulthood. Certain family problems are likely to increase; e.g., teen-aged parenting, the pervasiveness of alcoholism and drug abuse and the tragic legacies of physical and sexual abuses. At one time or another, such problems were considered to be pathological, but the spread of these problems will probably turn pathology into commonality. However, there may be a new commitment to family life ahead, but with an openness of expressive styles among young adults.

Case management has become a vital role in various arenas, including health and mental health. It is of particular significance for families because of the expectation

---

[7]Harold W. Demone, Jr. and Margaret Gibelman, "Reaganomics: Its Impact on the Voluntary Not-for-Profit Sector," *Social Work*, Sept.-Oct. 1984, Vol. 29, No. 4, 421-427.

that families will provide for, and wherever possible, keep at home the developmentally disabled, the mentally impaired and the chronically ill. Case management includes assessment, planning, supportive counseling, resource and logistical coordination, advocacy, and trans-disciplinary teamwork. "Trans-disciplinary" refers to role overlap among team members. Each discipline teaches team members sufficient basics to enable on-the-spot, life-space handling of relevant issues: e.g., any team member may encounter parental or child distress, or see medication reactions, and must be able to recognize and help resolve such problems. A newly emerging population in need of the case management model of service are hi-tech kids and adults, including the patients who are at home with the benefit of portable equipment to perform vital life functions until/unless normal bodily functions can develop and replace equipment.

Thus, it seems likely that, in the near future, schools of social work will join with other professional programs to offer a certificate program in case management. The social work students could elect specializations in health, mental health, or family/child welfare. The curriculum would be inter-disciplinary; the field work would include trans-disciplinary practice. The professions most likely to be involved appear to be nursing, education, physical therapy, occupational therapy and rehabilitation counseling. Knowledge of computers will be a necessity for record-keeping, accessibility to certain resources and strategies, and for research.

Corrections

De-institutionalization and cost containment are affecting the field of corrections, too. The closing of large institutions and early release programs have returned offenders to the community. Parole officers monitor compliance with release conditions, and clinicians provide supportive counseling when appropriate. Business is challenging the traditional approach to "corrections," which has been confinement and compliance. Business interests are beginning to develop residential centers emphasizing rehabilitation and re-socialization; and are offering service for contract to the local, state and federal penal systems.

Prevention programs, rather than imprisonment, appear likely to increase. Program focus is on the first and/or young offenders and, in some instances, populations at risk. Extended probation is often provided the early offender rather than incarceration. For the offender or the at-risk population, programs may include vocational training, literacy courses, tutoring, individual and family counseling, group activities or drug and alcohol programs. It is projected that a new course in graduate schools of social work could be based on Kohlberg's studies, presenting a "super-ego" psychology. The course could include behavioral and cognitive strategies, and social learning theories.

THE FAR VIEW

It is unclear how the new Public Law 99-457 (signed into law 10/8/86) will affect family/child welfare practitioners and, possibly, school social workers. Federal funds under this law are to be used for the planning, development and implementation of a statewide system for provision of services for all infants from birth to two with special needs. Current legislation mandates services for children from 2 to 21 (PL 94-142), and the lead agency is the Department of Education. However, for infant-family services, the lead agency in Virginia will be the Department of Mental

54

Health and Mental Retardation. The latter agency, plus local taxes, funds most current infant programs in Virginia. Such programs are administered by Community Services Boards.

Some features of this ninety-nine page piece of legislation are:

1. Flexibility for states to define the population of children (0-2 years) to be served (e.g., should only children with identifiable delays or handicaps be served, or should children who may not have a delay, per se, but who may be considered "at risk," also be eligible?).

2. Assurance that infant services recognize parents and other family members as a crucial part of the planning team and receivers of services through:

   a. Inclusion of parents at the state level to advise and assist the lead agency in the planning and implementation of services for infants.

   b. The development of individualized Family Service Plans for each infant receiving services.[8]

The specific inclusion of a Family Service Plan in PL 99-457 suggests that social workers may become involved. Any Family Service Plan will probably require a case manager, since the program is for infants 0-2 years with special needs. Whatever the extent of social work involvement, practitioners are likely to become increasingly knowledgeable about the complex, phenomenal growth and activity patterns of infants, normal and handicapped. Study of the strengths of coping and adaptation skills of infants will revolutionize theories of behavior and of personality development. The Year of the Infant may not be far away.

Moving from infancy to adulthood, future graduate programs will probably emphasize short-term and crisis intervention in all methods (individual, family and group). There will possibly also be an episodic or intermittent model, which has been in practice (often unofficially) in many agencies of 10 or 20 years of existence: This model has been developed by clients who come in at periods of difficulty, over the years and through generations, using the expertise of the social work practitioners for the variety of problems which may develop during a lifetime. Twenty-five years of research at Kaiser-Permanente recognized the latter model as the Intermittent Life Cycle Model. The studies also showed that 85% of patients prefer and make good use of brief therapy on the Intermittent Life Cycle Model, 10% of patients need long-term therapy, and 5% are "interminable," chronic patients.[9]

Based on studies at Kaiser-Permanente, Dr. Cummings and his colleagues have developed a new mental health program. It provides client-specific and client-evaluated mental health services from a range of 58 tested, successful and focused interventions. The program also includes special interventions ". . . not only to treat the interminable patient but also to identify [such patients] before they become interminable."[10]

[8]Stephanie Park, *PIElines*, Parent-Infant Education Program, Prince William County, Va., Vol. II, No. 7, Nov. 1986.

[9]Dr. Nicholas Cummings, Interdisciplinary Panel on Impacts of Policy on Practice; National Academy of Practice in Social Work, San Francisco, California, 9/13/86.

[10]Nicholas A. Cummings, "The Dismantling of Our Health System: Strategies for the Survival of Psychological Practice." American Psychological Association, copyrighted reprint released for use by author, personal communication, 12/9/86.

It seems likely that comparable empirically-based practice programs will develop, perhaps within social work. In addition to the creation of a new model of practice, there appear to be at least two other major changes ahead for practice. The first appears to be the disappearance of the solo practitioner. Group practice will possibly provide more opportunities for client choice and worker specialization or study; for professional stimulation and economic security; for liability protection. The second change is inter-disciplinary group practice. This thrust comes out of recognition of the ever-expanding knowledge about individuals, families, couples, and groups and the professional need to have some related specializations available for client/patient referral or consultation. On a national level, there is hope of inter-disciplinary consultation to, and sharing research with, Congress in the development and change in legislation affecting health care practice. The National Academies of Practice is modeled after the National Academies of Science. Its annual Interdisciplinary Health Care Forum will probably continue to provide a model of interdisciplinary leadership and research on health care issues in the future.[11]

THE CYCLE CONTINUES

There are looming forms beyond tomorrow. Within the next few years, the forms will become increasingly visible. The rising tide of an affluent society will probably repeat history and regard poverty, unemployment, illness and disadvantage as products of individuals and not of society. At the same time, the evolving structure of health care services already favors the over-insured, and those for whom resources are available. Inadequate and unavailable services will cause trauma, misery, developmental injuries, and cost lives among the poor, the homeless, the disadvantaged, anomic, elderly and ill. Social work will probably be highly criticized because of its responsibility for the field of social welfare. It appears likely that social work will be accused of self-interest and pseudo-professionalism. "Where were ethics, where was advocacy, who should have sounded the alarm?"

If history continues its repetitious patterns, a plethora of stop-gap measures will probably develop. Then, social work professionals working together may bring about legislative changes, but it may be too late to change the shapes of the shadow.

---

[11]National Academies of Practice includes 9 health care disciplines: Medicine, Psychology, Social Work, Nursing, Optometry, Osteopathic Medicine, Podiatry, Dentistry and Veterinary Medicine. It was incorporated in the District of Columbia in January, 1981.

Bibliography

Cummings, Nicholas A. Interdisciplinary Panel on Impacts of Policy on Practice. National Academy of Practice in Social Work. San Francisco, California. 9/13/86.

———— "The Dismantling of Our Health System: Strategies for the Survival of Psychological Practice." American Psychological Association reprint. 1986.

Demone, Harold W., Jr. and Margaret Gibelman. "Reaganomics: Its Impact on the Voluntary Not-for-Profit Sector," *Social Work.* Sept.-Oct., 1984. Vol. 29, No. 4, 421-427.

Diagnostic and Statistical Manual of Mental Disorders: DMS III. American Psychiatric Association, Washington, DC, 1980.

National Academies of Practice, Directory, January 1985.

Park, Stephanie. *PIElines,* Parent-Infant Education Program. Prince William County, VA. Vol. II, No. 7, Nov. 1986.

Physician's DRG Working Guidebook. St. Anthony Hospital, Louisville, KY.

Spiegel, Allen and Florence Kabaler. *Cost-Containment and DRGs.* National Health Publication, Owings Mills, Maryland, 1986.

FIELD INSTRUCTION: LEARNING FROM THE PAST, RESPONDING TO THE PRESENT, PREPARING FOR THE FUTURE

Jane Reeves*

As is characteristic of other professions, social work began in practice. It was through the provision of service and the desire to learn from experience that the early training programs evolved. However, in spite of dramatic changes in service delivery, models for field education have changed little from the early apprenticeship days. In the recent Self Study document (1986) prepared for the Commission on Accreditation, Council on Social Work Education, the importance of field instruction was recognized as the arena in which students "develop social work skills in the application of theoretical knowledge." There has, however, been little research to evaluate what is actually learned or the most effective and efficient way for learning to occur in field instruction.

Given the diversity of the student body, the populations served and practicum settings, it is almost impossible to standardize the experience. Although experiential education is sanctioned and supported by Virginia Commonwealth University, it becomes important to evaluate current models of field instruction as resource priorities shift and demands for accountability increase. Changes in service delivery systems, the financing of human services, the characteristics of the student population and our increasing knowledge-base affect field education. The challenge becomes how to learn from the past, be responsive to the present, but prepare students for the future. It is not enough that our students gain access to the profession upon graduation; they must be able to work effectively in the complex and evolving practice of the future. What are the forces influencing field education today and how can we meet the current needs of students and agencies as we prepare for tomorrow?

Changing Characteristics of the Student Population

Certainly one of the most obvious trends affecting field education has been the changing student population. Students are older, more experienced and more goal directed. In 1980, 128 or 56% of 228 full-time MSW students were 25 or younger, 16% or 38 were over 31 years old. In 1986, only 34% of the 242 full-time MSW students were 25 and under. The number of students over 31 had increased to 42%.

---

*Jane Reeves is Instructor at the School of Social Work, Virginia Commonwealth University, and Coordinator of Undergraduate Field Instruction.

The National Center for Education Statistics estimates that by 1990, 48% of all students registered in degree-seeking programs will attend school part-time. This estimate appears to reflect the trends in our own student population. In 1980, 39% of the students were part-time, all of them in the first year. By 1986, 50% of all students chose the part-time program. Many of these students are not attempting to enter the job market but to get credentials for advancement, or to accommodate to the changing demands of work (Sparks, 1986). They are making difficult sacrifices and choices trying to balance their job, family and course of work. Likewise, they make difficult demands on field instruction resources. Placements must provide new and challenging experiences, increased supervision, flexible hours and be close to home.

The field program has changed dramatically to accommodate the changing student population allowing greater flexibility in patterns of field instruction and in some instances allowing students to fulfill part of the requirement within their place of employment. Students can now begin field instruction at any of three different times of the year and can choose a concurrent or block pattern. These modifications of the historically traditional program in this School of one concurrent field/classroom teaching pattern have placed increasing demands on agencies, field instructors and field faculty.

At the same time that educators have recognized the value of a standardized curricular foundation as a base for specialization, students are entering the program with very specific goals. As field faculty attempt to obtain a breadth of educational experiences, students are unhappy with these less specialized placements in their first year which they see as failing to prepare them to compete in the labor market. We cannot ignore the fact that many of our students appear to choose the MSW degree as a route to clinical licensure. These students are influenced by the real or perceived requirements for this credentialing.

Issues in Practice

The more specialized career goals of students may well reflect the complexity and increasing specialization of practice. We no longer see ourselves as working with children or adults. Instead, we work with the homeless, the dually diagnosed or the homebound elderly and choose advanced training in an ever increasing array of practice techniques. Even the locality of social work practice has changed. How can we simultaneously prepare students to work on the streets, in a hospital or at IBM? The response to events in the Middle East, Ethiopia and South Africa reflects an international effort to address human needs. Our perceived consumers have become less local and more global. Our curriculum must keep pace.

Increasing complexity and specialization in methods and service delivery makes it more difficult for us to communicate with each other and to recognize our commonality. As our field agencies have moved to become more specialized, the 1984 Council on Social Work Education Curriculum Policy Statement has reaffirmed the need for foundation content. It has been difficult for field educators and agencies to respond to these new educational objectives. Some agencies do not encourage research. Field instructors in a large organization may be so far removed from the administrative and policy functions of their organizations that they find it difficult, if not impossible, to ensure these experiences for students. As a school, we

have the freedom to develop the curriculum within the parameters of the Curriculum Policy Statement and to respond to students' desire for specialized training. We must find the most effective balance between the dissemination of our expanding knowledge and that learning which comes from specialized experience.

While we are fortunate to have long standing, collaborative relationships with many field instructors and agencies who are committed to social work education, it is important to recognize that the School and the practicum organizations have different objectives and reward systems. It is tempting to use a student as an extra pair of hands and difficult to continue to support training if resources are needed for clients or programs. We have little research to demonstrate the costs, benefits or impact of students on the organization in which they are placed. We cannot continue to expect administrative support for agency-based education if it is not cost-effective.

It is difficult, if not impossible, to anticipate and prepare students for the realities of the future. Could we have foreseen Diagnosis Related Groups (DRGs) or 3rd party payments and the impact they have had on professional roles? The shifting resource base for social work services and efforts to measure our effectiveness by business standards have affected placement sites as well as the experiences available for students in agencies. The increasing privatization of human services has created, as a corollary, complex ethical dilemmas which have challenged our professional values. In the field, students need to be helped to recognize these ethical issues and to develop the skills to make value-conscious decisions.

Response in Field Education

In response to changes in the student population, specialization, shifting resources, and complexity in service delivery, we have had to reevaluate former models of field instruction and experiment with alternative educational structures. Although we have access to settings with appropriate learning opportunities, it is often difficult to locate, train and monitor field instructors for one-to-one supervision. In some instances a faculty member has assumed teaching responsibility. This is problematic for both the student and faculty, particularly when students are placed in non-traditional settings which do not have a social worker on the staff. Since the faculty member is not part of the agency, he or she must rely on others to facilitate the student's integration into the agency and often cannot control the selection nor sequencing of the student's assignments. When field instructors are not on-site, they are not available with the same flexibility. The student may feel very isolated and miss the learning that comes from working side-by-side with a role-model.

There is increasing interest in the use of groups as the major teaching method in field instruction. Not only are groups an efficient use of resources, but there is reason to believe that for mature, goal-directed students they may be the preferable method (Rehr and Caroff, 1986). It is obvious that the chance to learn from peers as well as a field instructor magnifies the learning potential. In a group students must generalize from one individual's experience which tends to encourage a focus on broader practice issues rather than a single case. Much of the work in agencies is accomplished through groups. Participation in field instruction groups also facilitates students learning the skills necessary for effective team membership.

There are other variations of this model. Merl Hokenstad calls for the development of new teaching-learning models which he feels are necessary to fully imple-

ment the Curriculum Policy Statement (Hokenstad, Jr., 1984). He proposes an introductory course in which students would be exposed to problems, policy and programs relevant to their area of specialization. Learning experiences could then be structured and sequenced to combine theory, practice, policy, and research with content team taught by faculty and field instructors.

New developments in practice and education may force us to evaluate our current structures of field education and to examine creative alternatives. To do so, however, requires educational leadership and resources for planning and execution. In 1984, the Council on Social Work Education initiated a one-year study which indicated that both field instructors and field faculty supported an increased role for the Council in areas of field education (Skolnick, 1985). The potential for expanded collaboration between the Council, schools and field instructors may offer hope of improved standardization and the sharing of resources.

Summary

The future is uncertain and the social, political and economic forces affecting our profession are largely beyond our control. How can we respond to increasing complexity and specialization and still maintain our historical identity and commitments? Can we resist the temptation to react to complexity and incoherence with simplistic, narrow solutions? How will excellence in social work practice be defined in 2000?

As our research capability has improved and our knowledge base has expanded, there is a temptation in our urgency to teach what we know to ignore the value of learning which comes from experience. It is not enough for students to know, they must also learn how to utilize their knowledge differentially. They must be able to locate, select, and synthesize information. They must demonstrate the ability to translate insights from one experience to the next, to exercise professional judgment and to evaluate the implications of their decisions for others. They must be value-seeking and possess the personal qualities that transcend specialization.

At the beginning of this century, John Dewey said that all genuine education comes about through experience. (Dewey, 1938). Experiential learning stimulates intellectual curiosity. At its best, it should allow students to utilize life experience and to assume increasing responsibility for their actions. Perhaps it is time to reaffirm the value of experience and to search creatively for new means to increase the integration of experiential learning in our education programs.

62

References

Dewey, J. *Experience and education.* New York: MacMillan, 1938.

Hokenstad, Merl C., Jr. Curriculum directions for the 1980s: Implications of the new curriculum policy statement. *Journal of Education for Social Work,* 1984, *20,* 15-22.

Skolnik, Louise. Final report: Field education project. Report presented to the Council on Social Work Education, 1985.

Sparks, Howard. Tradition and transformation in higher education. *Research in Action,* 1986, 7-12.

Virginia Commonwealth University Self-Study Report: Baccalaureate Social Work Program, Master of Social Work Program. Submitted to the Commission on Accreditation of the Council on Social Work Education, August, 1985.

THE GROWTH OF RESEARCH IN SOCIAL WORK:
THE PROFESSION AND THE SCHOOL

Robert G. Green*

The most salient characteristic of research in social work over the last twenty years has been its growing visibility within the profession. Although some have viewed the impact of this growth on the practice of social work as "revolutionary" (Fischer, 1981), others have been less impressed with the influence of the research enterprise on the way in which professional social workers conduct their interventions (Schilling, Schinke & Gilchrist, 1985). However, there seems to be a consensus that the last two decades have resulted in a deepening appreciation of the importance of research to practice and of the responsibilities of social work practitioners to contribute to the profession's research knowledge base (Nurius & Tripodi, 1985). This growth is apparent from an analysis of the profession's publications, its professional education programs, and from the statements and activities of its professional associations. It can be observed at the national level as well as from the activities of faculty and students at the School of Social Work.

Publications

Three publication trends attest to the growth of research within the profession. First, the emphasis of the more established journals has changed considerably. Clearly, the longstanding journals, *Child Welfare, Social Work, Social Service Review* and *Social Casework,* regularly publish a significantly greater percentage of research studies than they did twenty years ago (Tripodi, 1984). In addition, the gradual development of specialty journals by field of practice (e.g., *Social Work in Education* and *Social Work in Health Care*) and by social work method (e.g., *Clinical Social Work* and *Administration in Social Work*) have also added to the empirical studies regularly available to social work practitioners. Finally, *Social Work Research and Abstracts* and *The Journal of Social Service Research* now provide the profession with its first journals devoted exclusively to the publication of research studies and commentaries on research methods.

These national publication trends illustrating the acceleration in the conduct and dissemination of social work research can also be observed among faculty and students at the School of Social Work. During the 1964-65 academic year, for example, full time faculty published two articles in refereed professional journals.

---

*Robert Green is Associate Professor at the School of Social Work, Virginia Commonwealth University.

During the 1985-86 academic year, however, the School's faculty had 30 articles either appear in print or accepted for publication in these competitive national journals. Indeed, the most recent national study of the scholarly productivity of schools of social work places VCU among the 20 most highly ranked schools in the country (Thyer & Bentley, 1986). Similarly, indicative of the growing scholarly recognition of the School's faculty are the recent appointments of Drs. Thomas Carlton and Anne Fortune as editors-in-chief of major professional journals. Dr. Carlton is the editor of *Health and Social Work* and Dr. Fortune now edits the *Journal of Social Work Education.*

A similar pattern of growth is evident from an examination of books published by social work faculty. Only one member of the 1965 faculty had published a book. However, by 1986, seven social work faculty had authored, co-authored or edited a major social work or social science book. Four other faculty were completing books under contracts with publishers. Finally, although no records of previous student publications could be located, the research of a number of recent graduates has been published. Dr. Anne Fortune recently identified 18 publications authored or co-authored by VCU alumni or students since 1980 (Fortune, 1986).

Professional Education

Two trends in professional education illustrate the growing role of research in social work practice. Both can be observed nationally and at the School of Social Work. The first trend, the increase in the number of research doctorates granted by schools of social work, has been the most dramatic. In 1965, for example, only 39 D.S.W.s and Ph.D.s in social work were awarded by 14 American colleges and universities. By 1984, however, these figures had grown to 245 degrees and 38 institutions. Similarly, the VCU School of Social Work did not award its first Ph.D. until 1982. Since that time, however, 20 students have earned the doctoral degree at the Richmond campus.

The second trend in professional education, curriculum revisions at the BSW and MSW levels, now provides for substantially greater research experiences for students entering the profession. Although a considerable amount of controversy remains as to whether students should be prepared to be consumers of research, to contribute to the profession's knowledge base or for both roles, the course work and research activities required for both degrees have changed considerably. Indeed, greater degrees of attention to activities preparing students to be consumers and to actually conduct research have resulted in shifts in the BSW curriculum at the School over the past ten years.

Similarly, the MSW curriculum reflects more vigorous and rigorous research requirements. In 1968, for example, students were required to complete only four hours of research credits for their degrees. The two courses which comprised these credits were taken in the student's second year. Since that time, this requirement has more than doubled and students must take research in their first and second year. The MSW degree now requires the completion of nine hours of research.

Professional Associations

Much of the growth of research in the BSW and MSW curricula has been in response to standards developed and implemented by the Council on Social Work Education. In particular, successive policy statements of the Council prior to 1980

required schools to help students develop the capacity to raise relevant questions and to read and evaluate research reports. By 1981, the Council had begun to monitor the infusion of "informed criticism" and "scientific thinking" into the curricula of its member schools. The current Curriculum Policy Statement of the Council is even more affirmative in this regard and states that "the effectiveness of any profession's services depends on its carrying out systematic and high quality research to assess its practice and development of new knowledge" (Council on Social Work Education, 1983).

Similarly, the National Association of Social Workers has played a major role in the growth of the profession's research enterprise. In particular, NASW has facilitated this growth through its sponsorship of workshops and publications on conceptual definitions and on definitions of social work specializations. It also has been responsible for developing such research aids as *Abstracts for Social Workers* in 1965, and in 1977 for expanding this publication into the previously discussed *Social Work Research and Abstracts*. In addition, NASW co-sponsored the National Conference on the Future of Social Work Research in 1978 and more recently (1980) published the papers from that conference, *The Future of Social Work Research,* perhaps the most authoritative consolidation of the profession's research mission, gaps and strengths.

Finally, NASW's most recent contribution to the continued growth of research in social work was its sponsorship of the Bartlett Practice Effectiveness Project (Videka-Sherman, 1985). In what may be the profession's most comprehensive attempt to identify the empirical components of effective social work practice, this intensive scrutiny of the research literature will help to organize and inform the continuing attempts to scientifically understand and improve the quality of social work practice.

BEYOND THE GROWTH

As this review of available indices suggests, the growth of research activities within the profession and at the School has accelerated rapidly during the last twenty years. There is little doubt that this research activity has contributed to the "coming of age" of the profession. Indeed, as Fanshel (1981, pp. 3) pointed out:

> Every profession must systematically carry out high-quality research about its practice if its performance in the service of clientele is to remain effective and up to date. A sustained and creditable program of research is also essential to a profession's self-respect and to its ability to retain the positive regard of outsiders whose opinions help support and legitimize the profession's endeavors. No profession can afford any equivocation of the importance of research.

Projecting into the future, it is not likely that a commemorative article such as this one will again observe such accelerated growth in the volume of the profession's research activities. Indeed, there are reasons to believe that the acceleration we have witnessed in the profession's research activities since 1950 is unique (Zimbalist, 1977). Consequently, while there is no reason to expect the equivocation against which Fanshel cautions, the consolidation and integration of the research enterprise within the profession may be expected to characterize the years ahead. Indeed, future retrospective descriptions about research in social work in the eighties and

beyond will describe what was studied, how it was studied, and the mechanism by which the findings of the research conducted improved the quality of social work practice.

What Will Be Studied: Three Major Trends

The targets of social work research will continue to shift as they have in the past. As a profession concerned with social problems, our research domains will continue to reflect public priorities and quality of life issues. Just as the poverty-related research of the sixties gave way to research on drugs and crime in the early seventies and was followed by contemporary investigations seeking to understand service provision to the aging in society, no single social problem or special population can be expected to dominate our research attention between the late-eighties and the early years of the twenty-first century. However, three trends which span social problems and fields of practice can be expected to predominate.

Normal and Optimal Behavior. This first trend is concerned with the growing attention social work researchers will pay to understanding and describing the characteristics of normal or optimal patterns of behavior. In the past our research has almost exclusively been guided by a deficit paradigm of human functioning. The attendant logic of this view has required an almost exclusive research focus on client populations and on the problems and deficits that accompany clienthood. In particular, the concentration on individual and social pathology has characterized social work's attempt to understand minority clients (Hill, 1980). A competing and more contemporary paradigm that stresses human strengths and well being can be expected to guide a significant proportion of social work research in the future. This well-being paradigm has already been instrumental in the rapid growth of preventive models of social work practice and the implementation of agency-based social skills training and other psycho-educational methods (Bloom, 1981; Collins and Pancoast, 1976).

This trend away from deficit models of human behavior can also be observed in the publications of School of Social Work faculty. The social programs advocated for senior citizens by Dr. Robert Schneider clearly illustrate the application of this well-being paradigm (Schneider, 1976). Dr. Hans Falck's membership model of social work practice (Falck, 1984; in press) provides new insights into the conceptualization of the worker-client relationship, while one of Dr. Martin Bloom's books (Bloom, 1981) defines and operationalizes the role of primary prevention in social work practice. Dr. Marilyn Biggerstaff's ongoing research focuses on women's efforts to cope with job-related stress (Biggerstaff, 1986). In addition, Dr. Mark Singer has provided guidelines for optimal father-child (Shechtman, Singer & Singer, 1983) and parent-adolescent (Shechtman & Singer, 1985) relationships, while Drs. Robert Green and Michael Kolevzon, a former faculty member, have developed conceptual (Green, 1986) and empirical (Green & Kolevzon, 1986) profiles of healthy family functioning.

The Family. A second trend that can be expected to characterize research in social work over the next few decades concerns the functioning of and interventions with the family unit. Although the American family has been featured in a significant proportion of social work research studies in the past, only recently has the

68

functioning of the family unit as a whole been treated as either an independent or dependent variable. Indeed, until recently, the family has been utilized as a background or intervening variable in the study of the psychosocial functioning of individuals. However, recent theoretical developments in the social sciences and the accompanying growth of family therapy and family-oriented social work practice have stimulated social work research in this area. In this regard social work researchers and practitioners have joined forces with family-oriented professionals in the disciplines of psychology, sociology, and psychiatry in efforts to define and influence the level of functioning of the family group. In addition to the continued efforts to develop and test practice models, research in the future will be concerned with the development of appropriate instrumentation to assess worker and family characteristics, with the discovery of the individual psychosocial correlates of whole family functioning, with the development of typologies of family interaction, and with the application of family theory to the range of special family types and populations.

Faculty at the School of Social work have also been active in this research domain. Dr. Anne Fortune has recently published a book on task-centered approaches to work with families (Fortune, 1985) while Drs. Kolevzon and Green's book (Kolevzon & Green, 1985) provides an empirical comparison of three major models of family therapy. Dr. James Seaberg has made a number of sequential contributions to our understanding of child welfare services (Seaberg & Tolley, 1986; Seaberg, 1982) and Dr. Thomas Carlton's book contains a sampling of family practice approaches used in health settings (Carlton, 1984). In addition, Dr. Joyce Beckett (Beckett & Smith, 1981) and Dr. King Davis (Davis, 1977) have made contributions to our understanding of black families, while Dr. Dennis Poole's policy volume examines the impact of disability on family life (Coudroglou & Poole, 1984). Finally, Drs. Edward McSweeney and David Beverly's forthcoming book explores the role of societal justice in supporting patterns of family well-being (McSweeney and Beverly, in press).

Evaluating Practice Effectiveness. The third and final expectant research trend is the continuation of the profession's efforts to evaluate the effectiveness of its practice interventions. However, the nature of these efforts in the future as well as the profession's response to the findings can be expected to be quite different than they have been over the last two decades. Indeed, these early efforts to evaluate the effectiveness of practice were often naively conceived by evaluators and ambivalently received by their professional colleagues. The research questions asked were frequently too comprehensive (is practice effective?) while the indicators employed usually not comprehensive enough to be sensitive to the nuances of social work practice and the psycho-social funtioning of client groups. In addition, the response of practitioners to these early evaluative efforts were less than collegial and constructive. Consequently, findings from these early studies suggesting that untreated groups fared as well as the recipients of social work treatment served to polarize the profession rather than provide feed-back about the development of more effective practice strategies.

A number of factors suggest that the researcher of the next two decades may be more fruitful. First, it appears that the profession has acquired a degree of wisdom about the process of evaluating its practice (Fanshel, 1980). We may now be more

realistic about our potential to impact or eliminate problems deeply embedded in social conditions. Consequently, our goals and our measures of success may be more realistic. Indeed, reviews of practice effectiveness reported thus far in the eighties provide more grounds for optimism than those published in the last decade (Reid & Hanrahan, 1982; Rubin, 1985). In addition, the level of participation in the evaluation of practice has grown. More social workers are now able to participate in and to consume research about practice effectiveness. Thus, we may expect studies of practice effectiveness to address a broader range of social work programs, practice methods and populations. A final factor predicting more fruitful studies of the effectiveness of practice concerns the availability of social science tools and the ability of social work researchers to apply those tools to investigations of social work practice. Methodological advances in research design, statistics, and measurement now afford the social work researcher greater opportunities to observe, record and assess the subtleties of human behavior and social work practice.

Research Methods

In the future social work researchers can be expected to make more flexible and perhaps appropriate choices about the methods they select to advance the knowledge of the profession. Because of our relatively recent entry into the social science research marketplace, we have tended to be dependent on the available research methodologies developed in related disciplines. Consequently, some of the studies we have sponsored in the past have not yielded the type of information we have sought.

For example, we have been overly reliant on experimental field studies for feed back on the effectiveness of practice and for direction about the development of practice models. The majority of these studies have compared groups that received social work treatment with groups that were either untreated or the recipients of lesser degrees of treatment. Thus, while we learned that many of our interventions were not as effective as we had hoped, the research designs we used did not provide us with any information about how to make them more effective (Reid, 1980).

In more recent years, as the social work research enterprise has matured and as social work researchers have struggled to match investigative strategies with the realities of social work practice, a wider range of research methods and technologies have been advanced to assess and improve social work practice. Preeminent among these more recent strategies have been the development of single-system designs to evaluate social work practice. Although the use of these designs require but a single client or client group, their technology enables practitioners to examine the influences of their own interventions through controlling for a wide range of extraneous factors. Consequently, advocates of this research methodology have viewed it as particularly congruent with the individualized nature of direct practice in social work. As such, single-system designs have contributed to the development of emerging models of empirically-based social work practice (Siegel, 1984; Blythe & Briar, 1985).

Although studies estimating the actual use of single-system designs by social work practitioners have not been encouraging (Gingerich, 1977, 1984; Welch, 1983), and the publication of studies employing single-system methodology have

been sparse, the course of social work research has been and will continue to be influenced by the addition of this methodology to the profession's research armament. This influence of single-system designs has impacted the curriculum of the School of Social Work. Indeed, all MSW students now are required to meet learning objectives which include an understanding of both group and single-system designs. In addition, three 1985 MSW graduates gave papers last June at the profession's first national conference on single-system evaluation (Baxter & Doucher, 1985; Darr, 1985; Williams, 1985). Finally, faculty at the school have been active in the development of single-system methodology. In particular, Dr. Bloom has co-authored what is perhaps the most widely used textbook in this area (Bloom & Fisher, 1982) and Dr. James Seaberg has developed a widely utilized client assessment measure (Seaberg, 1981).

As in many disciplines, the future of research in social work will be characterized by an ever increasing use of computers and computerized technology. The analysis of client records, the development of diagnostic schemas, the statistical analysis of data, and the sophistication of management information systems are only a few of the rapidly developing research areas in which computer applications are being made. In addition to improving the quality and quantity of research outputs, the increased availability of computers in social service agencies and in schools of social work will permit the asking (and answering) of research questions heretofore presumed to be too ambitious or complex.

The curriculum and the Computer Interaction Facility at the School of Social Work reflect the computerization transpiring within the profession. For example, to complete the MSW research sequence, all students are now required to develop skills in the use of a mainframe computer and statistical software packages to analyze research data. Although BSW and MSW students use University resources for their computing projects, faculty and Ph.D. students now use the School's facility for data analysis, manuscript preparation, and other computing needs. The facility is located in the Raleigh Building and contains five terminals connected to the University's mainframe computer. In addition, two microcomputers, an IBM PC/XT and an Apple IIe, are located in the room. These computers communicate with a letter quality and a dot matrix printer. Plans for 1986-1987 include the purchase of more microcomputers and participation in the University's local area network concept of distributive computing.

The Integration of Practice and Research

Previous studies of the use of research findings by social work practitioners have not provided an optimistic evaluation of the link between research and practice (Kirk & Fischer, 1976; Rosen, 1978). Clearly, such studies have suggested that practitioners rarely use research findings to guide their interventive strategies. Furthermore, although social work educators repeatedly identify and document the need for the integration of practice and research (Schilling, Schinke, & Gilchrist, 1985), there is little evidence that the behaviors of social workers in academia are any different than those of their counterparts in the service arena. Indeed, while faculties of schools of social work are comprised of both practitioners and researchers, there is no reason to believe that faculty researchers are any more likely to engage in practice than practitioners are to consume and engage in research.

While the lack of research integration may appear dismal to some, predictions for the future need not be overly pessimistic. Indeed, as was suggested in the beginning of this essay, social work research is a relatively new enterprise. Conceivably, the integration of research findings may characterize a second phase of professional growth. A number of strategies have been suggested to facilitate this type of growth in the future.

One of the most prominent strategies suggested to date is the concept of the scientific practitioner (Bloom, 1975) or practitioner-scientist (Briar, 1979). This concept, made possible by the development of the single-system methodologies described above, prescribes the professional training for practitioners who engage simultaneously in practice and research and whose interventions are guided by an empirically-based model of practice. Although such a model requires certain modifications of traditional approaches to social work education, its feasibility has already been tested in at least one school of social work (Richey, 1977). In addition, the integrative nature of the classroom instruction usually employed to train students in this model has been adopted by a number of schools of social work.

Although the scientist-practitioner model has not been adopted at the School of Social Work, and research and practice classes continue to be taught as discrete units, the current BSW and MSW research curricula do reflect many of the assumptions of that model. In addition, the recent development of a clinical research track within the Ph.D. program will provide more training in the principles of single-system design for doctoral students. Finally, since many of the faculty at the school are supportive of integrative learning models, future modifications to the curriculum are expected to include an increasing emphasis on empirical social work practice.

A number of other factors may also facilitate greater degrees of practice/research integration in the future at the School of Social Work. Clearly, the School's ability to participate in collaborative research projects with its field agencies is at an all-time high. The research expertise and experience of the faculty is considerable. BSW, MSW, and Ph.D. students receive more research instruction and are faced with greater requirements to actually conduct research than ever before. Consequently, the School can be expected to pursue new types of practice and research partnerships with field agencies and field instructors.

Finally, changes in the composition of the pool of potential faculty members nationwide, changes in the requirements for hiring, retaining and promoting faculty, and the School's growing national prestige may also contribute to the subsequent levels of research and practice integration that will be achieved. Indeed, the growing availability of practitioners with a research doctorate, the strengthening of faculty requirements at the School and within the University, and the School's growing attractiveness to social work educators nation-wide may all be expected to contribute to the School's continuing commitment to excellence and thus to the integration of practice and research.

References

Baxter, G., & Doucher, J. (1985). A systems approach to multiple baseline design. Paper presented at the Practitioners as Evaluators of Direct Practice Conference, Seattle, WA.

Beckett, J., & Smith, A. Work and family roles: Egalitarian marriages in black and white families. *Social Service Review,* 1981, 55, 314-326.

Biggerstaff, M.A. (1986, November). Emotion-focused and problem-focused efforts to cope with job-related stress. Paper presented at the State Council on Higher Education in Virginia (SCHEV) Conference, Norfolk, VA.

Bloom, M. *Paradox of helping: Introduction to the philosophy of scientific practice.* New York: Wiley, 1975.

Bloom, M. *Primary prevention: The possible science.* Englewood Cliffs, New Jersey: Prentice-Hall, 1981.

Bloom, M., & Fischer, J. *Evaluating practice.* New York: Prentice-Hall, 1982.

Blythe, B.J., & Briar, S. Developing empirically based models of practice. *Social Work,* 1985, *30,* 483-488.

Briar, S. Toward the integration of practice and research. In D. Fanshel (Ed.), *Future of social work research.* Washington, DC: National Association of Social Workers, 1980.

Carlton, T.O. *Clinical social work in health settings: A guide to professional practice with exemplars.* New York: Springer, 1984.

Collins, A.H., & Pancoast, D.L. *Natural helping networks: A strategy for prevention.* Washington, DC: National Association of Social Workers, 1976.

Council on Social Work Education. *Curriculum policy for the master's degree and baccalaureate degree programs in social work education.* New York: Council on Social Work Education, 1983.

Coudrogou, A., & Poole, D.L. *Disability work and social policy.* New York: Springer Publishing Co., 1984.

Darr, P. (1985). The adolescent and rapid feedback from evaluation. Paper presented at the Practitioners as Evaluators of Director Practice Conference, Seattle, WA.

Davis, K.E. Job, income, business and charity in the black community. *The Black Scholar,* 1977, *9.*

"A Discount Program for Older Persons: A Limited Method of Extending Income," *The Gerontologist,* Vol. 16, No. 3, June, 1976.

Falck, H.S. The membership model of social work. *Social Work,* 1984, *29,* 154-159.

Falck, H.S. *Social work: The membership perspective.* New York: Springer Publishing Company (in press).

Fanshel, David (Ed.). *Future of social work research.* Washington, DC: National Association of Social Workers, 1980.

Fischer, J. The social work revolution. *Social Work,* 1981, 26, 199-209.

Fortune, A.E. (Ed.) *Task-centered practice with families and groups.* New York: Springer, 1985.

Fortune, A.E. (1986). Publications of Virginia Commonwealth University social work students. Unpublished manuscript, Virginia Commonwealth University.

Gingerich, W.J. The evaluation of clinical practice: A graduate level course. *Journal of Social Welfare,* 1977, 4, 109-118.

Gingerich, W.J. Generalizing single case evaluation from classroom to practice setting. *Journal of Education for Social Work,* 1984, 20, 74-82.

Green, R.G. Characteristics of healthy families. In L. Golden and D. Capuzzi (Eds.), *Family interventions with school related problems.* New York: Charles Thomas, 1986.

Green, R.G., & Kolevzon, M.S. The correlates at healthy family functioning: The role of conflict and consensus in family therapy. *Journal of Marital and Family Therapy,* 1986, 12, 75-84.

Hill, R.B. Social work research on minorities: Impediments and opportunities. In D. Fanshel (Ed.), *Future of social work research.* Washington, DC: National Association of Social Workers, 1980.

Kirk, S.A., & Fischer, J. Do social workers understand research? *Journal of Education for Social Work,* 1976, 12, 63-70.

Kolevzon, M.S., & Green R.G. *Family therapy models: Convergence and divergence.* New York: Springer, 1985.

McSweeney, E.A., & Beverly, D.P. *Social justice and social policy.* New York: Prentice Hall, in press.

Nurius, P.S., & Tripodi, T. Methods of generalization used in empirical social work literature. *Social Service Review,* 1985, 239-257.

Reid, W.J. Research strategies for improving individualized services. In D. Fanschel (Ed.), *Future of social work research.* Washington, DC: National Association of Social Workers, 1980.

Reid, W.J., & Hanrahan, P. Recent evaluations of social work: Grounds for optimism. *Social Work,* 1982, 27, 328-340.

Richey, C.A. (March, 1977). The integrated educational unit: An approach to combining methods, research and field instruction. Paper presented at the Annual Program Meeting of the Council on Social Work Education, Phoenix, AZ.

Rosen, A. Notes on social work education. *Social Service Review,* 1978, 52, 437-448.

Rubin, A. Practice effectiveness: More grounds for optimism. *Social Work,* 1985, *30,* 469-476.

Seaberg, J. IPR-2: A revised client outcome measure. *Social Work Research and Abstracts,* 1981, *17,* 45-46.

Seaberg, J. Revitalizing child welfare training. Getting there from here. *Social Work,* 1982, *27,* 441-447.

Seaberg, J., & Tolley, E. Predictors of length of stay in foster care. *Social Work Research and Abstracts,* 1986, 22, 11-18.

Schilling, R.F., Schinke, S.P., & Gilchrist, L.D. Utilization of social work research: Reaching for the practitioners. *Social Work,* 1985, *30,* 527-529.

Shechtman, S., Singer, W.S., & Singer, M. *Real men enjoy their kids: How to spend quality time with the children in your life.* Knoxville, TN: Abingdon Press, 1983.

Shechtman, S., & Singer, M. *The missing link: Building quality time with teens.* Knoxville, TN: Abingdon Press, 1985.

Siegel, D.H. Defining empirically based practice. *Social Work,* 1984, *29,* 325-331.

Thyer, B.A., & Bentley, K.J. Academic affiliations of social work authors: A citation analysis of six major journals. *Journal of Social Work Education,* 1986, *22,* 67-73.

Tripodi, T. Trends in research publication: A study of social work journals from 1956-1980. *Social Work,* 1984, *29,* 353-359.

Videka-Sherman, L. *Harriet M. Bartlett effectiveness program: Report to the Board of Directors.* Silver Springs, MD: National Association of Social Workers, 1985.

Williams, M. *Evaluation of individual progress within a group.* Practitioners as Evaluators of Direct Practice Conference, Seattle, Washington, 1985.

Zimbalist, S.E. *Historic themes and landmarks in social welfare research.* New York: Harper and Row, 1977.

SCHOOL OF SOCIAL WORK RELATIONS WITH THE PUBLIC MENTAL HEALTH SYSTEM: A FUTURE PERSPECTIVE

King E. Davis*

Throughout its seventy year history, the School of Social Work at Virginia Commonwealth University has maintained a reciprocal relationship with the Virginia state mental health system. This relationship is based on a balance between the School's mission (education, research and community service) and the mission of the public mental health system (services and asylum to the mentally disabled). While the School's overall mission extends beyond the problem of mental disability or training needs within the public mental health sector, a significant proportion of the School's resources and energy has been devoted to these areas. Correspondingly, a significant proportion of the resources of the public mental health system has been utilized indirectly if not directly for education, research and professional training.

While there are obvious and significant differences between the missions of these two systems, their search for skills and knowledge to enhance the quality of life and care for the mentally disabled provides a basis for future collaboration and cooperation.

Social Work Education and Mental Illness

The School of Social Work meets part of its historical public mental health objectives through the establishment and implementation of its mental health specialization and the <u>training</u> of students in theory, knowledge and skills. The School meets another part of its objectives through <u>research</u> in mental health. <u>Continuing education</u> is a third vehicle through which the School addresses the needs of the public mental health sector. The mental health specialization is characterized by a complex of courses and related field practica. These practica are designed to provide students with current knowledge and skills for practice in mental health—albeit in the private as well as the public sector. The primary focus of the mental health specialization is on acute mental illness and its treatment. Within the last year the mental health specialization has been expanded to include courses and field practica in chronic mental illness. Regrettably, the School had to discontinue its course offerings in mental retardation when student demand for this

content declined. Given the tremendous needs for social workers trained to work with the mentally retarded and their families in Virginia, the faculty may need to find ways to encourage student interest in this area. Development of an emphasis in the prevention of mental retardation may be one approach to stimulating student interest.

The School of Social Work provides its students with a broad eclectic theory base (bio-psycho-social) and an ego-psychology model for conceptualizing problems of mental illness and approaches to treatment. Field settings in public mental hospitals, community mental health centers, community services boards, the Central Office of the Department of Mental Health and Mental Retardation, and, most recently, community support programs provide opportunities for the student to transfer theory and knowledge into practice.

The Dean of the School of Social Work and several faculty serve on boards, commissions and committees for the Department of Mental Health and Mental Retardation. Concomitantly, state mental health staff, including the Commissioner and other key admistrators, serve on the School's advisory board and other committees. Over the years the state mental health system has provided the School with stipends for students, research and demonstration grants, endorsements for external sources of training and research funds, space for field training and staff for supervision of students. Additionally, state mental health staff have taught courses within the School. Currently, the Department of Mental Health and Mental Retardation provides partial financial support for the School's chronic mental illness training project, also supported by the National Institute of Mental Health.

Given the extensive history and the numerous areas of ongoing collaboration between the School and the state mental health system, it can be predicted with confidence that these relationships will continue far into the next decade and beyond. It is also clear that these two systems have been able to resolve some of the interface issues that have hampered relationships between education systems and state mental health authorities in many states (Talbott, 1986).

While the specific future direction of university and state mental health relationships is not readily apparent, these relationships are too vital to each system to be left to chance or allowed to dissipate through inattention. As the School of Social Work celebrates its 70th year, it seems an ideal time to examine this relationship, predict what the future portends and what will be required from both systems to maintain and enhance the relationship. In the remainder of this article, attention will be given to the characteristics of the public mental health and mental retardation system in Virginia, the impact it will have on social work education, and the impact social work education will have on public mental health.

The Public Mental Health System in Virginia

Over the past 30 years, a significant number of professional schools in the United States have withdrawn their ties to public mental health systems (McPheeters, 1983). McPheeters indicates that a number of factors are related to this withdrawal: the absence of connections between the sources of university training dollars and public mental health needs; the absence of stimulating and rewarding practice environments within public mental health settings; salaries that are not competitive with the private sector; increased utilization of para-professionals and subsequent

78

blurring of professional roles; the low status of chronic mentally ill patients; absence of role models in university training programs with interests in chronic mental illness; and conflict between the theories of mental illness utilized in the universities and those in community mental health programs. As a result of this withdrawal fewer graduates of these professional programs and schools have sought employment in the public sector. This training problem has been even more pronounced in psychiatry than in other disciplines (Talbott, 1984, Neilsen, 1981), but is also dramatic in social work. In addition, curricula in some of the professional schools are not significantly related to public mental health issues or patients (Davis, 1986). Recognition of the importance of this problem has prompted a number of schools, state mental health systems and professional associations to seek ways and models for enhancing collaboration (Talbott, 1986, Mallam, 1986). Virginia has been a leader in identifying policies and models to enhance the relationships between professional training programs and the state mental health system (Bevilacqua, 1986). A small number of schools of social work have established relationships with state mental health systems and shifted their focus toward the problems of chronic mental illness (Bowker, 1986).

A confluence of four factors is hypothesized as the key to understanding the complex policy dilemmas that will confront the Virginia mental health and mental retardation system over the next five years. The course of these dilemmas is considered critical in determining the nature of the relationship between the mental health system and its varied publics, including the School of Social Work. These policy dilemmas include the following:

1. The Commonwealth of Virginia has established three major (but limited) precedents in its approach to caring for the long-term mentally disabled: (a) the utilization of the custodial state hospital and training school as the basic ingredient in public policy and programs for this class of individual; (b) assumption of the major fiscal and programmatic responsibility for long-term mental disability by the state government, with historically delimited roles by local governments, families and the private sector (particularly for the indigent); and (c) historical focus on treatment of mental disability as opposed to prevention and rehabilitation;

2. The majority (80%) of the patients in the state hospitals of Virginia in 1985 (as well as in previous decades) meet the multiple criteria of long-term major mental disability (Davidson, 1985). As a result the majority of these patients require a coordinated set of specialized crisis, treatment, rehabilitative and family support services provided over a protracted period of time (Test, 1981, Anthony, 1978, Hogarty, 1985). However, few professional schools in Virginia have included new knowledge and methods in their curricula specifically related to the rehabilitative needs of the chronically mentally disabled within the public mental health system (Davis, 1986);

3. The state mental health and mental retardation system is labor intensive, with 80-90% of its resources consumed by staffing costs. The success of the state system is therefore highly dependent on the quantity, quality, skills, knowledge, commitment and value orientation of its staff. The responsibility for professional and to some extent para-professional training of this staff is held by the universities and colleges within the state. Thus, there is a pragmatic reason for developing effective collaboration between the public mental health system and the education

system;

4. State plans to reduce hospitalization and centralization of decision making by shifting resources and responsibility to local community service boards is hampered by community resistance. Other barriers include political ambivalence, limited local housing options, and limited funding from state or federal sources. A five year plan has been devised by the state mental health system addressing the management of these issues.

Brief discussion of each of these four major policy dilemmas should be helpful in identifying some of the implications for the School of Social Work circa 1990.

State Hospitals

The Virginia mental health system is the oldest in the United States, tracing its origins to the establishment of Eastern State Hospital in 1767 (Rothman, 1971). From its inception to 1986, the Virginia system (similar to almost every other state) has operationalized its mandate to care for the mentally disabled by establishing and operating large state institutions. In addition, state government created a labyrinth of laws, regulations and procedures that insured that individuals with mental illness or mental retardation could be voluntarily admitted or involuntarily committed to state hospitals established for this purpose. Without subsequent policies to stimulate the development of alternatives at the community level combined with a continuing absence of knowledge on which to base prevention or cure, the number of persons housed in these state institutions continued to increase (Hirst, 1968).

From its inception in 1767, the state's approach to mental disability has continued to be characterized by treatment approaches. Historically, there has been considerably less emphasis on prevention or rehabilitation.

Currently, the Commonwealth of Virginia supports a burgeoning system of fifteen state institutions. Ten of these institutions are for persons diagnosed as mentally ill while five are for those diagnosed as mentally retarded. Planned construction of smaller institutes for the mentally disabled will reduce the actual size of the institutions without substantially reducing the number of such institutions. Without change in the policy that undergirds institutionalization, Virginia will remain one of the leading states that maintains an excess of institutions operated for the treatment of mental disability.

Despite very successful efforts to implement its policy of deinstitutionalization (a 78% reduction in fifteen years), it is apparent that a number of factors help to maintain the over-reliance on hospital treatment within the Virginia system. Part of this problem stems from the absence of knowledge of the etiology of the major mental disorders, the uncertainty about specific treatments or prevention of specific disorders, the absence of local alternative housing and care for the mentally disabled, and obviously the lengthy tradition of state responsibility for this class of individuals. These are areas that university departments and schools can help the state department of mental health and mental retardation in formulating new approaches and policies.

The extent to which state mental health policy remains focused on hospitalization is shown in the distribution of its budgetary allocations for mental health care in 1986: close to 80% of the state's mental health dollars are utilized to maintain its

institutions, while 20% supports alternative programs at the community level (Department of Mental Health and Mental Retardation, 1986). Curiously, the state system is seeking to maintain its extensive hospital network while simultaneously developing an alternative community-based system with proportionately fewer new or continuing dollars. Although there are some obvious incongruities in state mental health policy, the approach to care of the mentally disabled in Virginia will continue to place a major priority on hospital treatment. This policy direction will potentially influence the education, training and practice of social workers well into the next decade. A basic challenge for social work education is to find ways to help the state mental health system clarify policies and develop more comprehensive systems of prevention and rehabilitation. More will be said about this challenge.

Characteristics of Patients in the State System

As it has throughout its history, the state mental health and mental retardation system provides services to a wide variety of individuals and family units. Slightly over 3240 of its 6660 patients in 1985 were diagnosed as mentally ill, while the remaining 3400 were diagnosed as mentally retarded. Over 80% of total patients in the state hospitals for the mentally ill have a form of persistent major mental disorder, commonly described as chronic.

While the major patient population served by the state mental health system continues to be those with chronic mental disability, the smallest proportion of these individuals are in the state hospitals. (Davidson, 1985). The majority of those persons with persistent major mental illness (65,000) actually live in a variety of facilities in their local communities. The care of these individuals is a primary responsibility of local community services boards. These boards, created by legislation in 1968, must provide services to the chronically mentally ill as well as to an increasing number of persons with acute mental illness. While the community network of services has increased significantly over the past 10 years, the needs of local community programs have outpaced the available resources (Davidson, 1985). Local programs in the near future will require additional resources, new approaches and a different cadre of staff to meet the demands of chronic populations, whose numbers continue to increase.

Employment in Mental Health and Mental Retardation

In 1985, the Department of Mental Health and Mental Retardation had over 11,000 positions for a variety of professionals and para-professionals. While similar employment figures are not readily available for the community services board network, it is known generally that these community based programs represent equally significant employment opportunities in the public mental health and mental retardation system. Davidson (1985) estimates that the needs of the community sector in mental health and mental retardation will increase substantially over the next decade.

The Virginia Department of Mental Health and Mental Retardation is the second largest state agency in terms of overall employment size. Of its 11,000 positions, close to 97% are within the state institutions and 2.5% are in its central office in Richmond. Positions are distributed roughly according to the distribution of patients by hospital. As found in most state systems, the majority of staff (60%) are paraprofessional aides, most of whom are not required to hold college degrees.

Nurses are the most numerous professionals (22%) found in the state system. Activities therapists (0.9%) constitute the least employed professional group within the state mental health system. Close to 5% of the direct care positions are in social work services. Of these positions, however, 23 were vacant at the beginning of the fiscal year.

Of the 11,000 positions authorized for the Department of Mental Health and Mental Retardation, slightly less than half are in the state's ten mental hospitals. The remaining positions are found in the state's five institutions for the mentally retarded. What is evident here is that while there is roughly an even division of employment opportunities within the public mental health and mental retardation system, applicants to many professional schools overwhelmingly emphasize mental health (Rubin, 1978).

The Department of Mental Health and Mental Retardation is the largest employer of social workers and other mental health professionals in Virginia. The VCU School of Social Work is the oldest school in the Southern states and produces the majority of the social workers employed in the state system. Because of the seminal roles played by the state mental health system as a service provider and major employer, its needs, philosophy, characteristics and plans have historically and currently influenced the direction of the mental health specialization within the School of Social Work. Shifts in mental health care within the public sector over the past 10 years, however, have not been as pronounced in social work education generally as in previous years. Part of the reason for this may stem from the heightened emphasis in the public sector on meeting the needs of the chronically mentally ill while educational programs have maintained a focus on acute illness.

Social workers comprise slightly less than 5% of the total positions in the state mental health and mental retardation system. Of the core mental health professionals, social workers rank second in the total number of overall positions in the state mental health system. Slightly over 62% of the social workers in the state mental health system hold the MSW, while the remainder are at the BSW level. While a small number of social workers with doctorates occupy key administrative positions in the state mental health and mental retardation system, the demand for this level of social work professional is minimal and will likely continue in this direction throughout this decade. The majority of social workers in the state system are in direct service positions and supervision with a significantly smaller number in fiscal, administrative or advocacy positions.

As one looks at the distribution of social workers in the state system, one notes that the ratio of social workers to patients within the state hospitals is quite varied. The patient to social work staff ratio ranges from 7:1 at the lowest to 47:1 at the highest. The social worker to patient ratio is the third most favorable in the state mental health system, and confirms the extent to which social workers occupy significantly important positions within the public mental health sector.

Of the 133 social workers employed in the state mental hospitals, 83 or 62% hold the MSW. Slightly more than 55% of these professional staff received their degrees from one of the two social work schools in Virginia. Of the Virginia graduates, 80% received their MSW from Virginia Commonwealth University.

State Plans for the Future

Over the last several years the state mental health and mental retardation system has devised a number of goals that will chart its course of action over the period 1985-1990. This state plan includes a number of interlocking goals including the following:

1. To develop an integrated system of care with the locus of responsibility for client service delivery at the community level, and with the focus on the development of a single system of mental health and mental retardation care;

2. To increase collaboration between the Department of Mental Health and Mental Retardation and other public and private agencies with which it relates in the provision of service to those mentally ill, mentally retarded and substance abuse citizens of Virginia, with the focus upon interagency coordination between the public and private sectors;

3. To establish an ongoing and mutually beneficial relationship between the Commonwealth's mental health, mental retardation and substance abuse service system and the system of universities and colleges;

4. To establish a pilot family support program which will provide support necessary for families of persons who are mentally disabled to continue to provide home care;

5. To make available housing units which are affordable and which are well located in proximity to specialized services and community resources;

6. To promote the development of prevention and public education programs through a variety of department, community and interagency efforts;

7. To facilitate coordination between existing training functions, promote the sharing of training and staff development resources, initiate new and innovative training and staff development strategies, and develop a system-wide plan which supports adequate training for department and community services board staff so that quality services are delivered to mentally disabled and substance abusing clients in the Commonwealth.

It is clear that these seven program priorities and goals will be the guiding forces for the mental health and mental retardation system for the remaining years of this decade. Consequently, there are a number of implications of this direction for social work education at Virginia Commonwealth University.

Implications for Social Work

The mission of the School of Social Work, the interests of faculty and the current goals of students are obviously broader than the area of mental health. These interests and goals are so diverse that it would be inappropriate for the School to have the production of manpower for the public mental health system as its singular purpose.

However, it is an inescapable reality that the area of mental health has and continues to be very significant in social work education: currently, over 50% of all applicants to the MSW program desire to concentrate in the area of mental health—although a majority of those applicants have an employment goal in the private sector. Thus, the directions taken or simply projected by the public mental health sector have particular import for the school, its ability to maintain relevancy of its curriculum and employment opportunities for graduates. Changes in public

mental health policies in Virginia over the next decade are likely to stimulate discussion of the following areas within social work education:

1. Chronic mental illness: It is likely that the School will need to make an even greater commitment towards training social workers to work with individuals with chronic mental illness as well as with their families. This does not mean that the School must abandon its emphasis on training of social workers to work with the acutely ill (some would argue that all mental illness is by definition chronic). What is suggested is that the School will need to place greater emphasis on case management, psychosocial rehabilitation and psychoeducation for families—each of which has a legacy in social work practice at one time or another.

2. Mental Retardation: With over one half of the patients in the public system diagnosed as mentally retarded, and needing social work services, the school will need to revive its specialization in this area. Additionally, recruitment strategies to acquire sufficient numbers of students will be needed. In particular the School will need to develop new courses in policy and planning for mental retardation.

3. Psycho-geriatrics: Slightly more than one-third of the patients in the public mental health system are over 65 years of age. Predictions of future admissions confirm that the proportion of aged in need of mental health care will increase in the next decade. At the community level, too, a sizable proportion of the population requiring services in the next decade will be aged. The School of Social Work can play a meaningful role by establishing training in the area of gerontology and mental health.

4. Forensic Mental Health: While the number of individual patients in forensic units in the state hospitals is small, the need for specialized training and retraining in this area of mental health is pronounced. As the state correctional system implements its mental health units, there will be added demand for social work education and research in correctional mental health and forensics. While the initial demand for this training will be small, a combined program with psychiatry, nursing, psychology and criminal justice would increase the comprehensiveness of the curriculum and help contain costs.

5. Substance Abuse: A significant gap currently exists in training students for work in this area. At both the state and community levels, the need for skilled manpower in substance abuse treatment is major. Opportunities will be abundant for training, research and continuing education.

6. Mental Health Planning and Administration: As the state mental health and mental retardation system moves towards a single system of care there will be an increased need for training in mental health planning, program development and evaluation as well as in administration of mental health facilities and systems.

7. Refugee Mental Health: An increasing number of refugees, primarily from South East Asia and the Caribbean, are becoming residents of Virginia. As their numbers increase, state mental health officials have noted a major increase in the problem of adjustment. Public mental health programs will require staff who possess an understanding of culture, migration, and the relationship of mental health and illness.

8. Prevention: A major emphasis and priority in this decade at the state and local levels is on prevention. Increasingly, more of the state's resources are being utilized in programs and services designed to prevent substance abuse, teen preg-

nancy and a host of more traditional mental health problems. Social work education at VCU will need to reflect more of these emphases in the mental health specialization.

Impact of Social Work Education on State Mental Health

A key question at this juncture concerns whether the future relationship between the School of Social Work and the Virginia Department of Mental Health and Mental Retardation will continue to be reciprocal. While the state mental health system is bound by statute to the provision of service as its major priority, the mandate of the University and its related schools is much broader. As a part of the University, the School of Social Work has the unique opportunity to raise questions and pursue answers through scientific inquiry. As such, the School seeks to add to the body of knowledge about mental disability—its causes, prevention and rehabilitation—as well as its treatment. Based on its unique opportunity to pursue knowledge, the School should stimulate changes in the following areas within the state mental health system:

1. Philosophy and Models of Care

For the major part of its history the state mental health system has operated from a pathology model in which hospital-based treatment was the major approach. While the Department has moved successfully toward deinstitutionalization, it has not been able to shift its philosophy or model sufficiently towards prevention, psychosocial rehabilitation or psychoeducation. Without a major alteration in models and philosophy it is unlikely that the state mental health system will be able to resolve major conflicts in policies and services. The School of Social Work can assist the state mental health system in conceptualizing these various other models and identifying policies, plans and strategies for their implementation.

2. Research and Knowledge Development

A significantly small portion of the state mental health system's resources is devoted to research or consistent efforts to generate new knowledge about mental disability. Staff energies are consumed primarily by daily patient care and mangement. As a result, key questions about the etiology of mental disorder, the effectiveness of various treatment interventions, the role of prevention and the outcome of rehabilitation and other questions are often not addressed within the system. The state mental health system must enhance the role of research inquiry by providing support for a wide variety of basic and applied research projects.

3. Training, Retraining and Continuing Education

The state mental health/retardation system is labor intensive. Its ability to achieve its statutory mission is directly related to the quantity and quality of staff and the knowledge and skills they possess. However, the Department of Mental Health and Mental Retardation has taken a laissez-faire approach to the issues of training, retraining and continuing education. The Department has not specified through staffing studies the skills, knowledge and abilities it requires. Nor has the Department clarified its position relative to an interdisciplinary or strict disciplinary approach to training within its system. The laissez-faire approach results in a haphazard and uncoordinated training policy that has produced significant gaps in manpower development within the state system. The School (and others) might be able to stimulate the DMH/MR to develop and provide financial support for a

coordinated policy to insure that adequate numbers of persons are trained and retrained with the requisite skills needed for the system.

4. Policy Development and Analysis

Within the past decade the Department of Mental Health and Mental Retardation has adopted a set of goals, policies and processes aimed at reducing the size of its state institutions. Although the number of patient residents has declined significantly, there have been major gaps in local services, an increase in homelessness and a surge in community resistance to deinstitutionalization. There is a need for a university-based policy center to help develop and test proposed mental health policies prior to their implementation. There is also a need to assess and monitor the impact of policy once it is formulated and implemented. One of the major strengths of the faculty of the School of Social Work is in the policy area, especially regarding policy formulation and analysis.
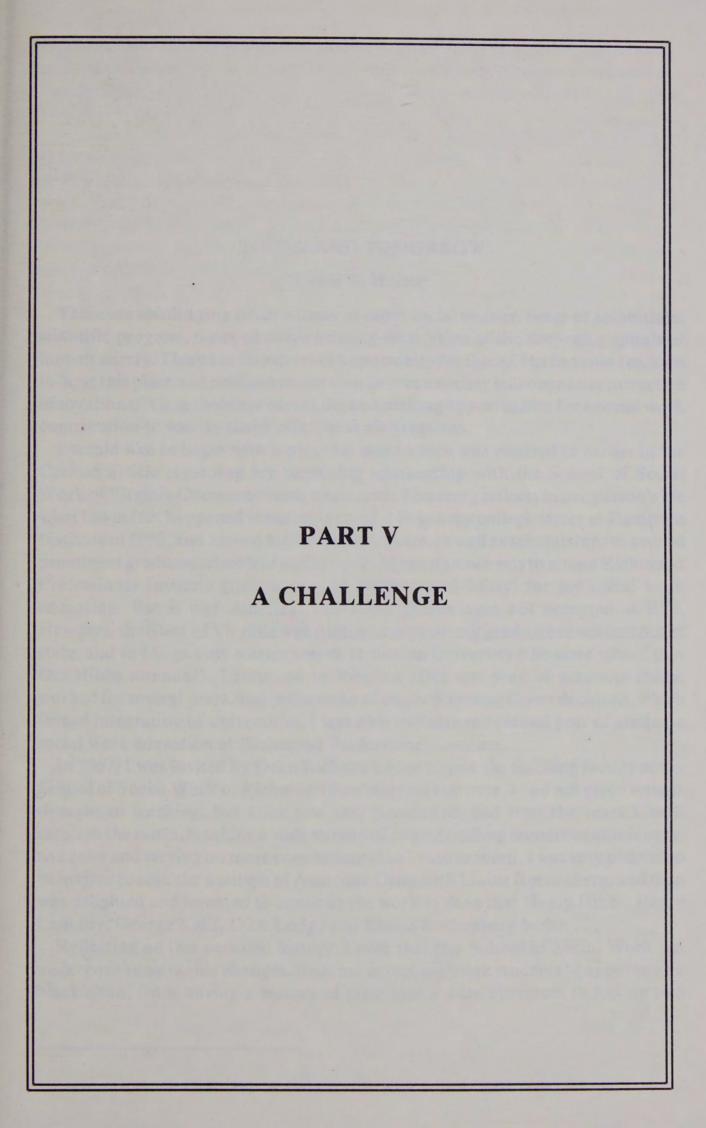
Conclusion

Without question, the mental health system of the future and the educational approach to support it are changing simultaneously—and not always in directions that are clear or comfortable. Some may interpret these challenges as evidence that extant approaches are anachronistic. Others may stiffen their resolve to resist what they view as a threat. Each position is costly. Perhaps more than anything, the future may challenge not so much our methods but our values and beliefs about mental illness and our commitment to work with the most disabled in society. That challenge, however, is the legacy and future of social work education and practice.

Bibliography

Anthony, W.A., *Principles of Psychiatric Rehabilitation,* Baltimore: University Park Press, 1979.

Barter, J.T. and Lansley, D.G., University-State Collaborations: "Why Do Some Fail?" *State-University Collaboration in Mental Health,* John A. Talbott (ed.), Washington, D.C.: American Psychiatric Press, Inc. 1986. pp. 121-134.

Bowker, Joan, Director, Social Work and Chronic Mental Illness Project, CSWE, Personal Letter, 1986.

Bevilacqua, J.J., "The Galt Visiting Scholar in Public Mental Health: A Virginia Experience," *State-University Collaboration in Mental Health,* John A. Talbott (Ed.), Washington, D.C.: American Psychiatric Press, Inc. 1986, pp. 121-134.

Chu, David, Memorandum, Department of Mental Health and Mental Retardation, January 1986.

Davidson, C., State Mental Health Plan 1985-1990, Department of Mental Health and Mental Retardation. 1985.

Davis, K.E., The Challenge to State Mental Health Systems and Universities in Virginia: An Interim Report, Department of Mental Health and Mental Retardation. 1986.

Department of Mental Health and Mental Retardation, Financial Report for December 1985.

Commissioner's Report to the State Commission on Deinstitutionalization, May 13, 1985.

Hirst, O., Commission on Geriatrics and Indigents: Report, State of Virginia 1968.

Hogarty, G., "A Controlled Study of Family Therapy, Social Skills Training and Maintenance Chemotherapy," International Symposium on the Psychosocial Management of Schizophrenia, Bern, Switzerland, May 1985.

Joint Legislative Audit and Review Commission. State and Local Service for Mentally Ill, Mentally Retarded and Substance Abusing Citizens, August 1, 1985.

Mallan, K., Position Paper of Community Support Directors (unpublished) 1986.

McPheeters, H., "Relationships Between Universities and Agencies to Better Meet Public Needs." Paper presented to the Commission on Mental Health and Human Services, Williamsburg, July 1983.

Neilsen, A.C., "Encouraging Psychiatrists to Work with Chronic Patients," *Hospital and Community Psychiatry,* 32:767-775, 1981.

Rothman, D., *Discovery of the Asylum: Social Order and Disorder in the New Republic.* Boston: Little, Brown and Co., 1971.

Rubin, A., "Direct Practice Interests of Entering MSW Students," *Journal of Education for Social Work,* 20 No. 2 (Spring 1984): 5-16.

Talbott, J.A., "Education and Training for Treatment and Care of the Chronic Mentally Ill," Paper presented for NIMH Workshop on Chronic Mental Illness, July 1984.

"An Introduction to State-University Collaboration," John Talbott, (ed.), *State University Collaboration in Mental Health,* Washington, D.C., American Psychiatric Press, 1986, pp. 7-23.

Test, M.A., "Effective Community Treatment of the Chronically Mentally Ill," *Journal of Social Issues,* Vol. 37, No. 3, 1981, 71-86.

Weiner, J.M., "What Can Go Wrong Will—and Did," *State-University Collaboration.* John A. Talbott (ed.), Washington, D.C., American Psychiatric Press, 1986, pp. 121-134.

PART V

A CHALLENGE

TODAY AND TOMORROW

Grace E. Harris*

These are challenging times—times of rapid social change, times of astonishing scientific progress, times of overwhelming frustration at the deepening spirals of human misery. These are also times of opportunity for those of us fortunate enough to be at this place and position in our own lives in a society still open to constructive innovations. It is in the sense of seeking and making opportunities for a social work contribution to society that I offer these observations.

I would like to begin with a personal story which was referred to earlier in the Carlton article regarding my beginning relationship with the School of Social Work of Virginia Commonwealth University. This story reflects in one person's life what has in fact happened in society as well. I began my college career at Hampton Institute in 1950, and earned highest honors there, as well as scholarships to several prominent graduate schools of social work. My preference was to attend Richmond Professional Institute (then a part of William and Mary) for my social work education. But it was America, 1954, and blacks were not accepted at RPI. However, the State of Virginia was willing to support my graduate education out of state, and so I began my master's work at Boston University (the same school that Dr. Hibbs attended). I returned to Virginia after one year of graduate study, worked for several years, and in the wake of major Supreme Court decisions, which forced integration of universities, I was able to finish my second year of graduate social work education at Richmond Professional Institute.

In 1967, I was invited by Dean Richard Lodge to join the teaching faculty at the School of Social Work of Richmond Professional Institute. I had not given serious thought to teaching, but Dick was very persuasive, and over the years I went through the ranks, teaching a wide variety of courses, filling numerous administrative roles and serving on more committees than I care to recall. I was very pleased to be invited to seek the position of Associate Dean with Elaine Rothenberg, and then was delighted and honored to continue the work as dean that Henry Hibbs, Henry Lanpher, George Kalif, Dick Lodge and Elaine Rothenberg began . . .

Reflecting on this personal history, I note that this School of Social Work has undergone remarkable changes, from not accepting black students to appointing a black dean; from having a history of male senior administrators to having two

---

*Grace Harris is Dean and Professor at the School of Social Work, Virginia Commonwealth University.

female deans; from being a relatively small, isolated unit in a tiny academic environment, to becoming a major component of a truly modern urban university. In keeping with the spirit of this 70th Anniversary celebration, I would like to emphasize this theme of change.

An equally strong tradition at this School has been that of stability and continuity. The history of the seventy years of the School presented earlier in this monograph speaks eloquently to this point. It is between these two pressures or opportunities—change and stability—that we now find ourselves, and it is these forces that we must influence, guide, and to some degree control. While great rapid changes are occurring in society, in the social work profession, and in the University, I have the sense that we know some things about those forces acting upon us and something about the energies and resources we have to influence and shape what we are to become.

During my deanship the critical overall goal I have set for myself and the School is that of achieving excellence. This means excellence in the curriculum, excellence in the faculty, and excellence in students and alumni. I want to achieve this excellence for all of our existing programs—the BSW, MSW, and Ph.D. programs, including our off-campus and part-time offerings, and in our long-standing provision of continuing education.

We are attempting to use the best available wisdom, from the faculty, the alumni, the students, and the community at large, to determine what excellence means for our School. As noted in *Towards Excellence in Graduate Social Work Education in the United States* (1984), a publication by the national body of social work deans, "Excellence in graduate social work education should be defined in terms of the specific mission of a school . . . as determined by external constraints and opportunities including the particular historical mission of the university or college, its auspices, the needs and resources of local constituencies, and the aspirations and talents of the faculty."

The struggle to move forward in defining our mission has begun in faculty deliberations, in academic planning within the University, in meetings with the social work professional community and representatives of social service agencies, and in discussions with students. Issues being debated revolve around (1) questions of balance regarding the commitment of the School and its faculty to teaching, research and service; (2) the role of the School in public human services at the practice and policy-making levels; (3) the size of the School in relation to resources and quality of the student body; (4) the faculty expertise needed to carry out the mission of the School.

Background: The Early 1980s

There have been major pressures at work in society at large, in the social work profession in general, and at this School and University in particular which will guide us as we shape the future of social work education at Virginia Commonwealth University. From the "War on Poverty" to an undeclared war against the poor; from a society seeking ways to cooperate to solve vast social problems, to a society that tells its citizens that it is their individual responsibility to "strive and succeed" (Horatio Alger) in a world where it often seems only individual talents matter and where racism, sexism, ageism, classism do not officially exist; from a

society with a government "on the backs of the people" to one that has climbed onto the backs of the people's children and grandchildren for several generations to come by means of a national debt exceeding one trillion dollars, we have come to a critical time in our need to decide where social work fits.

During the early 1980s, the national social policy shifted from a belief in government assuming the major leadership role in the social welfare of its citizens to a reliance on a mixed public/private economy as the major source for meeting the needs of people. However, by the mid-point of the decade, the major shift in programs embodying these values and attitudes created a marked increase in human suffering and need. This was seen in the rising numbers of homeless people, spreading family instability and violence, increased teenage pregnancy, widespread drug use, and the growing neglect and abuse of children.

Nationally, social work employment tapered off in the early 1980s, after a period of constant growth in the late 1960s and 1970s. The character of employment also began to change. Among professionally-trained social workers, the most dramatic shift of the last ten years has been the swelling numbers of social workers employed in private, profit-oriented agencies or self-employed in private practice. The major decline has been in the number of professional social workers employed by public agencies. Yet, the professional services needed by the homeless, the deinstitutionalized, children in jeopardy, the elderly, minority groups and the poor most often come from public agencies.

Changes within academia present us with other dilemmas. There are important trends occuring in social work education and in our school in particular. The decade of the 1970s was one of rapid growth in student enrollment, faculty size and funding. In the 1980s, we have seen declines in student enrollment, a shifting job market for social work graduates, a reduction of funding from governmental resources, and an increase in undergraduate social work programs. The growth-oriented plans of the 1960s and 1970s gave way to plans for consolidation, retrenchment, increased efficiency of operation, the need to find new resources, and the examination of ways to retain traditional quality through different patterns of program delivery.

To meet these changing national and professional conditions, the School has begun a process of self-examination, asking ourselves how we can maintain the goal of excellence while meeting the challenge of the many changes before us. We are trying to determine what we have been doing well and not so well, so as to concentrate on doing what we can do best in the areas where the need is greatest.

The Present Situation

This is where we are today: we are moving rapidly toward stability; we are cautiously making risky but necessary decisions. We are mixing change with stability—because there is no alternative. The forces that are present today require that we change and stay the same—at the same time, and we recognize the paradoxical nature of this. But, therein lies the excitement of the future.

There are many pressures to stay the same. As a professional school, we are obliged to follow the standards of the accrediting body of the social work profession. Accreditation standards, although they change from time to time, have an inherently conservative pressure, to preserve good teaching of sound content that is

93

applicable to the local situation. We know, from the responses of agencies and governmental units across the State, that we have been successful in educating a group of social workers who have been effective and humane in providing the social services in Virginia, and across the nation. Moreover, the University makes demands that we uphold our academic standards. We have moved from an isolated professional school to one that is participating in all manner of ways with the University at large, and is thereby influenced by its standards and norms to which we must conform. For example, scholarly productivity in the form of research and writing has become a major goal of the University for its faculty. This influences the role of faculty in their teaching and service functions. In the community, we have built our reputation on delivering a good product, sensitive and sensible social workers who can adapt effectively to the requirements of the job. We wish to maintain this honored tradition.

Equally true is the fact that there are numerous pressures to change. These pressures include many sources, some within the same professional organizations, university memberships, and community where the emphasis is on "staying as we have been." Accreditation standards change to reflect changing times, educational philosophies and technologies. The University has itself moved from a modest new institution to one of national standing. It now ranks among the top one hundred research-funded institutions in the country, with 12 schools, one college division and a nationally-recognized evening and part-time program. The community always demands that we do still better. And it is right that this should be so.

Other forces influencing change come from the social work professional community. We are a School that is no longer housed in the small, 800 W. Franklin Street building, but in fact one that exists as a potent educational force throughout the length of the state. We have formed off-campus programs to meet the needs of local areas where people could not easily drive to Richmond to attend school on a conventional basis. Part-time and off-campus course offerings in five locations other than Richmond provide opportunity for social work practitioners and potential social workers to update skills and earn credits toward a Master of Social Work degree without interrupting jobs or causing excessive commuting. The program objectives and course content are the same at each location, and require extensive coordination and monitoring in order to insure high standards of quality.

Students are forcing us to make changes in program delivery. With the reduction of funding and scholarships, increasing numbers of people have to work during their time of graduate education, resulting in a totally different type of student body. In the doctoral program, for example, about four times as many students are attending the program part-time as do those attending on the traditional full-time basis. In the masters program, approximately half of the students are part-time, extending their graduate education over a three to five year period. The School has no alternative but to change to meet these new conditions, which means changes have to take place in curriculum as well as in teaching methods.

And change we will. For example, the advent of high technology has made itself felt in teaching methods. The School is experimenting with telecommunications-delivered classroom materials. If you walk around the Raleigh Building these days, you will find many rooms with computers, where students and faculty share these fantastic tools for word processing and data analysis. High technology is a fact of

contemporary higher education that is becoming embedded into the life of the School of Social Work.

There is an interesting, if hidden, pressure from would-be students at the School of Social Work, namely, the competition we are facing among other helping professions at VCU and outside. In days past, students came to us without the need for very much recruiting or marketing. But today, we have to compete with many others who are seeking those interested in the helping professions. Thus, recruitment efforts, quality advising, retention strategies and other student services must be an integral part of our program.

As we foresee increasing job opportunities for social work, with the aging, with young children, with families experiencing violence and chronic conditions, and in the substance abuse areas, curriculum content must change. New problems become visible to the nation's conscience, such as the street people and the deinstitutionalized who literally share our university area. The rising incidences of child abuse, spousal abuse, and even the abuse of the elderly, are rapidly emerging as major social concerns for the 1980s and beyond. Health problems such as AIDS, the growing numbers of persons with chronic mental illness, and the continuing racial, ethnic and sexual discrimination in this country represent other social concerns. Thus, pressures are emerging for new kinds of social work education to meet new kinds of social and personal problems.

The Future

There are not many college courses in crystal-ball gazing, and from past experience we have learned that predicting the future is a risky business. Yet, in our own lives, we are constantly predicting what the future will be like, and then taking actions so as to help make that future come true—or perhaps, to minimize the damage that an expected problem can bring. The same types of predictions occur at the School level, although it seems ever so much more complicated because we must mobilize the energies, talents, and ideals of the faculty, students, university administrators, and community to work in some reasonably harmonious way.

The School of Social Work is an amazingly complex entity. Consider we have some 50 very diverse full-time faculty, 80 adjunct faculty members, and 19 supporting staff working with over 700 students in six locations across the state, dealing with over 200 agencies where students obtain field instruction and provide services for something on the order of 4,000 citizens of Virginia each year. The School works with a budget of over three million dollars from 16-18 funding sources, serves over 3,000 practicing professionals annually through its continuing education offerings, and coordinates its curriculum and research efforts with a university of some 2,000 faculty and staff, 20,000 students, and budget of close to 500 million dollars.

Yet, the miracle of it is that all of these diverse people, seeking different objectives, employing different talents, and possibly holding different points of view, have in fact worked together to make the VCU School of Social Work the fine institution it is. We boast of having two faculty members serving as editors-in-chief of major social work journals, one occupying the Galt Scholar Chair at the Virginia Department of Mental Health and Mental Retardation, and numerous other faculty publishing, presenting major papers, and serving on significant commis-

95

sions and boards throughout the state, nationally, and internationally.

Now the main question is where are we going next? An earlier reference was made to the report entitled *Towards Excellence in Graduate Social Work Education in the United States* which advanced the idea that schools of social work should focus their energies on what they do best and seek excellence in teaching, service or research scholarship. This report has been widely circulated and has influenced the actions of a number of schools across the country.

But, in all candor, I must raise the question with this deans' report which suggests that excellence is only likely to be achieved in teaching, service or research. Why not in all three? What is the meaning of excellence in social work education if it does not mean that excellent research scholars are presenting excellent teaching materials in effective and meaningful ways so that the students and the faculty can make excellent contributions to the community and society? Is this an impossible dream? Is it better to focus on one or possibly two objectives? I see it as a major challenge for this school in the coming decade to attain excellence as a whole system (to use one of the jargon words of the day). How? What blueprint can I suggest that would begin to shape the future that is so clearly desired and desirable?

I think part of the answer is present in these series of meetings we are having at the School's 70th Anniversary celebration. In this coming together of all of our constituent groups, we are celebrating our past and present and attempting to find some of the guidelines for the future.

There are some indications that the future for this School can embrace excellence in all three areas of our endeavors—scholarship/research, teaching and service. First, with regard to excellence in research and scholarship. As noted in the article by Robert Green, a recent issue of *Journal of Social Work Education* reported a study of schools of social work contributions to the major journals of the profession. Some of the old established schools were, as expected, at the top of the list, but for the first time, our School appeared within the top 20.

Establishing a faculty chair in social work, the first at this School ever, is not merely a means of honoring an individual scholar, but is honoring scholarship itself, the valuing and esteeming of research and scholarship as a means of contributing to social work and its services to society. We have recently established a number of scholarly awards for students, from the bachelor's, through the master's, to the doctoral levels. One award in particular, the Elaine Rothenberg Award, recognizes students each year from the three degree programs for their scholarship, leadership and service roles in the School. The Advisory Board of the School has undertaken the establishment of a scholarship and endowment fund for the Ph.D. program of the School, and the Alumni Board has recently created a scholarship program in support of students in the MSW program.

Second, with regard to teaching, a number of special activities are underway. A renewed focus on helping teachers teach better is occurring with the support of the Center for Educational Development and Faculty Resources in the Unviersity. The reward system within the University for teaching excellence is receiving attention as changes are proposed for promotion and tenure, annual evaluations and salary increments. A celebration of teaching in a day-long event of activities is becoming an annual university event. These changes will give impetus to the enhancement of teaching in the School of Social Work as we re-examine promotion and tenure

guidelines; implement a recommendation by faculty of a senior faculty/junior faculty mentorship system; and explore ways of improving the teacher/student advising system. A commitment of full-time faculty to teach in all program areas, on and off campus, and cover the basic required courses of the curriculum will help to insure quality teaching in the crucial areas of all three degree programs.

Third, with regard to service, Tom Carlton, Elaine Rothenberg, Bob Green, King Davis and I have mentioned before the several ways faculty are contributing to the national scene. In addition, the School, through its field instruction program is beginning to have a major impact on current community problems. Excellence involves creativity and innovation. Some of the innovative ventures the School is undertaking in the field demonstrate how we are beginning to translate the ideal of excellence in research, service, and teaching at the same time.
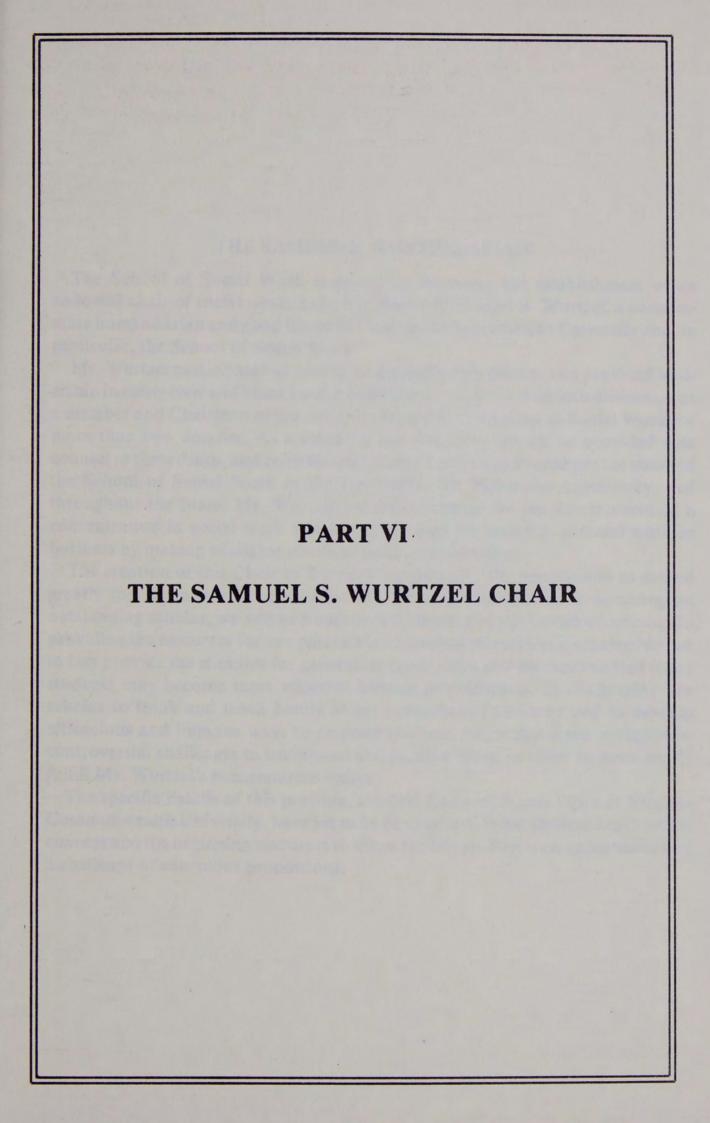
In this country, during this year alone, over a million young girls will become mothers before they become adults. Many have been concerned about this problem; many programs have been tried, and there has been some success, but the number of unwanted teenage pregnancies continues to climb. At the School of Social Work, we have established this year a faculty-instructed field unit at one public school in which we are working cooperatively with the school system, a community action program, and a corporate sponsor to develop and deliver an innovative program with the aim of preventing unwanted teenage pregnancy. This is a unique combination of university, city government, community agency and private enterprise working together to prevent interpersonal, family and social problems. This project also provides a social work educational experience for students and the opportunity for knowledge development as new ways of helping are explored and tested. Furthermore, the extension of education to include corporate sponsors and the community, in service of education to students and clients, may be a model for education in the 1990s.

Another example of innovative social work education, combining scholarship, teaching, and service, may be seen in the idea of a service center for the chronically mentally ill. The School of Social Work has as one of its future goals plans to serve as a catalyst for an interdisciplinary group wishing to collaborate in offering the expertise of their various disciplines to focus on research, consultation, course development and field training in order to improve services for the chronically mentally ill, and to stimulate ways to prevent these problems where possible, as well as to promote mental health.

These two examples of innovative ventures of the School in the areas of service are indications of a greater thrust toward finding ways whereby service, teaching and knowledge development can complement each other, and of how a system of education becomes whole. They also suggest that we may have come full circle in social work education and as a school of social work. If you will recall from reading the section on history by Catharine Harahan, the School was founded in the midst of a major social upheaval, and the purpose was "embedded in the efforts to establish social work on a scientific footing—not by inexpert workers—in all types of public service."

In the past, we have often been reactive to the forces about us, both in our efforts to remain stable and maintain traditions, and to change with the changing times as viewed by others. At this Anniversary celebration, we re-affirm our commitment as

a School to pro-action, not reaction; to excellence, but not without limits; and to adhering to the dynamics of stability and change, not to the conservatism of tradition only nor the whim of every new fancy. In so doing we seek to be responsive to and in control of the forces in society, the needs of the community and the best information available about education.

PART VI

THE SAMUEL S. WURTZEL CHAIR

THE SAMUEL S. WURTZEL CHAIR

The School of Social Work is proud to announce the establishment of an endowed chair of social work, named in honor of Samuel S. Wurtzel, a consummate humanitarian and good friend of Virginia Commonwealth University and, in particular, the School of Social Work.

Mr. Wurtzel participated in numerous philanthropic efforts, and provided leadership in many civic and human service organizations. He served with distinction as a member and Chairman of the Advisory Board to the School of Social Work for more than two decades. As a leader of the Advisory Board, he provided wise counsel to three deans, and contributed his time and energy to enhance the status of the School of Social Work in the University, the Richmond community, and throughout the State. Mr. Wurtzel provided support for the development of a concentration in social work administration and for training in social work in business by making available scholarships and internships.

The creation of this Chair of Social Work provides the opportunity to extend greatly the humanitarian ideals that Mr. Wurtzel personified. In honoring an outstanding scholar, we will be honoring scholarship in the service of helping. In providing the resources for one person's independent research and scholarship, we in fact provide the stimulus for generating novel ideas and methods so that many students may become more effective helping professionals. In challenging one scholar to think and teach boldly about fundamental concerns and to develop efficacious and humane ways to respond to them, we in fact open ourselves to controversial challenges to traditional and familiar ways, in order to more nearly fulfill Mr. Wurtzel's humanitarian vision.

The specific details of this position, the first Chair of Social Work at Virginia Commonwealth University, have yet to be determined. What we have are the basic concept and the beginning resources to shape the future. This is an opportunity and a challenge of enormous proportions.

RICHMOND SCHOOL OF SOCIAL ECONOMY
1917-1918

CURRICULUM — Second Year

1. The Modern City and Its Problems .... Dr. Anderson
   Two hours a week throughout the year.

2. Heredity and Eugenics .... Miss Peterson
   Two hours a week throughout the year.

3. Feeblemindedness and Delinquency .... Miss Peterson
   Two hours a week throughout the year.

4. Medical Aspects of Delinquency .... Dr. Higgins
   One hour a week throughout the first semester.

5. Social Ethics .... Dr. Young
   Two hours a week throughout the first semester.

6. Practical Relations of the Church
   and the Community .... Dr. Maclachlan, Director
   Two hours a week throughout the year.

7. Diet and the Budget .... Miss Smith
   Two hours a week throughout the year.

Field Work—Supervised by the Executive Secretary in co-operation with instructors and social agencies.
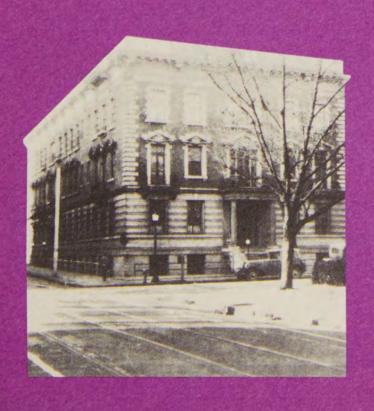Ten hours a week throughout the year.

FIELD WORK.

Ten hours of supervised field work each week during the two years are required of students taking regular courses. Of this amount, about one-third is given during the first year to practical experience with the Associated Charities, in application of the principles and methods of case work given in the required lecture course. The remainder of the first year's field work is devoted to work with certain other social agencies and to supervised inspection of various institutions in or adjacent to Richmond, such as the Virginia Home and Industrial School for Girls at Bon Air, the Laurel Industrial School, the Central State Hospital at Petersburg, the State Penitentiary, Pine Camp, the Juvenile and Domestic Relations Court, Richmond, the City Almshouse, the Juvenile Detention Homes, etc. Written reports of the organization and administration of such institutions will be expected of each student and must be entered in a field work note book to be kept by each student throughout the course.

In the second year the student devotes his field work as exclusively as possible to the special field of work for which he is preparing. The work of each student is under the general supervision of the Executive Secretary, who will advise him, particularly in regard to second year specializations. For the first year the field work is practically the same for all regular students. In planning the field work of students, the Executive Secretary will co-operate, both with the instructors giving the theoretical courses, and with social agencies supervising field work related to these courses.