A STUDY OF THE PROFESSIONAL ASPECTS OF SOCIAL WORK, UTILIZING THE ATTITUDES OF MICHIGAN PSYCHIATRISTS TOWARD SOCIAL WORKERS.

By

Morton Stanley Perlmutter

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A PROJECT REPORT

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Approved: Gordon J. Aldridge
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CHAPTER I

INTRODUCTION

Statement of Problem

The reason for this writer's search for criteria or aspects of professionalism in social work originally arose from student discussions on the problem, coupled with classroom discussions with many people in professional practice. The original statement of problem indicated that there would be an attempt to answer specific or general problems connected with exploratory investigations of aspects of professionalism in social work and of social work's professional relation to psychiatry. The original problem seemed to be so all-encompassing that the amount of time that it deserved would have been tremendous compared to the amount of time and attention able to be given to it. The statement of problem was shortened to limit the study to seeking out only professional aspects of social work and utilizing a questionnaire concerning attitudes toward social work which was sent to sixty-one Michigan psychiatrists.

The Approach to the Study

While it is true that the original problem concerning identification of professional aspects of social work was primary, it is also true that a secondary goal was the determination of lack of criteria and concepts of professionalism

evidenced in the fields of social work. Also, with these goals understood, the necessary research would be useful in pointing up areas in which further research could be done, or in which better theoretical foundations could be laid. It is also felt that identification of these criteria would possibly be the basis for methods of disseminating knowledge which would reach the lay public, thus giving it a clearer idea of the social worker as a professional, or of social work as a profession. It was hypothesized that aspects of professionalism exist in social work, and that these aspects can be identified.

Definition of Terms

This seemed to be one of the most difficult areas in the planning and coordinating of data for the study, insofar as the definition of terms entailed a definition of what is meant by the terms, "profession" and "professionalism." Edith Abbott states that three things are true for a profession to be existent:

> (1) There are basic principles; (2) these basic principles can be taught; and (3) they must come from two sources -- a critical examination of the methods used to produce certain results and a searching equally for the causes of apparent failures and apparent successes.[1]

In general, there seems to be some agreement on the part of writers in the field of social work that there are other aspects of professionalism which can be clearly identified, and which would serve as criteria for further definition in studies of

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[1]Edith Abbott, Social Welfare and Professional Education (Chicago: University of Chicago Press, 1931-1942), p. 45.

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professionalism. Some of these aspects are concerned primarily with characteristics of personality which have been assumed as fundamental for the profession of social work. These personality fundamentals have been noted to be emotional maturity, emotional stability, ability to understand and accept limitations, both personal and professional, empathy, and the ability to work on a team.[2] Nowhere in the search for criteria by which professions could be judged did the writer note any one author as clearly identifying any one set of criteria for the judgment of a profession.

Throughout this study the term "profession" is used in a very broad and general way, and is taken to mean the total of the derived goals which would denote a profession. It also contains the concept that the profession can be recognized in that it possesses all, or most, of the attributes which are readily observable, but not readily definable. Other terms to be utilized will be defined within the general context of the study.

Methodology

The methodology for discovering the aspects of this profession were: (a) a systematic review of the literature, on the basis of the aforementioned criteria, in the hope that the literature would reveal certain elements which identify professionalism; (b) an analysis and interpretation of the data

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[2]Solomon Goldfarb, "The Function of the Psychiatric Social Worker as Interpreted by 38 Michigan Psychiatrists" (unpublished Master's thesis, University of Michigan, 1956), p. 22.

collected from the literature, and (c) the collection of attitudinal responses from the psychiatrists who answered the questionnaires. The evaluation of responses on the questionnaires was made on the basis of the responses themselves, in that they were self-limiting and self-explanatory.

CHAPTER II

DISTINGUISHING FEATURES OF SOCIAL WORK AS A PROFESSION, AS SEEN IN THE LITERATURE

William J. McGlothlin[1] recently pointed out that part of professional competence is based upon knowledge and skill to do what is necessary at the appropriate time. He also noted that increasing knowledge of "professional" theory and principles would illuminate the use of skills. This, then, would indicate that there is some definite feeling about the importance of the body of knowledge, and in transmittible basic principles, since McGlothlin's findings were based upon a comparative study of ten professions, including medicine, engineering, law, and clinical psychology.

Some social workers are now considering practice itself to be an integral part of the body of transmittible knowledge. Wessell, for instance, states that, "When we speak of professions, such as medicine or law, by mere reference to professions we are millennia further along in man's development as a social being. ...We are adding a new dimension to practice."[2] It was

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[1]William McGlothlin (Southern Regional Educational Board), "Comparative Patterns in Professional Education," Address before the Council on Social Work Education National Conference, January 30, 1958.

[2]Rosa Wessell, Faith Wessell, and Goldie Basch, Professional Education Based in Practice (Philadelphia: University of Pennsylvania, School of Social Work, 1953), p. 3.

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also felt by Wessell that the professional contributions of social work, namely, learning to practice for someone else and to give service, creates new psychological problems for man in relation to concepts of self and others. Each of the professions has formulated its own way of meeting these problems and becoming professional, or has ignored these problems which have hindered the fullest advancement as a profession. Wessell states:

> Social work, more explicitly than most professions, has taken these problems into account and has dealt with them as the most basic elements in a deliberate educational program. It has elected to teach professional practice -- within the practice itself.[3]

Here lies the secondary problem of definition, namely, the concepts of practice as a process and practice as an activity. For our purpose, we shall consider practice as a process which is transmittible through the practice itself. Hence, we may see the evolvement, in social work, of a new concept in professional knowledge, namely, that of the process of practice itself being transmittible, or "learnable" through active and dynamic, but controlled, participation.

Ralph W. Tyler proposes as one distinguishing feature of a profession:

> ... the basing of its techniques of operation upon principles rather than rule-of-thumb procedures or simple routine skills. A profession not only utilizes basic principles, rather than depending on a rule-of-thumb procedure, but as it becomes more mature it recognizes that the principles used in the profession must be viewed in an increasingly larger context, and that, correspondingly, the science needed by the profession must be continually

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[3] Ibid., 3-4.

extended to more basic content rather than restricted only to the obvious applied science.[4]

This concept may appear to be in direct contradistinction to the practice-based orientation which has been readily observable in social work in the past. There is at present, however, a real seeking for basic concepts and theories within the fields of social work. This does not infer that the practice orientation is useless, but rather that practice, without an understanding of underlying theory of practice, has definite drawbacks so far as transmissibility of this practice is concerned.

It may also be noted that social work has begun to extend its understanding of human problem areas beyonds its fields of immediate professional practice to those in which social work has been heretofore uninterested. New areas of social statesmanship have more recently become inculcated into professional education for social work. There may be points in the professional practice of social work which are not readily distinguishable from similar features of other professions, and which appear to be areas of overlap between social work and other professions. We shall not cover these points in this study, since they may rightfully deserve further study in themselves.

Actually, what we are considering here is a new concept in education for the professions, namely, the learning of new attitudes through the process of practice, and underlying

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[4]Ralph W. Tyler, Education for Social Work (New York: Proceedings of Fifth Annual Program Meeting, Council on Social Work Education, 1957), pp. 13-15.

theory, combined with a change of values and attitudes. Human beings are complex organisms, including a composition of attitudes and values. This, of course, is true of the worker as it is of the client. In order to better or more completely understand the client, the worker must of necessity be successful in understanding himself. He must possess a sincere and earnest desire for continuing to understand himself. Most individuals have developed basic personality patterns by which protection from unpleasant aspects of self and life can be afforded. Self-searching attitudes, therefore, are difficult to master and to maintain.[5] This, then, is the type of learning comprised of shifting attitudes and values which come about through the merge of the process of practice, coupled with an understanding and acceptance of basic theory of practice. Introspection, self-appraisal, and self-criticism are not only processes, but are also attitudinal in nature, and are integral parts of what social work has termed the "professional self." Since effective use of self is dependent upon self-knowledge, we may then assume that the aforementioned attitudes and processes are basic attributes of professional social work.

From the aforementioned aspects of professionalism, we may begin to see that there is a predominant involvement of professional training with development and understanding of personality. There has been a tendency on the part of some writers

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[5]Elizabeth Russell, Professional Growth on the Job (Family Service Association of America, n.d.), p. 4-5.

to feel that certain aspects of personality are prerequisite to professional education and practice in social work. Goldfarb's findings[6] indicate that emotional maturity and stability, among others, are considered to be essential requisites to social work as a profession. His findings also indicate that the very aspects which are desirable in professional training, according to writers in social work, are also indicated as being important by psychiatrists:

> (a) emotional stability; (b) warmth and human understanding; (c) minimum narcissism, coupled with maximum self-knowledge; (d) integrity; (e) interest in others; (f) flexibility and adaptability, and (g) psychological orientation and grasp.[7]

If we are to assume that Flexner's definition of profession[8] is of a basic nature, then we must also assume that the assumptions of professionalism necessitate certain personality characteristics and properties. The professional acquires status through special knowledge and training, and is organized and oriented for service rather than pecuniary gains.[9] This type of behavior, which we consider basic in the professional, must rest upon an attitudinal base in the personality, which has to be free enough emotionally and strong enough intellectually to maintain these

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[6]Goldfarb, op cit., pp. 22-39

[7]Ibid., pp. 88-91.

[8]Lula Jean Elliott, Social Work Ethics (New York: American Association of Social Workers, 1931), p. 4. (NOTE: Flexner's definition: (1) involves essentially intellectual operations with considerable individual responsibility; (2) derives its materials from science and learning; (3) has a definite and practical end; (4) possesses a technique which is educationally communicable; (5) tends to self-organization, and (6) becomes altruistic in its motivation.)

[9]Ibid., p. 5.

values as an integral part of its own system. Other personality characteristics deemed necessary for professional status have been defined by other authors, and include:

> (a) keenness of perception of symptoms of difficulty; (b) capacity to identify with the client without becoming personally involved; (c) courage in facing emotional upsets in clients, and (d) inner security that comes from successful contacts with people.[10]

Hence, we may readily see that ability and flexibility in personality adjustment and attitudinal change are considered elemental aspects of professionalism in social work, and these elements are inherent in the processes of education for, and practice in, social work.

This writer feels that an essential attribute for any profession is the extent to which the activity, in which the individual is engaged, permeates his existence. We may, for example, consider many trades as being professions if they meet the aforementioned requirement, but it is doubtful if there is no generalization of the vocation or activity in the individual's living patterns. Grace Coyle[11] states that professional philosophy and ethics are distinguishing factors in social work as in other professions. Philosophy and ethics help in determining the wisest use of the professional skills and knowledge. It is apparent that philosophy and ethics, in order to be effective, must be integrated in the attitudinal structure of the

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[10]Lois Meredith French, Psychiatric Social Work (New York: Commonwealth Fund, 1940), p. 235.

[11]Grace Coyle, Social Science in the Professional Education of Social Workers (New York: Council of Social Work Education, 1958.)

individual, hence must be part of the person in a holistic rather than specific manner. The effectiveness of the worker is determined to a large extent by the degree to which these value systems have been integrated. Since this cannot be accomplished by mere rote, we can assume that philosophical and ethical values become integral parts of the professional psychic anatomy, and further, that social relationships and living patterns are influence by them.

A major characteristic of a profession is its adherence to a code of ethics. While social work's written code of ethical standards does not maintain as much internal agreement as some other professions, it appears to encompass ethical tenets basic to other recognized professions.[12, 13] Elliott notes that professional ethics evolve from uniformity or consensus of group thought and experience.

> They become articulate as a profession becomes integrated and definitely defined, each professional group having its own peculiar ethical problems. With a background of experience, fairly definite systems of professional standards become accepted. The distinctive nature of a code is acquired through the peculiar function of the profession.[14]

As noted above, social work has its base in the process of practice, hence it would seem that the ethical standards must be operational in nature. This concept is demonstrable in the three key beliefs and aspirations of a democratic society upon

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[12] Directory of Medical Specialists, Vol. VIII (Chicago: Marquis' "Who's Who", 1957).

[13] Standards for the Professional Practice of Social Work (New York: American Association of Social Workers, 1951), p. 3.

[14] Elliott, op cit., p. 1.

whose principles social work is based:

> (1) from faith in the dignity, worth, and creative power of the individual; (2) belief in his right to hold and express his own opinions and to act upon them, as long as by so doing he does not infringe upon the rights of others, and (3) conviction of the inherent, inalienable right of each human being to choose and achieve his own destiny in the framework of a progressive, yet stable, society.[15]

The dynamism necessary in social work ethics is noted in this statement made by Grace Coyle:

> It is obvious, therefore, that professional education must include in its function an understanding by students of the professional goals and ethics, insofar as they are developed, and an acceptance of them as guides to practice. This implies no rigid inculcation, but does imply the profession's obligation to assume that its members can be trusted to use their professional knowledge and skills, not only efficiently, but also for the benefit of its clientele and for the social good. Professional education is not a training in techniques, although technical skill is essential. It requires a commitment of the self to the values embodied in the goals of the profession and to the ethics to which the profession has agreed.[16]

The aforementioned attributes, definitive statements, and identifiable aspects of social work as a profession have emerged from the literature in redundant fashion. This writer has attempted to take the most representative statements made by individual authors of the totality of ideas on one particular aspect of social work as a profession. The statements made in this chapter are not merely those of one individual, but are representative of groups of thoughts describing any, or all, of the attributes outlined in this chapter.

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[15] A.A.S.W., op cit., p. 3.
[16] Coyle, op cit., p. 40.

CHAPTER III

QUESTIONNAIRE RESULTS: ATTITUDES OF 40 MICHIGAN PSYCHIATRISTS TOWARD SOCIAL WORK AS A PROFESSION

A total of sixty-one questionnaires[1] was sent to Michigan psychiatrists. The sample was the total number of psychiatrists practicing in institutions in the state who had passed board examinations and met requirements for certification by the American Board of Psychiatry and Neurology, Incorporated.[2] The other requirement was that there be a social work staff of one or more social workers with whom the psychiatrist had contact.

Of the sixty-one questionnaires mailed, there was a total response of forty (approximately 68 percent of the total). All respondents indicated that they were in institutional practice. The mean number of years of institutional practice is 19.2, with the fewest number of years being 2.0 and the greatest being 45.0. The mean number of years of private practice is 7.0, with the fewest number of years being 1.0 and the greatest being 30.0.

The first check table was designed to provide some clarification as to the type and frequency of psychiatrists' contacts with social workers:

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[1]Appendix, copies of questionnaire and letter sent to psychiatrists.

[2]Directory of Medical Specialists, Vol. VIII (Chicago: Marquis' "Who's Who", 1957).

[3]Combined Directory for 1955-1956 of the Michigan Society of Neurology and Psychiatry; Michigan District Branch of the American Psychiatric Association.

TABLE 1

Type and Frequency of Psychiatrists' Contacts with Social Workers

Contacts	Frequent	Occasional	Seldom	Never
Individual.....	21	3	2	1
Part of Clinical Team.....	23	2	2	1
Both.....	17	1	0	1
Other.....	2	0	1	1

An overlapping of contacts will be noted in the above table, due to the fact that several psychiatrists had contacts with various social workers in addition to the one or more social workers which comprised his clinical team. The two respondents who indicated contacts in the "Other" category had the responsibility for teaching social work students, and had contacts with the students and instructors in departments and schools of social work.

In response to the question, "Do you consider social work to be a profession?", there was a total of 38 "Yes" answers, while one of the remaining two answered "No" and the other gave no response to the question. The second part of this question asked for an explanation of the original answer. There were 26 responses, and 12 non-responses. A selection of the responses to this question indicates that emphasis is placed upon training and experience as criteria for professionalism. Many of the responses indicated that social work is considered to be a

profession because of the specialized knowledge and training deemed necessary. One psychiatrist stated that, "preparation has been so improved that it (social work) can be considered a profession, in much the same way as nurses, psychologists, school teachers, etc." Other responses tend to indicate that social work is a profession because of the level at which the workers operate: "They deal at a clinical level with problems affecting the welfare of patient and family alike." There were other responses than those which were obviously positive. One respondent saw no need for any more training, "than many who certainly are not professional." This is the only response which was obviously negative toward social work as a profession. Nowhere in the responses to this question did any of the psychiatrists relate social work as a profession to psychiatry as a profession. Zander[4] notes that psychiatrists perceive themselves as having greater professional competence than members of other mental health professions, although "competence" is not defined in the Zander study. Psychiatrists feel that they have greater competence, knowledge, and skills than social workers. Many negative stereotypes were attributed to social workers, and social workers were described as being "dogmatic," "not mercenary," "threatening," "defensive," and "striving." Another finding which indicates the psychiatrists' lack of correlation of social work as a profession to psychiatry as a profession is

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[4]Zander, et al, Role Relations in the Mental Health Professions (Ann Arbor: University of Michigan Press, 1957), p. 121-22.

their selection of social work as a last choice (with psychiatry, psychology, and social work being the choices involved), should they have to choose careers again. One hundred percent chose psychiatry, while 88 percent chose clinical psychology and 12 percent chose social work as alternate careers. These findings tend to support the idea that there may be attitudes among psychiatrists which might prohibit a true picture of their perceptions of social work as a profession.

In response to the question, "What improvements are necessary in social work, either in academic presentation or in practice?", six psychiatrists gave no responses at all, while two did not feel qualified to answer this question, and six others felt that no improvements are necessary in either area. Some of the 26 remaining respondents stated definite areas of improvement, while others in this group stated only that improvement is necessary. There does not appear to be any trend in the respondent's answers indicating a need for improvement, however some of the responses tend to favor improvements in academic areas, while others call for a definition of function. Typical of the former response is, "More orientation to medical information and methods of getting pertinent and medical information from others," while typical of the latter response is, "the limitation of practicing boundaries should be more exact regarding psychotherapy," and, "probably definition of areas in which to work, in the instance of psychiatric medical practice --, believe this is something in process of development, but no individual can define area accurately now."

There was some emphasis placed upon the value of the social worker's personality, which was manifested by such statements as, "Selection of suitable, stable individuals," and " -- practically, better people." These were, specifically, the only reactions which were registered so directly in this area.

There was some emphasis placed upon inter-role relationships. Some responses in this area registered a criticism prevalent in the field at this time, for example: "I have worked with very few social workers who were not excessively conscious of status. The bulk of the social workers' careers seems to be spent in either being supervised or supervising. Independent functioning and consulting as colleagues or equals seems to be a rarity." While this criticism appears quite negative at first glance, it is the only response in the questionnaires which suggests some identification of professional equality between psychiatry and social work. It appears that the respondent assumes status for social work, and finds fault with social work's inability to accept and operate within its professional status. Another respondent states, "There is some tendency on the part of individual social workers to compete with psychiatrists, rather than to contribute to a distinct discipline." While it is difficult to know exactly what is meant by "contribute to a distinct discipline", it is assumed (by the writer) that social work does not appear to the respondent as a discipline, when viewed through the respondent's frame of reference. It is suggested by this writer that this

response, as do others, points up a basic problem in interprofessional relationships, in that the semantics may prohibit a great deal of communication and understanding between professions. It is also suggested that research is necessary in definitive work on such areas as discipline, professional art based on science, and the terminology used in the description of areas of practice.

Another respondent saw improvements in social work as, being, "In academic areas perhaps greater emphasis on the background of interprofessional relationships." This response was compared with the responses made by psychiatrists in the Zander[5] study. The Zander study indicates that 90 percent stated that they were highly satisfied concerning relationships with social workers, 8 percent expressed intermediate degrees of satisfaction, and 2 percent expressed feelings which bordered on dissatisfaction.

The final written question appearing in the questionnaires is, "Should the social worker be part of a clinical team? Explain." There were 38 "Yes" answers, while one respondent felt that this function of social work is unnecessary, and the other respondent was undecided, but stated cryptically, "Yes -- in psychiatry." The trend in responses indicates that after-care or follow-up work, along with community contacts, are within the realm of social work. Typical of these feelings are these

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[5]Ibid., p. 57.

responses: "The worker is needed before, during, and particularly after psychiatric treatment." "Transition from hospital to home is one of the most vital steps and consequently should be guided by social workers." And, "It is my opinion that the social worker is an important part of the team, especially as a go-between between the patient and his family and community."

So far as professional competence and skill are concerned, there was a split in opinion, as is evidenced by these responses: "Yes -- because the social worker as a professional person has an area of contribution in which they are better qualified than other members of the psychiatric team," and "The social worker brings a body of knowledge and a technique which significantly expand the effectiveness of the team approach," as opposed to "The pressure of time and large numbers of patients require the team approach," and "Only a few cases in general hospital work (mental hospital)[6] require social service -- if the doctor is not too rushed to take proper care of the patients himself. In larger institutions where doctor-patient ratio is one to one thousand or greater, you may use any substitute available."

These responses were viewed in light of professional skills and competence because of the obvious reference made in former responses and the lack of attribution of such skills and competence in the latter responses. The latter type of response was not common throughout the questionnaires, which does not correspond to Zander's findings. They indicate that 69 percent

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[6]This writer's parenthetic statement.

of the psychiatrists used in the study state that their own professional skills and knowledge are greater than that possessed by the social worker. Twenty-eight percent of their respondents indicate that psychiatrists and social workers have equal skills, and 3 percent felt that social workers possessed more knowledge and skills than they.[7]

Question #5 requested the respondents to rate the value of social workers' services on a scale which arbitrarily registered gradations from 0.0 to 10.0, with the former being headed "Poor" and the latter "Good," while 5.0 is headed "Fair." There was a total of 37 responses to this scale. The median response was 8.6, with the highest response being 10.0 (which was also the mode) and the lowest being 6.0. The highest values were assigned by psychiatrists who had frequent professional contacts with social workers, who were seen both as individuals and as part of the clinical team.[8] The converse was found to be true in relation to the assignment of low values. Psychiatrists who seldom had contacts with social workers as individuals or as part of the clinical team, or had only occasional contacts in both categories, assigned the lower values on the scale. It was concluded from these findings that interprofessional familiarity and interrelationships on an operational level permitted the attribution of high values to social workers' services, while less

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[7]Ibid., p. 56.
[8]See Table 1, Chapter III, p. 1.

frequent interprofessional contacts with lowered professional familiarity led to a lower assessment of the value of social workers' services.

Question #6 asks the respondents to clarify their opinions of social work in general, according to their feelings as to whether it is "Necessary," "Unnecessary," or if they "Could function adequately with or without social work."[9] The responses were as follows:

A)	Necessary	38
B)	Unnecessary	0
AC)	Necessary - Could function adequately with or without social work	1
BC)	Unnecessary - Could function adequately with or without social work	1

The majority of those respondents who felt that social work was "necessary" were also the same respondents who rated social work high on the value scale, who answered Question #2 positively, and were also those who had frequent or occasional contacts with social workers as individuals and as clinical team participants.

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[9]The structure of the phrase, "Could function adequately with or without social work" is rather misleading, in that it could be construed to ask the extent to which the respondent is dependent upon social work to function adequately. This was not intended.

CHAPTER IV

SUMMARY AND CONCLUSIONS

Summary

This study is concerned with definitions and attributes of social work as a profession. Certain obstacles presented themselves in terms of the original study undertaken, in that it was so broad that adequate treatment could not be given. The major problem was to find professional attributes from social work literature and from the questionnaires sent to sixty-one Michigan psychiatrists. The dearth and repetitive materials in the literature presented quite a task, in terms of sorting and presenting a unification of central ideas. It will be noted, however, that the ideas presented which appear to be those of a particular author are in actuality representative of an entire group of authors.

Some of the attributes of a profession were readily identifiable. Such attributes as a transmittible body of knowledge, and the basing of techniques of operation upon principles, presented themselves quite readily. New concepts, peculiar to social work as a profession, also became evident. For instance, the learning of new attitudes through the process of practice was evident to only a few authors in the field. Coupled with this concept of education in attitudinal structures were the findings concerning the desirability of certain personality

characteristics in the professional social worker. Again, these attributes were of an attitudinal nature, and some of them were described as being emotional stability, integrity, flexibility and adaptability, and interest in others. This writer presented as one attribute something which was seen in the literature but not clearly defined, namely, the extent to which the activity in which the person is engaged permeates the personality structure and the living patterns of the individual. Finally, philosophical and ethical standards were deemed essential by almost the entirety of authors in this field as attributes of social work as a profession.

Psychiatrists' attitudes, as measured by the questionnaires sent to sixty-one Michigan psychiatrists, indicate in general a rather tenuous acceptance of social work as a profession. The responses to direct questioning of the psychiatrists' considerations of social work as a profession were quite positive, although some negative responses were given. This positivism was not seen in responses to other questions pertaining to professional social work which appeared in the questionnaires. There was little identification with the social worker, by the psychiatrist, as a professional colleague or peer. Only one respondent felt this strongly enough to state that this is one of social work's major areas of difficulty, namely, the failure of social workers to perceive themselves as colleagues or peers.

Some of the respondents indicated specific needs in the area of professional education in social work, while others felt that social work education had already attained professional

qualifications. Some respondents also offered qualifications or attributes of what they felt constituted a profession, and these attributes were so closely aligned with those found in the literature that it would have been redundant for them to appear again in this project.

Conclusions

The terms, "profession," "professional," and "professionalism" tend to have some nebulous attributes which are not as readily identifiable and definable as others. Many of the authors, as did many of the questionnaire respondents, stated that some elements of the concept of professionalism are not readily definable. However, so many of the concepts and attributes of professional social work were found in the literature, and such tenuous attribution of these qualities to social work as a profession was made by the respondents to the questionnaires, that the gap between these two areas of information seems unexplainable to this writer at this time. This indicates an area for further research.

For the most part, those attributes which are presented within this project report were readily identifiable. Many of them are peculiar to social work as a profession, but were deemed to be attributes of a profession. As noted in Chapter III, many attitudes on the part of the respondents may have come into play, hence prohibiting and permitting certain responses which are not in accord or in agreement with the findings in the social work literature.

The findings of this study tend to support the hypothesis that attributes of professional social work can be identified. The findings of this study also tend to support the concept that social work as a profession does exist, but is as yet not clearly defined. There appears to be a definite need for further research in this area, particularly on an interprofessional level.

APPENDIX

929A Cherry Lane
East Lansing, Michigan

Dear Doctor:

I am presently engaged in a research project in which I must obtain the opinion of a select group of experienced psychiatrists. Currently, I am in field training at the Psychiatric Clinic at the State Prison of Southern Michigan at Jackson, under the directorship of Dr. Warren S. Wille, Psychiatrist.

The research project is a requirement for the Master of Social Work degree of the School of Social Work, Michigan State University. It is hoped that from this research will come some concepts of professionalism in social work, and working relationships with psychiatry.

It is quite important that you answer the questionnaire, as the group is so small and each response so valuable. It may also be necessary to obtain further information on a followup basis, but this will depend a great deal on the responses to this form, and this will be decided by my thesis committee.

At no time will your name be used, either in print or discussion, and at no time will you or your opinion be publicly identified. Please feel free to ask any questions you wish. You may use the back of the questionnaire if you wish for remarks or questions.

Thank you for your attention and consideration.

Sincerely,

Morton S. Perlmutter
Social Work Student
Michigan State University

Warren S. Wille, M.D.
Psychiatrist
Director, Psychiatric Clinic
State Prison of Southern Michigan

MSP:e

Name: _____ Title: _____

Setting of current practice: _____

No. of years engaged in active practice: Private____ Inst.____

(1) Please indicate with checkmarks the types and frequency of your contacts with social workers:

Contacts	Frequent	Occasional	Seldom	Never
Individual				
Part of Clinical Team				
Both				
Other *				

* If 'Other', please explain: _____

(2) Do you consider social work to be a profession? Yes_____

No_____ Please state your reasons: _____

_____

(3) What improvements are necessary in social work, either in academic presentation or in practice?

_____

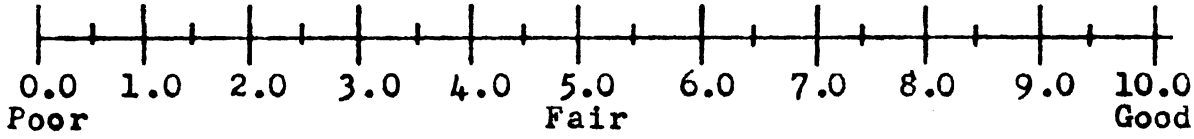
_____

(4) Should the social worker be part of a clinical team?

Yes_____ No_____ Explain: _____

_____

(5) By checking a point on the following scale, please rate the value of the social worker's services:



(6) Please check the answer below which most nearly reflects your opinion of social work in general:

(a)_____ Necessary (b)_____ Unnecessary

(c)_____ Could function adequately with or without social work

NOTE: This portion of the appendix contains three of the questions asked in the questionnaires which were mailed to sixty-one Michigan psychiatrists, and the responses are recorded exactly as they were received. The psychiatrists concerned are identified by number only for the sake of convenient tabulation of responses. Non-responses have been disregarded.

* * * * *

QUESTION #2: Do you consider social work to be a profession? Please state your reasons.

RESPONSES

#2: The preparation, curricula, etc., have been so improved, and standards are so high, that it certainly can be considered a profession in much the same way as nurses, psychologists, school teachers, etc.

#3: An attempt to provide a human service, not as an employee of the "client", but as an objective and scientific prescription for what he needs -- as distinguished from what he "wants".

#4: It is the specialized relationship with people in regards definite academic and personal preparation.

#7: In a broad sense, any individual who has earned a graduate degree and who has accumulated a background of experience in a particular field is one who pursues a "profession".

#8: The long training and experience period followed by type of responsibility.

#9: They deal at a clinical level with problems affecting the welfare of patient and family alike.

#10: The work that a psychiatric social worker does, and the training necessary to achieve proficiency, deserve professional status.

#13: Because of special education and training required.

#14: Particularly ever since Comte, there has been an effort to systematize in a scientized way the principles underlying the human individual's living of his social interests.

#18: Because of background, training, and high caliber of individual.

#21: More emphasis on practical clinical diagnosis and treatment.

#23: This is a profession requiring special training and background in dealing with problems relating to individuals rather than anything commercial, mechanical, or agricultural.

#27: Because of the academic and field training necessary for social work.

#32: Fulfill the usual criteria for a profession.

#36: Requires a special training in a highly specialized field.

#37: Because of the need for adequate long training and experience before one can properly carry out the duties of a social worker.

#38: A great deal of education and experience is required -- and the services rendered are of a professional nature.

#40: Provided a social worker has completed a recognized training program.

#44: A social worker must be trained to evaluate the social and economic conditions in which a client is to be placed.

#45: To do certain types of work, I see little reason for people any better trained than many who certainly are not professional. In other types of medical social work (not all types), much more training is valuable, and if it makes them feel happy to be considered a profession, they are welcome to call themselves such.

#50: Because social service meets the qualifications of a profession.

#51: The training necessary, and if it is their life work.

#52: Because at least ideally it requires a sense of dedication to human work as well as special knowledge.

#53: Requires degree and graduate studies and professional type of responsibility.

#54: An unqualified yes or no cannot be given. The definition of profession should be further defined.

#55: I do not get the point of the question -- namely, the implication that the term profession has a circumscribed meaning. I guess so!

#59: Cannot answer because the meaning of "profession" is by no means always the same.

#60: Body of professional knowledge, orientation, and loyalty to the individual or a professional level.

* * * * *

QUESTION #3: What improvements are necessary in social work, either in academic presentation or in practice?

RESPONSES

#2: If possible, an increase in the amount of field work seems desirable, in order to apply the excellent theoretical and basic knowledge the workers seem to have. Social workers nowadays use psychiatric terms, phrases, etc., to a high degree, but unfortunately, while a theoretical knowledge is excellent the workers have had comparatively little practical application of that knowledge. I would also suggest that heavy emphasis be placed on the various theoretical viewpoints, rather than having the major field of active emphasis in the psychoanalytic school of thought. It is my feeling that a variety of theoretical viewpoints should be represented, otherwise, trainees and/or students become narrow or doctrinaire, with their minds closed to new thinking. The personality, attitudes, etc., of the social worker (psychiatric social worker) are important. Hence, selection of individuals trained is important.

#3: I do not feel qualified to offer any critical comment.

#4: I do not feel qualified to discuss this.

#6: Clear delineation of the limits of the worker's sphere of activity.

#7: It is my feeling that too many social workers belittle the importance of establishing a supportive relationship with their clients, and are somewhat too interested in dealing with unconscious factors responsible for the individual's maladjustment.

#8: The limitation of practicing boundaries should be more exact regarding psychotherapy.

#9: I think the training program for social workers is evolving quite well.

#10: Most social work schools apparently feel that history-taking should be delegated elsewhere. I do not agree with this opinion.

#13: Would recommend one or two years of actual training for psychiatric social workers as a requirement for completion of training.

#14: In my opinion, the chief improvement of each direction of human effort lies in the development of the insight that each man's life is lived entirely by each man.

#18: Broader academic training.

#19: I have worked with very few social workers who are not excessively conscious of status. The bulk of the social worker's career seems to be spent in either being supervised or supervising. Independent functioning and consulting as colleagues or equals seems to be a rarity.

#23: Academic training should include broader scope of various psychological schools of thought, with less emphasis on analytic approach. More definite distinction between trained and untrained social workers.

#27: More adequate salaries.

#32: More practical work as part of the work for a degree.

#33: Teamwork. One cannot work independently.

#34: More social workers.

#36: Present program of training is adequate.

#37: Broader generalized approach to psychiatry, including more definite work in a directive, supportive type of therapeutic situation, and less emphasis on analytic theories and therapy.

#38: An increase in number of trained workers is needed -- particularly for field work.

#40: Completion of recognized training for psychiatric social work.

#41: I have no criticism of social work as it is now practiced. However, as in all fields of endeavor, there is always room for improvement.

#44: Any group dealing with the psychologically misfitted person should contain psychiatrist, psychologist, and social worker in order to aid that person to again adjust socially.

#45: To do a good job as a social worker and not try to be a psychotherapist. To be practical and not idealists.

#47: More study in personal contacts and in abnormal psychology.

#50: None.

#51: Selection of suitable stable individuals.

#52: Academically, more imagination and breadth, to include anthropology and social psychology. Practically -- better people.

#53: More orientation to medical information and methods of getting pertinent and medical information from clients.

#54: Present training is satisfactory. We do find that much training is required of staff members without supervised casework.

#55: Nothing specifically -- in some individual cases more attention to history taking and less to personal opinion.

#58: There is some tendency on the part of individual social workers to compete with psychiatrists rather than contribute to a distinct discipline.

#59: Probably definition of areas in which to work in the instances of psychiatric medical practice -- I know of other areas too little to comment. Believe this is something in process of development, but no individual can define area accurately now.

#60: In academic areas perhaps greater emphasis on the background of inter-professional relationships.

* * * * *

QUESTION #4: Should the social worker be part of the clinical team -- explain.

RESPONSES

#2: Yes, this is especially true in settings such as found in institutions, adult and child clinics, etc.

#3: Yes. The problem is seldom simply social.

#4: Yes. I feel that the team approach is the most rewarding and practical in my field.

#7: Yes. The social worker brings a body of knowledge and a technique which significantly expand the effectiveness of the team approach.

#8: Yes. More important member than psychologist. Social worker does what the psychiatrist ---- .

#9: Yes. Working alone and unsupervised there is danger. In a team situation social workers (well trained) have much to offer.

#10: Yes. The worker is needed before, during, and particularly after psychiatric treatment.

#13: Yes. The pressure of time and large numbers of patients require team approach.

#14: Yes. Teamwork is excellent when each member of the team sees his whole team as his own. Using my social worker as a member of my medical team has been most practical.

#18: Yes. The transition from hospital to home is one of the most vital steps, and consequently should be guided by social worker.

#23: Yes. A social worker has a background (basic) to take an active part in a therapeutic setting.

#27: Yes. Because of specific skills and contributions social workers can make with respect to the fields of management and prevention of mental illness.

#36: Yes. Because the social worker works in the total push program.

#37: Yes. In large state hospitals social workers take a very valuable role in the maintaining of adequate therapy and supervision of patients.

#38: Yes. I am speaking of hospital social workers.

#40: Yes. To assist other members of the team, see the total situation, and provide the history, and have contact with community and family.

#41: Yes. It is my opinion that the social worker is an important part of the team, especially as a go-between between the patient and his family and the community.

#45: Only a few cases in general hospital work require social service. If the doctor is not too rushed to take proper care of the patient himself. In larger institutions where doctor-patient ratio is 1-100 or greater you may use any substitute available. Here, where it is 1-6, this is unnecessary in most cases.

#47: Yes. In order to aid in family problems and environmental factors.

#50: Yes. Because the social worker as a professional person has an area of contribution in which they are better qualified than other members of the psychiatric team.

#51: Yes. The past history and development as a child is necessary in complete evaluation and also home evaluation.

#52: Yes. There are non-clinical roles for social workers, but if they assume a clinical role they should be on the team.

#53: Yes. The training and function tend to be on some aspects of a client's problem. They are freed to have other areas dealt with by other members of the clinic team.

#55: Yes. In the same sense that a nurse is. Should function alone only in emergency states.

#58: Yes. Particularly in institutional work or public clinics. In private practice the situation doesn't seem appropriate for social workers.

#59: Sometimes yes, some no. This would seem to depend on what the worker is engaged in doing. In psychiatry, yes, as there is no way to handle purely medical aspects alone.

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