

Clinical Practice in A Jewish Context*

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In setting expectations we need to make allowances for the fact that our clinical theory on behalf of our new responsibility is incomplete and in a state of evolution and that our basic professional training at our schools of social work has been incomplete.

This paper will discuss significant changes in the clinical and Jewish aspects of our professional life, and will examine the impact of these changes on our professional responsibilities and on the methods by which we will meet them. Of the latter, there are three:

1. We need to use our Jewish case practice for learning. Learning in and by means of practice is an essential principle of professional learning. For this reason, the school of social work includes field work as a major part of its curriculum. Since we have not been trained in the use of the Jewish experience by our schools of social work, the agency now needs to provide a supplementary forum. The following example will serve: the Pittsburgh Jewish Family and Children's Service asked me to give an all-day institute on "Jewish practice learning" in 1976. The case material provided by the staff for this purpose showed a fine professional quality and a fine identification with the purpose of using Jewish experience in their work; unfortunately, however, the "know-how" in this specific respect was not up to the strength of the identification. As a result, the director of the agency set up a training plan for the entire staff of the agency which encompassed different departments with widely varying functions and responsibilities. In semi-monthly meetings, each member took a turn presenting a client situation to colleagues for group discussion aimed at enhancing their common learning of Jewish dynamics in casework services. After

one year of such training, I was again invited to an all-day institute. Both the case material offered by the staff for this institute and their discussion of the material showed a marked development of understanding and use of Jewish dynamics in their casework practice. While the services concerned and the client situations chosen varied greatly, staff sensitivity to understanding their clients as Jews, and using such understanding for the given concrete helping purpose, was on the same high level in all the client situations. To me this was a most telling demonstration of the effectiveness of this principle of learning.

We need to upgrade this expectation of "continuing education" in our changing professional process. We have tended to seek learning resources outside the regular structure of the agency, and we have confined ourselves to limited periods of time, too limited, perhaps, to achieve the purpose of confronting the worker with his own attitudes and needs concerning this new development in our clinical practice and of encouraging learning new ways and new concepts. Using existing agency structure for this learning is important. Jewish practice needs to be an intrinsic part of clinical practice and not be separate. Professional help is concerned with the human reality of our client and with Jewishness as a meaningful component of this human reality.

2. Another direction of agency change is in the development of new services that reach out to the Jewish community and include Jewish values and dynamics in their methods. This development of new services and of outreach methods is to be found in Jewish family life education. Agencies have developed their own individual styles in introducing this new practice to their communities, adapted to the particular character of each community.

Two comments are appropriate here: A new service does not achieve an intended Jewish purpose unless there is an appropriate underlying staff identification and staff training. The new service in and by itself won't do it. There needs to be a new spirit in the new service.

The other comment concerns the desirability of being open to new and even unexpected options when reaching out to the Jewish community. The development of new services is made possible by an alliance among community organization, educational and clinical approaches and methods. This alliance can forge novel forms and services in behalf of the Jewish community beyond the intended Jewish family life education. We need to be open to such new forms and applications while encouraging and supporting Jewish family life education.

3. The third direction in which our changing responsibilities point is that of a needed conceptual development to underpin the new professional practices. The reality of crisis and the emergence of crisis services in the Great Depression years led to a development of crisis theory; the war years and their considerable pressures and strains on family stability gave impetus to the development of family theory. Crisis theory and family theory have become permanent parts of our professional equipment and have outlived the temporary conditions and needs which gave impetus to their development.

This analogy applies also to the present development of Jewish clinical practice. New conceptualization is needed. During the past few years, I have seen rich and highly stimulating possibilities for such new conceptualizations. Staff groups of the Jewish Family and Children's Services of Baltimore have developed them, drawing on their experience in practice, and I have presented them on various occasions to broader professional groups. I have not attempted to systematize such new conceptual development because I think that this would not be useful at present, for we are in a process of conceptual

evolution.

In our day-to-day efforts pragmatic needs and interest often occupy us exclusively. Besides, the conceptual is often seen as the prerogative and domain of an academic environment. This does not apply in our profession. To use our experience in practice for developing practice theory is essential for the development of that very professional practice. This is particularly true for Jewish clinical practice where the academic contribution has been virtually non-existent.

In the pursuit of these directions there have been two general categories of problems, each of which is a source from which flow more specific problems.

a) One grouping of problems centers on the concern that this new development in our clinical practice may contaminate essential professional principles and ethics. This professional concern is sincere and must be respected but answered with the fact that our goal in practice and teaching is not to change professional principles but to expand them and to serve professional ethics in a more comprehensive way than before. Jewish experience and Jewish dynamics need to be used to broaden our understanding of our client's overall human experience and situation and not to distort such understanding. Doing so would run counter to basic Jewish tradition and principles in helping, to Jewish ethics, and to the purposes of the Jewish community in offering these services to its members who need them. We need to have conviction about the rightness and importance of maintaining professional principles and ethics. There is a benevolent cycle in that clinical services and methods have always been considered of major value to members of the Jewish community, and we are learning now that Jewish dynamics can be valuable for the enrichment and development of clinical concepts and methods:

b) Another problem is that there are confusion, conflict, anxiety, and discomfort about the nature of the new responsibility for change in practice and for accompanying

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conceptualization. Our difficulties are internal and external, problems of attitude and problems of new knowledge, new services, new learning. Change is a constant in our practice. Our expectations need to be specific, modest, and clear. Unrealistic expectations are always a source of problems. In setting expectations we need to make allowance for the fact that

our clinical theory on behalf of our new responsibility is incomplete and in a state of evolution and that our basic professional training at our schools of social work has been incomplete. Our expectation cannot be one for immediate results but for participation in the process of learning and of practice concerning this new responsibility.