

The "Unique" Jewish Family Service Agency*

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The generic social worker who can do all things for all people is a myth. No single worker, just as no single agency, need be the "be-all" and "end-all" for all Jews.

Let it be stated at the outset this paper is a "political" statement, i.e. it is meant to forthrightly state a definitive position. This position has two basic theses: 1) treatment as a social work activity entails intensive, specialized education or training beyond the MSW degree, and 2) treatment as a social work activity requires a therapeutic "host" agency which can support its goals, continued education and supervision in a consistent, long-term manner. Conversely this position challenges the view that: 1) any social worker with a MSW in generic practice can adequately engage in treatment, and 2) any host setting—regardless of its service structure, supervisory abilities or supportive atmosphere—can sustain treatment services by simply assigning workers to do such.

Let's take the first thesis that treatment or therapy is a specialized activity requiring intensive post-MSW education. It is well established in family service agencies throughout the country that clinically oriented MSW graduates require at least 2 years of intensive, individualized supervision. This is to build upon their knowledge of human growth and development, social psychology, family systems theory and pathology. Indeed it is this latter area of pathology, its etiology, symptomatology and dynamics, that is particularly needed in the knowledge repertoire of the family therapist. In addition to clinically oriented and infused supervision, most family agencies also provide an ongoing in-service educational program geared to both deepening and widening the workers' knowledge base and clinical skills.

This extensive continued in-service education is necessary for a number of reasons. One is simply to augment the limited amount being

taught in the graduate schools of social work.

Graduate schools of social work, with some exception, have not been doing an effective job of education for clinical practice. The schools have lost a unified approach in theoretical orientation and in treatment methodology. With the multiplication of theories and modalities each professor "makes Shabbos for himself" and any sense of a consistent, unified approach to practice is lost. Instead of learning one or perhaps two congruent theories of human behavior, students are given a smattering of most currently reputable theories and asked to integrate the divergencies. Instead of learning a consistent theoretical orientation that can serve as a skeletal structure upon which to build, students are left to forever try to put pieces of information together without a central structure to integrate information into.

Secondly a thorough knowledge of various pathologies is required as family agencies are utilized by families with severe and often long-standing emotional and relationship problems. It is not unusual for family service agencies to be called upon to delve in inter-generational conflicts involving whole family constellations. Thirdly, as we all know, various life styles are being established from

* This venture into "uniqueness" of the family agency is prompted by three recent articles—*The New Unique Function of the Jewish Center*, by Morris Levin (March, 1979), *New Models of Service Delivery* by Sid L. Brail (Winter, 1978); and *The Jewish Community Center—We May Not Be Unique, But We Are Very Special*, by Harry Kosansky (June, 1978)—and in a sense is a reply to assertions about counseling made in those articles. The writer is also president of the National Association of Jewish Family, Children's and Health Services.

single parent families, to re-constituted families, to homosexual unions. Though these life styles may be familiar to many of us, when clients come for counseling the therapist needs to be able to assess and factor out what needs to be worked upon, what is wanted to be worked upon and what cannot be worked upon. Common sense and a weekend workshop cannot prepare a worker to diagnostically understand and be helpful in dealing with these clinical realities without the continued, agency-based education described above.

There is no "mumbo-jumbo" or magic in these assertions. Neither are they elitist. They simply reflect the fact that treatment is a complex and specialized endeavor. These assertions give recognition to the fact that learning family counseling takes: 1) time, to integrate acquired theoretical knowledge into a useable frame of reference for understanding behavior, pathology and growth; time to develop an individualized treatment style that reflects one's own combination of acquired skills, treatment strengths and disciplined assertions about personality; time to mature personally so that adolescence is left behind while a wiser, and perhaps sadder, adulthood is grown into; 2) experience, to widen one's treatment modalities without "willy-nilly" adopting every new fad that book publishers advertise; experience to learn the disciplined and conscious use-of-self which is at the heart of therapy and which rests upon a knowledge of one's self as reactive to or stimulated by the explicit and the unconscious themes played out by clients; and 3) a supportive agency atmosphere and supervisory relationship to guide the inexperienced worker in his self-learning; to provide an understanding environment which enables the worker to appropriately unload and channel emotional strains, stimulations and onslaughts inherent in counseling; to provide a catalyst for worker growth through insight building, recognition of areas for further professional development and identification with experienced workers committed and proficient in clinical family practice.

This leads to the second thesis—that treatment requires a consistent, supportive

environment or host setting which is willing to commit time, money and energy to build and sustain family-based therapy. The point is, a knowledgeable environment is required which is able to foster the sustenance of individual and family therapy. In other words, therapy cannot function in a treatment vacuum. Like it or not, adequate treatment cannot be offered by any type of agency "plunking" down a MSW here or there regardless of context or setting. Precisely because treatment is a complex and complicated endeavor it cannot be consistently carried out in settings unable to provide the supervisory and in-service support that nourishes a treatment endeavor.

What does all this mean? One clear meaning is that the JF&CS agencies are the Jewish community's primary (and in many communities sole) treatment resource. This does not mean that Jewish family agencies should do only relationship therapy. In fact it is a naive view of social work treatment that views therapy as confined to clients' inner feelings or intra-psychic pains. Good social work treatment has always related to and dealt with the social, emotional, economic and cultural environment impacting upon the systems a client lives within. Nonetheless, social work treatment has been and is most productive in the family service setting. This is hardly surprising for the expertise is in the family agency, the therapeutic work environment is in the family agency and the technical support is in the family agency.

This is not to say that counseling isn't being done in other than mental health and medical clinical settings. The point is that simply because counseling is being done doesn't make it "good" therapy. There is a tendency in the looseness of professional disciplines today to assume that if somebody is doing something it must be all right. There is a difference between the qualified self-confidence of an experienced counselor in treatment and the self-deluded smugness of a novice given license to intrude in other's lives.

The concomitant meaning to JF&CS's as treatment agencies for the Jewish community is that they need to co-ordinate their services

UNIQUE AGENCY

within a network of communal services. Be it noted this does not mean mergers. Co-ordination of services is a joint not a joining effort. Strength in services is fostered, not by agency amalgamations, but by distinctive agencies that can adequately address their particular tasks. That more than one communal agency will be concerned about major social developments such as an aging Jewish population or Jewish families under stress should be no surprise. However, there is a difference between different communal agencies working with the same target populations, and different communal agencies attempting to do the same things. As with sex, viva la difference. Co-ordination, yes; duplication of services, no.

Having stated that social work treatment is uniquely suited to the family service agency, it needs also be said that JF&CS agencies are more than intensive treatment centers. The clinical casework skills of JF&CS workers are aptly suited to help Jewish refugees cope with a new and strange world, to help aged individuals assess their life situations, and to help confused and pained, but not pathological, families deal with strains in modern living.

While JF&CS caseworkers are not the only communal workers who have talents to offer these various target populations, each professional discipline does have unique skills. This is neither revolutionary nor reactionary. It is meant to state that differently educated and practiced workers do different tasks even if for the same client populations. This is neither duplication of service nor waste of effort. The generic social worker who can do all things for all people is a myth. No single worker, just as no single agency, need be the "be-all" and "end-all" for all Jews. The espoused idea that one multi-service center is the answer to integrated services is, in my opinion, misguided. It misses the mark by confusing sameness of target populations with sameness of agencies and sameness of professional tasks.

If indeed we are concerned with "the quality of Jewish life" let us get on with the task by offering what we each in our separate professional agencies have to offer. Let us live with our differences and work side-by-side. "We Are One" not in professional skills, but in concern for our common Jewish destiny.