

In Defense of the Psycho-Social Orientation in the Jewish Community Center

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The primary message of this paper is that professional staff are better equipped to help people when they are able to understand needs based on a clinical grasp of behavior.

Introduction

There has been evidence in recent years that the traditional focus on the psychodynamic orientation in social group work has given way to a shift of emphasis in the discharge of Jewish community center services. This paper will examine the forces that have contributed to this development with particular attention given to the training and knowledge base of Jewish Center workers. An effort will also be made to delineate contributing factors related to the philosophy, management and program trends within the Center structure. A case will be made for the resurrection of the psycho-social orientation to enrich agency services and some guidelines will be suggested for its practical implementation. The thrust of this presentation premises that despite changes that have evolved within Centers, social group work practice with an inherent relationship to the dynamics of personality can and should be maintained as a significant method that enhances the quality and depth of service to Center membership.

The Baccalaureate Graduate

The growing credibility of the Baccalaureate degree in social work coupled with the need to effect economies in Center budgets has led to a proliferation of non-MSW trained workers occupying program level positions in Centers. While it is generally accepted that there is a role for the Baccalaureate social worker in the Jewish community center, although a uniformly accepted formula on deployment has yet to be found, there is a perceptible contrast between his level of conceptual knowledge and practice and that of the worker who has

achieved a Masters degree. Generally, and notwithstanding the exceptional worker with intuitive skills, the Baccalaureate worker manifests deficiencies in the area of diagnostic skill and conceptual knowledge about human growth and behavior. The gaps in his education in both theoretical knowledge and field work-practice skills does not prepare him for the traditional study-diagnosis-treatment orientation that is endemic to good social work practice as it is also applicable to group work in Jewish community centers. Every staff worker in each agency contributes to and influences the ambience of that agency and in turn every worker is subject to and influenced by the ambience of the agency. This process, with its re-enforcing impact subtly determines the quality of service in a given agency. If there is minimal orientation to psycho-social diagnosis and little understanding of human growth and behavior, even within a non-clinical setting, then the standards of that agency must be compromised in the areas of relationships, individualization, referrals and goal-setting, and in applying a sense of "intentionality" for effective intervention.

The Masters Graduate

The gap in knowledge and practice between the BSW and the MSW appears to be narrowing, not as a result of the superiority of the Baccalaureate education but due primarily to the preparation of the Masters graduate. The following observations on the caliber of the Masters graduate are based, not on hard facts or scientifically validated statistics, but on the experience of employing scores of

professionals newly graduated from a variety of schools of social work with broad geographical representation. Graduates from schools with a generic orientation are entering the Jewish community center field in significant numbers. Though they have individual differences, there are common threads evident in the quality of their knowledge and practice levels. By and large, there is an understanding of the theory and philosophy of social work as a profession, some knowledge of the social welfare system, and an awareness of the various disciplines of practice, etc. Much of their awareness and knowledge is eclectic derived from an experiential and theoretical smattering of various social work methods. They have not been absorbed in any specific mode of practice. Consequently the depth of their skills as active interventive change agents is conspicuously limited. Their "technique" in working with groups is largely intuitive rather than purposeful and there is a distinct lack of goal setting in determining desirable change for the individual and the group as a whole. Further, there is missing a capacity to understand group behavior in conceptual and diagnostic terms. This deficiency translates into a form of individualization that is a derailment of group work principles because it is based solely on interest and intuition and not on professional activity.

While it is not the purpose of this paper to advocate a Freudian approach to social work education, neither would this presentation be complete without acknowledging the merit of the analytical emphasis. If we can view the psycho-social factor as a kind of matrix for effective professional follow through, then we must recognize that the latter cannot take place when the matrix does not exist. If there is no understanding of the concept of anxiety, ego and defense mechanisms, dysfunction, symptomatic behavior, etc. there can only be a superficial capacity for diagnosis, goal-setting and intervention. The inability of the worker to think in behavioral terms and to risk hypothesizing about the origins of behavior in a way that is incisive and telling clearly

bedevils attempts at effective group-work practice. The art of diagnostic concision appears to be fading in the application of the social work method in the Jewish community center.

Allied Professionals

While the trained social worker is no longer considered sacrosanct or indispensable, and acknowledging the talents of workers from allied professions, i.e. education, counselling, recreation, etc., we have now come full cycle and should reflect on the impact of the deliberate integration of non-social workers in staff positions in Centers. The maze of counselling, education, communication and recreation degrees now offered in colleges is bewildering. Graduates of these programs can be found in significant numbers as staff workers in Centers. The generic quality of their education is also evident as they discharge their role in positions in which we ostensibly promote social work goals. Here too, the orientation is clearly non-psycho-dynamic and still another staff related factor limiting the quality of our help to individuals.

Emphasis on Management

"Centers today have become big business." This is a quote often heard from both executives and lay leaders and it is accurate. Center executives and other administrative staff are required to manage mammoth facilities, monitor million dollar budgets, coordinate capital fund drives, develop lay leadership, stimulate long range planning, assure fiscal integrity, and demonstrate personnel management skills. The content of Center executive seminars and the plethora of business management institutes for non-profit agency heads in all major cities reflect the recognition of management as a priority for social service administration. More important, lay leaders are making it clear up front to executive candidates that the agency needs a "manager" and not just a social worker. The expectation of management skills in job performance perceptibly influences the role of

the Executive. Clearly, lay leaders can identify more readily with the business dimensions of an agency and they generally have more to contribute in this area. Thus, their evaluation of the executive will often be based on criteria, with which they have expertise. The management role, then, becomes the staple that binds the executive to his lay leadership.

The multiple management responsibilities which converge on the executive and other top staff coupled with the pressures of job performance in this area often isolate the most experienced staff members from the content and practice of agency services. Further, the priority placed on management by administrative staff is often subtly and at times not so subtly conveyed to other staff through the supervisory network beginning with the top and communicating down to the beginning practitioner. While sound management is crucial in terms of organizations, budget and productivity, it also can insidiously divert the energies and talents of experienced staff from program, particularly in relation to setting standards and expectations around practice concepts. Staff workers need to feel challenged by role models who are viewed as exemplars of professional practice and who can shape and develop program staff in accordance with specific standards. When staff senses a "remoteness" from executive staff and the gulf between executive input and practice content is unbridged, the precisionistic quality of group work practice with its psycho-social component will inevitably be lost. This of course significantly diminishes the substance of our service.

It is understood that executives and supervisors must tend to the "business" of the Center. What is being questioned here is its use in apparent justification of the executive and others for not exercising positive leadership in the area of practice standards. When this leadership is not felt, the resultant modus operandi, which is further rationalized as inevitable because of bigness of operations, ultimately sacrifices the "finer touches" of professional practice.

Productivity vs. Personalization

The structure of group work activities within Centers in recent years has clearly shifted from the traditional emphasis on personality development through the generic club experience or special interest group to the more specialized class with the focus on productivity and skill development. Historically, even the special interest group which focused on a specific activity was primarily geared toward higher goals of personal development. Today we hear of classes and teachers not clubs and leaders. Traditionally, the diagnostic orientation was endemic to effective group work practice in terms of focusing on individual development as the ultimate goal of group activity. The content of supervision reflected this focus and tools of practice related to record writing, individual profiles, staffing, conferences, etc. all contributed toward maximizing purposeful intervention based on diagnosis and concern for personality development. Today the special interest group has gradually metamorphosed into a "class" experience where the focus on skill development has eroded professional input in the area of diagnosis and individualization. Social workers continue to convey a concern for the individual and contribute insights based on knowledge of human development, but the enveloping commitment to the psycho-social orientation has clearly diminished. While there is evidence of effective social work practice in specific areas, i.e. single parent and young adult groups, specialized services, etc., it is at best spotty and not targeted to the mainstream of Center membership. Parents have demanded something tangible for their children and Centers have responded by accommodating its program structures to parent interests including camp programs where special interest units now proliferate to sustain registration. As the focus has changed, so has the leadership, supervision and ultimate goals. The need to generate activity and income is real, and to some degree, Centers must adapt to changing

interests and needs. The pivotal issue is whether Centers can be creative and consistent within the process of change so that the ultimate goal of helping individuals beyond activity will not be sacrificed. The challenge to uphold the psycho-social component, which is aimed at a deeper understanding of individuals, as forces around us require adaptation and accommodation, will ultimately determine the steadfastness of our purpose and the durability of our practice.

Impact of New Services

Professional staff in Centers have been inundated with new demands for service. Alliances with other agencies have been formed to develop crash programs in areas of resettlement, outreach services, family life education, senior citizens projects, etc., and Centers have not always had the luxury or the budgetary support to develop these programs planfully with adequate staff and funding. Traditionally, the basis of the relationship between the Center and family service agency generally revolved around case referrals, joint staffing sessions, training meetings to sharpen diagnostic skills, etc. Today, this relationship is more likely to focus on joint efforts to resettle Russian arrivals. The need to contribute Center services to new and critical developments within the community is crucial. Here too, however, one must be mindful of the diverting effect of these developments on primary goals related to individual growth and development. Efforts must be made to safeguard against excursions into new arenas which subtly deflect and diffuse services which are fundamental to the purpose of the agency.

Impact of Jewish Objectives

Clearly, the pre-eminence of Jewish objectives has become uniformly accepted in Centers even as we acknowledge varying degrees of commitment and implementation. By and large, Jewish background is now considered an essential criterion in the hiring of professional staff as Centers seek to enhance the quality of their Jewish programs. The proliferation of

Jewish experiential groups in Centers is one significant indication of both quantitative and qualitative development of Judaic programs. Center lay leadership is beginning to measure the standards of their agency by the quality of the Judaic services and gradually, although slowly, Center staff are sensing that there is a relationship between Judaic program and job expectations and evaluations. In recent years, Centers have begun hiring graduates of schools which offer a distinct program in Jewish communal work as compared to the traditional secular school of social work. These graduates are generally more Jewishly committed and knowledgeable at their point of entry into a Center and their capacity for Judaic input is superior. While it is difficult to measure the quality of their social work education in comparison to the secular school graduate in most respects, their exposure to psycho-social conceptualization has been clearly secondary. They are brought to Centers to contribute to their Jewish purposes and their input reflects this contract. In a sense, there appears to be a kind of trade-off in which there is a give on the study-diagnosis-treatment orientation in favor of securing stronger Judaic programming. Consciously or unconsciously there develops a partitioning of purposes partially resulting from the disparate skills of professional staff.

Much has been written about the synthesis of secular goals with social work objectives. The use of group work techniques to achieve Jewish purposes is also not a new concept. However, as the Judaic component has evolved in Centers in recent years in the direction of making it palatable to contemporary life styles and to uncover new methods and forms for its implementation, its integration into social work methodology is less easily perceived. Often Judaic services are viewed as separate from other activities and in some Centers are even structurally splintered in terms of requiring different methods under the direction of a Judaic specialist.

The liability of this approach is that it surrenders the value of the social work

influence on the total development of the individual personally and Jewishly. One cannot separate the dynamics of self, family, and relationships from efforts to raise Jewish consciousness. In any meaningful Jewish program, experiential or formal, the development of the Jewish self is inextricably related to other personal factors which can best be handled with diagnostic and professionally interventive skills. As a leader of experiential groups focused on exercises in Jewish self-awareness, the author has continually faced situations in group discussions which call for a sorting out and working through of personal anxieties and conflicts. A common illustration is the group member who wants to grow Jewishly but finds himself still reacting to one or both parents who might have been dogmatic, insensitive or inconsistent with their own Jewish lives and in the treatment of their children. One might even argue that within the context of a Judaic program, already committed to self-searching, the evidence of "symptom cultivation" is so great that the opportunities for diagnosis and intervention to help the individual in a holistic sense are at a maximum.

Supervision and Training

The task of sensitizing staff to the psycho-social orientation of working with groups and individuals is possible of achievement only if it is conveyed as crucial to job standards and expectations through the process of supervision and training. As earlier stated, staff members now enter Centers either devoid of or with little orientation to, psychodynamic theory. This is true of graduate social workers and, to an even greater degree, of non-trained workers. Efforts to inculcate an appreciation for a diagnostic and behavior oriented professional mentality cannot be sporadic and episodic, evident only when emergencies surface. It is not old fashioned to help staff learn how to express themselves in regard to behavior, to develop hypotheses about behavior, to appreciate the principle of behavior as purposeful, to form interventive goals based

on observed behavior and diagnostic formulation and to learn how to think and thus write a psycho-social profile on an individual. The task of educating staff is, of course, possible solely when there is not only a commitment to the task among executive and supervisory professionals but a recognition of their higher standards of service that would emanate from the psycho-social orientation. By and large, the commitment of professionals to develop their skills in a way that would help people meaningfully is still strong and they are responsive to continuing education. It is the role of the executive staff to recognize this commitment, pick up on it and demonstrate creatively and with conviction through supervision and training, that Center work can be significantly enhanced with an orientation that enables professionals, from all fields of expertise, to add depth and substance to their practice.

We have not come so far with all of our management complexities and multi-faceted services, and despite countervailing forces stated earlier, that we cannot resurrect a tradition of content that helped the Jewish community center flourish in community acceptance. There is irony in the observation that the traditional quality of Center work with individuals helped demonstrate to the communities that we must become bigger and better until we became so successful that our work with individuals became less effective.

Evaluation and Standards

Complementary to supervision and training is the need to determine minimal acceptable standards of practice which should be integral to the evaluation process. The ability of staff to observe behavior, understand psycho-social factors and risk diagnosis for intervention must be clearly delineated as evaluative criteria to determine acceptable standards of practice. When experienced professionals do not remain vigilant in psycho-social conceptualization because they have not been challenged to do so through job standards and expectations, they, in turn, will impart similar fractured standards

to their own supervisees until eventually the agency builds a history of impressive programming and superficial individualization. The familiar cliché "when you don't use it, you lose it" is particularly appropos the veteran professional who has become absorbed in management and programming while unwittingly developing a "rustiness" in his understanding and use of the psycho-dynamics of behavior. It would serve our profession well if experienced supervisors would recall and resurrect the clearly stated expectations that were outlined in the evaluative criteria for graduate social work students as they struggled to develop clinical insights into behavior.

The Epidemiological Factor

It has been formulated that the methodological proliferations in the profession of social work can come together under a conceptual umbrella. In determining appropriate professional action, there must first be an exploration and accumulation of data followed by assessment based on social work knowledge and judgment. In this way, social work's rich repertoire is available for selective use. Epidemiology, then, denotes a large and varied incidence and distribution of psychosocial adaptations as social workers draw conceptual models within which to factor out needs and conditions of people so as to make it possible to include the idiosyncratic requirements for practice. This formulation suggests the application of diagnostic skills to individualize need and generate ideas for interventions by a range of services.

This epidemiological orientation, normally conceptualized with a broad perspective in the field of social work, offers valuable lessons for the enhancement of services in a single agency. The Jewish community center, as a multifaceted agency, offers varied methodologies in dynamic interplay toward common goals with common clients. Ostensibly, early childhood education, physical education, social work, recreation, education, et al, represent specialized methods serving the same families under the auspices of the same family-serving

agency. If we can accept the value of the epidemiological orientation, it would then follow that the agency would ensure on-going professional collaboration among staff to determine how best to serve a given family unit or member based on an assessment of need and in consideration of the various methods of service available within the agency. This approach suggests a fusing of professional resources to maximize and individualize service. While this orientation might appear idealized, given the random way in which members use the Center and in view of the mammoth units of service involved, nevertheless, some agencies have a history of using their agency structure to individualize their services with assessment, collaboration and selectivity. In some ways, the smaller agencies are freer to do this unencumbered by a maze of diverting, albeit necessary, management tasks. What is particularly germane, however, is the emphasis this orientation places on diagnosis and intervention. Within all agencies, there is the opportunity to distill from the epidemiological formulation an approach to maximize service through collaboration based on the commitment to and skill of the diagnostic orientation. In short, there can be no assessment of need nor determination on service if there is no orientation to the psychosocial dimension. The net result is a loss in individualism.

Summary

In review, an effort has been made to examine specific forces evident in the development of the Jewish community center that have appeared incompatible with the traditional behavior-oriented social work method. The primary message of this paper is that professional staff are better equipped to help people when they are able to understand needs based on a clinical grasp of behavior. In following through with purposeful intervention, the quality of help becomes enhanced. As we identify problems that compromise this standard of service and in suggesting some guidelines to revitalize the psycho-social

orientation, we should be mindful that the potential of the Jewish community center to impact on individual lives meaningfully remains strong despite bigness and other distractions. By nature, Centers have and always will be adaptive, holding on tenaciously

to fundamental principles while adjusting their strategies and structures to new emerging needs. Our efforts to be introspective and retrospective have always insured continuity with content. This paper represents an attempt at one such effort.