1982

A definition of the generalist orientation the historical development and current elements of practice.

Hetty J. Tuls

University of Windsor

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LA THÈSE A ÉTÉ MICROFILMÉE TELLE QUE NOUS L'AVONS RECUE
DEFINITION OF THE GENERALIST ORIENTATION: The Historical Development and Current Elements of Practice

by

HETTY J. TULS

A Research Paper submitted to the Faculty of Graduate Studies through the School of Social Work in partial fulfillment of the requirements for the Degree of Master of Social Work at the University of Windsor

WINDSOR, ONTARIO, CANADA

1982
RESEARCH COMMITTEE

Dr. James Chacko; Chairman
Dr. Forrest C. Hansen, Member
Dr. James Clarke, Member
ABSTRACT

The purpose of this research study was to determine the definition of the generalist orientation by identifying the component elements to be further operationalized in terms of practice skills at the curriculum level. The study will serve to provide the basis for a pilot project to be conducted in the Fall of 1982, between the Schools of Social Work at the University of Western Ontario and the University of Windsor.

The study is classified as historical, library research. The researcher employed a library computer search as well as hand selected materials gathered from professional periodicals, and books in several libraries and through personal correspondence.

The review of literature on the historical background served to identify the key issues which stimulated the emergence of a generalist orientation. The literature reviewed focussed on 1) the distinction between the generic issue and the generalist orientation, 2) the evolving nature of social work practice and its influence on the emergence of the generalist approach, 3) the influence of education in defining the generalist orientation, and 4) the relationship between theory and practice and the
development of models proposed for generalist practice.

The researcher conducted a systematic, in depth analysis of five selected generalist models which emerged between 1973 and 1981. The elements of the generalist orientation, as presented in the five models of practice, were identified through a two-stage process of cross-checking. The elements were presented in a corresponding two part table set; the second summarizing the first. This process identified the elements of the generalist orientation and represents the data collected.

The elements were organized into a definition of the generalist orientation. The orientation defined, could be operationalized in terms of practice or educational objectives, thereby providing the basis for further research.

Specific recommendations for further research addressed both the practice and education components of social work.
ACKNOWLEDGEMENTS

The author wishes to acknowledge the members of her committee: Dr. James Chacko, Dr. James Clarke and Dr. Forrest C. Hansen of the School of Social Work. Their time, knowledge and genuine interest were greatly appreciated.

A sincere thank you to Dr. James Chacko for his enduring patience and constant encouragement throughout the course of this project.

A very special thank you is extended to the staff members and patients at Riverview Hospital whose continuous support and interest served to propel this research endeavor to completion.

The research project could not have reached its final form without the persistent efforts of Debbie Clarke who typed the final drafts and Arlene Tuls who typed the initial drafts. A sincere thank you. In addition, the author wishes to acknowledge the research contribution in the initial stages of the project, by Marty Furac. Thank you also, to her friends, whose support never ceased.

And finally, deep gratitude is offered to her parents, also, Carolyn, Jack and "Leslie" Belder, and Arlene Tuls, for their moral support and unfailing conviction in her ability.
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CHAPTER I
STUDY, PURPOSE AND RATIONALE

The late 1960's and 70's witnessed the emergence of a phenomenon referred to as the generalist orientation in social work practice and education. As a concept it was differentially defined and subsequently operationalized, particularly in Social Work education.

Review of the literature indicates that a significant number of authors have addressed the issue of the generalist approach. Their emphasis ranges from the application of generalist in terms of curriculum objectives to its implications in practice. Individual authors' work however appeared to parallel that of others rather than building upon previous works. As a result, very little consistency in their definitions of the generalist approach was evident. The reason for this lack of agreement could be the result of a difference in emphasis. The following metaphor seems apt in assessing the fragmentary definition of generalist: "A group of blind men was presented with an elephant and asked to describe it. The characterizations varied widely, depending on which part of the elephant was handled by each individual man. None could describe the elephant as a whole" (Simon, 1977, 394).
Today, generalist social work practice remains ambiguous and continues to be differentially defined. The implications however are more far-reaching. Currently, approximately fifteen Schools of Social Work across Canada have been accredited by the CASSW Board of Accreditation as having a generalist B.S.W. program. The differentiation in defining the generalist orientation therefore becomes a point for critical examination. In order to design a curriculum and implement educational objectives that are consistent with the overall program, in this case generalist, a clear definition of the concept is necessary. In addition the definition must be consistent across programs identified as the same in order to ensure standardization or "quality control".

Past attempts to define the generalist orientation may have failed as a result of the inability to bring the explanation down to a concrete level for practice application. Other definitions do not go beyond defining what the generalist is in terms of modified traditional approaches, which when reduced to its fundamental components is still the traditional model.

It is the intent of the project therefore to delineate the individual elements that constitute the generalist orientation in an attempt to arrive at a clearer definition of the concept as a whole.
1.1 **Classification of the Study**

The study is classified as historical, library research. The research process will include a library computer search, hand selected material gathered from professional periodicals and books in several libraries in Canada and the United States and personal correspondence.

The data collection instrument used is a two stage cross-checking system which identifies the elements through rank ordering the components in accordance with the frequency of their importance as defined by the literature. The cross-checking system used, employs a two step table for clarity.

1.2 **Outline of the Study**

The emergence of the generalist orientation is traced through the history of the social work profession. The significance of this procedure is evidenced on two accounts. Firstly, the historical analysis presents the reasons that stimulated the emergence of an alternative to the existing traditional modes of practice, i.e., social work's five methods. Secondly, the analysis provides the questions or gaps with which the generalist orientation attempts to deal.

The historical analysis begins with a question that is different from, yet subsumed within, the generalist question. In chapter two, first the distinction between generic and generalist is made. This distinction is
significant in that current literature frequently incorrectly uses the terms generic and generalist interchangeably. In addition, it is necessary to outline the difference between the two terms in order to further identify the relationship that exists between generic casework and generalist practice.

In the chapter, which presents the historical framework of the generalist issue, the researcher traces and identifies those issues with which the profession struggled and which ultimately stimulated the shift toward the generalist orientation to practice. The account of the historical issues, as stated previously, provide the reasons for the emergence of the concept. The developments are therefore presented in a systematic order with intermittent summaries to draw the reader’s attention to the major factors involved in the generalist issue.

The factors identified as important in the development of the profession also figured significantly within the context of education. Chapter three outlines briefly how education dealt with the struggles involved in the emergence of the generalist orientation. The implications of some of the developments that occurred historically continue to be evident. Therefore, the educational component is an important facet of the project’s focus.
Chapters two and three essentially lay the framework for the subsequent examination of the individual generalist elements defined in the fourth chapter.

In the fourth chapter the researcher traces the influence of theory on practice and how this factor contributed to the development of the generalist orientation. Examination of the relationship between theory and practice as well as that of the properties of theory itself identifies the theoretical framework for the generalist practice elements. Systems theory is identified as providing the necessary framework.

Given the framework, the identification of individual elements of practice follows. The project examined five theoretical models of a generalist orientation and through critical analysis compiled a series of eight charts outlining how each individual author defined the individual elements. These charts were then collapsed into a series of summary charts that listed the essential elements in order of significance as calculated by the frequency ascribed to by the theorists examined. The final charts therefore provide the information that gives rise to the critical features of the generalist orientation. Clearly, in many ways the charts depict elements that resemble the traditional approach. However, the critical observation is the significance of the approach or orientation the worker assumes in incorporating these elements.
Based upon the analysis of the individual elements presented in chapter four, considerations for further analysis and questions for research are posed. The writer's intent therefore, is that the definition of the generalist orientation and the manner in which the elements are presented may provide a useful tool for future research.
CHAPTER II

HISTORICAL FRAMEWORK OF THE EMERGENCE

OF THE

GENERALIST ORIENTATION

2.1 Introduction

In this chapter, the historical context in which the generalist orientation emerged is examined. The analysis traces the major issues that arose in the development of the profession of social work and points out their significance in stimulating the generalist approach.

The generalist issue is related to, and essentially rooted in, an earlier question that arose in social work -- the issue of generic practice. The basic issue to be addressed in this chapter therefore involves tracing the progression from generic practice to social casework through to the emergence of the generalist approach to social work practice. The analysis of this progression is structured through the following questions:

1. What were the issues that stimulated the push toward generic social casework practice?
2. What was the generic component of the different specializations in the fields of casework practice, or of social work as it was defined in the 1920's?
3. How did the emergence of group work and community organization as social work practice fit into the conceptual framework of generic practice?
4. What were the developments in the social work profession that stimulated a change in the issue to be discussed?
5. What were the issues that culminated in the generalist orientation?

The progression outlined through these questions makes the distinction between generic practice and the generalist approach to social work practice. Through first defining the differences between these two terms - generic and generalist - it will later become apparent that generic practice is subsumed within the generalist approach. Stated more precisely, the developments in social casework practice which effected the earlier shift toward generic practice, continue to be instrumental today in defining the generalist approach to social work practice as a whole. The historical issues that stimulated the emergence of generic casework practice - diversification of casework activity in separate fields of practice as well as the need to define social casework -
are a part of the present day concerns with which the
generalist approach to social work practice as a whole
continues to struggle.

2.2 **Distinction between Generic and Generalist**

The review of both historical and current literature
indicates that the terms *generic* and *generalist* are used
interchangeably. The issues that each arose in response
to are quite different. For this reason it is important to
make the distinction between *generic* casework and the
*generalist* orientation.

The distinction is basically that *generic* practice
refers to the practice components common to only social
casework and the *generalist* approach refers to the practice
approach that is common to all methods and functions of
social work. The fundamental difference therefore is that
*generic* historically, is limited to components of social
casework; whereas *generalist* refers to a method-free
approach to social work practice as a whole.

Having clarified the distinction it is possible to
further define the inter-relationship that exists between
the two concepts.
2.3 Inter-Relationship between Generic and Generalist

The inter-relationship between generic practice and the generalist approach is identified through the questions that each attempts to deal with. The question that generic practice attempted to answer is: Is there a common, unifying base that identifies the specialized fields of practice as social casework? The generalist approach on the other hand attempts to answer the question: Is there a common, unifying base that identifies the traditional methods of practice in addition to casework, as social work?

Thus, by defining the generic components of social casework, essentially one segment of the generalist question has been dealt with - identification of the components of social casework practice.

Table 1 illustrates the relationship between generic practice and the generalist approach, -- i.e. -- the shaded area is the common component of knowledge, client, action and purpose involved in both the generic and the generalist question. The lower half of the diagram depicts the identification of practice as a method. At this level the question becomes a generalist one, due to the fact that at the time of the generic question, casework was the only activity and was not regulated as a method.
A. COMMON COMPONENTS of PRACTICE
   - Knowledge
   - Clientele
   - Activity
   - Mission

B. METHODS of PRACTICE
   (emergence as practice became more defined by theory)

Table 1. Elements Involved in the Generalist Approach:
\( \checkmark \) represents the generic segment

A and B equals the COMMON APPROACH to PRACTICE - involving the components and methods.

Thus the generic question represents one part of the generalist question. For this reason it must be further examined.

2.4 The Origin of Social Casework

The progression outlined in the foregoing discussion from the generic practice issue to that of the generalist approach is substantiated in the historical analysis that follows. The origin of social casework is presented as a preface to the emergence of the concern for a generic base of casework practice. These origins define the evolving
nature of social casework practice that later necessitated the identification of a common base of casework-generic practice.

Early social casework developed in two directions - social reform of the poor and assistance to individuals and families under stress. Caseworkers who were concerned with the welfare of society as a whole, "perceived their role as that of calling attention to the problem, rousing the public conscience speaking for the people involved and stimulating their participation, offering evidence as to the nature of their needs, and advocating appropriate preventative or corrective measures" (Bartlett, 1970, 21). Such emphasis on social reform was further developed through the settlement house movement led by Jane Addams and Florence Kelley who "were more interested...social legislation than in charity and scientific helping" (Gilbert and Specht, 1981, 233). Concern for individuals and families on the other hand developed out of the early Charity Organization Societies movement of 1887. Originally staffed by volunteers, - Friendly visitors - charity work soon evolved into a highly technical operation of analysis and investigation requiring trained employees. The clear distinction between these two missions of social casework, social reform and assistance to individuals and families, resulted in the differentiation between casework practice and social welfare work.
2.5 **Diversification of Casework Practice**

Social caseworkers who focused on the individual client and the family continued to structure and affirm their functions through the establishment of training programs and affiliation with other professions. Subsequently, this component of social casework became recognized as social work and these practitioners "soon regarded themselves as professionals" (Bartlett, 1970, 22). Social casework practice therefore was initially recognized as family welfare. From this specialty emerged a concern for the protection of children from adverse environmental conditions. As a result, child welfare formed a second specialization of casework. Affiliations with other professions stimulated the emergence of specialized social workers in hospital, psychiatric and educational settings. The result, according to Studt was that, "each time the profession... 'specialized' it... 'cut the pie' of practice in order to understand more fully one or another factor in the helping process" (1956, 263). In effect, casework was growing rapidly in many diversified directions simultaneously, with each specialty developing their own framework of practice knowledge, skills and techniques. The practice of casework had become organized along functional area lines — separate "fields of practice" (Gilbert and Specht, 1981, 231).
2.6 Criticism of the Social Work "Profession"

The growth of social casework in separate fields of practice made it difficult to define the profession of social work. In May of 1915, Abraham Flexner, a noted scholar on education spoke to the issue of professionalism of social work and in so doing, pointed to the weaknesses that had emerged in social casework. His concluding statement was that social work was not a profession, but instead had "the responsibility of mediating rather than an original agency" (Flexner, 1915, 581). Flexner's criticism, therefore was based upon the fact that the diversity casework had assumed in the separate fields of practice, had essentially diluted social work as a recognizable activity. This had occurred because social workers defined their activities and responsibilities in terms of their specialized fields rather than the profession (Bartlett, 1970, 23). In addition, because casework activities were usually ancillary to the work of other professionals, there were no components that could be articulated, thereby differentiating casework from the other helping professions. Thus, social casework could not be defined within it's own domain, nor could it's activity be clearly distinguished from that of other professions.
2.7 The Structural Definition of Social Casework

It had become apparent that social casework needed to be structurally defined and distinguished as a viable professional activity. The first attempt to systematically delineate what social casework practice constituted, was outlined in Mary Richmond's book, *Social Diagnosis*, published in 1917.

Richmond believed that a common base of knowledge, with clearly defined components, existed across the specialized fields of practice because:

In essentials; the methods and aims of social casework should be the same in every type of service.... Some procedures, of course, were peculiar to one group of cases and some to another, according to the special disability under treatment. But the things that are most needed to be said about casework were the things that were common to all (Richmond, 1917, 5).

Based upon this conviction, she operationally defined social casework by outlining the steps of study, diagnosis and treatment she believed that were functional in all casework specialities.

Richmond's work was essentially a delineation of casework skills that could be used in the various specialities. In this sense she created a framework for the diagnostic activities of the caseworker and provided a methodical procedure for casework operation. The rational approach, outlined in *Social Diagnosis* however, resembled
a medical treatment model formulated by a legal framework, of gathering social evidence. As a result, Richmond's attempts did not differentiate casework operations from those of other helping professions (Bartlett, 1970, 32).

Although Richmond's work was well received, diversification of practice in specialized fields continued. The differences between the specialties became more defined as professional associations began to emerge. By the 1920s social caseworkers in the hospitals had organized, forming the American Association of Medical Social Workers (1918), school caseworkers formed the National Association of School Social Workers (1919), and psychiatric caseworkers were in the process of forming a professional association of their own (Encyclopedia of Social Work, 1977, 1500 - 1502). Caseworkers were becoming identified with the agency in which they worked, their roles were defined in terms of the agency function.

Social work in this way faced the same problem of any complex organization, in response to a technocratic society, specializations in functions and roles emerge. The specialization is manifested in differentiation that is both internal and external. The result, therefore, according to Bacher and Strauss, as quoted by Leighninger, is that the profession becomes, "a collection of segments with different identities, more or less delicately held together under a common name at a particular period in

2.8 The Emergence of Generic Practice - The Milford Conference

By the early 1920's the profession of social work, i.e., social casework was faced with the following issues:

1. Social casework had evolved from a defined operation of charity work into a highly diversified collection of specialized fields of practice.

2. As a result, casework activities could not be clearly articulated as being distinct from the other helping professions.

3. In response to the aforementioned, social casework was beginning to identify with the agency setting and function in which caseworkers operated, i.e., hospital social workers, school social workers, etc.

4. Fragmentation of the specialties was further pronounced by the formation of individual professional associations that were beginning to emerge.
Each of these issues were responsible for the threatened fragmentation of the profession of social casework. The fear arose, however, that if such diversification continued to develop, casework specialties would become separate functions, eventually absorbed by the other professions.

It became clear that the future of the social work profession was threatened by the developments stated above. In an attempt to define and strengthen the profession as a unified whole, seventeen executives and board members representing six national organizations of social casework, met in October, 1923, in Milford, Pennsylvania.

The report of the Milford Conference (1929) grew out of the original conference's unsuccessful attempts to define social casework, as distinct from the other professions. In 1929, however, the deliberations of the Conference resulted in the emergence of a "fundamental conception which had come to be spoken of as 'generic social casework.'" This concept, "was much more substantial in content and much more significant in it's implications for all forms of social casework than were any of the specific emphasis of the different casework fields" (AASW, 1929, 3).
Thus, the Milford Report defined the generic content of casework practice as embodying the following aspects:

Components of Generic Practice:

1. Knowledge of typical deviations from accepted standards of social life.

2. The use of norms of human life and human relationships.

3. The significance of social history as the basis of particularizing the human being in need.


5. The use of established community resources in social treatment.

6. The adaptation of scientific knowledge and formulations of experience to the requirements of social casework.

7. The consciousness of a philosophy which determines the purposes, ethics, and obligations of social casework.

8. The blending of the foregoing into social treatment (AASW, p. 15, Milford Report).

The common base of generic practice, as articulated by the Milford Conference, outlined the basic components that existed in all fields of casework practice. In addition, the Report also acknowledged that specialized fields did necessarily have components that were specific to their particular specialty. Thus the Milford Report established, "a balance between social work knowledge generic to all fields, and knowledge specific to a field
and necessary to the field alone. It established a model that provided linkages between generic and specific in knowledge and skill areas" (Constable, 1978, 25).

The conceptual framework of generic practice, as developed by the Milford Conference, however was limited in counteracting the trend toward increasing diversification of practice. Specialized casework continued to emerge in response to the perceived needs of society and the formulation of the American Association of Psychiatric Social Workers (1926) emphasized the distinction of psychiatric caseworkers from the other caseworkers (Encyclopedia of Social Work, 1977, 1500 - 1502).

2.9 Influence of Theory on Casework

Diversification of social casework was not limited to structurally defined fields of practice. The introduction of Sigmund Freud in America in 1909 significantly influenced social casework operation. The full impact of Freud's influence however, did not become apparent until the early 1930's (Borenzweig, 1971).

Freudian psychoanalytic theory gave social casework a basis for understanding human behaviour in response to social forces. In the opinion of Ida Cannon, as quoted by Lubove, casework "service was to be founded upon understanding, and understanding upon science and psychoanalysis was the scientific method by which to
understand personality and therefore a person" (Lubove, 1965, 88). As a result, social caseworkers, particularly in the psychiatric field, discarded their more active roles of helping based upon economics, sociology and eugenics and instead assumed a therapeutic role based upon psychoanalytic theory. This form of casework became known as the diagnostic casework method and was predominant in the New York area both in practice and education (Smalley, 1967, 23).

A second theoretical formulation known as functional theory infiltrated social casework methods. Functional theory was originally developed in Philadelphia at what is now known as the School of Social Work of the University of Pennsylvania (Smalley, 1967, 23). The theory was based upon the view originally conceived by Otto Rank, a disciple of Freud. Rank believed that man was the creator of himself as well as creature. Taft and Robinson used Rank's conception of man in developing the functional casework method. As a result, they defined functional social casework as, "an individual helping process given form and direction by social agency function" (Smalley, 1967, 23-24). Thus, the policy and function of the practice setting (agency) defined the method of service caseworkers gave.
The fundamental differences between the diagnostic model and the functional model of social casework, as outlined in Table 2, further subdivided the already existing specialized fields of practice.

**TABLE 2.** --Fundamental Differences Between Diagnostic Social Casework and Functional Social Casework

<table>
<thead>
<tr>
<th>ISSUES</th>
<th>DIAGNOSTIC SCHOOL</th>
<th>FUNCTIONAL SCHOOL</th>
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<tbody>
<tr>
<td>(1) UNDERSTANDING OF THE</td>
<td>(i) worked from a psychology of illness</td>
<td>(i) worked from a psychology of growth</td>
</tr>
<tr>
<td>NATURE OF MAN</td>
<td>(ii) the worker was responsible to diagnose and treat a pathological condition</td>
<td>(ii) worker's method consisted of engaging in a relationship process which released the client's own power for choice and growth</td>
</tr>
<tr>
<td></td>
<td>(iii) center for change resides in the worker</td>
<td>(iii) center for change resides in the client</td>
</tr>
<tr>
<td></td>
<td>(iv) &quot;treatment&quot;</td>
<td>&quot;helping&quot; *took into account the effect of social and cultural forces in human development</td>
</tr>
<tr>
<td>(2) UNDERSTANDING OF THE</td>
<td>(i) effecting a healthy personal and social condition in client served (agency purpose- secondary)</td>
<td>(i) purpose of the agency represents a partial or concrete instance of social work's overall purpose and as giving form and direction to the worker's practice</td>
</tr>
<tr>
<td>PURPOSE OF SOCIAL WORK</td>
<td></td>
<td></td>
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TABLE 2. --continued

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Diagramatic Interpretation of

In the 1940's the theoretical conflict between the
two schools of thought - functional and diagnostic,
stimulated a re-thinking of casework practice. This
re-examination of practice led to the "emphasis on skill
in the professional relationship and the helping process"
(Bartlett, 1970, 44).

The emphasis on skills, however, produced other
unintended consequences in casework practice. The focus
on the development of self-awareness and self-discipline in
practice, for example, tended to produce young practitioners
who were overly concerned with their own professional
discipline and lacking in genuine warmth, acceptance and
sensitivity in responding to the client. As a result, the
goal became the skill itself rather than a means to an end
(Bartlett, 1970, 45). The focus on technique and skill
essentially obscured the needs of the client and the broader objectives of the profession and illustrates what Schorr calls "the retreat to the technician" (Schorr, 1959).

2.10 Casework Practice Defined by Agency and Setting

Skills were further defined by the agency structure and function. Social caseworkers became more knowledgeable about social problems specific to their setting and acquired more experience through collaboration with other professionals associated with the setting. As a result, practice in the specialized fields began to emphasize the differences among agency setting. The review of literature published between 1929 and the early 1950's indicates the tendency to refer to the function of the agency and the practice of the caseworker interchangeably (Bartlett, 1970, 29 - 20).* The absence of a distinction between agency

*Articles in the Social Work Year Book (issued every three years starting in 1929) describing the different fields reveal the trends in thinking about the profession and the agency. In the early period, the articles on medical and psychiatric social work focused on the practice of the social worker, while those on family and child welfare focused on the agency and its' program. In the first volume of the Encyclopedia of Social Work (which followed the year book in 1965), there is for the first time a discussion of "professional aspects" in the article on child welfare, but the article on family social work continues to be written from the viewpoint of agency services. School social work falls between these two approaches, starting with an emphasis on the agency, but always with some mention of social work practitioners, and moving toward a focus on social work practice. The field of correctional services, which developed slowly, was variously described in the Social Work Year Book in agency terms, until an article clearly focused on social work practice in corrections - Elliot Studt, "Social Work Practice in Correctional Services" Encyclopedia of Social Work - 1965, p. 219 - 225. See also Zitha R. Turitz and Rebecca Smith, "Family Social Work", p. 309 - 319. Encyclopedia of Social Work (New York: National Association of Social Workers, 1965).
function and the practice of caseworkers tend to move the
development of the profession of social work in an
unco-ordinated manner.

2.11 Perlman's Attempt to Define Generic Practice

In response to the identification of casework practice
with agency settings, Perlman took the Milford Conference
attempts of twenty years earlier, one step further. Moving
beyond the identification of common casework skills, she
attempted to expose the commonalities that existed across
agency settings. According to Perlman, specialization in
casework had emerged - not because there was an absence of
similarities across fields of practice and agency settings -
but as a result of: (1) beginning "neophytes" in social
casework identifying themselves as specialists; (2)
experienced practitioners identifying with the agency in
which they practiced and the educational training they had
been exposed to*, and (3) the fact that neither the
neophytes nor the experienced practitioners identified
with the broader objectives of the profession of social
work as a whole (Perlman, 1949, 293).

*Education in schools of social work was influenced by
functional and diagnostic theoretical orientations. Graduates
of these schools necessarily reflected the concentrated
focus in their orientation to practice.
She believed that analysis of the casework settings would result in the "factoring out" of generic elements. These elements, basic to all social casework regardless of where it was practiced, would constitute the base of the profession. Generic practice was therefore defined as the incorporation of the following components:

(1) a philosophy which sees human welfare as both the purpose and the test of social policy;

(2) a professional attitude which combines a scientific spirit with dedication to the people and purposes that one serves;

(3) a knowledge of the major dynamic forces in human beings and the interaction between them and social forces;

(4) a knowledge of methods and skills whereby the person with professional intent and understanding can help persons with social problems better utilize their own powers or opportunities in their social situations. (Perlman, 1949, 294).

Perlman's delineation of the generic elements of social casework practice was essentially a conceptual framework made up of abstract components - philosophy, attitude, and knowledge. Components that were difficult to see in concrete practice terms.

Bartlett acknowledged Perlman's attempt to move the profession toward an integrated whole, however indicated that Perlman's work was limited by the concept of setting itself:
What was not perceived by the practitioners of that period was that this concept [setting] rested on factors outside their practice - elements in the agency or program - which, it is true, molded their work in important ways but were external to it. What social work needed was a conceptual approach based on the essential elements within its own practice...(1970, 26).

2.12 Emergence of Group Work and Community Organization

Along with the idea about generic casework and in addition to the theoretical developments that influenced social casework, a growing recognition of different forms of casework began to emerge.

The activities of the early settlement house movement had evolved into a recognized casework function as a result of the socio-political climate in the 1920's. Briefly, the air of intolerance and fear of Russian Bolshevism that predominated after World War I led to suspicion of social reform. Advocates of social reform, including Jane Addams and the settlement house movement, were referred to as "nigger-lovers, Jew-lovers, agents of foreign governments, and worst of all, Communist agitators" (Borenzweig, 1971, 10 - 11). The ideology that prevailed was that the individual himself was responsible for his plight and not society. The settlement house movement as a result began to focus on the betterment of the individual through
collectively teaching groups of settlements dwellers the necessary strategies for individual living.

Casework for groups of individuals became a specialized field of practice. Group work followed "the casework model and gave primacy to the way of working with people - the methodological approach" (Bartlett, 1970, 35). In 1936, group caseworkers formally organized themselves as the American Association of Group Workers and began to study their unique contribution to social work (Bruno, 1957, 428).

Community Organization, rooted in the early Community Chests and Welfare Council, was also affected by the political atmosphere after World War I (Klein, 1968, 174 - 176). In addition, as a result of the Great Depression in 1930, many of the social welfare functions that stemmed from concern of societal conditions were taken over by the federal government in 1935 (Encyclopedia of Social Work, 1977, 1510). Community organizers were not concerned with therapeutic intervention in the same way that caseworkers were and in this way closely resembled a function of social casework. However, with the deletion of social welfare functions, community organizers began to make their modes of practice "look as much as possible like social casework." The literature on community organization described it, "as a social work method concerned predominantly with 'intergroup work' process and development of healthy social
relationships" (Gilbert and Specht, 1981, 234 - 235). In addition, the distinction of community organizers as a separate form of social casework, the Association for the Study of Community Organization, was developed in 1947 (Bruno, 1957, 428).

Thus by the 1940's, three major casework specializations claimed recognition as social work - social casework, social group work and community organization. Casework practice had become a complex collectivity of distinct segments:

1. Casework, group work and community organization as forms of social casework;
2. Diagnostic and functional theoretical orientations to casework practice in each of these terms;
3. Specialized fields of casework practice in which the above were practiced; and
4. Agency settings and policies that defined the service provided by caseworkers.

Table 3 represents this complex arrangement of the issues that had emerged by 1947 in the profession of social casework. Each of the four influences which affected casework practice are indicated on the vertical axis. The directional arrows represent the inter-relationships of the influences effected upon social casework. Each influence continued to cause specialization and differentiation among the segments of casework practice. As a result of the
complexity of the issues involved, the questions of identifying the generic components of casework practice became more difficult. A unified profession was far from being a reality.

2.13 Formation of the National Association of Social Workers (NASW)

The need for a unified profession however and the increasing concern with generic practice began to receive recognition from the individual professional associations. Formulated in the specialized fields of practice, the individual associations began focussing on "the value of a unified effort" of all social work practice. As a result, the National Association of Social Workers (NASW) was instituted. The NASW was the merger of the former associations representing Group Work, Medical Social Work, Psychiatric Social Work, Research, School Social Work and the Committee on Community Organization. With the exception of Community Organization, each of the specialties retained diversified status as sections of NASW (Torgerson, 1965, 20). Thus, in reality, the formation of NASW represented a theoretical unification of the profession of social work. It was not until 1963 that the structure of NASW became more representative of the total range of practice, by reclassifying specializations by methods of practice - casework, group work, and community organization - and adding to these commissions the councils on research and administration. In addition, the Division of Practice and Knowledge was developed for the purpose of co-ordinating and integrating the specializations (Torgerson, 1965, 20 - 21). Developments in practice however, continued to
evolve and mature as separate components from the traditionally defined casework approach.

2.14 Re-Definition of Group Work and Community Organization as Methods of Social Work Practice

Group work was originally conceived of as a field of casework practice. Derived from "labor movement's concern with the working conditions and the adult education of its members; brotherhoods and nationality groups in settlement houses; youth agencies and recreation movements; and specific organizations", early group work activity, in contrast to casework, had no acknowledged set of methods (Goldstein, 1973, 26). As group work gained recognition through inclusion in educational curricula, group work practitioners "began to articulate their activities in communicable, purposeful and goal directed terms." Group work became more therapeutic and drew from the theories of Transactional Analysis, Gestalt, group dynamics and Encounter experiences (Dundee Conference, 1976, 19).

Community Organization also began to develop specialized methods of therapeutic intervention based upon theories of social psychology and concepts of social disorganization (Dundee Conference, 1976, 19). Community organization practice developed into a systematic approach to community problems (Goldstein, 1973, 27).
The result therefore, of the adoption of relevant theoretical foundations to therapeutic intervention, was the propulsion of each method, group work and community organization into a more articulate, accountable and effective status (Goldstein, 1973, 49). Thus social work practice had evolved in three distinctly, separate directions - casework, group work and community work. In addition, each of these methods began incorporating "its own diagnostic approach, cluster of knowledge and ways of working with people" (Bartlett, 1970, 35).

2.15 The Working Definition of Social Work

In response to these developments in social work practice and the serious imbalance that had been created in the growth of the profession as a whole, Bartlett attempted to clarify and define practice in a wholistic sense. The Working Definition of Social Work, a working paper, delineated the components which were common to all fields and methods of social work practice. Each of the four components, values, purpose, sanction and method, according to Bartlett, existed in varying degrees in all social work practice (Bartlett, 1958).

The definition of social work practice, given the appearance of a collectivity of components, was however criticized by Gordon (1962). He indicated that the critical weakness in Bartlett's definition was the lack of
a unifying thread linking these elements into a solid framework. The effects on practice were limited. The components were differentially defined within each of the practice specializations. In addition, with the growing recognition of three social work methods, as opposed to one - casework - the methods segment of Bartlett's definition was not functional in concrete terms.

As a result of these developments therefore, the question of identifying the commonalities of casework practice - the generic question - was no longer useful in unifying the profession of social work as a whole; casework now only accounted for one third of social work practice.

2.15 Re-Definition of Social Work Practice in Terms of Methods

The expansion of social work practice into the three methods of casework, group work and community organization, in itself was not a critical issue. It evolved into a critical issue however, when the techniques and skills in each method became narrowly defined as the result of increased experience in the practice methods. The hazard, therefore, as stated by Kahn in Bartlett's book, *The Common Base of Social Work Practice*, was that:

Technical and skillful operations tend to become more efficient as they move toward better understood...
problems and situations. Practitioners experience greater satisfaction and security in dealing with a manageable problem; therefore they may unconsciously put the "successful" techniques first and seek situations that fit the method (1970, 42).

In addition, the structural barriers of agency and fields of practice further distinguished the separate methods of social work practice from each other. The refinement of skills in each method and definition of agency function resulted in the rejection of clients who did not fit into either the pattern of method-skills formulation or the function of the agency. Clients who were accepted, were subjected to treatment defined by the agency and method specialization without consideration of whether or not it was most relevant to the clients' problems (Bartlett, 1970, 43).

2.17 Change in Social Work Practice

Social work practice in the decade of the 1960's underwent a number of significant changes. The social upheaval of the 1960's fostered three major developments summarized by Gilbert and Specht (1981, 2 - 79), as follows:

(1) the civil rights movement, which was part of and probably the cause of a general revolution in human relations;
(2) the evolution of national programs such as the
War on Poverty and Model Cities, which were
directed at producing large-scale social change;
and
(3) the growing concern at the start of the 1970's
with questions of institutional inequality.

Societal focus on inequality, civil rights and
poverty in the 1960's led to an attack on the entire social
work profession. To society, social work represented, "the
failure of what was supposed to be [their] means of
preventing poverty and discrimination" (Gilbert and Specht,
1981, 238). The practitioner's therapeutic/clinical
orientation was criticized as ineffective and at the high
point of the assault Sargent Shriver announced that "there
was no place for casework in the war-on-poverty-programs"
(Gilbert and Specht, 1981, 279).

Criticisms indicated that social workers method
specialization had been ineffective in dealing with
society's poor. In response to these severe criticisms
and public attacks, social workers assumed advocacy roles
in supporting the client's right to dignified and human
treatment. As a result of the formation of the Ad Hoc
Committee on Advocacy, 1969, social work resources were
channeled into social action; many agencies began to focus
on community organization and development of consumer
groups; citizen participation in policy-making was
encouraged and supported; and the community was led to become more aware of its needs (Gilbert and Specht, 1981, 239). Thus, the social work practitioner's roles and methodological approaches became reformulated in response to the needs of the environmental context of the War on Poverty. And with this upheaval, emerged the need for practitioners who were able to intervene effectively with a variety of problems and client groups. No longer could social work practitioners define the client's problem by the methodological approach to which they themselves adhered. This was confirmed in the Social Worker's Code of Ethics (NASW, 1965; CASSW, 1970).

The social work profession as a result faced a second question - the generalist question:

What is the common, unifying base that identifies an approach to practice that is method free?

The generalist question emerged in an attempt to move toward a definition of a common approach to social work practice. It is the question that will be further examined.

2.18 Summary Statements

The lack of social work concepts and a defineable framework of social work operation had historically been a barrier to the effective integration of the social work profession. To recapitulate, the generic practice issue
emerged in response to, the following developments:

(1) the evolution of casework from charity work into a highly diversified collection of specialized fields of practice;

(2) the inability to differentiate casework practice from the other helping professions;

(3) identification and definition of casework with the agency settings and functions in which casework was practiced;

(4) fragmentation of the profession by the formation of specialized associations;

(5) division of casework into functional and diagnostic theoretical models of practice; and

(6) the emergence of other forms of casework - group work and community organization.

Further, the generic question attempted to embrace the emergence of the group work and community organization methods of practice by referring to "treatment of the community as the client", etc. The terms clients and treatment, however, continued to carry individual personality and casework diagnostic inferences and as a result the functionality of the generic question became artificial.

As the methods became refined along separate lines, it became apparent that social work methods were not effective in helping clients, and subsequently, the
generalist question emerged: (Gilbert and Specht, 1981).

What is the common, underlying base that identifies a method-free approach to social work practice?

Thus, the generalist approach question emerged in response to the following developments:

(1) the ineffectiveness of the methods because the methods of casework, group work and community organization had begun to define the problems;

(2) the changing role of social work within the social structure as a result of the social upheaval of the 1960's and criticisms by the public;

(3) increased focus on social reform as opposed to a therapeutic/clinical orientation; and

(4) the need for a social work practitioner who was able to intervene in a greater variety of settings and problem areas.

The underlying developments that stimulated the emergence of the generalist approach will be evidenced in the following chapters as the individual components are defined.
CHAPTER III
INFLUENCE OF EDUCATION ON DEFINING THE GENERALIST ORIENTATION

3.1 Introduction

The preceding chapter identified the issues that were instrumental in the emergence of the need for a generalist orientation in social work. This chapter presents a brief summary of implications of the issues in education and how education attempted to incorporate solutions in their policy statements and curriculum objectives. The significance of a survey of the educational component is primarily in terms of examining the influences that shaped the definition of the generalist orientation. Additionally, these developments are functional in stimulating questions for future research.

3.2 Early Education

Formal training for social work grew out of the early supervisory sessions and in-service training classes giving instruction in "investigation, personal service, and friendly visiting" (Encyclopedia of Social Work, 1977, 1541).

In 1898, the first Social Work school was chartered (now the Columbia University School of Social Work,) and
was essentially a training department of the New York Charity Organization Society.

By 1904, several schools of social work had opened under the auspices of private agencies. Partnership between schools and agencies evolved and as a result, school curricula "stimulated the conceptualization of principles and methods of supervision and consultation, agency supervisory training programs, continuing education seminars, staff evaluations, and agency libraries" (Encyclopedia of Social Work, 1977, 1542). The control of educational content was essentially in the hands of the agencies, and education resembled apprenticeship training. Affiliation with the universities was tenuous. The first school of social work, the New York School of Philanthropy (1898) was, "integrally and not merely nominally a part of what the Charity Organization Society was doing" (Devine, 1939, 66). Other schools also developed in response to the needs of the practice context in which they were situated. The content of instruction at Chicago School of Civics and Philanthropy (1907) reflected the needs of training for the settlement house movement initiated by Jane Addams (Bruno, 1957).

3.3 Urging for a Generic Core Across Fields of Practice

Despite Richmond's urgings to establish education on a broad generic basis and thereby avoid specialization and provincialism, education continued to simulate the needs of specific fields of practice.
The Milford Conference (1929) put forth recommendations suggesting the content in the implementation of a broad common foundation of knowledge generic to all fields of social casework. The subject matter taught needed to include the fundamental techniques of social work in general and an orientation or philosophy that was practical for all social workers (Levy, 1968, 38; 50).

The elements of generic casework were defined by the Milford Conference as:

Knowledge of norms and deviations of social life; methods of particularizing the human individual and using community resources in social treatment; the adaptation of scientific knowledge and formulations of experience to social casework; and a conscious philosophy (AASW, 1929, 11; 15).

The recommendations however, appeared to have affect only on a philosophical level. Educational instruction, for the most part, continued to reflect on "emphasis on techniques of practice rather than general principles of professional operations; and they derived their teaching material from daily experience rather than textbooks" (Levy, 1968, 23). Thus social work education did not reflect preparation for professional practice, as Flexner had pointed out much earlier, and the practice component controlled what was taught. This control became formalized through the accrediting practice exercised by the individual associations of the various specialties.
The Association of Psychiatric Social Workers for example, not only defined itself in terms of method and function but defined itself as a body that would provide recommendations for and approve course content for the segment taught on psychiatric casework.

3.4 Changes in Education as a Result of Theory

In conjunction with increased specialization of fields of practice being reflected in educational curricula, the identification with specific theories had a significant impact.

Social casework training at Smith College shifted toward a predominantly psychiatric specialization heavily influenced by Freudian theory. According to Goldstein, "the result of these influences was a major change in the role of the professional" (Goldstein, 1973, 39). The change was not limited to practice techniques but influenced the philosophical orientation of the worker as well.

The penetrating influence of theory was duplicated by the functional theory introduced to the Pennsylvania School by Taft and Robinson (Smalley, 1967). As well, in the Chicago school, educational content for casework reflected an interpersonal, theoretical orientation (Perlman, 1957). Thus, educational content in the schools generally focused on techniques and as a result obscured the ability to focus
on broader objectives (Schorr, 1959). Education curricula also remained limited to teaching social casework.

3.5 Specialization by Method

In 1954 the Council on Social Work Education's (CSWE) Committee on Specializations of Social Work Education believed that the curriculum content on specialized fields was inadequate and instead introduced a new basis for differentiation—a division based on process (Smalley, 1956, 4–5).

The 1940's and 50's had witnessed the emergence of group work, community organization as increasingly specialized methods of social work distinct from casework with individuals. In addition, administration and research had developed as components of social work. This growth in the profession became such that the "CSWE graduate school curriculum of 1952 recognized these as specific social work processes along with social casework" (Leighninger, 1980, 4).

The emerging trend toward specialization of method, both in education and practice, could no longer be encompassed by the attempts of the generic question. A common technique or skill conceptualization could no longer provide a generalized frame of reference. The "search for new sources of professional cohesion," based on a "shared intellectual and philosophical foundation" replaced the generic objective (Leighninger, 1980, 6).
3.3 **Studies on Education**

Educational objectives and content reflected the uneven growth and development that occurred in the practice component. Curriculum studies and efforts aimed at concretizing practice into identifiable objectives stressed the common body of knowledge, concepts and values. The Hollis-Taylor Report identified the need for an integrated body of knowledge with common theory and in addition stimulated a re-thinking of the undergraduate degree in social work education. The feature of the Report most relevant in the move toward a generalist orientation is their statement of purpose of social work education emphasizing attitude, behaviour and the development of the "professional self".

The purpose of social work education is to develop an individual's zeal for learning and his capacity to generate.... Education is not a matter of cramming him with the technical knowledge and skills of the profession. It does, however, include what the profession calls "the disciplined use of self in professional relationships...."

The most important questions about content often do not relate to what concepts are to be taught but to the character and valuation of knowledge used to give concepts essential meaning (Hamilton, 1952, 55).
Werner Boehm's nine volume curriculum study followed, confirming the need for a common foundation of knowledge; a well defined statement on function of practice and an undergraduate curriculum that was on the same continuum as the graduate level of education (Boehm, 1959). The definition of social work put forth by the curriculum study is significant in marking the beginning of an apparent shift away from a deterministic point of view of man. The definition that formed the basis of the 1959 study was:

Social work seeks to enhance the social functioning of individuals, singly and in groups, by activities focused upon their social relationships which constitute the interaction between man and his environment (Simons and Ainger, 1979, 203).

The indication of man in interaction with his environment remains a fundamental element in the generalist definition.

3.7 Manpower Needs

The influences on social work education however were not limited to theoretical developments and practice specializations. A significant factor in the 1950's and 1960's was the manpower need. According to Morrow, as a result of the Manpower Survey of 1953, "the National Workshop on Social Work Education of 1956, the establishment of the C. W. C. in 1950 and the development of new University and College programs with government support in
the 1960's" were instituted (1981, 133 – 134). The most significant result of the increased demand for social work manpower was the establishment of the Bachelor of Social Work programs for social service workers in the colleges (Morrow, 1981).

3.8 The Beginnings of the B. S. W. Degree

The undergraduate degree in social work began as a Social Welfare B. A. in order to distinguish it from the graduate level M. S. W. and hence professional education. Initially the social work profession, particularly in the education component, was skeptical as well as threatened by the new type of worker. The CSWE set out standards for the new social welfare course emphasizing a "generalized approach to interventive means...rather than separate courses in each of the methods." The council also urged, "that this content...not serve in lieu of agency in-service training but instead, prepare students for general problem solving activity in various social welfare settings" (CSWE, 1967, 13).

In a joint CSWE-NASW meeting the Ad Hoc Committee on Manpower Issues voted to set standards for undergraduate programs which prepared students for practice positions. The new standards of the educational program included a "broad liberal arts base, courses with social work content and appropriate educationally directed field instruction
with direct engagement in service activities designed to meet the stated educational objectives" (CSWE, 1971, 9). In conjunction with the objectives it was recommended that education take a generalized versus specialized approach to social work intervention. Also, and most significantly, the Council stated that "the nature of the problem and the goals identified rather than the number of clients determines the intervention strategy" (CSWE, 1971, 17).

General practice therefore became associated with the undergraduate degree in social work. The problem that faced educators was to develop a definition of the new question - the generalist approach. A definition that was capable of being operationalized within an educational curriculum.

Repeated attempts have been made. The 1979 CASSW Manual of Standards and Procedures for the Accreditation of Programs of Social Work Education, defines general practice as:

General practice: Professional activity which is not deliberately confined to a particular area of service, mode of intervention, or client system. Drawing upon values, concepts, and principles which are developed and integrated by the social work discipline, it may encompass a diversity of service activities. It refers not to a quality of the particular professional act, but to the non-determinate range of the practice-content (1979, 4).

The difficulty however becomes apparent in attempting to define in curriculum content the "non-determinate" range of practice. A further examination of the components
operating in the generalist orientation is needed before a
clear identifiable definition can be determined — one that
is functional in terms of direct application in curriculum
content.

The following chapter examines, in depth, the
relationship of theory and practice and traces this
influence throughout history. The exploration of the
relationship between theory and practice brings into focus
the, 1) need for a conceptual framework capable of
organizing the elements of practice, and 2) the elements
of generalist practice and how they are systemically
organized.
CHAPTER IV
THE INFLUENCE OF THEORY AND PRACTICE
IN THE
DEFINITION OF THE GENERALIST APPROACH

4.1 Introduction

Social Work practice by nature is responsive to the changing needs of society. As a result, the profession has developed through a process of evolution and change. A significant factor within this development has been the relationship between theory and professional practice (Goldstein, 1975, 17–18). Theory defines the purpose and process of practice activity. Practice on the other hand is the application of a particular theory on either an ideological or concrete level. The nature of this reciprocating relationship is summarized by the following statement, "Science and theory affords a creative application of the art [practice]. Artistry, in turn, vitalizes and animates theory" (Goldstein, 1975, 18). Theory therefore identifies and distinguishes practice approaches of social work intervention. A theoretical framework is fundamental to all models of practice.
The relationship between theory and practice is a critical factor in both the emergence and definition of the generalist approach to social work practice.

This chapter develops this relationship within the context of three fundamental issues:

1. The influence of theory on practice historically and how this factor contributed to the development of the generalist approach;

2. The current state of theoretical influence on generalist practice; and

3. The elements that characterize generalist practice activity.

Basic to the exploration of these issues is an understanding of theory.

4.2 Analysis of Theory

Theory is defined as "an inter-related set of concepts, definitions and propositions arranged in a logical, deductive/inductive system." Further, theory "present[s] a systematic view of a phenomenon by specifying relationships and variables with the purpose of explaining and predicting the phenomenon" (Denisoff, Callahan & Leverne, 1975; Blalock, 1969; Duben, 1969 in Smith, Boss and Carew, 1981, 3). Theory defined on an abstract level is denoted as having the function of organizing the concepts of that which is actually occurring on a concrete level - the level of action.
The nature of theory in terms of application to practice is more clearly articulated through its properties. According to Argyris and Schön, the properties of theory are: generality, relevance, consistency, completeness, testability, centrality, and simplicity (1976, 197 - 198). Generality of theory indicates the ability of the theory that allows for propositions to be made about kinds of phenomena on a general level rather than limited observations of specific or individual events. The relevance of theory to practice furthers this first property by making possible the formulation of inferrable statements. The remaining properties, - consistency, completeness, testability, centrality, and simplicity - are part of the internal construction of the theory itself. The degree to which these properties exist in a theory distinguishes the difference between a good theory and one which is only adequate. Thus the properties of generality and relevance are of critical importance in defining the application of theory to practice phenomenon. All theory therefore, provides for a) the construction of propositions about practice that enable an understanding of events or a phenomena; and b) the formulation of inferrable statements that define the mechanics of practice activity in relation to that phenomena. Theories differ in terms of emphasis on either a) or b). Thus the ramifications as a result
of this factor, must be outlined in order to articulate the impact of theory on practice.

Further analysis of the two fundamental properties of theory as separate components is necessary in order to demonstrate not only the influence of theory historically but also its contribution to the emergence of the generalist approach.

4.21 Approach Theory

The first property — providing for the construction of propositions about practice that enables an understanding of the event or phenomenon — can be defined as that component of the theory that explains an approach. Approach theories develop through the deductive organization of knowledge; knowledge derived from both practice wisdom and pure theoretical conceptualizations systemically ordered (Timms, 1970, 59). By definition, an approach theory guides the orientation or approach of the practitioner in the process of social work intervention. The unique feature of the approach theory is its applicability across the various fields of practice, agency settings and traditional methods of practice.

4.22 Intervention/Practice Theory

The second property — the ability to formulate inferrable statements that define the mechanics of
activity in relation to a phenomena - is defined as a practice theory. Practice theories consist of, "a set of inter-related theories of action that specify for the situations of practice the actions that will, under relevant assumptions yield intended consequences" (Argyris and Schön, 1976, 6). Psycho-analytic theory, Transactional Analysis, and theories of social disorganization, for example, emphasize this second property of theory.

These theories specify an action-outcome configuration. The foregoing analysis indicates that theory, as a contributing factor to the emergence of the generalist approach, is influential for two reasons:

1. the fact that a relationship exists between theory and practice; and

2. the fact that because of the properties of theory, a distinction can be made between approach and practice theories.

Both characteristics of theory must therefore be taken into account in the subsequent discussion of its influence on the historical development of the profession of social work.

4.3 Influence of Theory Historically

Social work began as a vocation of casework focussed on society's poor and disadvantaged. By definition of their function, i.e. -- "determining eligibility for and providing basic commodities and services" - the worker's action was
not based upon a knowledge base or theoretical framework (Goldstein, 1975, 18). The attack on the "profession" of social casework by Flexner in 1915 stimulated the development of a systematic framework of practice activity (Richmond, 1917). The medical model—study, diagnosis, and treatment—served as the framework for defining Social Casework practice.

The developments in casework practice that followed had resulted in a highly diversified collection of specialized fields of practice, functioning in distinct agencies and settings, and identifying with a variety of professional associations (AASW, 1929; Encyclopedia of Social Work, 1977; Bartlett, 1970; Leighninger, 1980). Practice became defined in terms of the agency function, field of practice setting or professional association with which the practitioner was affiliated. The theory structure used to define practice, consequently, resembled a piece-meal of constructs borrowed from varying professional sources. Psychiatric social work for example was taught from a medical model of practice theory (Borenzweig, 1971).

The introduction of Sigmund Freud and psychoanalytic theory to America had a significant impact on casework practice as well. Casework in the 1930s assumed a therapeutic model of activity focusing on the individual. Psychoanalytic theory therefore, gave social casework practice direction with an emphasis on the actual intervention—the action-outcome configuration. The influence of psychoanalytic
theory continues to be reflected in the diagnostic casework method and in a number of programs of social work education (Smalley, 1967).

A second major theoretical framework — Functional theory — modified by Taft and Robinson, also had an influence on social casework practice. Practice, as defined by functional theory, was directed by the specific social agency function. The emphasis on practice approach by the functional theory indicates the directed nature of the practice theory relationship. However functional theory is classified as a practice theory in that it is based upon the assumption that practice is limited to a defined agency function.

In the 1940's the theoretical conflict between functional and psychoanalytic theory resulted in a return to the "emphasis on skill in the professional relationship and the helping process" (Bartlett, 1970, 44). The significance of this re-emphasis on skills — self-awareness, professional discipline — became apparent in terms of a preoccupation with the mechanics of the skill itself. The focus on practice skill became the end in itself and as a result the needs of the client and the broader objectives of the profession became obscured (Schörr, 1959). The sacred statements from the theories defining actual practice activity became treated as ends in themselves.
Skills techniques received emphasis at the expense of client
dysfunction or societal problems.

Casework therefore came to be a method of practice
substantiated by borrowed theory. In many ways the over-
zealous consumption of particularly psychoanalytic theory,
has resulted in what Meyer defines as "premature foreclosure" -
the incorporation of a model or theory into practice without
regard for their inherent limitations (1973). The result
historically, was that borrowed theory was not integrated
into a systematic framework and casework practice resembled
a pure operationalization of theory. Thus the relationship
between casework practice and psychoanalytic theory was
initially a complete identification. The caseworker
identified with the task and role of a psychoanalyst of
individual behaviour.

The practice of group work and community organization
emerged in 1936 and 1947 respectively and were initially
identified as forms of casework (Bruno, 1957; Encyclopedia
developed out of distinctly different ideologies. Group work
extended from the experimental, social learning focus of
the settlement house movement. The roles adopted by the
group worker included that of enabler and catalyst
(Goldstein, 1975, 19). Group work began with the lack of
a theoretical framework to systematize and define practice.
Community organization grew out of the ideologies of social reform and the Community Chests. The emphasis on the impact of broader environmental influences on human suffering had not arisen out of a theory. Practice therefore was not directed by a theoretical framework, and activity soon became ineffective in terms of changing broader social conditions (Goldstein, 1975, 19).

Developing curricula for professional social work education began to include group work and community organization. As a result these practice activities gravitated toward theoretical frameworks that defined and directed actual practice action. Like casework, group work became more therapeutic, articulating "their activities in communicable, purposeful and goal directed terms" drawing from theories of Transactional Analysis, Gestalt, group dynamics, and Encounter Experiences (Goldstein, 1975, 19). Community Organization developed a systemic approach to intervention in community problems based upon theories of social psychology and concepts of social disorganization (Goldstein, 1973; Goldstein, 1975).

Casework had simultaneously modified and particularized psychoanalytic theory with Rankian, ego psychology, behavior modification and existential theories as well as others. The adoption of relevant theories to define and prescribe practice action propelled the profession in many directions at once.
Theory, therefore can be accurately described historically as "a mediating force in the evolution and development of the profession" of social work (Dundee Conference, 1975, 20).

Historically, practice developed without a theoretical framework. Practice activity grew out of perceived needs - those of individuals with T. B. for example or a group of new immigrants, or those of the poor society. Actual practice responded to these needs guided by intuition, values or any number of moral reasons.

Increasing complexity of carrying out the practice activity to meet the needs of society, stimulated the development of education. Education, as outlined in the previous chapter, began as apprenticeship training by specific agencies. The vocation-type practice however became more technical and incorporated Richmond's framework of study, diagnosis and treatment. This first attempt to systematize the accumulation of practice knowledge represented the beginning relationship between theory and practice. The need for theory became apparent. Theory served to structure and organize knowledge into a meaningful arrangement of propositions from which inferrable statements could be made about practice (Gilbert and Specht, 1980). Practice could be defined in terms of theory.

Social work practice however became firmly bound to the operationalization of specific theories in each of the three areas of social work - casework, group work and
community organization. According to the 1964 NASW Conference report on the *Building of Social Work Knowledge*, "even diagnostic thinking [had] been taught within the outlines of methods" (NASW, 1964, 11; underlining added). As a result, the action of the worker was defined by either the function of the agency or field, or the particular theoretical framework in which the practitioner received their education, rather than the presenting problem or client group needing help. The theory of practice itself became the focus. Thus, the effectiveness of the traditional method approach began to be questioned. The traditional methods had become too limited by their individual practice theories. Theory had become diagnostic. In addition, the problems caused by the socio-political developments in the broader societal context could not be dealt with effectively using traditional theory-bound methods.

Alterations in social conditions – the War on Poverty of the 1960's – resulted in changes in the kinds of problems brought to social agencies (Klenk and Ryan, 1974). The emergence of these newly defined problems therefore demanded a more wholistic, interventive approach. This approach needed a worker with skills that could extend beyond the limitation of one of the traditional methods. The development of multi-service agencies and the emergence of an integrated professional social work association – the result of the generic issue – further
revealed the limitation of training in only one of the traditional methods (Baker, 1975). It became increasingly apparent therefore that a different approach had to be taken in both education and practice. This necessarily meant a re-thinking of the underlying theoretical framework of social work practice. In response, proposals of generalist models of practice, guided by an approach focused theory, rather than a practice theory began to emerge in the late 1970's. To summarize, the emergence of the generalist approach occurred as a result of:

1. the changing role of social work caused by the social upheaval of the 1960's and public criticism of the ineffective therapeutic focus in dealing with the Poor;

2. the increased focus on social reform as a component of the individual plight of the Poor;

3. the dogmatic theory-practice relationship that has developed in the three method approaches which consequently failed to deal with problems outside of the espoused theoretical framework; and

4. the need for a social work practitioner who would be able to intervene with flexibility in a variety of agency settings and problem areas.

Thus, the generalist approach models of social work practice proposed by a number of theorists attempted to embrace these four issues (Pincus and Minahan, 1973; Klenk and Ryan, 1974; Stumpf, 1972; Goldstein, 1973; Baker, 1975, 1975).
4.4 The Theoretical Framework of the Generalist Approach

The limitations in social work practice occurred as a result of the relationship between theory and practice for two reasons. Firstly, a dogmatic theory-practice relationship had developed in the three traditional methods of intervention. Secondly, the theories that structured the methods emphasized the practice/intervention property of theory, i.e., that property which enables the formulation of inferrable statements that define the mechanics of practice activity in relation to a phenomena. The dogmatic relationship of theory and practice therefore developed as a result of the weakness of the theories in the property of generality, i.e., the ability to provide for the construction of propositions about practice that enables an understanding of the phenomena. The theories upon which traditional practice was based could not be developed into a broad theoretical framework that could provide a foundation for all social work practice. The changing demands on the social work profession required a theory emphasizing the construction of propositions in order to provide an underlying framework usable in all practice. The approach theory suited to social work practice and knowledge building is the general systems theory (Hearn, 1971, 2).
4.41 **General Systems Theory**

The general systems approach, as a theoretical orientation, for social work practice is particularly useful in its relevance to the generalist question. The generalist approach attempts to define and systematize social work practice beyond the level of methods, fields of practice, and agency settings. The general systems theory* provides the framework for the structural organization of the skills and knowledge of the generalist approach.

The systems approach emphasizes both properties of theory - generality and relevance. Therefore, systems theory is functional in practice in terms of:

1. generating concepts that define the elements in the assessment phase of practice; and
2. identifying the principles of the relationship between systems that define the process or action for the treatment phase of intervention.

Lathorpe defines these two levels of theoretical models in general as practitioner-professional and prescriptive (Hearn, 1971, 48 - 49). Thus systems theory

*Detailed analyses and application of the general systems approach in social work practice can be found in:
is useful in theory building as well as to define and prescribe practice action.

4.42 Additional Theories

Systems theory, according to the literature, is not the only underlying theoretical framework useful for a generalist approach model of practice. In a comparative analysis of generalist models, Garvin ascertained that the "task model" and a "social psychological model", in addition to the social systems theory provided a framework for a generalist approach to practice (Garvin, 1976, 19). The cross-comparison, carried out by Garvin, between these three theoretical frameworks and the components of social work practice, indicated however, a focus on an integrated rather than generalist approach to practice.

The task centered and the social psychological theories, by definition and organization of their constructs, are however useful adjuncts to the systems theory in structuring the generalist approach. The distinctions between the theories as a base for the generalist is drawn

Garvin compared the task approach, social systems and social psychological theoretical modalities in terms of:
1. the focus of social work practice; 2. role descriptions of the social worker; 3. knowledge bases of practice; and 4. components of a professional action repertoire. See Charles Garvin, "Education for Generalist Practice: A Comparative Analysis of Current Modalities" in CSWE Teaching for Competence in the Delivery of Direct Services, N. Y. 18 - 30.
at the level of practice principles — the second property of
tory. By contrast the systems approach theory provides
for generating concepts in addition to a framework in which
the skill and knowledge elements of the generalist approach
can be organized into a meaningful whole.

4.43 Systems Theory and Social Work Practice

Systems theory because of the emphasis on both
properties provides for a more flexible and all-encompassing
framework for social work practice. Defined in terms of the
two properties, therefore, systems theory is the espoused
theoretical orientation of generalist social work practice.

Systems theory in terms of practice, directs the
orientation of the generalist practitioner in assessment and
definition of the focus of intervention and treatment plan.
The general nature of the systems approach theory is
significant in that its principles can be applied to a
diverse assortment of problems or tasks at different levels
of analysis (Pincus and Minahan, 1975, 53). This same
property allows for the accomodation and subsequent
incorporation of specialized theoretical orientations such
as learning theory. Further specialization can also be
built upon its basic foundation (Pincus and Minahan, 1975,
53; Hearn, 1971, 63).

Systems theory in relation to developing models of
generalist practice was helpful in defining practice and
directing the focus of intervention. Klenk and Ryan postulate that the basic framework of systems theory adds the dimension of change in their "understanding of the relationship between man and his environment; in [their] ability to theorize about these relationships; in social welfare programming; and in the responsibilities of social work with respect to these new insights" (1974, 6 - 7).

Generally, systems theory stimulates and provides for the reorganization of the components of social work practice. It does not prescribe practice in dogmatic terms as with traditional methods. The distinct features of the generalist approach are apparent when analyzed in contrast to the traditional methods.

4.44 The Generalist Approach in Contrast to the Traditional Methods

Traditional social work practice is defined in terms of specializations based upon the method triad. Specialization is further evident in the forms of:

1. fields of practice, e.g. schools, hospitals;
2. problem areas, e.g. alcohol and drug abuse, mental retardation;
3. population groups, e.g. child welfare and aging;
4. organization roles and skills, e.g. administrator, supervisor, program analyst;
specific treatment modalities, eg. behaviour modification, gestalt therapy; and

6. size of the target, eg. family organization, or in the United States—micro, mezzo, and macro (Parsloe, et. al., 1975, 52).

The traditional method approach is based upon a knowledge base of, "specialized facts, theories, skills and attitudes necessary for helping in a particular way (through social work processes) a particular group of people (social agency clients) around particular problem situations (the problem for which social agencies have accepted responsibility) and in a particular frame of reference (social agency setting and service)" (Kadushin, 1959; 47).

The generalist approach in contrast has the following features:

1. allows for choices in terms of the level of intervention utilized eg. individual casework, community organization (Baker, 1975; Piencus and Minahan, 1973);

2. moves beyond the tension between the traditional structural and pathological approaches to understanding and defining social problems (Goldstein, 1973; Klenk and Ryan, 1974);

3. operates in terms of a strategy of action rather than specialized skills or techniques; practice skills are
based upon principles of practice (Goldstein, 1973; Parsloe et. al., 1975; Pincus and Minahan, 1973; Baker and Campbell, 1976; Klenk and Ryan, 1974); adds the interactional dimension to practice generated by the systems approach theory that accounts for the relationship between individuals and resource/social systems (Pincus and Minahan, 1973); generates, and is based upon a deductive model of instruction which involves a systematic and logical organization of knowledge that begins with a high level of abstraction, and moves down to the concrete situation in addition to the traditional scientific, inductive method of gathering information (Parsloe, et. al., 1975, 39); and orients workers toward an approach that is flexible and allows for intervention on a number of simultaneous levels involving both

The points of contrast outlined are the features of the generalist approach to practice. These features of the generalist approach demonstrate that practice is not an attempt to conglomerate the traditional methods approach into one approach. Nor is the generalist approach a "watered down" specialist with minimal competence in a variety of methods, population groups, or specific treatment modalities (Baker, 1975).

Instead the generalist approach of social work practice applies a theory that defines approach and practice action, to a problem situation without regard for the limitations placed by size of client group, field of practice, agency setting or function, etc. The generalist approach therefore is differentiated from the traditional method of social work practice, in terms of both approach to practice and practice action. The characteristics of the generalist are further defined by the categorization of elements.

4.5 Elements of the Generalist Approach Model

4.51 Practice Models as a Concept

The practice approach and practice action in social work are conceptually organized through the use of models, that structure the elements of observed practice activity.
Models, according to Hearn, are defined as a "symbolic representation of a perceptual phenomenon" (Johnson, 1976, 41). Defining practice in terms of models therefore is functional for the purpose of analyses and comparison of various practice activities as well as approaches to practice. Models by definition, serve to operationalize observable social work action.

Models of practice are also related to theory. Theory implies "a high level of knowledge development" that "may be developed in such a way that it is also a model" (Johnson, 1976, 41). A model of practice organizes the constructs that define practice; theory defines the constructs. Taken one step further, theory can be developed to define the organization of the constructs. A model, therefore extends from and, ideally, operationalizes theory in action, i.e., models are "general characterizations of how theory applies to human interactions" (Argyris and Schön, 1974, 39).

4.52 Characteristics of Models Defined

Models have a number of major characteristics that further demonstrate their functional significance in the development of social work knowledge; a development that is significant in the advancement of the profession. Advancement of this nature is consistent with the shift toward a generalist approach. The characteristics of a model are identified by Johnson. A model:
1. A model should define the nature of its scope or territory...what aspects within that scope will be considered...the reality is limited to manageable content.

2. consists of concepts and relationships between concepts. The content of the limited reality is expressed through concepts pertinent to the usage projected for the model.

3. is a disciplined, organized approach to knowledge. The approach...has sufficient flexibility to organize knowledge without imprisoning it. New concepts that arise can be included (1974, 41).

A practice model therefore becomes the framework that classifies both the practice approach and the principles of practice action. The approach and principles in turn identify and define the observable phenomenon that actually occurs between a social worker and the client system. Stated otherwise, the orientation from which a worker approaches a problem will determine in what manner the problem is dealt with (Gilbert and Specht, 1981, 356 - 365). As well, the particular organization of practice components - assessment, process and intervention - as defined by the model determines how the problem is dealt with. Thus the approach and how this is organized in the practice model determines the problem.
4.53 Elements of Practice Models

Models differ in their organization of practice elements. The definition and organization of these elements in relation to the other elements within the model, determines the focus and direction of practice activity. The elements of practice models are the variables that characterize a particular orientation or approach taken in practice.

The elements of generalist models are distinct from the traditional conceptual formulations about practice. The methods approach, for example, emphasizes specific interactional techniques and styles." The functions of the specialist practitioner on the other hand, are bounded by organizational specifics" (Smith, et. al., 1981, 13). Thus, in defining the generalist approach it is necessary to examine the various elements organized as components of this orientation.

Generalist approach models have been developed by a number of theorists. Within the context of this project, analysis will be limited to those presented by Pincus and Minahan, 1973; Goldstein, 1973; Baker, 1975 - 76; Klenk and Ryan, 1974; and Smith, Boss and Carew, 1981. The authors selected, represent a cross-section of the more comprehensive generalist models developed. Examination of the individual elements of each of these models will proceed systematically, beginning with a classification of elements on a broad level.
4.53.5 **A Classification of Elements**

The elements of the generalist approach model are classified into two primary categories, - A. governing variables or underlying assumptions and B. action strategies or practice theory (Argyris and Schön, 1974; Johnson, 1976). Briefly, category A includes assumptions related to:

1. the knowledge base - personality theory, theory about the nature of interpersonal interaction and sociological theory that explains the situation;
2. the underlying values of the model; and
3. the assumptions about the functions of social work - purpose, principles.

Category B identifies the three major concepts that identify actual practice. These concepts include:

1. assessment - information sought and how it is used;
2. process or action strategy; and
3. intervention - goals, units of service, tasks and specific techniques, principles and strategies (Johnson, 1976, 43 - 45).

By definition, therefore, the Category A elements provide the foundation for the B elements. Subsequent analysis is based upon this premise.
4.6 **Identification of the Generalist Elements**

The elements of the generalist orientation are identified through a two-stage process of cross-checking. In the first figure of each set of charts, the element is identified in the words of the individual authors; and categorized by the similarities in their statements. The second figure of the chart set presents the data secured through the process of the first chart translated into a series of summary components. These components are listed in order of significance as determined by the frequency that each is ascribed to by the theorists examined. As a result of this process the critical elements that define the generalist orientation emerge.

4.6.1 **Rationale for the Development of a Generalist Model**

Examination of the various models, describing the generalist approach, must begin with an analysis of the author's rationale for developing an alternative to present practice. This analysis is done through the cross-checking procedure.

Table 4 indicates the individual authors statements with respect to the underlying rationale for a generalist orientation. The significance of identifying the rationale is in terms of validating the fact that each author began with essentially the same "mission". Table 5 summarizes the felt need for the development of a generalist approach
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<tr>
<td>1. Need for a common core practice base; not based on one theory or method.</td>
<td>1. Need for a coherent, professional knowledge base which would provide the foundation for practice - not limited by one theory or a single method.</td>
<td>1. Effect of systems theory on the organization of knowledge.</td>
<td>1. Limitations in one theory. Limitations of one method.</td>
<td>1. Need for knowledge building and a framework for organization. Move away from explanatory models.</td>
</tr>
<tr>
<td>2. Need for a practitioner able to work with different types and sites of client systems.</td>
<td>2. Changes in social conditions and resultant problems required / alternative modes of intervention.</td>
<td>2. Emergence of multi-service agencies dealing with a broader range of problems.</td>
<td>2. Shift toward the purposes of social work depending upon the level of intervention chosen.</td>
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<tr>
<td>3. Intervention must take into account interaction between person and environment.</td>
<td>3. Increased significance of the relationship between man and his environment.</td>
<td>3. Must take into account interaction between man and his environment.</td>
<td>3. Helping focus is on the change effort between the individual and his social fabric.</td>
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<tr>
<td>4. Intervention should be a goal-oriented, planned change process.</td>
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<td>4. Existence of the need for accountability on the part of social work to society.</td>
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to social work practice and hence the reason for the development of an alternative model.

The information summarized in Tables 4 and 5 is significant in that it provides two fundamental indicators. Firstly, the rationale behind an endeavor such as developing a generalist model, states the questions to be answered in the process. Secondly, the rationale formulates the direction to be taken in dealing with those questions. The elements of the generalist orientation therefore, according to the underlying rationale, must incorporate the notions of a) a core of knowledge that allows for further integration of new information; b) practice that accounts for and is flexible to changing social needs; c) interaction between man and his environment; d) goal-oriented, planned change with social accountability; and e) a social work identity.

Given direction by the rationale, the analysis of the first category of elements begins using the systematic cross-checking process described.

4.52 Category A Elements: Underlying Assumptions

The underlying assumptions of the generalist approach include, as the framework of basal elements - purpose, values, principles and knowledge. These elements outline the orientation of the practitioner that presupposes and operates within practice action and form a network that guides
TABLE 5. —The RATIONALE that stimulated the Generalist Orientation —
a summary of the factors presented in order of significance,
rank ordered by frequency.

<table>
<thead>
<tr>
<th>PINCUS</th>
<th>HOWARD</th>
<th>KLENK</th>
<th>RON</th>
<th>SMITH,</th>
<th>BAKER</th>
<th>BOSS AND</th>
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<td></td>
<td></td>
<td></td>
<td>MINAHAN</td>
</tr>
</tbody>
</table>

(i) Attack on practice dominated by a single theory or method
i.e.,—need instead a core of professional knowledge as a
base/framework for further knowledge building.

(ii) Changing social conditions and
the resultant change in types of problems stimulated the
emergence of multi-service agencies.

(iii) Increased focus on the
interaction between the
individual and the environment,

(iv) Focus on a Goal Oriented/
Planned Change Process and
social accountability.

(v) Need for an integrated
Professional Social Work
Association. Generalist would
provide the identity.
the practitioner's approach to a problem (Pincus and Minahan, 1973, 90).

4.63 Purpose

The dictionary definition of purposes uses the following phrases in describing the term — "with intention", "aim", "design", "not by accident" (Webster's, 1974). Thus the primary purpose in generalist social work practice, as indicated by Table 6 and the corresponding summary chart, Table 7, is to maximize the individual's potential in coping and dealing with life tasks in relation to self, others and the environment systems in which involvement occurs.

The distinguishing feature is that purpose, from the generalist perspective, no longer emphasizes the loci of change as being within the individual nor is the goal necessarily to be functional within the social system. Instead the focus has widened; the purpose incorporates the person in environment as a unit to be dealt with wholistically.

4.64 Values

Values govern practice. By definition, values includes "social principles, goals or standards held or accepted" (Webster's 1974). Table 8 and as summarized in Table 9, indicates that the generalist practitioner believes that the respect of an individual's dignity and their right to have access to resources that enable them to maximize their potential.
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<tr>
<td>1. Enhance the client's problem solving and coping capacity in relation to self, environment and others.</td>
<td>1. Provide the means to a catalyst to the development of the client's autonomy in dealing with inter, intra and environmental conditions that interfere with productive resolution of the life tasks that people are confronted with and provide the resources and condition which would facilitate their coping with these tasks.</td>
<td>1. Directly or indirectly enhance the social functioning of the client unit.</td>
<td>1. Maximize the psycho-social autonomy and identity of the client unit.</td>
<td>1. Help people adjust to situations that confront them.</td>
</tr>
<tr>
<td>2. Link people with the environmental resource systems.</td>
<td>2. Facilitate interactions between people and their resource systems, and interactions within and among resource systems.</td>
<td>2. Intervene in social situations that impede individual functioning.</td>
<td>3. Focus on a multiplicity of social change strategies.</td>
<td></td>
</tr>
<tr>
<td>3. Develop and improve resource systems and social policy.</td>
<td>3. Take into account the relationship between the private troubles of people and the public issues which bear on them.</td>
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### TABLE 7

The PURPOSE OF Generalist Practice - a summary of the components presented in order of significance, rank ordered by frequency.

<table>
<thead>
<tr>
<th>PINCUS AND GOLDSTEIN</th>
<th>HOWARD AND MINAHAN</th>
<th>KLENK AND RYAN</th>
<th>RON BAKER</th>
<th>SMITH, BOSS AND CAREW</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Maximize the psychosocial autonomy and identity of the client unit through the enhancement of problem-solving and coping capacity in relation to self, others, and environment, in dealing with life tasks.</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>(ii) Link people with appropriate environmental resource systems and facilitate interactions within and among resource systems.</td>
<td>*</td>
<td>*</td>
<td></td>
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</tbody>
</table>
| (iii) Develop and improve resource systems and social policy in order that through the relationship between private troubles and the public issues that bear upon them, change can be effected on several levels. | * | * | | }
TABLE 8. — The VALUES that guide Generalist Social Work Practice, as postulated by each of the authors examined, presented in rank order by frequency

<table>
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<tbody>
<tr>
<td>1. Respect for the dignity and individuality of people.</td>
<td>1. Individualization, Purposeful expression of feelings, Controlled emotional involvement, Acceptance, Confidentiality, Client self-determination.</td>
<td>1. Each person is unique.</td>
<td>1. Respect for the integrity and dignity of individuals irrespective of race, class or creed.</td>
<td></td>
</tr>
<tr>
<td>2. Society is obligated to ensure accessibility to resource systems to meet life tasks, alleviate distress and realize their aspirations and values.</td>
<td>2. Goal is toward the enhancement of a higher order of efficiency and autonomy in the means (resources) people use to deal with the problems that confront them.</td>
<td>2. Each person is entitled to maximize their potential.</td>
<td>2. Commitment to and enhancement of overall social welfare.</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 2.

The VALUES that govern Generalist Practice Social Work - a summary of those most often ascribed to, presented in order of significance, rank ordered by frequency.

<table>
<thead>
<tr>
<th></th>
<th>PINCUS AND MINAHAN</th>
<th>HOWARD AND GOLDSTEIN</th>
<th>KLENN AND RYAN</th>
<th>RON BAKER</th>
<th>SMITH, BOSS AND CAREW</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Respect for the dignity and individuality of the client unit, irrespective of race, colour or creed.</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>(ii) Each person is entitled to maximize their potential and society is obligated to ensure accessibility of resource systems to meet life tasks, alleviate distress and realize their aspirations and values.</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>(iii) Non-judgemental attitude as a result of self-awareness of worker's own values and views of the world.</td>
<td>*</td>
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-82-
The values identified as generalist do not appear to be different than those guiding traditional social work practice. Previous social work frameworks, however, focused on the individual aspects of situations which then located the problem within the individual in need of help. The generalist or genericist, as referred to by Smith, et al., is more concerned with identifying interacting problem situations, selecting from a range of perspectives and adopting a number of different roles in the defined problem situation (Smith, Boss and Carew, 1981).

4.65 Principles

Principles define the fundamental "rules of conduct" of the practitioner (Webster's, 1974). Principles clearly flow from values and essentially operationalize the value stance held. The principles of generalist practice are described in Table 10 and summarized in Table 11. The charts indicate that generalist practice is guided by the traditional principles first formulated by Biesteck. In addition, however, practice of the generalist approach also takes into account the context in which practice occurs; the sequence, design and goal oriented direction; and the features of interaction between client and worker. The distinction therefore is that generalist practice functions form a broader perspective - taking into account a greater range of factors.
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<tbody>
<tr>
<td>1. Biestek's Principles</td>
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<tr>
<td>Individualization,</td>
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<td>Purposeful expression of</td>
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<td>feelings, Controlled</td>
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<td>emotional involvement,</td>
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<tr>
<td>Acceptance, Confidentiality,</td>
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<tr>
<td>Client Self-determination,</td>
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<tr>
<td>Nonjudgemental Attitude.</td>
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<tr>
<td>2. Social work practice must take into account the structure of the setting.</td>
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<td>3. The interpersonal and interactional dimensions of the change relationship is significant.</td>
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<td>4. The design and order of practice process is significant.</td>
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<tr>
<td>- sequence, purpose, intentionality, goal-directed system of practice.</td>
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<tr>
<td>2. Context of practice is significant.</td>
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<tr>
<td>3. The relationship between client and worker is important.</td>
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</table>
TABLE 11.  The PRINCIPLES that underlie the Generalist Orientation to Social Work Practice - a summary of the fundamental elements presented in order of significance, rank ordered by frequency.

<table>
<thead>
<tr>
<th>PINCUS</th>
<th>HOYARD</th>
<th>KLEIN</th>
<th>RON</th>
<th>SMITH, AND</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>GOLDSTEIN</td>
<td>AND</td>
<td>RYAN</td>
<td>FOSS AND</td>
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<td></td>
<td>MINAHAN</td>
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<td>CAREY</td>
</tr>
</tbody>
</table>

(i) Biestek's principles -
   Individualization, purposeful expression of feelings,
   acceptance, Confidentiality,
   Non-judgemental attitude,
   Controlled Emotional Involvement.

(ii) Social work practice must take into account the structure or context of setting within which practice occurs.

(iii) The interpersonal and interactional process in the client–worker change relationship is significant.

(iv) Practice design and order should include a sequence, purpose, intentionality and follow in a goal-directed system.
4.68 Knowledge

The content of knowledge has historically been the area to which studies have been directed. The generic question, the curriculum studies and other efforts discussed previously have focused on the content of knowledge. As indicated by Tables 12 and 13, the distinguishing feature is the use of systems theory as a framework for the organization of existing knowledge and theory, and building of new knowledge as it arises. The lack of an organizing framework for knowledge has in the history of social work been the reason for the over-zealous attachments to isolated theories such as Freudian for example. Thus, generalist practice in moving away from the domination of a single theory or method, starts from a systems perspective, the generalist approach therefore more closely resembles a wholistic orientation. More significantly, the generalist approach in terms of knowledge building emphasizes a deductive method of knowledge formulation that can be translated into particular skills and actions in response to the needs and character of the problem situation (Smith, Boss and Carew, 1981).

4.7 Category D Elements: Practice Concepts

The practice action concepts of the generalist approach include assessment, process, and skills which is subdivided into tasks and roles. The practice action elements emanate from the category of elements discussed to this point.
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<tbody>
<tr>
<td>2. Social Sciences</td>
<td>2. Knowledge should be a synthesis of general and functional concepts drawn from the behavioral and social sciences.</td>
<td>2. Knowledge drawn from the major social work methods - i.e., casework, group work and community organization.</td>
<td>2. Social and Behavioral sciences: Physical, Social and Psychological.</td>
<td>2. Law, Social Policy and Administration and Political Themes (Specific to Social Work Functioning).</td>
</tr>
<tr>
<td>3. Observations about the world and man which have been verified or are capable of verification.</td>
<td>3. Techniques drawn from actual practice examples in the major social work methods - i.e., casework, group work and community organization.</td>
<td>3. Practice wisdom gained through actual working experiences of self and others.</td>
<td>3. Persons in Society and Political Themes.</td>
<td></td>
</tr>
<tr>
<td>4. Explanations of inter-personal and interactional processes.</td>
<td>N.B. Knowledge must be viable and translatable into particular skills and actions in response to the needs and character of the practice situation.</td>
<td></td>
<td>4. Micro, Macro, Mezzo</td>
<td></td>
</tr>
<tr>
<td>PINCUS</td>
<td>HOWARD</td>
<td>KLEIN</td>
<td>BAKER</td>
<td>SMITH,</td>
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</table>

(i) Knowledge should be organized within a framework theory — Systems Theory — that allows for the building of and incorporation of new knowledge as it arises.

(ii) Knowledge of the Behavioral and Social Sciences including social problems, theories of physical, social and psychological phenomenon.

(iii) Knowledge gained from practice experience and based upon observations about the world that have been verified or are capable of verification — Practice wisdom.

(iv) Theory explaining interpersonal and interactional process.
4.71 **Assessment**

Assessment by definition implies a beginning. As summarized in Tables 14 and 15, assessment begins with a need at some level of the system that is being defined as a problem. In addition, the assessment data defines the direction of and action to be taken in the intervention that will follow. The features of assessment that distinguish the generalist practitioner are a) emphasis is placed on the worker's perspective, i.e., a more encompassing assessment of the situation which includes sociological, psychological and structural issues; and b) the assessment is not a static phenomenon but rather changes and continues as intervention proceeds.

4.72 **Process**

The definition of process implies a continuous development involving change through time (Webster's, 1974). Process, as an element, was the most diffusely described by the various theorists. Each tended to emphasize a particular component at the expense of another. Thus, as indicated in Table 16 and Table 17 the comparison is limited by both individual loci as well as terminology used by the individual authors. The examination of Tables 16 and 17 in conjunction with the literature reviewed indicates the tendency of authors to concentrate on the process elements based upon the assumption that is the feature that
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<tbody>
<tr>
<td>1. Analysis of the dynamic interaction of the various elements operating in the problem system. (suggests point of entry)</td>
<td>1. Information gathered from the definition of a need through pre-contact application, physical and intellectual states, socio-economic factors, personal values and goals, adaptive functions (coding mechanisms), developmental factors, emerging attitudes about the change experience.</td>
<td>1. Recognition and formulation of problem arrived at through observation and collection of data.</td>
<td>1. Assessment begins with a need perspective, i.e.—a definition of what must be done at the interface between individual and society. (private troubles — public issues).</td>
<td>1. Assessment begins with a perceived need on any number of levels, i.e.— personal, interpersonal, environmental or social needs.</td>
</tr>
<tr>
<td>2. Determines tasks and strategies of practice actions.</td>
<td>2. Clarification and assignment of roles and responsibilities.</td>
<td>2. Selection of techniques/tasks to satisfy needs.</td>
<td>2. Assessment changes and evolves—defining goals, action strategies, roles and tasks.</td>
<td>2. Assessment defines roles to be taken in identifying specific tasks.</td>
</tr>
<tr>
<td>3. Assessment defines what areas of the problem situation should be dealt with, goals for the change effort and the means for achieving these.</td>
<td>3. What the worker does and what is accomplished is determined by assessed need/problem situation.</td>
<td>3. Begin with need perspective achieved through discussion with the client.</td>
<td>3. Differential relationships are developed as a result of different roles, tasks and strategies adopted as determined by the problem/need.</td>
<td>3. Generalist begins with the framework in order to assess need situations.</td>
</tr>
<tr>
<td>4. Identify and assess the behavior or social situation in question, the people who are defining it as a problem, and the reasons for their evaluation.</td>
<td>5. Clarification of the realities and boundaries of service.</td>
<td>4. Define what must be done from clients' perspective—contract with client for intended goal outcomes.</td>
<td>4. Continue with the framework in order to assess need situations.</td>
<td>4. Generalist begins with the framework in order to assess need situations.</td>
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<tr>
<td>5. Establish goals and targets that are relevant and feasible in dealing with the problem (indicates resources).</td>
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<tr>
<td>6. Stabilize the change effort.</td>
<td>6. Disclosure of the nature of the change process and emergence of a commitment or contract to proceed.</td>
<td>6. Change effort is re-assessed prior to termination - evaluate identity and autonomy of client.</td>
<td>7. Involves an interpersonal process that develops between worker and the client system.</td>
<td>7. Generic social worker employs a conscious use of self in the relationship.</td>
</tr>
<tr>
<td>7. Assessment is the beginning of the regulated client-worker system. It involves the initiation and development of the change relationship.</td>
<td>8. Assessment is not static; it changes as new information is secured.</td>
<td>8. Assessment occurs at all stages of practice action.</td>
<td>9. Assessment is not limited by organisational constraints.</td>
<td>10. Roles may be direct or indirect in terms of interaction with the client unit.</td>
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<tr>
<td>11. Theory underlying interpersonal, group and community organisation is significant.</td>
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<tr>
<td>STAGE</td>
<td>DESCRIPTION</td>
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<tr>
<td>(i)</td>
<td>Begins with a perceived need identified as personal, interpersonal, environmental or societal, and analyzed in relation to the various elements operating in the problem system.</td>
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</tr>
<tr>
<td>(ii)</td>
<td>Tasks and strategies of action are determined as a result of the assessment.</td>
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<td>(iii)</td>
<td>Assessment defines the different areas in which intervention will occur and the actions the worker will initiate.</td>
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<tr>
<td>(iv)</td>
<td>Need perspective is identified through the client unit, i.e., how do they perceive it as a problem.</td>
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<tr>
<td>(v)</td>
<td>Goals, targets, service emerge as a result of the problem and must be feasible in terms of operationalization and relevant in relation to the problem.</td>
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<tr>
<td>(vi)</td>
<td>The change relationship is structured and brought to termination after re-assessment of the client's autonomous functioning.</td>
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<tr>
<td>(vii)</td>
<td>Assessment involves the development of an interpersonal relationship between client unit and worker.</td>
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<tr>
<td>(viii)</td>
<td>Assessment is a continuous process throughout the change effort.</td>
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<tr>
<td>(ix)</td>
<td>Assessment is not limited by agency/setting function.</td>
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<tr>
<td>(x)</td>
<td>Worker roles in assessment can be direct or indirect, as defined by the problem situation.</td>
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<tr>
<td>(xi)</td>
<td>Theory underlying interpersonal, group and community organization is significant in the assessment.</td>
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</table>
| 1. Phases involved in the process of planned change -
   a) development of a need for change.
   b) establishment of a relationship.
   c) clarification or diagnosis of the client system problem.
   d) examination of the alternatives.
   e) transformation of intentions into actual change effort.
   f) generalization and stabilization of change.
   g) achievement of a terminal relationship. |
| 1. Phases of practice operationalize change through time:
   induction, core, ending. |
| 1. Change occurs as a dynamic process that evolves through phases in time. |
| 1. Change evolves through phases of practice effort:
   beginning, phase follow-through, phase ending, phase. |
| 1. Change is dimensional and occurs through time. |
| 2. The change process is cyclical. |
| 2. Strategy (cyclical) This one of the 3 major elements defines action and involves:
   study and evaluation of the data transformed into rational constructs that define the client system/problem/process configuration. |
| 2. The change effort is a cyclical process. |
| 2. The process is cyclical in nature, with review of goals, action strategies and roles continuously reviewed and evaluated. |
| 2. The change effort should involve strategy - i.e. - planned intervention with evaluation of the process and outcome of intervention as significant. |
| 3. Process begins with assessment and involves continuous re-assessment, as determined by needs of the situation. |
| 3. The worker efforts are determined by and changes as the needs of the client and the joint efforts of the client and worker indicate. |
| 3. Each phase of practice is defined by the need of the client group. |
| 3. Process begins with assessment in a dynamic interaction between worker and client unit. |
|--------------------------|------------------------|----------------------|---------------------|-----------------------------|
| **4.** Process is operating in more than one system at once. | **4.** Target defines the client system - the worker can function simultaneously on more than one level, i.e., individual, group/family, organization/community. | **4.** Change effort can be operating in a number of systems simultaneously. | **4.** Change process can operate in more than one level at once - individual or societal. |
| **5.** Process is defined as a systematic series of actions directed toward a purpose. | | | **5.** Process involves two elements: planning and promoting of change, and the interpersonal relationship process between client and worker. | **5.** Change process has dimension: occurrence, direction, frequency, magnitude, duration, rate, reversibility, and degree of visible change. |
| **6.** Involves client system (actual unit experiencing conflict); action system (units engaged in the change effort); target system (unit to be changed or modified) and change agent (worker-client). | **6.** Focus on systems functioning, i.e., obstacles to functioning and status of functioning in relation to domains of living. | **6.** The various elements interacting as part of the system are taken into account. | | |
| | **7.** Begin with a holistic perspective of the client's needs and work toward satisfaction of the client's total needs. | | **7.** Use a flexible, holistic approach. | |
| | **8.** The change effort terminates when the client group is able to function autonomously and independently from the worker. | | | |
TABLE 16. —continued

|----------------------------|-------------------------|-----------------------|-----------------------|-----------------------------|

9. The relationship is a significant component in the process and could be collaborative, bargaining or conflictual.

10. Process must be viewed contextually.


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<th>KLÉNK AND RYAN</th>
<th>RON BAKER</th>
<th>SMITH, BOSS AND CAREW</th>
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<tr>
<td>(i) Practice operationalizes change through phases of time.</td>
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<td>(ii) The change process is cyclical.</td>
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<td>(iii) Process between worker and client unit begins with assessment and changes in relation to change in needs and outcome.</td>
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<td>(iv) Change effort is operational in more than one level of the system simultaneously.</td>
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<td>(v) Process is dimensional, systematically goal directed and operates between client unit - worker and toward the resolution of the problem.</td>
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<td>(vi) Process focuses on the elements of the system that prevent accomplishment of life tasks.</td>
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<td>(vii) Process is flexible in order to deal in a holistic manner with the problem situation.</td>
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<tr>
<td>(viii) The change relationship terminates when the client unit can again function autonomously.</td>
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<tr>
<td>(ix) The relationship is significant and could be collaborative, bargaining or conflictual.</td>
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<tr>
<td>(x) Process may take into account the context.</td>
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<td>(xi) Process operates along a scientific method approach.</td>
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distinguishes the generalist practitioner. From the cross-
comparison shown, it is difficult to distinguish the
generalist from the traditional practitioner in the
intervenive process.

Process which incorporates the notion that change
occurs through time, that it is cyclical and begins from the
first interaction between the client and worker, is not unlike
the process that occurs in traditional casework for example.
Nor is it possible to make distinctions about the generalist
approach based upon any of the other statements listed in
Table 16.

The significant point therefore is the fact that
generalist intervention is not inferior, as sometimes
criticized, to traditional practice at the level of actual
operationalization. On the practice level, the two approaches
resemble each other.

4.73 Skills - Tasks and Roles

The Skills Component is subdivided into tasks performed
by the worker and roles assumed.

The tasks segment is fairly cohesive in terms of the
individual authors consensus on the tasks to be performed
by the generalist worker as identified in Tables 13 and 19.

The task component, as indicated in the discussion on
assessment is defined by this element. This feature
distinguishes the generalist from traditional approaches
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<tbody>
<tr>
<td>2. Negotiating contracts and forming action systems.</td>
<td>2. Intention - directed action.</td>
<td>2. Contract with the client re: what is to be done.</td>
<td>2. Planning and focussed intervention.</td>
<td>2. Developing and offering different explanatory interpretations of the interactions of the components and making a judgement in light of these.</td>
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<tr>
<td>4. Making initial contacts.</td>
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<tr>
<td>5. Maintaining and co-ordinating action systems.</td>
<td>5. Intervention (planned)</td>
<td>5. Selection of techniques to satisfy needs.</td>
<td>6. Re-evaluating</td>
<td></td>
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<tr>
<td>6. Terminating the change effort.</td>
<td>6. Appraisal</td>
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<td>7. Recording</td>
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</table>
TABLE 19. — The TASKS (subdivision of SKILLS) performed by the Generalist Social Worker — a summary of those most essential, presented in order of significance, ranked ordered by frequency.

<table>
<thead>
<tr>
<th>PINCUS AND MINAHAN</th>
<th>HOWARD AND GOLDSTEIN</th>
<th>KLENEK AND RYAN</th>
<th>RON BAKER</th>
<th>SMITH, BOSS AND CAREW</th>
</tr>
</thead>
</table>

(i) Collecting data, through observation and listening in order to define and describe the components of the problem situation and identify the underlying need.

(ii) Planned, focused intervention that comes about as the result of a negotiated contract between client and worker. Practice action is based on alternative explanatory interpretations of the problem situation.

(iii) Assessment of Problem Situations.

(iv) Ability to develop and use the relationship effectively in the change process.

(v) Planned intervention through selection of techniques based upon needs; and maintenance and co-ordination of action systems.

(vi) Termination/Appraisal/re-evaluation of the change process upon completion of the practice action.

(vii) Recording
where the method or theory defines the performance tasks of the worker.

The role segment, as outlined in Table 20 is somewhat less homogeneous in the comparison. Table 21, however, does indicate a relatively high degree of consensus of nine of the identified roles.

In terms of distinguishing the generalist practitioner, the significant indicator is the number and variety of roles which the worker may assume. Traditional practice has tended to focus on the role of behavior change therapist — a remnant from the diagnostic framework. The implication therefore is that the generalist worker is more flexible in practice intervention, and can as a result intervene for example with a greater variety of client units or problem systems. The elements analysed represent the components of the definition of the generalist orientation.

To summarize, the elements are:

Category A Elements: Underlying Assumptions

Purpose: to maximize the individual's potential in coping and dealing with life tasks in relation to self, others and the environmental systems, wholistically.

Value: a problem situation is non-deterministic and is a multifaceted phenomenon that is dealt with through an array of approaches.
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</tr>
</thead>
<tbody>
<tr>
<td>1. Advocacy</td>
<td>1. Advocacy</td>
<td>1. Advocate - merging service role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Educator - management of the learning experience</td>
<td>2. Instruction</td>
<td>2. Educator - merging service role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Consultation</td>
<td>5. Consultation</td>
<td>5. Consultant - Indirect service role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Continuing Care</td>
<td>7. Continuing Care</td>
<td>7. Caretaker - Direct Service role</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**TABLE 21.** The ROLES (subdivision of SKILLS) assumed by the Generalist Social Worker - a summary of those most essential, presented in order of significance, rank ordered by frequency.

<table>
<thead>
<tr>
<th></th>
<th>PINCUS, HOWARD, MINAHAN</th>
<th>GOLDSTEIN</th>
<th>KLEIN, RYAN</th>
<th>RON BAKER</th>
<th>SMITH, BOSS AND CAREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Enabler - mobilisation of resources.</td>
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<td>(ii) Educator</td>
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<td>(iii) Advocacy</td>
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<td>(iv) Consultant</td>
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<td>(v) Behavior Change Therapist</td>
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<td>(vi) Caretaker</td>
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<td>(vii) Supporter</td>
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<td>(viii) Advisor</td>
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<td>(ix) Mediator</td>
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<td>(x) Researcher and Planning</td>
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<td>(xi) Administrator</td>
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<td>(xii) Co-ordinator</td>
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<td>(xiii) Detection</td>
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<td>(xiv) Broker</td>
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Principles: practice takes into account all the features operating, including context, sequence, design, goals and the relationship between the worker and the client unit.

Knowledge: is gained through deduction, as a result can be translated into skills and action, allows for the incorporation of new theory, and is organized by a systems theory framework.

**Category 3 Elements: Practice Concepts**

Assessment: emphasis is on the worker's perspective of all the systems operating which changes and is modified as new information is secured throughout the change process.

Process: is change through time that is goal-directed and begins with the first interaction between the client unit and the worker.

Skills:

a) Tasks - the problem or need defines the tasks to be carried out by the worker.

b) Roles - includes a wide range of roles that need to be assumed by the worker indicating flexibility in practice.
4.74 **Definition**

As a result of the preceding analysis of individual elements, the following definition of the generalist orientation is postulated by the writer. The generalist, is not defined in terms of practice activity but rather, as an orientation or approach that defines, guides and directs practice action. Thus, the definition is not intended to be directly applicable in practice terms.

The generalist oriented practitioner:

(i) begins with the focus on the client unit that is functioning within an environmental system, and that has a mutual responsibility with society in fulfilling life tasks and maximizing their personal potential;

(ii) takes into account a broad perspective of variables;

(iii) organizes knowledge obtained in a deductive manner, within a systems framework;

(iv) operates in a dynamic process, assessing from a needs perspective and using this to define the problem and in turn identify the tasks and roles needed to be assumed in the process of intervention.

The definition of a generalist orientation presented is limited in the extent to which it can be operationalized in terms of practice objectives. The difficulty lies primarily in the inherent problems involved in attempting to define a philosophical approach or orientation in the
analysis of the individual elements, is not intended to identify practice at an observable level; as previously indicated, generalist intervention resembles traditional practice. The resultant definition presented, therefore identifies the elements that are operating throughout the process of practice intervention and as a part of the sequence of operations.

The generalist orientation therefore is not limited to a static, definitive entity but rather encompasses a range of phenomena operating simultaneously within a wholistic framework. As a result practice of the generalist nature may avoid many of the snares historically experienced by the traditional approach.
CHAPTER V
SUMMARY AND RECOMMENDATIONS

The project began with the intent to define the concept referred to as the generalist orientation. In order to define the parameters of the question, the historical issues that influenced both the emergence and the development of the models were examined. The relationship between these factors as identified in theory, and the development of the generalist approach was critically examined and as a result the elements were identified. The elements were further defined through a systematic cross-checking procedure which revealed the essential elements specific to the generalist orientation in social work practice. The definition of the generalist orientation emerged as a conglomeration of the individual elements.

The attempt to define the generalist orientation and identify the elements that distinguish this approach concluded with the following results:

The generalist orientation to social work practice is constituted by four underlying elements which include purpose, values, principles and knowledge; and three practice concept elements which include assessment, process and skills. These elements are defined as follows:
(1) **Purpose of Social Work** - to maximize the individual's potential in coping and dealing with life tasks in relation to self, others, and environment systems wholistically.

(2) **Value Orientation that Guides Practice** - a problem situation is non-deterministic, and is a multi-faceted phenomenon that is dealt with through an array of approaches.

(3) **Principles of Practice Action** - practice takes into account all the features operating, including context, sequence, design, goals and the relationship between the worker and the client unit.

(4) **Knowledge** - is gained through deduction, in addition to induction and as a result can be translated into skills and action, allowing for the incorporation of new theory and organized by a systems theory framework.

(5) **Assessment in the Practice Operation** - emphasis is on the worker's perception of all the systems operating, which changes and is modified as new information is secured through the change process.

(6) **Process in Intervention** - is change through time, that is goal-directed, and begins with the first interaction between the client unit and the worker.
(7) **Skills which includes:**

(a) **Tasks** - the problem or need defines the tasks to be carried out by the worker.

(b) **Roles** - includes a wide range of roles that need to be assumed by the worker, indicating flexibility in practice.

The definition of the generalist orientation defined as the result of the identified elements in this project, was presented as follows:

The generalist orientated practitioner:

(i) begins with the focus on the client unit that is functioning within an environmental system, and that has a mutual responsibility with society in fulfilling life tasks and maximizing their personal potential;

(ii) takes into account a broad perspective of variables;

(iii) organises knowledge, obtained in a deductive manner, within a systems framework;

(iv) operates in a dynamic process, assessing from a needs perspective and using this to define the problem and in turn identify the tasks and roles needed to be assumed in the process of intervention.
The results identified through the definition and the delineation of the individual elements of the generalist orientation have significance in terms of further application.

(1) Having partialized the generalist orientation into its component elements, it is now possible to more systematically define the generalist in terms of curriculum objectives, i.e., the elements can be operationally defined in terms of curriculum objectives and are therefore functional in structuring generalist curricula.

(2) The operational definitions of the elements can be further defined in terms of practice objectives, i.e., how the components of generalist are viewed on a practice level by practitioners in the field; and thereby identify the needs of the practice segment in relation to the generalist approach. The result therefore could be an evaluation of the generalist orientation as well as the identification of generalist agencies for educational instruction.

(3) Through demonstrating the distinction between the generic question and the generalist approach, the literature on both practice and education can be critically evaluated and, perhaps in the future the confusion may be eliminated.

(4) In addition, since both the generic content issue and the generalist approach continue to operate today as one or a combination of the two concepts in both curricula and

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practice, evaluation and changes can be made more critically.

Based upon the conclusions on the application of the results the following recommendations for further research are made:

(1) To determine the effectiveness of the current generalist curricula, it is recommended that a study be conducted of recent "generalist" graduates' performance and perception of the generalist approach in practice.

(2) To determine the authenticity of the accredited generalist programs it is recommended that a systematic evaluation of generalist program objectives be examined in conjunction with their curriculum objectives against the definition of elements presented in this study.

(3) To determine an appropriate curriculum for the generalist practitioner it is recommended that the elements identified in this study be operationalized in terms of curriculum objectives.

(4) To determine the need for a generalist practitioner it is recommended that further studies be undertaken in the practice component examining:

a) the generalist approach against other practice modalities.

b) the generalist approach in relation to different problem areas.

c) the generalist approach in relation to different sizes of client units.
(5) To determine the functioning and feasibility of
the generalist practitioner with a practice setting, it is
recommended that a study be conducted determining the needs
of the agencies where generalists are employed and further
evaluate these needs against the historical problems
identified in this study.

(6) To avoid the dichotomizing that has typically
evolved with each new development throughout the history
of social work it is recommended that active research be
undertaken on a continuous basis; research able to be
initiated and available to both the practice and education
component. This center should provide the avenue for open
communication between both segments and should be responsive
to the needs of both.
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VITAE AUCTORIS

Hetty J. Tuls was born in Toronto, Ontario on February 9, 1955. She attended school in Orangeville, Ontario graduating from grade 13 in 1974. She enrolled at Calvin College in Grand Rapids, Michigan, where she completed one year in the faculty of science. In 1975 she entered the School of Social Work at Lakehead University in Thunder Bay, Ontario. The following year she transferred to the University of Windsor, School of Social Work. She received her Bachelor of Psychology in October 1978 and her Bachelor of Social Work in June 1979.

Upon graduation Hetty Tuls was employed by Windsor Western Hospital Centre, I.O.D.E. Unit and later with Riverview Unit.

In 1980, Hetty Tuls was accepted into the Master of Social Work program at the University of Windsor.

Ms. Tuls resumed employment with Windsor Western Hospital Centre – Riverview Unit on September 21, 1981. The expected date of graduation is October, 1982.