Advancing Social Work Practice in the Health Care Field

Emerging Issues and New Perspectives

Gary Rosenberg and
Helen Rehr Dsw

ROUTLEDGE

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ABOUT THE EDITORS

Gary Rosenberg, PhD, is Associate Professor of Community Medicine (Social Work) at the Mount Sinai School of Medicine, Director of the Department of Social Work Services at the Mount Sinai Hospital, and Vice-President of Human Resources of the Mount Sinai Medical Center. Dr. Rosenberg has published two previous books, *Social Work in Mental Health* and *Social Work with Groups in Health Settings*, coauthored with Dr. Abraham Lurie. He has written numerous articles for professional publications and books. He has received wide recognition for his work as a clinician, manager, and educator, including receiving the Distinguished Alumni Award of Adelphi University and being elected to the Hunter College Hall of Fame.

Helen Rehr, DSW, is the Edith J. Baerwald Professor of Community Medicine (Social Work), Director of the Division of Social Work Continuing Education, Director of the Murray M. Rosenberg Applied Social Work Research Center, and Co-Principal Investigator of the Brookdale Social–Health Center for the Aging, all of the Mount Sinai School of Medicine, City University of New York. She also serves as Special Assistant to the Executive Vice-President, representing the hospital in its work with the community. She holds a Clinical Professorship at the Brookdale Center for the Aging at Hunter College, is Adjunct Professor at the Hunter College School of Social Work, and has served in a number of visiting professorships including the Kenneth L. Pray post at the University of Pennsylvania. Dr. Rehr, who is a clinician, educator, and researcher, has written extensively for professional journals and has brought out several books on health-oriented social work practice, the most recent of which are *Professional Accountability for Social Work*, *In the Patient's Interest*, coauthored with Mildred Malick, and *Social Work Issues in Health Care*, coauthored with Rosalind S. Miller. She has been honored by admission to the Hunter College Hall of Fame and is a recipient of the Ida M. Cannon Award for the Society for Hospital Social Work Directors of the American Hospital Association.

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Gary Rosenberg, PhD
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CONTRIBUTORS

Claire Bennett, MSW, is Preceptor, Department of Social Work Services, The Mount Sinai Hospital, New York, New York.

Neil F. Bracht, MA, MPH, is Professor and Director, School of Social Work, and Professor, School of Public Health, University of Minnesota, Minneapolis.

Barbara Brenner, MSW, is Program Coordinator for Management, Department of Social Work Services, The Mount Sinai Hospital, New York, New York.

Nancy Cincotta, MSW, is a Social Worker, Department of Social Work Services, The Mount Sinai Hospital, New York.

Leslie Cloward, MSW, MPH, is a Social Worker, Department of Social Work Services, The Mount Sinai Hospital, New York.

Bess Dana, MSSA, is Professor, Community Medicine, and Director, Education Unit, of Mount Sinai School of Medicine, City University of New York, New York.

Laura Epstein is Visiting Professor, Faculty of Social Work, Wilfred Laurier University, Waterloo, Ontario, Canada and Professor, School of Social Service Administration, The University of Chicago, Chicago, Illinois.

Trude Gruber, MS, is Preceptor, Department of Social Work Services, The Mount Sinai Hospital and Teaching Associate, Department of Community Medicine (Social Work), Mount Sinai School of Medicine, City University of New York, New York.

Rosalie A. Kane, DSW, is a Social Scientist, The Rand Corporation, Santa Monica, California, and Lecturer at UCLA School of Social Welfare.

Michael Katch, MSW, is a Social Worker, at the Department of Social Work Services, The Mount Sinai Hospital, New York, New York.

Phyllis Mervis, MSW, is Preceptor, Department of Social Work Services, The Mount Sinai Hospital, and Teaching Associate, Department of Community Medicine (Social Work), Mount Sinai School of Medicine, City University of New York, New York.

Barbara J. Morrison, DSW, is Co-Director of the Murray M. Rosenberg Applied Social Work Research Center, Mount Sinai Medical Center, New York, New York.

Helen Northen, PhD, is Professor of Social Work, University of Southern California, School of Social Work, Los Angeles, California.

Helen Rehr, DSW, is Edith J. Baerwald Professor of Community Medicine (Social Work), at Mount Sinai School of Medicine, City University of New York, New York.

Gary Rosenberg, PhD, is Director, Department of Social Work Services, The Mount Sinai Hospital and Associate Professor, Department of Community Medicine (Social Work), Mount Sinai School of Medicine, City University of New York and Vice-President, Human Resources, Mount Sinai Medical Center, New York, New York.

Lois Shein, MSW, is Program Coordinator, Department of Social Work Services, The Mount Sinai Hospital, New York, New York.

Marsha Silverton, MSW, is a Social Worker, Department of Social Work Services, The Mount Sinai Hospital, New York, New York.

Virginia Walther, MSW, is Program Coordinator, Department of Social Work Services, The Mount Sinai Hospital, New York, New York.

John Wax, MSW, is Chief, Social Work Services, Veterans Administration Hospital, Palo Alto, California.

Alma T. Young, EdD, is Associate Director, Department of Social Work Services, The Mount Sinai Hospital and Assistant Professor Department of Community Medicine (Social Work), Mount Sinai School of Medicine, City University of New York, New York.

PREFACE

Is social work in health care advancing or is it struggling for survival? A series of Grand Rounds commemorating the seventy-fifth anniversary of social work at the Mount Sinai Hospital in New York provided the forum for a review of social work issues today and the current state of the art. Twenty-five years ago, the Department of Social Work Services similarly punctuated its fiftieth anniversary with a review of its present and future. At that time, the administration of a practice-oriented department with a concentration on the individual and his family sought to secure a major foothold in the institution so it could affect its social–health policy. Today, focusing on the quality of care to individuals, families, and groups, the department has a place in the medical center at the management level, on the Medical Board, in the Medical School, and as the institutional representative in the community. With its academic Division of Social Work located in the medical school, social work participates in the education of the social and health care professions as well as in research under the auspices of the Murray M. Rosenberg Applied Social Work Research Center.

The Mount Sinai Hospital Department of Social Work Services wanted to pay tribute to three-quarters of a century of social services by looking at where it is today and to speculate on where it and social work in health might be going. The department commissioned papers from leading experts in the field of social work. The interest was to step back from day-to-day operations and to let in other points of view. Where were the field's leaders in their thinking today? How would a concerned staff respond to the issues they raised in the light of their own practice in the service programs at Mount Sinai?

The plan for the series of Seventy-Fifth Anniversary Grand Rounds set aside six afternoons, one in each of six consecutive months in the 1980–1981 educational year, during which the staff would join in an exchange on subjects that concerned them. The number of issues were limited only by time constraints. The plan was to invite six specially selected guest speakers, each of whom would be a "visiting professor" for a day. Each was commissioned to prepare an original paper in the given subject.

Responses prepared by two staff members followed each presentation. The visiting speaker met with the department's management, educational staff, and the commentator staff for some give and take on the subject prior to the Grand Rounds

presentation to the entire staff. The value of this preliminary exchange was that it allowed the speaker, the respondents, and key administrative staff to hear each other's interests and biases, and it allowed the actors to add or subtract from their planned talks. The formal presentation and commentaries were held following lunch, and a question period concluded the talk. A short social reception was next, allowing for some informal talk about ideas and opinions evoked. Then a working seminar followed for those who wished to exchange thoughts with the visiting speaker and with each other; here the subject was pushed to its outer limits.

The speakers presented a range of ideas, including current stances and beliefs and projections of what they thought social work practice would be in the future. Some of the papers included comprehensive reading lists and paradigmatic outlines to underpin the speakers' beliefs. Others reflected their integration of readings and experience. The respondents drew from their own everyday experience at Mount Sinai, from exchanges of ideas with peers, and from the literature. The questions and comments from the floor added or teased out other points. It was in the workshops that the interaction between leaders and staff became more informal, participatory, and invested. The fit of current practice and harbingers of the future were tested against the speaker's perceptions. The pulls, tugs, and proddings facing speakers and practitioners made for a lively dialogue. They grappled, differed, and agreed. In all, the staff was responsive and excited by learning how much their practice reflected the current perceptions. Ideas were advanced to improve services and to reach persons in need and unserved.

In this Seventy-Fifth Anniversary Grand Rounds, social work at Mount Sinai Medical Center brought together social work educators and practitioners to learn from each other. All recognized the need to tease out the components of skilled practice and to project a direction for tomorrow. Social work education and practice need joint deliberations if creative education and enhanced practice are to emerge. To sustain quality, practitioners need more than a one-time educational encounter with quality educators. Continuing education is a basic requirement for both practitioner and educator in the real world of social health needs and problem-resolution. If reproducibility is a goal of professionalism, then teaching will have to conceptualize needs and services in terms of definitions, criteria, and units of service. Problems-to-contracts-to-outcomes is one approach, although further methods and studies would be helpful. However, educators will have to get closer to practice in order to teach it, and agencies will have to open up their services to study. Research principles and methodology were acknowledged as critically important to practitioners. They want to do the studies or to have a major part in them. In all, the clinical relationship to knowledge-building was seen as paramount, pivotal, and crucial in the enhancement of practice and social service programs.

In the introduction, Dr. Rehr has culled from the paper some of the critical points to set the premises for the reader, adding her agreements and differences. The chapters that follow are the collection of the original papers, which address some of the key issues facing today's social work practitioners in health settings. Bess

Dana (Chapter 2) makes the social work and community medicine connection. She wants social work to go beyond the diagnosis and treatment of the person-in-environment situation to address the needs of targeted groups of people for health promotion, maintenance, and service. Neil Bracht (Chapter 3) looks at education for social work in health and says it will not do for tomorrow's social–health services. Illness, disease, and disorders will continue to be with us; however, he projects a future for social work in health that is innovative and calls for flexibility and inventiveness. Education must prepare the next generation of social workers to move not only with medical changes but to make them as well. Rosalie Kane (Chapter 4) says the enhancement of clinical programs can be secured only if social workers join in knowledge-building. She urges practitioners to follow their own interests and to use their own workplaces for posing the questions they want answered. Bridging the scientific and the clinical communities is essential for the enrichment of both sectors. Laura Epstein (Chapter 5) offers task-centered casework as the most viable instrument for social workers in health settings. Tackling the pros, cons, and the value conflicts, Epstein gives credence to what so many health social workers have translated into a problem-to-contract-to-resolution approach to helping people who are sick. Helen Northen (Chapter 6) sets down a comprehensive statement dealing with group services, drawing on their historical roots and their value in health settings. Her belief in the group process as a socializing instrument is strong, and she places before all of us in the health field the need to develop the skills to offer to individuals or families (and to staff) group services in planned and institutionally supported ways. John Wax (Chapter 7) draws on his clinical skills to make a case for creative and quality administration of social work services in health care. Drawing on his longtime professional experiences as a practitioner and administrator, he suggests that social workers who hold professional values can make important waves in developing quality services to people in need and waves in their relationships with their administrators. Gary Rosenberg (Chapter 8) concludes the book by projecting the advances of social work practice in health settings for tomorrow. He draws on the critical content of each of the authors of this book and places social work securely in the future arena of social–health care.

The authors of this book delineate their subjects as they see them, drawing on the present and projecting into the future. Each sets down a scholarly and informed statement, outlining the pros and cons of his arguments to help the profession know what it faces. In addition, most have supported their opinions by comprehensive references for the reader to search out in greater depth any point he or she wishes.

While our primary intent was to address the enhancement of practice, it becomes evident to the reader that issues of policy, planning, research, and administration are as influential to clinical endeavors as any discussion of modalities and practice knowledge. The commissioned papers represented the opinions of the authors; the commentaries represented the points of view of practitioners at Mount Sinai. It was not intended that this compendium of papers and commentaries could com-

prehensively cover all the issues, nor is it an encyclopedia of all the subjects the field must face. Rather, the papers reflect issues with which a large number of practitioners are concerned. Hopefully they will serve as a first in a series of seminal papers and commentaries.

The book reflects today's state of the art in selected areas and should serve as an information source not only for practitioners and administrators, but also for educators who are committed to enhancing the social work services and the quality of social health care. The editors' expectation is that those who read this book will deliberate on the issues and will concern themselves with the clinical, research, and educational needs that social work faces today. In spite of hard times ahead, a positive view of social work's contribution to health care is expressed with conviction. Yes, there are differences in what professionals see for social work in health by the end of this decade, but there is no question that social work will be active in the social health care of the future.

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INTRODUCTION: POSING THE ISSUES

Helen Rehr, DSW

The times are inhospitable now, and they will remain so in the near future for the social services, for social welfare, and for social health policy. The next five years, and perhaps the entire decade of the 1980s, will be years of major constraints, certainly of conservative and perhaps regressive social health policies. It is true that we have seen a progressive and conservative ebb and flow over time in which we have lost some social programs and gained others. If we think back, we are aware that history has shown uphill but steady advances in this country's social philosophy. The climate of today is at best that of a steady state of fiscal constraint and no change. History, however, has demonstrated that neither "no change" nor "regressive" policies are compatible for long with the public's underlying belief in American social democracy.

This, then, becomes the time for stock-taking. Where and under what auspices will social work practice? Where should social work in health care place its emphasis? Should it concentrate on enhancing services to individuals through a range of modalities? Should it concentrate on social health policy and planning of services for targeted populations? Should it review present institutional arrangements in the way they reach out to and serve those in need? Are these issues in conflict? Are they reconcilable? The old social work dilemma resurfaces but with new and fresh perspectives.

SOCIAL EPIDEMIOLOGY

Bess Dana poses the key issue of the contribution of social epidemiology to social work practice in Chapter 2 of our book, "The Social Work–Community Medicine Connection." Epidemiology is community medicine's contribution to medicine's way of studying the occurrence of disease in populations and in communities. Social epidemiology can offer social work the means to uncover a population's and/or a community's social health needs, its social diseases and disorders. With this approach, social work could direct its efforts more effectively not only in the formulation or policy planning but also in the projection of needed services.

In introducing community medicine's potential for use by social work, Dana likens its present-day relevance to the impetus that psychiatry gave to a social work in the past. Drawing on community medicine approaches can expand social work practice and its educational bases. Augmenting the clinical case problem-resolution emphasis, community medicine emphasizes problem-identification and -solving for population groups. Dana's emphasis is on health maintenance and on responsibilities that the health care establishment needs to assume. She sees the need to address wellness rather than disease.

Community medicine has two major functions: the promotion and the protection of the public's health and the identification and solution of health problems in population groups. These can be likened to social work's social planning and action functions. Community medicine underpins the biological sciences and draws on a multifacted interdisciplinary and interprofessional faculty, who represent the social, behavioral, and environmental sciences. Essentially, its focus is on the person-made social and health problems in the environment. In addition, biopsychosocial teachings are directed toward affecting the clinical attitudes and behaviors of tomorrow's physicians. Community medicine's formulations in promoting the community's health include evaluation of existing programs and planning for changes. The philosophy that guides community medicine is that it serves as the catalyst among a number of constituencies, consumers, providers, and others in promoting synergistic approaches to solving problems. One of the challenges to social work is that it sometimes appears as if it has lost its social mission. Its major concentration has been on the sick patient in a hospital-based practice; it has focused on the impact of illness and hospitalization on the individual and his family. Dana credits the growth of quality social services and the development of high-social-risk screening and case-finding programs but claims that social work has remained tied to the medical model of care, in this way safeguarding its place in the medical care system. This has meant that in its programs, social work may have been serving providers' needs first and those of consumers second.

In spite of the growth of its programs in health care, social work has had no major influence on health promotion, on health maintenance, on prevention, or on the development of new programs to meet needs evidenced by given populations. Implied in Dana's projections is that social work will have to go outside its institutional base into the social environments that affect people. Whether institutional services are meeting needs is a question that requires assessment. Emphases now largely placed on secondary and tertiary care probably will have to be extended to include primary care and primary prevention.

Can a profession that has placed its major efforts in health care on clinical enterprises and that has demonstrated its effectiveness in direct social services to individuals, families, and small groups take on a totally new function? Can social work, which has served individuals and small groups, assume a target population approach without losing its clinical expertise? Why should social work not continue to do what it does best? Can social work take responsibility for all the social-

health problems we see in this country? Can it be all things to all people? The conflict, one of long standing in social work, is raised again by the introduction of the social epidemiology connection to social work. We are reminded of the Flexner Report on the state of medicine over seventy years ago, which resulted in the separation of the public health from medicine.

Where should social work place its major emphases: on the individual good (needs- or service-oriented) or on the public good (policy- and planning-oriented)? If social work concenrates on one, does the other get lost? Is this polarization inevitable? Dana needs to be read for her point of view which reconciles the clinical and the social epidemiological approaches into a partnership congruent with social work's goals and values.

EDUCATION FOR SOCIAL WORK PRACTICE

Is social work education adequately preparing the graduate for practice? Is the emphasis on the generic social worker valid for social work practice in health care? How closely related is academic social work to the field of practice? These are the issues that underlie Neil Bracht's writings in Chapter 3, "Preparing New Generations of Social Workers for Practice in Health Settings."

In the last twenty years, a burst of new medical and social support services have developed that are relatively specialized in knowledge and in concentration. Almost all of these new programs have introduced a social work component in their services. We find new programs in perinatology, renal dialysis and transplant, health maintenance organizations, care of the developmentally disabled as well as the physically handicapped, in primary care, and in emergency medicine. There are also specialized services for patients with multiple sclerosis, amyotrophic lateral sclerosis, myasthenia gravis, and cystic fibrosis, for example. Social work is practicing in neighborhood health centers and in community outreach programs. Institutional delivery problems have brought social work into patient representative, ombudsman, and advocacy programs. Self-help groups, home health support services, long-term care programs, and services aimed at substance abuse, physical abuse, and sexual abuse have also drawn on social work for input. We are still active in the old working arenas of the hospital and clinic and still make adaptations to the fragmentation and discontinuities that persist in these settings. But advances suggest that social work will need to become ready for the future forms of practice presaged by the newer programs. Education today deals with the old and not with the new; changes are vitally needed in our educational curricula.

In his Health Belief Model, Bracht makes an exciting projection, which attempts to reconcile current needs at both the preventive and the clinical levels of care. Affluent and impoverished Americans face the same range of social health disorders, and these require new approaches in health promotion as well as in service delivery. Some of these are caused by emphysema, heart disease, certain liver disorders, hypertension, mental health problems, accidents, violence, and drug

abuse. Most are caused by life-style disorders emanating from social, physical, psychological, and environmental risk factors. Studies and demonstrations indicate that groups can modify behaviors and reduce risk factors. The elimination of smoking and the reduction of stress are two such risk-prevention factors. Educators in formal medicine, public health, or the allied health care professions have yet come to tap the potential of the Health Belief Model or of the role of specialized social health services. Like Dana, Bracht uses a biopsychosocial frame of reference, which addresses health promotion as well as the clinical diagnosis and treatment of the individual. The skills that require development deal with enhancing motivation for self-responsibility for one's own health maintenance and disease control. An illness-prevention and health-promotion focus is a natural one for social work concentration. Social work is well prepared in understanding the risk factors relevant to social health diseases; the understanding of the etiology of behaviors and attitudes is part of its armamentarium. It has developed skills in securing involvement of consumer groups. The use of group and self-help methods as well as community education programs may be ways of securing individuals' investment in their own change behaviors.

Citing the many changes in health care and noting what he believes the future emphases will be, Bracht makes a strong case for educational specialization in health care social work. However, the worry is whether an alliance between field and academia can be achieved. Many leaders of existing social agencies are concerned that change may disrupt their programs. Yet if experimental programs are not developed, it will be difficult to project the development of a new generation of social workers with needed skills. Similarly, if academicians are not exposed to the burst of new social work endeavors in health care, the educational emphasis will remain on the old. What is needed is joint planning by the field and school for the education of tomorrow's social health workers. Planners need to define new curricular content and the hows of implementation. How do we prepare a worker to achieve the multifaceted and flexible skills necessary to contribute to new programs and to invent them? Does generic social work lend itself to these requirements? Or is the social work health specialist essential? Bracht poses ways to reconcile education and practice, to modify their discrepancies while creating a specialist in health care who has the necessary flexibility and inventiveness, who is prepared for a pluralistic health care system, for working collaboratively with other health care professions, and who can use social epidemiological as well as evaluation techniques.

KNOWLEDGE-BUILDING FOR PRACTICE

Should a practitioner be expected to become sufficiently knowledgeable to assume evaluation and study functions? Practitioners have been troubled by the separation of the service and study processes, which leaves them to the mercy of re-

searchers, who often find social work interventions inadequate and nonproductive. Studies are often undertaken by sociologists who have little or no understanding of the nuances or the intricacies of practice interventions and who fault social work for its lack of clinical rigor. When findings tend to denigrate their work, it is not surprising that social workers eschew involvement in social research. Does the social work practitioner have the responsibility for assuming a role in knowledge-building? Rosalie Kane (Chapter 4) avoids the term "research" in her title for the reasons noted and also because clinicians do not see its connection with the "art" of practice. Identifying the locus of practice for the health care social worker as the arena where clinical questions should be raised, Kane offers the strongest inducement to date for the practitioner's investment in studies. The workers' interests should determine the direction of knowledge-building efforts. If workers could learn to pose the questions arising from their primary practice interests, this step would spur their motivation to seek the information and facts needed to answer the questions.

What questions evoke the most interest for social workers in health care? Most frequently their quest is for clearer understanding of the psychosocial etiology of physical and mental health problems, of the criteria for use of specific treatment modalities, and of the effectiveness of social work interventions. Do these questions lend themselves to study? Would such knowledge be helpful? Social workers are specifically trained and particularly expert in making observations. Observations are the first step in the evaluation of studies. They are the bread and butter of practice for all social workers, which help them speculate about the possible patterns in one case or in a series. Getting the facts and establishing the relationships among them help social workers to look for explanations of what they have observed. If their observations can be explained, then social workers are on their way toward making predictions. Predictions are the rationale of any social worker's interventions. Are we prepared to take the risk of making them explicit? Clinical social work is based on history-taking and assessment. Social workers test their speculations as they deliver services. Kane shows practitioners the many ways to become involved in self-study and how to join with social work researchers but retain a major piece of the study action.

Kane offers exciting suggestions to social work educators about their analyses of data, which could be useful to social work practice. She believes that practioners could then draw on these projections to test their practice against existing ideas. She opens up a wide avenue of questions where answers would affect social service programming and delivery. Social workers in health settings are especially well placed to answer some issues through their work with clients with a broad variety of illnesses. Their work with other health care professionals opens other opportunities to learn what happens to groups who have given disorders and receive specialized treatments. Applied studies of their own caseloads could be broadened to include groups who do not receive social work services in order to accentuate a social epidemiological approach. The exciting by-product of engaging in study