ADDRESS TO THE STATEWIDE MEMBERSHIP OF THE FLORIDA SOCIETY FOR CLINICAL SOCIAL WORK, TAMPA, JANUARY 17, 1976

Let me welcome you in a spirit of Fellowship to our meeting at a time which I view as critical for our profession and for the many human beings who turn to us at times of stress for help. At no time in my many years of professional experience have I viewed the professional scene so pessimistically. We are faced with a crisis often unnoticed, unspoken and frequently denied. I recently came across an article in Harpers, 1957, entitled "Social Work: A Profession Chasing its Tail," and it seems to me that the description then holds true now, only more so.

For many years we have witnessed the quiet deterioration and, more recently with increasing momentum, the vanishing of our profession. Unfortunately, the person with the need, the consumer, is not the one in power and with influence. He is the vulnerable one, struggling sometimes against great odds to meet the pressures of daily living. Agencies, where most of us are working and have worked, are not accountable to the client, the consumer. The Board Member, rarely if ever the client, does not know the quality of service and conditions.

Positions are being filled in both private and public agencies with untrained people where formerly an MSW was a minimum requirement. People with external degrees, people from guidance, vocational rehabilitation, teachers, nurses, hospital administrators, ex-alcoholics, ex-drug addicts, BSW's, and people indigenous to the area are taking the place of MSW's without regard for our special knowledge, skills, and discipline. Agency after agency is eliminating MSW as a requirement and in some places an MSW is a distinct liability. MSW's are unemployed, unable to find jobs for long periods of time; this is true for both new and experienced ones. Cutbacks have reached into the ranks at all levels. The newest trend has been for MSW's to volunteer their services to agencies-without salary—and new and experienced practitioners have done this because they could not get jobs and did not need income.

Yet, applications to schools of social work have continued and schools of social work are encouraging students to enter training programs. Schools of social work have lowered their standards, reduced time to one year for an MSW, and frequently curricula leave a great deal to be desired. The schools' concerns seem to be to get students and money, and not to secure a responsible profession. Graduates are turned out with great rapidity and many schools have established unabashedly BSW and AA programs with all kinds of rationale. They seem to bear no responsibility for accepting people into their programs knowing that there is serious unemploy-
ment, nor to the public at large, when they obscure the differences among MSW's, BSW's, and AA's. A lot could be said too in terms of the role professional organizations have played in all of this.

Social work agencies also seem to carry little responsibility to the community of people seeking help when they delegate responsibility to staff ill-equipped to help people deal with serious personal and family problems, not because they are lacking good will, but training and experience. The charity dollar seems to exist primarily for those with vested interest in the perpetuation of the institution called the "Agency." The cost of agency and institutional services is exorbitant and that is not due to the clinical social workers' salaries but to administrative costs, red tape, and waste. Better service, offering the consumer choices, respecting his privacy and integrity, could be delivered by well trained and experienced clinicians in the private sector and by contract for much less money.

The art and skills which were ours are no longer associated with us and identified as clinical social work but have been taken over by psychiatry and psychology. They created a bandwagon and we became disciples. They received acceptance and acclaim for family therapy, group therapy, the focus on the relationship, the use of the here and now, to mention a few. Do not misunderstand me, I am not saying we have a monopoly on skills and knowledge of how to help people. But ours is a respectable, unique, and competent profession which is being obliterated. Just this week on a nationwide TV program there was an interview with a psychiatrist from New York who spoke of family therapy as being two or three years old!

As we struggled with our own self-doubts and took on the mantle of agencies and supervision, we failed to protect ourselves and in turn the large group of the community who could use and would use our services. We accepted the agencies and lay boards determining what services we offered, what our roles were, what was ethical etc.—decisions which we should have shouldered ourselves as professionals. We gave up our freedom, tyrannized ourselves, discouraged and often condemned those who tried to break away and do something on their own. We referred to psychiatrists but not to our own colleagues in private practice. Now we are caught between the unqualified who downgrade our image and accuse us scornfully of acting "elite" and the other professionals, doctors, lawyers, psychologists, who in protecting themselves and their interests, experience us as a threat, minimize and discredit what we are able to do. Too often, we are in a defensive position. The Texas Society dealt with it by changing their name, dissociating themselves from social work, and getting through a law licensing social psychotherapists.

This is the plight of clinical social work as I see it today—do we see it as an opportunity to meet the challenge or do we succumb? Can we use our energies to reverse the rapid downward trend? Are we ready to take some of the controls for our professional destiny out of the hands of agencies, schools, administrations, and institutions and put it into the hands of practitioners? Are we ready to learn not to restrict ourselves but to establish "clout," independence, and a firm identity? What can we put into motion? Nothing comes easily, and it would require real work and diligence.

First the profession must actively support a life-long career concept for the clinical practitioner. No profession can survive without a place for topnotch practitioners. We need to revive some of the earliest principles in social work which may still be mouthed but frequently overlooked and not translated into practice—freedom of choice, respect for the individual, client, and practitioner, and responsibility. We need to regain our courage to speak up and out and to allow a receptivity to difference. We need to find ways in which people looking for help get to reputable and