

Generalist Practice: Past, Present, and Future
Michael A. Dover, BSW, MSSW, Ph.D.
DRAFT THREE
2023

Introduction

This article discusses a way of understanding generalist and advanced generalist practice (AGP) as a method of social work practice which is uniquely positioned to enable social workers to work with people and communities to address our common human needs in our culturally preferred manner and to overcome the systematic inequality in opportunities to do so which are imposed by unjust social systems such as oppression, dehumanization and exploitation.

The textbook *Generalist Social Work Practice* (2009) states that social work values seeing people holistically in terms of how we go about addressing our common human needs in our culturally chosen manner and how we pursue our unique desires and aspirations. The text properly juxtaposes the needs and wants of clients and communities to transactions between persons and their environments. However, continued conceptual clarification – within peer-reviewed journals -- of the nature of generalist practice is called for.

This article concludes that generalist practice and advanced generalist practice are important methods of social work practice in their own right and can and should stand alongside other methods of social work practice (such as clinical social work, social administration, community organization) in the social work of the future. In order to illustrate how generalist and advanced generalist practice are methods uniquely situated to support and enhance the empowerment of people and communities to address our human needs, this article draw on emerging theories of human need (Author, 2016b).

In order to make that case, the article, in turn, discusses (1) the past of Generalist Practice, namely how the methods of generalist practice and advanced generalist practice evolved historically, (2) the recent of generalist practice, or how to understand generalist practice and advanced generalist practice in relation to clinical social work with individuals, families and groups, (3) the future of Generalist Practice, including initial suggestions for how to infuse generalist practice with conceptual frameworks from theories of human need, theories of injustice, ecosystems theory and empowerment theory.

Why engage such questions? As social workers and as a profession, we work along with clients and communities for micro level changes in how individuals, families and groups seek to adapt to the existing environment and well as for macro level changes in the organizational, community and broader social environment. Like other helping professions, including psychology and psychiatry, we work with clients who seek services related to the assessment and treatment of mental health and substance abuse disorders? But in addition, while other professions focus primarily on intervening with either the individual or environment, social work has consistently claimed that our profession has a unique approach and a unique point of

intervention.

Arguably, the unique point of intervention for the profession of social work is at the intersection of the individual and the individual's social environment. This is perhaps why social work has historically had 1/5 of its curriculum related to human behavior in the social environment.

But what is it that happens at that intersection? Arguably, it is at that intersection that we seek to address our human needs and desires. In the section on generalist practice of the future, I'll expand on that. But it helps to review some of what early theorists of social work said about this. Briar and Miller pointed out that although most of the time caseworkers intervened at three "levels of intervention," namely the individual, interpersonal relationships and the family as a whole (1971, p. 186), irrespective of whether the client was an individual, a couple or a family. However, they pointed out: "...the *target* of the intervention may be not the person but some part of his social world" (p. 186). Accordingly, sometimes the worker is a therapist, other times a problem solver, a counselor, a broker between client and the external environment, an advocate, or even a social reformer.

The roots of such an approach were, however, in a much more integrated and holistic conceptualization of social work practice, that of Gordon Hamilton's *Theory and Practice of Social Case Work* (Hamilton, 1951). For Hamilton, although she continued to view Freudian theory as the foundation for effective helping, what distinguished social work from psychoanalysis was that social work is "always attuned to the concept of the psychosocial event, constantly finds new perspective and therapeutic opportunity for its traditional role of helping persons in their living experience" (p. v). What was the essence of this unit of analysis, the psychosocial event? She argued that the "human event consists of person and situation, or subjective and objective reality, which **constantly** interact..." (p. 3, present emphasis.) She explained that the human being is a bio-social organism and therefore the process of treatment is a psychosocial process itself. As Bertha Capen Reynolds (1951) would insist, there is no simple divide between social work and social living. Seen in this manner, part of our lives as both social workers and clients is our time spent with each other constituting a complex series of psychosocial events which themselves are oriented towards enabling the client to re-enter into their own subsequent chains of psychosocial events with reinvigorated understanding, determination, effectiveness. In the trio of terms used by both self-determination theory and the early work of Carel German, the client's autonomy, relatedness and competence needs would have been enhanced and they would be able to enter into the **constant** psychosocial events they faced daily at the intersection of the individual and the social environment.

The helping relationship was in a supportive situational space which supported the client's needs in a way that enabled the client to address their needs in a less supportive situational space. Hamilton's focus on human needs and their radical implications was explicit. As she pointed out, "When one says that human needs should be met, not ignored frustrated or violated," and when one recognizes our human interdependence, our human rights, including our rights to control our own lives and pursue happiness and our spiritual goals, Hamilton concluded that one had adopted a social work which was oriented to rectifying the reality of economic and intercultural

injustice. Accordingly, “Social work, whether one calls it ‘welfare’ or by the old term ‘philanthropy’ is essentially radical in its objectives” (Hamilton, 1951, p. 10). The social worker, Hamilton wrote, “...is committed to strive for a world in which social and economic security and social relationships are as complete and satisfying as possible” (p. 11).

For Hamilton, applied social science required a moral foundation in humanistic philosophy. Accordingly, after reviewing the myriad social and behavioral problems for which social work assistance is sought by individuals or to which society assigned the social work profession to address, Hamilton created a typology which sought to answer the question, “What kinds of problems and needs are within the field of social work, and through what methods does social work organize itself to address them?” (p. 11). These were economic and physical well-being on the one hand, and opportunities for social growth and understanding on the other hand. Seen in terms of modern theory of human need, these can be seen as health and autonomy (Doyal & Gough, 1991). Hamilton, however, recognized that while all professions may profess to address both of these, to some extent, “there is little doubt that social work occupies a peculiarly inclusive position with regard to both, since the factors in economic and cultural security and individual behavior are interwoven. It is this integration which consistently has shaped social work and given it its distinguishable if not wholly distinctive pattern...” (p. 12). However, Hamilton also concluded: “Integration takes place on the basis of differentiated function” (p. 12), pointing out that social progress depends on people who are both “case-minded” and “mass minded.” By this she meant the reality of different methods of social work practice. In delineating them, Hamilton also explicitly drew on a conceptualization of needs, pointing out (p. 14): “There are mass needs and mass solutions, community needs and community solutions, group needs and group solutions, individual needs and individual solutions.” These required “three distinctive methods,” namely social case work, social group work, and a combination of social action (aimed at social reform and social planning for truly mass needs) and community organization (aimed at community and neighborhood solutions).

Despite her earlier more holistic concern with how social work as a profession needed to intervene at the intersection of the individual and the social environment, Hamilton’s method of social case work relied on a psychosocial conceptualization mainly in order to inform diagnosis, the establishment of relationship, the carrying out of interviews, and marshalling of necessary social resources, and the fulfillment of the unique purposes of the agency where the social work took place. As much as she defended the integrity of the psychosocial process, and merely acknowledged the growing influence of the functional casework approach, which stressed the purposes of the agency, for Hamilton the social case worker was ultimately case minded, the group worker was group minded, the community organizer was community minded, and the social planner was concerned with the larger picture.

But first I want to provide one example of the growing discourse in social work on how to bring the question of human needs back into the theorization of social work practice.

In an important recent article in *Families and Society*, titled “Common Human Needs, Uncommon Solutions: Applying a Critical Framework to Perspectives on Human Behavior,”

Jani and Reisch (2011) contended that social workers should view client behavior as varying within a wide range of normal adaption to a dynamic social environment, thus avoiding static assumptions about individuals and their environments. The authors contended that despite increased attention to cultural diversity in recent decades, social work's theories of human behavior have not challenged longstanding problematic assumptions about the nature of common human needs. Starting from what they saw as a century of person-in-environment thinking, their TIME model recognized that people have similar life tasks but seek to address them via varying approaches, which they felt can be understood using postmodern critical theory and macrosociological theory in tandem. Jani and Reisch concluded that there are six common human needs: (1) intimacy within some set of significant relationships, (2) the chance to develop and express creativity, (3) opportunities for learning and growing psychologically, emotionally and intellectually, (4) leisure and work together with peers, (5) adequate levels of material support, and (6) work that can satisfy psychological, social and economic needs. However, they didn't see these needs as linear or in any kind of hierarchy, nor as unrelated to each other.

Given social work's commitment both to the empowerment and flourishing of individuals and to the promotion of social justice and opposition to injustice, what is the role of generalist practice, past, present, and future, working with clients and communities at the intersection of the individual and the social environment? One implication of the Jani and Reisch article is that we need to recognize the explicit role of generalist practice in working with clients and communities to articulate and address our common human needs and how diverse communities prioritize meeting them in various culturally preferred manners. Doing so would help social work as a profession answer a very important question recently asked by the needs-centered ethicist and philosopher Gillian Brock (Brock, 2009, p. 900): "What is it to enable someone to meet a need?"

Brock contended that sometimes we should focus on a person's capacities, sometimes on people's opportunities, and sometimes on external structures and the environment. Let's come back to this very important typology when we return to a discussion of the generalist practice of the present and future. But first, history matters. The next section discussed the history of generalist practice.

The Past of Generalist Practice

It should be pointed out that until the explicit development of generalist practice, whose roots are in the Practice, Programming and Supervision track at Columbia University in the late 1970s and the generalist curriculum project at the University of Chicago (Westbury, Simon, & Korbelik, 1973), it is help to review a related concept, namely what is generic to social work practice (discuss).

Also, above there was a discussion of the psychosocial approach of Hamilton, which the only widely used alternative to generalist practice as of the mid-1970s, the exceptions being the behavioral models and the functional school. All of these models, however, required practitioners with advanced degree, or so I would argue. In other words, with the possible exception of Naomi Brill's *Working with People: The Helping Process*, there were few textbooks

as of the 1970s that supported truly professional practice at the undergraduate level or which fully conceptualized advanced generalist practice.

First, I'll briefly discuss the history of the guidelines and objectives of the professional accrediting organization (now the Council on Social Work Education) towards undergraduate programs in social welfare, then the actual course of development of undergraduate programs from the thirties to the sixties, until the founding of some of the very first accredited programs including Buffalo State. I may not have time to go through all of this, but want to cover it in order to make an important point: social work practice education at the undergraduate level – namely generalist practice - was and is still is not to this day given the kind of respect it deserves as part of the continuum not just to clinical social work, social administration and community organizing, but to the four major advanced method specialization: advanced generalist practice.

In 1945, the Committee of Preprofessional Education of the A.A.S.S.W., predecessor of C.S.W.E., formulated three guidelines for undergraduate preparation as the initial phase of social work education. The first two were preparation for graduate school and the recruitment of personnel for employment after graduation. While these two needs were not prioritized, it was clear that the emphasis was on the first. A maximum of 10 credits but no minimum number of social work content credits was prescribed. It was felt that professional field work courses “cannot be entrusted to an immature person” and that schools should reserve for graduate work, work that is truly graduate in character” (American Association of Schools of Social Work, 1945). In other words, there should not be an accredited BSW degree, and undergraduate social work education should be restricted to what is the equivalent of Buffalo State’s social welfare minor. In 1949, a A.A.S.S.W. statement reaffirmed the above two goals and added a third: general preparation for citizenship through a liberal arts focus (American Association of Schools of Social Work, 1949a). Note that the title as “pre-professional education **for** social work” (my emphasis), not education **in** social work. In outlining the content of an introduction to social work course, A.A.S.S.W. made clear (American Association of Schools of Social Work, 1949b): “There should be no possibility in the course the student believes himself to be learning on a graduate professional level.”

The next major discussion of the undergraduate curriculum was presented in the Hollis-Taylor report (Hollis & Taylor, 1951). On the one hand, the Report repeated the earlier three-purpose agenda for undergraduate education. They stressed liberal arts preparation for graduate school, consistent with A.A.S.S.W policy. But the report also felt that professional education for social work is in reality a four-year or longer program, the first two years of which are given in the junior and senior years of college. They called for the expansion to 800 colleges of such programs and to refer to them as occupational outlets. Thus, despite their rejection of full-fledged field work and their support for at most a vocational, rather than professional character, for undergraduate education in the social services, their proposal recommended undergraduate preparation for practice far beyond that conceived by the A.A.S.S.W. However, as Kendall (Kendall, 1966) would observe fifteen years later, the promise of the Hollis-Taylor report was not redeemed in full.

Once the C.S.W.E. was established in the early 1950s, however, it did promulgate requirements for constituent membership of undergraduate departments, based upon the three goals and with no more than 10 credits in social welfare content. There was opposition, however, when in 1956, the N.A.S.W. declared it strongly opposed even vocationally oriented undergraduate programs, not to speak of professional programs (Wilensky & Lebeaux, 1958, p. 287). In 1959, the Bisno report of the Curriculum Study made recommendations similar to Hollis-Taylor report for an acceleration of C.S.W.E. involvement in undergraduate education (Bisno, 1959). Its recommendations were applauded and shelved (and also condemned, personal communication, Alfred J. Kahn, 1979).

In 1962, the C.S.W.E. issued its next guide, “Social Welfare Content in Undergraduate Education” (Council on Social Work Education, 1962). As the title suggests, it limited the mission of this content and reaffirms the basic three goals. In the 1967 C.S.W.E guide, “Undergraduate Programs in Social Welfare,” there was more emphasis on preparation for employment but not for professional practice, although some wording hinted changes to come (Council on Social Work Education, 1967).

By 1971, preparation for practice had become the sole objective over which the C.S.W.E claimed accrediting power (Council on Social Work Education, 1971). Preparation for graduate education and responsive citizenship were seen as outside their prescribing function. Thus, after years of promulgating an almost identical policy, there was a sudden and dramatic shift. In part, this reflected strong pressure on social work from the federal government to expand the number of trained social workers, with President Lyndon Johnson even mentioning the social work shortage in an address to Congress (Council on Social Work Education, 1966).

In part, the changed policy reflected the reality of actual program development. A 1971 C.S.W.E. study by Stamm (1971) stressed the rapid growth of programs between 1967-71, but the overall evidence indicated these programs continued to expand rapidly throughout the forties, fifties, and sixties in the direction of today’s B.S.W. programs, including two of the earliest accredited programs, the one at the school where I now teach (Cleveland State University, 1974), the one at which you are studying (Buffalo State, 1974), and the unique urban BSW program of Adelphi University in Manhattan, from which I graduated in 1978.

Although I’ve omitted here a fuller account of the evolution of the undergraduate programs in public and private universities over the decades until 1970, a trend can be seen: an apparent incongruity between a rapidly developing undergraduate social work education and a C.S.W.E policy which remained unchanged in the midst of the social service worker shortage crisis.

Since the first accreditation of undergraduate programs in social work in 1974, however, there has remained resistance to the place of the BSW. Although NASW has long had a policy of favoring multi-level licensure, BSW level licensure is not universal, and the scope of practice is typically defined in a considerably more restricted manner than the MSW level scope of practice, although to my knowledge this hasn’t been systematically studied. We should keep this in mind as we look at the present of generalist practice and advanced generalist practice.

However, at Columbia University in the late 1970s, a major development took place. Several faculty members including Alex Gitterman, George Brager, Renee Solomon, Steve Holloway, Irving Miller, and my field instructor and later professor Beth Silverman, designed and implemented a specialization called Practice, Programming and Supervision, which became the foundation for advanced generalist practice as we understand it today.

Although MSW programs were soon required to have a clear policy on the nature of advanced standing for BSW graduates coming into MSW programs, there has remained to this day a clear view that social work education for practice at the BSW level and in the first semester or first year of the MSW program should be seen as “generalist practice” not as advanced practice. Earlier it was referred as “foundation level” practice. The implication was clear: this may now be considered professional practice of social work, but education in the advanced methods of social work practice should be restricted to the 2nd year of the MSW.

Nursing and speech pathology, in contrast, moved from delivering professional education primarily at the undergraduate level to increasingly doing so at the graduate level. Now I’m not saying the trends seen here in the past of generalist practice were problematic. What I’m saying in the conclusion of this section on the past of generalist practice is that this attitude remains consistent with the longstanding view that generalist practice is something qualitatively “lesser” than rather than “different from” advanced practice of social work.

In the next section, I will discuss the present of generalist practice and seek to make the case that rather than being “lesser” than advanced methods of social work practice, generalist practice is on a continuum with both advanced practice methods and in particular one now increasingly recognized advanced practice method in the profession of social work: advanced generalist practice (Landon, 1995; McMahon, 1994; Vecchiolla et al., 2001).

The present of generalist practice

In the social work education of today, not only are there hundreds of undergraduate programs in social work with a focus on generalist practice, the first year of MSW programs are now for the first time seen as explicitly generalist (not foundation) in nature, although programs have the rarely sought option of seeking to justify just one semester of generalist social work education. The 2015 standards of CSWE represent an important enhancement in the status of generalist practice as an explicit element of social work practice. Generalist practice is now seen as conceptually identical at the BSW level and in the pre-specialization component of MSW education. Also, increasingly, as BSW programs built MSW programs on top of them, the advanced specialization requirement of CSWE has been met by designing an Advanced Generalist program.

Unfortunately, there is still little textbook support for such an advanced generalist practice specialization. At our school, our newly independent MSW program will have both a clinical and an advanced generalist specialization. To help us conceptualize this, we have invited Fran Vecchiolla of Springfield College and Victoria Rizzo of SUNY Binghamton for a colloquium

later this month. For our texts for next year, given my work teaching about generalist practice in our Introduction to Social Work course over the last five years (along with my primary duties teaching policy practice), I was asked to help design our Advanced Generalist Practice for Individuals and Families course and to assist in identifying textbooks for our Advanced Generalist Practice with Groups and the similar course for Community Organization.

Given the dearth of textbooks specifically designed as advanced generalist, we chose this text: *The skills of helping individuals, families, groups and communities* (Shulman, 2015), who I should point out is Professor and Dean Emeritus of the University of Buffalo School of Social Work. We'll be using this as the primary or supplementary (group work and community organization) text for three of our 2nd year advanced generalist courses.

It is true there are a number of excellent textbooks for generalist social work practice (Birkenmaier, Berg-Weger, & Dewees, 2011; Cameron & Keenan, 2013; Dewees, Birkenmaier, & Berg-Weger, 2014; Johnson & Yanca, 2010; Kirst-Ashman & Hull, 2015; Miley, O'Melia, & DuBois, 2015; Poulin, 2010; Thyer, Dulmus, & Sowers, 2013), as well as a new conceptualization of the theory of generalist practice (Langer & Lietz, 2015). But as is often the case in publishing, books are often designed to have as broad a market as possible, and thus most of the books on generalist practice are not specialized for advanced generalist practice.

Pros and cons. There are both pros and cons to the approach to generalist practice prevailing today. Among the pros is that it permits the mounting of courses and field placements that recognizes the absence of any real theory of generalist practice as a unique method. Instead, generalist practice becomes what is still in some respects a pre-professional or beginning level version of a combination of social work's advanced method specializations in clinical and macro practice. A little bit of micro, a little bit of macro suffices and there is some value to that from the standpoints of both learning and teaching in the practice of social work. Because most faculty tend to have micro or macro skills sets, and rarely the ten or more years of advanced generalist practice experience, or the many years of both micro and macro practice, that it would take to develop advanced generalist skills, it makes sense to have some courses micro and some macro, and by and large that remains the practice. There are few textbooks that could claim to be generalist practice 1, 2, 3 or generalist and then advanced generalist. So, it would mean either using one textbook across, say, both terms of field, or to bridge the junior level generalist practice course with the one delivered in the first term of field in the BSW program, or using two different textbooks, which might be confusing.

Among the cons, however, are that this approach doesn't begin, during generalist practice, to carve out a conceptualization of generalist practice as "foundation" for later learning advanced levels of generalist practice. Perhaps a more important "con" is that advanced methods of social work practice are client focused. Advanced clinical social work methods are focused on methods of helping a client, advanced community organization on organizing with a community. Generalist practice, however, when it is divided into courses on casework, groupwork, administration and community organize is focused less on helping a single client system with

interventions at multiple levels, than it is at enabling the training of a social worker in skill sets for use with different client systems!

To illustrate the con, to return to Briar and Miller's framework, the problem with this is that it involves not training a generalist practitioner who has a client at one level but intervenes at multiple levels on behalf of that client, but training a generalist practitioner who works with a client at the same level as the level of the target intervention, with perhaps a few exceptions for advocacy, or for involving the, say, individual client in a group, and so forth. In advanced generalist practice, we might say that we use, in administrative practice, some of the same skills used in working with individuals (Springfield College School of Social Work, 2016b). And that may very well be the case. But in working with individuals, can we really say we use skills we use in administrative practice? This may be a difficult case to make, since it is rare an organization is truly our client. Arguably, the only levels that should be considered are those that can truly be considered clients, individual, couples/dyads, families broadly considered, client groups (groups of those who are also our individual clients or who are our clients by virtue of their being in our group), task groups (where the client is the task group which seeks our assistance or where all of us are helping professionals oriented towards working together and we are responsible for the coordination of the task group rather than merely being a member of it), and communities (notoriously difficult to conceptualize as a client, but certainly where there has been some element of consent on the part of the community that we are welcome as "their" community worker, community organizer, community advocate, etc.

In order to address this problem, we need a conceptualization of the continuum from generalist practice to advanced generalist practice which recognizes generalist practice and advanced generalist practice as a unique social work practice method, not just a conglomeration of various lesser forms of clinical and macro practice specializations. We need a conceptualization of generalist practice which recognizes what is unique about generalist practice with individuals and clinical practice with individuals, for instance. That is what this article seeks to present.

In the absence of a truly solid conceptualization of advanced generalist social work, let's see how we can understand the generalist and advanced generalist social work of today. In Table 1, I begin by reviewing the extant advanced method specializations in social work, other than advanced generalist practice. Arguably, they include clinical social work (including its sub-specializations in family therapy and group therapy), and various macro practice specialization including social administration at the level of organizations (supervision, program planning, and management), and community organizing. I found it valuable for heuristic purposes to distinguish between client groups and task groups, so as to make it possible later, in conceptualizing generalist practice, to distinguish between clinical social work's use of group psychotherapy and other forms of group work, both with clients and around various tasks within organizational settings. It is true that social workers also engage in professional policy practice, program evaluation, social research, consultation, etc., and these are not included in Table 1.

As with any effort to construct social theories, the nature of the theory must be bounded in some way. In this case, the choice has been to emphasize not the varying tasks and skills employed by social workers, but the constituencies served in some way by the social worker. Arguably, task groups and organizations rarely clients, strictly speaking, except in the case of consultative practice. A simpler version of these tables, which may be employed in later versions of this article, would restrict the rows and columns to individuals, dyads, families (of course broadly considered), client groups, and communities, as these are the various levels of interpersonal practice, broadly considered, where the social worker is engaged to provide services to individuals and collectives of individuals.

In Table one, several things should be noted. First, only the “diagonal cells” are shaded, and they are darkly shaded. In a sense, boxes 1-3 are clinical social work and boxes 4-6 are macro social work, were we to use the typical micro-macro way of thinking. Left blank for now are the various “off-diagonal” cells. This is purposive, as the goal is to conceptualize generalist practice with reference to both the diagonal and off-diagonal cells.

Table 1: Social Work Practice: Advanced Method Specializations (diagonal boxes)							
		<i>Columns: Target of Intervention Planned by Client/Social Worker</i>					
		Individual	Family	Client Group	Task Group	Organi- zation	Community
Rows: Client System Level	Individual	1. Clinical SW					
	Family		2. Clinical SW				
	Client Groups			3. Clinical			
	Task Groups				4. Staff Groups		
	Organization					5. Supervision Program Planning	
	Community						6. Community Organizing

In Table 2, the diagonal cells are shaded much less darkly than they are in Table 1. This simple graphical device is used to illustrate that while it is rare for social workers to be fully competent in both clinical social work and the various sub-specializations of macro social work practice, generalist practitioners aspire to being able to have some degree of competency across all of the diagonal cells.

In addition, however, generalist practice involves practice in the off-diagonal rows, or so it is here emphasized. This is now a particularly original point. However, Tables 1-3 help to illustrate the nature of generalist practice in a way found valuable based upon over five years of exercises and journals in the Introduction to Social Work class at the author's university. The tables helped students clarify their various initial goals with respect to micro or macro social work interests, at a time when those were also the two concentrations in the MSW program at the author's university. Presently, our School is rolling out a new set of two specializations, in clinical social work and advanced generalist practice. Tables 1-3 are designed to help conceptualizes the distinctions between clinical social work practice and advanced generalist social work practice, in a way which establishes them as co-equal advanced practice specializations in our profession, rather than seeing advanced generalist practice as merely a combination of micro and macro skills. In a sense, our new clinical specialization is more micro than micro and our advanced generalist specialization is more micro than macro. But such a simplistic way of describing them

is insufficient. The goal of Tables 1-3 and one goal of this article is to place advanced generalist practice within the historical trajectory of the evolution of the methods of social work practice.

In Table 2, one aspect of differentiation between micro and macro social work methods is noted, namely the rich potential for generalist practice to take very seriously the off-diagonal cells. To simplify, it may help to focus on the row where the client system level is the individual.

Hypothetical examples rooted in consultation with the Garden Valley Neighborhood Center and the work of our NASW Student club in that neighborhood, as well as the experience of our field placement there, were the sources of these examples. However, they illustrate how generalist practice with individuals moves beyond the diagonal cells in a richer way than would typically be associated with clinical social work with an individual client. This is not to say that a clinical social worker would not explore the person-in-situation, discuss the client's family, client group, task group, organizational and community ties. However, one method for engaging in research on the distinction between clinical social work and generalist social work might be to quantify and engage in rich description of the extent to which there are off-diagonal interventions by the social worker as part of work with individuals and the extent to which sessions with the client focus on such matters.

Table 2 gives graphical expression to a way of conceptualizing generalist practice which moves beyond seeing it as the ability to engage in social work practice across the entire set of diagonal cells. Such a view of generalist practice sees it as a conglomeration of skills sets – or competencies if we must – possessed by the social worker, rather than as a method of actual practice with actual clients. For generalist and advanced generalist practice to be seen as a distinct method of social work practice, it would require the fleshing out further of the nature of the off-diagonal interventions suggested by Table 2. This would require extensive collection of case examples, and research on social work practice that is, perhaps, long overdue. Although there is considerable research on various evidence-based interventions, there is less research on the nature of social work practice itself (but see the ethnographic study *Social Working* (De Montigny, 1995)). There is no extant research which actively compares clinical social work with advanced generalist social work. Arguably, such research can and should be conducted at schools of social work with 2nd year specializations in both areas, as this would permit comparing the nature of the field work of students in each type of specialization, controlling, however, for the nature of assigned duties. Perhaps the simplest comparison would be between advanced generalist practice with individuals and clinical social work practice with individuals. What, in practice, are the actual differences, controlling for such factors as field of practice, nature of presenting problem, etc. What are the implications of such findings for interprofessional teams and the clinical and generalist roles for social workers within them?

Table 2: Generalist Practice in 44104: Off-Diagonal Hypothetical Examples							
		<i>Columns: Target of Intervention Planned by Client/Social Worker</i>					
		Individual	Family	Client Group	Task Group	Organization	Community
Rows: Client System Level	Individual	Generalist Practice with Individuals	1. Collateral contacts with family; outreach to extended family; client role in improved family functioning.	2. Social worker and client explore how client can effectively contribute to more effective group.	3. Social worker and client explore how the client learn more effectively & improve job training program.	4. Social Worker and/or Client seek exception to restrictions on volunteering of parent with felony in child's school.	5. Social worker and/or client participate in community events/organizations with view towards demanding improved pest control at Rainbow Terrace
	Family	6. Intervention with mother: relapsed when uncle died	Generalist Practice with Families	7. Forming group of fathers who are primary parents	8. Introduce family content into staff discourse	9. Advocate for agency attention to family system	10. Family life education; enhance family resources
	Client Groups	11. Promote group attention to group member concerns	12. Invite families to group termination/graduation event	Gen. Pract. with Client Groups	13. Agenda item about improved group practice	14. Propose group work addition to agency services	15. Form evening parent support group plus child entertainment
	Task Groups	16. Arrange meeting of all agency staff working with client served by agency.	17. Arrange meeting of agency staff with family members with whom they work.	18. Organize meeting of agency clients with task group to discuss services.	Generalist Practice within Task Groups	19. Seek consensus for organizational changes enhancing role of task group	20. Communicate task group concerns at public hearing on social welfare funding
	Organization	21. Implement improved case management software; reduce caseload, etc..	22. Propose agency give greater attention to needs of the families of individual clients.	23. Propose agency change policies with goal of re-introducing client groups	24. Propose agency form task group to address worker turnover & burnout.	Generalist Practice Within Organizations	25. Propose agency co-sponsor community event seeking to enhance attention to community problems.
	Community	26. Include member assistance program in the community advocacy association	27. Organize Father's Day event to acknowledge fathers in the community	28. Convene support group of Garden Valley job training program members	29. Start collective of Garden Valley volunteers from Rainbow Terr.	30. Form delegation of Rainbow Terrace residents to meet with Vesta landlord management	Generalist Practice Within Communities

Table 3 shows that one way of thinking about advanced generalist practice is that it does, indeed, require a fuller development of the social worker's competencies to work across the diagonal cells. Thus, they are shaded darker than for generalist practice, but not as darkly as in the other advanced method specializations. Once again, this is a simple graphical illustration, but one of

perhaps some value in enabling students and practitioners to understand their various social work competencies in relation to the various advanced social work specializations. Most importantly, however, a combination of Table 2 and Table 3 suggest that in many respects, generalist and advanced generalist practice represent what is truly unique about social work practice. Yes, as Hamilton pointed out, other professions do in fact work with individuals or work with the environment (Hamilton, 1951). But which other professions work as actively and routinely across the entire range of cells in Tables 2 and 3? Arguably, it is such a conceptualization which illustrates what is unique about social work's focus on intervening at the intersection of the individual and the social environment.

Table 3: Advanced Generalist Practice: Identifying Multiple Vignettes in Each Box							
		<i>Columns: Target of Intervention Planned by Client/Social Worker</i>					
		Individual	Family	Client Group	Task Group	Organization	Community
<i>Rows: Client System Level</i>	Individual	Generalist Practice with Individuals	1	2	3	4	5
	Family	6	Generalist Practice with Families	7	8	9	10
	Client Groups	11	12	Gen. Pract. with Client Groups	13	14	15
	Task Groups	16	17	18	Generalist Practice with Task Groups	19	20
	Organization	21	22	23	24	Generalist Practice Within Organizations	25
	Community	26	27	28	29	30	Generalist Practice Within Communities

However, as Briar and Miller pointed out (Briar & Miller, 1971), the historical development of social work practice also involves the further development of the theory base relevant to social work practice and its application to methods of social work practice. The generalist practice of the future will require such theoretical perspectives. Arguably, this discussion is part of the larger discussion on the science of social work (Anastas, 2014; Guerrero, 2014; Jindra, 2016; Longhofer & Floersch, 2012; Tucker & Delva, 2014; Uehara et al., 2013). However, it is a

discussion which stresses both the place of theory and the place of method within such a science of social work

Generalist Practice of the Future

Methodological development of advanced generalist practice

The difficulties facing the development of advanced generalist practice as a distinct advanced social work practice method are rooted in well-known dilemmas of the generalist-specialist distinction (Golembiewski, 1965; Leighninger, 1980; Yessian & Broskowski, 1977).

As Leslie Leighninger explained in her important article, “The Generalist Specific Debate in Social Work,” the Milford Conference in 1929 used the concept generic. As Leighninger pointed out (p. 4): “In reaction to existing diversity, the committee's final report asserted that ‘social casework is a definite entity,’ and continued, ‘the outstanding fact is that the problems of social casework and the equipment of the social caseworker are fundamentally the same for all fields.’” In other words, there were “generic” aspects of casework in all fields of practice. There was, the report concluded, “generic casework content” as well as content specific to particular fields of practice, say mental health or child welfare. As Leighninger discussed, in later years social work sought to find generic forms of knowledge and skills and values that crossed all methods of social work, and the concept of “generalist” social work practice arose. Now there was debate not only about what was generic (in common) and specific to the direct practice of social work (casework) in various fields of practice, but there was debate about what was generic to all methods of social work practice. There were entire national organizations in the field for these methods, including group work, community organization, administration, etc. prior to NASW forming. Leighninger referred to two trends in thinking about generalist practice, the knowledge generalist approach, and the skills generalist approach. This was very early on in the thinking about generalist practice (1980), and I think it is more helpful to think of knowledge and values as generic for social work, but skills (or competencies that integrate knowledge, values and skills) to be generalist or specialist.

Theoretical requirement of the generalist practice of the future

Briar and Miller (1971, p. 224) contended that the history of social casework has been a history of emerging theories that have changed our assumptions about human behavior and the social problems which people face. They recognized that it is problematic when the explanations we arrive at for why people behave as we do or what causes the problems people face are not aligned with the interventions used to address individuals and those aspects of the social environment with which we may seek to intervene. Until we have theories that answer the question of how behavior or problem can be changed, we will have difficulty devising effective intervention methods and techniques, they concluded. They contended that it is necessary to have a different set of theories which guide individual behavior modification and those oriented to what they called environmental manipulation. They recognized that historically social work had

stressed the psychological over the environmental. Accordingly, social work practice could not have a unified paradigm but rather would require a divided one. Thus, instead, the authors proposed a bifurcated dual set of interventions, behavior modification and social intervention, with the latter characterized primarily, for the caseworker least, by advocacy and brokering.

Arguably, however, what would be preferable would be a theory which could inform intervention with individuals, and on behalf of individuals with the external environment, and directly by the client with the client's own environment. This, however, would be more possible were we to understand more about the point of intervention which is allegedly unique about social work: the intersection of the individual and the social environment: not the individual and not the environment, but what happens at their intersection.

We began by asking, what happens at the intersection of individuals and the social environment. Arguably, at the intersection of the individual and the social environment, people address our human needs while interacting with each other from the standpoints of our multiple social group memberships and social positions within cultural, organizational and institutional environments. Understanding human diversity requires recognizing within group and between group human similarities and differences, as well as differences in our social positions. Unfortunately, these differences are often correlated with reduced opportunities. At the intersection of the individual and the social environment, people encounter barriers which produce systematic inequality in their opportunities to address their human needs in their preferred manner. These barriers have their roots in unjust social systems.

Three such barriers are oppression, dehumanization and exploitation, and the systematic inequality they produce, as well as their impact on human relations, via the expression and receipt of microaggressions (Author, 2016a) . In other words, the systematic inequality people face in opportunities to address our needs is not just produced by hard to observe social systems but by individuals whose behavior is influenced by these unjust social systems. So at the intersection of the individual and the social environment, we see the expression of microaggressions (Author, 2016a). This experience includes being subjected to microaggression, initiating such acts, and observing such acts. Supporting the autonomy, relatedness and competence of people who face such everyday microaggressions is not an easy task; it requires culturally competent social workers who understand the enormity of the experience of moments of oppression, dehumanization, and exploitation.

Yes, at that same point of intersection, we also experience cooperation, solidarity, reciprocity, interdependence, and caring. Lenski's *Power and Privilege* (1984[1966]) showed that human beings have evolved as social beings through cooperation in maximizing the satisfaction of our human needs and desires. But we also face systematic barriers to addressing our human needs; those barriers are faced exactly at that intersection of the individual and social environment. We need a generalist practice of the future that fully recognizes the sources of injustice and how it imposes systematic inequality in the opportunities people and communities have to address our human needs.

So, at that intersection of the individual and the social environment, we face the possibility of cooperation but also the reality of conflict; we face opportunities for justice but also instances of injustice. These kinds of injustice vary in their source. Again, they can include individual acts of microaggression, but they can also include institutionalized barriers to opportunities.

Our human behavior theory and various advanced clinical practice methods have been criticized for focusing on intrapsychic processes in ways that fail to appreciate the impact of the environment. Recently, however, new post-Maslow theories of human need show promise for how we can integrate human needs theory with ecosystems theory and in so doing better conceptualize what it is that is unique about social work practice: that we work together with clients and communities to enable them to meet their human needs and overcome oppression, dehumanization and exploitation.

One of these theories, the self-determination theory (SDT) of University of Rochester psychologists Edward Deci and Richard Ryan (Deci & Ryan, 1980; Deci, Ryan, & Guay, 2013), has as its three basic psychological needs three concepts, autonomy, relatedness and competence. These same concepts were used by Caryl Chessman in her book *Social Work Practice* (1979), the foundation of Chessman and Gitterman's ecological *Life Model of Social Work Practice* (2008).

The Doyal-Gough theory of human needs, the other extant formal theory of human needs, is entirely compatible with SDT, as is shown in columns 2 and 3 of the **handout**, which reproduces the theory chart from Doyal and Gough's award-winning book (Doyal & Gough, 1991). This theory has recently been restated without alteration in the *Cambridge Journal of Economics* (Gough, 2015), where the theory was used to point out that we must find ways to address human needs today in a way that is sustainable for future generations.

Both theories have recently been discussed (Author, 2016b), as well as outlined in an annotated bibliography (Author, 2016c). However, the full implications of these theories for social work practice have not yet been conceptualized. This article suggests the value of SDT and THN in conjunction with theories of injustice, the ecological model of practice, and empowerment theory to more fully conceptualize how generalist practice and advanced generalist practice, provide the path forward for how to understand the social work practice of the future.

For instance, the needs-based philosopher of social justice has asked: "What is it to enable someone to meet a need?" Gillian Brock (Brock, 2009, p. 900). Brock suggested we need to focus on three areas: (1) A person's capacities, (2) people's opportunities, (3) external structures and the environment.

(To be developed in relationship to generalist practice, in order to show that both with off-diagonal and diagonal rows, the focus is on the human needs of the client, as articulated by the client and as discussed with the client based upon evidence-based knowledge related to human well-being and its cross-cultural manifestations.)

Conclusion:

Arguably, social work for the first half of the 20th century was applied moral, religious and political philosophy, while for the 2nd half of the century it was applied social science (Dover, 2011; Klein, 1968). However, increasingly, social work aspired to a science of social work (Anastas, 2014; Brekke, 2012, 2014; Jindra, 2016; Marsh, 2012). The question is, however, what is the theory of the science of social work? And what is the method informed by that theory?

Arguably, social work will need to make a choice in our emphasis. Should we go the path towards a form of clinical social work which is allegedly evidence based and is increasingly manualized and indistinguishable from any one of another of the licensed mental health professions, or should we forge ahead with the theorization of a uniquely social work form of advanced social work practice called advanced generalist practice? Arguably, we should see to do both, as well as realizing that macro matters and that we need to retain our traditions of social administration, community organizing, policy practice, social research, etc. The social work practitioners as well as possibly the social work field instructors and educators of the future will ultimately answer this question.

References

- American Association of Schools of Social Work. (1945). *Summary statement of the Committee on the Preprofessional Education for Social Work*. New York. MU: American Association of Schools of Social Work.
- American Association of Schools of Social Work. (1949a). *Pre-professional education for social work*. New York: American Association of Schools of Social Work.
- American Association of Schools of Social Work. (1949b). *The objectives, content and methods of an undergraduate introductory social work course*. New York: American Association of Schools of Social Work,.
- Anastas, J. W. (2014). The Science of Social Work and Its Relationship to Social Work Practice. *Research on Social Work Practice*, 24(5), 571-580. doi:10.1177/1049731513511335
- Author. (2016a). The Moment of Microaggression: The Experience of Acts of Oppression, Dehumanization and Exploitation. *Journal of Human Behavior in the Social Environment*, 26(7-8), 575-586. doi:<http://dx.doi.org/10.1080/10911359.2016.1237920>
- Author. (2016b). Human needs: Overview. In C. Franklin (Ed.), *The Encyclopedia of Social Work* (Electronic ed.). New York: Oxford University Press and National Association of Social Workers. doi:10.1093/acrefore/9780199975839.013.554
- Author. (2016c). Human Needs. In E. Mullen (Ed.), *Oxford Bibliographies Online: Social Work*. New York: Oxford University Press.
- Birkenmaier, J., Berg-Weger, M., & Dewees, M. (2011). *The practice of generalist social work* (2nd ed.). New York, NY: Routledge.
- Bisno, H. (1959). *Curriculum study: The place of undergraduate curriculum in social work education*. New York, NY: Council on Social Work Education.
- Brekke, J. S. (2012). Shaping a Science of Social Work. *Research on Social Work Practice*, 22(5), 455-464. doi:10.1177/1049731512441263
- Brekke, J. S. (2014). A Science of Social Work, and Social Work as an Integrative Scientific

- Discipline: Have We Gone Too Far, or Not Far Enough? *Research on Social Work Practice*, 24(5), 517-523. doi:10.1177/1049731513511994
- Briar, S., & Miller, H. (1971). *Problems and issues in social casework*. New York,: Columbia University Press.
- Brock, G. (2009). *Global justice: A cosmopolitan account* (Kindle ed.). New York: Oxford University Press.
- Cameron, M., & Keenan, E. K. (2013). *The common factors model for generalist practice*. Boston: Pearson Education.
- Council on Social Work Education. (1962). *Social welfare content in undergraduate education*. New York, NY: Council on Social Work Education.
- Council on Social Work Education. (1966). President underscores social work manpower shortage in message to Congress. *Social Work Education Reporter*, 14(1).
- Council on Social Work Education. (1967). *Undergraduate Programs in Social Welfare*. New York, NY: Council on Social Work Education.
- Council on Social Work Education. (1971). *Undergraduate Programs in Social Welfare*. New York, NY: Council on Social Work Education.
- De Montigny, G. A. J. (1995). *Social working : an ethnography of front-line practice*. Toronto ; Buffalo: University of Toronto Press.
- Deci, E. L., & Ryan, R. M. (1980). Self-determination theory: The iteration of psychophysiology and motivation. *Psychophysiology*, 17(3), 321-321.
- Deci, E. L., Ryan, R. M., & Guay, F. (2013). Self-determination theory and actualization of human potential. In D. M. McInerney, H. W. Marsh, R. G. Craven, & F. Guay (Eds.), *Theory Driving Research: New Wave Perspectives on Self-Processes and Human Development* (pp. 109-133). Charlotte, NC: Information Age Publishing, Inc.
- Deweese, M., Birkenmaier, J., & Berg-Weger, M. (2014). *The practice of generalist social work* (Third edition. ed.). New York: Routledge/Taylor & Francis Group.
- Dover, M. A. (2011). *Social Work as Applied Philosophy and Applied Social Science*. Paper presented at the Social Justice, Social Work and Social Philosophy: A Social Worker and a Philosopher Reflect on Injustice and its Consequences, Colloquium, Department of Philosophy, Cleveland State University.
- Doyal, L., & Gough, I. (1991). *A theory of human needs*. New York: Guilford.
- Germain, C. B. (1979). *Social work practice: people and environments, an ecological perspective*. New York: Columbia University Press.
- Germain, C. B., & Gitterman, A. (2008). *The life model of social work practice: Advances in theory & practice* (3rd ed.). New York: Columbia University Press.
- Golembiewski, R. T. (1965). Specialist or generalist?: structure as a crucial factor. *Public Administration Review*, 25(2), 135-141.
- Gough, I. (2015). Climate change and sustainable welfare: An argument for the centrality of human needs. *Cambridge Journal of Economics*, 39(5), 1191-1214. doi:10.1093/cje/bev039
- Guerrero, E. G. (2014). What Does It Take for Social Work to Evolve to Science Status? Discussing Definition, Structure, and Contextual Challenges and Opportunities. *Research on Social Work Practice*, 24(5), 601-606. doi:10.1177/1049731513511993
- Hamilton, G. (1951). *Theory and practice of social case work* (2d ed.). New York,: Published for

- the New York School of Social Work, Columbia University, by Columbia University Press.
- Hollis, E. V., & Taylor, A. L. (1951). *Social Work Education in the United States*. New York, NY: Columbia University Press.
- Jani, J., & Reisch, M. (2011). Common Human Needs, Uncommon Solutions: Applying a Critical Framework to Perspectives on Human Behavior. *Families in Society: The Journal of Contemporary Social Services*, 92(1), 13-20.
- Jindra, I. (2016). *The Emerging "Science of Social Work" in the U.S. and German-speaking Countries: A Comparison*. Paper presented at the Society for Social Work and Research, Washington DC.
- Johnson, L. C., & Yanca, S. J. (2010). *Social work practice : a generalist approach* (10th ed.). Boston, MA: Pearson Allyn and Bacon.
- Kendall, K. A. (1966). Issues and problems in social work education. *Social Work Education Reporter*, 14(1), 15-48.
- Kirst-Ashman, K. K., & Hull, G. H. (2015). *Understanding generalist practice* (Seventh edition. ed.). Stamford, CT, USA: Cengage Learning.
- Klein, P. (1968). *From philanthropy to social welfare; an American cultural perspective*. San Francisco,: Jossey-Bass.
- Landon, P. S. (1995). Generalist and Advanced Generalist Practice. In N. A. o. S. Workers. (Ed.), *Encyclopedia of Social Work* (19th ed.). New York: National Association of Social Workers.
- Langer, C. L., & Lietz, C. A. (2015). *Applying theory to generalist social work practice : a case study approach*. Hoboken, New Jersey: John Wiley & Sons, Inc.
- Leighninger, L. (1980). The generalist-specialist debate in social work. *Social Service Review*, 54(1), 1-12.
- Lenski, G. (1984[1966]). *Power and Privilege*. Chapel Hill: University of North Carolina Press.
- Longhofer, J., & Floersch, J. (2012). The Coming Crisis in Social Work: Some Thoughts on Social Work and Science. *Research on Social Work Practice*, 22(5), 499-519. doi:10.1177/1049731512445509
- Marsh, J. C. (2012). Response: From Fish and Bicycles to a Science of Social Work. *Research on Social Work Practice*, 22(5), 465-467. doi:10.1177/1049731512441837
- McMahon, M. O. N. (1994). *Advanced generalist practice: With an international perspective*. Englewood Cliffs, N.J.: Prentice Hall.
- Miley, K. K., O'Melia, M., & DuBois, B. (2009). *Generalist social work practice : an empowering approach* (6th ed.). Boston: Pearson/Allyn and Bacon.
- Miley, K. K., O'Melia, M., & DuBois, B. (2015). *Generalist social work practice : an empowering approach* (8 Edition. ed.). Boston: Prentice Hall.
- Poulin, J. E. (2010). *Strengths-based generalist practice : a collaborative approach* (3rd ed.). Belmont, CA: Wadsworth, Cengage Learning.
- Reynolds, B. C. (1951). *Social work and social living: Explorations in philosophy and practice*. New York,: Citadel Press.
- Shulman, L. (2015). *The skills of helping individuals, families, groups, and communities* (Eighth edition. Student edition. ed.). Boston, MA: Cengage Learning.

- Springfield College School of Social Work. (2016b). *Field Practicum Workbook*. In. Retrieved from <http://springfield.edu/sites/default/files/documents/ssw/ssw-field-practicum-manual.pdf>
- Stamm, A. (1971). *An analysis of undergraduate social work programs*. New York, NY: Council on Social Work Education.
- Thyer, B. A., Dulmus, C. N., & Sowers, K. M. (2013). *Developing Evidence-Based Generalist Practice Skills*. Hoboken, New Jersey: John Wiley & Sons, Inc.
- Tucker, D. J., & Delva, J. (2014). *Renaming Social Work: What would Shakespeare Say?*
- Uehara, E., Flynn, M., Fong, R., Brekke, J., Barth, R. P., Coulton, C., . . . Walters, K. (2013). Grand Challenges for Social Work. *Journal of the Society for Social Work & Research*, 4(3), 165-170. doi:10.5243/jsswr.2013.11
- Vecchiolla, F. J., Roy, A. W., Lesser, J. G., Wronka, J., Walsh-Burke, K., Gianesin, J., . . . Negroni, L. K. (2001). Advanced Generalist Practice: A Framework for Social Work Practice in the Twenty-First Century. *Journal of Teaching in Social Work*, 21(3/4), 91-104.
- Westbury, I., Simon, B. K., & Korbelik, J. (1973). *The Generalist Program: Description and Evaluation*: School of Social Service Administration, University of Chicago.
- Wilensky, H. L., & Lebeaux, C. N. (1958). *Industrial society and social welfare: The impact of industrialization on the supply and organization of social welfare services in the United States*. New York: Russell Sage Foundation.
- Yessian, M. R., & Broskowski, A. (1977). Generalists in human-service systems: their problems and prospects. *Social Service Review*, 51(2), 265-288.