

THE PRIVATIZATION OF SOCIAL WORK: A DEVIATION OR A LOGICAL PROGRESSION?

Jenna Benn

Since the 1980s, social workers have increasingly left the service of the public sector and entered into private practice. A substantial number of today's social workers practice for-profit client-based therapy rather than agency-based public service. These recent changes are causing critics to question whether social work's new focus on for-profit services has deviated from social work's original purpose to forge allegiances with the poor, the disadvantaged, and the oppressed. Is this change in focus an abandonment of social work's historical principles? Or is it simply a modern and logical evolution? This paper examines the debate between private and public social work practice. It describes how social work historically emerged and evolved on two interconnected fronts, one with a focus on change at the community level, and one with a focus on change at the individual level. This paper posits that the two approaches are not irreconcilable and that healthy debate has led, and continues to lead, the profession forward.

Private practice social work might be argued to be a cure for a wealthy man's worries, or more simply, a cure for the worried well. This type of social work can have a higher earning potential and is generally available to those who have insurance or can afford to pay for the services. Social workers' participation in private practice has the potential to draw criticism and debate regarding social work's mission and ethics. Has social work in fact deviated from its historical definition and abandoned its mission to serve the underprivileged, or does private practice represent a logical and worthwhile modern progression, one reflecting the current social and political climate? This paper will examine some of the stereotypes and perceptions about public and private social work practice. It will explore how this dichotomy may be the newest incarnation of an old social work schism between whether the profession should focus on change at the community level or focus on change at the individual level. In addition, this paper will highlight how the two approaches to social work, historically and today, are not irreconcilable. On the contrary, healthy debate is critical to the ongoing development of the profession.

Social Work's Professional Development and Debates

In the 19th century, social work emerged and evolved with two purposes in mind — to combat and change societal injustices, and to help individuals who directly suffer from the oppression of these systems. Jane Addams, founder of the settlement house movement, approached social work from a paradigm that emphasized grassroots social change within the community and larger society. She primarily focused on societal injustice rather than on individual maladjustment (McLaughlin, 2002). Her contemporary, Mary Richmond, founder of the Charity Organizational Society, used a social work case model that focused on the improvement of the family and the individual. Richmond primarily focused on the study, diagnosis, and treatment of casework on an individual and familial level, as distinguished from the betterment of the masses (McLaughlin). Together, these different schools of thought created the foundation for today's practice of social work. It is important to note that although Jane Addams shaped early social work efforts and inspired some of the modern social work methods, such as groupwork (Goldstein, 1973), the settlement house movement for which she is most famous ultimately dissolved. In contrast, Mary Richmond's model of casework continued to largely set the stage for modern social work practice. The tradition of community work and social justice seems to have often taken a secondary role in social work, perhaps in part because of social work's strivings to be recognized as a full profession and compete with related disciplines for resources and clients.

Since the profession's emergence, heated debates have ensued regarding social work's definition and purpose. In 1915, Abraham Flexner, assistant secretary of the General Education Board, pronounced that social work was not a full and legitimate profession (Austin, 1983). He asserted that although social work was a useful social activity, particularly as it helped link individuals with problems to resources, it did not fulfill the criteria to be a formally recognized profession (Austin). Flexner's argument came at a critical point in the early development of social work and social work education. His earlier criticism of medical education triggered important changes in that field. However, Flexner's criticism of social work as a full profession ultimately seemed to, in response, cause social workers to question their own legitimacy and rethink the purpose and mission of social work. His standards for becoming a full profession included becoming more specific in purpose and developing a distinct body of presumably scientific

knowledge; Mary Richmond's more individual-centered and medical-oriented model seems to have been more likely to forward this cause, and the reverberations can still be felt today. Schools, such as Columbia University's School of Social Work, seem to be largely dominated by students who focus on clinical, rather than community or policy practice.

The latest incarnation of this division between individual focused versus society or community focused social work methods may be private versus public social work practice. Today 60% of social workers practice private clinical social work (Kassan, 1996). With this high level of participation in privatized social work, critics might argue that social work has abandoned its mission to serve the poor and oppressed, and failed to focus on broader contemporary social problems. Therapists in private practice primarily work with the individuals and families who are able to afford their services or have insurance. Medicaid and Medicare recipients, as well as individuals and families with restrictive insurance plans, are only eligible for a limited amount of treatment coverage, requiring in some cases that therapists restrict therapy when patients cannot pay out of pocket. The goal of treatment may only be to stabilize the problem, which may not be therapeutically adequate or beneficial for the patient over the long run. In contrast, the affluent are better able to pay for more comprehensive treatment. Today's restrictive insurance plans may ultimately stunt the opportunity for successful private therapy for a large segment of the population.

Critics may also take issue with the average earnings of private practice therapists. On average, clinical social workers at public agencies earn between \$42-45,000 a year (Linsley, 2003). In 2000, private practice social workers earned a median annual income of \$55,512 (Linsley). Therapists in private practice can make a significantly higher income that can increase with years of experience. Private practice social workers who have more than 25 years of experience earn an average income of \$79,600, nearly 1/3 more than social workers in the public sector (NASW, 2001). There is a perception among some that social workers who engage in private practice reflect a new wave of self-indulgence and radical individualism that has shifted social work's mission to the treatment of the individual at the expense of the collective (Herron & Welt, 1992).

Some social workers may hold up icons like Jane Addams, who believed in living with the poor as neighbors, as a means to further our understanding of the implication of societal problems and may assert that private practice social work departs from these romantic ideals in two significant ways.

First, the therapist who commands high prices serves a less impoverished population. Second, private practice workers' pursuit of higher salaries greatly reduces the possibility that they will live among, and ultimately serve, such a population. There seems to be a perception among some social workers that living among clients, and even struggling to survive on meager pay, is the best way to experience empathy for the populations they serve.

However, in private practice, just as in any method of social work, the focus is on the worth and dignity of the person. Private clinical social workers are strongly committed to helping the individual negotiate environmental stress, regardless of economic background (Herron & Welt, 1992). Moreover, these private practitioners may also serve clients who are stuck in the middle: those who do not have enough money or lack the insurance to afford the services of more expensive professionals, such as psychiatrists or psychologists, yet do not qualify for government benefits, such as Medicaid or Medicare. Clinical social workers argue that it is idealistic to try to change the world and more realistic to change one person at a time (Van Heugten & Daniels, 2001), and social work has a long tradition of individual-oriented practice.

Studies indicate that 15% of the population needs mental health services, and only 2% of the population receives them (Herron & Welt, 1992). There is a significant gap between those needing services and those receiving them. This reinforces the need for more social workers to treat mental health. Private practice, while often serving those who may have access to relatively more services, plays an important part in meeting this need. People of all economic backgrounds have legitimate issues that deserve attention. Critics may scoff at serving people with economic means, however they are not immune to pressures and hardships. People who are relatively well-off can and do suffer from mental health issues that can be just as serious and, at times, be associated with worse outcomes (Luthar, 2003). Dismissing or marginalizing this population in favor of serving people who have what may have judged to be "real" problems, seems to run counter to social workers' mandate to serve suffering community members regardless of economic status.

In addition, not all private practitioners exclusively serve the upper classes. Often therapists are willing to accept no fee or a low fee so the poor may access services (Herron & Welt, 1992). Social workers, more so than private psychologists, may be more likely to offer their clients options like sliding scale fees exactly because of their commitment to social justice, and thus open the door for clients to receive the benefit of a service that might

otherwise be unreachable. Proponents of private practice do not feel that therapists are selling out to the bourgeoisie or dominant class in society, but rather look at private practice as a career phase. More often than not, private clinical social workers return to the public sector at a senior or managerial level with skills gained through private clinical experience as a means to exert influence on the workplace and professional direction (Van Heugten & Daniels, 2001). In addition, social workers in clinical private practice may supplement their income by working concurrently at a public agency. Social workers returning to the public sector after private practice, or simultaneously working in both, are not necessarily neglecting a specific population but rather providing services to many varied populations.

In addition to serving wealthy and non-wealthy clients at some point in their career, social workers might question whether or not the trend toward privatization is a reflection of society's capitalistic system co-opting the field. Some argue that criticism should be levied at the monetarily driven culture of the United States rather than pointing fingers at private practice (Van Heugten & Daniels, 2001). It is possible that the desire for a higher salary in private practice is a reflection of the highly individualized, money-oriented nature of a capitalistic society like the United States. Social workers, just like other human beings who must operate within the existing social structure, are arguably just as likely to be affected by socialization. Privatization of life is a product of a society highly focused on, and dominated by, private individuals, private spaces, and private institutions. This privatization has reshaped the context in which social workers live and practice (Fisher & Karger, 1997).

Reconcilable Differences

Perceptions, warranted or not, can spur debates that assume strong points of contention and criticism. In reality, it is not important to choose a side, but rather to create a common ground that includes and unites both schools of thought. Instead of seeing social work as a dichotomy between clinical social work and social action, or framing it as a choice between serving the wealthy versus the poor, it is more productive to recognize how both practices have a place under the social work umbrella. Jane Addams and Mary Richmond, though differing in philosophy and practice, both practiced social work. Their foundations of social work established two approaches, but one common goal remains that still resonates today, "...to enhance human well-being and

help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. And in addition to... pay attention to the environmental forces that create, contribute to, and address problems in living” (National Association of Social Workers, 1999). Social work problems occur on the individual and societal level (McLaughlin, 2002) and among all economic classes. Although dichotomous thinking, pitting one extreme side against the other, may be a useful tool for highlighting the core issues, it also oversimplifies the debate. Instead, there should be recognition of the critical interplay between society and individual functioning, and vulnerability and suffering among all communities. Private troubles are public issues and vice versa. Social workers, no matter where they practice and with whom, should not look at social problems and ignore the individual, and cannot examine the individual without looking at the lasting effects of social issues (McLaughlin).

Leading the Profession Forward

The conflict between the differing philosophies and approaches of social work’s public and private sector has the potential to encourage the growth and evolution of the profession. Today we may continue to be haunted by Abraham Flexner’s ghost. His belief that social work was not a profession continues to challenge the purpose and legitimacy of the field (Austin, 1983). Similar to the controversy and eventual professional growth that ensued after Flexner’s statement, the field’s current reevaluation of purpose and practice propels the profession forward. Professional insecurity, stemming from historical and current debates, is forcing the field to critically reexamine its ethics and mission, and inevitably make change (McLaughlin, 2002). The changing face of social work is not a deviation from its historical mission, but rather a modern logical progression that will continue to evolve and change on interconnected fronts in years to come. What is needed is a blending of social work’s versatile objectives toward an improved quality of life for all (McLaughlin). Social work’s greatest challenge, its diversity of method and focus, has arguably been its greatest strength. It is important to focus on the mission of the profession and ethical commonalities that unify us all, both in the public and private sectors, under a common professional identity.

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JENNA BENN is a first year master's student at CUSSW within the Social Enterprise and Administration Practice Method, in the World of Work field of practice. She is currently placed at Weston United Supported Housing in Harlem, New York. She holds a bachelor's degree in History and a double minor in Psychology and Jewish studies from McGill University in Montreal, Quebec. Her email address is jeb2127@columbia.edu.