A FAMILY AGENCY FACES THE PRIVATE PRACTICE OF SOCIAL CASEWORK *

by BENJAMIN R. SPRAFKIN

Executive Director, Jewish Family Service, Philadelphia, Pennsylvania

PRIVATE practice of social casework is a subject that has been arousing considerable controversy and much feeling in the profession (note the full pages of arguments for and against Private Practice that appeared in the April, 1962, issue of *Social Work*). Because of the existing wide divergence of opinion, the aim of this paper is to throw some light on this matter of private practice from the perspective of our front line experience. I represent an agency that has taken a clearly affirmative stand regarding the right of its staff members to engage in private practice. This stand was taken in the form of an agency policy, almost two years before the NASW Commission on Social Work Practice expressed its opinion that private practice falls within the definition of social work practice and could be considered as a legitimate extension of the field of social work.

Questions and Resistances That Arise

The question of authorizing staff to engage in private practice had arisen early in 1959 when two JFS staff members expressed their desire to do so outside of agency hours. As a first step in the process of formulating and adopting an agency policy with regard to this request, a meeting of the Professional Services Committee on which board and staff are represented, was called. It was not without a great deal of struggle and effort that the committee tackled the task at hand.

The immediate reaction to the presentation of the question was one of deep resistance on the part of almost all board members on this committee. They were without any question against authorizing staff members to operate as private practitioners. This strong reaction of lay persons was not too surprising because it paralleled the reluctance of many in the social work profession, whose attitude was that social work could not be practiced outside an agency setting, that it was not meant for the economically privileged class, and that no one should engage in private practice until licensing of social work was achieved.

The primary concern of the JFS board members was about quality of service and accountability. They believed that authorizing staff members to engage in private practice would imply the agency's support, and endorsement of the quality of their work outside the agency, because of the private practitioner's connection with the JFS. These board members also feared that the community would take it for granted that the agency would hold itself re-

* Presented at the Annual Meeting of the National Conference of Jewish Communal Service, Atlantic City, New Jersey, June 6, 1962.

sponsible for the quality of its staff's private practice. Would not the agency in this way give accreditation to a staff member's private practice, they asked, when in reality certification and regulation of private practice should be the function of the NASW, and eventually the State? There was also considerable concern expressed that a staff member could not efficiently perform the very demanding counseling job for more than seven and a half hours a day. What guarantee would the agency have that the counselor, working long and tiresome hours, would not operate less efficiently with his agency clients? If a staff member engaged in work outside of the field of counseling during his leisure time, this might have, in the opinion of the board members, a balancing effect and would less likely detract from the quality of his performance in the agency.

There were additional concerns: Will there be a conflict of interests for the staff member in his dual role of private practitioner and agency representative? Will the staff member tend to use the agency for private gain, that is, encourage agency clients who could afford to pay full fee to become his private clients? Will there be an inherent confusion of identity? Will the agency lose a staff member when he becomes successful in private practice? What will be the effect upon the agency standing in the community if staff members are permitted to carry on private practice after hours?

The aforementioned concerns and questions accounted for most of the initial resistance of board members to recommend a policy concerning private practice of staff members. They were so convinced of the rightness of their position, that there appeared to be little room left for any consideration of those factors in favor of authorization of private practice. It was at this point that the executive took active leadership. The executive had the choice between acceptance of board opinion as expressed in the first two committee meetings, thereby resigning himself to a negative stand on the issue, and insistence upon the need for further discussion of the subject. In making this choice, the thoughts and convictions of the executive became evident. He requested an opportunity for further consideration, and offered to present the thinking and experiences of other agencies that had been faced with the question of private practice. He further suggested that the staff be invited to present its views. This position of the executive presented the board, in turn, with a choice: it could either remain adamant by refusing to reconsider the subject, or respond to the staff's not unreasonable request of having the subject discussed further. Could enlightened, sophisticated board members, no matter how strong their initial resistance to the whole idea of private practice for agency staff members, continue to close their eyes to a development that was clearly visible throughout the country? They obviously could not do so; and so the process continued.

At the third committee meeting, the board members began to listen with a more open mind to reports on the thinking and the experiences around the country, and to the arguments given by the executive and director of casework on behalf of private practice. By the fourth and fifth meetings some board members acknowledged that the thoughts and views advanced by the executive and staff had considerable validity—something that they had not been able to do during the first two meetings.

Ideas Expressed in Favor of Private Practice

1. Private practice, added to full-time or part-time work in the agency, would increase the total hours of casework counseling available to the

community at large. In this way, counseling could reach those community members to whom agency's facilities are either unavailable or who do not wish to use them (because of geographic limitations, reluctance on the part of some to use community-supported services, their own ideas about prestige, unreadiness to be placed on a waiting list, etc.).

2. Private practice may serve to elevate the status and prestige of the profession, as well as satisfy those staff members who seek to augment their income. (In 1919 Karl DeSchweinitz expressed the view that "casework will never become a profession until there are private practitioners.")
3. Advancement in individual professional status and financial security may provide the stimulus needed to attract new people in much greater numbers to the field than has been the case to-date. (Attempting to increase one's income is frequently a necessity since social work salaries are admittedly low and inadequate, considering the professional training required.)
4. Private practice exists, is here to stay, and will inevitably spread. Giving it a legitimate role may accelerate the process of regulating and licensing it, in the interest of the community.
5. Private practice may help reduce the high turnover rate that plagues agency operations and it may thereby bring about a degree of the much desired greater stability in personnel situations.
6. To deny staff members the right to engage in private practice is discriminatory because it is common for social agencies to permit full-time psychiatrists and psychologists to engage in private practice outside of office hours.
7. The outside employment of an employee is an appropriate agency concern *only* if that outside employment has a detrimental effect on the agency's program, reputation or standing in the community.

At the end of the sixth meeting, when the executive recognized that board and staff were no longer as far apart as previously, he suggested to the board member who was most articulate in voicing his opposition that he compose a statement of policy acceptable to him. It was this board member who formulated the opening statement of what later became agency policy—"The Board of JFS has no objection to having members of its professional staff engage in the private practice of social work provided that ————." The fact that this statement is worded in the negative is indeed reflective of the resistance of the lay persons on the Committee. In formulating this policy statement, the board set up the following safeguards as a means of meeting its varied concerns:

Safeguards Erected by Lay Board

1. A staff member must have the approval of the executive director in terms of his readiness for self-responsible practice. He is expected to have a minimum of six years of professional experience.
2. The agency's offices and facilities may not be used.
3. The staff member may not use the agency identification to promote his private practice.
4. Private practice must at no time interfere with the quality and quantity of the staff member's performance.
5. The staff member must continue to receive periodic evaluations related to the work performed in the agency.

It is not without significance that this policy statement concludes with the

agency expectation that "The caseworker will conduct his private practice with the same high ethical considerations that govern his professional behavior within the agency."

When the Chairman of the Professional Services Committee presented the recommended statement to the Board of Directors at a regular board meeting, the board's reaction paralleled that of the committee's. However, in one and a half hour's discussion those board members who served on the Professional Services Committee were able to overcome the entire board's resistance, while they themselves had needed five meetings to think the matter through.

The detailed picture given of the process highlights the fact that the adoption of the new policy by the JFS board was the end product of very serious differences in opinion and subsequent discussions.

Agency's Relations with Private Practicing Staff

Since the adoption of the agency policy in February 1960, the executive gave approval to five staff members to engage in private practice. (One was a supervisor and four were family counselors; three were employed full-time, two part-time.) Two of these staff members had been in private practice for more than ten years each prior to joining the JFS staff; the others had never been private practitioners. Moreover, each of the five had had at least fifteen years of professional experience, and they were classified as Caseworkers III based on the quality of their performance.

As far as I can tell, none of these five counselors prospers financially to the extent that private practitioners seem to do in other cities, notably in New York and Los Angeles. The climate in Philadelphia does not seem to be conducive to private practice in casework, in contrast to other big cities. Philadelphia has become one of the country's main centers for psychiatric training and practice. Today, there are over 500 psychiatrists and psychoanalysts in the area, 5 medical schools with increasingly active departments of psychiatry, 2 psychoanalytic training institutes, and over 72 public and private institutions that offer care for the emotionally and mentally disturbed.[1] Thus whatever referrals might otherwise be expected from psychiatrists are made to psychiatrists-in-training, rather than to private practitioners in social work. In this connection, one of the full-time counselors authorized to engage in private practice recently discussed with me her plan to look for an opportunity in a psychiatric setting where she would be working together with psychiatrists as a possible means of increasing referrals from them to her in her private practice.

Since the adoption of the new policy two and a half years ago, the two part-time counselors resigned; one, to accept a part-time administrative and teaching opportunity, while continuing in private practice two days a week; the other, because of advancing age and declining health was advised by her doctor to cut down on her activities and she chose to terminate her agency affiliation.

The agency's relationship to those of its staff members given permission to engage in private practice was further spelled out in the following referral procedures:

1. Clients are not to be referred routinely to private practitioners. Information about help through private practitioners may be given to clients at reception when
   a. they live outside agency service boundaries;

[1] *Greater Philadelphia—the Magazine for Executives*, January, 1962.

b. they ask specifically about referral to a private practitioner;
c. they do not wish to be placed on a waiting list and can afford to pay the cost of private help.

2. The names of those staff members who have received agency authorization are mentioned.
3. The client is expected to make his own choice from the names and addresses given.
4. If a client known to the agency wishes service from a private practitioner, record material is made available to the private practitioner on request, and with the client's permission. Should a private practitioner not affiliated with the JFS seek such material, he too would be entitled to receive it, always with the client's knowledge and permission.

Further Rationale

When the implications of this policy for the agency were further discussed, concern was expressed about the eventual development of a pattern whereby only those who could not afford to pay for the service would be coming to the family agency. This, it was felt, would constitute a turning back of the clock to the early history of the family agency when it was identified principally with services to the economically disadvantaged.

I, for one, cannot get exercised about this concern. In the past, the same fear was expressed about hospitals, but to this day hospitals are used by persons of all economic levels. Just as there are more than enough opportunities for both the independent physicans and hospitals to serve the community, there will always be room for both private practitioners of casework and family agencies. From all indications, the demand for service from family agencies will continue to be greater, at least in the next decade, than what can be met by the private practitioner and the agency together.

One of the needs of family agencies has been to be in the vanguard in working towards changes for the benefits of individuals and families in all economic groups. Reaching out to the middle and upper income groups has been part of this historical effort. Why should we, therefore, resist the development of private practice which is designed to serve persons who are able to pay full cost? By the same token, it is not reasonable to assume administrative responsibility for stating which staff members, in the agency's opinion, are competent to practice without risk to the agency's reputation, and to grant them the privilege of choice as to how and where they wish to practice?

For many years to come, there will be a dearth of qualified family counselors, and the demand for counseling services will far exceed facilities. Filling budgeted positions with well-qualified part-time personnel, regardless of how they use the time spent outside of the agency, be it to raise a family, to do volunteer work, or to engage in private practice, is one way to meet the challenge. Certainly, this is preferable to the employment of full-time untrained case aides. More than that, it seems advantageous to an agency to have on the staff such highly qualified part-time personnel. Committed to practice, rather than to an administrative status struggle, they would encourage high standards of training, research and service.

It is two years and a half now that the JFS has had a policy on private practice and we have found no evidence of problem to the agency. If anything, an additional number of families and individuals, who otherwise might have had to do without it, receive a much needed service either in the agency or from private practitioners. There is no competition between the private prac-

titioner and the agency. So far, no questions have arisen about the private practitioners' identification with the agency and the potential conflict of interests. Neither has there been evidence of any negative effect on the quality of agency services or on the agency's reputation. These facts have been periodically reported to the board. Hence, there has been no need to modify the existing policy, even though it was clearly understood at the point of its adoption that it would be subject to periodic evaluation.

Recently, in response to the agency's concern about a growing waiting list and especially because approximately 50 per cent of those clients on the waiting list have dropped out by the time an appointment is finally given them, a board member raised the question whether it was sound policy and good ethics for the agency to serve clients able to pay for private service, while keeping clients without such resources waiting for service. This question was followed by the suggestion that the agency refer to private practitioners all those who can afford to pay $15.00 or more. (Our fee scale ranges from $1.00 to $20.00.) This question obviously has a number of implications and is closely related to an agency's responsibility for determining *whom it shall serve.* Shall the determining factor only be economic? Perhaps as this question is considered further in the light of new development and thinking, we may find it necessary to modify our policy on private practice. Be that as it may, our two and a half years of experience in executing the existent policy leads us to continue to believe in its current soundness and rightness.

Private practice by caseworkers should increasingly be regarded as a desirable, forward-looking development. Historically, the family agency has been recognized as a leader in the field of social casework and as having furthered more new developments than any other type of casework agency. I submit that the support of private practice offers the family agency field another such opportunity—an opportunity that we can ill afford to ignore. Let us, therefore, not resist what represents a logical development, and a reality. Our strength and our competence are found in great measure in our ability to recognize reality and to deal with it in a constructive manner. Let us use our strength and adaptability to deal with this new development no less understandingly than we do with our clients and their problems. Let us remember that private practice in casework represents a response to a need and a demand, and that it too is a service to the community.

Some of the most experienced and competent caseworkers have been attracted to private practice. Having them on our staff, either on a full or part-time basis, has constituted no threat to the agency; rather, we are inclined to regard the development of private practice for carefully selected staff members both as a meaningful development and as an extension of the basic service of the agency to the community.

In short, it is our belief that because the need for casework is so great that agency practice and private practice will continue to flourish side by side and that it is an appropriate role for a family agency to have a direct and positive relation to the private practice of social casework.