SENSEMAKING: SEARCHING FOR COMPETENCY IN ALL THE WRONG PLACES

Paul Abels, Ph.D., California State University, Long Beach

Like most social workers, I am committed to improving social work practice and share the desire with others for excellence. Of late I have noticed attempts to improve and perhaps define competency by the offering of CEU's in many forms, from reading any old articles, taking a boat ride to Hawaii and even printing your own certificates on your computer after answering a few questions. Competence more and more has been tied to CEU's, which of course is related to licensing through a process of "social construction," not necessarily a real one, to practice competence. A social constructionist viewing the situation, might ask, how did it come to be that CEU's have come to play such an important role in social work? Who gains by their growth and importance? Who might lose out? What has been its impact on the profession? Is it the answer to increased competence, or does it have other functions and consequences?

Of course these courses cost the "students" money, and the instructors get paid, and the institutions offering them make a lot of money. Perhaps some have found a way to make money in social work. But let us assume that however offered, sold or given, these courses are offered as a service. If so, that is great, but we don't yet know how many CEU's are necessary to make us more competent, nor do we know which kind of courses will be helpful. Perhaps research will give us the answers, assuming increased competence is the goal.

For me there has been a cost that is not a financial, but a social cost, because California NASW no longer has the conferences in which people share ideas, cases, papers, and issue -raising, by which competence for all of us might be improved. Instead we are offered a CEU "fair" or market place for individual courses, without the shared spaces and ideas of the more traditional keynote and "cause" oriented social work conferences I grew up with. The NASW, California CEU fairs have almost entirely replaced conferences in which social workers came to share ideas and openly discuss how they might improve, not only their practice, but the state of the art and the world. There may be many who have gained from and welcome such a development, they may not have had the other experiences, thus this piece reflects my own , perhaps sole view of what makes sense if we are to become more competent. And competence is the issue

Take for example the social construction "cultural competency."

Almost all schools proclaim its importance and say their primary obligation is to a curriculum focusing on diversity and multicultural social work practice. The CSWE does require such content for accreditation. Yet in California there is no special licensing course dealing with multiculturalism or diversity. While I believe all these courses ought to improve competency, it would be easier if I know what competency was in our profession. I agree to be even more clueless when the concept is expanded to cultural competency. We don't know what this is, or at least I don't know because I don't know what to look for to find the evidence of competency. (Excuse the use of the editorial "we.") I am sure there are many social workers that can give you a definition of competency and have ideas as to what practice competency is. And I have my own view as well, but it wouldn't hold up in court.

I believe we don't know enough about what competency is in social work, we don't know how to measure it with students, and perhaps we wouldn't know what it was if we saw it.

Way back in the 70's before some of your times, there was a push to examine and grab

hold of competence at a conference organized and the papers subsequently published in a volume called *The Pursuit of Competence in Social Work* (1979, Clark & Arkava). David E. Cumminns, one of the presenters was brave enough to say, "We must avoid the promiscuous use of the phrase 'social work competence' until we have a better idea of what we mean by it"(p. xiii).

The problem is not that we are not scientific, the problem is human variability. Difference is what does us in. Certainly when there is empirical evidence of what works we can observe and assess, and perhaps replicate what is proposed; but even if we follow the theory, the degree of variability among the client population may not reflect the success the model predicts. And might we dare to suggest there is practice skill variability among social workers as well?

We have a long history of attempting to assess competence. The University of Chicago attempted to assess skills in "casework' through a list of sixty-four performance norms. The problem was there weren't clear guidelines to discriminate between acceptable and unacceptable responses. In a Tulane study there were low correlations when comparing the Tulane assessment scores with field worker ratings.

During the past few years the idea of educational competency has moved to the elementary and high schools, with reading scores and math scores being among the principle determination of teacher competence, which of course has led many to teach to the exams, and not worry too much about other material.

Pointing to the large failure for reading and math ability, particularly with those unable to afford schools in more affluent communities, leads to blaming the teachers. Giving merit increases to good teachers we are told, can solve this. Or we can blame the parents. That problem can be solved, some say, by their reading to their children every night at bedtime. In school it is easy to assess competence if the desired result is the ability to read.

There may be a theory and some important skills that the teacher needs to learn, at some point the student can either read up to some expectation, or can't. But what if the expectation was that in addition to being able to read, you had to read aloud, interpret what you are reading to show you understand what was read, asked to compare this reading to a previous one, writing your own story, or spelling correctly what you might have to write; or for the teacher to know what kinds of words are most difficult to pronounce for some children. There is now a different kind of knowledge and skill required of both student and teacher.

Now let's transfer that to social work and all the variables that workers need to consider that are present in most practice situations. Our models are artificial, not because they are untrue, but because their abstractions tend to simplify the very complexity of the situation, offering generalizations that may not be present in the situation. Models tend to be self-sealing, but we are a profession that is constantly faced with ambiguities, models tend to predetermine the way we will see the situation. Psychoanalytic, learning theories, gestalt, social behavioral are examples of such models. Others assume a model might best be based on logical reasoning; who could be against that? But because something is logical does not mean it is sound reasoning in a certain context. An argument may be logical but may not be ethical. It may be logical for an agency not to permit its staff to reveal its practice shortcomings because it may impact its reputation or income, but it may not be ethical, and it can be harmful. While logic is essential in scientific reasoning – when based on an apriori construction it may not reflect, in John Dewey's terms the "practical character of reality."

Of course we are not the only profession to face such concerns. Medicine has recently been faced with their practitioners prescribing drugs that were "scientifically" tested and later

revealed as dangerous, because of the variability of age, gender, ethnicity, previous illness, and so forth. Even the concept "scientific" is a construct that may mean different things to different persons: the innovators of the treatment, the manufacturers, the corporations, the physicians, the government protectors, and the clients. The social creation of a "social problem" for children, "attention deficit disorder" has become a boon for drug manufacturers, a relief for teachers, an excuse for some parents, and a scarlet letter for the child.

What then is to be done to at least raise the level of competence to a point that gives us increased confidence in what we do?

One way is to think about what practice is, rather than what to do about practice. We might visualize practice as a series of moral actions which need to be taken and require considering what knowledge do I have and or need in order to skillfully perform in ways that support those moral decisions within this particular context. How do we decide what skills are needed to carry out those moral decisions? Of course book knowledge and our own experiences are important, but mainly by the use of comparisons with similar cases, not only from particular groups or cultural arenas, but experiences grounded with all clients. In all arenas. These comparisons are the scientific methodology that provides the data that will help us find competency, creating knowledge from our own grounded cases.

So what is multicultural competence? It is understanding the common human needs of all persons. Reflecting on a (for now not "the") correct way that these needs can be met, whether for individuals or social institutions, and what skills and knowledge we need in order to act morally and intelligently to support those needs. Is it necessary to know about cultural factors, age gender of the client, sexual preference, and religion in order to act morally? In some contexts perhaps, to some degree, but it might be best if we were to act the same as we would with any person who faces us with a narrative seeking our help. Multiculturalism is a concept which should be respected, and which carries with it well- meaning symbols. Its emphasis might make us feel good, and perhaps enhance the reputation of the institution, but it tends to be a unitary concept which puts all persons of that particular grouping together. It may present a theoretical inclination to see persons in that group as similar. Easy for categorizing and statistical purposes perhaps, but not at all helpful for individualized, moral action, or moving us to a more individualized/universal approach to helping

When the best we can glean from numerous articles related to multiculturalism is that culture helps shape the person and that we have to be sensitive to the person's background, then all we have learned related to increased competence is the historic reaffirmation of the importance of being sensitive to clients.

Makes sense to me.....but not enough.

Hold the presses!

I have just received the February California NASW News in the mail. There is a reference to their Conference to be held in San Francisco in April. Let's see...no, no listing or mention of a keynote speaker on the program, even though the Governor of the State and President Bush, have both proposed large cuts in education and social services in their budgets. But wait! They have announced some CEU's, one is an elective called, gee whiz, "Developing Cultural Competence in Clinical Practice."

Does it make sense?

References

• Clark, F.W., & Arkava (1979), *The Pursuit of Competence in Social Work.* San Francisco, Jossey-Bass..