# Confessions of a Reluctant Macro Practitioner

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**Abstract**: While social work education emphasizes the importance of practice at the macro and micro (or generalist) levels, most social workers choose direct practice roles rather than macro (administrative, policy, and planning) roles. As a long-time direct services provider, it has seemed to me that different skills are required for each type of practice. In my case, I have always been passionate about direct practice with persons who have serious mental illnesses. Early in my career, I was quick to become frustrated with my macro peers who, it seemed to me, lacked a full awareness of my clients' needs and thus failed to provide adequate resources for them. Gradually, however, I became aware that I needed to occasionally "step up" into macro practice roles to ensure that my clients were well served. The process was stressful for me, though, and I experienced several failures before coming to feel competent as a part-time macro practitioner. This is the story of my clumsy evolution.

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## Confessions of a Reluctant Macro Practitioner

For more than 40 years I have enjoyed life as a direct social work practitioner in a variety of public agencies. My enthusiasm for practice emerged when I was fresh out of college (pre-MSW) and a minimum-wage-earning inpatient psychiatric technician; it was then that I discovered that I loved working with people who had severe mental disorders. After receiving my MSW degree, I became a community mental health social worker so that I could earn a living in that line of work. I enjoyed developing relationships with my clients and helping them find stability and meaning in their lives. It never bothered me, as it did many of my colleagues, that the pace of change for my clients was usually slow, or that their goals might seem modest.

Yes, direct practice was my passion, but along my professional path I reluctantly developed an appreciation for macro social work and, to my surprise, did some significant work in that capacity. I always knew that macro practice was important, but for years I thought I wasn't cut out for it, given my introversion, disdain for conflict, and limited ability to sit through long meetings. My macro peers seemed cut from a different cloth, eager to engage in organizational practice, community development, and political activity. They impressed and intimidated me.

The administrators at my agencies, many of whom were social workers, were of course essential, developing the policies and procedures that guided my work. We got along well on a personal level but it seemed to me that they were a different breed than those of us on the front lines. Being removed from face-to-face contact with clients, they didn't always seem to understand their needs or what life was like for us as we tried to advance our clients' interests with limited resources. In turn, they thought we did not understand the constraints on services related to policy and budgeting realities. They also had to dress much better than I wanted, which, rightly or wrongly, represented to me an innate conservatism on their part. At my worst moments I naively thought how much more enjoyable my job would be if I could avoid administrators

altogether and be left alone with my clients.

## First Call to Action

My negative attitude about engaging in macro practice began to change during my 7th year in community mental health. A few years earlier I had developed the first psychoeducation group in our city for the family members of persons with psychotic disorders. The program was quite popular, making me a bit of a "name" in the regional social work community. Based on that reputation, I was contacted one summer by the Mental Health Association (MHA) to see if I would help to implement a local branch of a Schizophrenics Anonymous self-help program. The group was to be led by and for persons with schizophrenia, but as a sponsoring agency, the MHA wanted a professional practitioner to serve as a co-leader to help with its organization and be present in case crisis intervention was needed. I agreed. It sounded like a great program and was right down my alley.

When asked if I could help find a location for the weekly meetings, I offered my own agency since I would be attending the groups and we had space. I thought our director (a social worker) would be pleased with my initiative because of the positive publicity our agency would receive. Due to a vacation, I was not able to inform him of this development until one week before the advertised start date, so of course I was stunned when he said no. He explained that most of the participants would not be agency clients, and thus the agency would be liable for damages if anything negative happened to them. I was furious and objected on the grounds that "non-clients" regularly came to the agency, including the families who attended my psychoeducation group, but he stuck by his decision. I panicked, having promised a meeting place to a regionally advertised group with ten people already signed up. I spent five days frantically calling local organizations until finally a Methodist Church agreed to host the group. That was close!

The new program was a success, but more to the point, my concern about our director's reaction convinced me that I should try to participate in agency policy-making to advocate for my preferred client population. I explained to him that the agency's growing number of clients with major mental illness merited administrative representation. I asked for an appointment to meet with the Management Team, our policy-making body that consisted of the executive, assistant, support staff, and clinical directors. He agreed, and I became a part-time macro practitioner, retaining a 70% direct practice assignment.

For the first few months the experience was everything I had dreaded. Every Monday for two hours I sat through discussions about budgets, salaries, insurance providers, strategic planning, and staffing concerns. I had little patience for the long conversations and the drafting and redrafting of dull documents that occurred with every issue, and spent much of my time stifling yawns. Once, I seriously suggested that we place time limits on the amount of attention we could

devote to any single topic, but the others thought I was kidding. Finally, however, an issue emerged that excited me.

## Social Workers and Case Managers

It was the late 1980s, and the county community services board (CSB) informed us (we were one of its five contract agencies) that it would be making a major investment in the promotion of services to persons with mental illness. It was prepared to earmark most of its resources toward the development of case management in all of its agencies. Five-member teams for assertive community treatment are now commonplace, but they were new at that time. The Board wanted my agency to staff one team of five staff (four case managers and a nurse) as well as two designated case managers (DCMs) who would work independently with the same population.

This was good news to me because of the client population involved, but I quickly became aware of two problems with the initiative. First, while my agency had always hired experienced staff with broad intervention skills and appropriate licensure, the CSB designated the new case management positions as non-clinical and encouraged the hiring of staff with only bachelor's degrees. The case managers would be expected to engage in referral and service coordination, but not psychotherapy. I could imagine a team of case managers providing a full range of services with a shared caseload, but I thought that the DCMs would need therapy skills because of their independent work with higher-functioning clients. I believed then, as I do now, that it was naive to consider the long-term case manager/client relationship as lacking therapeutic elements. Second, the other direct service staff at the agency, most of whom were my friends, had a heavy investment in the agency's reputation as a provider of high-quality clinical work and believed the new program would damage that reputation. I disagreed with them, but I also didn't want to risk damaging my friendships. I could foresee the emergence of programming and staffing conflicts with them, and I didn't like the feeling. Did I mention that I don't like conflict?

I was upset. I wanted the agency to hire licensed, graduate-level social workers as DCMs so that our clients with serious mental illness would get the best, most comprehensive interventions social work could offer. I expressed my concerns to the full staff at a weekly meeting (they respectfully disagreed with the philosophy of the case management initiative) and then privately to the director (who did not share my concerns, being most intent on cooperating with the board). The director did expand my macro roles, however. He acknowledged that he did not understand mental illness as well as he should and asked me to accompany him to the CSB's program planning meetings, which were normally restricted to agency directors. I was being drawn into macro practice in a more substantive way. I knew I should be there but I was uncomfortable walking into that massive downtown lair with a group of (I imagined) high-salaried administrators whom I didn't know well. I didn't feel ready for this. I'd rather have spent time with my clients.

## Trying To Fit In

For the next three years I attended to part-time macro responsibilities at the agency and downtown. In Management Team meetings I was given the responsibility of writing job descriptions and hiring and supervising case managers. I felt adequate to those tasks, even though I could sense the displeasure of my agency peers each time we hired a new case manager or I organized another case management training opportunity. My visits to the CSB were far

more harrowing. Every two weeks I walked into the large, lavishly furnished office building, teeming with computers at every workstation. (Computers were not yet common, and none of us at my agency had one.) My director and I would be escorted in to a conference room as large as the entire first floor of our agency and seated at a semi-circular table across from what seemed like twenty CSB staff (there were probably six or seven), all of whom exuded (to me) airs of superiority and sophistication. I made a point of passively acting out my displeasure by wearing jeans and sneakers which, granted, wasn't very mature. Administrative staff from other mental health agencies were present as well. Everyone was cordial with one another, but not particularly friendly. I perceived a consistent atmosphere of mutual suspicion as the board staff and agency administrators negotiated their positions on case management programming. I didn't make any efforts to bridge those divides because of my insecurity in the setting. Looking back, though, I might have constructively used my "in the trenches" case manager perspective to help keep the focus on our clients' needs.

I didn't say much, and any efforts I made to show expertise were cancelled out by my low status among the group around the table. Since I was one agency-based social worker interacting with administrators of the large county mental health system, my arguments did not carry much weight. My discomfort escalated when I came into conflict with Board administration in delineating the range of necessary case management skills for working with clients who have long-term psychotic disorders. They pointed out, with justification (tending to speak to my supervisor instead of to me), the historically failed efforts of office-based practitioners to help those clients with "talk therapy." They believed that clients with mental illness benefitted from action, from participation in rehabilitative programs where they could learn and apply functional skills. Therapy-minded professionals would be reluctant to provide interventions that required referral, brokerage, and advocacy skills. I, in turn, cited literature advocating a practice model known as clinical case management, which asserted that the most effective case managers were able to combine clinical skills along with attention to environmental supports. Social workers, I argued, could do both effectively. The Board disagreed with me, not quite as respectfully as my peers did. My director also became less supportive of my position when it became clear that the agency could function more economically with lower-salaried case managers. Not surprisingly, the CSB's position carried the day. We got our team and designated case managers as they had directed. Interestingly, a CSB-sponsored study of the effectiveness of the new programs conducted several years later concluded that their use had not significantly improved client levels of social functioning. The Board interpreted these findings as pointing to a need for more environmental supports rather than a change in intervention philosophy.

Several years earlier I had returned to school to pursue a doctoral degree in social work so that I could teach and write, and after graduation I left the agency for a university job. I had never become comfortable in my macro roles during the past five years, but I could look back at a few accomplishments. While CSB administration had never considered my positions on case management to be sound, by virtue of my visibility there I developed a reputation in the county among some practitioners as an "expert" on case management and social work. By the time I left my job, I was making regular presentations on those topics at various agencies, arguing among friendlier audiences for the development of well-rounded clinical case managers, and perhaps I had some positive influence in those ways. One of the lessons I have learned over the years is

that it's often difficult to know as a macro practitioner if and how one is having influence.

After entering academia in another state, I continued providing direct services on a volunteer basis to individuals, families, and groups with mental illness. And, because my academic position required service activity, I joined two state mental health organizations and two local agency boards of directors, thinking that I might be able to help them with research and program development. One thing that prepared me well for those positions was my rapid accumulation of experience sitting on faculty committees, where the likelihood of resolving any issue quickly, and the likelihood of generating widespread agreement about anything, was remote. I got used to having my points of view respectfully invited and then dismissed, with no hard feelings. It was the same for all of my faculty colleagues.

The results of my first macro service activities in the new city were mixed. I appreciated the opportunity to participate in agency-based research, but the board experiences were frustrating. One board was primarily interested in fundraising (I had no money and no contacts), and the other, which had recruited me to help with program development, never gave me anything to do because I was a new and relatively young member among an established group of business persons. I still felt out of my element. I quit those boards and focused more on my academic work when, finally, a macro opportunity came along that excited even me!

## Finally, A Good Fit

The State Social Work Board (SSWB) consisted of six social workers and three citizen members who were responsible for directing the process of licensure for social workers. The Board had seldom included a representative from the academic community, so one year I was nominated for an open seat by a group of regional social work leaders. I didn't know what to expect but while the idea of serving on the SSWB was anxiety-provoking it seemed like a good opportunity for me. Unfortunately, my fears intensified when, after my appointment, I attended an orientation for new members of the various state boards that included dozens of high-ranking professionals from medical and other health disciplines as well as several well-known politicians. These people seemed to know what they were doing!

Once the SSWB meetings got underway, though, I realized, to my astonishment, that at last I was in a macro role that might begin to feel comfortable. Finally! The daylong orientation was a confidence booster, and the organized format of the meetings (the full board met quarterly, with additional subcommittee and other special meetings) included clear expectations for all members, which I appreciated. Private citizens and representatives of social work organizations were free to attend meetings and provide testimony about any issues of concern, and they usually did. Board members came from around the state and had different practice backgrounds, so there were no apparent factions. At each meeting we were all greeted with handsome name placards, handouts, pens, notebooks, and even computers. I had never seen such thorough meeting preparations. I was in a macro setting where I actually felt welcome.

I was relatively quiet during my first year as I took time (perhaps too much time, given my macro insecurities) to learn the ropes of state board work and its relationship to legislative

activity. A major Board issue that arose shortly afterward, however, was the possibility of amending the state's definition of clinical social work practice. I was especially interested in that! It brought me full-circle to the situation 25 years earlier when I tried to advocate for the significance of therapeutic social work services for persons with serious mental illness. This time I was, to my surprise, more effective. Over time I successfully advocated, along with some peers, that the definition of clinical social work should be broadened to include the term "psychosocial interventions." Many social workers in case management roles were previously prohibited from getting licensed in the state because their services hadn't been consistent with the more restrictive previous definition, but with the change they might be license-eligible, depending on their educational backgrounds.

So how did it happen? Initially there was only modest support for the change among the members, and some state organizations opposed it, asserting that the practice of clinical social work should require the ability to provide diagnostic and psychotherapy services. Otherwise, it was argued, its skills would be "watered down" and insurance companies might not be willing to cover clinical social work. As I did two decades ago, I provided research to support my position (this time having better access to it) and articulated the uniqueness of the profession's person-in-environment perspective. The eventual acceptance of the change was probably in large part a result of compromise, agreeing to keep "psychotherapy" in the definition.

But another question remains: How did I rise to the occasion? In the past I had always doubted myself in these situations. This time I was more persistent and more comfortable with the process. I've spent a lot of time thinking about this, and a variety of factors were important. Some of them might seem silly, but all of these (in no particular order) contributed to my resolve:

*The support staff was outstanding*. They had excellent institutional memories, knew precisely what existed in the state laws, and kept such good minutes that they could always accurately report what had been said and done in previous meetings. (I have always been frustrated with people who erroneously recall what they have said or done previously, sometimes trying to change their stories to confuse me.)

*The structure of the meetings assured that everyone would be heard*. The Chair called on all members to talk, prevented spontaneous arguments from gathering momentum, and prevented side conversations. I can't say enough how frustrated I become in meetings where one party shouts over another in an effort to bully or dominate. I'm not good at shouting, so this tactic puts me at a disadvantage. All of us were generally able to finish our sentences before someone else took the floor.

*Members were always asked to provide evidence for their points of view and given until the next meeting to do so.* Being at the university, I had access to a lot of data, so I appreciated this feature of the process. I realize that people (including me) do not always let facts get in the way of their opinions, but the expectation of providing supporting evidence helps to minimize that problem.

*Meetings had strict starting and ending times, partly because of the long distances some members traveled, and this kept the process moving along*. I should mention that another of my frustrations is group participants who use 50 words where five would suffice, or feel the need to make the same point multiple times. (Okay, I admit, I'm guilty of the latter.)

*The chair reminded board members at the beginning of every meeting what our purpose was*. This is almost never done in other meetings I attend, but it helps to promote a spirit of collaboration and respect, even when feelings become hard. I must mention, too, that fresh coffee was always available and we took breaks halfway through each meeting to enjoy boxed lunches and some social time. (My crossing the room for refills in the middle of a discussion was a common sight.) These were modest benefits, but they helped me feel more nurtured in this macro setting than what I typically felt in my day-to-day life as a micro practitioner. I have often observed that macro practitioners are more thoughtful about tending to these small tokens of mutual support than comparable meetings of direct practitioners or administrators and practitioners. To me, this is one sign that direct practitioners are often taken for granted, which may be due to their relatively larger numbers, differing roles, or lower status within many organizations.

Aside from the eventual outcome, the best part of this experience for me was participating in a macro process that was inclusive of persons at all levels of social work practice. It occurred to me that, with age and some experience, I had developed greater confidence as a macro-focused social worker, able to comfortably articulate my opinions and accept that the people involved in the change process would always disagree. But that was okay. I wasn't concerned as much about my own image, and I hadn't lost any passion for my clients. During that year I often thought back to my days as a full-time practitioner—and the reduced respect for the work of this population by my former peers—and I felt gratified. There was much more that happened during my years on the social work board, and all of it made me feel better about myself as an all-around social worker, even though it's still more fun to spend time with clients.

## Lessons Learned

From my first class as an MSW student, I have known that the social work profession needs all types of practitioners—micro, macro, and generalist—to thrive. Several charismatic professors and peers had even made me feel guilty at times about wanting to be a direct services practitioner, as they modeled the importance of administrative, community, and political social work. Still, I didn't have the motivation, skill, or, perhaps most of all, the confidence to practice in that realm until I dabbled in it several times, trying and failing. The sad truth is, I probably had, like every other direct services practitioner, more macro ability than I thought all along. As examples, I have always been: an articulate speaker and writer, able to summarize differing points of view concisely; calm when engaged in heated exchanges; able to lighten situations with inoffensive humor; and task focused. None of these qualities is adequate for effective macro practice, but they served me well. I wish someone (a supervisor, peer, or teacher) had pointed this out to me much earlier, but it wasn't anyone else's fault. I had needlessly de-emphasized the macro side of the profession once I made my commitment to direct practice. It was my mistake!

I am aware, too, that my macro practice capabilities were only revealed when I had a cause about which I felt passionate. Perhaps a direct practitioner merely needs to feel inspired about an issue in order to effectively make the role transition and straddle both areas. Direct practitioners really do know better than anyone else, except their clients, what policies and procedures work and don't work with regard to providing quality services and upholding the values of the profession. Even when organizational roles are rigidly structured, there are ways for direct practitioners to make known their views about administrative matters and advocate for change. I should have done that more often. From now on, I will.

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