

# **Integrating Micro, Mezzo, and Macro Practice in Interdisciplinary Work with Rhode Island's Homeless Community**

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**Abstract:** The interrelatedness of micro and macro practice has been a pervasive theme in my decade of work with Rhode Island's homeless community. Lessons learned along my professional journey and several current practice examples highlight how these spheres of practice are inseparable. Integrated practice elicits philosophical and logistical questions, including how to balance systems-level and client-level work, respect epistemic privilege, acknowledge commonality with our clients, navigate ethical challenges, cultivate frustration tolerance, and maintain multiple accountabilities. It has ramifications for how we teach, manage programs, and practice as individuals and as a profession. I have found that embracing the opportunities and challenges presented by integrated micro and macro practice can lead us to be more impactful in our client- and systems-level work and more creative and fulfilled as practitioners.

**Keywords:** homelessness, social justice, integrated (micro-macro) practice, experiential learning, interdisciplinary learning, social work education

This year marks my tenth year of doing work with the homeless community and my first as a newly minted MSW graduate. While my degree is recent, I feel that the whole of this past decade has contributed to my worldview and practice as a social worker. My career thus far has reinforced time and time again that finding ways to integrate micro, mezzo, and macro practice leads to clients and communities that are more connected and better served and to practitioners who are able to practice more creatively and sustainably. To me, these benefits make it well worth navigating the unique practical and ethical challenges that come with melding the two.

This reflection considers how my focus on the interconnectedness of the micro and macro spheres has emerged organically from my personal and professional trajectory and is highlighted in my current position. I then consider several themes emerging from those interconnections and discuss how these have shaped my thinking about social work education, program development, and our roles individually and as a profession.

## **A Natural Progression Toward Social Work**

Hindsight has a way of filtering out what is relevant from the background noise. When I look back on my undergraduate years, I remember few things as clearly as my first interactions with Rhode Island's homeless community: I remember my first visit to a shelter, my first evening of outreach, my first rally, and my first time mourning someone who died on the streets. While I knew immediately that I was in love with this population and wanted to work with the homeless community for the long haul, figuring out how to do so was a longer process that ultimately led me to social work.

When I was a student at Brown University, I belonged to a student group, Housing Opportunities for People Everywhere (HOPE), that did a range of work in the homeless community in close coordination with people experiencing homelessness. HOPE did (and continues to do) a range of work, including outreach, coordinating a soup kitchen, and participating in advocacy and organizing campaigns. HOPE was founded by Catholics of the liberation theology tradition, who believed that charity alone is insufficient, and that, instead, the goal should be solidarity with those who are poor and oppressed. This philosophy and practice model led me to naturally see homelessness more from the perspective of those experiencing it and through a mezzo/macro frame, something further reinforced by my coursework in Urban Studies. This helped me to become attuned to the lived realities of those on the street and the systemic oppressions manifest in those narratives. It also forced me to learn how to communicate this information to providers and others for whom this was not a natural perspective.

These two streams of knowledge—what I had learned from individuals who were experiencing homelessness and what I had learned through my academic studies of community organizing and public policy—came together during my junior year when I was involved in the creation, maintenance, and public relations of the visible tent cities in Rhode Island. This experience was jarring for me; it threw philosophy and practice and hypothesis and reality into stark relief. There were dramatic contrasts between moments of great collectivity and mutual care within the homeless community and moments of equally great violence and degradation. There were times when society rose to the occasion, sharing of spirit and material resources with the tent cities, and times when people screamed obscenities, threw trash, and physically, legally, and politically attacked our leaders. When I talked about what I had seen with others, I was hesitant to discuss the breadth of my experiences in the tent cities for fear of reinforcing negative stereotypes about people experiencing homelessness. These events left me with deep questions about my role in this work and its sustainability, and a deep appreciation for the importance of having communities of support with whom we can discuss our deepest concerns.

After graduating, I worked in paid positions in mainly direct service capacities, including as a shelter coordinator and case manager. While I loved the client contact these positions offered, I was frustrated by the systemic constraints faced by our clients and, by extension, us as workers. I remained involved as a volunteer in homeless organizing and advocacy work, including the formation of a largely peer-run advocacy group, the Rhode Island Homeless Advocacy Project (RIHAP) and the advocacy for and ultimate passage of the Hate Crimes Against the Homeless bill and the Homeless Bill of Rights. While I witnessed successes large and small, it was during this interval that I felt most burned out. I questioned deeply whether I had any value as an outsider and as a novice, and whether I had the capacity to daily witness the trauma perpetuated against individuals experiencing homelessness and the apathy with which it is often met by broader society.

My closest collaborator in this work at the time was John Joyce, my partner and a person who had experienced homelessness. We had met while organizing the tent city, at which time he was still homeless. Our four-year relationship was a time of tremendous personal and professional growth for me: I had the opportunity to be with someone as he soared in the face of tremendous

odds. John had to fight through the layers of stigma that come with being homeless, having a substance use disorder, and having a criminal record. He had to fight through the logistics of rebuilding a life: a work history with long gaps in it due to homelessness and incarceration, a driver's license suspended because of unpaid child support, and a dismal credit score due to divorce and unemployment. He also had to navigate layers of trauma: guilt over how he had left things with his ex-wife and children, shame about past things he had done, and grief for the friends he had lost while homeless. Despite these odds, he was hired as an outreach worker and case manager and did amazing direct practice and advocacy work until his death from lung cancer in 2013 at the age of fifty. Experiencing these processes as a partner before navigating them as a case manager gave me a deeper understanding of how society treats those who have experienced homelessness. It also gave me insight into the notion of "choice," and how that concept loses meaning when an individual's options are constricted to a singularity.

I also discovered that I could not sustainably approach the issue of homelessness from only a macro or micro perspective. When I did just the former, I felt disconnected, elitist, and useless. When I did just the latter, I felt swamped, complacent, and helpless. The ability to approach social justice issues from both the individual and systemic perspective drew me to social work, and my time as an MSW student reinforced for me my love of the profession. I love how few absolutes there are, and how much emphasis there is on process and context. The field gives me a space to critically consider my role and goals as a person and as a professional, and to see how our system of social work education simultaneously divides and attempts to connect micro and macro practice.

All of this figuring out has taken place in Rhode Island. Working in the same community in a small state for a decade allowed me—forced me—to learn many things. I learned geographies, resources and resource gaps, the system and its quirks, and personalities. I learned what is static and what is dynamic. I also learned the importance of cultivating humility and frustration tolerance, because doing the same work with the same people for so long means that I have done a lot of learning in public. I have made mistakes in public, changed my opinions in public, mourned in public, and grown in public. I made (and continue to make) the conscious decision to continue to practice in the same place, which means that I am required to find ways to integrate the weight of this history into my practice. This is something that I have attempted to do in my current position.

### **Building Advocacy into Direct Service Work**

At the end of 2014 I was approached by the House of Hope about writing a proposal for the PATH (Projects for Assistance in Transition from Homelessness) grant. PATH is a program of the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides outreach-based services to adults experiencing homelessness and serious mental illness or co-occurring disorders (SAMHSA, 2016). In writing the proposal, we intentionally incorporated a systems change component into the work. This came both from a philosophical commitment to social justice and a practical realization that a small staff will never be able to meaningfully serve this population without a dramatic change in the ways in which mainstream resources are

accessed and allocated.

We were awarded the grant, and with subsequent expansion the outreach program now comprises five full-time outreach case managers (myself included), a part-time psychiatrist, peer mentors, and interns from several academic programs. I am the program manager, and divide my time among outreach, case management, program management, and organizing and policy work. Our direct practice included over 3,000 outreach contacts with 324 individuals between July 2015 (when the grant started) and June 2016. These individuals were connected with a variety of internal and external resources, including intensive case management, housing through the high acuity placement committee and other channels, mental health care and substance use treatment (both emergency and community-based), income through the SOAR program, training through the peer mentor program, and day services at multiple sites.

Our macro-level work includes increasing on-ramps to services in non-traditional settings (streets, municipal courts, libraries, parks), combating the criminalization of homelessness and behavioral health challenges (including anti-panhandling and anti-loitering ordinances), and enhancing resource provision to underserved and especially vulnerable populations (transition-age youth, medically complicated individuals, individuals who identify as LGBTQ, older adults). This takes the form of education (of peer mentors, medical, nursing, and social work students), accompaniment (cop watches, on-call panhandling observation), community organizing (press conferences and actions against the Providence Downtown Improvement District's attempts to move the visibly poor out of the downtown area), policy advocacy (for more resources for transition-age youth and enhanced coordination of care with community mental health centers), political advocacy (for the provision of counsel in municipal court and for shelter standards), litigation (against anti-homeless laws and uninformed sex offender registration policies), and research (about synthetic cannabinoid use and emergency room treatment).

These spheres of work are inherently interrelated, and a few stories illustrate how inseparable they are. In each case, the intersectionality provides an opportunity both to improve individual-level outcomes and highlight systems-level barriers in our structures of service provision.

### **Sarah**

Sarah (name changed) is a young woman diagnosed with an intellectual disability and bipolar disorder who was experiencing street homelessness when she was engaged through outreach. She had a history of violent interpersonal relationships following her discharge from a residential program as a youth. She was connected with student navigators through the Rhode Island Medical Navigator Partnership (RIMNP), a collaboration among the House of Hope, the Alpert Medical School, the Rhode Island College School of Social Work, and Brown University that links teams of students with a client with complex care needs to assist her or him in navigating the healthcare system.

Given her history of residential placement, the team advocated for her to receive care through the state's Department of Behavioral Health, Developmental Disabilities, and Hospitals. In the process of reviewing her medical records, the students noticed that she had marked cognitive decline. They were then able to advocate to her primary care provider to conduct further testing, which revealed a surgically correctable condition. This allowed her to receive needed medical treatment and to be found eligible for more intensive community-based supports. While she is now closed to services, she remains in contact with her former case manager and navigators. Without the added level of care she received through RIMNP, she would have continued to be seen only as a snapshot by emergency treatment providers and, in all likelihood, would have continued to be street homeless. Her story emphasizes the importance of outreach, longitudinal care, and interprofessional collaboration, and demonstrates how easily very vulnerable individuals can slip through the cracks of our community mental healthcare system.

### **Allen**

Allen (name changed) is a middle-aged man with a severe alcohol use disorder who was engaged through outreach. He was frequently arrested and charged with open container violations. Prior to the advocacy that created a public defender position in Providence municipal court, he had served time in jail for these violations. In collaboration with the public defender, the city solicitor, and the House of Hope, he was diverted from jail and instead was offered detox and an apartment upon completion of a treatment program, equal in length to the time he would have served in jail.

He tells us he appreciates having an apartment; he also prefers to spend the majority of his time outside with his friends who are homeless, and continues to use alcohol. He has challenged us to base our metrics of success on his own perception of his quality of life, not on our objective measures. On the systems level, he has challenged us to revisit policies, such as no alcohol use in permanent supportive housing, that place people who are actively using substances into no-win situations, and the potentially coercive nature of post-booking diversion programs.

### **Ivan**

Ivan (name changed) is a middle-aged man who panhandles as a way to supplement his social security income. When first engaged during outreach, he stated that he prefers to stay "outside the system." Nonetheless, he would regularly check in with outreach workers. He reached out to the PATH team when he was harassed by an officer and threatened with arrest for panhandling, something that advocates had recently worked to decriminalize in Providence. PATH staff and interns acted as observers for him, accompanying him while panhandling and capturing video of the police harassing him.

This had an empowering effect on Ivan and a deterrent effect on the police department. It also strengthened the rapport between us. He consented to an intake and assessment, and we were able to work together on replacing his documentation and referring him to housing, which he has recently obtained. He still panhandles and checks in regularly with outreach workers. He also

periodically attends Rhode Island Homeless Bill of Rights Defense Committee meetings, the clearinghouse for the state's work on the decriminalization of homelessness and poverty.

### **Themes Emerging from Integrated Practice**

As these vignettes highlight, when we look at our work with an eye to both micro and macro factors, it is nearly impossible to think of a practice example that does not cross the perceived divide between these spheres of practice. Literature on the topic emphasizes the importance of integrating micro and macro practice for the health of the social work profession as a whole (Austin, Coombs, & Barr, 2005), to be able to “adequately pursue social justice...in the clinical context” (Vodde & Gallant, 2002, p. 439), and to legitimize macro practice, the “stepchild” of social work (Rothman & Mizrahi, 2014, p. 92). Multiple models of practice have been identified to bridge this divide: these include narrative-deconstructive practice (Vodde & Gallant, 2002), anti-oppressive practices and critical consciousness (Sakamoto & Pitner, 2005), the life course perspective (Hutchinson, 2005), and community-centered clinical practice (Austin, Coombs, & Barr, 2005). In reviewing the literature on these models, I found many aspects of them to resonate with my philosophy and practice as a social worker.

### **Respect for Epistemic Privilege**

The first people who taught me about homelessness and intersecting issues were people who had experienced them. I learned from people staying in the street what the barriers are to housing, from people seeing healthcare what prevents them from getting treatment, and from people charged with crimes what the context of those charges are. This way of gaining knowledge made it natural for me to see the person experiencing homelessness as the expert, and when I heard a provider or policymaker say something dissonant from what I had heard on the street, I would assume the professional (not the individual experiencing homelessness) to be misguided. While a social work student, I heard this called “epistemic privilege”: While those who are experiencing homelessness, like other vulnerable and marginalized populations, lack many forms of privilege, by definition they are the experts in their own lives, experiences, and situations (Payne, 2014).

In my daily practice, I try to maintain this focus on client as expert. Sakamoto & Pitner (2005) emphasize our role as listeners and learners: “The social worker becomes a naive investigator, making the service user the narrator of his or her own experiences” (p. 443). This means giving clients the space to frame their own narratives and advocating for them when others attempt to discredit those narratives, as in the case of Allen. Allen sees himself as a vital part of a community of people who are experiencing homelessness and who in many cases use substances. Some elements of our system see Allen as a habitual drunkard who shows his lack of gratitude for his housing by loitering in public spaces. As a social worker, it is my responsibility to frame my advocacy for him in a way that is based on his view of his reality. This example also demonstrates how considering “local knowledge” and “lived experience” is also crucial to the systems-level aspect of the work, as these individual frames impact the “macro narratives” that shape how homelessness is perceived and thus addressed (Vodde & Gallant, 2002, p. 442).

As a supervisor and as a teacher, respect for epistemic privilege has led me to place a high value on experiential learning. Just as I first learned by doing work in and speaking with the homeless community and then applying an academic vocabulary to what I saw, it is important to me that the students and interns with whom I work have this opportunity for firsthand learning. It also means incorporating peers into our outreach team as equal members with valuable expertise and supporting them in their personal and professional advancement within our field.

### **Recognition That We Are Like Our Clients Far More Than We Are Unlike Them**

A corollary to recognizing the unique epistemic privilege of those with whom we work is the realization that we have far more uniting us than we do dividing us. While I have not experienced homelessness - and I in no way wish to minimize the importance of this experience—not a week goes by when I cannot identify a shared experience with a client: growing up with a single parent, experiencing the death of a loved one, managing symptoms of anxiety and depression. More fundamentally, however, I am continually reminded that we all have intersecting identities that include positions of privilege and positions of oppression, and that we all interact with systems that are weighted by institutionalized injustice.

Adopting a stance of togetherness with clients and communities experiencing oppression can liberate us to engage collaboratively. Rather than being forced into the stance of being an apologist for the system and a broker of nonexistent resources for the client, we are able to critically consider how together we can navigate and change an unjust system. One of the ways this emerges most commonly is in regard to our housing system. Like many states, Rhode Island is moving toward a system that prioritizes housing based on acuity, the idea being that those most at risk of dying on the street should be the first to receive housing and services. While philosophically sound, this system can foment extreme frustration. At least monthly I have a client express some variation of, “So you’re telling me that if I’m a crazy junkie I’ll get housing, but since I’m trying to do the right thing, I’m out of luck.” Rather than defending our system, I instead try to validate their frustrations and talk with them about how unjust the system is in that there are not sufficient resources for everyone. On good days, this conversation leads to a discussion of how we can work together as people constrained by the same system to overcome the person-specific and broader barriers to housing.

### **Balancing Fitting Client to System and System to Client**

Since I began working in the homeless community, I have felt the tension between working with an individual client to help him or her navigate our system and working on the system to make it responsive to the needs of that client. When I learned about the person-in-situation frame that is so central to social work, I was gratified to learn that this dynamic is one that is explicitly considered within the profession and has been throughout its history (Austin, Coombs, & Barr, 2005; Lundy & van Wormer, 2007). It acknowledges that we are faced with a continuous balancing act between supporting individuals in navigating our system as it is and fighting to make that system what it needs to be. I have come to believe that the point along this continuum at which we feel maximally effective in our work is unique to each of us.

What has helped me feel sustained is to find modes of practice that integrate these two aims: what my colleagues and I see and hear during outreach informs both our client-level case management and our organizing and policy change efforts. Our knowledge of what the homeless community is experiencing guides our advocacy, while our increased knowledge of the system as it is and the rationale (or lack thereof) for these structures helps us better navigate clients within its current constraints. Bridging this divide - and helping clients to bridge it - causes “the split between micro and macro...to dissolve as separate clients migrate to a community of resistance” (Vodde & Gallant, 2002, p. 445).

### **Consideration of Ethical Challenges**

Similar to the issues described above, I felt the pull of ethical challenges long before I had a shared social work language with which to articulate them. What I first felt as internal unease I now know as managing dual/multiple relationships and boundary challenges. These include engaging with the same individuals as clients, organizing partners, and professional colleagues; navigating conflicts between case-level and cause-level advocacy; considering issues of paternalism versus self-determination; and balancing the needs of clients versus learners as we incorporate peers and students into the work (Reamer, 2003; Hardina, 2004).

The reality that I was already deeply immersed in these ethical challenges before I had a professional code of ethics to help guide me through them has led me to approach them with curiosity and critical reason rather than trepidation (Reamer, 2013). I come to my role as a social worker having had a romantic relationship with someone who had experienced homeless while I was a community organizer, having provided case management to several people who are now my colleagues, and having recently been a student in a program for which I now teach. These experiences have led me to believe that when successfully navigated, attunement to these issues leads to more considered decision-making and thoughtful practice. It forces us to eschew oversimplified perceptions and critically evaluate the deep “how” and “why” questions of our work.

However, when not attended to, bad outcomes result: clients are forced to deal with unclear roles and expectations and are tokenized and exploited for the “greater good.” I have seen this happen several times, most particularly when peers are invited to participate only in a proscriptive capacity, and are not encouraged to remain connected to formal and informal supports. Having a

process for working through the ethical challenges inherent in this work and a culture that welcomes rather than fears such exploration is critical, and it is something I try to cultivate.

### **Cultivation of Frustration Tolerance, Acceptance of Ambiguity, and Trust In One's Gut**

As practitioners (and human beings), it is tempting to try to manage uncertainty and change through attempts to control it. In my experience, this can be a recipe for intense stress and burnout. We are neither able to control clients nor systems, much less the complex interplay between and amongst them. All aspects of our work can engender frustration, from clients not



keeping appointments or following up on agreed-upon tasks, to agency or funder policies that hamper our ability to do our jobs, to laws and regulations that deny our clients life-sustaining benefits. Like most of my colleagues, I have experienced periods of feeling depressed, anxious, and uncertain about my worth and competence as a person and as a professional. Our system can put intense pressure on us to “figure it out” or “make the client understand the importance of doing X.” This belies the reality that few of the issues we encounter are simple or have clear solutions, and that even fewer of those solutions are within our capacity to effect.

Instead, it is important to cultivate frustration tolerance, embrace ambivalence, trust our gut and conscience, and rely on our communities of support. I have tried to adopt a stance of “I have what I need to navigate this” rather than “I need to have the solution to this.” Doing so helps move me toward feeling calm, curious, and connected. Such a position also allows us as social workers to model healthy interdependence and problem-solving, and stops us from falling into the trap of being seen by self or others as expert. Wong (2004) states that rather than rejecting discomfort, we should welcome it as a tool for growth. At the same time, we should ensure that taking this stance does not lead us to discount or diminish the importance of ethical standards, policies, laws, and standards of practice. Cultivating these qualities should not mean that we fight any less hard, hold ourselves any less accountable, or become complacent with an unacceptable status quo.

### **Practice with Multiple Accountabilities**

With the exception of my first year of working with the homeless community as an undergraduate, I have never had a single mentor upon whom I have based my work, and I have never had a single supervisor or boss who has overseen all aspects of my job. This has led me to grow professionally through learning and receiving feedback from a wide range of intra- and interdisciplinary collaborators. Similarly, interdisciplinary work requires ongoing input from a broad range of stakeholders. This multiple accountability forces me as a practitioner, and us as a movement, to remain constantly attentive to the varied and shifting needs of many collaborators. It also requires that we are intentional about keeping the “big picture” in view: For me this has meant seeking external supervision, and for our collaborative work, this has meant a network of implementation working groups, constituent advisory boards, and other mechanisms for community accountability.

When done well, having these multiple accountabilities shields us as individuals and collectives from operating in an echo chamber, where all we hear from others is what we ourselves have said. It offers us a constant diversity of perspectives and forces these to be critically considered, synthesized, and collectively processed. When poorly implemented, conflicting input can result in paralysis and gridlock at the personal and organizational levels. Doing the work of integrating this chaos into our practice can also give us insight into our clients' experiences of trying to navigate a fragmented and convoluted system.

## **Integrating These Themes into Teaching, Program Management, and Professional Identity**

As I continue my professional trajectory, I am intensely interested in how to integrate micro-, mezzo-, and macro-level work within our systems of education, our programs, our work as practitioners, and within the social work profession as a whole.

### **For Social Work Education**

While social work programs may articulate a commitment to the integration of micro and macro practice, I have been struck by how difficult this is to operationalize in classroom material and field placements. I am particularly interested in how to create undergraduate and graduate social work curricula that provide students not only with direct practice and policy-level experience, but spaces to see, participate in, and discuss their interplay.

Multiple authors have noted that the structures of social work education can silo micro and macro practice, creating artificial divides between the two and the perception that the same practitioners cannot do substantive work in both spheres (Vodde & Gallant, 2002; Austin, Coombs, & Barr, 2005). This makes it difficult for social work education to achieve its stated aim to “meld personal, political and professional intentions, so that students can fight injustice while doing social work” (Rossiter, 2005, para. 5). Perpetuating this division may also contribute to oppressive systems through the “compartmentalisation” of social justice to the realm of macro practice (Vodde & Gallant, 2002, p. 455).

A modest attempt to overcome this divide is SWRK 580: Interdisciplinary Practice in the Homeless Community, a masters-level elective that I co-teach at the Rhode Island College School of Social Work. The course includes both classroom components (social work seminar and interdisciplinary lecture) and experiential education components (doing street outreach with a psychiatrist and case manager, attending a community meeting, participating in the RIMNP). Students are asked to write monthly reflections on their experiences, and there is time in seminar to discuss micro-macro crossover. It has been a joy to teach, and while it is only in its first year, students have become more engaged in both the clinical and policy aspects of homelessness and are aware of their interplay, as shown in their written work and community and class participation.

Both as a student and now as a faculty member, I have also seen the value of students being exposed to interdisciplinary work. Inter-professional education days—such as the one jointly facilitated by the University of Rhode Island, the Alpert Medical School, Rhode Island College, and Salve Regina University—provide students with an opportunity to do patient simulation and team building with peers from companion professions. Bringing such work into the community and providing for longitudinal patient engagement offers opportunities to build upon this work while also magnifying the logistical complexities of it. The RIMNP, which I help to facilitate, aims to build these kinds of networks by connecting a team of students with a client experiencing homelessness who has complex care needs and his or her community-based service providers. As a coordinator, I have the privilege of listening to and engaging with students who

are considering their experiences in relationship to their own and their colleagues' developing professional identities and to their future areas of professional focus.

In exploring how to link social work education to other programs and to the community, it is critical to consider how to best provide educational and professional advancement opportunities for peers and those with lived experience with homelessness and intersecting issues. In my experience, far too often peers hit a glass ceiling that makes unavailable or disincentivizes continued education beyond peer certifications. Any collaborations between social work programs and community partners should explore ways to invite and support peers in pursuing social work, case management, and advocacy and policy degrees.

### **For Program Development**

As employees, it seems that we are constantly under pressure to align ourselves in horizontal layers, with those at the bottom doing the direct service work and those nearer to the top having progressively less direct client contact and more programmatic and policy responsibilities. I argue that this is a detriment to both client and social worker. For clients it means that once case managers become experienced, they often advance out of that role, and that those in positions to make policy decisions are often uninformed about clients' lived reality. For us as social workers, it leads to feelings of being trapped in one's role and the sense either that policy work is "above" one's scope of work, or that direct service work is "beneath" it.

In contrast to this, each member of the outreach program that I manage is involved in components of direct practice (both outreach and intensive case management/clinical service provision) and macro work (organizing, policy development and advocacy, program development, and research). That we as staff and interns have "vertical" slices of the pie, rather than the traditional "horizontal" slices, is meant to ensure that each of us is rooted in the ground truth of the homeless community and has the opportunity to work for systems-level change.

I want to continue to explore ways to structure our programs and funding sources in ways that allow and encourage workers to have this "vertical" slice. This includes finding ways to legitimize and document work at both the client and community level by building in flexibility, training, mentorship, and joint case-cause consultation, and implementing "new forms of accountability and managerial support" to support integrated practice (Austin, Coombs, & Barr, 2005, p. 17).

One way to expand this work is through partnerships with academic programs such as those described above. The expectation that students have access to placements that offer integrated micro and macro work requires that community organizations take on this full scope of practice. This offers a more natural philosophical fit, as traditional funding sources often segregate direct practice from policy-focused work. This is of particular interest to me as someone who gravitates toward work in both the academic and nonprofit sectors.

## **For Us as Social Workers and for Social Work as a Profession**

To act competently in environments that are chaotic, and where both our clients and we ourselves are considered outsiders, it is critical that we work from a place of confidence in our identities. I want to be part of creating and implementing educational and program management structures that support social workers who feel empowered to stand up for our clients and against those forces (agency policies, healthcare networks, the criminal legal system) that are damaging to them both individually and systemically.

Analogous to the importance of confidence for us as social workers, social work as a profession needs to be more comfortable with its own identity so that it can work more effectively with other disciplines. Pushes such as the medicalization of social work (Howard & Jenson, 1999) show attention to best practices, but also demonstrate a lack of self-perceived legitimacy as a profession. While social work's breadth has led it to be accused of lacking coherence (Specht & Courtney, 1995), I strongly believe that this flexibility allows it to remain nimble and relevant in ever-evolving clinical, policy, and research initiatives. The more closely we tailor our work to be relevant to the individuals and communities we serve, and the more we collaborate with other professions, the more closely we must hold our own sense of identity as a profession.

While I am confident in my practice and professional identity, I do not see myself as an expert. As discussed above, our clients and organizing partners are inherently the subject matter experts on their own lives, and we have the sacred obligation to take our lead from them. I always have been and always will be a learner, and I have and will continue to make countless mistakes. Rossiter (2005) states that these should be welcomed as a sign of innovation: workers ought to be lauded for their "willingness to think, self-reflect, and...uphold the primacy of question over answer" (para. 12). As I move forward in my practice, I am attempting to remember this and to be generous with myself and my colleagues as we continue to collectively learn by doing.

### **Looking Forward**

Finding ways to integrate my micro, mezzo, and macro work has been a source of sustenance and inspiration, and I feel tremendous optimism about how social work and social workers will continue to find ways to bridge this perceived divide. In my experience, working in this manner benefits all involved: Clients are not defined by their problems but are recognized in their context and invited to join in changing it; social workers have opportunities for sustained practice and professional growth; and academic and community partners are able to share experience and resources. I also believe that it is fundamentally intuitive: If we invite ourselves, our clients, and our coworkers to think in this way, we do so naturally; it is our systems that push us to do otherwise. At my core, I feel strongly enough about this approach that I would rather fail at practicing in this way than succeed in doing so any other way.

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