

Editorial

Is It Possible to Be a “Radical Clinician”?

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Social Work is a profession that dreams of radical change. A noble, targeted effort that creates housing, expands medical coverage, changes public opinion on an issue, reaches the forgotten, embraces the unacceptable, and perhaps even recognizes our profession as the stealth catalyst with a heart. The radical dreams call to us like sirens sitting on the rocks of reality. We are drawn by our need, hungering for the grand event.

There have been concerted efforts to make the dream come true. Some authors have advocated for a specialty called radical social work, most schools of Social Work have concentrations that offer a “macro practice” choice. Authors have reminded us that all of social work is “political.” Students face a fork in their educational path where they often decide between “clinical” and “macro.” Some students assert from the beginning the path they will choose. Courses often have content that remind students of their need to advocate for change, not to “settle” for clinical adaptation for issues that reflect social injustice. The radical or macro camp share stories of program development, political change, and wrongs exposed that excite students. These endless efforts reinforce the importance of radical change as a mandate of Social Work.

Social Work is also a profession heavily invested in the effective clinical interventions that directly help our clients with psychosocial problems. Legends of Social Work students and graduates strive to learn the trade and take great pride in offering ethical, evidence-based practice with clients who are in great pain and confusion. I was a clinician for 21 years and savor the memories of families who presented initially in pain, anger, and confusion but were transformed into a nurturing, empowering support system. I recall the entrenched client who finally committed to recovery. As a teacher, I share my experiences in class. Each case, successful or heart wrenching, is part of Social Work in action. Each story shared in class further ignites the passion in students to help. The clinical camp continually strives to build better, clearer, more precise methods for helping. I feel very comfortable as brethren of the camp.

Of course, there is no pure camp of either view. We must be both advocate and inter-
vener. I have experienced this tug of war (clinical change and societal change) both as student and faculty member and heard endless faculty meetings strive to balance the two issues. I have seen some very creative faculty efforts to blend the issues. I believe that we recognize this dual role. I suspect that we discretely (or boisterously) slip into the camp that best feeds our passion. Students assert, “I just want to be a clinician,” or, “I could never work with clients.” They sift through the course offerings seeking the content that fuels that passion. Macro change overwhelms some, clinical encounters scare others. And, I think this self-selection is healthy. Neither choice is the exclusive path to a productive career. Neither choice is “better” or “worse.” Each choice is a best fit for the person.

So, what does this discussion have to do with the concept of a “radical clinician?” The two terms “radical” and “clinician,” when combined, seem weird. When you are a cli-

nician, you work in an agency defined by rules, reimbursement policies, and the social construction of a person in pain called a “client.” Payne (1997) eloquently describes the social construction of the client-social worker encounter. You are part of the “system,” whether acknowledged or not. Making a diagnosis (either DSM or alternative framework) commits the person/client to be part of a client-focused system. Supervision, agency mission, and funding options are all mechanisms that reinforce clienthood and a client-focused agenda. Social issues are distilled into intervention plans. Change efforts are focused on resolving those plans. In other words, the clinician has a subtle context to navigate in an effort to effectively help the client.

Can a clinician really be radical? Macro advocates firmly assert that the clinician is tainted, even invested in the structure within which client issues are presented. Radical change is best done by outsiders who can see the “real picture,” the whole context, and are not seduced by being part of the agency. Clinicians argue that they have power within the agency, can develop programs, or change policies. Clinicians can translate client need into agency-ese, so that new programs are more likely to occur. Outside agitators have less credibility than an established clinician. Macro advocates shout that agitation is needed and the agency should listen rather than wait for translation. And the argument goes on and on.

What would a radical clinician look like? I assert that the radical clinician would be highly versed in effective intervention choices and able to provide appropriate care that empowers and builds on the strengths of the client systems. The radical clinician must first be credible as a clinician to have power and influence within the agency. Clinical competence is a major currency in agency politics, though obviously not the only skill valued. The radical clinician must be an effective program developer. You have to have the ability to transform an idea or need into a viable program to know what to do with a radical need. Finally, a radical clinician is sensitized to social justice and connected to the macro advocates who can voice the unmet needs. Frankly, all of these skills are a basic component of an MSW program.

In summary, an ongoing debate rages about radical change agents versus clinically skilled interveners, which misses an important point. Each camp is a valuable place to learn the arena for which students have a passion to learn and implement. There is no “right” way to do Social Work and each camp can be a partner in a jointly productive endeavor. Radical clinicians are possible and can effectively challenge social injustice and produce new programs to meet client and societal need. We can all dream of that magnificent social change but radical clinicians may help navigate us past the rocks of reality into the safe bay of social justice.

References

Payne, M. (1997). *Modern social work theory*. (2nd ed.). Chicago, III: Lyceum Books.