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A CLIENT FOLLOW-UP STUDY OF CATHOLIC  
FAMILY SERVICE BUREAU OF WINDSOR

by

Beverly Joyce Hunter

A Thesis

submitted to the Faculty of Graduate Studies  
through the School of Social Work  
in Partial Fulfillment of the requirements  
for the Degree of Master of Social Work at  
The University of Windsor

Windsor, Ontario, Canada

1979

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Research Committee

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Professor S. Moore    Member

Dr. M. L. Dietz    Member

## ABSTRACT

The purpose of this research project was to examine the clients' perceptions of the effectiveness of counseling services which they received at the Catholic Family Service Bureau of Windsor. The design and instrument for this client follow-up study were based on a previous descriptive study by the Family Service Association of America carried out in 1970. Literature was reviewed in four areas: social casework, effectiveness of casework, some phenomena effecting casework outcome, and client follow-up studies. Two hypotheses were developed to examine client reports of satisfaction with services, and improvement with problems presented for service. Research questions provided further structure to the research process. A purposive sample (188) of recently closed cases was drawn from the Catholic Family Service Bureau population (433), and self-addressed questionnaires were mailed to these clients. One half (51%) of the sample responded.

Statistical tests indicated that the respondents were representative of the sample and population, allowing research findings to be generalized to the population. The majority of the sample was married, lived in the city of Windsor, and presented marital problems for services.

Other common problems were parent-child and individual personality adjustment. Most clients received five or less interviews.

The research findings indicated that the majority (71.6%) of clients reported that they were satisfied with the counselling services they received. General improvement with problems was reported by over one half (53.7%) of the respondents. This corresponded with the scale measuring improvement (54.7% of the change scores indicated improvement). Findings indicated statistically significant relationships between improvement scores and the following variables: goal attainment, reasons for termination, and client satisfaction with counselling relationship.

It was concluded that the majority of clients reported satisfaction and improvement after receiving counselling services at the Catholic Family Service Bureau. Recommendations were made in the following areas: social work practice, agency policies and programs, agency record keeping, and further research.



## ACKNOWLEDGEMENTS

The researcher wishes to express her appreciation to all those who have contributed to this research project, both as a fait accompli, and as a valuable learning experience. Some persons, in light of their particular contributions, warrant specific mention.

Without the clients of CFSB who took the time to complete and return the questionnaires, this research project would not have been possible. The sharing of their experiences and perceptions of service at Catholic Family Service Bureau provides valuable feedback to the social work profession and the agency.

The Catholic Family Service Bureau, and particularly, the Executive Director, Mr. Frank McDonald, must be thanked for their co-operation, interest and support of the research project.

The researcher wishes to express appreciation to the members of the research committee for their involvement in the research project: Dr. Mary Lou Dietz, Faculty of Sociology, for her interest and suggestions; Professor Stewart Moore, School of Social Work, for his support and assistance; and Chairperson, Dr. Lola Beth Buckley, School of Social Work, for her patient guidance, encouragement and high expectations.

Finally, the support and interest of friends and family is recognized and appreciated. Special thanks are extended to Sharon Colling, Don Deathe and Donna Sutherland for their involvement and assistance throughout the joys and frustrations of the research process: addressing envelopes, mail strikes, organizing information and "putting it all together".

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## CHAPTER I

### INTRODUCTION

Social Work has existed as a profession assisting people with their social problems since the turn of the century. During the last forty years there has been an increasing realization within the social work profession of the need to examine the outcomes of the helping process. In the last decade, as less funding is available for social services, an emphasis upon accountability and service effectiveness has developed.

If social work were still financed almost entirely by private donations, as in earlier days, our concern could remain minimal. But modern emphasis on cost-effectiveness, efficiency, and effectiveness, especially in the public sector, does not fit very well with counselling activities conducted mainly on "faith". With increasing direct government involvement in the provision of social services, there is likely to be more and more expectation upon us to provide tangible demonstrations of the value of our work (Kelly, 1973, p.254).

Various research approaches have been developed to evaluate the effectiveness of social services. Program evaluation, often carried out or encouraged by funding sources such as the United Community Services, has been undertaken (Crane, 1974; Wong, 1974). Research projects on treatment effectiveness have been carried out based upon experimental designs (Powers & Witmer, 1951; Meyer et al; 1965; Reid & Shyne, 1969).

Descriptive research has also been used to investigate the effectiveness of service (Siegel, 1965; Mayer & Timms, 1969; Beck & Jones, 1973). The findings from these different forms of research have been used to plan and revise programs, to seek more efficient and effective means of intervention, and more generally, to provide the best service possible with the funds available.

The research project reported here used one of these types of research design to examine the clients' perceptions of the effectiveness of casework services which they received from the Catholic Family Service Bureau of Windsor (hereafter CFSB). The researcher became interested in this task through her experience as a social worker at the agency while on field placement as a graduate social work student. This interest in testing service effectiveness was supported by the Executive Director of the CFSB, Mr. Frank Macdonald.

This research project has ~~taken~~ the form of a Client Follow-Up Study following the format designed for the Family Service Association of America (hereafter FSAA) by Dorothy Fahs Beck and Mary Ann Jones (1973; 1977). The purpose of this research project was to acquire feedback from clients about their experiences and perceptions of counselling service at CFSB. The clients' satisfaction



with the services they received and the improvement in their specific problem areas will be examined.

It was the decision of the researcher to focus the research on the client. This was based on

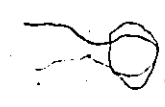
the conviction that the consumers of the service, those who directly experience the helping process and must live daily with its consequences, are a valid, even indispensable, source of outcome information (Beck & Jones, 1977, p.1).

The client can report the influence of counselling intervention as well as the influence of factors beyond the agency setting.

They are the only ones who can report on their expectations, their reactions to service and agency policy, their unmet needs and their relationship with their counselor (Beck & Jones, 1973, p.11).

Comparisons of the particular findings will be made with relevant data of similar studies of casework effectiveness (FSAA, 1972; Beck & Jones, 1973; Blonde & Murphy, 1975; Dailey & Ives, 1978). As well as reporting client satisfaction and problem improvement, this project will describe the users of CFSB, their presenting problems, the services they received and their reasons for termination. Differing reports of outcomes of services will be examined in relation to selected client and service characteristics.

The utilization of this research project will have several applications. Catholic Family Service



Bureau and its staff will be provided with direct feedback from their consumers, the clients. The findings may be used to improve existing services, identify needs for new programs, and areas for professional development (Riley, 1975). The project will establish a baseline from which the agency may proceed for further research. This research will not provide a full measure of quality and effectiveness of service. A complete evaluation would need to include control groups, before and after service testing, evaluations from caseworkers and independent judges, as well as a measure of long term effects. It will measure the short term results of intervention and is "limited to things the client can perceive and decides to report" (Dailey & Ives, 1978, p.233). The project also will have implications for the wider sphere of the social work community by adding to the meager number of reports of research which provide client feedback for Canadian social work agencies.

The findings of the research will be disseminated by various means. The researcher plans to hold a public seminar inviting the academic and social work community, including the Board of Directors and staff of CFSB, other family agencies, social planning groups. A copy of the thesis will be placed in the CFSB library, and

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ESAA will be informed of the research project. It is the researcher's intent to publish a summary of the findings in a professional journal.

At this point some description of the community and the agency within which the research occurred is necessary. The CFSB serves the geographic area of Windsor and Essex County. This area is located in the extreme southwestern part of the province of Ontario. Essex County is bounded by water on three sides: Lake Erie; Lake St. Clair; and the Detroit River (and Canada-United States border). To the east is the county of Kent. Essex County contains approximately 707 square miles, and has a variety of agricultural activities. The combined population of Essex County and the city of Windsor was 307,195 in 1975. Windsor is located on the Detroit River and has a population of 265,000. It is an important Canadian manufacturing centre with motor vehicles and parts, food and beverages, and metal works and machinery being the three main areas of production. Windsor is also an important transportation centre and port of entry (Unemployment Insurance Commission, 1971; Tourist and Convention Bureau of Windsor & Essex County).

The area is served by a wide variety of health, welfare, and social services. One of these is the Catholic Family Service Bureau of Windsor. The agency

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was established in 1948 by Catholic Social Services of the Diocese of London. There is still a consultive relationship between this organization and the agency.

At the time of the study, CFSB employed five professional social workers as well as providing field placement experience for two graduate and one undergraduate social work students. During the spring and early summer of 1978, two temporary professional staff were employed to replace two workers on leave. The agency has an Executive Director who carries out administrative functions, and is responsible to the Board of Directors of the agency. The social work staff handles all clients from intake to termination.

Counselling services are provided to those persons requesting such service. Some other agency activities are community development and organization, research, and family life education. As well as the services offered from the CFSB's central office in Windsor, there are two branch offices located in Essex County at Amherstburg and Bella River. The regular professional employees staff these offices one to three days a week. The cost of agency services is partially met by fees for service from the client. In 1978, 690 clients received services from the CFSB. The three major presenting problems brought by these clients

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during 1978 were marital (42.2%); parent-child (33.3%);  
personal adjustment (21.9%) (CFSB, in process).

CFSB has identified a central purpose for agency  
service. This is:

To contribute to harmonious family inter-relationships, to strengthen the positive values in family life, to promote healthy personality development and satisfactory social functioning of the family and its members; be it through functions that are curative, preventative, or through the provision of resources (CFSB, 1978).

This purpose is implemented through five functions of the agency: casework; community development; family life education; professional development and education; and research. The first three of these functions are viewed as the primary tasks of the agency. However, counselling, or "the provision of family centered casework and group work treatment services" (CFSB, 1978), constitutes one half of the annual agency budget expenditure.

The CFSB is a sectarian agency. Its' Board of Directors has suggested the following guideline for staff:

...provide the best possible service to clients applying for assistance regardless of the client's religious beliefs or ethical practices. However, within the limitations implicit in the nature of casework or other professionally accepted methods employed, staff members are expected to give due recognition to CFSB's role as a church related Agency (CFSB, 1973, p.3).

In North America, the concept of agencies providing family services dates back to the early part of this century. In 1919, the American Association for Organizing Family Social Work was established. This Association provided structure, breadth, and professionalization to the services of the Charity Organizations. Prior to this time, social work had focused primarily on the basic economic needs of families. This was extended to include non-economic family problems as well. Family casework, improved standards of service, and action upon important family life issues were of concern to the Association.

In 1946, the present FSAA was established. It was a direct outgrowth of the former association. Since the 1930's, economic support programs had been increasingly assumed by national governments through social security programs. This societal change enabled family service agencies to emphasize casework services providing personal, emotional and social supports to family life.

In 30 years the interest and commitment to the family by social work agencies can be illustrated by the fact that by 1975, FSAA had 300 affiliated family agencies; the National Conference of Catholic Charities had 400 affiliated family agencies; the Council of

Jewish Federations and Welfare Funds had 100 affiliated family agencies (Ambrosino, 1977, p.429).


The CFSB of Windsor is a subscribing member of the FSAA. There are similarities in agency structure, record keeping and staffing to other member agencies. The central purpose of the CFSB, stated previously, is identical to that adopted by the FSAA in 1953, and reaffirmed in 1963 (Committee on Methods and Scope, 1953; Committee on Range and Emphases, 1963).

The CFSB is also a member of the Ontario Association of Family Service Agencies (hereafter OAFSA). This Association has about 34 member agencies. Its membership is open to those agencies whose primary functions:

include the strengthening of family life through the provision of family counselling, preventive services and the improvement of the social environment in Ontario (OAFSA, 1978, p.7).

The Association acts upon the mutual concerns of its member agencies, seeking funding, policy and legislative recognition of problems effecting families in Ontario.

In summary, the social work profession has become increasingly aware of the need to examine the effectiveness of social work intervention. There have been several types of research design used to evaluate social work services. One of these types is the client follow-up study which elicits and examines clients' perceptions



of the effectiveness of casework services which they received. This research project follows the format for the client follow-up study designed by FSAA. The setting of the research was the Catholic Family Service Bureau of Windsor.



## CHAPTER II.

### A SURVEY OF THE LITERATURE

A comprehensive survey of the literature in the areas of family casework, factors influencing outcomes, and casework's effectiveness would be a task of considerable magnitude. Adequate understanding of the topic would involve an extensive review of the literature in the areas of definitions of social casework; concepts of casework practice; phenomena affecting outcomes; research on effectiveness of casework; and client reactions to agency service. To facilitate an understanding of the research project, the author has read material related to each of these areas. This information was divided into four major sections to simplify presentation. These sections are:

Social Casework.

The Effectiveness of Casework-Service..

Some Phenomena Effecting Casework Outcomes.

Client Follow-Up Studies.

#### Social Casework

The development of casework services to the family is directly 'symbiotically' related to social change and the resultant changes in the family. This is also true of the development of casework theory (Garton & Otto, 1964, p.3).

As society and the family have changed and modified themselves during this century, so have definitions of casework practice. The social work profession grew from parish work with the poor. Charity Organizations were founded and attempted to foster self reliance and improve family living conditions. Originally, volunteer friendly visitors visited the poor. Later, there were paid workers to provide service to the needy. This work emphasized the family as a productive economic unit in society. A speaker at the National Conference of Charities and Corrections had this definition of casework:

Casework deals with life lived unsuccessfully. Its business is to stir men and women whose situation is markedly unfavorable, to move on to a more remunerative plane of effort (1913, p.353).

With the advent of professional training for caseworkers and increasing societal affluence after World War I, the focus of casework was modified. The emphasis on the worker-client relationship, and work with families and individuals remained central to casework, however treatment could occur on two fronts: personality, and social environment. In 1922, Mary Richmond wrote:

Social casework consists of those processes which develop personality through adjustments

consciously effected, individual by individual, between man and their social environment (p.98-99).

Richmond emphasized personality change for the client,

...the highest test of social casework is growth in personality....Only an instinctive reverence for personality, and a warm human interest in people as people can win for the social caseworker an affirmative answer to this question (of caseworker effectiveness) (1922, p.260).

In 1929, the Milford Conference on Social Case Work placed importance on the casework relationship and the development of the individual's and family's self maintenance capacities.

The most significant contribution of social casework to society is not its ability to deal with parental neglect, illiteracy, mental defect, physical handicap, pauperism, and other items...but in its increasing ability to deal with the human being's capacity for self maintenance when it has become impaired by these and other deviations from accepted standards of normal social life. It has made its highest contribution when its client no longer needs the social case worker, not because he no longer faces these deviations but because his developed capacity for self maintenance is equal to the task of dealing with them unaided by a social case worker (Milford Conference Report, 1974, p.17).

The world wide depression during the 1930's placed new outside stress on families and individuals. Out of this period came the shift of responsibility for economic support programs from private agencies to the public sector. New emphasis in casework was.

placed on the client's personal strengths and goals rather than using an ideal societal standard to set goals. The use of differential diagnosis and treatment in casework began (Lowry, 1936). The two separate concepts, the person and the environment, were merged:

...the function of social casework is not to treat the individual alone nor his environment alone, but the process of adaption which is a dynamic interaction between the two (Reynolds, 1931, p.109).

Garton and Otto described casework goals for this period to be the "healthiest possible functioning of the individual physically, psychologically and economically in his own social situation" (1964, p.70).

During the 1940's, families and society were disrupted by a second major war. As a result of the new urgency and mobility within society, emphasis in casework services tended to be more upon the individual, rather than the family.

War is a major disaster which affects the lives of all of us to a greater or less degree. Individuals and families bear the brunt as the usual emotional and social equilibrium is upset and dislocations are imposed on the familiar way of life (Day, 1944, p.363).

During this decade, the development of divergent schools of thought about casework practice began and continued

on into the fifties. The diagnostic school was developed by Gordon Hamilton, and later grew into psycho-social casework. It was defined by Hollis as:

Casework treatment is conceptualized as a blend of processes directed as diagnostically indicated toward modification in the person or his social or interpersonal environment or both, and of the exchanges between them.... The objective of treatment may be to enable change to occur in the individual(s) or in the situation or in both (Hollis, 1970, p.36-37).

Change was thought to come through the process of the client gaining an understanding of his situation via the casework relationship.

Another conceptual model, developed in the same period, was functional casework. It was defined as

a method for engaging a client through a relationship process, essentially one to one, in the use of a social service toward his own and the general social welfare (Smalley, 1970, p.81).

This approach emphasized: the client's ability to choose and grow; the provision of concrete service; and a helping process that evolved through a partnership between the worker and the client. The outcome was not predetermined by the worker alone.

In the fifties, Perlman developed another social casework model - the problem-solving process. This approach emphasized the following active elements:

...a person beset by a problem seeks help with that problem from a place (either a social agency or some other social institution) and is proffered such help by a professional social worker who uses a process, which simultaneously engages and enhances the person's own problem-solving functions, and supplements the person's own problem-solving resources (Perlman, 1970, p.135-136).

These models were helpful as theoretical guides to social work practice, but the profession still sought a definition that would describe social work practice regardless of the theoretical school of thought. In 1950, such a definition appeared from an international organization:

The social worker...performs a primarily technical and instrumental function calculated to make more rational, more intelligent and more effective (a) the efforts of the community in promoting social well-being, and (b) the efforts of individuals, families, and groups to overcome obstacles to productive and satisfying living (United Nations, 1950, p.19).

Later, in 1958, the National Association of Social Workers presented a working definition of social work practice which included many of the concepts discussed in preceding definitions and stressed the casework goal of change:

The social work method is the responsible, conscious, disciplined use of self in a relationship with an individual or group. Through this relationship the practitioner facilitates interaction between the individual and his social

environment with a continuing awareness of the reciprocal effects of one upon the other. It facilitates change: 1) within the individual in relation to his social environment; 2) of the social environment in its effect upon the individual; 3) of both the individual and the social environment in their interaction. (National Association of Social Workers, 1977, p.345).

Around the same time as the formulation of these theoretical and conceptual models within social casework, and the attempts to define the actual practice of social work, there appeared two other developments which influenced social casework. One of these was the theory and practice of crisis intervention and brief treatment, focusing on the individual and family in crisis (Rapoport, 1970; Golan, 1974). The other development was the emergence of family theory and family therapy. Contributions to the latter were made from the following theoretical bases: communications theory, social role theory, systems theory, and others.

Family therapy has two major theoretical assumptions:

- 1) The family is a system, here defined as two or more units relating to each other in such a way that if there is a change in one it affects the other and the reaction of the second in turn affects the first....
- 2) Family developmental tasks parallel individual developmental tasks (Scherz, 1970, p.223, 229).

Within family therapy several intervention models have evolved. Sherman, a proponent of integrative

family therapy, places the focus on

the family system and family process, subsystems and processes in which various individuals and members are aligned, and yet [the worker] relates to each individual member as a particular and different human being... (1974, p.465).

Another approach is the communication-interactive approach typified by Satir (1967) and Haley (1962).

Here the family system is the primary focus with emphasis placed on improvement of communication and interaction skills. Whatever approach or modification of approach is adopted

family therapy considerably enriches the possibilities for treatment from the outside, in (family to individual) as well as from the inside, out (individual to family) (Sherman, 1977, p.436).

The 1960's and 1970's have brought social work practice to an eclectic approach to casework intervention (Hartman, 1974).

Most believe that a flexible armamentarium of approaches to individuals, family, or part of the family is essential and matches life; that is, people have 'private preserves' of their own as individuals along with being spouses, parents, children, and siblings (Sherman, 1977, p.438).

Fischer has presented a definition of professional interpersonal helping that typifies the eclectic nature of casework:

[It]...encompasses a wide variety of interventive practices, methods and techniques. In the broadest sense, interpersonal helping can be described as



informed, purposeful intervention either directly with, or on behalf of, a given person or persons (client). The goal of such intervention is to bring about positive changes either directly in the client's functioning, or in environmental factors immediately impinging on the client's functioning. These interventions are intended to enhance aspects of the client's feelings, attitudes, and/or behaviors in such a way that his personal and social functioning will be more satisfying and beneficial to him (1973, p.xvii).

Thus, casework can be viewed as purposeful activity with a set goal by an informed professional and a client.

Beck and Jones (1973, p.177) used a definition of casework written by Perlman as a basis for their client follow-up study. This definition was:

Casework is a process focused on the person's felt need and is guided by assessments of his motivations, capacities, and resources. Its purpose is to enable a person (or family) suffering from a general social problem or a uniquely personal one to suffer less, to cope better, and as a result, to feel able to deal with his tasks and relationships with increased confidence, steadiness and satisfaction (Perlman, 1972, p.176).

It can be seen that over time and in the present day there are many ways to describe social casework, and its practice. An excellent summarizing statement has been made by Freed:

The core concepts of social work, regardless of schools of thought, are: (1) the person-situation is central; (2) the individual and the family must be viewed as bio-psycho-social entities; (3) all behavior is meaningful and purposeful; (4) people are adaptable, and can change if they want to and can learn new ways of solving problems; (5) the relationship between client and worker is the primary helping mechanism; (6) each person has worth and uniqueness; (7) the client has the right of self-determination; (8) the caseworker's standards and values must not be imposed on clients; (9) the trinity of study-diagnosis-treatment is an integral part of the casework method; and (10) the goal of treatment is to help the client or the family develop the ability to improve social and personal functioning in order to achieve a more satisfactory life (1977, p.220).

Present social casework has adapted and grown through social concerns, cultural change, and theoretical and research developments. One can foresee continuing change in the focus as well as the definition of casework as it is influenced by future social issues and needs. It is appropriate that social work, a profession facilitating change in clients through casework intervention, is itself not a static profession, but responsive to internal and societal change.

### The Effectiveness of Casework Service

Since the 1930's, research has been carried out to test the effectiveness of casework services. One of the earliest reported social work studies was the Cambridge-Somerville Youth Study (Powers & Witmer, 1951). As social workers have increasingly recognized the importance of assessing the results of their intervention, other studies have appeared. These various studies have been reviewed by researchers to examine findings, and seek implications for social work practice.

This section will examine some of the conclusions as presented by these reviews concerning the effectiveness of casework services. First, however, an examination of parallel reviews of psychotherapy effectiveness would also be relevant to this discussion. Psychotherapy is not equivalent to social work; however, psychotherapy's testing of effectiveness does have implications for casework. Research has found that both professions have similar views and attitudes towards clients, as well as similar intervention techniques (Fischer, 1973). Furthermore, "...there is no evidence that the profession of the helper leads to any difference in his success with clients" (Fischer, 1973, p.19). Therefore, findings of psychotherapy effectiveness have relevance for social work intervention.

In 1952, Eysenck shocked the helping professions with his conclusions after reviewing research on the effectiveness of treatment with adult neurotics. When recovery rates of neurotics receiving treatment were compared with the recovery rates of neurotics in the care of general practitioners or in custodial care, it was found that:

Patients treated by means of psychoanalysis improve to the extent of 44 percent; patients treated eclectically improve to the extent of 64 percent; patients treated only custodially or by general practitioners improve to the extent of 72 percent. There thus appears to be an inverse correlation between recovery and psychotherapy; the more psychotherapy, the smaller the recovery rate (Eysenck, 1967, p.27).

Eysenck was unable to find clear evidence that psychotherapeutic treatment brought about the recovery of patients with neurotic disorders.

Levitt reviewed 35 research reports evaluating the effectiveness of psychotherapy with neurotic children. When their improvement rates were compared to those of untreated neurotic children, little difference in rates of improvement was found. It was reported

The results of the present study fail to support the view that psychotherapy with 'neurotic' children is effective (Levitt, 1957, p.42).

At about the same time, Shaffer and Shoben identified three dimensions common to effective psychotherapy, regardless of the "school" of the therapist. These

dimensions were part of the counselling relationship: "warm concern", "nonretaliatory permissiveness", and "honesty of communication" (1967, p.6). Rogers elaborated on these concepts of the effective counselling relationship necessary to bring about change for the client. The counsellor must be congruent, and successfully communicate unconditional positive regard and empathetic understanding to the client (1967, p.73)

Truax and Carkhuff reviewed reports of effectiveness research in psychotherapy published between 1960 and 1964. They concluded that "psychotherapy as currently practiced can be both helpful and harmful" to clients (1967<sup>a</sup>, p.381). Evidence that certain therapists were effective suggested the need for further research to identify specifically the characteristics of successful intervention.

Bergin reviewed six research studies which used control groups and made the following conclusions:

The studies reviewed appear to have demonstrated that control groups may actually represent a test of the effectiveness of nonprofessional therapeutic conditions, that these conditions may very well exist in professional psychotherapy as well, but that they are found primarily among a selected group of therapists and that the remainder of therapists have a negative effect which accounts for the unimpressive results among experimental groups (1967<sup>a</sup>, p.54).

Later, Bergin presented a synthesis of research findings of psychotherapy effectiveness. His findings

supported those of his forerunners.

Psychotherapy may cause people to become better or worse-adjusted than comparable people who do not receive such treatment. Therapeutic progress varies as a function of therapist characteristics such as warmth, empathy, adequacy of adjustment, and experience (1967<sup>b</sup>, p.402, 408).

These findings questioning the value of psychotherapy rocked that profession, as well as causing other helping professionals to take closer looks at their own assumptions of effectiveness.

In 1968, Briar reviewed social work research which tested effectiveness. He found evidence that casework did not reach the groups which would appear to be most in need of casework services (for instance, the poor); and that the casework method was ineffective with those who did receive service (for example, Meyer et al, 1965). Briar suggested that casework had too narrow a scope of practice and training, as well as being bureaucratized to the detriment of the client, and lacking sufficient knowledge of the change process. In summary, Briar stated:

These are serious criticisms of the most fundamental sort, for what they assert is that caseworkers have put commitment to a method before human need and that the methods to which they have developed these strong commitments are ineffective (1968, p.6).

Social work was in a similar situation to that of psychotherapy. Research testing of the effectiveness of

intervention did not support professional assumptions of effectiveness!

In 1972, Geismar examined 13 experimental research studies which had examined social work effectiveness. He found that four of the studies showed no significant change for treated clients; two of the studies showed very limited change for treated clients; and the remaining seven studies, although proving their hypotheses, really showed only modest change for treated clients. Geismar recommended that social work give more attention to evaluative research. One suggestion was to build research into practice. It was also suggested that studies be replicated and the null hypothesis be tested. Meyer (1972) commented on Geismar's work, suggesting that research needed to give more attention to the testing of the suitability of casework goals. "Perhaps, out of our professional developmental strains, we have developed grandiose pretensions" (Meyer, 1972, p.185). Important questions had to be answered. Were these goals realistic and attainable? Did these goals represent the clients' goals for treatment? Treatment goals should not be general for all clients (such as personality change or socialization), but particular to each client and his problem.

Grey and Dermody (1972) reviewed six experimental research studies testing casework effectiveness.

Negative results were found in 50% of these studies.

It was recommended that methods and goals of treatment should be better defined, and should be examined for their appropriateness to the target population.

Segal (1972) carried out a review of effectiveness research studies in social work which varied somewhat from the forementioned studies. He included both those with experimental designs and descriptive designs.

These were divided into two groups for discussion: clients with psychological problems (and more often voluntary involvement in treatment), and clients with social problems such as poverty or delinquency (and more often non-voluntary involvement in treatment).

Segal found that treatment was more likely to be effective with voluntary than non-voluntary clients. It was suggested that clients: "who want to change, change, and those who have no investment in change, do not change" (p.15). Summarizing his findings, Segal stated:

The evidence with respect to the effectiveness of social work therapeutic interventions remains equivocal. The trends in the data, however, point strongly in the negative direction (1972, p.15).

Fischer (1973; 1976) reviewed social work research studies which examined casework effectiveness using experimental or quasi-experimental designs. In 1976, he used an 80 point framework to analyze 17 studies.



He found that services of professional caseworkers were no more effective "than either no services at all, or haphazardly received or informal services" (1976, p.71). Furthermore, it was found that deterioration occurred in three quarters of the clients who were treated.

The evidence on the presence of deterioration among clients of professional caseworkers is strong enough to justify the warning that professional casework may be hazardous to our clients' well-being (1976, p.109).

Fischer explained these negative findings by suggesting that casework had over identified with psychodynamic theory and practice. He suggested that casework should build research into its practice. Fischer recommended that casework examine and adopt intervention concepts and techniques that had been proven effective through research. These included structured content and time, behavior modification techniques, and the facilitative dimensions within client-worker relationship.

Fischer's 1973 and 1976 publications received much comment, and reaction from the social work profession. Briar in 1973 also published an article which, although examining casework effectiveness in a more general way, made a similar impact upon the profession. Briar stated that unless casework made some appropriate and necessary changes, it was doomed to extinction since it was not really responsive to the needs of its clients.

If caseworkers have claimed to be able to help persons with certain kinds of problems and the evidence shows that they have not done so, then caseworkers better return to the drawing board and look for other ways to accomplish their aims. It is also fair to criticize caseworkers if they lose sight of the problem, the need, the person, and the task in a preoccupation with techniques, ideologies and theoretical concepts....it is fair to criticize casework if it cuts itself off from persons who need its services (p.14, 15).

Briar suggested that caseworkers examine and incorporate the intervention approaches of brief treatment, family therapy and behavior modification, as well as the roles of social broker and advocate.

Wood (1978) carried out a review of experimental or quasi-experimental research evidence of casework effectiveness. She discussed the findings of these studies in terms of their implications for practice, research and professional education. Wood found that although casework was not "dead", it was in need of therapy to increase its effectiveness. She recommended that:

Practitioners must become more aware of the similarity between the practice process and the research process and must apply the thought and methodology of research to practice; that graduate schools of social work must improve their teaching of research and make it more relevant to the needs of students of direct practice; that teachers of direct practice must incorporate teaching of research methodology into their teaching of practice; and that researchers must generate studies that focus on process as well as on outcome and that lead to prescriptions for practice (p.456).

In summary, social work generally, and casework more specifically, has had only limited success in proving treatment effectiveness. Several recommendations have arisen from research findings such as: research should be replicated; research should be built into practice; better definition of treatment and research goals are needed; characteristics of successful intervention must be identified and adopted in practice.

Changes in social casework have already begun to occur as a result of effectiveness research. Casework now includes the use of brief treatment and family therapy. Techniques and theories from other social sciences have been adopted. Social workers have become less complacent, and less willing to assume that their intervention is effective. It may be predicted that casework will continue to change, as research provides more information about the characteristics and extent of effective social work practice.

#### Some Phenomena Effecting Casework Outcome

As discussed in the previous section, social work and other helping professions have encountered difficulty in proving through research the general effectiveness of their interventions. Phenomena which effect the positive or negative outcomes of intervention are currently only partially recognized and understood.

Although more research is needed to develop a clearer and more comprehensive picture (Strupp & Bergin, 1969; Fischer, 1978), some concepts effecting casework outcome have been identified. This section will discuss the following concepts and their influence on casework outcome: continuance, perspective, structure, and relationship.

### Continuance

Briar reviewed studies which examined variables effecting the likelihood of a client continuing with casework services, rather than dropping out. He identified: an association between continuance and the congruence between the worker and client in defining the problem; an association between continuance and client motivation; and an association between continuance and the type of presenting problem (1966, p.25-27).

Fowler found positive associations between continuance and: fee discussion in first interview; a second appointment being made during the initial contact; and the intake worker continuing as the ongoing worker on the case (1967, p.276). Hall and Dick found that the age, marital status, sex of the client had an association with continuance. "The married female who is over forty years of age has a greater tendency to drop out of therapy" (1970, p.16). They suggested

that initial waiting periods for service be kept to a minimum. Their report emphasized the importance of goal setting with clients, and assessment and evaluation of these goals within a set period of time.

### Perspective

Several social workers and other helping professionals have written about the clash in perspectives between the worker and the client.

> Cloward and Priven have been critical of social work for its adherence to bureaucracy and the medical model of treatment.

We invoke this witches' brew of "professional knowledge and technique" to brand people with horrendous psychiatric labels, and impose on them the loss of efficacy and self-esteem that inevitably follows. The ultimate absurdity occurs when we persist in stigmatizing people even when our own "diagnostic techniques" fail to disclose evidence of pathology (1975, p.xxviii).

Social work has too often been pathology-oriented rather than client-oriented.

Kittrie (1971), a sociologist, commented on this same approach within society, and the dangers of the therapeutic state. Those who are different (or deviant) from the norm have been forced into therapy with a goal of causing them to conform to the societal norms--to become properly socialized.

There are many areas where misunderstanding may occur between worker and client, and the social worker needs to be aware of these, and act accordingly.

The potential for misunderstanding...exists even before the parties meet and in initial meetings. ....The social worker and potential client probably live and have lived in different worlds. They may have different interpretations of resources, objectives and the mean to attain them. What is a routine matter to one may be an unusual and intolerable experience to the other (Rees, 1975, p.62).

Social workers serving working and lower class clients must be aware of their different class and cultural approaches to problem solving. They must not exclusively assign the clients' behavior during service to psychodynamic issues. Social workers need to be aware of the various cognitive and cultural elements within the client.

Working-class persons, compared with middle-class persons, are more oriented to the present. Such an outlook seems to be especially compatible with an approach to problem-solving that relies on deterrance, in contrast to one that seeks to uncover underlying causes and to effect changes in them (Mayer & Timms, 1969, p.38).

In Mayer and Timms' (1969) study, working-class clients found the social worker's insight-oriented approach to counselling confusing and frustrating. They had expected advice and active intervention, rather than seeking insight into their problems.

### Structure

One concept that has been recognized through the various reviews of effectiveness research is the need for structure in the casework process. Two of the most complete discussions were made by Wood (1978), and Fischer (1978). Wood defined:

Six principles of "quality practice"...

- Accurate definition of the problem
- Analysis of the problem-factors creating or maintaining it and factors that can help resolve it
- Assessment of the problem's workability and setting of goals
- Negotiation of a contract with client
- Planning a strategy of intervention
- Evaluation (1978, p.451).

A clear and simple statement of the problem by the worker and client is the first step in the counselling process. Then the worker and client must involve themselves in an analysis of the various intrapersonal, interpersonal and social system factors related to the problem. Factors that can help to resolve the problem must be identified, and goals set for problem solving. The client and worker then negotiate a contract based upon these previous steps. Activity by the worker and client is planned and carried out. Ongoing evaluation of progress, and an evaluation at the end of the service contract, are the final steps in "quality practice" (Wood, 1978).

Fischer (1976; 1978) also advocated the use of structure in casework intervention to produce positive outcomes.

Structure means observing the relationship between given current antecedent and resultant elements involved in a particular problem; interfering in such an arrangement to realign variables so as to produce a different outcome or effect; using environmental manipulations, perhaps encompassing persons outside the formal casework program, to bring about desired effects; introducing and ensuring as much certainty, dependability, and control in heretofore uncontrolled and uncertain situations as possible; and, most importantly, making those changes in ways consonant with the integrity and values of the client and the worker (1978, p.137).

The worker and client are active in the structured approach to casework. The phases of casework involved are similar to those defined by Wood (1978):

- (1) careful assessment of the client and the relevant environmental factors;
- (2) selection of variables accessible to behavior change;
- (3) delineation of intermediate and long-range goals;
- (4) development of a program for the modification of behavior including the provision of specific means of change;
- (5) proceeding with the implementation of the program in an orderly sequence; and
- (6) continued evaluation of progress (Fischer, 1978, p.138).

This structured approach to casework is compatible with some current casework models: Smalley (1970), Perlman (1970), and Reid and Epstein (1972). Fischer advocated an eclectic use of theory and techniques. He suggested that social workers draw from behavior modification,



social and learning psychology, and use the approach most suitable for the client and the problem.

### Relationship

The importance of the worker-client relationship in casework has long been recognized (Richmond, 1922; the 1929 Milford Conference Report; Biestek, 1957). In the past two decades, research has begun to identify the components of the counselling relationship which contribute to counselling effectiveness (Shaffer & Shoben, 1967; Rogers, 1967; Bergin, 1967<sup>b</sup>).

The beginnings of potent practice, therefore, involve a self-experiencing and self-knowing counsellor who is shaped by what is facilitative for his clients. By facilitative, we simply mean that what frees the individual to attain higher and more personally rewarding levels of intrapersonal and interpersonal functioning (Berenson & Carkhuff, 1967, p.6).

Truax and Carkhuff have been among the leaders in defining more precisely the characteristics which contribute to a facilitative relationship. They identified three primary ingredients to any helping relationship--genuineness, empathy, and warmth.

#### Genuineness

involves the very difficult task of being quite intimately acquainted with ourselves, and of being able to recognize and accept, as well as respect, ourselves as a whole, containing both good and bad (1967<sup>b</sup>, p.34).

Empathy is "the sensitive and accurate grasp of the other person's deeper and surface feelings, meanings

and experience" (1967, p.313). Warm or unconditional positive regard is

a nonpossessive caring for the patient as a separate person who is allowed to have his own feelings and experiences; a prizing of the patient for himself regardless of his behavior (1967, p.60).

These ingredients must not only be present in the worker, but effectively communicated to the client. A high level of genuineness, empathy, and warmth has been positively related to effective counselling (Fischer, 1978, p.209)

In summary, although more information is needed to enable a complete understanding of the phenomena contributing to positive casework outcomes, there are some recognized contributing factors. Those discussed here are: a facilitative relationship, structured intervention, goals appropriate to the client and the problem, consideration of the influence of class and culture upon the client, and issues effecting continuance.

#### Client Follow-Up Studies

The review of literature would not be complete without a discussion of client follow-up studies. Such studies are one form of research that evaluates casework effectiveness. These studies can provide valuable insight into the clients' perceptions, and experiences of counselling. Some early studies soliciting client feedback were done by Kogan, McVicker and Bartelme (1953) and Ballard and Mudd (1958). Service effectiveness has

often been evaluated by the providers of the service, rather than the recipients.

What is needed is a detailed account, not merely global ratings, of casework from the standpoint of the client. It is necessary, for example, to determine the client's impressions of the treatment process; the extent to which he feels he has been helped and in which ways; and what, if anything, in his opinion should be done differently (Mayer & Timms, 1969, p.32).

There has been a growing movement within social work and social welfare to view "the client as the consumer" of services. Giordano has presented two advantages of this viewpoint:

First, using the client's own opinions about quality of service broadens the range of indexes that attempt to quantify "agency effectiveness" ....Second, using the client's perspective has advantages in comparison with another traditional approach--asking agency personnel to assess their own effectiveness (1977, p.35).

Beck and Jones viewed clients as an indispensable source of information about service effectiveness.

Not only do they know considerably more than their counselors about the total range of changes that have occurred, but they also evaluate these changes from their own rather than the agency's perspective (1973, p.11).

There are some limitations in the use of client follow-up studies. They often have a descriptive research design, lacking some of the rigour of experimental or quasi-experimental research. Clients also present some negative characteristics as informants:

Some do not respond or can not be located. Some are handicapped as reporters by education, language or emotional barriers. Their diagnostic understanding is limited. Their classification of problems and their reports of service received are imprecise. They are often unaware of subtle perceptual changes or tend to forget them.... Their ratings are probably affected by day-to-day fluctuations in their moods and circumstances (Beck & Jones, 1973, p.11).

However, Beck and Jones (1973) stated that present research findings suggest that if a choice is necessary, reliance should be placed upon client assessment of service, rather than worker assessment of service.

The FSAA Client Follow-Up Study (Beck & Jones, 1973) sampled clients serviced throughout the FSAA member agencies. Both a global measure of improvement, and a change score based on composite ratings of component items were received from the respondents. These responses were then compared to service and client characteristics. Other researchers have replicated the original research in their own local agencies (Riley, 1975; Blonde & Murphy, 1975; Dailey & Ives, 1978). Wattie (1972) used a modified version of the short FSAA questionnaire as one of her research instruments.

In summary, the client follow-up study is a means of providing valuable consumer feedback from the agency's clients. Although limitations result from the difficulty of placing this type research within an experimental design, and clients create problems for data collection,

the results of client follow-up study can make an important contribution to the understanding of casework effectiveness.

## CHAPTER III

### RESEARCH DESIGN AND METHODOLOGY

The purpose of this research project was discussed briefly in the opening chapter. It is designed to examine the perceptions reported by clients of CFSB regarding their experiences with the casework services received at that agency. These results are compared to those of similar studies of casework effectiveness. The issues which the project design explores are:

- Who are the users of family services?
- What problems do they bring?
- What services do they ask for and receive?
- Why do they terminate?
- What are their views about the services provided?
- To what extent do they make progress in coping with their problems as a result of service?
- How do outcomes differ in relation to client characteristics [and] in relation to service input? (Beck & Jones, 1973, p.2)

#### Classification of the Research

Tripodi, Fellin & Meyer (1969) present a classification system of research which identifies three major types of research: exploratory, quantitative-descriptive and experimental. This research project is in the second category; that is, it is a quantitative-descriptive study. This type of research is defined as:

Empirical research investigations which have as their major purpose the delineation or assessment of characteristics of phenomena, program evaluation,

or the isolation of key variables.. These studies may use formal methods as approximations to experimental design with features of statistical reliability and control to provide evidence for the testing of hypotheses.. All of these studies use quantitative devices for systematically collecting data from populations, programs, or samples of populations or programs. They employ personal interviews, mailed questionnaires, and/or other rigorous data gathering devices, and survey procedures (Tripodi et al, 1969, p.38)..

This study examines characteristics of phenomena after a service program, using formal research methods to test the hypotheses. The sample is purposive, and employees mailed questionnaires.

There are four sub-types of quantitative-descriptive studies identifiable by their respective research purposes.

This project is a program evaluation study:

Those quantitative-descriptive studies which are concerned with seeking the effects of a specific program or method of helping. Such programs may contain a variety of objectives pertaining to health, education, and welfare. Hypotheses may not be explicitly stated, and they frequently are derived from the objectives of the program being evaluated rather than from theory. Such studies may employ a variety of procedures to approximate experimental design (Tripodi et al, 1969, p.41)

In this research project, there is an examination of the effects of a specific program -- counselling services at the CFSB. The hypotheses are derived from the objectives of that program.

This program evaluation is a replication of a Client Follow-Up Study conducted for FSAA by Dorothy Fabs Beck and Mary Ann Jones (1973).

Replication within or across subjects is generally carried out in research on social work practice to learn more about the reliability of the intervention procedures and their applicability (Thomas, 1975; p.278).

This project is a further application of Beck and Jones' instrument (1973; 1977) for client follow-up studies at family agencies. It provides CFSB with one type of evaluation of their service effectiveness, and the larger field of social work practice with the use of the FSAA instrument in a Canadian setting.

### Hypotheses

Program evaluation may focus on any of a number of areas, such as administrative procedures, cost benefits, program structure, and staff activity. This research focuses on the effectiveness of intervention services as perceived and reported by the clients. Two hypotheses were developed to give clear and explicit direction to the research. These are based on two concepts: (a) satisfaction with counselling services, as reported by clients; and (b) improvements with problems presented for service, as reported by clients.

The two hypotheses for this research project are:



- (1) AT THE TIME OF THE QUESTIONNAIRE, SATISFACTION WILL BE REPORTED BY A LARGER NUMBER OF TERMINATED CLIENTS THAN THE NUMBER OF TERMINATED CLIENTS WHO WILL REPORT LACK OF SATISFACTION.
- (2) AT THE TIME OF THE QUESTIONNAIRE, IMPROVEMENT WILL BE REPORTED BY A LARGER NUMBER OF TERMINATED CLIENTS THAN THE NUMBER OF TERMINATED CLIENTS WHO WILL REPORT LACK OF IMPROVEMENT.

It follows that the null hypothesis for the first research hypothesis would be: At the time of the questionnaire, there would be no difference between the number of terminated clients reporting satisfaction and the number of terminated clients reporting lack of satisfaction. The null hypothesis for the second research hypothesis would be: ~~At~~ At the time of the questionnaire, there will be no difference between the number of terminated clients reporting improvement, and the number of terminated clients reporting lack of improvement.

#### Research Questions

In addition to the two hypotheses, research questions were devised to give further focus and structure to the collection and analysis of data.

- (1) Is there a relationship between the reported outcomes and particular service characteristics as: number of interviews, and client satisfaction with social worker?

(2) Is there a relationship between the client reported outcomes and particular client characteristics as: marital status, presenting problem, referral source, total family income, education of head of family?

(3) What comments and complaints do clients have about agency service?

(4) In what ways do particular results compare with other similar studies?

#### Operational Definitions

The preceding hypotheses and research questions give rise to the need for specific definitions of terms. These definitions make explicit the meaning of these terms in the context of this study.

The Catholic Family Service Bureau of Windsor is a family counselling agency. One function of the agency is to address itself to the counselling needs of individuals, families and groups in Windsor and Essex County. It is a member of the United Community Services of Greater Windsor, the Ontario Association of Family Service Agencies, and the Family Service Association of America.

The client is the primary person receiving counselling services at the above agency. In the case of two or more persons receiving service, the person most

frequently involved, or (if there is equal involvement) the person making the initial contact, is defined as the primary client. A client is considered terminated when agency service ended prior to the selection of the sample and the case has been designated as closed.

The term counselling services is defined as the intervention by the agency's professional social workers focusing on the clients' problems. A variety of intervention methods may have been used by workers. Available records do not permit a systematic identification of methods employed.

The satisfaction of clients with counselling services is provided through a global measurement provided by question 11 of the FSAA questionnaire (Appendix A). This question asks "In general, how did you feel about the services of our agency?" Responses of "very satisfied" and "satisfied" will measure satisfaction. Responses of "no particular feelings...", "somewhat dissatisfied" and "very dissatisfied" will indicate lack of satisfaction. Other questions also provide information about client satisfaction with services received (Appendix A).

Improvements as reported by clients are measured by the change score based on client responses to questions 12, 13, 15, 16 and 17 of the FSAA questionnaire. This change score is calculated from the evaluations reported

in four areas: degree of change in problem coping, changes in family relationships, changes in problem coping, and changes in individual family members. Change scores which fall within the categories of "much better" and "somewhat better" will indicate improvement. Those scores which fall within the categories of "same", "somewhat worse" and "much worse" will indicate lack of improvement. In addition to the change scores, a global measure of improvement is provided by question 18 of the FSAA questionnaire: "Considering all members of your family and all problems you discussed with your counsellor, how would you say things are now compared with when you first came to our agency this time?" Answers of "much better" and "somewhat better" will indicate improvement. Answers of "unchanged", "somewhat worse", "much worse" and "better in some ways and worse in others" will indicate lack of improvement (Appendix A).

The presenting problem is that concern brought by the client to the agency and noted by the social worker on case records (Appendix B).

Further discussion follows to define terms arising from the research questions.

The number of interviews represents the counselling contacts between client and worker. These were divided

into three groups: one interview; two to five interviews; and six or more interviews. This data is gathered from case records.

The worker-client relationship is reported by the client through question 7 (FSAA Questionnaire): "In general, how satisfied were you personally with the way you and your counsellor got along with each other?" (Appendix A).

The information for the majority of terms used to describe client characteristics has been drawn from case records. Referral sources vary and are divided into groups such as self referral, referrals from doctors, and referrals from other agencies. The clients' income is determined by the total combined family income before taxes in the previous year. The clients' level of education is defined as the last year of education completed by the family head. In families led by adult partners, the male was designated as "family head". In all other cases, the female was designated as "family head". This designation was made by the researcher for research purposes only<sup>1</sup>, since agency records did not indicate who each family unit would actually designate as their "family head".

Client comments and complaints about agency services and procedures are determined by questions 8, 11 and 20 of the FSAA questionnaire (Appendix A).

<sup>1</sup>This designation does not coincide with the researcher's personal or professional beliefs.

### The Population

The population for this research project was all closed cases (both new and reopened) at the CFSB during the period of January 1, 1978 to December 31, 1978. The population totaled 443. This particular beginning date was necessary as the agency began a different statistical record keeping system January 1, 1978.

### The Sample

The type of sampling procedure used was purposive. Probability techniques were not used for selecting the sample and it cannot, therefore, be assumed that the sample represents the population of agency clients.

The basic assumption behind purposive sampling is that with good judgment and an appropriate strategy one can handpick the cases to be included in the sample and thus develop samples that are satisfactory in relation to one's needs (Selltitz, Wrightsman & Cook, 1976, p.521).

Purposive sampling was used for several reasons. Only clients who had received counselling services for the first time at the agency were selected. Those eliminated were thought to have been unable to evaluate their most recent service experience without introducing bias from previous service experiences (Beck & Jones, 1973). Since recently terminated cases were used, details of the counselling experience should still be clear for the client. Clients should be easier to locate since case record information would be more up to date.

All clients, who had received counselling service for the first time at CFSB, and had terminated service between January 1, and August 31, 1978 were included in the sample. Therefore clients in other programs (such as Family Life groups, Senior Citizens Centre, and the Diversion program) were not included. Further criteria for inclusion in the research sample was: records must show an address for the client, and case records or counsellor must not indicate that follow-up contact of the client would cause a problem of confidentiality i.e. teenagers without parents' permission. An alert sheet (Beck & Jones, 1977) was used to obtain this information from counsellors (Appendix C).

The research sample contained 188 cases suitable for the follow-up study.

#### Method of Data Collection

For the purpose of data collection three instruments were used: (1) a Case Data Sheet (Appendix B), (2) the CFSB Client Follow-Up Study Questionnaire (Appendix D), and (3) the Family Service Study Questionnaire (FSAA Form 27, Rev. 2) (Appendix A).

A brief description of each instrument follows. The Case Data Sheet was used to note information about the client as found in the case records of the agency. Such information included age, marital status, total

family income, number of interviews and so forth. A study number was assigned to this instrument and all corresponding instruments to enable the matching of case record information with client evaluations of service and to ensure anonymity. This schedule was an expansion of a form suggested by Beck and Jones (1977).

The CFSB Client Follow-Up Study Questionnaire was devised by the researcher to gain specific information of interest for this research project as well as CFSB. It asked the client about: languages spoken in the home; family members who worked shifts; the influence of the agency's sectarian affiliation; and other agency contact after termination at CFSB. This questionnaire was attached to the longer FSAA Form 27, Rev. 2 questionnaire. Both were then mailed to the client with covering letters (Appendices E and F) and a stamped, self addressed envelope.

The FSAA Form 27, Rev. 2 Family Service Study Questionnaire was the standardized form devised and tested by FSAA (Beck & Jones, 1977). It was composed of 22 questions. Two types of questions were used: open ended and fixed alternative.

To encourage maximum client response to these self-administered mailed questionnaires, a second mailing was made to all non-responding clients after 4½ weeks. This



second mailing had originally been planned to occur after two weeks, but was delayed by a nation wide mail strike. The researcher attempted to call all non-respondents prior to this strike to encourage them to mail their questionnaires prior to the strike.

#### Analysis of Data

The analysis of data will include four sections. The first section will involve a comparison of marital status, number of interviews, and geographic distribution for the study sample and the agency population to determine the representativeness of the sample. Chi square will be used to examine the goodness of fit of the sample to the population. This involves testing the null hypothesis of no significant difference between the population and the sample. In the same manner, the respondents to the questionnaires will be compared to the larger sample group for goodness of fit. The null hypothesis of no significant difference between the total sample and the respondents will be tested. Other findings related to the sample will be discussed.

The second section of data analysis will test the two hypotheses and examine related findings. The hypotheses will be accepted or rejected.

The third section will address the research questions. The relationships of the various variables

will be examined. Comparisons to similar studies will be made where appropriate through these three sections (Beck & Jones, 1973; Blonde & Murphy, 1975; Dailey & Ives, 1978).

The data analysis was carried out by computer and the Statistical Package for the Social Sciences program (Nie, Dent & Hull, 1970). Subprograms for frequencies, crosstabulation, and statistics were used to provide such information as descriptive statistics, tests of significance and tests of association. The findings are illustrated by tables and a map.

#### Summary

This research project is a replication of a client follow-up study designed by Beck and Jones (1973) for the Family Service Association of America. It tests two hypotheses relating to reported client satisfaction with service received at CFSB, and reported improvements in presenting problems. In addition, four research questions are examined. The data is collected from a purposive sample of 188 terminated clients by means of information from case records and self administered mailed questionnaires.

The sample will be tested for goodness of fit to the population as well as testing the respondents for goodness of fit to the sample. The collected data will also be used to describe the sample, test the hypotheses and answer the research questions.

## CHAPTER IV

### PRESENTATION OF DATA AND FINDINGS

Data collection produced more information than could be properly analyzed and presented within the framework of this thesis. Only data directly related to the hypothesis testing and research questions is discussed here. For the reader's reference, client responses to FSAA questionnaire, item 20, are available in Appendix H.

To facilitate presentation, the contents of this chapter are divided into four sections:

- Findings Related to the Sample.

- Findings Related to the Hypotheses.

- Findings Related to the Research Questions.

- Summary of Research Findings.

The first section describes the sample and includes a discussion of the representativeness of the sample in terms of both the population, and the respondents (those returning the questionnaires). The representativeness determines the degree to which the results of the study can be generalized. All statistical testing uses the significance level of .05. The information presented in this section provides a background for the understanding and interpretation of the hypotheses and research questions.

Findings Related to the Hypotheses analyzes and discusses the data directly related to the two hypotheses, leading to their acceptance or rejection. Comparisons of these findings are made with other similar studies. The third section, Findings Related to the Research Questions presents the findings relevant to the research questions. Finally, a summary of the major research findings is provided.

#### Findings Related to the Sample

This section examines the representativeness of the sample to the population, as well as the respondents to the sample. This is done by comparing key variables and using Chi square to test the significance of the null hypothesis. Further characteristics of the sample and respondents are discussed.

The population (443) for this research has been defined as all cases at CFSB which closed between January 1, 1978 and December 31, 1978. This beginning date coincided with the commencement of a new statistical recording system. This population of 443 cases included all closed cases, both those receiving counselling services, as well as cases from the Diversion, and Senior Citizens' Centre programs. Both new cases and reopened cases are included in the population.

A purposive sample (188) was taken from the CFSB population between January 1, 1978 and August 31, 1978.

To be included in the sample, the closed case must meet the following criteria: received counselling services for the first time<sup>1</sup> at CFSB; records indicated a mailing address; and records and counsellor reports did not indicate that a follow-up contact with the client would breach confidentiality.

From this sample of 188, 95 questionnaires (51%) were returned by the respondents. Six clients (3%) were unlocatable, i.e. their envelopes were returned by the post office, and efforts to obtain a new address failed. The remaining 87 clients (46%) did not respond to the questionnaire before the close off date.

Selltiz et al (1976) suggests that response rates to mailed questionnaires usually produce a low proportion of returns -- from 10 to 50% (p.297). The response rate for this research study was 51%, a very acceptable return rate. Further assurance that the respondents represent the sample is obtained through testing goodness of fit.

#### Sample as Representative of the Population

Marital status is used as one variable to test representativeness of the sample to the population. Marital status is divided into the categories of: married; separated (still legally married but not living together); divorced; single; and widowed and common law.

<sup>1</sup> Clients may have received prior counselling at other agencies but not at CFSB.

TABLE 1

Distribution of Population, Sample and  
Respondents by Marital Status.

Marital Status	Pop. <sup>1</sup>	Samp.	Resp.
	n=433   (%)	n=188   (%)	n=94*   (%)
married	224 (52)	108 (57)	65 (69)
separated	88 (20)	45 (24)	15 (16)
single	44 (10)	11 (6)	4 (4)
divorced	31 (7)	14 (7)	5 (5)
common law & widowed	26 (6)	10 (5)	5 (5)
unknown	20 (5)	0 (0)	0 (0)

For pop. to samp.  $p > .05$  ∴ accept  $H_0$

For samp. to resp.  $p < .05$  ∴ reject  $H_0$

For pop. to Resp.  $p < .05$  ∴ reject  $H_0$

\*One respondent removed the questionnaires' identification number and could not be matched to the case records.

<sup>1</sup>The following abbreviations will be used in tables:  
Population--Pop., Sample--Samp., Respondents--Resp..

As seen in Table 1 (p.56), the majority of clients in the population (52%) and the sample (57%) were married. If the categories of married, separated, divorced, common law and widowed are combined, 85% of the population and 83% of the sample, are currently married, have been married, or are living together. CFSB is serving those who are, or have been, involved in family units. This service is not restricted to those traditional marital status' (married and single), but includes those persons who are separated, divorced, widowed, and living in common law relationships. As Table 1 indicates, the hypothesis of no difference was accepted. Since there is no significant difference between the population and sample, it can be said that the sample represents the population in the area of marital status.

Another variable describing the population and the sample is the number of interviews. This is the number of interviews received by the client, and has been subdivided into three groups: one interview, two to five interviews, and six or more interviews. As seen in Table 2 (p.58), the majority of clients received two to five interviews for both the population (40%) and the sample (46%). In all, 72% of the population and 81% of the sample received less than six interviews. Although precise information about treatment modalities

TABLE 2  
Distribution of Population, Sample and  
Respondent by Number of Interviews

Interviews	Pop.	Samp.	Resp.
	n=433   (%)	n=188   (%)	n=94*   (%)
6 and more	74 (17)	35 (19)	21 (22)
2 to 5	173 (40)	86 (46)	46 (49)
1	140 (32)	66 (35)	27 (29)
unknown	46 (11)	1 (5)	0 (00)

For pop. to samp.  $p > .05$  ... accept  $H_0$

For samp. to resp.  $p > .05$  ... accept  $H_0$

For pop. to resp.  $p > .05$  ... accept  $H_0$

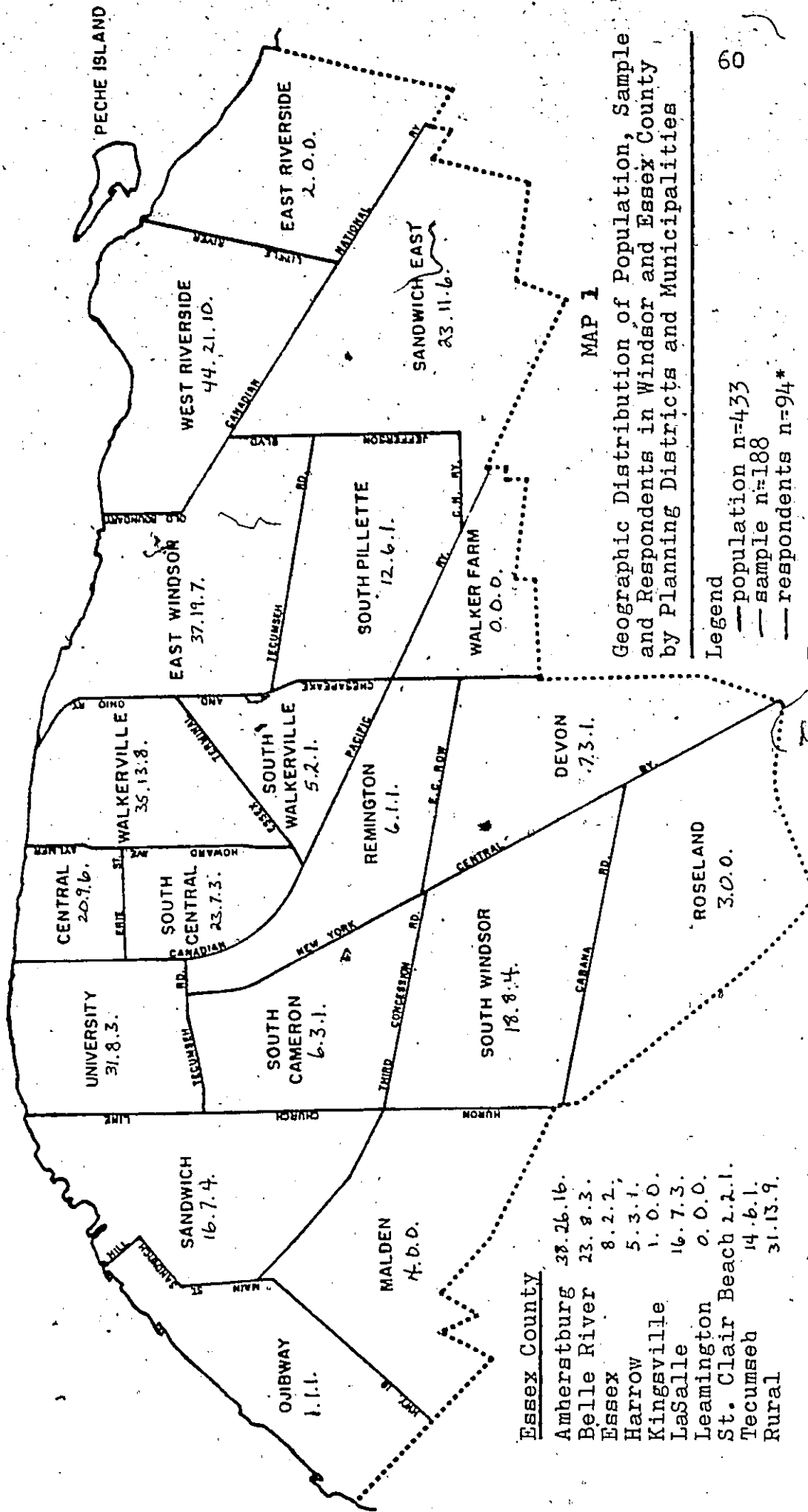
\*One respondent removed the questionnaires' identification number.



at CFSB for each case is not available, planned brief treatment is a preferred approach to counselling (Macdonald, 1978). This would appear to be born out by the data. As indicated in Table 2, it can be said that the sample represents the population for number of interviews.

Beck and Jones (1973) found a similar pattern in number of interviews (one interview 36%, two to five interviews 34%, and six or more interviews 30%). They suggested that this reflected a move towards planned short-term service which involved the client in planning and led to a decreased dropout rate after the first interview (p.62).

The third variable used to describe the population and the sample is geographic distribution (the client's place of residence by planning district in Windsor, municipality in Essex County, or "rural" if the client lives in Essex County, but not in one of the previously mentioned nine municipal areas). As seen in Map 1 (p.60), there is a wide geographic distribution of clients in both the population and sample groups throughout Windsor and Essex County. Table 3 (p.58) indicates that approximately one-third of the clients live in Essex County. This seems disproportionately high to the actual population of these areas (see p.5). However, this may be explained



# Essex County

Amherstburg 38.26.16.  
 Belle River 23.8.3.  
 Essex 8.2.2.  
 Harrow 5.3.1.  
 Kingsville 1.0.0.  
 LaSalle 16.7.3.  
 Leamington 0.0.0.  
 St. Clair Beach 2.2.1.  
 Tecumseh 14.6.1.  
 Rural 31.13.9.

Unknown 2.1.1.

MAP 1

Geographic Distribution of Population, Sample and Respondents in Windsor and Essex County by Planning Districts and Municipalities

## Legend

- population n=433
- sample n=188
- respondents n=94\*

For pop. to samp. p > .05, accept Ho  
 For samp. to resp. p > .05, accept Ho  
 \*One resp. removed identification number  
 For pop. to resp. p > .05, accept Ho

TABLE 3  
Distribution of Population, Sample and  
Respondents by Residence in Windsor  
and Essex County

Place of Residence	Pop. n=433   (%)	Samp. n=188   (%)	Resp. n=94*   (%)
Windsor	293 (68)	119 (63)	57 (61)
Essex County	137 (32)	67 (36)	36 (38)
Unknown	3 (.7)	2 (1)	1 (1)

\*One respondent removed questionnaires' identification number.

in part by the fact the CFSB provides service from two offices in the County, Belle River and Amherstburg. Since Essex County does not have the same wide range of social services available in the city of Windsor, more clients per capita in the County may appear to seek services at CFSB.

The three most populated planning districts had the highest number of clients in both the CFSB research population and sample, i.e. East Windsor, Walkerville, West Riverside (United Community Services, 1977). The planning districts of Malden, Ojibway and Walker Farm have the lowest percentage of the city's population. Similarly, there is a low representation in the research population and sample in these districts. In the areas of Kingsville and Leamington in the County where services are provided by another family agency, the research population and sample shows almost no clients. When the null hypothesis was tested, no significant difference was found between the population and sample in terms of geographic distribution; therefore, the sample is representative of the population for the variable of geographic distribution.

Since the sample is representative of the CFSB population for the three variables of marital status, number of interviews and geographic distribution, it may be

assumed that data for the sample could be generalized to the population. Other variables were not tested due to difficulty in attaining appropriate data.

Respondents as Representative  
of the Sample

The representativeness of the respondent to the sample can be tested with the same three variables: marital status, number of interviews, and geographic distribution.

As seen in Table 1 (p. 56), more respondents (69%) were married than the clients in the sample group (57%). The respondents were also slightly lower in the separated, single, divorced, widowed and common law groups. The married client was more likely to respond to the questionnaires. As indicated in Table 1, the respondents do not represent the population nor the sample in terms of marital status.

As seen in Table 2 (p. 58), for the variable, number of interviews, the respondents are similar to the sample. In the sample, 81% of the clients received less than six interviews, compared to 79% of the respondent group. As indicated in Table 2, the respondents represent the sample and the population in terms of number of interviews.

Geographic distribution for the respondents and the sample was also similar (as seen in Map 1, p. 60). In the sample, 63% of the clients lived in the city of

Windsor, whereas, 61% of the respondents lived in the city (Table 3, p. 61). Tests of the null hypotheses showed no significant difference, therefore the respondents are representative of the population and the sample in terms of geographic distribution.

The respondents are representative of the CFSB population and the sample in terms of the two variables, number of interviews and geographic distribution. The respondents do not represent the population and the sample in terms of marital status.

Other Variables Describing  
the Sample and the Respondents

Beck and Jones (1973; 1977) suggested that the researcher examine five key variables when describing the sample and respondents. One of these, the number of interviews, has already been discussed.

The other variables were: presenting problem, total family income, education of family head, and race of family head. Race of family head, was not available, as the agency does not record this information.

Data was collected for the other three variables. A discussion of these and a comparison of sample and respondent characteristics follows.

The presenting problem of the client, as perceived by the counsellor, was divided into seven categories: marital, parent-child, individual personality adjustment (teen, adult, aged), health, and family management. Marital included spouse relationships and issues related to separation and divorce. Parent-child problems involved discipline as well as other problems between parents and their children under 18. Individual personality adjustment (IPA) problems were divided into three age areas -- teenagers, adults, and aged (over 65). IPA included issues confronting the individual such as life stage, depression and decision making. Health problems included such things as handicaps, illness, and mental retardation. Family management included such issues as finances, household management and housing.

As seen in Table 4 (p.66), just over one half of the problems brought to the agency by clients were marital (53% of sample), with parent-child problems (26% of sample) making up the next quarter. Individual personality problems ranked third (17% of sample). It is possible that the latter problem area might be somewhat higher in the population due to some types of

TABLE 4

Distribution of Sample and  
Respondents by Presenting Problem

Presenting Problems	Samp.		Resp.	
	n=188	(%)	n=94*	(%)
marital	99	(53)	52	(55)
parent-child	48	(26)	27	(29)
IPA (teen)	7	(7)	3	(3)
IPA (adult)	25	(13)	8	(9)
IPA (aged)	1	(.5)	1	(1)
health	4	(2)	3	(3)
family management	4	(2)	0	(0)

$p > .05$  ∴ accept  $H_0$

\*One respondent removed questionnaires' identification number.



cases excluded from the sample: Senior Citizens' Centre program clients, and those with confidentiality issues. Confidentiality may more often be a problem for individuals (such as teens or spouses) who seek services without the knowledge of their family. The data indicated that more than three quarters of the problems presented by client(s) involved family members other than the primary client. This is in keeping with the agency purpose which focuses on families (p.7).

It can be said that the respondents are representative of the sample for presenting problem, since the statistical test supported the null hypothesis of no difference (see Table 4, p.66).

Client reports of total family income were based on their 1977 gross incomes. As seen in Table 5 (p.68), the mode for total family income is \$15,000 to \$24,999 (27% of the sample). According to the Canadian Council for Social Development the 1977 poverty level for a family of three was \$8,808 yearly income; and for a family of four was \$10,276 yearly income (United Way, 1979). Families with yearly incomes in 1977 below these amounts could be considered living below the poverty level. The present research does not indicate the size of the clients' families; however, the average size of family in the 1976 Windsor census measurement area was 3.4 (Ministry of

TABLE 5

Distribution of Sample and Respondents  
by Total Family Income

Total Family Income	Samp.		Resp.	
	n=188	(%)	n=94*	(%)
\$25,000 and above	13	(7)	8	(9)
\$15,000 to 24,999	51	(27)	26	(28)
\$10,000 to 14,999	40	(21)	19	(20)
\$ 8,000 to 9,999	10	(5)	6	(6)
\$ 6,000 to 7,999	10	(5)	5	(5)
\$ 4,000 to 5,999	13	(7)	7	(7)
\$ 0 to 3,999	23	(12)	11	(12)
unknown	28	(15)	12	(13)

$p > .05$   $\therefore$  accept  $H_0$

\*One respondent removed questionnaires' identification number.

Industry, Trade and Commerce, 1978). Using this figure, the average sized family in Windsor would need a 1977 total annual income of \$9,390 or higher to be above the poverty level. The present research shows that 24% of the sample were cases with a total family income under \$8,000. This group of families (one quarter of the sample) has incomes below the poverty level for 1977. Another 5% of the total family incomes fell in the \$8,000 to \$9,999 total family income category. Unfortunately, this category can not be broken down to identify the exact number of cases with family incomes below the 1977 poverty level of \$9,390; however, it is probable that at least some of this group would also have incomes below the poverty level.

The number of families below the poverty level is higher than the original study which found 13% of all Canadian families below the poverty level in 1970 (FSAA, 1972). Although the social work profession has been criticized for not serving the poor (Briar, 1968), this would not appear to be true for CFSB where one quarter (24%) or more of the sample had family incomes below the 1977 poverty level.

A test of the null hypothesis indicates that for the variable of total family income, the respondents are representative of the sample.

The distribution of the sample and respondents by education of the family head is presented in Table 6 (p. 71). Education was divided into six categories. Post graduate included any education beyond an initial university degree. University graduate indicated that a degree was completed. Some college or university included university courses taken (incomplete degree) or other post secondary education such as community college. High school was divided into two areas-- grades 9 to 11, and grades 12 and 13. Finally, public school represented attainment of grade eight or less in education. Although the unknown data was high for both sample and respondents (45% each), the levels of education for both sample and respondents was very similar. The statistical test of Chi square supported the null hypothesis of no difference. The respondents are representative of the sample for education of family head.

The mode for the education variable was high school, grades 12 and 13. This is higher than the mode for the FSAA Canadian findings (1972) which was high school, grades 9 to 11. However, in the CFSB sample, 45% of the family heads had received education at less than the university or college level. By excluding the unknown data from calculations, this would become 90% with education less than university or college.

TABLE 6

Distribution of Sample and Respondents  
by Education of Family Head

Education of Family Head	Samp.		Resp.	
	n=188	(%)	n=94*	(%)
post graduate	1	(.5)	0	(0)
university graduate	12	(6)	8	(8)
some college or university	6	(3)	3	(3)
high school gr. 12 or 13	32	(17)	14	(15)
high school gr. 9 to 11	30	(16)	15	(16)
public school	22	(12)	12	(13)
unknown	85	(45)	42	(45)

$p > .05 \therefore$  accept  $H_0$

\*One respondent removed questionnaires' identification number.

As seen in Table 7 (p.73), the clients in the sample came to CFSB from many referral sources. These sources are self explanatory with the possible exception of three: community agencies (e.g.: Big Sisters, Vocational Rehabilitation, Canadian Mental Health Assoc.), law-related (e.g.: courts, lawyers, probation and after-care) and health-related (e.g.: hospitals, public health nurses). The four highest ranking referral sources for the sample are self (34%), family physicians (18%), community agencies (10%) and clergy (8%). It is of interest to note that although the agency is associated with the Roman Catholic church, referrals from clergy ranked fourth. Agency services are used by other referral sources as well as church related ones.

One third (34%) of the sample was self-referred and just over another third (39%) were referrals from beyond the social services field--medical, legal and religious. This indicates that the agency is perceived as a resource by citizens as well as by professions other than social work.

A statistical test shows the respondents as representative of the sample for the variable of referral sources.

In summary, the respondents are representative of the sample for six variables: number of interviews,

TABLE 7

Distribution of Sample and Respondents  
by Referral Source

Referral Source	Samp.		Resp.	
	n=188	(%)	n=94*	(%)
self	64	(34)	35	(37)
family physicians	33	(18)	16	(17)
community agencies	19	(10)	8	(9)
clergy	15	(8)	9	(10)
law-related	13	(7)	4	(4)
schools	11	(6)	8	(9)
Childrens' Aid Society	10	(5)	6	(6)
psychiatrists	7	(4)	2	(2)
welfare	6	(3)	2	(2)
health-related	4	(2)	2	(2)
unknown	6	(3)	2	(2)

$p > .05$   $\therefore$  accept  $H_0$

\*One respondent removed questionnaires' identification number.

geographic distribution, presenting problems, total family income, education of family head, and referral source. The respondents did not represent the sample for the variable of marital status. Since the respondents are representative of the sample for six of the seven variables, generalizations can be made from the respondents about the sample. Since the sample was found representative of the population, these generalizations from the respondents can also be made to the population.

#### Findings Related to the Hypotheses

This section presents the findings of the research related to the two hypotheses, (1) satisfaction reported; (2) improvement reported (discussed more extensively below). Responses to hypotheses related items on the questionnaire are presented and discussed. Chi square is used to test the null hypotheses. Conclusions are made about the acceptability of each hypothesis.

#### Hypothesis 1: Satisfaction Reported

This section will discuss findings related to Hypothesis 1 which stated:

At the time of the questionnaire, satisfaction will be reported by a larger number of terminated clients than the number of terminated clients who will report lack of satisfaction.

A global measure of satisfaction is provided by question 11 of the FSAA questionnaire: "In general, how did you



feel about the services of our agency?" Responses of "very satisfied" and "satisfied" were used as indications of satisfaction with services received by clients at CFSB. As seen in Table 8 (p. 76), the mode for this item was "satisfied" (37.9%). Over two thirds (71.6%) of the respondents reported that they were satisfied or very satisfied with services received at CFSB. "Somewhat dissatisfied" or "very dissatisfied" responses were made by 15.8% of the respondents, while 8.4% reported neutral feelings about services.

No comparable findings are available from the FSAA study (Beck & Jones, 1973). Blonde and Murphy reported similar, although higher findings for general satisfaction in their study. They found 83.2% of their respondents were satisfied or very satisfied with services (1975, p.75).

Chi square was used to test the null hypothesis of no difference between reports of satisfaction and reports of dissatisfaction. The null hypothesis was rejected as the difference was not significant at the .01 level. More respondents reported satisfaction with CFSB services than those who reported dissatisfaction.

Other questionnaire items support these findings of general satisfaction of respondents with CFSB services.

TABLE 8

General Satisfaction Reported  
by Respondents

Report	frequency (n=95)	percentage (100.0%)
very satisfied	32	33.7
satisfied	36	37.9
no particular feelings either way	8	8.4
somewhat dissatisfied	12	12.6
very dissatisfied	3	3.2
unknown	4	4.2

$p < .01$   $\therefore$  reject  $H_0$

Item 2 of the questionnaire reports the extent to which the clients perceived that their service goals were attained. The majority (65.2%) of the respondents reported positive results for goal attainment (as seen in Table 9, p. 78). Of these positive reports, 28.4% stated that goals were attained completely or for the most part; another 36.8% stated that they had partially attained or made a beginning towards goal attainment. No progress or the situation worsening were reported by 28.4% of the respondents, and 1.1% reported that they had changed their idea of the goal that they had wanted. Unfortunately, no comparable FSAA findings (Beck & Jones, 1973) were available. Blonde and Murphy indicated an almost identical response (65.9%) for positive goal attainment (1975, p.73).

The null hypothesis of no difference between positive and negative reports of goal attainment was tested with Chi square, and rejected since the difference was not significant at the .01 level. Respondents are likely to report a positive degree of goal attainment.

As seen in Table 10 (p. 79), over three quarters (78.9%) of the respondents identified no problems with agency programs and policies (item 8 of the questionnaire). The 15.9% who did indicate problems identified the

TABLE 9

## Respondent Reports of Goal Attainment

Degree of Attainment	frequency (n=95)	percentage (100.0%)
completely	14	14.7
for the most part	13	13.7
partially	14	14.7
made a beginning	21	22.1
changed my idea of what I wanted	1	1.1
made no progress	21	22.1
situation worse	6	6.3
unknown	5	5.3

$p < .01$  reject  $H_0$

TABLE 10

Respondent Reports of Problems  
Due to Agency Program and Policies

Problem	frequency (n=95)	percentage (100.0%)
no problem	75	78.9
fees	8	8.4
hours	3	3.2
office location	2	2.1
waiting for service	1	1.1
problems with worker	1	1.1
unknown	5	5.3

following issues: fees, hours of service, location of office, waiting time for service, and problems with their worker. In the FSAA study, a higher number of respondents (28%) reported similar problems with agency services (Beck & Jones, 1977, p.70). The Blonde and Murphy study showed 14% of the respondents reported problems with service (1975, p.73).

Item 9 of the questionnaire, requested information from the respondent regarding their reasons for "stopping coming" to the agency. This was an open ended question: categories and sub-categories set out by Beck and Jones (1973, p.81) were used to analyze data. As indicated in Table 11 (p.81), five response sub-categories indicate positive or neutral client reasons for termination of service, while four sub-categories indicate negative reasons for termination. In the present research, almost two thirds (62.2%) of respondents indicated positive or neutral reasons for their ending service, while the other third (33.7%) indicated negative reasons for termination. This is very similar to the FSAA study where (65.2% indicated positive or neutral reasons and 34.2% indicated negative reasons). Comparisons with Blonde and Murphy study (1975, p.74) are impossible since they did not follow explicitly the FSAA format.

TABLE 11

## Respondents Reasons for Terminating Service

Reasons	frequency (n=95)	percentage (100.0%)
positive or neutral		
problem solved or less stressfull	28	29.5
decided to handle on own or go elsewhere	13	13.7
situational reason (e.g.: illness, move)	9	9.5
worker initiative or mutual agreement	6	6.3
went as far as could	3	3.2
-----		
negative		
service not helpful	13	13.7
other family members unwilling	12	12.6
problems with service (e.g.: fees, hours)	4	4.2
dissatisfaction with counsellor or treatment plan	2	2.1
other	1	1.1
unknown	4	4.2

Finally, item 10 "Would you consider coming back to our agency again if you needed help in the future?" provides another indication of client satisfaction with services received at CFSB. As seen in Table 12 (p.83), over three quarters (82.1%) of the respondents indicated that they would return to the agency in the future if they felt they needed help. It is of interest to note that this positive response (82.1%) is higher than both those who reported general satisfaction with service (71.6%) and those who reported positive goal attainment (65.2%). Of those who indicated that they would not return (11.8%) the following reasons were given: service wasn't helpful, complaints about agency and counsellor, objections of other family members, inappropriateness of service for problem, and the client did not expect to have problems again. Similarly, in the FSAA study 88% reported they would return for service if needed in the future (Beck & Jones, 1977, p.63).

Chi square was used to test the null hypothesis of no difference between those reporting that they would return and those reporting that they would not return. Since probability was less than .001, the null hypothesis was rejected. Most respondents reported that they would return to the agency in the future.



TABLE 12

Respondents Report of Likelihood of  
Use of Agency in the Future

Response	frequency (n=95)	percentage (100.0%)
would return	78	82.1
wouldn't return	11	11.8
unknown	6	6.3

$p < .001$  .. reject  $H_0$

TABLE 13

Distribution of Change Scores

Direction of Change	frequency (n=95)	percentage (100.0%)
much better	18	18.9
somewhat better	34	35.8
same	13	13.7
somewhat worse	6	6.3
much worse	0	0
unknown	24	25.3

$p < .01$  .. reject  $H_0$

Acceptance of Hypothesis 1:  
Satisfaction Reported

The findings related to the first hypothesis were all positive. Almost three quarters of the respondents reported general satisfaction with services received at CFSB (p.75). Two thirds of the respondents reported positive results in attaining their service goals (p.77). No complaints about CFSB programs and policies were received from over three quarters of the respondents (p.77). Positive or neutral reasons for terminating service were received from almost two thirds of the respondents (p.80). Finally, a large majority of respondents stated that they would return to the agency in the future if service were needed (p.82). Based on the above findings, Hypothesis 1 is accepted.

Hypothesis 2: Improvement Reported

This section will discuss findings related to Hypothesis 2 which stated:

At the time of the questionnaire, improvement will be reported by a larger number of terminated clients than the number of terminated clients who will report lack of improvement.

Client improvement was measured by the change score and a global evaluation of improvement as reported by the client.

The change score is a composite evaluation of four areas: "changes in specific problems, changes in problem-coping, changes in family relationships, and changes in

individual family members". (Beck & Jones, 1973, p.101).

The scope and direction of change are reflected in the score, rather than depth or duration of change. The evaluations for the change score are obtained from the responses to items 12, 13, 15, 16 and 17 of the FSAA questionnaire. The score has a range of +20 to -20.

A score of +20 is the highest positive change score; a score of -20 is the lowest negative change score.

Each questionnaire must meet a minimum number of requirements before a change score can be computed (Beck & Jones, 1973; 1977).

For the purposes of this research, change scores were divided into five categories: much better (+12.0 to +20.0); somewhat better (+4.0 to +11.9); same (-4.0 to +3.9); somewhat worse (-12.0 to -4.1); and much worse (-20.0 to -12.1). Change scores in the much better and somewhat better categories will be interpreted as indicating improvement.

Change scores indicated improvement for over one half (54.7%) of the respondents; however, if the unknown data were removed from the percentage calculations, improvement would be reported by almost three quarters (73.2%) of the respondents (see Table 13, p.83). No change was reported by 13.7%, and worsening situations were reported by 6.3% of the respondents. Comparisons

to change scores with other studies (Beck & Jones, 1973; Blonde & Murphy, 1975) were not possible since different categorization was used.

Tests of the null hypothesis led to its rejection since the difference was not significant at the .01 level. Over one half of the change scores indicated improvement.

Results of the global evaluation of improvement (item 18 of the FSAA questionnaire) is presented in Table 14, p. 87. Responses of "much better" and "somewhat better" indicate improvement. The results were very similar to those of the change scores: 53.7% reported improvement. Unchanged situations and change in both positive and negative ways were reported by 21% of the respondents, while 10.6% reported situations worse.

A comparison can be made to other studies. Blonde and Murphy reported that 58% reported improvement (1975, p.83). This percentage was an adjusted percentage as unknown cases were not included in the calculations. A similar adjusted percentage for this research, shows 63% reporting improvement, somewhat higher than that reported by Blonde and Murphy. Beck and Jones also reported an adjusted percentage for reports of improvement--69.9% (Beck & Jones, 1973, p.90). This compares favorably with the adjusted percentage for the present research (63%).

TABLE 14  
Distribution of Global Measure  
of Improvement

Direction of Change	frequency (n=95)	percentage (100.0%)
much better	20	21.1
somewhat better	31	32.6
unchanged	16	16.8
better in some ways worse in others	4	4.2
somewhat worse	5	5.3
much worse	5	5.3
unknown	14	14.7

$p < .01 \therefore$  reject  $H_0$

A statistical test of the significance of the difference between reports of improvement and non-improvement led to the rejection of the null hypothesis.

Acceptance of Hypothesis 2:  
Improvement Reported

A summary of the findings relating to Hypothesis 2 follows. Change scores indicated improvement in over one half of the cases. This was statistically significant. A further report of client improvement was obtained through the global measure of improvement. This also was positive, indicating a statistically significant improvement for over one half of the respondents.

In light of these positive reports of improvement, and excellent levels of significance, the second hypothesis is accepted.

Further statistical tests were carried out to determine the dependence and degrees of association between the two variables: change scores and the global measurement of improvement (see Table 15, p.89). For this table and future tables, change score categories have been collapsed for convenience of presentation. Scores in the somewhat better and much better categories have been identified as "better". Scores in the somewhat worse and much worse categories have been identified as "worse".

TABLE 15

Client Reported Improvement:  
Change Scores and Global Measurement

Change Scores	Global Measurement		
	better	same	worse
better	44	7	0
same	0	9	4
worse	0	2	4

$p < .001$   $\therefore$  reject  $H_0$

$\eta = .87$ , change score dependent

TABLE 16

Change Score Improvement  
and Agency Service Influence

Agency Service Influence	Change Score		
	better	same	worse
helped great deal	20	0	0
helped some	26	4	0
made no difference	5	4	4
made things worse	0	2	2

$p < .0001$   $\therefore$  reject  $H_0$

$\eta = .71$ , change score dependent

Chi square has been used to test the relationship between variables, and tests of association have been used to test the degree of association between variables. Missing observations have been omitted from the tables.

As seen in Table 15, the categories for the global measurement of improvement were collapsed to correspond with the new change score categories (responses of "better in some ways, worse in others" were combined with "same"). The relationship between the two variables was significant. When the correlation ratio ( $\eta$ ) was used to test the association between the change scores and the global measurement, it was found that 75% of the variance in change score was associated with the respondent's global measure of improvement. This high degree of association between the two variables measuring improvement provides evidence of the validity of the instrument regarding its reliability in measuring improvement.

The acceptance of the two research hypotheses indicates that respondents were satisfied with services received at CFSB, and experienced improvement in problem areas after receiving service. To determine whether this improvement was directly caused by agency service, or factors outside of agency service, control groups would be needed; however, an indication of the respondents' perception of the influence of agency services is



available from item 19 of the FSAA questionnaire: "How do you feel the services provided by our agency influenced the changes you have reported?". As seen in Table 16 (p.89), almost three quarters (74.6%) of the respondents felt that they had been helped by agency service. The relationship between the change score and influence of the agency service was statistically significant, and 50.6% of the variance in change score was associated with the respondents' reports of the influence of agency service.

Since the previous discussion (p.74) determined that the respondents were statistically representative of the sample and the population, the acceptance of the hypotheses and other findings relating to the respondents can be generalized to the sample and the population of CFSB. It can be assumed, therefore, that the majority of the population would report satisfaction with CFSB services and improvement with problems brought for service.

#### Findings Related to the Research Questions

The research questions focused on four areas related to the hypotheses: the relationship between the reported outcome of service and particular service characteristics; the relationship between the reported outcome of service and particular client characteristics; client comments and complaints about agency service; and a comparison of particular research findings with other similar studies.

The task outlined in this final research question has been carried out in the preceding data analysis and discussion of findings; appropriate comparisons are also made in this section.

The discussion in this section focuses on the remaining research questions. Presentation of findings are subdivided into two groupings. Outcome relationships to service and client characteristics describe and discuss those variables which have a statistically significant relationship to the client reported outcome of service. The change score has been selected as the basis for this analysis, since it offers the most detailed measure of the clients' evaluation of service outcome. The second area of discussion related to the research questions is the report and examination of clients' comments and complaints. Responses representative of both supportive and critical viewpoints will be presented.

#### Outcome Relationships to Service and Client Characteristics

Numerous variables were tested for statistically significant relationships with the change score by means of a test of significance (Chi square), and a test of association (eta). Those characteristics of client and service which were found statistically significant are reported and discussed here.

One client characteristic, education of family head, was related to change scores at less than the .03 level of probability; however, since almost one half of the observations were missing (see p. 70) it is not valid to discuss this variable relationship in any more detail.

Item 2 of the FSAA questionnaire (p. 77) obtained reports of the degree of goal attainment by the client. The categories for degree of goal attainment have been collapsed to facilitate presentations. "Positive response" includes the original categories ranging from "made a beginning" to "completely attained", "Neutral response" includes the categories of "made no progress", and "changed my idea of what I wanted". "Negative response" is "situation worse". Table 17 (p. 94) presents the crosstabulation of change scores and goal-attainment. Their relationship was significant at less than the .01 level. The correlation ratio indicates association at the 36.5% level with change scores dependent. Clients who reported positive results in attaining their goals regarding their presenting problems were more likely to have a change score indicating their situation had improved.

The variables, reason for termination (see p.80 ), and change score were statistically significant at less than the .02 level (Table 18, p.94 ). For presentation,

TABLE 17  
Change Scores and Goal Attainment

Degree of Goal Attainment	got better	Change Score stayed the same	got worse
positive response	45	5	1
neutral response	6	6	5
negative response	0	2	0

$p < .01$   $\therefore$  reject  $H_0$

$\eta^2 = .60$ , change scores dependent

TABLE 18  
Change Scores and Reasons for Termination

Type of Reason for Termination	got better	Change Score stayed the same	got worse
positive or neutral	39	6	2
negative	12	7	4

$p < .02$   $\therefore$  reject  $H_0$

$\eta^2 = .52$ , change scores dependent

only the main categories of positive or neutral, and negative were used. The correlation ratio indicated that 27.4% of the variance in change score was associated with change score. Clients who reported positive or neutral reasons for termination were more likely to obtain higher change scores.

As seen in Table 19 (p. 96), satisfaction with the counselling relationship as reported by the client was related to change scores. This information was gathered in item 7 of the FSAA questionnaire: "In general, how satisfied were you personally with the way you and your counsellor got along with each other?" The correlation ratio indicated a n association between these two variables (20.1%). It appears that those who were very satisfied or satisfied with the counselling relationship reported higher change scores.

Three of the previous follow-up studies found a relationship between change scores and satisfaction with the counselling relationship (Beck & Jones, 1973; Blonde & Murphy, 1975; Dailey & Ives, 1978). Their findings support the present research that higher improvement scores are positively related to higher client rates of satisfaction with the counselling relationship.

As seen in Table 20, (p. 97), client description of the degree of satisfaction with the counselling relationship can be divided into four categories

TABLE 19  
Change Scores and Satisfaction  
with Counselling Relationship

Degree of Satisfaction with Counselling Relationship	Change Score		
	got better	stayed the same	got worse
very satisfied	25	1	1
satisfied	20	5	2
no feelings either way	4	4	1
somewhat dissatisfied	3	2	2
very dissatisfied	0	1	0

$p < .04$   $\therefore$  reject  $H_0$

$\eta^2 = .45$ , change scores dependent

TABLE 20

Change Scores and Client Description  
of Counselling Relationship

Client Explanation of Counselling Relationship	Change Score		
	got better	stayed the same	got worse
counsellor interested and helpful	37	6	3
counsellor not interested, nor able to help	0	1	2
counsellor lacked experience, skill or knowledge	1	1	0
other responses	3	5	1

$p < .01$  ..reject  $H_0$

$n=.45$ , change scores dependent.

(Beck & Jones, 1977): counsellor interested and helpful; counsellor not interested, nor able to help; counsellor lacked experience, skill or knowledge; and other responses (those not classifiable in the preceding categories). The relationship between client description of counselling relationship and change scores was statistically significant at less than the .01 level. Higher change scores were associated with the client's perception of the counsellor as interested and helpful. The association between the variables was moderate (20%).

Although this examination does stress the importance of relationship between service outcome and counselling relationship, it does not break down the components of the counselling relationship. As discussed in the review of literature, relationship has long been considered an important ingredient of counselling (Richmond, 1922); more understanding of the components of the counselling relationship, and the reasons for its importance has been found in the past two decades (Truax & Carkhuff, 1967).

In summary, these variables had a relationship to change scores reported by the clients: the education of the family head; goal attainment; reasons for termination; satisfaction with the counselling relationship; and client explanation of the counselling relationship.



The latter two variables are supported by findings from similar follow-up studies, and other writings in social work and the helping professions.

Report and Examination of Clients'  
Comments and Complaints

Comments and complaints were collected from clients by means of several questions. Responses to two of these questions have been previously reported in the discussion of findings related to the hypotheses. When asked to identify any problems caused by agency programs or policies (item 7 of FSAA questionnaire), over three quarters of the respondents reported no problems (Table 10, p.79); however, one-sixth (15.9%) did identify problems. These problems were fees, hours, office location, waiting for service and problems with worker.

The other question previously discussed dealt with whether the client would consider returning to the agency for service in the future (item 10 of FSAA questionnaire). Over three quarters (82.1%) of the respondents stated that they would return to the agency (Table 12, p.83). Those who indicated that they would not return to the agency for service (11.8%), identified the following reasons: service not helpful (3.2%); complaints about agency (3.2%); objections of other family members (2.1%); complaints about counselling (1.1%); not the right type of service (1.1%); and won't have problem again (1.1%).

Three other questions provided indications of the clients' perceptions and reactions to CFSB service. On the CFSB Client Follow-Up Study, item C asks the client to comment on the effect of the agency being a Catholic family agency. An equal number indicated that the fact the agency had an association with a religious denomination had a positive or neutral influence on them (Table 21, p.100). Less than one in twenty identified a negative effect. Only six respondents commented in the open-ended portion of this item. A selection of representative responses follows: "I feel staff at such an agency must be well qualified and open minded regardless of religious denomination.", "CFSB was the only place that offered help for our problem.", "I doubted the Catholic agency but came because I had to." and "A particular worker had been suggested--so it was the counsellor, not the agency."

The respondents indicated general satisfaction with services of CFSB in item 11 of the FSAA questionnaire (Table 8, p.76). This question also provided an area for comments. Eighteen respondents made comments; these ranged from 10 which were positive to eight negative ones. Some representative comments follow: "Right from the receptionist on up, everyone seemed concerned and wanted to help.", "The counsellor was kind and tried to help me; s/he listened to me when I was no longer going to the agency.", "Comfortable and non-threatening for

TABLE 21

Influence on Client of the Agency's  
Association with Roman Catholic Church

Influence	frequency n=95	percentage (100.0%)
felt more like coming	43	45.3
made no difference	43	45.3
felt less like coming	4	4.2
unknown	5	5.3

all of us."; "We couldn't get anywhere. Couldn't find the source of the problem."; "Paying \$20 per visit, I sometimes felt I was paying someone to take an interest in me, just like you pay for everything else in life."; and "We wanted to save our marriage; the counsellor wanted us to try a separation, which would have ruined what we wanted to save. We were disappointed."

Item 20 of the FSAA questionnaire asked respondents for "any additional comments about your experience with our agency?" Over thirty comments were made; as with the previous item, these ranged from supportive to critical. Some representative responses follow (see Appendix H for a full report of these comments): "I have mentioned counselling to others."; "They listened, helped think out and make up our own mind. Now a new attitude to life, job and family."; "I went to 8 physicians in 15 years, and I got more out of the counsellor than them.", "Thank you."; "I thought we'd be advised more instead of letting us decide what to do."; "Not pleased."; "I cannot stress how disappointed we were with the counsellor. I assumed an experienced, very capable counsellor would be assigned. We were two steps ahead of s/he all the time."; and "Your counsellor didn't help but it was a beginning for the end because later my daughter herself sought counselling."

It is apparent that client comments range from glowing praise to severe dissatisfaction. Some respondents speak generally about what they liked or disliked about their experiences at the agency; others are more precise. The critical responses reflect the problems identified in other items such as fees, service not helping and dissatisfaction with the counsellor. The supportive responses focused on positive results to service, and satisfaction with the counsellor and the helping process.

#### Summary of Research Findings

The sample was found to represent the CFSB population for the three variables tested: marital status, number of interviews and geographic distribution. The respondents represented the population for number of interviews and geographic distribution. The respondents also were found representative of the sample for six of seven variables: number of interviews, geographic distribution, presenting problem, total family income, education of family head, and referral source.

Generalizations of research findings can be made from the sample and respondents to the CFSB population.

Both the hypotheses were accepted after examination of supporting data and statistical testing. It was found that a larger number of terminated clients reported satisfaction with agency services than the number

reporting dissatisfaction (Hypothesis 1, p.84). Furthermore, a larger number of terminated clients reported improvement than those reporting lack of improvement (Hypothesis 2, p.88).

The change score measuring improvement, as reported by the terminated client, was found statistically related to five variables: education of family head, degree of goal attainment, reason for termination of services, satisfaction with counselling relationship, and client description of their satisfaction with the counselling relationship. Tests of association showed moderate to low degrees of association between variables.

## CHAPTER V

## CONCLUSIONS AND RECOMMENDATIONS

The purpose of this research project was to examine the clients' perceptions of the effectiveness of casework services which they received at the Catholic Family Service Bureau of Windsor. Two hypotheses were developed to examine client reports of satisfaction with services, and improvement with problems presented for service. In addition, research questions were posed to provide further structure to the research process. A purposive sample was drawn from the CFSB population, and self-addressed, mailed questionnaires sent to the terminated clients. The design and instruments were based on the Family Service Association of America Client Follow-Up Study (Beck & Jones, 1973).

Major Research Findings

The major research findings are reviewed in the same order in which they were discussed in Chapter IV. The sample was found to represent statistically the population for three variables: marital status, number of interviews, and geographic distribution. This indicated the findings related to the sample can be generalized to the population.

For the variable, marital status, over one half of

the sample and population were married and over three quarters of the sample and population were married, had been married, or were in a common law relationship. The majority of the clientele of CFSB were a part of either traditional family units, or alternative family units. The variable, number of interviews, indicated that almost one half of the clients of CFSB received two to five interviews. The next largest group of clients, one-third, received one interview. Those receiving less than six interviews made up the majority of both the sample and population. The geographic distribution variable showed that two thirds of the clients resided in the city of Windsor, with the other one-third living in municipalities and rural areas in the county.

The respondents were statistically representative of the population for number of interviews and geographic distribution. The respondents also were found statistically representative of the sample for six variables: number of interviews, geographic distribution, presenting problem, total family income, education of family head, and referral source. These tests of goodness of fit allow generalizations to be made from findings related to the respondents to both the sample and the population.



An examination of presenting problems of clients indicated that over one half of the presenting problems were marital, followed by parent-child problems, and third, issues of individual personality development. The total annual income of the clients showed that while the mode of incomes was from \$15,000 to \$24,999 (over one-quarter), one quarter of the group had incomes below the 1977 poverty level (less than \$9,390). The agency is serving poor families as well as middle income families. The majority of clients had less than university or college education, with the mode being high school, grades 12 and 13. Finally the variable, referral source, indicated that the clients came to the agency via a wide range of referral sources. The four highest ranking sources of referral were: self, family physicians, community agencies, and clergy.

#### Acceptance of the Hypotheses

Statistical tests of the data led to the acceptance of the two hypotheses. It can be said that:

1. At the time of the questionnaire, satisfaction was reported by a larger number of terminated clients than the number of terminated clients who reported lack of satisfaction.
2. At the time of the questionnaire, improvement was reported by a larger number of terminated clients than the number of terminated clients who reported lack of improvement.

The acceptance of the first hypothesis, concerning client satisfaction with agency services, was further supported by the findings of a positive degree of goal

attainment, few complaints about agency services, positive or neutral reasons for terminating services, and indications that clients would return to the agency again if services were needed in the future.

The acceptance of the second hypothesis, reported improvement of problem situations, was further supported by a statistically significant relationship between change scores measuring improvement, and global reports of improvement. This provided evidence of the validity of the instruments. Issues of cause and effect can not be examined within the descriptive design of the research project; however, in reply to the question, "How do you feel the service provided by the agency influenced the changes you have reported?", three quarters of the respondents indicated that the agency services had influenced the changes that they had reported.

#### Findings Related to the Research Questions

The research questions focused on the following areas related to the hypotheses: the relationship between the reported outcome of service, and particular service, and client characteristics, client comments and complaints about agency service; and comparison of particular findings to other similar studies.

The following variables were found to have a statistically significant relationship to change scores

reported by clients, and a low to moderate degree of association: education of family head; goal attainment; reasons for termination; satisfaction with the counselling relationship; and client description of the counselling relationship. The education variable was not discussed extensively due to the high degree of missing data. When findings indicated positive results in attaining client goals for service, positive to neutral reasons for terminating services, satisfaction with the counselling relationship, or client descriptions of the counsellor as interested and helpful, change scores were more likely to indicate improvement.

Finally, particular findings of this research project compared favourably with similar reports of client follow-up studies.

### Recommendations

Based on the research findings and related readings, the researcher presents the following recommendations to CFSB, family agencies, and the social work profession.

#### Social Work Practice

-The variables related to the number of interviews (the majority was less than six), and goal attainment (positive goal attainment related to positive improvement scores) are viewed as indicators of the appropriateness of a brief treatment approach in the family agency. Attention must be given to time-limited service and client-specific goals (Reid & Epstein, 1972).

- The variables related to satisfaction with the counselling relationship, and description of the counselling relationship are indicators of the importance of the relationship factor in counselling. The Social Work profession must move beyond the general concept of relationship, giving attention to its facilitative components (Fischer, 1978, Moore, 1974).
- The variables of marital status and total family income indicate the presence of certain minority groups such as the poor and non-traditional family units. The social work profession must address itself to issues particular to these groups (Mayer & Timms, 1969; Constantine, Constantine & Edelman, 1975).

#### Agency Policies and Programs

- Referrals were received from three main sources: the clients themselves, other social work agencies, and non-social work professionals. Public relations efforts of family agencies must recognize and reach out to these three foci points. Information must be effectively dispensed to the potential referral sources. This information must make known the existence and nature of the services, and facilitate appropriate expectations and utilization of services.
- The high proportion of county cases at CFSB should lead to an examination of the possibility of service needs specific to this non-urban community.
- Although few specific complaints were made, fees were most often mentioned. The agency should be sensitive to the unique situation of each client, and be facilitative of client understanding of the rationale of agency fee systems.

#### Agency Record Keeping

- Record keeping must be co-ordinated with present and future research needs of agencies. The use of such informative measures as the Blisshen socioeconomic index could be utilized with minimal changes to present record keeping systems (record client occupation to correspond with occupational classification used for the census) (Blisshen, 1967; McRoberts, 1976).

-Agencies must give attention to the consistent collection and ease of retrieval of important client descriptive data. Such items as "family size", "total family income", "number of interviews", and "education" must be defined, and consistently recorded. Broad categories which obscure specific data must be avoided (such as "marital problems" which means the stages of marital breakdown, separation and divorce are indistinct).

#### Further Research

-Over one half of the sample responded to the questionnaires indicating that clients are prepared to provide service feedback. This willingness to provide feedback should be utilized by building research into the counselling program to provide important information about clients' perceptions of services. A follow-up system using an appropriate instrument could solicit client perceptions at termination, and after three months. Such a system would be a valuable part of program evaluation.

-Research should be built into practice to establish the effectiveness of specific interventions, and to develop practice concepts and techniques appropriate to particular problems. Clients could be asked to evaluate each counselling session at its close, providing the worker with immediate feedback. Before and after measurement of the client's coping abilities could be carried out, and related to worker-specific intervention methods and techniques. This can be done in a way which will not jeopardize the uniqueness of the client as a person, nor the individuality of the professional's style (Fischer, 1978).

-Where feasible the two areas of research, the client follow-up system and the practice research, could be correlated to provide further information.

APPENDICES

# APPENDIX A

## FAMILY SERVICE STUDY

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Since you recently have been to our family service agency, we are eager to know whether the service you received from our agency was helpful or not and in what ways. Your opinions are important to us. Please answer all questions even if you have to guess. If either you or your family have been to our agency before this last contact, please tell us only about your most recent period of service.

1. What was the one most important problem that brought you to our agency?

\_\_\_\_\_

2. What did you most want to accomplish regarding this problem? (Please be as specific as possible.) \_\_\_\_\_

\_\_\_\_\_

Was this accomplished? (Check only one item.)

☐ Yes, completely      ☐ Made no progress  
☐ For the most part      ☐ Situation worse  
☐ Partially      ☐ Changed my idea  
☐ Made a beginning      ☐ of what I wanted

3. Did someone counsel you or talk with you about this or any other problems?

☐ Yes      ☐ No

If YES, was this helpful?

☐ Very helpful      ☐ Not helpful  
☐ Somewhat helpful      ☐ Don't know

4. Did our agency provide any other service?

☐ Yes      ☐ No

If YES, what was the service? \_\_\_\_\_

\_\_\_\_\_

Was it helpful?

☐ Very helpful      ☐ Not helpful  
☐ Somewhat helpful      ☐ Don't know

5. Did they suggest some other place where you might go?

☐ Yes      ☐ No

If YES, where? \_\_\_\_\_

Did you go? ☐ Yes      ☐ No (or not yet)

Did it help? ☐ Yes      ☐ No      ☐ Don't know yet

If they suggested a SECOND place to go, where was this? \_\_\_\_\_

Did you go? ☐ Yes      ☐ No (or not yet)

Did it help? ☐ Yes      ☐ No      ☐ Don't know yet

6. Was there any kind of service or help you expected or needed from our agency that you didn't get?

☐ Yes      ☐ No

If YES, what was it? \_\_\_\_\_

7. In general, how satisfied were you personally with the way you and your counselor got along with each other?

☐ Very satisfied      ☐ Somewhat dissatisfied  
☐ Satisfied      ☐ Very dissatisfied  
☐ No particular feelings one way or the other

\*Please tell us why you felt this way.

\_\_\_\_\_

8. Was there anything about our agency or its program or policies that made problems for you or your family, such as fees, having to wait, distance to agency, appointment hours, having to change to a new counselor, etc.?

☐ Yes      ☐ No

If YES, what was it? \_\_\_\_\_

\_\_\_\_\_

9. Why did you stop coming to our agency?

\_\_\_\_\_

10. Would you consider coming back to our agency again if you needed help in the future?

☐ Yes      ☐ No

If NO, why not? \_\_\_\_\_

\_\_\_\_\_

11. In general, how did you feel about the services of our agency?

☐ Very satisfied      ☐ Somewhat dissatisfied  
☐ Satisfied      ☐ Very dissatisfied  
☐ No particular feelings one way or the other

Any comments? \_\_\_\_\_

\_\_\_\_\_

The questions on this page ask about problems that you and your family had when you came to our agency and whether these problems are now MUCH BETTER, SOMEWHAT BETTER, THE SAME, SOMEWHAT WORSE, or MUCH WORSE. If you do not live with your family, there may be some items that won't apply to you, perhaps "Problems between husband and wife" or "Raising children . . ." etc. Just skip those.

12. When you first came to our agency did you or any other members of your family have any of the following problems? (Read list below and check at the left all that were a problem for anyone in your family at the time of your most recent application.)

Now, for each problem you have checked on the left, please put a check mark in one of the five columns below to indicate whether that problem is now MUCH BETTER, SOMEWHAT BETTER, THE SAME, SOMEWHAT WORSE, or MUCH WORSE compared with when you first came to the agency. The change could be either in the problem itself, or in the way you or your family handle it now, or in how easy or hard it is to live with.

TYPE OF PROBLEM	MUCH BETTER	SOMEWHAT BETTER	SAME	SOMEWHAT WORSE	MUCH WORSE
<input type="checkbox"/> Problems between husband and wife . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Problems between parents and children (child under 21) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Problems between other family members (Who? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Raising children, taking care of their needs, training, discipline, etc. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Taking care of house, meals, or family health matters . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Managing money, budgeting, or credit . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Problems in social contacts or use of leisure time . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Not enough money for basic family needs . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Being unemployed or in a poor job . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Housing problems . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unwed parenthood . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Legal problems (such as divorce, custody, rent, bills, etc., not involving crime) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Doing poorly at work or having trouble holding a job . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Doing poorly or misbehaving in school . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Drinking too much . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Taking drugs . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Getting in trouble with the law . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trouble getting along with others . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trouble handling emotions or behavior . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health problems, physical illness, or handicap. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Need for physical care (for aged, child, sick, etc.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Need for protective services (for aged, child, etc.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental illness . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental retardation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other problem . . . . . (What? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Now circle on the left the check for the one most important problem you wanted help with. If you had no problems, please check here: ☐



14. In addition to the kinds of help we have been asking about, family agencies are also concerned with neighborhood and community conditions which cause problems for families. For this reason we would like to know whether any of the following were a serious problem for you or your family when you came to our agency. (Check all that were a problem.)

<input type="checkbox"/> Poor job opportunities	<input type="checkbox"/> Poor police protection	<input type="checkbox"/> Inadequate legal help
<input type="checkbox"/> Poor or no job training opportunities	<input type="checkbox"/> Unfair credit practices	<input type="checkbox"/> Discrimination (racial, ethnic, religious, etc.)
<input type="checkbox"/> Poor schools	<input type="checkbox"/> Poor health resources	<input type="checkbox"/> Poor recreational opportunities
<input type="checkbox"/> Rundown neighborhood	<input type="checkbox"/> No day care centers for children	<input type="checkbox"/> Poor or costly transportation
<input type="checkbox"/> Unsafe neighborhood	<input type="checkbox"/> No home care services for aged or sick	<input type="checkbox"/> Other conditions (What? _____)
<input type="checkbox"/> Heavy drug use in area		

☐ NO COMMUNITY SITUATIONS WERE A SERIOUS PROBLEM FOR OUR FAMILY (Skip to Question 15.)

Do you know of any way our agency tried to help with these community conditions? ☐ Yes ☐ No

If YES: How? \_\_\_\_\_

Was what we did about these conditions helpful to you and your family? ☐ Yes ☐ No ☐ Don't know

15. People who have been to family agencies sometimes find that, regardless of what they came about, there are changes in how the members of the family get along together. Would you say that since you started at our agency this time there has been any change for the better or for the worse in the way the members of your family-- (Check only one column for each item.)

If you have no family nearby, answer in terms of your other relationships.

	MUCH BETTER	SOMEWHAT BETTER	SAME	SOMEWHAT WORSE	MUCH WORSE	NOT A PROBLEM
Talk over problems, listen to each other, share feelings . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handle arguments and work out differences . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept and help each other, pay attention to each other's needs . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel toward each other (how close and comfortable, how you enjoy each other) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How husband and wife get along sexually (Answer only if you are the husband or wife.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get along in other ways (How? _____) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. When people work on their problems at a family agency, they sometimes find that there is a change in how they feel about those problems and the way they handle them. If you have discussed any problems with our agency, would you say that you personally have noticed since then any change for the better or worse in-- (Check only one column for each item.)

	MUCH BETTER	SOMEWHAT BETTER	SAME	SOMEWHAT WORSE	MUCH WORSE
The way you <u>feel</u> about your problems (how worried, overwhelmed, angry, confused, guilty, etc.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you <u>understand</u> your problems (what they are and who or what contributes to them) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The kinds of <u>ideas</u> you have on what to do about your problems (what should or should not be tried) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you <u>work</u> with others in handling problems (talking things over instead of fighting or avoiding, etc.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Since coming to the agency, have you actually--

Made any decisions on what to do about your problems? ☐ Yes ☐ No

Taken any specific action on your problems? ☐ Yes ☐ No

\*If you have taken some action, did this turn out to--

<input type="checkbox"/> help greatly	<input type="checkbox"/> make things somewhat worse
<input type="checkbox"/> help somewhat	<input type="checkbox"/> make things much worse
<input type="checkbox"/> make no difference	<input type="checkbox"/> can't tell yet

17. List below all members of your family, including yourself, regardless of whether they were seen at our agency. Do not use names, but give instead their relationship to the head of your family. Also list any others (relatives, friends) who were involved in the problem for which you came to our agency, provided our agency contacted them in regard to it.

After each person you have listed, place a check in the column that best describes the direction of change (even if slight) in his or her behavior, attitudes, feelings, or ability to handle problems since service with the agency began.

RELATIONSHIP (List husband, wife, son, uncle, niece, etc. <u>Include yourself.</u> )	DIRECTION OF CHANGE				
	Much Better	Somewhat Better	Same	Somewhat Worse	Much Worse
Persons 21 or Over (or under 21 if now or ever married):					
Husband-father _____	_____	_____	_____	_____	_____
Wife-mother _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Persons Under 21 and Single:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Write "self" in front of line you have used to report yourself.

18. Considering all members of your family and all problems you discussed with your counselor, how would you say things are now compared with when you first came to our agency this time?

<input type="checkbox"/> Much better	*If things got worse, please describe what happened:
<input type="checkbox"/> Somewhat better	
<input type="checkbox"/> Unchanged	
<input type="checkbox"/> Somewhat worse	
<input type="checkbox"/> Much worse	
<input type="checkbox"/> Better in some ways but worse in others	_____
<input type="checkbox"/> No problems discussed	_____

19. How do you feel the service provided by our agency influenced the changes you have reported?

<input type="checkbox"/> Helped a great deal
<input type="checkbox"/> Helped some
<input type="checkbox"/> Made no difference
<input type="checkbox"/> Made things worse (Please explain: _____ )

20. Any additional comments about your experience with our agency? \_\_\_\_\_

21. Did anything not related to agency service influence the changes you have reported? (Check below all that had an influence.)

☐ Other services or aid, such as from doctor, lawyer, welfare, school (What? \_\_\_\_\_)

☐ Changes in your life situation, such as health, job promotion, birth of baby, loss of income (What? \_\_\_\_\_)

☐ Influence of an important person not involved in agency service, such as a friend, relative (Who? \_\_\_\_\_)

☐ Other (What? \_\_\_\_\_)

☐ No such influence

Did the factor(s) checked above make things better or worse for you and your family?

☐ Better ☐ Worse ☐ Some of Both

22. Who filled out this questionnaire?

☐ Husband or father  
☐ Wife or mother  
☐ Husband and wife together  
☐ Other (Who? \_\_\_\_\_)

Please make sure you have answered all the questions. Mail the questionnaire in the stamped, self-addressed envelope that came with it. Thank you very much for your help. Your answers will be studied carefully along with many others in order that we may continue to improve our services to families and individuals.

## APPENDIX B

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## CASE DATA SHEET

Study No. \_\_\_\_\_

Primary Client: \_\_\_\_\_

Worker: \_\_\_\_\_

Incoming Date: \_\_\_\_\_

Date of Closing: \_\_\_\_\_

District: \_\_\_\_\_

Male \_\_\_\_\_; Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_; Single \_\_\_\_\_; Divorced \_\_\_\_\_;

Separated \_\_\_\_\_; Common Law \_\_\_\_\_; Widow \_\_\_\_\_;

Deserted \_\_\_\_\_; Other \_\_\_\_\_;

Date of Marriage: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Religion: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Spouse: Male \_\_\_\_\_; Female \_\_\_\_\_;

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Religion: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Previous Marriages: Client \_\_\_\_\_; Spouse \_\_\_\_\_;

Children: Male \_\_\_\_\_; Female \_\_\_\_\_; (\*Identified Patient)

Dates of Birth: \_\_\_\_\_

At Home \_\_\_\_\_.

Study No. \_\_\_\_\_

Others in Household (who): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Who all was seen: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Contact: Phone/corr. \_\_\_\_\_; In Person \_\_\_\_\_;

Contact on Behalf of Family \_\_\_\_\_;

Referral Source: Self \_\_\_\_\_

C.A.S. \_\_\_\_\_

Dr. (type) \_\_\_\_\_

Lawyer \_\_\_\_\_

School \_\_\_\_\_

Clergy \_\_\_\_\_

Health Dept. \_\_\_\_\_

Hospital \_\_\_\_\_

Other (who) \_\_\_\_\_

Total Number of Interviews (contacts): \_\_\_\_\_

Problem Receiving Most Agency Attention (Primary Focus)  
\_\_\_\_\_

Total Family Income, (before taxes in past year): \$ \_\_\_\_\_

Family Head: Highest school grade completed \_\_\_\_\_

Occupation: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_ Referred Elsewhere

\_\_\_\_\_ Service Terminated By Caseworker Plan

\_\_\_\_\_ Family Withdrew or Terminated Service

\_\_\_\_\_ Further Service Not Possible

\_\_\_\_\_ Information Not Available

Study No.: \_\_\_\_\_

Programme Area: \_\_\_\_\_ Individual Counselling

\_\_\_\_\_ Family Therapy: Married Couple (conjoint)

\_\_\_\_\_ : Family Unit (all or part)

\_\_\_\_\_ Child Therapy

\_\_\_\_\_ Group Counselling

\_\_\_\_\_ Information Not Available

## Part II

Social Economic Status:

upper or middle \_\_\_\_\_

lower \_\_\_\_\_

No. Environmental Problems

less than 2 \_\_\_\_\_

or more \_\_\_\_\_

External Factors

positive \_\_\_\_\_

neutral (or none) \_\_\_\_\_

negative \_\_\_\_\_

No. of Interviews

one \_\_\_\_\_

two to five \_\_\_\_\_

six or more \_\_\_\_\_

Difficulty of Problem

1 2 3 4 5 6 7

Other Factors (if any)

## Alert Sheet - Client Follow-Up Study

This study involves the completion by the client of a mailed out questionnaire, with a stamped, addressed return envelope. The return address to be used is 677 Victoria St., Windsor (no agency name) for both envelopes.

Attached is a list of your past clients who will be included in the sample. Please read over this list and indicate any problem that you might foresee arising from their inclusion.

There are two main potential problem areas:

- 1) Confidentiality - other family members not aware of client's visits. Could this problem be circumvented by my phoning the client and asking for an alternative address?
- 2) Inability to complete questionnaire: mental or physical disabilities; illiterate; language.

Indicate your concerns re: a client's inclusion in the sample with an asterick and brief note about the type of problem.

Please get this information back to me by Thurs. Sept. 21, 1978.

## Client Follow-up Study

Catholic Family Service Bureau

Thank you for helping with our study. Please answer these questions and those on the following pages.

If you want a translation of this questionnaire in your mother tongue (French, Spanish, Italian, etc.), please call us at 254-5164.

A. What languages are spoken in your home? \_\_\_\_\_

What language is spoken most often? \_\_\_\_\_

B. Do you work shifts? yes\_\_\_; no\_\_\_.

Do others in your home work shifts? yes\_\_\_; no\_\_\_.

If yes, who: (Name them, by stating their relation to family head: eg. son) \_\_\_\_\_

C. Did the fact that this is a Catholic family agency make you feel: more like coming here \_\_\_\_\_

less like coming here \_\_\_\_\_

make no difference to your coming here \_\_\_\_\_

Any comments? \_\_\_\_\_

D. Since you stopped coming to our agency, have you or anyone in your home gone to another agency or helping person with a problem? yes\_\_\_; no\_\_\_.

IF YES: Where did you go? \_\_\_\_\_

Why did you go there? \_\_\_\_\_

How many visits did you make there? 1 only\_\_\_;

2 to 5 visits\_\_\_; 6 or more\_\_\_.

What was the most important problem that you discussed? \_\_\_\_\_

Was going there helpful to you? yes\_\_\_; no\_\_\_.

Why did you not return to our agency? \_\_\_\_\_

Urgent!

DUE TO ROTATING MAIL STRIKES; MAIL SERVICE MAY BE SLOWED DOWN. IT IS IMPORTANT THAT YOU MAIL BACK YOUR COMPLETED QUESTIONNAIRE AS SOON AS POSSIBLE TO AVOID DELAY.

## APPENDIX H

Other client responses<sup>1</sup> to FSAA questionnaire, item 20:

"Any additional comments about your experience with our agency?"

- I am very grateful for the good services that CFSB gave me.
- The counsellor was polite and considerate, but pushed a bit too much--my husband is private and abusive.
- When discussing problems, I felt better about myself.
- In going we received the peace of mind which we needed. We could get advice and help when we didn't know what to do. Our daughter is doing pretty good now and is able to cope a lot better with life.
- The counsellor allowed me to use them as a sounding board to find myself. I will always be in their debt for the help to myself and my children.
- Assisted us when we needed help, but my daughter would not accept it as I did.
- I wish you could find a better way to encourage the reluctant husband to come out to some sessions; otherwise, I felt alone trying to resolve my problems.
- Thank you for all your help through the CFSB.
- It made me face my situation, really think about it, try to find reasons for it, and then try to correct it.
- Very helpful to me when I needed counselling.
- I wish I could have continued to come. I had transportation problems and my husband didn't want me to come.
- Communication has improved.
- I was very pleased with the help the worker gave; the counsellor has become more a friend.

---

<sup>1</sup>Minor editing has been done to improve readability and maintain client-counsellor confidentiality.



- Satisfied with service and counsellor.
- Very helpful to me.
- If my teenager had been truthful and willing to co-operate, it might have helped.
- I didn't go long enough.
- I feel strongly that when one member of a family is in trouble, the whole family should go for counselling.
- I could help my son more because I could understand why he had these problems.
- Because of the many 'talks', I now feel as if I know myself better, and I feel able to cope with problems that come up.
- They were very prompt after I called to ask for help.
- It helps to talk to somebody when you are in trouble.
- The only reason I never returned to your services was that I found I couldn't get answers. I realize now that you were trying to make me see the answers for myself.
- The social worker I spoke with was highly competent, very kind and understanding, and the fact that I did not return to the agency is no reflection on that person.
- I only made one visit and did not get much out of it. I did not go back because I couldn't afford \$25.00 an hour. My doctor sent me there and he told me there was no charge. The counsellor was very nice and made me feel calm.

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## VITA AUCTORIS

Beverly Joyce Hunter was born June 15, 1947, in Toronto, Ontario. She completed her elementary education at S.S. 4, King Township (York County) and her secondary education at King City Secondary School in 1966. She received an Honours Bachelor of Arts, in Geography and Sociology, from the University of Guelph in 1969. After graduation, Ms. Hunter worked as Social Services Co-ordinator at Dixon Hall, a settlement house in downtown Toronto.

In 1972, Ms. Hunter moved to London to work in a group home as Senior Staff. The agency provided residential services to adolescent girls, wards of the Ministry of Correctional Services. She has also worked with adolescents, and young adults at family agency summer camps, university residences, and another group home. In 1975, Ms. Hunter became Co-ordinator of Time Out, a Local Initiatives Program grant serving low income, single parent mothers in London. In 1976, she became a Family Benefits field worker on contract with the Ministry of Community and Social Services, London.

In the summer of 1976, Ms. Hunter enrolled in the make-up Bachelor of Social Work program at the University of Windsor. Her undergraduate field placement was at

Big Sisters of Windsor. She received an Honours B.S.W. in 1977 and was appointed the President's Honour Roll. That summer, she returned to the Ministry of Community and Social Services, London to work as a Family Benefits field worker.

Ms. Hunter enrolled in the Master of Social Work candidate year at the University of Windsor in the fall of 1977. Her field placement was at the Catholic Family Service Bureau of Windsor. She also was a Teaching Assistant for the third year B.S.W. course on Human Development and Behavior.

Ms. Hunter will receive her M.S.W. degree at the spring convocation, 1979. She commenced employment, December, 1978 as a professional social worker at the Catholic Family Service Bureau of Windsor.