A 1979 client follow-up study of the Family Service Bureau of Windsor.

Helen Moore
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LA THÈSE A ÉTÉ MICROFILMÉE TELLE QUE NOUS L'AVONS RÉCU
A 1979 CLIENT FOLLOW-UP STUDY OF

THE FAMILY SERVICE BUREAU OF WINDSOR

by

HELEN MOORE

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

1980
RESEARCH COMMITTEE

Professor Mae Harman       Chairperson
Professor Patricia Taylor   Member
Dr. Mary L. Dietz          Member
Mr. Edwin Clarke            Member
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This is to acknowledge the participation and assistance of many people in the preparation of this research project.

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ABSTRACT

The purpose of this research project was to study the perceptions and evaluations of casework services by clients of the Family Service Bureau of Windsor, during the period from January 1, 1979 to December 31, 1979. This is a client follow-up study that elicited the evaluations of clients through mailed self-administered questionnaires. The study follows a model developed by the Family Service Association of America in its national survey in 1970, and has some comparative analyses to make with three previous studies at Windsor family service agencies.

The challenge to social work in the twin issues of accountability and effectiveness are dealt with in a review of the literature. A number of research studies into effectiveness are surveyed; first, from a critical view and then utilizing a constructive stance to develop more effective social work practice and more helpful social work research. The higher success rate of FSAA studies is analyzed.

A purposive sample of 195 clients was chosen from agency records, cases seen at least once and terminated during 1979. From this sample, 72 clients responded. Their responses were tabulated through computer analysis in order to answer the research questions and two hypotheses testing client satisfaction and improvement rate. Both hypotheses were supported: 69% of the respondents reported satisfaction with agency services, and 70.7% reporting improvement through positive change scores, as well as 87.3% indicating they would return to the
agency in the future if they needed help.

A number of client characteristics were identified: 52.5% of the sample were married, 68.2% were females, most referrals were self-referrals (35.1%), the mean age was 34.7 years, a quarter of the clients earned less than $7,000 and more than half under $15,000. Most clients (77.8%) had a grade 12 or less education. The income and education characteristics indicate the agency is serving a less privileged clientele than in a previous (1975) study. A large percentage of Catholics (43.1%) are seen in this non-sectarian agency. Most clients in the sample came because of marital problems (48.7%).

The high percentage (44.1%) of clients receiving only one interview merits further study. Other recommendations were made suggesting further research needed, and changes in record keeping to facilitate such research.
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CHAPTER I

INTRODUCTION

In 1970 the Family Service Association of America (hereafter referred to as FSAA) initiated a major evaluative research project in cooperation with four-fifths of its member agencies. The massive study was FSAA's response to the many challenges and doubts raised in the 1960's about the effectiveness of social casework, and the crises and predicaments it faced in shifting from traditional approaches to greater innovation (Beck and Jones, 1973; Briar, 1967; Briar, 1968). FSAA's response to the challenges and doubts raised an eagerness in agency boards and staffs for details of the research: How effective were services? Had innovative outreach met the needs of the disadvantaged? Were more relevant services being offered? Were clients progressing in working on family problems? These and other questions were dealt with in the study, published in a text that has become somewhat of a bible for subsequent family services researchers (Beck and Jones, 1973). Complete instructions for conducting a similar study at the local agency level have been published in a companion volume (Beck and Jones, 1974; enlarged 1976, 1977).

All of this material has been the impetus for further research studies at the local agency level as well as students writing theses for schools of social work, or conducting studies for related purposes.
At the Family Service Bureau of Windsor, two such studies have been conducted subsequent to the FSAA study (Walsh, 1974; Blonde and Murphy, 1975). When the writer was placed at the Family Service Bureau of Windsor for her MSW field placement, she approached the Executive Director, Mr. Edwin Clarke, about the possibility of a follow-up study to the previous research, and found him enthusiastically receptive. The current study, incorporated into this MSW thesis, is the result. Where relevant, comparisons will be made with other studies; but the differences between the current study and the other studies must be kept in mind. The research design and hypotheses of this study are similar to the Blonde and Murphy study (1975), but a revised questionnaire was used. Similar research design and hypotheses were used in this study and the Hunter research (1979), and the same questionnaire was used in both studies; however, Hunter studied a different agency, the Catholic Family Service Bureau of Windsor.

Purpose of the Study

This research project was undertaken to study the perceptions and evaluations of casework services by clients of the Family Service Bureau of Windsor. Beck and Jones say that "if one had to choose between clients and counselors as reporters of change, present findings would favor reliance on clients" (1973, p. 11). The following advantages and disadvantages, taken from Beck and Jones (1973) were weighed in deciding to rely on the clients' evaluations:

Advantages:

1. Clients "know considerably more than their counselors about the total range of changes that have occurred" (p. 11).
2. In brief casework service, counselors receive scant feedback, so clients are in a better position to evaluate change.

3. Clients can assess changes in other family members not seen by counselors.

4. Clients can assess changes relating to problems and relationships not discussed with the counselor.

5. Clients are "the only ones who can report on their expectations, their reactions to service and agency policy, their unmet needs, and their relationship with the counselor" (p. 11).

6. "Clients can provide a useful correction for bias stemming from the counselor's personal self-interest and his professional preferences" (p. 11).

7. Clients are the "best reporters of their decisions, actions, response to referrals, use of community resources, and internal feelings about their problems" (p. 11).

Disadvantages:

1. Some clients do not respond to the questionnaire.

2. Client responses are sometimes limited by language, education, or by the clients' emotional involvement.

3. Clients may be ambiguous regarding the classification of various problems or the services received.

4. Clients may overlook or forget the more subtle changes.

5. Anxious for the end results, clients may not appreciate the gains involved in steps along the way.

7. Clients may expect the counselor to effect change without their participation and hence be disappointed in the results. Based on a consideration of the above advantages and disadvantages, the FSAA recommended the use of client evaluations in their studies.

The recommendation is 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 and Jones, 1977, p. 1)

In the context of the FSAA master study, the purpose of client follow-up studies was examined in the following dimensions:

Helping to meet community requirements for service evaluations

Obtaining clients' views of outcomes, the counselor-client relationship, the helpfulness of service, and the felt need for new services

Stimulating and providing basic data for a review of agency policies and practice in the light of client reactions to service

Comparing outcomes of one service modality with those of another, or for one client population as compared with another

Assessing gains over time in client views of outcomes

Providing one dimension of a quality control system. (Beck and Jones, 1977, p. 3)

At the local level, the Executive Director and Staff of the Family Service Bureau of Windsor will gain important evaluative feedback from their clients, the ultimate consumers of agency services. The feedback should be helpful in assessing and modifying present services; should provide some suggestions for initiating new services or new methods or approaches; and should provide the impetus for staff assessment of agency strengths and weaknesses. The research study itself notes some adjustments in record-keeping needed in order to facilitate future research in
the agency, and provides one more bench-mark in the line of the two previous studies completed.

In noting what the research intends to accomplish, it is important to recognize the inherent limitations in this type of study. The study is based on perceptions and evaluations of service by clients. It would be more accurate to say that the study is based on clients' reports of their perceptions and evaluations; for, as Dailey and Ives have said, such studies are "limited to things the client can perceive and decides to report" (Dailey and Ives, 1978, p. 233). Thus, the evaluations of the social workers are not covered in this study, nor the evaluations of other members of clients' families. Also, although the questionnaire asks for client evaluation of problems after service as compared with the problem situation before service, a more comprehensive study would entail pre-service and post-service testing and evaluation. Such a study would involve control groups as well as experimental groups. These limitations, while outlining the scope of the present study in comparison with what a more comprehensive study might have entailed, nevertheless do not detract from the purpose and potential use to be made of this research in providing feedback for agency administration and staff. Also, to the extent that client characteristics and client evaluations may be compared with previous studies (Walsh, 1974; Blonde and Murphy, 1975), the current research may provide a basis for comparisons and the notation of trends.

CITY AND COUNTY SETTING

The Family Service Bureau of Windsor serves Windsor and Essex County. The approximate populations are: Essex County 315,000, of which 200,000
are in the City of Windsor. Founded in 1750 and incorporated in 1854, Windsor is the southernmost city in Canada, actually south of Detroit across the Detroit River. Windsor is part of the most southwesterly tip of Ontario, on a peninsula bounded by Lake St. Clair, Lake Erie, and the Detroit River.

A deep water port on one of the world's busiest waterways, the Detroit River, Windsor has access to world trade through the St. Lawrence Seaway. With 850 manufacturers and representing 38% of Canada's total automobile production, Windsor is the fifth largest manufacturing centre in Canada, behind only Toronto, Montreal, Hamilton, and Vancouver. "This means that Windsor outproduces six of Canada's ten provinces" (Tourist and Convention Bureau, 1972, p. 1). Windsor, then, is an industrial city, many of whose residents work in one of the many manufacturing companies. The largest of these companies are the Big Three automobile manufacturers.

Outside Windsor, agriculture is predominant. Due to its southerly location and long growing season, Essex County is known as the Sun Parlour of Canada. One of the nation's most productive and diversified agricultural districts, Essex County's farm output is greater than that of any of the four Atlantic provinces. Despite its leadership position in agriculture, the county is not able to provide employment for all county residents, so many of them commute to Metropolitan Windsor daily for their work.

Thus, Windsor and county residents are heavily dependent upon industry for their livelihood, and especially upon the Big Three automobile manufacturers and the many other businesses related to the automobile. This dependency, riding a crest of optimism, has, during the time of this study, taken a turn to economic recession because of the
slump in automobile production and the spiraling of oil prices. Six-thousand new jobs were to be created over a four year period with two billion dollars in new capital investment (City of Windsor, 1979, p. 3). New plants and retooling projects of multi-million dollar proportions were underway for the Big Three when the full impact of inflation, rising fuel prices, and falling auto sales, hit the industry and led to massive layoffs. In October of 1979 there were approximately 4,000 automotive workers on indefinite layoff in Windsor; the unemployment rate for the area was 12.5%, compared with 8.15% of the previous year. By April of 1980 the unemployment rate had worsened to 15.4%, the highest of 23 metro areas in Canada covered by Statistics Canada (Canada Employment Centre, 1980, p. 1).

Added to this climate of economic turmoil were two occasions of political change: the first in the Spring of 1979 with the calling of an election by the Liberal government; and the second, the fall of the minority Conservative government in December, 1979. Political oratory on the two occasions served to remind Windsorites of area problems: rising interest rates, increased unemployment, rampant inflation.

Although an industrial city of national rank, with the problems that designation now entails in terms of unemployment and ensuing problems, Windsor is also known as the City of Roses, with many fine parks, cultural and educational facilities. It is a city of wide ethnic populations. It is a community with many firsts in the area of health and welfare facilities. The first child guidance clinic in Canada was established in Windsor in 1949. The first amalgamated health unit in Canada was established in Windsor in 1919, involving six communities.
The first doctor-sponsored prepaid community medical plan in Canada was in Windsor. The first coordinating centre for rehabilitation services in Ontario was founded in Windsor in 1955 (Windsor Chamber of Commerce, 1979). The list could go on, but hopefully the point has been made that Windsor is a community of major industrial rank, Essex County is a leading agricultural centre; and this urban and rural area have combined to establish some notable firsts in health and welfare facilities, in addition to ongoing services supported through tax dollars and also through the voluntary contributions of The United Way.

It is in this setting and this climate that the Family Service Bureau of Windsor operates.

**THE FAMILY SERVICE BUREAU OF WINDSOR**

Located within two blocks of Windsor's downtown main street, on the first floor of an apartment building, the Family Service Bureau of Windsor presents a non-threatening welcome to its clients, who can enter the building and offices as any resident of the building might. The waiting room presents an inviting and pleasant atmosphere for clients; it is tastefully decorated with modern furniture, Eskimo sculpture, wooden carvings and green plants. An ample supply of toys for children alleviates restlessness in children accompanying parents to the agency. The Executive Assistant and Secretary have desks in the waiting room. Their pleasant manner and helpfulness put clients at ease and give a favourable first impression which continues with returning clients.

First opened in 1950, the agency is a fully accredited member of the Family Service Association of America, one of seven so accredited in Canada. It is also a member of the Ontario Association of Family Service
Agencies. Funding is primarily from Windsor's United Way. Fees, on a sliding scale, are charged to clients able to pay. No client is ever turned away because of inability to pay.

The staff is composed of an Executive Director, responsible to a Board of Directors, four Professional Social Workers; and an Adult Protective Service Worker, who works with adult mentally handicapped persons on a purchase of service contract from the Ministry of Community and Social Services. One of the social workers is the Family Life Education Coordinator. As mentioned above, there is also an Executive Assistant and Secretary. A part-time Secretary comes in weekly to do the agency statistics. The agency is a fieldwork setting for social work students. During the first part of this study, the spring semester of 1979, there were four students from Michigan universities; during the summer there were four students from Scotland; and during the fall semester there were two students from the University of Windsor and two from the University of Michigan. During 1979 there were 610 intakes and 2,453 interviews.

The next chapter, Chapter II, will be a review of the literature, with special emphasis on the twin issues of accountability and effectiveness; and will contain a comparative analysis of some social work research projects and the FSAA studies. Chapter III will discuss the research design and methodology; state the hypotheses and research questions; and discuss operational definitions and methods of data collection. Chapter IV will present a statistical analysis of the data. Chapter V will present some quotations from client remarks on the questionnaire. Chapter VI will summarize the findings and draw the conclusions of the study, together with limitations noted and recommendations.
CHAPTER II

REVIEW OF THE LITERATURE

Introduction

In their Introduction to the nation-wide research project studying the effectiveness of casework services in Family Service agencies, Beck and Jones put the findings into perspective:

For family agencies, the period since 1960 has been one of stimulus, challenge, and innovation. New community concerns and needs, a new awareness of old problems, and new sources of funding together provided the stimulus. Widespread questioning of program relevance and effectiveness presented the challenge.

Stimulated by this climate of concern, the Family Service Association of America initiated in 1970 a major stock-taking effort. (Beck and Jones, 1973, pp. 1-2)

The present study is based upon the research design, methodology, and questionnaire of the original national project; and it is therefore fitting that a review of the literature cover the issues of accountability and effectiveness.

This chapter will first review the rise of interest in accountability and then survey the concern over effectiveness and implications for practice and research. Some studies of effectiveness will be reviewed, and the results compared with the national FSAA study. Comparative studies in the field of clinical psychology will also be noted, and the development of responses entailing more effective counselling. A final area for review in the chapter will cover suggestions of authors for the greater use of research in practice.
ACCOUNTABILITY

The period of questioning and challenge since 1960, referred to above, did not abate in the 1970’s. With tightened budgets and political climates often unsympathetic to social work, the profession is no longer able to rely on its noble values and intentions as sufficient for support of public and voluntary programs. Briar, writing in 1973 as editor of Social Work, characterized this climate of challenge as "the Age of Accountability" (Briar, 1973, p. 2). Briar’s editorial prefaced the issue of Social Work containing Joel Fischer’s landmark review of the effectiveness of casework, which will be discussed later in this chapter.

We have to prove once again that what we do is worth supporting. It is not a generous or forgiving age. It is an age when little or nothing will be taken for granted.

What would help, both now and in the long run, is for the profession to increase substantially its effort and resources devoted to evaluating and discovering more effective ways of performing its mission….This would require that social agencies, schools of social work, and social work professional organizations reallocate at least 20 per cent of their current resources to the task of improving and demonstrating our effectiveness. (Briar, 1973, p. 2)

Briar wrote this in 1973. A year later, Newman and Turem moved beyond Briar’s "Age of Accountability" to "The Crisis of Accountability." They emphasized that accountability is not simply rendering a responsible accounting for quality service delivery, but "comprises a series of elements ranging from problem identification to goal formulation." The whole issue of accountability "is an emotionally laden issue for social workers” (1974, pp. 5-6). Emotional reactions are strong because social work values as well as effectiveness of service are questioned when accountability is under review.
Are social work services valued? This is a question central to the concern of social workers. If services are valued, the problem of demonstrating effectiveness is easier. This is not the same as asking if they are effective. The term "valued" is used in the sense that someone believes services are worth spending money on them. Worth could be established by a given individual who elects to spend some of his income to purchase a service. (Newman and Turem, 1974, pp. 9-10)

This point is relevant for the current research project, in which the study involves client perceptions of agency services for which there is a fee. Implicit in a positive client response to service is that the clients value the service sufficiently to pay a part of their income for it. That is a slightly different approach from asking if the service is effective; and yet it recognizes that the service is intended for the clients, and their value of it is an important consideration. Of course, individuals paying for social work services is not the ordinary rule. Public funds and United Way funds are involved in many services; thus, taxpayers and fund contributors, as well as clients, would also be considered in questions of accountability. Services are often subsidized to the user, and the user may not value the service enough to pay the full price if it were charged. Some clients may not only not value the service, but could not afford the actual cost. Some services are provided on a contractual basis. For example, a private agency may sell its services to a government department. There would be a different kind of accountability involved in such an arrangement, splitting the accountability among the client, agency, government department, and taxpayers.

In assessing whether accountability is a threat or a challenge, Rosenberg and Brody (1974) have suggested some techniques from management science to apply to social work. Management techniques in businesses
must show results, not simply reflect high and noble aims. Perhaps the age of accountability is the age in which social work might concentrate on results as one way of facing the criticism that threatens budgets and programs. Workman (1979) lists some of the methods of management that have come into social work.

As a consequence of the interest of funding bodies in accountability, the past decade has seen the introduction of myriad responses which purport to foster accountability. Planning Programing Budgeting System (PPBS), Management-by-Objectives (MBO), and Zero-Based Budgeting (ZBB) are but three systems which have received a good deal of attention. (Workman, 1979, p. 91)

Social work must focus on the areas where demonstrable results can be achieved, avoiding grandiose promises that, for example, it can "reduce welfare rolls, eliminate delinquency, cure the mentally ill, or educate the poor" (Newman and Turem, 1974, p. 14).

A number of thorny questions and paradoxes come to the fore when issues of accountability are considered.

What is to be measured and evaluated—the effects of a program, its effectiveness, or its social impact—and against what criteria are such variables to be judged? Is the service worker to be held accountable for his activities—that is, the process—or for the results he achieves—that is, outcomes? (Hoshino, 1978, p. 301)

The advocacy role of the worker is an important one, but even the most cursory examination of advocacy reveals multiple levels of accountability involved; for example, helping a client overcome injustices in various systems, and helping the same client adjust where immediate change is not possible. The worker cannot be expected to overcome the many barriers facing the disadvantaged client. "For what results, then, can the...worker be held accountable" (Hoshino, 1978, p. 305)?
Breaking accountability down into several components is another way of approaching the issue in a more manageable way. Tropp states there is "accountability of the social work profession to the public, accountability of the social work practitioner to users of service, and accountability of the practitioner to the agency" (1974, p. 139). Workman (1979) notes four areas in which the social worker is accountable: to the client, to the employing agency, to the profession, and to the larger society which funds the services. These four "constituents" may all have different expectations of the worker, thus complicating the sense of accountability.

Social workers can achieve an objective view of accountability if they consider themselves taxpayers and are concerned about the performance, for example, of public school teachers; or view themselves as consumers and take a critical stance to the goods or services they receive through a store.

The standard of accountability needs to spell out what a qualified person knows of a disciplined professional nature, what he can do professionally with his knowledge, and how well he can explain what he knows and what he does. When his knowledge and skill are put to use, it is assumed they are translated into competent practice.

To be accountable is to be liable or legally bound to account for the terms of a contracted transaction. To be accountable means to keep an agreement to deliver promised services. Thus accountability involves "accounts payable" and "accounts receivable" that are mutually agreed to....Accountability to the user is the ultimate goal of both accountability to the public and to the agency. (Tropp, 1974, p. 141)

Accountability is closely related to effectiveness, as the next section will disclose.

EFFECTIVENESS

Tropp has endeavoured to "separate the concepts of accountability
and effectiveness by looking at the former as a product of intent and the latter as the level of performance that derives from being accountable, with the issue of proof one more stage removed" (1974, p. 139). Tropp seems to be putting the intent first, the intent of being accountable to the client, to the larger taxpaying public, then providing an effective service that is finally verified by evaluation and proof.

The intentions of social workers are usually assumed to be worthy, our high values giving some indication of our intentions. Whether those intentions regularly result in accountable—effective services is a question that might be most adequately met through research. "If our social services help people, and social workers think many of them do, then it behooves the profession to demonstrate how" (Newman and Turem, 1974, p. 15). The most adequate demonstration would seem to be through research studies that make objective assessments of services, and show results through statistical analysis. Although information may be gathered from case records, the records in themselves may not provide the necessary controlled conditions which will be acceptable as research. Client perceptions of the effectiveness of service are another means of evaluating programs and results; even though opinion and attitude and perceptions are subjective in nature, they do emphasize the importance of getting feedback from the consumers of services, however lacking in complete objectivity that feedback might be.

Another area to consider in studying effectiveness is the actual outcome of the service. Not, how did the client feel about the service, nor even how did the worker feel about it; but what happened, what was the end result, what has changed?
Measurement of outcomes provides the feedback needed to determine whether objectives and goals are being achieved.... It is no simple task to develop rigorous criteria to measure such elusive outcomes as improved family functioning, but there are some objective criteria with which to begin. At a minimum, agencies could start by gathering routine information concerning services requested and assessing clients' reactions to those provided. (Rosenberg and Brody, 1974, p. 346)

The gap between "services requested" and the clients' perception of "those provided" has been due, according to some studies, to the preference of clients for concrete services and the tendency of agencies to offer counseling for "intrapsychic or interpersonal worries" (Rosenberg and Brody, 1974, p. 345). The difference between what clients expect and what they receive is a first consideration in assessing effectiveness; the worker might be apt to assess the service provided whereas the clients might still focus upon what their expectations were.

One reason for the FSAA national study was, as pointed out above (page 10), the "widespread questioning of program relevance and effectiveness" (Beck and Jones, 1973, p. 1). Among the results of the study have been increased attempts to sharpen relevance and improve effectiveness by more closely tailoring services to client needs and expectations. To ask, "What are family services and what ought they to be?" becomes a question of what client needs and expectations are, and how services can meet these. Measurement of effectiveness then becomes the measurement of how well the services meet needs and expectations and, from the FSAA perspective, the clients' evaluations are crucial to this measurement.

Some of the shifts in emphasis of family services, as a result of the FSAA study, might be stated:

Outreach to the disadvantaged, concern for minorities, and
advocacy for institutional change all received new emphasis. The atmosphere of experimentation also extended to include new patterns of staffing, decision-making, interagency collaboration, and funding. (Beck and Jones, 1973, p. 1)

To meet client needs, family services must deal with the high proportion of families disrupted by marital discord, by separation and divorce, and continue to be "an important part of the network of family supports available" to such families (Beck and Jones, 1973, p. 3). As seen through the FSAA study, client problems are "multiple and relatively severe" and are principally "in the area of internal family relationship and individual personality problems. Marital problems were consistently the highest category, followed closely by children's problems" (Beck and Jones, 1973, p. 4).

Still another factor to take into account in assessing effectiveness of service relates to the impact of areas not central to the service itself but instrumental in the assessment process and the very "social variables" that the client experiences outside of treatment. An interesting study that brings out these areas is reported by Mannino and Shore (1974). The authors present two methods of assessment of effectiveness in an aftercare program for discharged patients of a state hospital. In the first method, forty-one patients were matched with forty-one controls and compared on their post-hospital adjustment in eight areas: use of money, appearance, habits, vocation, group attendance and participation, family responsibilities, and adjustment to interpersonal relationships. The comparisons were expressed as ratings in a Social Adequacy Index, and showed no significant difference between the experimental and the control group.
Hence, using this particular technique to evaluate the program, the results could point to one more example of the ineffectiveness of social work intervention. When the data were reevaluated, taking into account specific social characteristics of the patients, the results produced were markedly different. (Mannino and Shore, 1974, p. 352)

The reevaluation, referred to as the second method, produced very different results than the first method concerning effectiveness. It is important to remember that the actual program, the after-care program, did not change at all. The experimental and control groups were the same, the same data were used. The change was in using different categories of variables. In place of the eight areas of adjustment used in the first method, with the second method there were four variables used that related to family:

1) Marital status - married or unmarried;
2) Family stage - family of procreation and family of origin;
3) Family type - intact families and broken families;
4) Family position - central or peripheral position.

With these four variables used in comparing the experimental group and the control group, it was found that "the program interacted with certain characteristics of family structure to produce clear-cut findings" (Mannino and Shore, 1974, p. 352). The program had its greatest impact on unmarried patients who had peripheral family positions in their family of origin; males were more influenced than females. In other words, family circumstances were a major factor in the study.

Yet in many evaluations of social work practice the research design treats the client as though the problem lies entirely within the individual and that the client's environment is not important. (Mannino and Shore, 1974, p. 354)
Thus, the program itself was not changed at all in the second method of evaluation; but the research design structured the evaluation differently and the data were analyzed in a different way: a program that seemed ineffective from one perspective was seen to be effective for certain segments of the patient population.

This leads one to ponder if social workers are not "more sophisticated in the practice of their work than they are in the evaluation of their work" (Mannino and Shore, 1974, p. 354). Instead of simply asking if their programs are effective, they might more suitably ask whether their programs are more effective for certain client populations, and in what ways their programs are effective.

As a result of failing to ask the appropriate questions, social workers sometimes do not see important findings that may result from the techniques of evaluation used rather than from the techniques of practice used. (Mannino and Shore, 1974, p. 354)

At first glance, the second method of Mannino and Shore appears to be straining for results, a noble attempt to turn ineffectiveness into effectiveness. On closer examination it is noted that the researchers were able to determine that the highest risk groups were the ones who derived the most benefit from the program: the unmarried, those in peripheral family positions, those living in families of origin; namely, those patients most in need of help when family variables were taken into account. This was an important finding, for other studies have shown that patients most likely to benefit would be those "who occupy high status positions, those who live in families of procreation, and those who are married" (Mannino and Shore, 1974, p. 353). If we can achieve effectiveness with clients not ordinarily helped in other pro-
grams, and those most in need of service, our effectiveness takes on a special significance.

Tropp considers this issue, of which client groups we serve, when he notes that our

...attainments should be evaluated in relation to the extent of success within a given population and the degree of success with given users of service. By way of comparison, an inept lawyer might achieve a fine record of success by accepting the simplest and most-likely-to-be-won cases, while a highly competent lawyer who accepted only the most difficult cases might have a much lower rate of success. Which lawyer, then, would be considered more effective? (Tropp, 1974, pp. 141-42)

Tropp adds other factors to consider in any assessment of effectiveness in social work practice:

1) Social work should be evaluated only on services contracted for and services appropriate for the profession, rather than, for example, police functions.

2) Social work needs more refined instruments for measuring the "attitudinal, cognitive, and behavioral movements that occur."

3) The criteria for assessing effectiveness should include Ripple's "motivation, capacity, and opportunity" and Reid's "target problems." (Tropp, 1974, p. 141; Ripple, 1964; Reid, 1972).

Physicians are not considered ineffective when their treatment is unsuccessful with common colds, the flu, and virus infections. They do what they can to make their patients comfortable with these common ailments that are presently beyond medical science. Similarly, social workers have difficulty with certain client problems and clients. Tropp (1974) sees welfare clients and criminals as two classes that fit into this category. Social workers should not be expected to accomplish a
complete cure for such clients, but to use their knowledge and skills to help such clients cope more realistically and deal more effectively with their continuing problems. Often it is the supportive relationship of the worker that enables the client to persevere in coping, despite the fact that few changes seem to be accomplished. Social work may need to devise realistic ways of assessing effectiveness in such cases, for clearly social work is not going to give up on working with such hard core clients.

In comparing social work with law, the lawyer is expected to do his best but there is no guarantee that he will win every case. The lawyer's effectiveness is measured in terms of how adequately he represents his client, whether he wins or loses. There are too many variables to guarantee a clear victory in court. It is true that malpractice suits are on the rise; but in social work the principle of malpractice and gross negligence is complicated by the fact that the client has the right of self-determination in applying the social worker's treatment. It is difficult for social workers to guarantee the outcome of a process over which they have limited control.

However, social work has tended to make claims or at least imply certain guarantees of an implicit nature, for example, in regard to recidivism of criminals, repeated unwanted pregnancies, the cure of poverty, and other conditions that are often studied for effectiveness. Physicians and lawyers ordinarily do not lay themselves open to such hazardous claims. Social workers may not broadcast such claims directly, but there is sometimes an implied claim given. Also, there may be community expectations because social work's role is not clearly
understood. To be effective in the face of unreasonable expectations is an impossible task.

Some social workers make very limited claims as to what they intend to do and can do, and therefore can claim a higher rate of effectiveness. Consider the following hypothesis made by one worker:

Clients whose difficulties are not massively influenced by the socio-economic environment or a chronic physical condition such as old age or alcoholism, and who are seen for closely spaced regular interviews not analytically oriented, will tend to score positively both on objective outcome measures and in comparison with controls. (Werner, 1976, p. 302)

It is questionable if such limited claims and such a restricted hypothesis would impress many clients or workers; but the opposite extreme, of unrealistic claims and promises, has brought charges of ineffectiveness to social work's door. Fischer (1976) has noted that some social workers believe that the "effects of casework are too subtle, intangible or elusive to be measured. If this were so, it would seem then that there would be little reason for case workers to be offering services" (Fischer, 1976, p. 12).

There must be some matching, then, of client expectations of a real service and receipt of tangible results that make some recognizable difference in the client's life. One of the difficulties in assessing effectiveness relates to unreasonable client expectations, that the worker perform miracles. Such clients, lacking in personal motivation, may then blame the worker for failure to be effective. It is therefore important that both client and worker be clear about the changes expected, preferably stating concrete objectives in a contract. We cannot be expected to change all things; but it is fair to expect that the changes
that occur will give the clients an experience of improvement as well as a feeling and perception of it. That means that outcome must match or at least begin to measure up to realistic client expectations.

Before taking a look at what two social work authors, Fischer and Wood, have contributed to the study of effectiveness, a brief review will be included next on the search for effectiveness in the field of clinical psychology.

The Search for Effectiveness

In 1952, Eysenck reviewed twenty-four research studies comprising more than eight-thousand individual cases of neurotic patients undergoing some form of psychotherapy. He found that

...roughly two-thirds of a group of neurotic patients will recover or improve to a marked extent within about two years of the onset of their illness, whether they are treated by means of psychotherapy or not. This figure appears to be remarkably stable from one investigation to another, regardless of type of patient treated, standard of recovery employed, or method of therapy used. (Eysenck, 1952, p. 322)

The reaction to Eysenck was immediate and heated. Some critics advised that therapists should ignore Eysenck; and others cautioned that Eysenck's investigation "seemed slightly blasphemous, as if we were attempting a statistical test of the efficacy of prayer" (Teuber and Powers, 1953). Much of the criticism failed to take into account two qualifying cautions Eysenck himself had emphasized about his study:

1) Eysenck had not claimed any proof that psychotherapy was ineffective, but only that its effectiveness was unproved.

2) Eysenck himself had noted some shortcomings of his research, but said that rather than discrediting what he had attempted, the find-
ings demonstrated the need for more studies into the efficacy of psychotherapy, building upon his beginning (Eysenck, 1952).

In 1957, Eugene Levitt replicated Eysenck’s research with adults by uncovering similar findings with a population of children. Levitt found that there were no significant average differences between the treatment and control groups: both seemed to recover at about the same rate. Like Eysenck, Levitt was conservative in his conclusion:

As Eysenck pointed out in a sequel to his evaluation, such appraisal does not prove that psychotherapy is futile. The present evaluation of child psychotherapy, like its adult counterpart, fails to support the hypothesis that treatment is effective, but it does not force the acceptance of a contrary hypothesis. (Levitt, 1957, p. 196)

Endless debate followed Levitt’s replication of Eysenck, and it fell to Bergin (1963) to interpret the Eysenck and Levitt research in a way that would accentuate the challenge rather than the depressing negative statistics. Bergin raised two important points regarding the Eysenck and Levitt studies:

1) There is some question as to whether control groups are true control groups. There is the strong possibility that the controls seek out and receive help from relatives, friends, family physicians, clergymen. Although the help may not be from professional psychotherapists, nevertheless it cannot always be said that they are receiving no counseling.

2) The results comparing experimental and control groups are altered significantly when the therapists of the experimental group are divided into the experienced and inexperienced and, especially, when they are divided into those who use and those who do not use empathy,
positive regard, and congruence in treatment. When this division is made, it is clear that patients experiencing empathy, positive regard, and congruence improve, while those not experiencing these conditions get worse.

The effectiveness of the one group of therapists is cancelled out by the negative effects of the other group when the two are combined into a single experimental group and compared with the controls. This clearly shown result is an exciting breakthrough. It confirms...that change does indeed occur in psychotherapy, but in two opposite directions, the direction depending upon therapist qualities. This may indeed be the answer to the series of negative findings on the generalized effectiveness of psychotherapy. (Bergin, 1963, p. 250)

In analyzing Bergin's two points it seems that the control groups may actually be receiving some help that is of benefit to them, and if the help is not actually from professional psychotherapists, then we must question whether the effective ingredients in psychotherapy are actually specific to it or are qualities that may also be present in the helpers sought out by the controls. This much comes from Bergin's first point. When we add to it the impact of Bergin's second point, that there are therapist qualities which help and those which harm clients, we are led to the realization that the results from the ineffective therapists actually cancel out and lower the results from the effective therapists and bring them to the level of the control group (Bergin, 1963). The way out of the impasses brought on by Eysenck and Levitt is to identify the qualities of the effective therapist and provide those for our clients. The further identification and operationalization of these qualities has been done by Shaffer and Shoben (1956); Rogers (1957); Truax and Carkhuff (1967); Carkhuff and Berenson (1967); and Carkhuff (1969).
Social workers have not been universally or uniformly convinced of the relevance of the findings of clinical psychology for social work practice. However, a closer look at the social work theorists who laud the importance of relationship skills, brings to light that these social work authors are talking about similar qualities to those uncovered by the psychologists discussed above (Moore, 1974). One of the social work writers who has built extensively upon the work of psychology as well as the work of social work, is Joel Fischer. His contributions to effective social work practice will be discussed next.

EFFECTIVE SOCIAL WORK

Joel Fischer

Although Joel Fischer's 1973 article on social work's effectiveness was billed only as "a review" it caused a furor in the social work field not unlike the stir Eysenck's article caused among psychologists twenty-one years earlier. Fischer wrote:

The core of professional practice is a commitment to competence—a commitment that most directly refers to a concern with the effective carrying out of professional services....

...the issue of effectiveness of practice always must be of paramount concern to the profession and cannot be brushed aside....It is surprising then that although the issue of effectiveness frequently is a topic of discussion, and there have been some attempts to examine aspects of the research on this subject, no comprehensive review of all the available major evaluative research on casework effectiveness is available in the social work literature. (Fischer, 1973, p. 5)

Fischer selected eleven studies for inclusion in his review, from a total sample of more than seventy studies. A minimum requirement he had for including studies in his review was that a control group was used in the original research. Two types of control groups were used:
1) An untreated control group, receiving no treatment;

2) An "other-treated control" receiving services from non-MSW workers and nonprofessionals (Fischer, 1973, p. 7).

In a few instances group work or community organization methods were used in the studies; but most of the studies covered casework services. In a later work, Fischer (1976) reviews seventeen studies utilizing the same categories of untreated and other-treated controls.

Reviewing the eleven studies of Fischer's first analysis (1973), it is noted that the subjects of the studies were juvenile delinquents or pre-delinquents, low-income multiproblem families, probationers, public assistance families, the aged, and one study of intellectually bright children. Thus, except for the last category, the client populations were among the hard to reach, resistant clients.

Looking first at the group of untreated control group studies, there were six in this category. The Berleman and Steiner study (1967), and the Craig and Furst study (1965); the Meyer, Borgatta, and Jones study (1965), the Miller study (1962), and the Powers and Witmer study (1951), the well-known Cambridge-Somerville Youth Study, all were concerned with delinquency in one form or another. The McCabe study (1967) was an attempt to utilize social work in helping intellectually bright children who were suffering from a "pathological environment" (Fischer, 1973, p. 9). Fischer's findings in reviewing these six studies of untreated control group clients with experimental group clients state:

The overall outcome was clear: none of the studies revealed that their program had any significant effect on the clients when outcome measures for experimental and control groups were compared. (Fischer, 1973, p. 11)
The other main category of studies reviewed by Fischer utilized other-treated control groups. The five studies in this category were of greater variety than the first category of untreated controls. One group of clients were aged persons, two groups were low-income multi-problem families, one group was composed of public assistance families, and the fifth group dealt with female probationers.

Blenkner, Bloom, and Nielsen (1972) dealt with the aged population. Although the findings in this research project indicated that there were no significant differences between the experimental group and the control group on gains from social work services, a five year follow-up study revealed an ironic twist: "The experimental group members were found to have significantly higher rates of institutionalization and death than the control group members" (Fischer, 1973, p. 11).

Of the two studies dealing with low-income multiproblem families, the Brown study (1968) revealed no significant differences between the experimental and control groups; and the results of the Geismar and Krisberg study (1967) were inconclusive, according to Fischer. The study of public assistance families by Mullen, Chazin, and Feldstein (1970) also revealed no significant differences between the experimental and control groups. Although the Webb and Riley (1970) researchers claim success for their program "because six of twelve psychological measures showed a significant improvement in the experimental group and only one of twelve...in the control group," Fischer challenges this conclusion, noting that the data were not presented in a manner that would sustain such a conclusion (Fischer, 1973, p. 12). Thus, Fischer claims that three of the other-treated control group studies disclosed little or no
significant differences when comparing the experimental and control
groups, and two studies involved inconclusive results (Fischer, 1973,
p. 13).

Fischer's grim conclusion follows:

Of all the controlled studies of the effectiveness of casework that could be located, nine of eleven clearly showed that professional caseworkers were unable to bring about any positive, significant, measurable changes in their clients beyond those that would have occurred without the specific intervention program or that could have been induced by nonprofessionals....Thus not only has professional casework failed to demonstrate that it is effective, but lack of effectiveness appears to be the rule rather than the exception across several categories of clients, problems, situations, and types of casework. (Fischer, 1973, pp. 13-14)

Fischer's indictment of social work's lack of effectiveness in practice brought a spirited response (Moore, 1973; Hallowitz, 1973; Martorana, 1973; Geismar, 1973). One comprehensive response from Katherine Wood (1978) will be discussed below. But first it should be noted that Fischer has not been content to rest his case with a critical approach, but has gone beyond criticism to offer an extensive array of practice and research techniques to bolster the possibility of greater effectiveness. Some of these were included in Fischer's 1976 book, in which he gave his critics eleven chapters in his own book to criticize him. A more complete statement of Fischer's positive contributions has now been made (1978). A brief summary of these proposals follows.

1) Social worker roles and functions must be expanded beyond the traditional clinical model, to include more outreach as broker/advocate, including group advocacy and the encouragement of neighborhood action groups. Another role/function of the social worker that needs to be encouraged is that of consultant/educator. In this role the social
worker gives information to clients or to colleagues, interprets regulations and rules, laws and policies; teaches childrearing skills, trains indigenous nonprofessionals or community leaders. A fourth role needed in the modern social worker, in order to ensure greater effectiveness, is that of researcher/evaluator. In this role the social worker carefully evaluates the outcome of every case, after having selected those interventive approaches which research has indicated show promise of effective service delivery.

2) Research must be built into practice, and conducted as an ongoing function of each practitioner. For this purpose, Fischer recommends the "intensive or practice-oriented design (also called N = 1 or single-organism design)" (Fischer, 1978, p. 89) as providing the most workable approach for individual practitioners. This design involves identifying a behaviour or behaviours the client wants to change, deciding upon means of measuring and counting the behaviour(s), selecting an interventive technique to apply to the behaviour. Baseline information is collected in the first time period, known as the A period or baseline. Then the intervention is applied in the B period to note if it makes a measurable difference in client behaviour. In order to determine if the intervention has been a crucial factor or not, intervention is then withdrawn in a second A period, the reversal period; and finally the intervention is again applied in the second B period. Throughout these periods the behaviour continues to be charted.

The criterion for success—the change in behavior—is clearly identified for both worker and client and is built right into the research design. The client serves as his or her own control, and it is possible to tell with each case whether a
technique works... The data collected give ongoing evaluative feedback to the worker as to the effect of what he or she is doing, and provide the basis for making changes in the intervention program if such changes are necessary. The A-B-A-B design, in sum, is an excellent way of bridging the gap between research and practice. (Fischer, 1978, pp. 97-98)

This design is not without some drawbacks, and it is not the only design Fischer suggests; but it is a noteworthy approach, entailing a minimum of time and statistical sophistication. Perhaps its most noteworthy asset is that it provides each practitioner with rudimentary equipment to match a stance and attitude towards putting research into each and every case.

3) The entire intervention process must be structured for maximum effectiveness. Structure involves action, not just passive listening. Structure entails being systematic in selecting goals and objectives to work on, and interventive techniques. Structure involves careful planning. All of these steps, of course, involve the client and the worker, from intake, the making of a contract, the assessment or diagnostic process, intervention, and through to termination. Fischer (1973) cites a number of studies indicating that the use of structure has increased the effectiveness of programs with a variety of clients in numerous problem categories.

4) Behaviour modification has not been well received nor utilized by social workers in their practice. However, the considerable research on its effectiveness can no longer be ignored. In less than fifteen years over 500 books on behavior modification have been published, eight journals have been established to deal solely with behavior modification, and literally thousands of case studies and research investigations on behavior modification have been reported, most of which have presented favorable results (Morrow, 1971; O'Leary and Wilson, 1975; Craighead et al., 1976). (Fischer, 1973, p. 157)
It is helpful to recognize that behaviour modification's goals are compatible with the goals and values of social work: improving the social functioning of clients.

In fact, the behavioral approach deals by and large only with problems in functioning, on the grounds that if change is not somehow detectable in improved functioning, such change may be meaningless to the client. Further, the use of behavior modification respects the integrity of the client by focusing on observable behavior rather than secretly labeled, unobservable, inferred, internal disorders which are not the subject of the client's complaint. "Presenting problems" are considered as significant, and a case is not judged complete unless presenting problems are resolved in addition to whatever problems may be identified during...intervention. (Fischer, 1973, p. 157)

Being careful to note that behaviour modification is not the only approach a social worker will use, Fischer nonetheless emphasizes the large body of research attesting to its effectiveness in practice with a wide range of problems, and with individuals, groups, and other client systems.

To date, there have been over 200 controlled, group experimental studies demonstrating the effectiveness of behavioral procedures, in comparison with either no treatment or other forms of treatment. This is an impressive figure, one that is unsurpassed by researchers from any other orientation, or indeed, by the collected evidence from all other orientations. (Fischer, 1978, p. 171)

5) Cognitive procedures are another feature in Fischer's repertoire. He cites Perlman's problem-solving approach as containing elements focusing on cognitive events. Most of the work on cognitive procedures has been done by therapists outside social work, mainly Ellis (1973). Fischer cites increasing research evidence of the importance of cognitive techniques in intervention. Cognitive approaches also include the newly developing self-control and self-management
procedures in which clients are increasingly involved in ways that not only lead to resolution of the presenting problems but also acquire the means to deal with future post-intervention difficulties.

Although cognitive approaches are not backed with the volume and quality of research that mark behaviour modification approaches, still the evidence is being accumulated rapidly and holds great promise.

6) The core conditions of empathy, warmth, and genuineness hark back to the empathy, positive regard, and congruence of earlier researchers, and are essentially the same conditions with different labels. These are the traits which social workers have had in mind when referring to the client-worker relationship. However, Fischer, drawing especially from the work of clinical psychologists, has operationalized the crucial facets of relationship and included a training program in which they can be effectively taught. A rating scale is provided so that trainees and practitioners can note their progress in attaining specific levels of achievement with these operationalized traits. The research on these core conditions can be examined in a relatively small number of sources; these are Truax and Carkhuff (1967); Carkhuff and Berenson (1976, 1977); Carkhuff (1969a, 1969b, 1971); and Truax and Mitchell (1971).

The findings from these studies have been remarkably consistent. Taken together, this research strongly supports the view that the level of therapist or helper empathy, warmth, and genuineness and associated interpersonal skills is related to positive change in client personal and social functioning. Practitioners who are relatively high on these core conditions of interpersonal helping tend to be effective practitioners. These findings hold with a wide variety of types of practitioners regardless of training, background, or theoretical orientation. They also pertain to a wide range of client groups. And they hold with a wide variety of outcome measures. (Fischer, 1978, p. 207)
Fischer's criticism of social work for its failure to demonstrate effectiveness in practice caused a furor. His positive contributions of suggested approaches to enhance effective practice have not met with enthusiastic approval beyond the range of workers generally approving of the work in clinical psychology outlined earlier. Katherine Wood has reviewed some of the same studies that Fischer reviewed, and has come up with different conclusions about many of them. She has also suggested some positive steps to enhance effectiveness in practice. Wood's position will now be outlined.

**Katherine Wood**

Dissatisfied with the "global" approach of Fischer in reviewing studies of social work's effectiveness, Wood (1978) conducted her own review of the research evidence. Wood's technique was to approach the research "from the standpoint of social work practice and the practitioner, focusing on questions relevant to practice theory" such as the following:

What can direct practitioners of social work learn from research evaluating practice outcomes? Why was the intervention successful or unsuccessful? What propositions, prescriptions, and proscriptions of practice theory have been validated, invalidated, or modified? What has been added to the empirical base of practice theory? (Wood, 1978, p. 437)

Wood's review of the research literature encompassed the period from 1956 through 1973; and from a total of fifty-three studies into the effectiveness of social work practice, she chose twenty-two studies as meeting her criteria of the following four points:

1) investigating the outcome of direct-practice intervention,
2) having been done under social work auspices or having social work intervention as a major component,
3) having been conducted in the continental United States, and
4) meeting commonly accepted canons of methodological adequacy for experimental or quasi-experimental research. For the latter criterion, a control...group had to be utilized in the research design. (Wood, 1978, p. 437)

Although Wood agrees with many of Fischer's assessments of particular studies, that is, that effectiveness was not proven, Wood is not content to stop there. She is particularly interested in why intervention was not effective, and some of the specifics that may inform future practice. Some examples will demonstrate Wood's approach. Some research projects concerning delinquency were reviewed by both Fischer and Wood. Fischer's findings have been discussed. In reviewing some of these, Wood took a different tack. She agreed with Fischer that the studies by Miller (1962), by Berleman and Steinburn (1967), and by Meyer, Borgatta, and Jones (1965) found no significant differences in the outcome—with the experimental and control groups. But Wood was not content to end her inquiry there, but was looking for ideas that will help the practitioner avoid the shortcomings of the intervention used in the studies; that is, to learn from the mistakes. Wood is interested in what went wrong and how to avoid it in the future.

None of the studies began with the adolescents' own perceptions of what their problems were and what help they needed. Rather, the researchers and practitioners involved in these studies appeared to start with their own theoretical and ideological orientations, which they applied to their clients like a magic formula. They did not explore and assess the problems being experienced by individual clients; instead, the professionals assumed that they knew what ailed their young clients and what was good for them. (Wood, 1978, p. 440)

Thus, there were no agreed upon goals, no contract between client and
worker, no investment of the client in the service, no motivation to work on worker-selected goals.

Wood's analysis of the McCabe study (1967) is also revealing of her determination to extract some positives from the depressingly negative statistical analysis of this research study. The McCabe study was designed to improve the "ego capacities" of intellectually bright children living in a ghetto environment. Wood immediately found some areas for critical comment and to inform future research and practice:

It is difficult to comprehend why the researchers chose a peer group experience to accomplish this rather than interventive efforts directed at softening the impact of an environment identified as "pathogenic" or at providing more intellectually stimulating educational experiences than were available to these children in a ghetto public school. (Wood, 1978, p. 440)

The surprising finding was that these children were functioning remarkably well, not because of social work intervention, but because their families were somehow able to help the children where other families failed.

For example, why did Puerto Rican children in the experimental group make more gains than the controls, while Black children, by and large, did not? Exploration of such questions might have been...useful in resolving basic practice issues, such as how and when to intervene and with whom.... (Wood, 1978, p. 440)

In four studies concerned with children, Wood zeroes in on the family system as a neglected entity in the research as well as the practice approaches. The practitioners in the four studies saw the parents separate from the children.

However, the problems of one family member, particularly a child, are intimately connected with and may be an expression of problems in the transactions of the family system. Perhaps the children's problems should have been perceived in this way
and interventive efforts focused on the family setting in which the problem was occurring. Perhaps the problems should have been defined as the effects of poverty and the interventions directed at ameliorating some of the harsh realities with which children and parents were struggling rather than at trying to change what went on inside their heads. (Wood, 1978, p. 442)

Such comments, while noting the ineffectiveness of the intervention, are not content to stop there, but go on to indicate some areas where successful intervention might be initiated in the future. 

Research on the poor draws similar orientation from Wood. She notes that the researchers found no differences between experimental and control groups on dimensions of family functioning or dependency on welfare aid. Wood says this should not have surprised the researchers inasmuch as the "female heads of household were the central figure" in the majority of the families, and "two-thirds of these women needed welfare because their husbands were gone."

The assumption seems to have been made over and over in these studies with welfare recipients that poverty is necessarily the result of personal and family inadequacy and pathology. (Wood, 1978, p. 443)

Given the circularity of this reasoning, it is little wonder that the interventions were ineffective.

There is no basis for declaring casework intervention either effective or ineffective without examining the total context within which the service is rendered. Most of the ...projects had as their goals helping lower-class families, yet none of the service programs provided adequate economic aid. ...Marriage counseling, child guidance, or family planning may be an important corollary of—but no substitute for—economic aid. ... (Geismar, 1971, p. 464)

Wood emphasizes the interventive skill of partialization as lacking in much of the work with clients in the ineffective research projects: picking apart the tangled Gordian knot, assigning priorities to be
worked on, and then selecting interventions that focus on these specific problem areas.

From her review of the twenty-two studies, Wood extracts six principles of "quality practice" aimed at effective intervention.

1) "Defining the problem" is a necessary first step. This must be done in clear terms, understandable to the client. If it is done it will also help research, for the problem as stated "must include a dimension of measurability" so that the effectiveness of intervention can be measured between the beginning and termination of treatment.

2) "Analyzing the problem" involves scrutiny of three areas of the client's life in order to get the total perspective: the intrapersonal, the interpersonal, and the social systems. Wood noted that many of the studies she reviewed began with the unwarranted assumption that the client's problem existed only within the personality of that person, and the intervention thus ignored family influences and the impact of other systems on the client.

3) "Workability and goals" are next assessed by both client and social worker. The goals must be realistic and they must be goals that are relevant to the client, not goals set by the researcher or the practitioners.

4) "Negotiating a contract" is an important way of involving the client in the interventive process. Clients are not motivated to work on goals of the social worker. Nor do clients agree that workers always know what is best for them, or the best ways to achieve their goals. Contracts are not negotiated for the duration of intervention, but may
have to be renegotiated as sub-goals are reached or circumstances change.

5) "Planning intervention" involves both client and worker again.

Workers, in most of the unsuccessful studies examined seemed to believe that the less the client knew and understood about the intervention being applied, the more powerful that intervention was likely to be.

It is not only an invitation to failure, but unethical for the worker to impose on the client some pet intervention of his or her own....

It is difficult to understand self-appellations such as "I'm psychoanalytically oriented," or "behaviorally oriented" or "transactional-analysis oriented," since none of these theories and ideologies are, in themselves, broad enough to suit the variety of human problems with which social workers must deal. (Wood, 1978, p. 454)

6) "Evaluation" involves both ongoing evaluation as the intervention is progressing, and evaluation at termination.

The worker must constantly raise the question, both with him- or herself and with the client, of whether difficulty at a particular interventive stage is a result of defining the problem inaccurately, of misdirected goals, or of a contract that does not provide an agenda that is meaningful to the client. (Wood, 1978, p. 454)

Wood's article (1978) reviewed above, was in response to Fischer's earlier article (1973) and book (1976). Then Fischer (1979) replied to Wood, including references to his newest book (1978); to which Wood (1979) also responded. Each article, each book, is convincing in its own right and in certain aspects of the response to criticism. It is perhaps best to leave it at that, recognizing that both authors have conceded the shortcomings of social work practice and research, and have not been content to rest there but have offered some positive suggestions to improve the effectiveness of intervention.

In the context of the present research project and its place in the original and subsequent studies of FSAA and member agencies, it is
interesting to note that the FSAA studies do not report the dismal ineffectiveness that characterizes the reviews of Fischer and even Wood. Some reasons for this discrepancy will next be explored.

**Effectiveness in FSAA studies**

The 3,596 cases reviewed by the nation-wide FSAA study yielded an improvement rate of 73.5 per cent (Beck and Jones, 1973). This is in marked contrast to the improvement rates reported by Fischer (1973, 1976) and even contrasts with the findings of Wood (1973). One is struck with the wide range of findings and conclusions based on these studies, and the range gives rise to much speculation. Beck and Jones (1973) endeavour to explain the discrepancies in part by utilizing a two-category classification system for social work outcome research by Segal (1972).

Segal's first category involves research of the descriptive or exploratory kind, involving "soft data" criterion measures with clients motivated for treatment with psychologically concerned problems. No control groups are ordinarily used in this class, and the criterion measures are principally the ratings of the workers.

Segal's second classification category involves research of experimental design, involving "hard data" criterion measures with clients customarily not motivated for treatment. This category uses control groups and behavioural criterion measures.

With this two-category classification system, Beck and Jones (1973) make a comparative analysis of the FSAA research and other studies which have reported the ineffectiveness of social work practice. First,
they note that, of the published studies reviewed in the literature, comparatively few are based on client ratings; and those using client ratings generally report positive outcomes.

Beck and Jones (1973) list a number of factors which they believe contribute to the conclusion of ineffective service in the studies reviewed by Fischer and others.

1) The type of clients involved has a bearing on the outcome.

The studies reviewed in the literature usually involve delinquents or potential delinquents, public assistance recipients, or multiproblem families living in adverse inner city environments and facing deficits in essential basic supports. Each of these characteristics has been shown in the present study to be significantly associated with relatively low change scores. (Beck and Jones, 1973, p. 13; see also charts 79, 80, 81, and 83, together with comments)

2) Clients involved in the review-of-literature studies had not sought counseling, and consequently are poorly motivated for service.

In the effort to secure equivalent control groups without denial of service, researchers have utilized the total population of a school, housing project, group work project, or public assistance caseload and only later have attempted to involve those selected for the treated group in the use of service. (Beck and Jones, 1973, p. 13)

The FSAA study reported low change scores also for such clients with low motivation for service. (See chart 77 in Beck and Jones, 1973, p. 112)

3) Many of the studies reviewed in the literature encountered difficulty because of their insistence on using "hard data" in outcome measures. Such a focus overlooks the extent to which casework gains may be "small, multiple, diverse, often intangible...outcomes possibly not achievable and...of greater concern to the wider community than to" the client (Beck and Jones, 1973, p. 13). A hard-data outcome of ending
delinquent behaviour or shifting from welfare may be satisfactory for everyone but the client involved. Similarly, saving a marriage is seen as an appropriate outcome for marital counseling.

However, when this measure was tested in the present study against the counselors' judgments about who would benefit, it was found that for more than one-fourth of the marital cases, this goal would have been against the best interests of all family members. For additional cases it would have been against the interests of some but not all family members. For most of the rest, no break-up was planned when they came to the agency. (Beck and Jones, 1973, p. 178)

4) A fourth reason for poor outcomes on cases reviewed in the literature is that goals are unrealistic in terms of the service delivered. The FSAA study, in contrast, tried to define goals more realistically, "in terms of progress on the specific problems identified at intake, plus related effects involving spread to other family members" (Beck and Jones, 1973, p. 173).

5) The long time period between intake and assessment of outcome is another factor that may have been responsible for lowering the results of studies reviewed in the literature. When outcome is assessed after a long time span, "much that is extraneous could have happened in the meantime to erase the gains or the memory of the gains." In the FSAA study "the average duration of treatment was 2.8 months and the average interval before follow-up contact was an additional three months" (Beck and Jones, 1973, pp. 14, 178).

6) The small sample size of the literature-reviewed cases is another factor that should be questioned as relating to outcome. The FSAA study involved a large sample and thus avoided this problem.

It is a well-known statistical reality that unless true
differences are very large, they cannot be proved statistically significant with small samples. Many of the findings reported in other studies would have been significantly in favor of casework if they had merely persisted at the same level in moderately larger samples. (Beck and Jones, 1973, p. 14)

7) The rigid requirements needed to be included in the studies reviewed in the literature may be another factor in lowering the outcomes. This requirement reduced the number of studies available for review, and may have excluded some studies of more favourable outcome. Often atypical clients were included and more typical client groups were excluded. Some of the studies excluded were lacking in adequate control groups, but Strupp and Bergin have concluded that "it now seems clear that a true no-therapy control group is essentially impossible to set up and implement except in a carefully restricted institutional setting" (Strupp and Bergin, 1969, p. 18).

8) Reviewers often neglect possible gains in social work effectiveness by endeavouring to reduce complex studies to rigid yes-no answers regarding outcomes.

9) A final factor relates to the failure of many of the studies reviewed in the literature to face the issue that is crucial to improved service delivery: "How much of what type of service, provided to what type of clients, results in what type of gains?" Beck and Jones note that "further struggle with this issue represents the most fruitful approach available to the improvement of service effectiveness" (Beck and Jones, 1973, p. 14).
CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. It follows that research designs will differ depending on the purpose of the research. (Sellitz, 1976, p. 90)

The purpose of this research has been discussed in Chapter I, as a project undertaken to study the perceptions and evaluations of casework services by clients of the Family Service Bureau of Windsor. This chapter will detail the research design and methodology utilized in carrying out this purpose. The material will be discussed under the following headings:

1) Research Classification,
2) Questions for Research,
3) Hypotheses,
4) Operational Definitions,
5) Population and Sample,
6) Data Collection: Statistical Records, Questionnaire,
7) Limitations.

RESEARCH CLASSIFICATION

Research has been classified into three major categories by Tripodi et al, (1969) as including experimental, quantitative-
descriptive, and exploratory. This research project is classified as quantitative-descriptive, a general purpose of such research being the testing of hypotheses or the description of relations among variables in quantitative terms.

Quantitative-descriptive research may be 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)

Within the major classification of the quantitative-descriptive study design, there are four sub-types which are classified according to the purpose of the project. The sub-type applicable to this research is designated as a program evaluation study, which has been described and defined as:

...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)

This study, classified as a quantitative-descriptive program evaluation study, is further classified as a replication. The study replicates the original Beck and Jones (1973) FSAA Client Follow-Up study at a national level, and the Blonde and Murphy study (1975) of the local agency, the Family Service Bureau of Windsor. It is not an
exact replication because this study employs the 1977 revised question-
naire. Hunter (1979) used the revised questionnaire, but at a different
agency, the Catholic Family Service Bureau of Windsor. One rationale
for replication in research studies is from Thomas:

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 applic-
ability. (Thomas, 1975, p. 278)

This study is a client follow-up study, researching the perceptions and
evaluations of casework services by clients of the Family Service
Bureau of Windsor. The advantages and disadvantages of relying on
clients' evaluations were discussed in Chapter I.

QUESTIONS FOR RESEARCH

The questions to be dealt with in this study will be considered
in brief form in this chapter, and divided into two main categories:

1) Some client characteristics from the case statistics;
2) Some questions gleaned from the questionnaire.

Some client characteristics from case statistics

The study will describe the following client characteristics
of the sample: sex of client, age of client, religion, presenting
problem, marital status, referral source, total family income,
education, and the number of interviews.

Some questions gleaned from the questionnaire

The complete questionnaire is included in Appendix A. Some rele-
vant questions taken from it for the purpose of this section follow.

What is the client perception of the following, taken from the
questionnaire:

1) How satisfied was the client with the relationship with the counselor?

2) Did any agency policy create a problem for the client?

3) How did the client feel about the agency's services?

4) Would the client return to the agency in the future?

HYPOTHESES

Hypotheses, or the consequences of our theoretical assumptions, are the statements that we usually submit to actual testing. Hypotheses are empirically tested because we are uncertain of the extent to which they are correct. (Selltiz et al, 1976, p. 17)

In order to answer the questions presented in the previous section above, pursue this research in a disciplined way, and follow empirically valid procedures, two hypotheses have been constructed dealing with two general areas of service effectiveness as evaluated by clients:

Hypothesis 1: More clients will report satisfaction than dissatisfaction with casework services from the Family Service Bureau of Windsor.

Hypothesis 2: More clients will report improvement than no improvement after casework services from the Family Service Bureau of Windsor.

It is important to recognize from the outset what the acceptance of the hypotheses stated above implies and proves. In the words of the FSAA researchers, some caution is in order:

Interpret your findings for what they are—clients' views of your services and their outcomes—not as full scientific
proof of the effectiveness of your service. (Beck and Jones, 1977, p. 14)

OPERATIONAL DEFINITIONS

In order to avoid ambiguity in discussing the findings as they relate to the hypotheses and the research questions, a number of terms have been clarified below in operational definitions.

The Family Service Bureau of Windsor is a non-sectarian social agency providing family counseling services. It is accredited by the Family Service Association of America (FSAA). It is a voluntary private social agency, financed through funding from the United Way, and clients' fees.

The client is the primary recipient of casework services. If more than one person is seen in the agency, the one seen most frequently is the primary client. If both are seen equally, the one who initiated contact is the primary client.

The terms counseling services and casework services will refer to the main method of treatment in the agency, and following the definition of Perlman:

The distinguishing mark of casework as a helping mode in social work is that it takes as its unit of attention and concern the individual instance, a person or a family. (Perlman, 1972, p. 134)

The presenting problem is a term used when referring to the problems identified by clients in their request for help at the agency. These problems are classified in four main categories: marital problems, parent-child relationship problems, family problems, and problems connected with alcohol and drugs.
The term **terminated** refers to cases that have been statistically closed, and agency service to the client ended prior to the selection of the sample for this project.

Client **satisfaction** with agency services is calculated through question 11 of the FSAA questionnaire, included in Appendix A. Question 11 asks:

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

Satisfaction will be recorded if the response is "very satisfied" or "satisfied." Lack of satisfaction will be recorded if the response is "somewhat dissatisfied," "very dissatisfied."

Client **improvement** as a result of agency services will be calculated by the change score computed from client responses to the following questions on the FSAA questionnaire (see Appendix A):

- Question 12 for scoring of changes in specific problems;
- Question 15 for scoring of changes in family relationships;
- Question 16 for scoring of changes in problem coping;
- Question 17 for scoring of changes in family members.

(Reck, 1977, pp. 79-80)

Question 13 also figures in the scoring of question 12 in that clients are asked to circle the problem in question 12 they considered the most important, and the weight then given this choice is counted twice for question 13. (Reck, 1977, p. 79). Improvement will be recorded if the response is "much better" or "somewhat better." Lack of improvement will be recorded if the client response is "somewhat worse," and "much worse."

The term **income** refers to the total family income during the last complete year, and before any tax deductions.

The term **education** refers to the highest grade completed by the
family head.

The phrase number of interviews refers to the number of regular one hour interview sessions that were held during the time period under review in this study. This category, number of interviews, is divided into three classifications:

1) one interview;
2) two to five interviews;
3) six or more interviews.

Agency policies that may have created a problem for clients, refers specifically to the following: "fees, having to wait, distance to agency, appointment hours, having to change to a new counselor" (Beck, 1977, p. 75). This definition is taken from question 8.

The client relationship with the counselor is explored in question 7 of the questionnaire. In this question the client is asked, "In general, how satisfied were you personally with the way you and your counselor got along with each other?"

POPULATION AND SAMPLE

In this study the population will be the clients whose cases were closed during the period from January 1, 1979 through January 31, 1980 and who were seen by a social worker at the Family Service Bureau of Windsor at least once during the period from January 1, 1979 to December 31, 1979.

Selltiz et al (1975) classify sampling procedures into two main groups: nonprobability and probability sampling. This research study used one of the sub-groups of nonprobability sampling: purposive
sampling.

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. A common strategy of purposive sampling is to pick cases that are judged to be typical of the population in which one is interested, assuming that errors of judgment in the selection will tend to counter-balance each other. (Sellitz et al, 1976, p. 521)

The purposive sampling procedure was used for the following reasons:

1) Only those clients who had received casework services for the first time were selected. It was postulated that those who had received prior service would be unable to distinguish the current from the previous casework experience without some element of bias (Beck and Jones, 1973).

2) To ensure confidentiality, all clients were ruled out who had requested that the agency not contact them.

3) Clients with a language or literacy problem were not chosen, inasmuch as they would be unable to answer the questionnaire adequately. For the same reason, clients with a mental problem were not contacted, because the questionnaire might be confusing to them.

The information in the three points above was obtained in two ways: First, it was gathered from the case files. Second, an Alert Sheet was given to each worker -- a complete list of their clients -- and the workers were asked if any of their clients should not be contacted for any of the above three reasons.

DATA COLLECTION

Data collection was accomplished through the use of the following
two instruments:

1) Statistical records,

2) Questionnaire.

Statistical records

There is a McBee card filled out for each client receiving services at the agency. This card records statistical information that can be utilized in research and for other purposes, among which is the following data used in this project: marital status, source of application/referral, number of interviews, identified/presenting problem, total family income, educational level, race, and religion.

Information required for the study was transferred from the McBee cards to Case Data Sheets (See Appendix B) and a study number assigned to these Case Data Sheets in order to preserve confidentiality. The study number was also used on the questionnaires for each case in the sample studied. This made matching possible between client characteristics tabulated on the Case Data Sheets and the client responses given on the questionnaires, and distinguished between clients who responded and those who did not respond.

Questionnaire

The questionnaire used in this study is the FSAA Form No. 27, Rev. 2 (Beck and Jones, 1977, pp. 75-78). Twenty-two questions are in this latest revision, which is called "a revised and more sensitive long form," in that it provides for a five-point rating scale to supersede the three-point scale of the previous questionnaire, thus yielding "a more discriminating outcome measure" (Beck and Jones, 1977, p. 74).
The questionnaires were mailed to the clients and self-administered. There was no pre-testing inasmuch as the questionnaire had extensive testing and use by the FSAA and member agencies. A cover letter (Appendix C) and postage-paid business reply envelope were mailed with each questionnaire to 195 clients in the sample. A second mailing went out to the non-responding clients in four weeks, with a second cover letter (Appendix D) and postage-paid business reply envelope with each questionnaire. At the end of a further four-week period, telephone contact was attempted with each of the remaining non-respondents in order to increase the response rate. A third mailing went out to those clients who, as a result of the phone call, said either that they had never received a questionnaire or no longer had the questionnaire but would, in either case, respond if sent another one. The total number of respondents finally achieved was 72, and two of these obliterated the identification number so their client characteristics could not be identified.

LIMITATIONS

It should be helpful to recognize at the outset some possible limitations of this study, in order to prepare for the introduction of the findings, and to keep them in realistic perspective.

1) The use of nonprobability purposive sampling, although dictated by important considerations in this project, does not allow the rigour possible with probability sampling. The lack of a control group is another limitation, connected with the use of a program evaluation type of quantitative-descriptive study. Within the limitations noted,
however, much can be learned of the sample; and the maximum rigour possible has been assured by the previous use of this kind of research at a national level and local levels by the FSAA.

2) In order to obtain a sufficiently large sample, cases closed during a twelve month period were selected, provided they had been seen at least once during that period at the agency. This extensive time period raised some difficulties. Some clients had moved and mailings did not reach them. With some clients there was such a gap between the time of service and follow-up questionnaire that their recollection was vague or their interest limited. These factors had a serious impact on the rate of returned questionnaires and the manner in which some of the questions were answered on the questionnaires that were returned.

3) The questionnaire is a long and relatively complex one, so that some clients were unwilling to invest the time and effort in completing it. This limitation applied especially to clients who had been seen only once at the agency, and did not feel qualified to fill it out.

The limitations outlined above should be kept in mind in reading the data presented in the following chapter.
CHAPTER IV

DATA ANALYSIS

A purposive sample of 195 clients was chosen from the case records of the Family Service Bureau of Windsor. These clients were seen at the agency from January 1, 1979 through December 31, 1979, and their cases were closed from January 1, 1979 through January 31, 1980. Further criteria for the purposive sample have been discussed in Chapter III.

Questionnaires were sent out to the sample of 195. The Post Office returned 9 questionnaires as unlocatable. There were 72 questionnaires returned, but two respondents had removed the identification number, so that questionnaires could not be matched with client characteristics. This meant that on Tables 1 through 9 in this chapter, client characteristics of 70 clients are described.

The response rate for this study was 36.9%. The Blonde and Murphy (1975) response rate was 39.8% at the same agency; and the Hunter (1979) response rate was 51%. Several factors may be cited as bearing upon these differences. In the current study, a larger percentage (44.1%) of clients had only one interview, than the Hunter study (35%) and the Blonde and Murphy study (27.8%). The response rate in the current study (31.4%) and in the Hunter study (29%) is low among clients who had been to the agency for one interview. Another factor involved in the
differences in response rates in the three studies cited, involves the
time period. The current study was drawn from clients whose cases had
been closed over a twelve month period. This long time period was neces-
sary in order to obtain a large enough sample. Both the Blonde and
Murphy study and the Hunter study covered only eight months. The FSAA
recommendation regarding time period is as follows:

If feasible, you should limit your sample to current clos-
ings. If this approach does not provide a large enough sample,
it is suggested that you also utilize recent closings, moving
backward from current closings until you have secured the number
of cases you need. It is not advisable to go further back than
two months since delay in follow-up interferes with a clear
assessment of the contribution of agency service. (Beck and
Jones, 1977, p. 10)

Also, in the Hunter study, the cover letter was signed by a
priest who could have exerted more influence or authority in a Catholic
agency to a Catholic clientele, 45.3% of whom felt more like coming to
the agency because it was a Catholic agency (Hunter, 1979, p. 101).
Also, Hunter sent her mailings prior to a mail strike and encouraged
response with the following:

**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.
(Hunter, 1979, p. 120)

It is also important to bear in mind that mail questionnaires
are generally known for the low response rate, in comparison with
other methods of sampling, such as personal interviews. Selltiz et
al, (1976) note that “when questionnaires are mailed to a sample of
the population, the proportion of returns is usually low, varying from
about 10 to 50 percent” (p. 297).
The sample will now be examined in relation to a number of client characteristics: marital status, referral source, sex, age, religion, income, education, number of interviews, and presenting problem. Chi square will be used to test the significance between the respondent and non-respondent groups. The strength of association will be tested by Cramer's V.

### TABLE 1

**MARITAL STATUS: FREQUENCY AND PERCENTAGES OF RESPONDENTS, NON-RESPONDENTS, AND SAMPLE**

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Respondents n=70* (99.9%)</th>
<th>Non-Respondents n=124 (99.9%)</th>
<th>Sample n=194 (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>46 (65.7)</td>
<td>54 (43.5)</td>
<td>100 (51.5)</td>
</tr>
<tr>
<td>Separated</td>
<td>14 (20.0)</td>
<td>32 (25.8)</td>
<td>46 (23.7)</td>
</tr>
<tr>
<td>Divorced</td>
<td>1 (1.4)</td>
<td>15 (12.1)</td>
<td>16 (8.2)</td>
</tr>
<tr>
<td>Common-law</td>
<td>3 (4.3)</td>
<td>7 (5.6)</td>
<td>10 (5.2)</td>
</tr>
<tr>
<td>Single</td>
<td>5 (7.1)</td>
<td>13 (10.5)</td>
<td>18 (9.3)</td>
</tr>
<tr>
<td>Widow</td>
<td>1 (1.4)</td>
<td>3 (2.4)</td>
<td>4 (2.1)</td>
</tr>
</tbody>
</table>

Missing observations = 1

\[ x^2 = 11.9868, \ df = 5, \ p = .035 \]

Cramer's V = .25

*Two respondents removed the identifying number from the questionnaire, and could not be matched with case data information, on Tables 1 through 9.*
There is a significant difference between the respondents and non-respondents for the variable marital status, but the association is low. Refer to Table 1, page 57.

The majority of the clients in the sample (51.5%) were married. The next largest group was separated (23.7%). The smallest group was widowed (2.1%). Most of the sample were married or living together (56.7%), or were separated, divorced, or widowed (34%). Only 9.3% were never married. Most clients (90.7%) who came to the Family Service Bureau were presently or formerly in a family unit.

These percentages are similar to Hunter's study (1979) at the Catholic Family Service Bureau of Windsor. The greatest differences occurred in the married group. In the current study, 51.5% of the sample were married and 9.3% of the sample were single. In the Hunter study, 57% of the sample were married and 6% were single.

Of the respondents, 65.7% were married. This is a higher rate than the married group were represented in the sample (51.5%). The group with the least representation among the respondents were the divorced clients. Only 1.4% of the respondents were in that group.

In this sample, 31.9% were divorced or separated, indicating a high rate of marital breakdown. This percentage is a forerunner of Table 9, where presenting problems indicate that many clients come for agency service because of marital problems. Also, the FSAA study refers to the "particular needs and vulnerabilities of the separated and divorced" in this way:

Many apply originally in the heat of the emotional crisis and trauma of separation or abandonment. Later when crises again arise, they again seek agency help with problems and emergencies
that a two-parent family could perhaps weather without outside help. (Beck and Jones, 1973, p. 18)

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Respondents</th>
<th>Non-Respondents</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=68 (99.9%)</td>
<td>n=123 (100.1%)</td>
<td>n=191 (99.9%)</td>
</tr>
<tr>
<td>Self</td>
<td>29 (42.6)</td>
<td>38 (30.9)</td>
<td>67 (35.1)</td>
</tr>
<tr>
<td>Children's Aid Societies</td>
<td>0 (0.0)</td>
<td>5 (4.1)</td>
<td>5 (2.6)</td>
</tr>
<tr>
<td>Doctors</td>
<td>12 (17.6)</td>
<td>21 (17.1)</td>
<td>33 (17.3)</td>
</tr>
<tr>
<td>Lawyers</td>
<td>2 (2.9)</td>
<td>8 (6.5)</td>
<td>10 (5.2)</td>
</tr>
<tr>
<td>Schools</td>
<td>4 (5.9)</td>
<td>12 (9.8)</td>
<td>16 (8.4)</td>
</tr>
<tr>
<td>Clergy</td>
<td>1 (1.5)</td>
<td>1 (0.8)</td>
<td>2 (1.0)</td>
</tr>
<tr>
<td>Hospitals</td>
<td>0 (0.0)</td>
<td>8 (6.5)</td>
<td>8 (4.2)</td>
</tr>
<tr>
<td>Family Service Bureau</td>
<td>9 (13.2)</td>
<td>9 (7.3)</td>
<td>18 (9.4)</td>
</tr>
<tr>
<td>Social Service Agencies</td>
<td>11 (16.2)</td>
<td>30 (16.3)</td>
<td>31 (16.2)</td>
</tr>
<tr>
<td>Other</td>
<td>0 (0.0)</td>
<td>1 (0.8)</td>
<td>1 (0.5)</td>
</tr>
</tbody>
</table>

Missing observations = 4

\[ x^2 = 13.1272, \ df = 9, \ p = .16 \]

Cramer's \( V = .26 \)
There is no significant difference between the respondent and non-respondent groups for the variable referral source (Table 2).

Most referrals were by self (35.1%), including friends and relatives. The next most frequent source of referrals was doctors (17.3%), followed closely by Social Service Agencies (16.2%). Least frequent was clergy (1%). Also infrequent were referrals from Children's Aid Societies (2.6%), and hospitals (4.2%). These low referral rates may be accounted for because the clergy do pastoral counseling, and CAS and hospitals have social workers who offer counseling services similar to the Family Service Bureau. The agency itself refers 9.4% of all clients. This category includes referrals from board members, from current or former clients, and participants of the Family Life Education courses who then choose to see a Professional Social Worker.

There appear to be the greatest differences with Hunter's study among referrals from the clergy, where this sample received 1% and Hunter's received 8%. Children's Aid Societies referred 2.6% in this sample and 5% in Hunter's. Both clergy and the Roman Catholic Children's Aid Society are connected with the Catholic Church, and the religious tie with the Catholic Family Service Bureau may have accounted for the difference in referrals.

Among the respondent group, 42.6% were self-referred. This is higher than the self-referred are represented in the sample (35.1%). A high response also occurred among the Family Service Bureau-referred, where 13.2% responded. This rate also was higher than occurred in the sample (9.4%). There were no responses from the CAS and hospital-
referred. Low rates also occurred among referrals from lawyers (2.9%) and schools (5.9%).

The higher rates of questionnaire returns occurred when the client was motivated to seek help through self or Family Service Bureau referral. Lower rates of response occurred when an authoritarian agency, such as a hospital or school, made the referral.

The findings in this section on referrals are related to the FSAA study in which it was noted that clients beset with problems "begin to explore cautiously and confidentially for solutions" and this often means among friends and relatives in their "informal social network" (Beck and Jones, 1973, p. 46). The self referrals in this study also included friends and relatives.

TABLE 3
SEX: FREQUENCY AND PERCENTAGES
OF RESPONDENTS, NON-RESPONDENTS AND SAMPLE

<table>
<thead>
<tr>
<th>SEX</th>
<th>Respondents</th>
<th>Non-Respondents</th>
<th>Sample</th>
<th>Metropolitan Windsor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=70 (100%)</td>
<td>n=125 (99.9%)</td>
<td>n=195 (100%)</td>
<td>(100%)</td>
</tr>
<tr>
<td>Male</td>
<td>19 (27.1)</td>
<td>43 (34.4)</td>
<td>62 (31.8)</td>
<td>(49.2)</td>
</tr>
<tr>
<td>Female</td>
<td>51 (72.9)</td>
<td>82 (65.5)</td>
<td>133 (68.2)</td>
<td>(50.8)</td>
</tr>
</tbody>
</table>

\[ x^2 = .7808, \text{ df } = 1, \ p = .38 \]

There is no significant difference between the respondent and non-respondent groups for the variable sex (Table 3).

There were 133 (68.2%) females and 62 (31.8%) males in the
sample. The sample has more females than occurs in the population of Metropolitan Windsor (50.8%).

Among respondents, 51 (72.9%) were females and 19 (27.1%) were males. There were more females than males in the sample and they responded more frequently than males to the questionnaire. However, the rate of response was not greatly divergent from the sample.

The findings in this study are similar to those of the FSAA study. "There is an excess of women in the agency group," Beck and Jones noted. "The imbalance of women probably results from the relatively heavy use of agencies by divorced and separated women" (Beck and Jones, 1973, p. 21).

The next variable is age (Table 4, page 63). There is no significant difference between the respondent and non-respondent groups for this variable.

The mean age for the sample is 34.7 years. The range is 17 to 63 years. The largest group is 30-34 year olds who accounted for 25% of the sample. The other large groups are 35-39 (18%) and 25-29 (16%) year olds. Most of the sample, 59%, consists of 25-39 year olds. The sample has 73% under 40 years old. This youthful sample is overrepresented in relation to its occurrence in the Metropolitan Windsor population (65%). In the current study 41% of the sample is 25-34 years old, while this category includes only 14.3% in the Metropolitan Windsor population. 70% are between the ages of 25-44, while this age group in the Metropolitan Windsor population is 24.8% (Statistics Canada, 1976, 92-823: Table 15-44). Each group, with the exception of under 20 and 60-64, are represented among respondents in similar proportions to their
occurrence in the sample.

**TABLE 4**

**AGE: FREQUENCY AND PERCENTAGES OF**

**RESPONDENTS, NON-RESPONDENTS AND SAMPLE**

<table>
<thead>
<tr>
<th>Age</th>
<th>Respondents n=70 (99.8%)</th>
<th>Non-Respondents n=124 (99.4%)</th>
<th>Sample n=194 (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cum %</td>
<td>Cum %</td>
<td>Cum %</td>
</tr>
<tr>
<td>Under 20</td>
<td>0 (0) 0</td>
<td>5 (4.0) 4.</td>
<td>5 (3) 3</td>
</tr>
<tr>
<td>20-24</td>
<td>6 (8.5) 8.5</td>
<td>16 (12.8) 16.8</td>
<td>22 (11) 14</td>
</tr>
<tr>
<td>25-29</td>
<td>15 (21.4) 29.9</td>
<td>17 (13.6) 30.4</td>
<td>32 (16) 30</td>
</tr>
<tr>
<td>30-34</td>
<td>19 (27.1) 57.0</td>
<td>29 (23.3) 53.7</td>
<td>48 (25) 55</td>
</tr>
<tr>
<td>35-39</td>
<td>12 (17.1) 74.1</td>
<td>23 (18.5) 72.2</td>
<td>35 (18) 73</td>
</tr>
<tr>
<td>40-44</td>
<td>6 (8.6) 82.7</td>
<td>14 (11.2) 83.4</td>
<td>20 (11) 84</td>
</tr>
<tr>
<td>45-49</td>
<td>6 (8.5) 91.2</td>
<td>10 (8) 91.4</td>
<td>16 (8) 92</td>
</tr>
<tr>
<td>50-54</td>
<td>3 (4.3) 95.5</td>
<td>1 (0.8) 92.2</td>
<td>4 (2) 94</td>
</tr>
<tr>
<td>55-59</td>
<td>3 (4.3) 99.8</td>
<td>7 (5.6) 97.8</td>
<td>10 (5) 99</td>
</tr>
<tr>
<td>60-64</td>
<td>0 (0) 99.8</td>
<td>2 (1.6) 99.4</td>
<td>2 (1) 100</td>
</tr>
</tbody>
</table>

Missing observation = 1

\[ x^2 = 9.7341, \ df = 9, \ p = .50 \]

Cramer's \( V = .224 \)

Although not included in a table, the "year of marriage" when people come to the agency most frequently is the fifth year, then the second, seventh, and eleventh years. This is one indicator of a young population.
Of married clients,
36.6% were married 7 years or less;
53.5% were married 11 years or less;
66.3% were married 15 years or less;
79.2% were married 20 years or less;
89.1% were married 25 years or less.

The FSAA study also found a relatively young client population; that is, under 45. "The explanations seem obvious," Beck and Jones wrote:

The predominance of younger persons reflects the concentration of agency service on marital and children's problems. ...The gap in service to persons at the older age levels is primarily the result of the focus of agencies on family relationship problems. Older persons are less likely to need counseling and more likely to require types of supportive services not normally available through family agency programs. (Beck and Jones, 1973, p. 21)

Beck and Jones question whether the inevitable gaps in agency services should be reduced at the expense of the valuable services now being provided for young families and their children, thus exerting "a constructive preventive influence on the country's future citizens." The ultimate decision, of course, "is a value issue that each agency must settle for itself" (Beck and Jones, 1973, pp. 16-17).

The next variable to be discussed is religion. There is no significant difference between the respondent and non-respondent groups for this variable (Table 5, page 65).

The category "none" and missing observations are possibly more related than is readily apparent. Someone who professes no religion might possibly leave the space blank; therefore, any missing observations
could more appropriately belong in the none category.

The sample has 51.5% Protestants compared to 35.5% in the Metropolitan Windsor population (Statistics Canada, 1976). There were 43.1% Roman Catholics in the sample compared to 53.2% in the population. There is a Catholic Family Service Bureau in Windsor, and many Catholics go there. However, it is interesting to note that the non-denominational Family Service Bureau also receives a high proportion of Catholics.

**TABLE 5**

**RELIGION: FREQUENCY AND PERCENTAGES OF RESPONDENTS, NON-RESPONDENTS AND SAMPLE**

<table>
<thead>
<tr>
<th>Religion</th>
<th>Respondents n=61 (100%)</th>
<th>Non-Respondents n=106 (99.9%)</th>
<th>Sample n=167 (100%)</th>
<th>Metropolitan Windsor (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant</td>
<td>35 (57.4)</td>
<td>51 (48.1)</td>
<td>86 (51.5)</td>
<td>35.5</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>23 (37.7)</td>
<td>49 (46.2)</td>
<td>72 (43.1)</td>
<td>53.2</td>
</tr>
<tr>
<td>Jewish</td>
<td>0 (0)</td>
<td>1 (.9)</td>
<td>1 (.6)</td>
<td>1.2</td>
</tr>
<tr>
<td>None</td>
<td>3 (4.9)</td>
<td>4 (3.8)</td>
<td>7 (4.2)</td>
<td>2.7</td>
</tr>
<tr>
<td>Other</td>
<td>0 (0)</td>
<td>1 (.9)</td>
<td>1 (.6)</td>
<td>7.4</td>
</tr>
</tbody>
</table>

Missing observations = 28

\[ x^2 = 2.5693, \text{ df } = 4, \text{ p } = .63 \]

Cramer's V = .12
TABLE 6

INCOME: FREQUENCY AND PERCENTAGES OF
RESPONDENTS, NON-RESPONDENTS AND SAMPLE

<table>
<thead>
<tr>
<th>Income</th>
<th>Respondents</th>
<th>Non-Respondents</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 66 (99.9%)</td>
<td>n = 114 (100%)</td>
<td>n = 180 (100%)</td>
</tr>
<tr>
<td>Under $3,000</td>
<td>3 (4.5) 4.5</td>
<td>13 (11.4) 11.4</td>
<td>16 (8.9) 8.9</td>
</tr>
<tr>
<td>$3,000-4,999</td>
<td>6 (9.1) 13.6</td>
<td>9 (7.9) 19.3</td>
<td>15 (8.3) 17.2</td>
</tr>
<tr>
<td>$5,000-6,999</td>
<td>7 (10.6) 24.2</td>
<td>8 (7.0) 26.3</td>
<td>15 (8.3) 25.5</td>
</tr>
<tr>
<td>$7,000-9,999</td>
<td>3 (4.5) 28.7</td>
<td>9 (7.9) 34.2</td>
<td>12 (6.7) 32.2</td>
</tr>
<tr>
<td>$10,000-12,999</td>
<td>9 (13.6) 42.3</td>
<td>13 (11.4) 45.6</td>
<td>22 (12.2) 44.4</td>
</tr>
<tr>
<td>$13,000-14,999</td>
<td>7 (10.6) 52.9</td>
<td>9 (7.9) 53.5</td>
<td>16 (8.9) 53.3</td>
</tr>
<tr>
<td>$15,000-17,999</td>
<td>7 (10.6) 63.5</td>
<td>23 (20.2) 73.7</td>
<td>30 (16.7) 70.0</td>
</tr>
<tr>
<td>$18,000-19,999</td>
<td>3 (4.5) 68.0</td>
<td>7 (6.1) 79.8</td>
<td>10 (5.6) 75.6</td>
</tr>
<tr>
<td>$20,000-29,999</td>
<td>18 (27.3) 95.3</td>
<td>19 (16.7) 96.5</td>
<td>37 (20.6) 96.2</td>
</tr>
<tr>
<td>Over $30,000</td>
<td>3 (4.5) 99.8</td>
<td>4 (3.5) 100.0</td>
<td>7 (3.9) 100.0</td>
</tr>
</tbody>
</table>

Missing observations = 15

\[ x^2 = 9.0399, \quad df = 9, \quad p = .43 \]

Cramer's V = .22

There is no significant difference between the respondent and non-respondent groups for the variable income (Table 6 above).

Income includes all family income. The categories used are those in the agency records. The largest group of clients in any one category is the 37 (20.6%) who occur in the $20,000-29,999 category. This is,
however, the largest spread, $10,000, in any category. Other categories include $2,000 to $3,000 spreads. The family income in the $20,000–29,999 category could include two persons working for $10,000 each, or one person working for $29,999. Such differences would not show in these figures, consequently, one category can represent a family in one of a variety of conditions.

The cumulative percentages allow one readily to see that 25.5% of the clients earn less than $7,000. Over half (53.3%) earn less than $15,000, and 75.6% earn less than $20,000.

Blonde and Murphy (1975) studied a 1974 population at the same agency. The current study found 32.2% of the sample earned less than $10,000, compared to 23.9% in the Blonde and Murphy sample. The current study has 53.3% earning less than $15,000, and Blonde and Murphy had 64.6% earning less than that amount. In the current study 75.6% earn less than $20,000 while Blonde and Murphy's sample had 87.2% earning less than $20,000.

The present study indicates an increasing number of people in the lowest economic categories (less than $10,000) are now clients compared to 1974. These figures, however, are not adjusted to the Consumer Price Index or inflation rate. Using a 1971 base, goods which could be purchased for $1.00 in 1971, cost $1.27 in 1974 (the year of the Blonde and Murphy study) and cost $1.92 in 1979, the year of this study (Statistics Canada, 1976). The inflation rate for 1975 was 10.8%, 1976 was 7.5%, 1977 was 8%, 1978 was 9% and 1979 was 9.1%.

The figures indicate that the agency is working with clients who earn a proportionately lower salary than in the 1974 study. Another way
of looking at this would be to look at the average annual salary for 1974, which was $10,970 for Windsor (Statistics Canada, 1976). In 1978, the latest year for which there is information, the annual Windsor salary was $15,870 (Chamber of Commerce, 1980). This latter figure falls within the $15,000-17,999 category.

Most of the sample (over 53.3%) made less than the average wage earner in the city. If one also considers that income in the study refers to total family income, the figure given could include several families where there are two wage earners each making less than the average wage. The Family Service Bureau has historically been perceived as a middle class agency, which does not work with lower socio-economic classes. This perception is not borne out by this sample. As in the FSAA study, the trend to working with lower income clients may be the "result of conscious agency effort to reach out and extend service to the less privileged" (Beck and Jones, 1973, p. 28).

The next variable is education. There is no significant difference between the respondent and non-respondent groups for this variable (Table 7, p. 69).

It is difficult to compare Statistics Canada figures to these figures on education because the categories are different. The Metropolitan Windsor area has 24% of its population with an education of eighth grade or less, corresponding to elementary. This study has 7.4%. It is important to bear in mind that in choosing this purposive sample, clients who had literacy problems were excluded from the sample.

In the Metropolitan Windsor population, 71% had a grade thirteen education or less, while 83% of the sample had that amount of education.


**TABLE 7**

**EDUCATION: FREQUENCY AND PERCENTAGES OF RESPONDENTS, NON-RESPONDENTS AND SAMPLE**

<table>
<thead>
<tr>
<th>Education of Client</th>
<th>Respondents n=63 (99.9%)</th>
<th>Non-Respondents n=113 (100%)</th>
<th>Sample n=176 (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cum %</td>
<td>Cum %</td>
<td>Cum %</td>
</tr>
<tr>
<td>Elementary</td>
<td>4 (6.3) 6.3</td>
<td>9 (8.0) 8.0</td>
<td>13 (7.4) 7.4</td>
</tr>
<tr>
<td>High School grade 9 to 11</td>
<td>28 (44.4) 50.7</td>
<td>70 (61.9) 69.9</td>
<td>98 (55.7) 63.1</td>
</tr>
<tr>
<td>High School grade 12</td>
<td>11 (17.5) 68.2</td>
<td>15 (13.3) 83.2</td>
<td>26 (14.8) 77.8</td>
</tr>
<tr>
<td>High School grade 13</td>
<td>5 (7.9) 76.1</td>
<td>4 (3.5) 86.7</td>
<td>9 (5.1) 83.0</td>
</tr>
<tr>
<td>Some college or university</td>
<td>13 (20.6) 96.7</td>
<td>14 (12.4) 99.1</td>
<td>27 (15.3) 98.3</td>
</tr>
<tr>
<td>College graduate</td>
<td>2 (3.2) 99.9</td>
<td>1 (.9) 100.</td>
<td>3 (.1.7) 100.</td>
</tr>
<tr>
<td>Post graduate</td>
<td>0 (0) 99.9</td>
<td>0 (0) 100.</td>
<td>0 (0) 100.</td>
</tr>
</tbody>
</table>

Missing observations = 19

\[ x^2 = 7.4137, \text{ df } = 5, \text{ p } = .19 \]

Cramer's \( V = .21 \)

This sample, then, had fewer clients in the higher educational levels than the Metropolitan Windsor population.

In comparison with Blonde and Murphy (1975), the present study has 77.8% with grade twelve or less, while Blonde and Murphy had 66.2%
in the same category. The educational level of this agency sample is lower now than Blonde and Murphy's in 1974. Noting this trend at the national level, Beck and Jones in the FSH study wrote:

The net result has been a downward shift in the relative educational rank of the clientele of agencies in comparison with the population at large. This change is consistent with, and probably partly the direct result of, agencies’ attempts to reach out to the disadvantaged and serve them more adequately. (Beck and Jones, 1973, p. 26)

**TABLE 8**

**INTERVIEW NUMBER: FREQUENCY AND PERCENTAGES OF RESPONDENTS, NON-RESPONDENTS AND SAMPLE**

<table>
<thead>
<tr>
<th>Interview Number</th>
<th>Respondents n=70 (100%)</th>
<th>Non-Respondents n=125 (100%)</th>
<th>Sample n=194 (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>22 (31.4)</td>
<td>64 (51.2)</td>
<td>86 (44.1)</td>
</tr>
<tr>
<td>Two to five</td>
<td>35 (50.0)</td>
<td>46 (36.8)</td>
<td>81 (41.5)</td>
</tr>
<tr>
<td>Six or more</td>
<td>13 (18.6)</td>
<td>15 (12.0)</td>
<td>26 (14.4)</td>
</tr>
</tbody>
</table>

\[ x^2 = 8.6280, \text{ df } = 3, \text{ p } = .035 \]

Cramer's \(V = .21\)

There is a significant difference between the respondent and non-respondent groups in interview number, but the association is low (Table 8 above).

The number of interviews indicates that most clients (44.1%) were seen once. Almost as many (41.5%) were seen two to five times, and 14.4% were seen six or more times. There has been a change since
the 1974 Blonde and Murphy study when 27.8% were seen once, 47.2% seen
two to five times, and 24.6% seen six or more times. More clients are
now seen once, and fewer are seen six or more times. This sample also
has more one-time interviews than Hunter (1979), who showed 35%.

Clients who came once did not respond in proportion to their
occurrence in the sample. In questionnaires and in telephone contacts,
clients indicated they did not think one interview enabled them to
evaluate the services adequately. The response rate may have been
higher than 36.9% if more clients in the sample had come more than
once.

Some observations and speculation may be made on the prevalence
of one-interview cases. It is important to keep in mind that the size
of the sample is relatively small in this study, and that the one-inter-
view clients responded at a lower rate (31.4%) than they were represented
in the sample (44.1%). The present study contrasts with the findings of
both Beck and Jones (1973) and Blonde and Murphy (1975). In this study
there were more instances of one-interview cases, while in both of the
other studies cited there were fewer instances. Beck and Jones laud
the decrease in single interviews as representing two factors: first,
a better information job in the agencies, so that clients are not coming,
for example, for financial assistance and then dropping out after one
interview when they find the agency does not provide that service. The
second factor was that the agencies were using the first interview to
plan brief short-term treatment and thereby engaging the clients in a
hopeful time-limited service, thus preventing drop-outs after the first
interview as clients see a long, interminable road ahead. Implications
of these two factors for the local agency are uncertain. It is important to note from the questionnaire that some clients resolve problems in one interview. Sometimes people need a different perspective to a problem and receive it in one interview. Some clients come with expectations of magic, that the counselor will "fix" or "straighten out" the spouse or child; and when they find that this is not going to happen, they may never return.

**TABLE 9**

PRESENTING PROBLEM: FREQUENCY AND PERCENTAGE OF RESPONDENT, NON-RESPONDENT AND SAMPLE

<table>
<thead>
<tr>
<th>Presenting Problem</th>
<th>Respondents n=70 (100%)</th>
<th>Non-Respondents n=125 (100%)</th>
<th>Sample n=195 (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital</td>
<td>40 (57.1)</td>
<td>55 (44.0)</td>
<td>95 (48.7)</td>
</tr>
<tr>
<td>Parent-child</td>
<td>16 (22.9)</td>
<td>36 (28.8)</td>
<td>52 (26.7)</td>
</tr>
<tr>
<td>Family</td>
<td>14 (20.0)</td>
<td>34 (27.2)</td>
<td>48 (24.6)</td>
</tr>
</tbody>
</table>

\[ x^2 = 5.3572, \ df = 3, \ p = .15 \]

Cramer's V = .17

There is no significant difference between the respondent and non-respondent groups for the variable presenting problem (Table 9 above).

Most people in this sample (48.7%) came because of marital problems. Blonde and Murphy (1975) showed 65% coming with marital problems, and Hunter (1979) indicated 55% with marital problems. In
the respondent group, each problem is well represented, although clients with marital problems respond at a higher rate (57.1%) than their occurrence in the sample (48.7%). The ranking of marital problems first and parent-child problems second in this study is the same ranking which Beck and Jones (1973) gave in their national FSAA study. However, it is interesting to note that in one segment of the national study in which counselor definitions were compared with client definitions of problems, the counselors tended to see the problems as residing in the clients and their relationships, and the clients saw the problems as residing in other family members or in factors outside the family.

In summary, there is a significant difference between the respondent and non-respondent groups for the variables marital status and number of interviews. There is no significant difference between the two groups for the variables referral source, sex, age, religion, income, education, and presenting problem.

DATA ANALYSIS FOR HYPOTHESIS 1

Hypothesis 1 stated that more clients will report satisfaction than dissatisfaction with casework services from the Family Service Bureau of Windsor.

Question 11 of the FSAA questionnaire provides a general measure of the various levels of satisfaction, which are divided into five categories for the respondents to check. "In general, how did you feel about the services of our agency?" Responses of "very satisfied" and "satisfied" were interpreted to indicate satisfaction; and responses of "somewhat dissatisfied" and "very dissatisfied" were interpreted to
indicate dissatisfaction with services.

There were 69% who indicated satisfaction, 22.6% who indicated dissatisfaction, and 8.5% indicated a neutral response (Table 10). On the basis of this question, more respondents reported satisfaction than dissatisfaction with casework services at the Family Service Bureau of Windsor.

TABLE 10
QUESTION 11: GENERAL SATISFACTION
WITH AGENCY SERVICES AS REPORTED BY RESPONDENTS

<table>
<thead>
<tr>
<th>Level of satisfaction</th>
<th>Frequency (n=71)</th>
<th>Percentage (100.1%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>17</td>
<td>23.9</td>
</tr>
<tr>
<td>Satisfied</td>
<td>32</td>
<td>45.1</td>
</tr>
<tr>
<td>No particular feelings one way or the other</td>
<td>6</td>
<td>8.5</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>10</td>
<td>14.1</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>6</td>
<td>8.5</td>
</tr>
</tbody>
</table>

Missing observation = 1

These figures (Table 10) are very similar to Hunter's (1979) which indicated 71.6% satisfied, 15.8% dissatisfied, and 8.4% neutral. Blonde and Murphy (1975) report 83.2% satisfied, 2.8% dissatisfied, and 14% neutral. There is no immediate explanation for the difference in satisfaction rate with this study and Blonde and Murphy. Initially it
appeared possible that an answer might lie in the changing client population, the trend in the current study being toward outreach to the disadvantaged. However, an examination of the income and education client characteristics revealed no significant difference in levels of satisfaction. In addition to changes in client income and educational levels, has the rise of consumers' rights groups made clients more aware of and critical of services as well as products? Fees are charged some clients, and especially during a time of economic downturn, clients might be more critical when they must pay.

TABLE 11

Question 2: GOAL ACCOMPLISHMENT REPORTED

<table>
<thead>
<tr>
<th>Level of accomplishment</th>
<th>Frequency (n=72)</th>
<th>Percentage (100.1%)</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, completely</td>
<td>11</td>
<td>15.3</td>
<td>29.2</td>
</tr>
<tr>
<td>For the most part</td>
<td>10</td>
<td>13.9</td>
<td>44.5</td>
</tr>
<tr>
<td>Partially</td>
<td>11</td>
<td>15.3</td>
<td>68.1</td>
</tr>
<tr>
<td>Made a beginning</td>
<td>17</td>
<td>23.6</td>
<td></td>
</tr>
<tr>
<td>Made no progress</td>
<td>17</td>
<td>23.6</td>
<td></td>
</tr>
<tr>
<td>Situation worse</td>
<td>4</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>Changed my idea of what I wanted</td>
<td>2</td>
<td>2.8</td>
<td></td>
</tr>
</tbody>
</table>

Goal attainment is measured by question 2 of the questionnaire, which asks, "What did you most want to accomplish regarding this
problem? (Please be as specific as possible.)" The second part of the question asks, "Was this accomplished?" The respondent is then asked to check only one of seven choices, ranging from "Yes, completely" to "Situation worse." (See Table 11).

More than two-thirds (68.1%) indicated some degree of accomplishment, this degree being interpreted from the first four categories, from "yes, completely" to "made a beginning." For 29.2% there was no progress or the situation became worse. Among all respondents, 2.8% changed their idea of what they wanted, the seventh choice on the questionnaire item.

These findings are similar to Hunter's (1979) in which 65.2% indicated accomplishment, 28.4% indicated lack of progress or the situation became worse, and 1.1% changed their idea of what they wanted.

Blonde and Murphy (1975) reported 65.9% responded positively, 31.2% responded with no progress or the situation became worse, and 2.7% changed their mind about goals desired. These figures are also similar to the present study.

A sampling of client responses for this question 2 reveals the high level of client expectations as to what they wanted to accomplish: they want answers, to get a separated spouse back, to get their blood pressure down, to be rid of hatred or guilt or suicidal tendencies. A 68.1% accomplishment rate in the light of such considerations may well be viewed as noteworthy, indeed, if not miraculous.

Agency evaluation is sought by question 8, which asks, "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
### TABLE 12

**Question 8: Problems with Agency Program or Policy**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Frequency (n=71)</th>
<th>Percentage (99.9%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>53</td>
<td>74.6</td>
</tr>
<tr>
<td>Fees</td>
<td>8</td>
<td>11.3</td>
</tr>
<tr>
<td>Hours</td>
<td>3</td>
<td>4.2</td>
</tr>
<tr>
<td>Location</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Not getting desired service</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Having to wait for service</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Having to transfer to another worker</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2.8</td>
</tr>
</tbody>
</table>

Missing observation = 1

agency, appointment hours, having to change to a new counselor, etc.? If yes, what was it?" (Table 12).

There were 74.6% who had no problem with the agency, and 25.3% who indicated a problem. The most frequent problem (11.3%) was fees. Other problems, occurring less frequently, were hours, location, not getting the desired service, having to wait for service, and having to transfer to another worker.

Hunter's (1979) respondents reported 78.9% without a problem, 8.4% with fees as a problem, and then relatively few respondents indicating other problems. Blonde and Murphy (1975) indicated a higher
percentage (84%) without any problem. Only 14% indicated any problems.

There are a variety of reasons why clients do not expect to pay for social services. Social services are rarely purchased in the market place. They usually are subsidized to the users, and some people are shocked when they find payment is necessary. Some clients indicated that they should not have to pay since they gave to United Way. The image of social workers may also contribute to clients' expectations of free service. Social workers are often not perceived by the lay public as being well educated and experienced professionals whose expertise merits a fee. The agency does emphasize that no one is turned away for lack of money; so, the fact that some clients discontinue coming because of fees might be largely because the clients are unwilling to tell the counselor that fees present problems for them.

The agency has attempted to deal with other problems. The agency is open two evenings a week until 7 pm, in addition to the regular 9-5 daytime hours. The location is convenient to public transportation and parking. When there is a waiting list, it is dealt with as quickly as possible. Workers or students who are leaving the agency prepare clients for termination so that frequently transfer is unnecessary.

Question 9 asks, "Why did you stop coming to our agency?" Beck and Jones (1977, p. 70) have developed a number of categories into which most client responses to this open-ended question fall. Among the reasons for termination are four which can be considered as positive or neutral by Beck and Jones (1973, p. 81). These include problems solved or less stressful, decided to handle on own or go elsewhere, situational reason, counselor initiative, and other family member
unwilling to come. The last item has been included in the positive or neutral category because often one spouse wished to continue but did not do so because of the reluctance of the other. Especially in marital counseling, which consists of 57.1% of all respondents, the interests and well-being of one partner may not be congruent with the other's. Family therapists differ in their approaches to seeing one or more family members. Following the Committee on the Family report of 1970, Janzen and Harris (1980) distinguish three general approaches: M-type family therapists may involve both individuals and groups in their sessions; Z-type therapists will see the family only as a group, avoiding individual sessions; and A-type family therapists will focus primarily on the individual (Janzen and Harris, 1980).

In this study positive or neutral reasons account for 63.7% of the respondents, while 26% of the reasons for termination include service not helpful or available, dissatisfaction with counselor, treatment plan or outcome, problems with service arrangements, e.g., fees, hours, distance, etc. Other reasons, which represent 10.1%, could be either positive or neutral, or negative.

Hunter's study (1979) combines different categories; however, when similar categories are combined, Hunter has 75% reporting positive or neutral reasons and 20% reporting negative. Blonde and Murphy (1975) have even higher positive or neutral responses (85.4%) and lower (14.6%) negative responses.
TABLE 13
Question 9: REASONS FOR TERMINATION

<table>
<thead>
<tr>
<th>Reason for termination</th>
<th>Frequency (n=69)</th>
<th>Percentages (99.8%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem solved or less stressful</td>
<td>19</td>
<td>27.5</td>
</tr>
<tr>
<td>Decided to handle on own or go elsewhere</td>
<td>6</td>
<td>8.7</td>
</tr>
<tr>
<td>Other family member unwilling to go</td>
<td>14</td>
<td>20.3</td>
</tr>
<tr>
<td>Situational reason, e.g., moving, illness</td>
<td>5</td>
<td>7.2</td>
</tr>
<tr>
<td>Counselor initiative in stopping</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Service not helpful or available</td>
<td>9</td>
<td>13.0</td>
</tr>
<tr>
<td>Dissatisfaction with counselor, treatment plan, or outcome</td>
<td>4</td>
<td>5.8</td>
</tr>
<tr>
<td>Problems with service arrangements, e.g., fees, hours, distance, etc.</td>
<td>3</td>
<td>4.3</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>10.1</td>
</tr>
</tbody>
</table>

Missing observations = 3

TABLE 14
Question 10: CLIENT'S LIKELIHOOD OF RETURN TO AGENCY

<table>
<thead>
<tr>
<th>Would you return for future help?</th>
<th>Frequency (n=71)</th>
<th>Percentage (100.0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>62</td>
<td>87.3</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>12.7</td>
</tr>
</tbody>
</table>

Missing observation = 1
Question 10 asks, "Would you consider coming back to our agency again if you needed help in the future?" Most clients (87.3%) indicated that they would return, and only 12.7% said they would not. Even though clients had expressed some dissatisfaction with agency programs or workers, they were willing to return in the future. Hunter (1979) recorded 82.1% willing to return and 17.9% unwilling to return. Blonde and Murphy (1975) indicated that 64.6% would return and 35.4% would not. This is an interesting shift. Blonde and Murphy's statistics indicated higher positive responses to a number of questions, especially question 9, where there is a 21.7% difference between this study and their study. When the responses to question 10 are tallied, however, there is a 22.7% difference in the opposite direction, with this study indicating 87.3% would return and 12.7% of the Blonde and Murphy study would return. One could speculate that a considerable number of clients in the current study who expressed some dissatisfaction with service, were really expressing a dissatisfaction so inconsequential that they would return to the agency for further service. Another way of endeavouring to explain the 22% gap between the two studies, would be to speculate that there is a segment of the client population which is on the border in terms of satisfaction and the likelihood of return to the agency. That is to say, approximately 20% of the clients in both studies might say they are satisfied and yet not really be interested in returning for service; or they might say they are dissatisfied and yet be interested in returning for service. A more subtle instrument for measuring this suggested gap would be interesting to develop.
In summarizing the data analysis for Hypothesis 1, it can be said that all of the data were positive and support the hypothesis: 69% of the respondents reported satisfaction with the agency services; 68.1% reported the accomplishment of their goal in coming to the agency; 74.6% reported no problems with agency policies or program; 63.7% of the respondents indicated positive or neutral reasons for termination; and an overwhelming majority, 87.3%, of the respondents reported that they would return to the agency if they needed help in the future. The average rate of satisfaction for these five areas is 72.5%, indicating that almost three-quarters of the respondents were satisfied with service at the Family Service Bureau of Windsor, thus supporting Hypothesis 1.

DATA ANALYSIS FOR HYPOTHESIS 2

Hypothesis 2 states that more clients will report improvement than no improvement after casework services from the Family Service Bureau of Windsor.

Improvement was measured in two ways: first, by the change score, and second, by a global evaluation involving question 18 in the questionnaire. The change score was based on five questions: 12, 13, 15, 16, and 17.

The concept of change score comes from the PSSA study (Beck and Jones, 1973). A few points from the PSSA rationale for the change score will be noted here. The change score was designed to provide the following:

1. A sensitive and flexible index that would reflect the
types of gains typical of casework counseling — multiple, small, interrelated gains specific to the problem at hand but which often spread throughout the family.
2. An index of family rather than individual change.
3. A score that would reflect the core of family service — facilitation of improved coping with family problems.
4. A score that would utilize all evidence available to the rater....(Beck and Jones, 1973, p. 101)

The FSAA change score was designed to achieve a more "refined measure of change in the total family than the global judgments of better, same, or worse." To achieve this, client evaluations are recorded in four areas: "in specific problem areas, in problem coping, in aspects of family relationships, and in individual family members" (Beck and Jones, 1973, p. 101). The actual computation is done by "subtracting the total number of 'worse' ratings from the total number of 'better' ratings and dividing by the total number of items rated on the case" (Beck and Jones, 1977, p. 49).

Change score comparisons with Hunter (1979) were possible by using the same categories, as follows:
1) Much better: from +12.0 to +20.0;
2) Somewhat better: from +4.0 to +11.9;
3) Same: from -4.0 to +3.9;
4) Somewhat worse: from -12.0 to -4.1;
5) Much worse: from -20.0 to -12.1. (Hunter, 1979, p. 85)

In this study, as in Hunter's, improvement will be interpreted from change scores from +4.0 to +20.0; that is, from change scores in both the "Much better" and the "Somewhat better" classifications.

Collapsing the change scores in Table 15, in the "Much better" and "Somewhat better" categories to represent client improvement, we
find that 70.7% (n=41) of the clients may be classified as improving.
Collapsing the change scores in the "Somewhat worse" and "Much worse"
categories we find that 6.9% (n=4) clients may be classified as
becoming worse. The category of "Same" or no change, accounted for
22.4% (n=13) of the respondents. The figures of improvement for this
study are 70.7%, for Hunter's they are 73.2%; the figures of no change
for this study are 22.4%, for Hunter's they are 13.7%; and the figures
of this study for worsening are 6.9%, and for Hunter's the rate is
6.3%. Such a direct analysis cannot be made with the Blonde and Murphy
(1975) study because their categories are not exactly the same. They
report a positive change score rate of 71.6%, a negative rate of 16.8%,
and no change rate of 11.5%.

**TABLE 15**

**DISTRIBUTION OF CHANGE SCORES**

<table>
<thead>
<tr>
<th>Direction of change</th>
<th>Frequency (n=58)</th>
<th>Percentage (100.0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much better</td>
<td>18</td>
<td>31.0</td>
</tr>
<tr>
<td>Somewhat better</td>
<td>23</td>
<td>39.7</td>
</tr>
<tr>
<td>Same</td>
<td>13</td>
<td>22.4</td>
</tr>
<tr>
<td>Somewhat worse</td>
<td>4</td>
<td>6.9</td>
</tr>
<tr>
<td>Much worse</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Missing observations = 14
TABLE 16

Question 18: GLOBAL MEASUREMENT OF IMPROVEMENT

<table>
<thead>
<tr>
<th>Degree of improvement</th>
<th>Frequency (n=62)</th>
<th>Percentage (99.8%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much better</td>
<td>17</td>
<td>27.4</td>
</tr>
<tr>
<td>Somewhat better</td>
<td>19</td>
<td>30.6</td>
</tr>
<tr>
<td>Unchanged</td>
<td>11</td>
<td>17.7</td>
</tr>
<tr>
<td>Somewhat worse</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td>Much worse</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td>Better in some ways but worse in others</td>
<td>9</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Missing observations = 10

Next, in analyzing data relating to improvement rate, we turn to question 18 (Table 16). This question asks, "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?" The client then has six choices, ranging from "Much better" to "better in some ways but worse in others." Improvement, indicated by "much better" and "somewhat better," totals 58%. A worse situation is reported by 9.6%, and 32.2% report the situation unchanged, or better in some ways and worse in others. Hunter's (1979) adjusted percentage indicates 63% reported improvement. Blonde and Murphy (1975)
report 58% improved, 14% with a worsened situation and 28% report the situation unchanged or better in some ways and worse in others.

The variations possible in this question, even though answered the same by two clients, are evident in these two quotations. Both clients answered question 18, "better in some ways but worse in others." The first client wrote: "Separated, now have a better relationship." The second wrote: "Separated, my wife having an affair." A third client, also separated, and with the same response category, wrote: "Now afraid to talk to, telephone, or even meet." Lack of positive responses is structured by the question: "If things got worse, please describe what happened."

In summarizing the data analysis for Hypothesis 2, it can be said that the change scores, computed from questions 12, 13, 15, 16, and 17 indicated improvement in 70.7% of the cases. The second means of measuring improvement was by global evaluation in question 18, and the rate of improvement in this question was 58%. In view of these two levels of improvement reported, Hypothesis 2 is accepted.

Thus, the two hypotheses have been accepted: first, that clients were satisfied with casework services received at the Family Service Bureau of Windsor; and, second, that they report improvement after casework services. There is still room for some measure of doubt, however, that the level of improvement can be attributed exclusively to the agency services. In order to isolate the impact of other factors, it would be necessary to employ experimental groups and control groups. There is, however, a question, number 19 in the questionnaire, which does
endeavour to assign the level of agency influence in the resolution of the clients' problems. Question 19 asks, "How do you feel the service provided by our agency influenced the changes you have reported?" The responses ranged from "helped a great deal" to "made things worse." Table 17 indicates the respondents' assessment of agency influence in changes they experienced. There were 25% who reported that the agency "helped a great deal," 43.3% reported that it "helped some." In combining these two categories for a positive result of change, a total of 68.3% reported that the agency helped. There were 23.3% who noted that the agency "made no difference," and only 8.3% reported that the agency "made things worse." It is interesting to note that 25% were helped a great deal, and a similar number, 23.3% experienced no difference.

TABLE 17

Question 19: DEGREE OF AGENCY INFLUENCE IN CLIENT CHANGE

<table>
<thead>
<tr>
<th>How agency service influenced change</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped a great deal</td>
<td>15</td>
<td>25.0</td>
</tr>
<tr>
<td>Helped some</td>
<td>26</td>
<td>43.3</td>
</tr>
<tr>
<td>No difference</td>
<td>14</td>
<td>23.3</td>
</tr>
<tr>
<td>Made things worse</td>
<td>5</td>
<td>8.3</td>
</tr>
</tbody>
</table>

Missing observations = 12
In summary, the first hypothesis was supported, with an average rate of satisfaction of 72.5%, indicating that almost three-quarters of the clients responding were satisfied with service at the agency. The second hypothesis was also supported, indicated by a 70.7% improvement rate through change scores and 58% improvement rate by the respondents' global evaluation. The role and influence of the agency in the improvement rate was computed at 68.3% from data taken from responses to question 19.

DATA ANALYSIS FOR ADDITIONAL RESEARCH QUESTIONS

Another research question relates to the association between the number of interviews and the change score, which have been cross-tabulated in Table 18 in order to note the degree of correlation between them.

<table>
<thead>
<tr>
<th>Change score category</th>
<th>NUMBER OF INTERVIEWS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>one (n=17 (100%))</td>
</tr>
<tr>
<td>Much better</td>
<td>5 (29.4)</td>
</tr>
<tr>
<td>Better</td>
<td>9 (52.9)</td>
</tr>
<tr>
<td>Same</td>
<td>2 (11.8)</td>
</tr>
<tr>
<td>Worse</td>
<td>1 (5.9)</td>
</tr>
<tr>
<td>Much worse</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

Missing observations = 15

$\chi^2 = 4.1222$, df = 6, $p = .66$

$n = .09$ with change score dependent
For purpose of analysis of this information, since measurement of the number of interviews as recorded in agency files provided unequal class intervals, and for the sake of consistency and efficiency, the data were treated as nominal and eta was one of the statistics used. Table 18 indicates no significant level of correlation.

Interest in this correlation was initially prompted by observing the high percentage of clients in the sample who were seen at the agency for only one interview (44.1%) as compared with those who were seen for two to five interviews (41.5%) (n=86), only 22 of them (31.4%) responded; and of the 22 respondents, only 17 completed the questionnaire sufficiently so that a change score could be calculated.

Referring to Table 18, it will be noted that clients in all categories of number of interviews rate positively in change scores. Of clients with one interview 82.3% rated a "better" change score; of clients with two to five interviews 68.9% rated "better," and of clients with six or more interviews 54.6% rated "better." As the number of interviews increases, the positive change scores decrease. As the number of interviews increases, change scores in the "same" category increase: 11.8% to 24.1% to 36.4%. As the number of interviews increases, change scores in the "worse" category also increase, from 5.9% to 6.9% to 9.1%. The current study is similar to the Walsh (1974) study at the same agency in which there was a decrease in positive change scores as the number of interviews increased. In both Blonde and Murphy (1975) and Beck and Jones (1973) there were increases in positive change scores as the interview numbers increased.
Some speculative comments have already been made on the large number of single interviews in the sample (See Table 8, p. 70, and comments, pp. 71-2). Referring to the FSAA study, Beck and Jones (1973) noted a trend to fewer single interview cases at the national level due to two probable factors: first, the decrease in applicants who came to agencies for inappropriate requests and then had to be referred elsewhere after one interview; and, second, the involvement of 35% of the clients in the first interview in a plan for short-term service, thus avoiding drop-outs who would be discouraged at the prospects of interminable service. Reid and Shyne (1969) have verified the positive impact of such brief short-term planning with clients. They noted that their short-term treatment worked best with clients who came voluntarily for service and with marital or parent-child problems, the two highest categories of problems in the present study. Their research indicated that "short-term treatment yielded more progress than long-continued service" (p. v), and their findings on drop-outs after the first interview may be relevant for the present study. They had only one planned short-term service family that dropped out after the first interview, as opposed to 7 continuing service families who dropped out. Noting that their numbers "are too small to be decisive," Reid and Shyne believe "the difference suggests that presentation to clients of a plan for limited service" in the very first interview, "may have provided an inducement for them to return" (Reid and Shyne, 1969, p. 59).

The report of single-interview clients in the present study indicates satisfaction and high change score, thus raising doubt that they were drop-outs; but it must be remembered that the response rate for
single interview clients was low in proportion to their representation in the sample; and some of the telephone comments from non-respondents (See Chapter V) indicated dissatisfaction.

The number of variables to consider in speculating upon the single interview cases make it difficult to be firm in suggesting reasons for this phenomena. Problems of the continuing clients might simply have been more severe. Boehm (1959) presents a conceptual framework for considering the many variables operative in an educational-therapeutic context that might be helpful here. Among the variables Boehm considers are, "the user of service, the problem, the agency, the worker, the process of service" (Boehm, 1959, p. 207).

The particular style of the worker, and the treatment orientation used in the process of service, are two further refinements of Boehm's model. Still another factor to take into account is the difference in goals that workers and clients have, and the need for clarification of goals so that clients will continue with service in the belief that it is their problem and their goals that are being worked on.

This whole area requires further exploration and research in order to investigate and isolate the relationship between change scores and number of interviews.

The cross-tabulation of change scores and client satisfaction with counselor relationship will next be considered (Table 19). Item 7 in the questionnaire asks, "In general, how satisfied were you personally with the way you and your counselor got along with each other?" There follow five choices on a checklist from "very satisfied" to "very dissatisfied."
### TABLE 19

CHANGE SCORES AND SATISFACTION WITH COUNSELOR RELATIONSHIP

<table>
<thead>
<tr>
<th>Degree of satisfaction with counselor relationship</th>
<th>CHANGE SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Better</td>
</tr>
<tr>
<td></td>
<td>n=41 (99.9%)</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>23 (56.1)</td>
</tr>
<tr>
<td>Satisfied</td>
<td>13 (31.7)</td>
</tr>
<tr>
<td>No feelings either way</td>
<td>3 (7.3)</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>1 (2.4)</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>1 (2.4)</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 10.6783, \ df = 12, \ p = .56 \]

*n = .35 with change score dependent*

Change score categories have been collapsed so that "better" is used for categories "much better" and "better" and "worse" is used for "much worse" and "worse."

There is not a statistically significant correlation between change scores and satisfaction with the counselor relationship, but the correlation approaches significance. It is important to bear in mind that the lack of statistical significance, approaching significance, does not mean that the clients were dissatisfied with their counselor relationship; indeed, 87.8% reported satisfaction and were in the "better" change score category.

Some previous studies have reported a significant correlation...
between change scores and client satisfaction with the counselor rela-
tionship, from a "highly significant statistically" of Beck and
Jones (1973, p. 129) to a "low association" of Blonde and Murphy
(1975, p. 99) and Hunter (1979, p. 95), and the present study ap-
proaching significance. One possible explanation for the lower
association in the present study, in relation to the other three, is
that this study has a higher proportion of single-interview cases in
the sample. Relationships ordinarily take more than one interview to
develop, so that one would expect a lower degree of satisfaction among
single-interview respondents.

Further speculation on the wide range of statistical significance
might include Beck and Jones's statement:

The larger task of confirming what counselors intuitively
believe—namely, that a good therapeutic relationship is actually
an important precondition for positive casework outcomes—must
be left to future research. (Beck and Jones, 1973, p. 129)

The future research could be directed to isolating those factors
in relationship which merit independent focus and isolation. It is
perhaps the range of interpretations open to the term "relationship"
that is one factor leading clients to such a range of evaluation.
Isolating the components would hopefully lead to greater precision in
the statistical analysis. The review of the literature (Chapter II)
included some traits—empathy, warmth, and genuineness—which have been
put forth as operationalized aspects of the therapeutic relationship
which lead to positive client change. Inasmuch as most of the research
on these traits has been done in the field of clinical psychology, more
social work research is needed in this area.
CHAPTER V

THE CLIENTS SPEAK

The idea for this chapter was already germinating when the author read a Beck and Jones (1977) suggestion that local FSAA agency research reports could be livened up from their often-dull statistical format by including "quotations from clients" and "interesting incidents that occurred when you tried to contact clients" (p. 99). Because this study is a client follow-up study, utilizing client evaluations of service, in a sense the clients have been speaking throughout these pages. But their words have been slotted into statistical categories rather than carrying their own personal flavour and impact. Instead of giving the clients' words a place in the Appendix, or a short section in one of the chapters, they are being given a forum in this chapter. Clients in agencies are sometimes seen as cases and in research reports as statistics. Some of the personal remarks that follow tell bits and pieces of the human drama these individuals were involved in, and how they sought help. Some comments from the questionnaires will first be quoted, and later some client comments will be described as the author contacted clients in telephone follow-ups.

Responses to question 2 in the questionnaire reveal the wide variety of problems and the high expectations clients have when they come to the agency. To protect confidentiality and clarify some of
the comments, some editorial changes have been made.

Clients come with problems to be solved:

"Solve the marriage dissatisfaction or be able to live with it."

"Communicating with our 13 year old boy."

"To find a way of staying together until the baby was born, without growing to hate each other."

"What the marriage problem is and what is to be done about it."

"Get over feelings of depression, get some self-pride."

"How to discipline my children."

"To find an answer, what was wrong in my thinking."

Some clients came with solutions to be validated. They knew what they wanted, yet they needed some official approval from the agency:

"Getting back together with my wife."

"I didn't want to be depressed. I couldn't get a girl to stay with me."

"To get my family back together again."

"Stop some sexual touching of the two oldest boys."

Other clients just seemed to want someone to listen to them, so they could unburden their feelings and fears:

"Someone to listen to me, to give alternatives."

"Someone to hear me, that I was important in life."

"To let my feelings out with someone."

With the remarks of some clients one could hear the tone of voice and remnants of the behaviour that led to conflict with the spouse in the first place:
"Get him to understand and control his bad temper."

"Get her to stop the arguing."

"To make him change his behaviour."

There was the impression given by some clients that the agency was a repair shop, that it would fix them up with a wide variety of marital, sexual, physical, and emotional problems:

"To get my head together."

"To find out why and lower my blood pressure."

"To get over my guilt."

"How to live and still keep the blood pressure down."

"To find ways of dealing with stress."

"Get some help with sexual incompatibility."

"To know if my illness was emotional or physical."

It was evident from the remarks of some clients that they had picked up some jargon along the way. They knew about "empathy" and "communication skills" and they were familiar with "coping" and "relationship." Sometimes their spellings were phonetic, they were looking for "ansers" and "ajusment," and one client hoped to find a counselor skilled in "martial" skills.

When one considers the high and ambitious expectations of many clients, some unrealistic in terms of agency services, others pathetic in the human tragedy they but thinly mask, one marvels at the success rate of the agency. The financial and medical problems can be dealt with only peripherally at the agency. The pleading desires of one spouse for reconciliation may but uneasily disguise
years and years of incompatibility and the determination of the other spouse never to reunite.

Client responses to question 7 indicated feelings clients had about their counselors:

"Pointed the direction."

"Very easy to talk to. Helped me sort out my problems."

"Direct and straight with both of us."

"Helped me bring up what was really and deeply bothering me."

"Wise and compassionate. Helped me put a value on myself."

"Waste of time."

"Gave more time than was required."

"Goal accomplished through our excellent counselor."

Question 9 asks the clients why they stopped coming to the agency. A number of the responses indicated the reason was the spouse's unwillingness to attend interviews. Some responses noted fees were a problem. Some encouraging remarks were from clients who felt confident enough to continue on their own:

"I want to try and work it out and 'help' myself."

"I can solve it on my own now."

"I felt (at the time) a surge of courage."

"Only one appointment seemed necessary."

Some clients objected to the counselor's request to see more than one individual. Some parents wanted the counselor to straighten out their child, but didn't want to be involved themselves. Several clients were satisfied to learn the probable causes of their problems, but were dissatisfied that more specific answers were not given them
for action solutions:

"We had to deal with things and not just talk about them."

"I got impatient and sick of just talking."

Reflecting the high number of one interview contacts in the sample, a number of clients wrote that one interview was all that was needed:

"Excellent, would strongly recommend to others."

"One time was all we needed. Thank you."

Question 20 invites additional comments from clients about their experience at the agency. These ranged from a remark about the "stupid questionnaire" to glowing praise of counselor and agency:

"Very professional and discreet."

"I was disappointed that I didn't find a way out of my problems that wasn't too painful."

"I wish everyone could conclude counseling with the same feeling of self worth."

"You were great. I was able to bring my baby and sometimes the secretaries looked after her."

"I'm still depressed and lonely. My wife and daughter are still living with a dope addict."

One client wished they had been advised their counselor "would not be there very long." Another, having problems with their son, said, "the problem keeps surfacing and we keep trying new methods with your advice in mind." A client shared her up-and-down mood swings by writing, "Your questionnaire came at a down time for me; in six months the results would be different — hopefully!"
Beck and Jones (1973) note that clients feel freer to give negative comments on a mail questionnaire than in personal interviews; yet, despite this, in the national PSAA study:

Positive comments about agency service were volunteered more than two-and-one-half times as often as negative comments—and this in spite of the fact that there were many probes for negative comments but no question about whether clients were satisfied with agency service. (Beck and Jones, 1973, p. 88)

The same probes for any negative remarks and complaints were made in the present study, and still the remarks were predominantly positive.

Four weeks after the second mailing, in an effort to increase the number of responses, telephone contacts were attempted with 78 clients. Some had lost the questionnaire or thrown it out; some said they would respond to another mailing. Some felt they had not had sufficient contact with the agency to fill out the questionnaire.

There was a feeling in talking with some clients that because their marriage had broken up and they felt badly about it, they did not want to think about it anymore. Filling out the questionnaire would have been depressing for them, re-living their bad experiences in the marital break-up. With others, there was some recall of a helping experience and they would reconsider filling out another questionnaire:

"They were helpful. Yes, I'll answer. Send me another one."
CHAPTER VI

SUMMARY AND CONCLUSIONS

SUMMARY

Doubts raised in the 1960's about the effectiveness of social casework were faced by the Family Service Association of America through a major evaluative research project involving four-fifths of its member agencies. The FSAA study in 1970 developed a research design, questionnaire, and scoring procedures which have become a model for subsequent local agency studies. At the Family Service Bureau of Windsor two studies, Walsh (1974) and Blonde and Murphy (1975) utilized the FSAA model; and at the Catholic Family Service Bureau of Windsor, Hunter's study (1979) also used this model. The Walsh study, and the Blonde and Murphy study both used a slightly different questionnaire and categories; and Hunter's study was at a different agency. However, there are enough similarities to make relevant comparisons to these studies, and also to the Beck and Jones (1973) national research project.

This research was undertaken to study the perceptions and evaluations of casework services by clients of the Family Service Bureau of Windsor. There are both advantages and disadvantages in relying exclusively on the clients' perceptions and evaluations; but Beck and Jones (1973), the architects of the FSAA model, presented a convincing
recommendation that favours reliance on clients for follow-up studies of client change.

There were two instruments utilized in the data collection: a self-administered mailed questionnaire (Appendix A), and case data sheet (Appendix B) used in retrieving information on client characteristics from agency records. The questionnaire elicited client perception and evaluation of service, so that the level of client satisfaction and improvement could be determined from statistical analysis of the responses.

Questionnaires were mailed to 195 clients who represented a purposive sample: clients whose cases were closed during the period from January 1, 1979 through January 31, 1980, and who had received service at the agency from January 1, 1979 to December 31, 1979. A second questionnaire was sent to non-respondents, and a telephone call follow-up made. There were 72 respondents, two of whom obliterated the identification number so their client characteristics could not be identified.

Sample Characteristics

The sample was described using the following characteristics: marital status, referral source, sex, age, religion, income, education, number of interviews, and presenting problem. Chi square was used to test the significance between the respondent and non-respondent groups, and the strength of association was tested by Cramer's V.

The majority of the clients in the sample (51.5%) were married. There were 34% who were divorced, separated, or widowed. Most re-
referrals were by self (35.1%), including friends and relatives. There were 68.2% females and 31.8% males in the sample. The mean age for the sample was 34.7 years. The range was 17 to 63 years. The largest group was 30-34 year olds who accounted for 25% of the sample. The sample contained 51.5% Protestants and 43.1% Roman Catholics. In the category of family income, 25.5% of the clients earn less than $7,000; more than half (53.3%) earn less than $15,000, and 75.6% earn less than $20,000. Most clients (77.8%) had a grade 12 or less education. The number of interviews indicates that more clients (44.1%) were seen only once. More people in the sample (48.7%) came because of marital problems. There was a significant difference between the respondent and non-respondent groups for the variables marital status and number of interviews, but not for the other variables.

Hypotheses

The specific purpose of the study was to test two hypotheses to determine the effectiveness of casework services. The hypotheses state:

Hypothesis 1: More clients will report satisfaction than dissatisfaction with casework services from the Family Service Bureau of Windsor.

Hypothesis 2: More clients will report improvement than no improvement after casework services from the Family Service Bureau of Windsor.

In summarizing the data analysis for the first hypothesis, all of the data were positive and supported the hypothesis: 69% of the respondents reported satisfaction with the agency services; 68.1% reported
the accomplishment of their goal in coming to the agency; 74.6% reported no problems with agency policies or program; 63.7% of the respondents indicated positive or neutral reasons for termination; and an overwhelming majority, 87.3%, of the respondents reported that they would return to the agency if they needed help in the future.

The second hypothesis was also supported, indicating client improvement, with 70.7% reporting improvement through change scores and 58% through respondents' global evaluations. The change score was computed from client evaluations in four areas of the questionnaire: changes in specific problems, changes in problem coping, changes in some aspects of family relationships, and changes in individuals in the family. The global evaluation was based on a response to the question, "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?" In order to isolate the impact of extraneous factors and determine, insofar as possible, whether client change could be attributed exclusively to agency services, a further question asked for client assessment of the degree of agency influence in the change they experienced. The respondents reported 68.3% had been helped by the agency.

Another research question related to the association between the number of interviews and the change scores. Interest in this correlation was initially prompted by observing the high percentage of clients in the sample who were seen at the agency for only one interview (44.1%). Of the clients with one interview, 82.3% rated a "better" change score. As the number of interviews increased, the positive change scores
decreased. There was, however, no significant level of correlation between the number of interviews and the change scores.

Another research question investigated the correlation between change scores and client satisfaction with the counselor relationship. Among clients who had "better" change scores, 87.8% were satisfied with their counselor. Although there was not a statistically significant correlation between change scores and satisfaction with the counselor relationship, the correlation approaches significance.

LIMITATIONS OF THE RESEARCH STUDY

There are some limitations that must be taken into account in considering this study.

1) The study is based on clients' perceptions and evaluations, and does not cover the evaluations of other members of clients' families, nor does it cover the evaluations of the social workers.

2) There are some limitations inherent in the research design: as a quantitative-descriptive design, there is no control group to bring more rigour to the study. There was no pre-service and post-service testing to provide rigorous means of comparison. Utilizing nonprobability purposive sample is not as effective as probability sampling.

3) The long, complex questionnaire discouraged some clients from responding, and confused others. Three questionnaires returned unanswered may have been trying to send this message. The complexity of the questionnaire was further indicated by the fact that 19.4% of the respondents did not answer sufficient questions so that a change
score could be calculated. During the telephone follow-ups some clients indicated that one interview was insufficient to respond to the lengthy questionnaire.

4) Beck and Jones (1977) recommend ending up with 80 to 100 responses. Despite two mailings, telephone follow-up, and a limited third mailing, there were 72 responses in this study and only 58 questionnaires could be used for the change score. The implication of this is that the study was somewhat limited by the rate of response.

5) In order to obtain a large enough sample, it was necessary to have the study cover a twelve month time period. This meant that some clients were seen for one interview twelve months previously. Beck and Jones (1977) recommend not going back more than three months to obtain a sample.

CONCLUSION

From this research it is evident that the agency is truly a Family Service Bureau in that it dealt with a young population, who were married or formerly married, involved in a "family of marriage."

The sample indicated that the current clients had less education than clients in the 1975 study, and that there are now more clients in the lower income levels. The agency is now reaching a different group of people, "the less privileged," a trend also noted in the national PSAA study (Beck and Jones, 1973, p. 28).

Respondents who were terminated clients at the agency during the time period of this study reported satisfaction with the casework services they received. On the basis of the findings, the Family Service Bureau of Windsor is providing satisfactory service to its
clients. Findings also indicated that respondents in the study experienced improvement in the changes related to presenting problems, and identified the agency as the critical influential factor in their improvement. Thus, the clients served by the agency received effective service, based on their evaluation of improvement.

The study has examined accountability and effectiveness of service on a worker to client level. The Family Service Bureau of Windsor has several built-in structured levels of accountability which provide periodic reviews. Some of these are: the annual review of the United Way, largely for budget purposes; FSAA's Family and Children's Services does an accreditation evaluation every four years; contracts for service with government departments are subject to review; and the agency is accountable to seven university schools of social work from which it accepts students for field work, two in Canada, two in the United States, and three in the United Kingdom.

A relatively large percentage of Roman Catholics (43.1%) were served in the non-denominational Family Service Bureau, in a city that also has a Catholic Family Service Bureau. Self-referred clients have a choice between the two agencies. One agency or the other may be recommended or stipulated in referrals from other sources. Strict lines of religious demarcation no longer hold in Windsor in these agencies, with both clients and workers of both religions present in each agency.

There are no figures on religion to compare with in Walsh (1974), Blonde and Murphy (1975), or Hunter (1979). The present study is the first to note the variable religion in this context, but some relevance to FSAA's national study comes from a trend noted by Beck and Jones
in non-sectarian family agencies from the 1960's showing "modest declines in...Protestant and Jewish clients and an increase in the proportion of Catholic clients..." (p. 25).

RECOMMENDATIONS

The recommendations to follow have issued from several sources: from consideration of the review of the literature, from an analysis of the data, and from the experience of conducting this research project. It is recommended that:

1) Responsibility should be designated to the worker or secretary for completing the client information sheet at intake so that more complete data would be available for research. Currently, clients fill out the form at intake and leave much information missing.

2) The form itself should be revised so that exact information can be obtained, rather than categories to check off. An example is "income" where the $20,000-29,999 category is too wide a range for research purposes to yield rigorous results.

3) The agency should consider an evaluative form routinely distributed to clients for completion at termination, thus providing ongoing research rather than occasional or sporadic studies. (See Beck and Jones, 1977, p. 90, for an assessment of continuous follow-up studies.) (See also Beck, 1979, for a recently developed one-page questionnaire for such purposes.)

4) In lieu of agency-wide ongoing research, or complementary to it, each worker should conduct ongoing evaluative research based on the single-case intensive model (Fischer, 1978) in order to receive
continuous feedback, and thus be able to identify those elements in their own practice that are effective.

5) Future agency research should expand beyond client evaluations to include evaluations from workers and other members of clients' families. Also, objective outcome criteria should be investigated; that is, not just someone's perception of change, but what objectively was changed and thus can be measured.

6) More research should be done in studying single-interview cases: why they come only once, and if they could be involved in planned short-term counseling.

7) More research should be done in studying the client-worker relationship, isolating and identifying those worker traits which contribute to effective service (Truax, 1967; Moore, 1974; Fischer, 1978).

8) The agency and worker must clarify a number of issues for clients in order to clear up misunderstandings:

a) clients' understanding of the fee policy must be clear;

b) clients' knowledge of agency hours must be unambiguous;

c) the workers' approach to family therapy must be clarified with each client. Some clients expect to be seen as a family and others expect only an individual will be seen.

d) the potential gap between client and worker assessment of the client's problem, and gaps relating to expectations for service must be minimized (respective roles, length of service, treatment approaches, for example).
Admittedly the workers are engaged in this clarification process constantly with clients. This recommendation emphasizes the need for repetition. The trauma and upset that bring clients to the agency often make it difficult for them to understand without repeated clarification. Further, the "in-depth probing of complaints can provide important clues for the improvement of service" (Beck and Jones, 1973, p. 81).

9) The agency should remain open to changing community needs (for example, the population shift to senior citizens) but maintain its commitment to priorities. Admirable as the "Open Door" policy is, it can "water down the total effect of the Agency" (Family Service Bureau of Windsor, 1970, p. 6). So long as participation in community planning is a priority service along with casework, the agency is committed to remaining alert to its responsibilities and opportunities in meeting changing priorities. The Family Service Bureau of Windsor cannot be all things to all people. The research data in this study indicate that it is serving its clientele in a satisfactory and effective manner. That clientele has changed since the last study (Blonde and Murphy, 1975) to include the less privileged economically and educationally.

Viewed as a whole, the marital problems brought to family agencies clearly pervade not one but many areas of the marriage, tend to be serious rather than mild, and are widely prevalent regardless of socio-economic status, race, or duration of marriage. Counseling for such couples is an essential community service that deserves considerably more adequate public and private support than it is now receiving. (Beck and Jones, 1975, p. 149)
FAMILY SERVICE STUDY

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 no time. 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 want to accomplish regarding this problem? (Please be as specific as possible.)

3. Was this accomplished? (Check only one item.)
   - Yes, completely
   - Made some progress
   - For the most part
   - Partially
   - Changed my idea
   - Made a beginning
   - Of what I wanted

4. Did someone counsel you or talk with you about this or any other problem?
   - Yes
   - No

5. If YES, was this helpful?
   - Very helpful
   - Somewhat helpful
   - Not helpful
   - Don't know

6. Did our agency provide any other service?
   - Yes
   - No

7. If YES, what was the service?

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

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

11. In general, how did you feel about the services of our agency?
    - Very satisfied
    - Somewhat satisfied
    - Satisfied
    - Very unsatisfied
    - 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 don’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? (Check List below and check at the left all that were a problem for anyone in your family at the time of your last visit to our agency.)

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

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 the 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, or in how easy or hard it is to live with.
14. In addition to the kinds of help we have been seeing 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.)

- Poor job opportunities
- Poor or no job training opportunities
- Poor schools
- Random neighborhood
- Inadequate neighborhood
- Heavy drug use in area
- Poor police protection
- Unfair credit practices
- Discrimination (racial, ethnic, religious, etc.)
- Poor health resources
- No day care centers for children
- Other conditions (what?)
- Poor recreational opportunities
- Poor or costly transportation
- For aged or sick

Do you know of any way our agency tried to help with these community conditions?  

If YES: How?

Was what we did about these conditions helpful to you and your family?  

If YES: How?

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--

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

- Talk over problems, listen to each other, share feelings
- Handle arguments and work out differences
- Accept and help each other, pay attention to each other's needs
- Feel toward each other (how close and comfortable, how you enjoy each other)
- How husband and wife get along sexually

(Answer only if you are the husband or wife.)

Get along in other ways (how)

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--

The way you feel about your problems (how worried, overwhelmed, angry, confused, guilty, etc.)

The way you understand your problems (what they are and what causes or contribute to them)

The kinds of ideas you have or want to do about your problems (what should or should not be tried)

The way you work with others in handling problems (talking things over instead of fighting or avoiding, etc.)

Since coming to the agency, have you actually--

Made any decisions on what to do about your problems?  

If YES: How?  

Taked any specific action on your problems?  

If YES: How?  

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

- Help greatly
- Help somewhat
- Make things somewhat worse
- Make no difference
- Make things much worse
- 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, provide our agency contact 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:

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>Much Better</th>
<th>Somewhat Better</th>
<th>Same</th>
<th>Somewhat Worse</th>
<th>Much Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons 21 or Over (or under 21 if now or ever married):</td>
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<tr>
<td>Husband/father</td>
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<tr>
<td>Wife/mother</td>
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<tr>
<td>Persons Under 21 and Single:</td>
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</tbody>
</table>

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?

- Much better
- Somewhat better
- Unchanged
- Somewhat worse
- Much worse
- Better in same way but worse in others
- No problems discussed

19. How do you feel the service provided by our agency influenced the changes you have reported?
- Helped a great deal
- Helped some
- Made no difference
- Made things worse (Please explain:)
- No such influence

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 (Who:)

22. Who filled out this questionnaire?
- Husband or father
- Wife or mother
- Husband and wife together
- Other (What:)

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.

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FSA FORM ND 27 Rev. 2
Study No ________  CASE DATA SHEET

Marital status: Married____ Single____ Divorced____
Separated______  Common-law ________
Widow____

District:_________  Incoming date:__________________

Source of application - referral:
Self____ CAS____ Dr.________________________
Lawyer____ School______ Clergy____
Hospital________________________
Other____________________________

Primary client:____________________ M'F____
D.O.B.________________________
Occupation____________________

Birthplace_________________ Race____ Religion: Prot____ R.C.____
Citizen_________ Resident______ Other____

Education____________________ Marriage date________________
Employer____________________

Spouse: M____ F____ D.O.B.___________
Occupation____________________ Employer____________________
Education____________________ Religion____________________

Income____________________ Fee________________

Date terminated________________

Focus of service; problem:______________________________

Number of interviews________________
Programme, area: Ind____ Family____ Child____ Group____ Other____
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VITA

Helen Klassen Moore was born February 22, 1940 in Leamington, Ontario. She attended S.S. #5, Gosfield South elementary school, and graduated from Leamington District High School in 1958.

Following completion of Ministry of Education courses, she taught grades one to eight in a one-room country school at S.S. #11, Vaughan, Purpleville, in York County, from 1958 to 1960.

In 1960 she entered the University of Western Ontario and graduated in 1962 with a B.A. in Psychology and English. She continued at U.W.O. and completed the make-up year in Psychology in 1963.

She worked at Children's Psychiatric Research Institute, London, as a Psychology Intern in 1963. She then accepted employment as a Social Worker at Church Youth Service in Detroit, working with adolescent girls from the inner city, and their families, and in the Big Sister programme from 1963 until 1966.


In 1973 she graduated with a B. Ed. from the University of Windsor; and in 1975 with an M. Ed. in Guidance and Counseling. She worked as an elementary teacher from 1974 to 1976 with the Essex County Board of Education.

In 1977, Mrs. Moore was in residence at Esalen Institute, Big Sur,
California, for one month; and the following month attended the Eric Berne seminars in San Francisco, and attended various other seminars on psychotherapy.

In 1979 she graduated with a B.S.W. from the University of Windsor School of Social Work, following the make-up year. Her placement was at Legal Assistance of Windsor. In 1979 she was accepted into the M.S.W. programme at the University of Windsor. Her placement in the M.S.W. year was with the Family Service Bureau of Windsor. Mrs. Moore expects to graduate in October, 1980.