TASK-CENTERED SOCIAL WORK WITH YOUNG OFFENDERS

BY

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A Practicum
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of

MASTER OF SOCIAL WORK

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Abstract

This practicum explores the use of the Task-Centered treatment model with youth 16 and 17 charged under the Young Offenders Act in Ontario and sentenced to an open custody facility. The aim of Task-Centered intervention is to enhance client problem-solving skills while reducing, or decreasing the frequency and quantity of problems identified by the client. Clients move toward solutions to problems through the problem-solving strategies employed by the model. The application of the practice strategies of the model are presented in three case examples.

Data was collected for 6 youth who were referred for this practicum. Results indicate that of those youth who participated in task-centered service, all rated a degree of change in their original problems. Additionally, there was an increase in 4 of the 6 clients perception of their problem solving abilities. The strengths and limitations of the model in its application with the young offenders in the practicum are discussed.

Conclusions are that Task-Centered treatment is most likely to be successful with youth who can readily identify areas in their life in which they want to see change. The youth must acknowledge and agree to work on a specific problem as outlined in the model. And the task-centered model is likely to be more successful in addressing certain target problems when combined with comparative treatment models.

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Introduction

<u>Purpose of the intervention</u>

A task-centered model of therapy was utilized with young offenders in an open custody facility. This approach was offered on the assumption that clients can best be helped when they are provided with an orderly, facilitative structure in which to work out immediate problems and to develop problem-solving skills (Reid, 1979).

The task-centered approach was used to assist clients in moving towards solutions to problems they had defined. It was hoped that the client would learn from the experience how to express complaints in the form of solvable problems, plan and implement strategies to deal with them and additionally increase their problem-solving abilities.

<u>Student Educational Objectives</u>

The educational objectives of the practicum were the following;

a)   To develop greater experience and skills in relating to young offenders.

b)   To learn the task-centered treatment model in its practical application with young offenders in custody.

c)   To explore the effectiveness of the task-centered treatment model with young offenders.

d)   To learn a practice model that can provide a basis for future development as a social worker.

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Introduction

This practicum involved the application of the task-centered treatment approach with sixteen to seventeen year old young offenders incarcerated in an open-custody facility. The general goal of open custody is to facilitate the transition of youth from custody to the community. In this practicum the intervention was applied to specific problems that were identified by the client as relevant to this transition and have been discussed under the heading of discharge planning.

Based on practice experience, any number of issues may be present or interfere in the successful transition of these youth from custody to remaining in the community. Problems may range from interpersonal conflict to inadequate resources. And in many cases, these youth do not readily identify the problem areas or systematically develop a plan for resolving them.

The task centered model was chosen for further exploration with this client group for a number of its salient features. It has been described by Reid (1992), as a short-term problem solving approach to social work practice with the essential function of assisting clients in moving forward with solutions to psychosocial problems that they define and hope to solve. These problems are viewed within their context and approached systemically. Additionally, the model promotes the development of problem solving skills and a strong collaborative approach between the practitioner and the client, with both actively partaking in the planning and implementation of tasks towards client goals.

The task centered model has also shown to be effective in clinical situations concerning adolescents in conflict with the law. The following, chapter one, reviews this literature as well as the theoretical foundations and practice strategies of the model. Chapter

two outlines the implementation of the practicum including, the methods of evaluation,and

chapter three is a presentation of cases. Chapter four provides a summary of results and

finally, chapter five, conclusions and evaluation of the practicum.

Chapter 1 - The Task-Centered Model

Theoretical Foundations of the Task-Centered Model

The task-centered model of practice was developed in the early 1970's by authors William Reid and Laura Epstein. They identified a need for a problem oriented and testable theory in clinical social work which guided the development of the theoretical base of the task-centered model.

Within this model, individuals that become involved with social services are seen as experiencing temporary breakdowns in their coping capacities. Such individuals are viewed as possessing personal resources and the ability to exert some control over their lives including within these difficult circumstances (Dole & Marsh, 1992). All people are seen as having varying degrees of problem-solving capacities, and in many cases they have drawn on these capacities through the experience of past difficulties. Task-centered practice focuses on these strengths, emphasizing the positive and the healthy patterns of behaviour that are evident.

The need for a problem oriented theory is derived from the position that a major concern of clinical social work is to alleviate problems of individuals and families (Reid, 1978). The National Association of Social Workers cites this as the first of three stated purposes of the profession, "To assist individuals and groups to identify and resolve or minimize problems arising out of disequilibrium between themselves and their environment" (Reid, 1978, pg. 9). Much of the theoretical development of the model has therefore been

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concerned with understanding the nature and dynamics of psychosocial problems and the role of human action in their resolution.

According to Reid (1992) problems are seen as reflecting temporary breakdowns in problem coping which set in motion forces for change. In most cases, these forces are seen as operating quickly to reduce the problem to a more tolerable level, and are followed by a lessening of the client's motivation for further change. Based on this premise, clients are expected to benefit as much from short-term treatment as from longer service. In addition, studies suggest that service often lasts ten sessions or less regardless of the original intent, and that recipients of brief, time-limited treatment show as much improvement as individuals in long-term, open-ended treatment (Rooney, 1992).

The planned brevity of the model (8-12 sessions) is then based on the proposition that clients receive the most benefit from treatment within a limited number of sessions and a relatively brief period of time (Reid, 1978). The efforts of both the practitioner and the client may also be more quickly activated by placing time limits on the service. Reid and Epstein (1972) refer to this as the "goal gradient effect", when deadlines are approaching peoples efforts increase. And in the same mode, time limits are designed to avoid drift and create the pressure that is often necessary to promote change (Dole & Marsh, 1992).

As mentioned, the task-centered model was also designed to develop and evolve as an empirical practice. Rather than drawing from practice wisdom or untested theory, the model draws selectively on empirically based theories and methods from compatible approaches such as, problem-solving, cognitive-behavioral, cognitive and structural (Reid,

1992). This utilization of research based knowledge, plus the commitment to research and development help preserve the empirical component of the model (Reid, 1992).

The essential function of task-centered treatment is to help clients move forward with solutions to psychosocial problems which they define and hope to solve. This focus on client acknowledged problems is a central principle of the model (Reid, 1978). In order for work to take place in task-centered practice a clear concept of the problem must exist. In other words, the client must acknowledge that they are experiencing a problem or that a situation/behaviour has been formally deemed problematic for the individual such as, involvement in the court system (Dole & Marsh, 1992). In the case of an externally mandated problem, the task-centered approach may provide a means by which the client can exert some control over the way in which the problem is tackled and this may lead to more of an acceptance of the service (Dole & Marsh, 1992). In either case, the client has acknowledged and agreed to work on a problem(s).

If the client is a family or group, every member's input is encouraged and a central problem definition is developed. In any case they must all come to a formal agreement with the practitioner to engage in work. A maximum of three problems are suggested to be worked on at any one time, according to the research on the model (Dole & Marsh, 1992). Additionally, the problem should be within the capabilities of the client and practitioner to potentially move toward a resolution or at least some degree of resolve. This includes the ability to define the problem in specific terms in order to develop an action plan or tasks towards it's resolution (Reid, 1992). Global definitions of problems may indicate general difficulties but are too vague to serve as a guide to the problem-solving action that a person

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might take. Ideally the definition of the problem in itself will suggest an effective solution and will be reflected in a problem statement (Reid, 1992).

A second principle of the model is the maintenance of a collaborative relationship between the practitioner and the client. Task-centered work is fundamentally an open model of practice (Dole & Marsh, 1992). It is intended to be used with clients and eventually by them. Following this principle, clients are made aware of the process of the work with the practitioner sharing assessment information, avoiding hidden goals and agendas, and involving the client as much as possible in the development of treatment strategies (Dole & Marsh, 1992; Reid, 1992). The client should be aware of what their contribution has been to the work thus aiding in the development of their own problem-solving skills. A mentioned, the basic thrust of the strategies used in the model are to promote the client's problem-solving actions. The whole process of thinking about, engaging in, and succeeding at problem-solving action is meant to provide the client with experience in tackling future difficulties in their life. It is hoped that the client will learn from the experience how to express complaints in the form of solvable problems and plan strategies to deal with them (Reid, 1992). "The task-centered approach is based on the view that we are more likely to act ourselves into a new way of thinking, than we are likely to think ourselves into a new way of acting" (Dole & Marsh, 1992, pg.74). The intervention program is therefore well structured with defined sequences of activities to accommodate the promotion of problem-solving actions as well as, providing a means to systematically evaluate the strategies and promote the empirical practice of the model (Reid, 1992).

Tasks are seen as the problem-solving action that brings about change. Goals are laid out in the initial agreement and the worker and client then engage in the development and implementation of tasks as a series of steps to move towards the goals (Reid, 1992). As Reid, 1992 suggests, past problem-solving of the client and consultation with the worker help unlock client expertise in the development of tasks for problem change. The actual tasks are undertaken by clients within sessions and outside the sessions to emphasize client actions in their own environments (Reid, 1992). The practitioner may also have tasks which are meant to assist environmental change in the client's interest.

The task-centered approach is also concerned about influencing contextual change for the purpose of preventing a recurrence of the problem(s) and to strengthen client functioning. It is believed that significant long-term change is usually not possible unless there is some degree of contextual change (Reid, 1992). Context is described as consisting of a number of open systems which surround the problem (Reid, 1992). However, not all of the systems in which the client interacts may be relevant for intervention, only those which influence the creation and resolution of problems are of concern. Problems that do involve others are analyzed in interactive terms and intervention is addressed at changing dysfunctional interaction patterns that may be present (Reid, 1992). Dole (1992) discusses that an initial task of the worker is to move the problem away from the person and reframe it into the behaviour, and then from the behaviour to the inter-relationship of behaviours involving the relevant people.

Reid and Epstein (1977) developed a problem-classification system that outlines the type and range of acknowledged problems addressed by the task-centered model. A condensed and revised version is presented below from Task-Centered Systems (Reid, 1978, pp. 35-36).

1.   Interpersonal Conflict: Problems centered on the interaction of persons. For this category to apply, the person affected must define the problem in terms of their interaction - "We fight all the time", "We don't get along". Subtypes include marital, parent-child, sibling, peer, and teacher-student conflict.

2.   Dissatisfaction in Social Relations: The client is dissatisfied over some aspect of his relations with others in general or with some particular person. Unlike problems of interpersonal conflict, the difficulty is located in one person (the client): the client may center the problem in himself ("I don't have enough friends", "I am too aggressive   with others") or on the behaviour of others toward him ("Other kids pick on me", "My wife nags me all the time").

3.   Problems with Formal Organizations: Difficulties in the client's relations with such organizations as agencies, hospitals, residential institutions and schools ("The court is on my back", "They won't let me return to school").

4.   Difficulty in Role Performance: The client's main concern is his difficulty in carrying out an ascribed social role to his satisfaction ("I can't hack math", "I need to learn how to control my children"). Such types are differentiated according to the role involved such as; parent, spouse, employee, student.

5. Decision Problems: Problems in reaching particular decisions, usually involving contemplating change in a role or social situation ("I don't know if I should stay in school or drop out", "We have to decide whether or not to have another child").

6. Reactive Emotional Distress: Problems centered on emotional upsets precipitated by some event or situation ("I'm down because I have lost my job", "I'm worried about my health").

7. Inadequate Resources: Lack of money, food, housing, transportation, child care, job, or other tangible resource.

8. Psychological or Behavioral Problems not elsewhere classified: A residual category that included habits, disorders, addictive behaviour, phobic reactions, concerns about self image, and thought disturbances. Problems placed here cannot be classified in preceding categories and should meet other criteria previously discussed such as, client acknowledgement of the problem, capability of being relieved through independent action, and specificity.

In the Task-Centered Model problems are viewed as an expression of something the client wants and does not have. As Reid (1978) describes, a want may be viewed as consisting of an idea that something is desirable and as a wish to be rid of something undesirable. When an individual has become involved with a social worker the unsatisfied want has usually been persistently occurrent and producing some degree of emotional distress, eg. frustration, anger, anxiety, or depression (Reid, 1978). When the focus is on client wants, the questions we ask become: what does the person want? Can we help him

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get it? If so, by what means? (Reid, 1978). It is also important to identify wants that are dependent upon external constraints such as pressure from the courts or family members as they tend to be unstable and short-lived, disappearing along with the acknowledged problem when the constraint is removed (Reid, 1978).

Task-centered theory suggests that the most effective way to fulfil a want is to take action towards it. According to Reid (1978) a person's motivation for change is considered central to the actions they will take to resolve a problem. Motivation is seen as surfacing from the unsatisfied want that defines the problem and from the balance between the gains and the pain of change, with the result of minimal motivation if the pain is too great (Dole & Marsh,1992).

A client's action is also seen as guided by a set of personal beliefs. Reid (1978) defines beliefs as the individual's storehouse of perceptions, knowledge, expectations, hopes, and opinions. These beliefs influence the formation and implementation of plans about what should be done and how to do it, in other words, how a problem can best be solved (Reid, 1978). Ultimately an individual looks for ways to solve a problem that does not interfere with other interests.

Within this framework of the model, Reid (1978) identifies beliefs as either functional or dysfunctional. A belief is functional if it leads to action that alleviates a difficulty without creating others and is dysfunctional if it does the opposite. It is assumed that these beliefs can be made more functional through dialogue between the practitioner and the client. The practitioner assesses and challenges where necessary, the accuracy and consistency of the client's beliefs around the problem situation.

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Action is also viewed as feedback and an important means of effecting change within this model. According Reid (1978) possible solutions to problems are tested through action so that the client can try out perceptions about what will work or disconfirm beliefs that may be obstacles to problem resolution. The client then evaluates the consequences of their actions. The model proposes that this evaluation or assessment of consequences directly affects the future action taken.

The role of emotions within problem-solving are also a consideration in this model, particularly when assessing obstacles to problem resolution. Reid (1978) describes an emotion as an expression of how the attainment of a want is evaluated. Different evaluations will lead to different emotional reactions. Reid (1978) presents examples such as; a belief that something wanted may not be obtained or that something not wanted may occur and will produce anxiety, or a perception that a want may be obtained and may bring pleasure or excitement. These emotional reactions are perceived by the individual as desirable or undesirable and may enhance or create new wants that eventually result in some form of action. Whether the action is functional or dysfunctional in relation to the given problem depends on the nature of the emotion and the associated beliefs (Reid, 1978). The practitioner is mainly concerned about the more distressful emotions such as; anxiety, depression and anger and how they present problems and obstacles.

Within the model, all psychosocial problems are viewed as having emotional aspects which either mobilize or impede problem solving action. Emotional states are viewed as the product of the interaction of beliefs and wants and therefore, efforts to alter affects must be

directed at cognitive processes (Reid, 1978). A means of doing this is to disconfirm the client's beliefs that certain experiences or behaviour will have certain consequences (Reid, 1978). This can be done by providing the client with disconfirming experiences. Beliefs that trigger emotions may also be addressed through confronting, interpretive and reflective verbal methods.

Reid (1978) continues to discuss the element of planning as a prerequisite to action. Effective planning is described as taking into account a range of alternative problem-solving actions and the possible consequences of each. Specific steps to carry out an alternative are thought through. How successful someone is at planning is seen as depending on the information the planner has and their capacity for devising and evaluating alternative strategies. The practitioner's role is then to provide the client with structured opportunities for planning and to contribute their own knowledge where appropriate. In addition, the practitioner may need to help a client learn new skills in order to carry out problem solving action. Skills in assertiveness, conflict negotiation, expressing empathy and in problem solving are examples.

As previously outlined, the task-centered model is concerned with the nature and dynamics of psychosocial problems and their resolution. Theory on problem formation, including the factors underlying problem causation are considered however, the main focus is on theories of resolution and remedial strategies (Reid, 1978). Knowledge about the cause of a problem does not necessarily provide ideas about how to solve it and only becomes important when it aids in the development of a course of action. The theory is then

primarily concerned with how problems are resolved and the obstacles that prevent their resolution.

The task-centered model is designed to be eclectic and integrative, drawing on a range of intervention approaches and related theories to assist in assessing obstacles and plans for problem resolution (Reid, 1992). It can stand alongside other approaches or form a framework within which they can take place. The model can be applied to a wide range of problems, particularly concerns involving the client's relationships to diverse environmental systems (Reid, 1992). It is an empirically based model, demanding evaluation and accountability to both the client and the agency with which it is implemented (Reid, 1992).

Research on the Task-Centered Model

The Task-Centered Treatment Model was originally designed so that it could be tested, evaluated and revised through empirical research (Epstein, 1980; Reid, 1992). Over the past two decades such research has significantly contributed to its evolution. Since its' inception in the late 1960's it has expanded its' theory base and methods and has been adapted for a variety of settings and populations (Epstein, 1980; Reid, 1988).

The earlier research studies set out to test the effectiveness of task-centered methods. The first controlled study as described by Reid (1978) was an attempt to assess the effectiveness of task planning; establishing incentives and rationale, analysis of obstacles, and simulation and guided practice as means of helping clients achieve particular tasks. A later study was undertaken to test the full range of practitioner activities directed at problem

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resolution including; identification of client target problems, contracting, task planning and task review (Reid, 1978). The sample population in these studies included children (13 or under), adolescents (14-17) and adults (18 and over) from school, psychiatric and youth service settings.

The results suggested that the activities tested were instrumental in helping clients achieve specific tasks and contributed to the alleviation of the client's target problems beyond what clients achieved on their own or in response to supportive attention (Reid, 1978). Furthermore, these studies suggested some success in the application of task-centered methods with an adolescent population.

An additional important feature of the model is its' brief time limited design. "The planned brevity of the model (six to twelve sessions) is based on a considerable amount of research that has suggested that brief, time-limited treatment has outcomes at least as good as open-ended treatment of longer duration and hence is more cost-effective" (Reid, 1992, p.5). Additional research implies that brief individual and marital/family therapy are as effective as their long-term counterparts (Budman & Stone, 1983; Fisher, 1984; Rooney, 1992). Furthermore, every new therapy client is a potential candidate for brief treatment, regardless of diagnoses, symptoms or apparent motivation (Budman & Stone, 1983).

A number of studies have provided evidence that most change through treatment occurs early in the treatment process and within the limits of the task-centered model (Reid, 1992). Studies of individual and marital/family therapy reveal the median treatment duration to be in the range of six to ten sessions (Fisher, 1984). In a study by Goldberg & Stanley

(1985) probation officers who were applying task-centered methods with their clients found that in a number of cases tasks were accomplished within two to three months through weekly meetings. Likewise, in the Hofstad (1977) study the average length of probation was 3.3 months in which clients accomplished an acceptable degree of task achievement for their order to be terminated.

Fisher (1984) suggests that brief therapy is actually not new. What is new is the attention paid to planned brief treatment. The structure of short-term or brief treatment is seen as mobilizing the efforts of both the practitioner and the client by creating the focus on attainable goals. In the same study by Goldberg & Stanley (1985) the probation officers reported that the short-term task-centered approach stimulated their clarity of thinking, aided in more purposeful planning, and invited greater participation by the clients. The clients reported that the clarity of purpose, the sorting-out process, the collaborative approach and the sense of achievement seemed to enhance feelings of confidence and autonomy. Overall, the term of probation became more purposeful.

Adhering to planned brief treatment need not result in the denial of additional treatment to those individuals or families who desire and need it (Fisher 1984). Within the task-centered model, continuation contracts may be established in which a series of task-centered contracts may be completed with the same client (Rooney, 1992). Recontracting for additional sessions can also be negotiated in the case of a client who is making progress towards specific goals (Reid, 1992). In fact, Budman & Stone (1983) discuss that periodic return visits by clients may be more in line with reality than a one shot therapeutic cure model.

A number of studies have been conducted to investigate the effectiveness of the task-centered treatment approach with various client populations and in a number of settings. "In this body of research, consisting of more than thirty-five published studies and doctoral dissertations, the effectiveness of the model as a means of resolving specific problems of living has been repeatedly demonstrated" (Reid, 1992, p.12).

A survey of this literature reporting the use of task-centered treatment with young offenders reveals four studies; Bass, 1977; Hofstad, 1977; Goldberg & Stanley, 1985; Larsen & Mitchell, 1980. Each of these studies set out to evaluate the efficacy of the task-centered approach in youth corrections. The findings imply that task-centered methods are a viable approach with this client group.

In three of the four studies, young offenders were the target population (Bass, 1977; Hofstad, 1977; Larsen & Mitchell, 1980) and sample size in these studies ranged from ten, nine and five youth respectively. In the fourth study by Goldberg & Stanley, (1985) an adolescent age group was included in their sample population of offenders. The sample size was approximately thirty-nine youth. The total sample across all four studies revealed a number of diverse client variables. Adolescent boys and girls were included in the studies and ranged from fourteen to eighteen years of age. The composition of their families and the target problems identified were diverse. The offenses committed by the youth varied from car theft, assault, armed robbery to runaway youth and involved the settings of probation and detention. Criminal histories revealed both first time and repeat offenders. It would appear that the characteristics of this sample provide a wide representation of young offenders although, no generalizations to the larger population should be made.

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Although the studies were concerned with offenders and therefore had goals of decreasing illegal behaviours, a wide variety of ancillary goals were also desired. All studies were interested in evaluating the effectiveness of the task-centered approach, specifically the degree to which tasks were achieved and the degree of change that occurred in the status of the original problem. Additionally, these studies were interested in assessing the utility of the approach in the settings of probation (Hofstad, 1977; Goldberg & Stanley, 1985) and detention (Bass, 1977; Mitchell & Larsen, 1980).

The research design in all the studies included a simple before and after comparison of the state of the problem(s) as it was specified at the beginning of the intervention and at the end of the treatment period. A second outcome measure included the degree to which tasks undertaken to alleviate the specific problem(s) were achieved. Problem reduction and task achievement was assessed by the practitioner, client and by collaterals where it was applicable. In the Goldberg & Stanley (1985) study an independent assessor was also utilized. In all the studies except for Larsen & Mitchell (1980), evidence of task achievement and problem reduction resulted in reduced terms of probation or periods of detention. The granting of reduced terms was additionally used as an outcome measure. Larsen & Mitchell (1980) were the only study to employ pre and post testing using standardized measures as well as, an experimental and control group comparison.

In each of the four studies the general framework of the model was applied. The typical reported interventions included identification of target problems, the formulation of general and operational tasks, identification of both resources and obstacles to task achievement and reviews of task progress and the overall status of the targeted problems.

The average length of intervention was within the eight to twelve sessions as recommended in the model. Aspects of the model were adapted to suit the various agencies and settings and will be discussed in more detail in the presentation of findings that follow.

Task-centered casework is intended for clients who perceive problems in themselves or in their environments that they wish to resolve. The young person who has been perceived "deviant" by society and mandated to a term of probation or custody initially appears at odds with these intentions of the model. However, findings from all four studies reveal some promising results in applying this approach with this client group.

In the majority of the cases the youth identified problems, goals and subsequent tasks. Six of nine girls in the Bass (1977) study agreed to work on some problem and task. In all cases the major problem showed at least some alleviation and in most it was considerably alleviated. Some progress was made on at least one task in all cases and three-quarters of the tasks were substantially achieved. In Mitchell & Larsen's (1980) study tasks assigned by the group in early sessions were sporadically completed however, by the fourth and fifth session tasks related to personal problems had seriously commenced. Five of nine youth in Hofstad's (1977) study completed task-centered probation successfully and with an acceptable degree of task achievement and problem change to be released from the courts. A sixth youth also completed the tasks agreed upon however, remained on probation for the balance of the year for unspecified reasons. In a number of cases in the Goldberg & Stanley (1985) study tasks were accomplished within two to three months although, it sometimes took up to four sessions to arrive at task formulations. In the majority of cases probation

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orders were converted to a conditional discharge at the intended six month period due to task accomplishments and subsequent problem change.

A number of additional findings arose from the studies. Mitchell & Larsen (1980) found a positive increase on post test scores on the Tennessee Self-Concept Scale for those youth who participated in the task-centered group as compared to a control group. There was also positive change in institutional behaviour for the experimental group as revealed through daily performance ratings.

The more extensive study conducted by Goldberg & Stanley (1985) revealed findings that suggested that short-term, task-centered probation applied to the sample in their study was associated with no worse and possibly better reconviction rates than long-term probation not conducted along task-centered lines. There was also some indication that good outcome on task-centered criteria was associated with lower reconviction rates than those with a poorer outcome. Furthermore, favourable outcomes on task-centered criteria revealed low reconviction rates in particular of people aged seventeen to twenty who had no or one previous conviction. This group was termed "middle risk". However, the authors of the study caution that these findings require further experimental testing.

Follow-up interviews with a portion of the youth involved in the studies indicated positive responses to service. The majority of youth in the Hofstad (1977) study indicated that they were satisfied with the length, content and quality of the service they received. The views of the probationers on supervision in the Goldberg & Stanley (1985) study were also generally favourable. Clients often reported that they learned how to sort out problems, deal with formal organizations and learned how to handle relationships. They also

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commented positively on the collaborative approach of the model and in particular the equality and reciprocity experienced in the relationship with their probation officer.

The Goldberg & Stanley (1980) study included findings that identified those clients who were not able to make use of the task-centered approach that was offered. These clients were described as; longing for a continuous nurturing relationship, or were in the grip of addictions, were experiencing profound despair and depression or had overwhelming material circumstances that could not be influenced by small-scale tasks. The remaining studies in the review did not reveal explanations for those youth who did not utilize the approach or find it helpful.

Interpreting the finding of a study also warrants careful consideration of any limitations evident. Each study in this review was hindered by the use of a small number of subjects thus restricting any generalization of the findings to the larger population. In addition, it was difficult to draw correlations between specific client variables, therapist variables, treatment methods and problem alleviation in relation to outcome. In other words, to what degree did the person and to what degree did the method and to what degree did the combination of the two influence the outcome?

In addition to the approach outlined in the model each study employed unique factors that may have attributed to their outcomes. Parents were involved in individual and conjoint sessions in the Bass (1977) study and Mitchell & Larsen (1980) combined individual and group sessions in their approach. Goldberg & Stanley (1985) incorporated sessions specifically to sort out emotional difficulties that were presenting as barriers to task achievement. As previously mentioned, it is difficult to ascertain what factors these played

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in the final outcome. Clearly defined methods and replicative studies would help substantiate findings. Follow-up studies would also help to determine if any of the effects from the service endured.

Reid (1988) discusses that the research to date provides little knowledge about the impact of the approach on the overall functioning of the client system and that systematic long-term follow-up is a limitation in most of the studies to date. He suggests that further research is needed to learn about what kinds of tasks work best for what kinds of problems and clients. And specifically, for what kinds of cases is the approach preferable over other approaches and when is it not appropriate.

Despite the aforementioned limitations, promising findings have been drawn from the studies supporting further evaluation of this model in youth corrections. The majority of evaluative studies show that social service clients, including those within judicial settings mostly define help in terms of achieving solutions to immediate practical problems (Goldberg & Stanley, 1985). The task-centered approach actively engages clients in taking responsibility for identifying such distressing problems and provides a structure for alleviating these problems through the accomplishment of tasks.

Outcomes from the studies suggest that the majority of youth were able to utilize these fundamental strategies of the model, identifying target problems and formulating tasks as well as, attaining some degree of task achievement and amelioration of their problems. They also indicated a positive response to service, particularly the equality and reciprocity they felt from the collaborative approach of the model. And in addition, the time-limited

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method appears to be at least as effective as long-term methods and perhaps more congruent

with the length of contact workers may have with this client group.

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The Practice Strategies of the Task-Centered Model

"The treatment strategy is guided by principles that maximize the clients own problem-solving activities and potentials. It is assumed that, in general, clients can be best helped if they are provided with an orderly, facilitative structure in which to work out immediate problems and to develop problem-solving skills, with the practitioner in the roles of guide and consultant". (Reid, 1979, pg.274)

According to Epstein (1980) the task-centered practice model can be interpreted as a set of problem-solving techniques. Within the model these techniques are employed as a process leading to problem reduction, or decreasing the frequency and quantity of problems. The basic framework for problem-solving is presented below as outlined by Epstein (1980, pg.217).

(1) General Orientation: This orientation identifies the particular stresses that have formed the problem such as; the social context of the problem, its' environmental, interpersonal, and personal features, the beliefs, attitudes, feelings and meanings attributed to the problem, and the goals and resources available for problem reduction; (2) Problem definition and formulation; (3) Generation of alternative problem-solving strategies; (4) Decision making: selection of intervention strategy and tasks and (5) Implementation.

In general, the task-centered practice consists of four steps. These steps do follow a sequential order however, parts may overlap continuously (Epstein, 1980). Step one involves the identification of the client target problem(s). As described by Reid (1992) the problem exploration needs to cover certain essentials; a factual description of the problem, frequency of occurrence, the seriousness with which the client views it and any apparent origin and past problem-solving efforts. The context is examined to locate; possible causative factors, potential obstacles to problem-solving action and resources that might facilitate a solution. According to Reid (1992) the focus in exploration and assessment is largely on obstacles preventing a solution or on resources that might facilitate it. This focus promotes solution directed thinking and discourages focus on causative factors that may be remote.

If a client is clear about what is troubling him/her and has a reasonable plan for resolving the problem, the practitioner's role may be limited largely to providing encouragement and structure for the client's problem-solving efforts (Reid, 1979).
Where the practitioner's role is greater, the purpose is still to develop and mobilize the client's own actions (Epstein, 1980). In this case, the practitioner's role may be to help the client determine what he wants as well as, challenge wants that are unreasonable (Reid, 1992).

In the case of a client who cannot state a target problem, the practitioner must make suggestions and may conduct a problem search. Epstein (1980) describes this search as a one or two interview phase involving recommendations by the practitioner of problems to be explored. The rationale for a broader examination of the problem(s) is provided for the

client and their agreement to the process obtained. If there are mandated problems they are clearly stated and included as the target problem(s).

Target problems are those concerns the practitioner and the client have agreed will become the focus of their work together. The practitioner helps the client define the problem in words that state the action(s) which seem to produce the problem. This problem statement should reflect how clients might act differently to obtain what they want (Reid, 1992). Such a statement suggests both boundaries and possible strategies. This target problem determines the focus rather than a practitioner's independent assessment.

The problem classifications discussed under the theory of the model can be used as an additional tool for putting some systematic boundaries around the target problems. As Epstein (1980) suggests, these classifications can be thought of in terms of a fence, to contain the content of the discussions, suggestions and tasks. The problem classifications headings are; Interpersonal conflict, Dissatisfaction in social relations, Problems with formal organizations, Difficulties in role performance, Decision problems, Reactive emotional distress, Inadequate resources and Other.

In summary, the first phase of the intervention process involves the identification of client target problems. The general purpose of the problem formation is to identify the client's major concerns and present them in such a way that will set the direction for problem-solving action.

A maximum of three target problems are recommended for intervention (Reid, 1992). In the case of a number of problems listed by the client, three should be prioritized. The practitioner may make an independent judgment about which problems on the list are most

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important. Importance is based upon those problems which weigh most heavy on the client's situation, have the most negative consequences, have the most positive consequences if corrected, interest the client the most, and for which a moderate degree of ability and opportunity is available to make at least minimal changes (Epstein, 1980). The practitioner introduces their recommendations to the client, including mandated problems. The client may make their own judgement and or review the practitioner's and an agreement is obtained between the two. Listed problems that exceed the rule of three are put aside and may be activated later if there is time and if they are still deemed necessary (Epstein, 1980).

Once the final problem statement has been determined and accepted by the client, a contract which guides the subsequent work is developed as the second step. According to Epstein (1980) the contract signifies client-practitioner agreement and commitment to work. Epstein (1980) discusses the contract as including the following basic elements; specify the priority target problems, state the specific goals, state the client's general tasks, state the practitioner's general tasks, state the duration of the intervention and schedule of interviews.

As discussed earlier, the target problem is stated in the form of a brief problem statement indicating the client's name and what the problem is and the particular conditions and behaviour to be changed. Client goals are clearly stated, feasible and directly connected to the target problem, indicating what it is the client wants to achieve. In some situations, goals may not be feasible or appropriate. As an example, a client who wants relief from depression may find little added benefit from a goal stating such (Epstein, 1980).

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The goal needs to be more specific and within the abilities of the client and practitioner to affect some change. An example of an appropriate goal statement may be for a youth experiencing academic difficulty to obtain passing marks in all classes (Epstein, 1980).

The tasks define what the client is to do to alleviate the problem (Epstein, 1980). Task planning starts after the target problem has been specified and consists of the client and practitioner discussing a number of alternative tasks and a plan of action. According to Epstein (1980) task planning begins with the contract and continues throughout the intervention as often as necessary. Tasks will often change as the client attempts to implement them. New tasks are developed as old ones are completed and those tasks that are not completed are analyzed for information about barriers to achievement and revised (Epstein, 1980).

The source of information for task planning is derived from both the client and practitioner's experiences and knowledge (Epstein, 1980). Client's are encouraged to present their own ideas on what they think would help reduce their target problems. The practitioner's role is to clarify and shape the client's suggestions and introduce tasks for consideration where appropriate (Epstein, 1980). Tasks are not assigned to clients, they are proposed and gone over with the client.

Once an alternative has been selected as a task, the practitioner and the client work on a plan for its' execution. Epstein (1980) discusses this in specific terms of what is to be done, when, with whom, where, under what specific conditions (if any) and how. Tasks that involve novel actions require detailed discussion between the practitioner and the client. In some situations the practitioner may need to model possible task behaviour or

have the client practice what he is going to say or do (Reid, 1979). Role playing may be a helpful tool in this case.

The plan is developed so that it can be carried out by the client prior to his next visit and may consist of a general task together with one or more operational tasks (Reid, 1979). A general task gives the client direction for action but no specific program of behaviour to follow. An operational task is very specific, requiring a client to undertake a precise action (Reid, 1979). In most cases an effort is set out to define tasks as specifically as possible. The practitioner should try and ensure that the initial task is achievable for the client in order to promote the client's self-confidence which may in turn enhance future problem-solving efforts (Reid, 1979).

In any case, it is important that the client understands the purpose of carrying out a task. If this is not already clear, the practitioner provides the rationale and clarifies the positive consequences and benefits to such a task (Epstein, 1980). In addition, the practitioner helps the client identify potential obstacles to the task and how to shape plans in order to avoid or minimize these obstacles. One example of an approach is to ask the client to think of ways that a task might fail. If a number of obstacles appear, the task may need to be modified or another one developed (Epstein, 1980).

In addition to client tasks, the practitioner may have a commitment to tasks between sessions. "All practitioner tasks are supplements to client actions for the purpose of facilitating the clients work. They consist of negotiating and conferring". (Epstein, 1980, pg.205). Negotiations are usually conducted with agency and community officials for resources, services or goods that may reduce the client's target problem, while still keeping

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with agency mandates. Conferring is usually conducted with non-officials such as family members or friends for the same purpose. Any number of agency negotiations or collateral contacts can be made in addition to the eight to twelve client sessions.

The strategies discussed thus far constitute the task implementation sequence of; developing initial client tasks (which include; determine problems to begin with, explore past problem solving, explore client ideas about tasks and consider of practitioner suggestions for tasks), developing initial practitioner tasks, anticipating obstacles, providing incentives and rationale, conducting rehearsal, guided practice or role play and summarization (Rooney, 1992).

The third phase or step of the model is the implementation phase or middle phase and under usual circumstances occurs during interviews two through seven (Epstein, 1980). The primary objective of this phase is to help clients achieve tasks, provide an emphasis on natural reinforcers, facilitate new behaviours and perhaps challenge prior beliefs (Rooney, 1992).

The generation of alternatives and decision making about actions continues throughout this phase. However, the main focus is on; reviewing progress on mandated and targeted problems, reviewing task progress, identifying and providing resources to assist problem-solving, reviewing and resolving obstacles to task achievement and instructing and guiding clients in effective means to accomplish tasks (Epstein, 1980).

Epstein (1980) recommends that at the point of commencing intervention it is wise to reconfirm the contracted target problems and to refine or elaborate on them as necessary. An assessment may be conducted by the practitioner to further enhance the practitioner's

understanding of the client's problem. An assessment within task-centered practice should answer the following questions. What is the target problem? How often does it occur? When does it occur? With whom? Where? With what consequences? With what antecedents? In what context? (Epstein, 1980).

A baseline can then be developed from the assessment questions for evaluation of progress or change (Epstein, 1980). In many cases a retrospective baseline has to be used where the client thinks back about the details of the problem. For some clients, the problem involves a specific situation that is not conducive to obtaining a baseline (Epstein, 1980). An example would be a youth who does not have adequate housing.

A second assessment of the social context is conducted. Epstein (1980) discusses this in terms of judging the factors in the client's environment and in the problem situation that are precipitating and maintaining the problem. "This assessment leads to the development of an intervention strategy that will concentrate on work to influence and change the conditions of the social context. Having such an assessment gives the practitioner the ability to give advice and make recommendations about actions to the client, referral sources, family members and other agencies" (Epstein, 1980, pg.224). The practitioner's role is to help the client identify and modify dysfunctional patterns of interaction and clarify obstacles involving the external system. In addition, the practitioner may assist the client in locating and utilizing resources within their social system.

A third area of assessment is that of client characteristics and mode of functioning. This may include judgement about client talents, capabilities, inadequacies or patterns of conduct (Epstein, 1980). An assessment of past problem-solving may also be useful as long

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as it is viewed in relation to the targeted problem(s). Information about earlier efforts to solve problems may provide clues to the client's abilities to plan problem solving activities in the present.

At this point, the generation of alternative actions for work on the problem is continued. General tasks would have already been identified in the contract, however as implementation proceeds, new tasks appear. As discussed earlier, the client and practitioner contribute to the process of generating alternatives. The practitioner's job is to present alternatives in an understandable and workable form (Epstein, 1980).

According to Epstein (1980) the decision made about which alternatives to use, shapes the intervention strategy. The strategy consists of the planned tasks to be carried out. Task planning was previously discussed under the second phase. This same process is followed as new tasks are established during the middle phase.

As tasks are carried out, the practitioner supports task performance. Epstein (1980) suggests a number of ways in which this can be done. The practitioner should always inform the client of any unexpected difficulties that may arise and provide direction on how to deal with them. The practitioner may also provide support in the form of teaching through instruction, simulation or role playing and guided practice. Sub-tasks or breaking tasks into smaller parts may also assist certain clients.

A summary of task plans and review of task performance is additionally beneficial in supporting clients (Epstein, 1980). Task reviews should be completed at each session. Tasks that have been substantially or satisfactorily performed, or completed tasks should be credited and put aside. The remaining tasks are explored for the circumstances and barriers

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that stood in the way of task performance (Epstein, 1980). Also, any necessary arrangements for resources that would support the client task work is helpful. In some cases the practitioner may need to provide advice or instruction and guidance in how to utilize resources, depending on the client.

If a task was not completed, the practitioner may look to some of the following reasons as outlined by Epstein (1980). The client may lack concrete resources, lack reinforcement, lack skills, may have adverse beliefs or lack capacity for task performance. In each case, the practitioner should take action with the client to obtain what is needed and or modify tasks to an achievable level.

Epstein (1980, pg.234) provides a checklist of questions that the practitioner may also want to ask if a task was not substantially or satisfactorily completed.

1. Are you working on a problem of high interest to the client?

2. If working on a mandated problem, does the client understand the consequences of ignoring, avoiding or failing to change?

3. Does the client understand the tasks? Has he/she been shown how to do them and given help in getting them done?

4. Is the goal specific?

5. Have you reviewed the target problems and task sufficiently, adjusted the tasks often enough to fit the client situation?

6. Have all available resources been fully provided?

It is good practice to monitor the intervention process for its effectiveness. At each interview, task performance, problem status and change and new or revised problems should be checked. The purpose of verifying the effectiveness of the intervention is to guide practice and to make mid course corrections while the case is active (Epstein, 1980).

When monitoring task performance, complete or substantial achievement is excellent. Any other result suggests an exploration of obstacles (Epstein, 1980). Within the practice model, if a task is not done within three attempts, it should be changed. Under problem status, considerably alleviated is a successful rating, slightly alleviated or no change may suggest that the intervention strategy needs revision. Any worsening of the problem signals a thorough reevaluation (Epstein, 1980).

In some situations a contract revision may be required if progress is unsatisfactory or exceeds what was expected. Contracts may be revised at any time during the established time limits and do not necessarily require an extension of these time limits (Epstein, 1980).

The fourth and final step of the model is termination. In this last interview Epstein (1980) discusses how the practitioner reviews the initial problem(s) examining the changes in conditions and summarizing what has been done to work towards its' resolution. This includes reviewing the problem solving steps and what was learned from the process of successfully completing tasks and sorting through the obstacles encountered. Emphasis is placed on the client's contributions and future problem-solving abilities. Any other problems of concern indicated by the client, including any remaining issues regarding the targeted problem(s) are briefly discussed with the practitioner on how the client may go about maintaining changes. In the task-centered model it is not expected that clients will

completely achieve their goals, rather an approximate or partial achievement is viewed as successful (Epstein, 1980).

The model does not promote extensions of service unless there are certain specific situations. If it is known that the target problem will dissipate in the near future and the client can benefit from additional help, or if the client asks for an extension and can state what work needs to be done, an extension up to two sessions may be established (Reid, 1992). Continuation contracts may also be established in which a series of task-centered contracts may be completed with the same client (Rooney, 1992).

In summary, the practice strategies of the task-centered model involve four general steps. The initial step involves identifying the client target problems, the second involves developing and agreeing on the contract for work, the third is the implementation phase involving task achievement, problem reduction and problem- solving. The fourth and final phase is termination.

Chapter 2 - Organization of the Practicum

<u>Objectives</u>

As mentioned, the aim of the intervention was to assist clients in moving towards solutions to problems they have defined, through the application of the task-centered treatment approach. Through identifying target problems, assessing alternatives and implementing resultant tasks, the youth's identified problem(s) would show positive change. This change would be measured on the Problem Rating Scale and indicate some alleviation or resolution in the original problem.

Additionally, the youth would increase their problem solving abilities. Upon completion of the task-centered treatment intervention, the youth would have enhanced their abilities for problem solving as measured by the Problem-Solving Inventory. Through their involvement in the process of the task-centered approach, they would have increased their skills to express complaints in the form of solvable problems and plan and implement strategies to deal with them. As mentioned, a basic thrust of the strategies used in the model are to promote the client's problem-solving actions and for the purpose of providing the client with experience for tackling future difficulties in his/her life.

<u>Practicum Setting</u>

This practicum was completed at Kairos Youth Residential Centre in Thunder Bay, Ontario. Kairos is a twelve bed, co-ed young offender facility serving youth who committed their offenses at age sixteen and seventeen. All youth have been sentenced through the courts for a period of incarceration. The charges and length of sentences vary, however the average length of stay for 1992 was 2.7 months.

The facility provides services of custody and care. Custody involves providing direct supervision and control over the youth sentenced to Kairos by utilizing those measures required by the Ontario Ministry of the Solicitor General and Correctional Services. Care includes providing education and treatment services in order to assist the young person's understanding of themselves in reference to their personal skills, behaviour and general development (Kairos Mission Statement, 1990). An integral part of the care aspect is facilitating the young person's transition from custody into the community. An emphasis is then placed on discharge planning where the goals of intervention are aimed at supporting the youth to remain in the community and ultimately free of further criminal involvement.

The staff constitute, the Executive Director and the Assistant Director as management, the Office Manager and Social Worker as support staff, Youth Workers and Case Managers as line staff. Youth Workers and Case Mangers are responsible for the daily routines of the centre, with case managers assuming the additional responsibilities of coordinating temporary releases for the youth with community resources and enhancing plan of care goals. The social worker assumes a clinical position, providing counselling services for youth and their families.

The practicum was completed while in the position of social worker and focused on the discharge planning aspects of the youth's care while utilizing the task-centered approach. Plans, progress and obstacles were discussed at weekly case meetings which involved the Case Mangers, the Residential Liaison Officer from Probation and Parole and the Centre's Assistant Director. Clinical supervision was accessed through case consultation with Dr. Don Carpenter of Lakehead University's Social Work Department.

Criteria for Client Selection

The client group for this practicum consisted of Phase II, sixteen and seventeen year old young offenders who had been sentenced through the courts to serve a period of open custody. Youth who had a criminal record of no more than two previous charges were referred to the social worker for discharge planning under the task-centered approach. This variable was chosen in relation to the outcome of the Goldberg et al. (1985) study which suggested that a 'middle risk' group had more favourable responses to the task-centered approach than persistent offenders of this age. The target problems identified, varied under the problem classification headings.

The type of offenses committed by the youth were diverse, as time would not allow for the selection of youth with one particular kind of offence. The sentence length of the youth participating had to be a minimum of two months in order for the eight weekly sessions to take place. Since the targeted area was discharge planning, the ideal was to have youth with two to three month sentences. In this scenario, the termination of the intervention would coincide closely with the youth's actual discharge and in addition provide time for follow-up in the community. Youth were referred as they were admitted to the facility. All youth were afforded service, however those that met the criteria for the practicum experienced task-centered intervention. The actual array of cases revealed that most adhered to the outlined variables, however concessions had to be made due to time constraints.

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Table 1

<u>Summary of Clients; history of offenses, type of offence and length of sentence and target problem classification</u>

<u>Client</u>	<u>History of Offences</u>	<u>Type of offence</u>	<u>Length of Open Custody Sentence</u>	<u>Problem Classification</u>
A	Trafficking Narcotics Possession Narcotics	Break & Enter Failure to Comply with Undertaking	6 months	Dissatis- faction in social relations
B	Theft	Theft Failure to Comply with Undertaking	3 months	Difficulty in role performance
C	Assault	Highway Traffic Act	4 months	Interpersonal conflict
D	none	Theft Under	2 months	Role performance
E	none	Assault	2 months	Decision problems/ Inadequate resources
F	Break & Enter	Break & Enter	3 months	Emotional distress/ Inadequate resources
G	Assault	Assault Breach of Undertaking	4 months	Interpersonal conflict
H	Break & Enter	Breach of Probation Theft Resist Arrest	4 months	Not Classified Case Terminated
I	Breach of Undertaking	Assault Fraud Breach Resist Arrest	5 months	Not Classified Case Terminated

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Procedure

The task-centered treatment approach was utilized in each case. Interviews occurred at the Centre and were approximately one hour in duration. Appointments were scheduled on a weekly basis in order to track task accomplishment and problem change. Weekly intervals generally provided a reasonable time for tasks to be accomplished. The intention was to adhere to the practice strategies of the task-centered model as previously outlined.

All clients were requested to participate in the evaluative mechanisms of the practicum. This included the completion of both pre and post-test measures (Problem-Solving Inventory) (appendix A) (Target Problem Self-Rating Scale) (appendix B), and an ongoing Task Review as a process measure (appendix C) . A final Client Questionnaire (appendix D) was administered at the termination of treatment in order to provide consumer feedback.

Duration

The practicum was of a 6 month duration, from January 1994 to July 1994. Six months were required in order to engage an adequate number of participants for the practicum.

Recording

Recording followed a revised format suggested by Reid (1978). Identifying and Basic Social Data (appendix E) were collected and problems initially stated by the client and

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referral source or collateral were recorded. A problem assessment (appendix F) was conducted, consisting of a summary of the target problem(s), it's social context, the client's characteristics and mode of functioning, past problem-solving and history of the problem where applicable towards a solution focus. A written contract (appendix G) was formulated which included the target problem to be addressed, client goals, client tasks, practitioner tasks, duration of intervention and schedule of interviews. Tasks were recorded and reviewed each session on a Task Review Schedule (appendix C), noting progress or necessary changes. And finally, post-treatment planning (appendix H) was initiated, promoting the goals clients would like to pursue following treatment.

The recording methods provided the practitioner with structure for work on each case, a means for tracking the practitioner's use of the practice strategies of the model and provided a mode of data collection for case evaluation.

Criteria for Evaluation

Evaluation is essential in determining and demonstrating the effectiveness of social work treatment. In this practicum, the evaluation was aimed at assessing the utility of the Task-Centered treatment model with young offenders and with particular interest in measuring the effectiveness of the model in relation to change in targeted problems and in enhancing client's capacity for problem-solving.

Bloom and Fischer (1982) discuss the importance of developing a clear correspondence between the outcome measures used and the intervention engaged in. "Our expectations for change in a measure should be directly related to our efforts to use specific intervention procedures to bring about change in that specific dimension" (Bloom

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& Fischer, 1982, p.226). A number of guidelines are also suggested by Bloom & Fischer (1982) for developing an effective measurement package. Using multiple measures is recommended in order to increase the reliability, validity and utility of the evaluation. "The use of more than one measure of the same problem deals with multidimensional changes and the fact that different measures may have low correlations. More specifically, using more than one measure helps to balance reactive and nonreactive measures, general and specific measures, internal and external measures, subjective and objective measures, and direct and indirect measures" (Bloom & Fischer, 1982, p.225). Bloom & Fischer, 1982 continue to suggest; that the selection of a primary measure should be based on how closely it relates to the problem that has a high expectation and priority for change. And secondary measures should supplement or complement the primary measure and can be less direct, more general and subjective Additionally, supplementary measures from the perspective of other people concerned with the problem, help to strengthen the package

Evaluation Procedure

The outcome of the treatment process was evaluated through the use of a "B" pre and post test design that was used for each youth. The measurement package included; The Problem-Solving Inventory as the primary measure and the Target Problem Self-Rating Scale adapted from Reid (1978), as a secondary measure and the Target Problem-Rating Scale as a supplementary measure. The Task Review Schedule was utilized on a continuous basis as a supplementary measure to assess the level of achievement of tasks and to provide feedback and direction for the intervention. A second level of evaluation was derived from client feedback. This was achieved through a client satisfaction questionnaire adapted from

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Reid (1978). The questionnaire was delivered following termination of service. This tool provided feedback on the clients perception of their problem(s) upon termination of the intervention, the intervention in and of itself, and the practitioner's delivery of the service.

Evaluation Instruments

1. The Problem Solving Inventory (PSI) (Appendix A)

The PSI (Heppner,1988) is a self report instrument that assesses an individual's perception of his or her problem-solving behaviours and attitudes. "The PSI reflects the individual's awareness and evaluation of his or her problem-solving abilities or style and thus provides a global appraisal of that individual as a problem solver" (Heppner, 1988, p.1).

The inventory lists 35 statements using a 6-point Likert scale and can normally be completed in 10 to 15 minutes. The measure is based on norms for male and female undergraduate students as well as four adult populations. Heppner (1988), cautions comparing an individual's PSI scores to a sample mean due to the small size of many of the samples. The PSI has an overall alpha score of 0.90 demonstrating strong internal consistency and reliability between scales and possess good construct validity, including controlling for social desirability (Heppner, 1988). The PSI was also shown to differentiate between groups who had received problem-solving training and those who have not (Heppner, 1988).

The PSI is a 35-item instrument consisting of three scales: Problem-Solving Confidence, Approach-Avoidance style, and Personal

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Control. The total PSI scale provides a general index of problem-solving appraisal (Heppner, 1988). Problem-Solving Confidence is defined as self-assurance while engaging in problem-solving activities, with a low score indicating that an individual has belief and trust in their own problem-solving abilities; Approach Avoidance Style is defined as the tendency of individuals to approach or avoid problem-solving activities; Personal Control indicates the extent to which individuals view that they are in control of their emotions and behaviour while solving problems (Heppner, 1988, p.1-2) Low scores on all scales and for the total PSI score represent positive appraisals of problem-solving abilities.

Heppner (1988), offers a word of caution in making the simple interpretation of low scores on the PSI as an indication of an effective problem-solver. He suggests that scores be used in conjunction with other assessment information, as an individual's actual problem-solving skills in some situations may not coincide with their overall self-appraisals.

2. Target Problem Self-Rating Scale (Appendix B)

The Target Problem Self-Rating Scale is a 7-point Likert scale in which clients measure the extent to which they feel the targeted problem is serious for them. 1 indicates 'not at all serious' and 7 'very serious'.

This scale is employed as a pre-test post-test measure and provides a method for evaluating change in the status of the targeted problem upon completion of the intervention. It is intended to be a secondary measure as self-rating scales are generally considered to have low reliability and validity and are weak in terms of generalization and empirical strength (Bloom & Fischer, 1982). A positive outcome would include a targeted problem being rated as less serious for the client.

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The Target Problem Rating Scale is an identical scale in which someone other than the client or practitioner measures the extent to which they feel the same problem is serious for the client, also on a pre-test post-test basis.

3. The Task Review Schedule (Appendix C)

The Task Review Schedule is adapted from Reid (1978) and measures the extent to which tasks are completed. Each session, progress ratings from 1 to 4 are conducted for each task, conjointly between the practitioner and the client . 1 indicates minimally or not achieved, 2 partially achieved, 3 substantially achieved and 4 completely achieved.

Task reviews provide both the practitioner and the client an opportunity to evaluate the feasibility of tasks, assessing any barriers or resources to task achievement. This also includes evaluating the relationship between tasks to the resolution of the targeted problem. The achievement of tasks should move the client closer to the desired change in the targeted problem.

4. Client Questionnaire (Appendix D)

As previously mentioned, the Client Questionnaire provided feedback on the client's perception of their problem(s) upon termination of the intervention, the intervention in and of itself and the practitioner's delivery of the service. Upon completion of the intervention, a Case Manager from the facility would deliver the questionnaire to the client.

Evaluation Procedure for Student Learning Objectives

Through the implementation of the practicum there were educational benefits to be gained by the student. As stated earlier in this report the educational goals were; to develop greater experience and skills in relating to young offenders, to learn the task-centered

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treatment model in its practical application with young offenders in custody, to explore the effectiveness of the task-centered treatment model with young offenders and to integrate a conceptual model of practice that can serve as a foundation for future development as a social work practitioner.

The evaluation of student learning goals can be met in a number of ways depending upon the stated goal. In relation to the first goal, the process of completing the practicum allows for gained experience. Questions five, six and seven of the Client Questionnaire in particular, could be interpreted to provide some evaluation of relating skills although this is quite subjective.

Case consultation, Case recordings and the Client Questionnaire provide a means to assess the second goal of learning the task-centered treatment model in its practical application. Questions eight and nine of the Client Questionnaire provides some direct feedback on practice strategies of the model. Case consultation was accessed through Dr. Carpenter of the Social Work Department at Lakehead University. These meetings provided an opportunity to present cases and discuss the application of the practice strategies of the model and obtain feedback.

Case recordings provided structure for work on each case and a means for tracking the use of the practice strategies of the model. More specifically, the assessment as described in the cases to follow, provides an example of summarizing target problems, assessing the social context of the problem and client characteristics and mode of functioning, and exploring past problem solving. The Contracts indicate the collaborative development of target problems, goals and tasks to be addressed and agreement on durational limits. The Task Review Schedule indicates the development, implementation and

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review of tasks as they relate to specific targeted problems and includes the identification

of obstacles to task achievement.

The third goal, exploring the effectiveness of the task-centered model with young

offenders can be evaluated through the results of this practicum and from the Client

Questionnaire. The fourth goal was to learn a practice model that can provide a basis for

future development as a practitioner. The three previous goals combined, assist in

integrating knowledge of the task-centered practice model. Knowledge of the model's

strengths and limitations and potential compatibility with other approaches would help

indicate an understanding of the essence of the model and a potential foundation from

which to build.

Chapter 3 - Case Examples

<u>Introduction to Cases</u>

Three case examples will be presented to illustrate the Task-Centered model that was utilized in this practicum. The examples will provide descriptions of the therapy process in an attempt to illustrate how the practice strategies of the model were employed. The case examples will also include clinical observations in addition to reporting the results of the Problem Solving Inventory, the Target Problem Self-Rating Scale, the Task Review Schedule and the Client Questionnaire.

The selection of the following case examples was based on a number of factors. A variety in the type of clients and situations and cases that represented varying degrees of problem change and PSI scores were presented in order to demonstrate the applicability and utility of the model. Additionally, cases were chosen that could provide a clear illustration of the utilization of the task-centered model.

In each case, it was explained to clients that part of being in an open custody facility was to experience new ways of making choices for themselves so they will not return to the same situation. It was explained that part of the social worker's role is to assist in this process as part of their discharge planning. The youth were told that this would include exploring what needed to be different in their lives which would better able them to remain out of custody and assist them in achieving some things that they wanted.

Clients were provided with an orientation to the treatment process which included a general description of how things would take place. This included a brief discussion on the general problem solving steps of identifying a problem of which they would like to work

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on, establishing goals, developing and carrying out tasks and evaluating their progress. Clients were informed of the time limits of the intervention of eight to twelve weeks. The role of the practitioner was also addressed indicating the collaborative efforts that would be made. A request and explanation for their involvement in the evaluation component of the practicum was also discussed at this point and with their consent, the Problem Solving Inventory (PSI) was administered.

Case Example A

John was sentenced to a term of open custody for five months for charges of Break & Enter, and Failure to Comply with his Undertaking. He came to open custody after serving one month in secure custody for an narcotics charge. He had a previous history of one other charge for Possession of Narcotics which he had received probation.

The primary intent of the initial interview was to specify the targeted problem(s). Under the Task-Centered Model, it is the practitioner's responsibility to help the client develop a statement of what is to be changed and to establish a focus (Epstein, 1992). Task-centered practice emphasizes the importance of staying with the client's concerns and definitions in order to take maximum advantage of the existing client motivation (Epstein, 1992). This included assisting John in describing the nature and location of the problem(s) as he defined them.

The initial session began with the standard information as previously mentioned including completion of the PSI, and was followed by the practitioner initiating discussion with John on what problem areas he would like to focus on during their meetings. It was

explained that they would try to define one to three target problems that he felt were of the most importance to him at this time and that would assist him with his discharge.

John immediately indicated that his primary goal was to obtain a review of his sentence in order to get out of custody early and prove to others that he could manage on his own and stay out of trouble with the law. Under the Young Offenders Act, a youth may apply to reappear before the sentencing judge to review his/her disposition. In such cases, the youth with the assistance of a lawyer, requests that a portion of the disposition be transferred to a probation order, based on the progress the youth has made while in custody. John felt that he could not really show anyone that he was capable of staying out of trouble until he was out of custody. It was confirmed that John felt that the problem was; 'Being in custody for five months poses a barrier for John to show others that he can manage his life well without getting into further trouble'. At this point, we held a brief discussion on some of the requirements that would be expected by a judge in granting a review and felt that in most cases, they were both desirable and within John's means to achieve. We agreed that a review of his sentence was a plausible goal to establish. And that achieving this goal would mean the consent of the judge to hear him in court and ultimately a review of his sentence within four months.

The practitioner continued to initiate a discussion around John's interest in showing others of what he was capable. Others was defined by John as mainly his parents, but also included relatives and teachers or in general, people in authority. We discussed what exactly it was that John wanted to show others. John described that people viewed him as having a negative attitude and that they thought he would continue to get into trouble. We discussed further what people meant by a negative attitude. John talked about things his

mother had said; that he often wants things his way and doesn't care to compromise, that he is impatient and won't follow rules or requests that don't suit him, that he is too sarcastic in his tone with others and that he is jeopardizing his schooling. John stated that he wanted to show them that he could follow rules and get along and could complete his schooling up to his OACs. We discussed whether this was a target problem. John agreed that the fact that others viewed him as having a negative attitude; that he would not compromise, he was impatient, sarcastic, not willing to follow rules or requests that don't suit him and that others believed he would continue to get into trouble, was a problem for him. His goal was to show others (parents, teacher, authority) an improved attitude. The practitioner pointed out how closely linked this issue was with his interest in a review in order to strengthen motivation and rationale for this goal.

His education was also singled out as an important issue. John indicated that not obtaining his schooling was a serious problem for him. He realized that it was directly connected to his other goals and was interested in doing something about this immediately. His goal was to attend school full time and continue work on his grade eleven and twelve credits.

The remainder of the session was focused on obtaining additional information on the social context of the targeted problems in order to solidify goals and draw information for later task planning. The session closed with a summary of the targeted problems as stated by John and agreed with by the practitioner. At this point, John was also asked to rate each problem on the Target Problem Self-Rating Scale (see Sample #1 A). It was explained that the rating would serve as a means to measure reduction in the problem by comparing his rating now to his rating at the end of the intervention.

There was also a brief discussion on what would take place the following session such as; establishing a contract for the work to be done and looking more closely at possible tasks to be undertaken by John and the practitioner for problem reduction. John was also advised that it would be advantageous that his parents be contacted by the practitioner in order to gain their perspective on the concerns that he has brought forward. It was explained that his parents may be able to provide additional information that could help in further clarifying the target problems as well as, identify some of the barriers and resources to achieving his goals. John voiced no concern with this.

Mom was contacted by phone between the first and second sessions. Mom indicated that John's dad would not be involved in the discussions directly, that rather she spoke for them both. She stated that he preferred to limit his involvement to the home visits with John. Information from this contact is included in the general assessment information that follows.

When conducting an assessment under the task-centered approach, it is important to maintain focus and establish boundaries around target problems. Brief treatment dictates a rapid early assessment where extensive background history of the targeted problem is not usually necessary. The focus is on outlining the major characteristics of the problem such as; what is going on, where, with what consequences, with what frequency, over what period of time and involving what people (Epstein, 1992).

When establishing boundaries, it may be additionally helpful to view the problem in relation to a problem typology. For the most part, John identified his concerns with how others viewed him. He wanted to show others that he was capable of managing his life. The specific problems evolved from this broader statement. He appeared to view the problems

in relation to things he could do differently rather than concerns of what others needed to do. For these reasons, dissatisfaction in social relations as outlined in Reid, 1978 was referred to through the assessment process.

According to John, his troubles with the law began approximately a year and half previous and coincided with conflict at home with his parents and with this teachers at school.

Previous to custody, John resided with his family in a small community outside of the city. He lived with his biological mother and stepfather and a sister from this union who was five years younger than he. Both John and his parents described their relationships as generally amicable until the last year.

Conflict at home was over rules, specifically curfews and non attendance at school. John was missing several classes a week and was often late for morning classes. John was spending little time at home and out with friends. Most weekends he was gone for the entire weekend and out most school nights. John's parents were concerned about the company he was keeping. They felt that John had developed an attitude that would continue to get him into trouble. They were particularly concerned with how he did not care to follow the house rules, set examples for his sister, compromise with others or take his schooling seriously. Specifically he needed to learn how to compromise with others rather than present the attitude of "this is the way I am and you had better accept me this way or not at all". Also, there were times that he came across too "cocky and sarcastic".

John wanted to show others that he could look after himself. Looking after himself included returning to school, finding a place to live and financially supporting himself without further involvement in criminal activity.

John indicated that he was interested in remaining in the city after his discharge and this idea was supported by his parents. His parents felt that John could maintain his schooling, have greater access to employment opportunities and develop more positive peers if he relocated. Many relatives lived in the city and were identified as possible sources of support for John. John had spent several summer vacations with his aunts and uncles and had got along well.

An exploration of school history indicated that John had been achieving at school until the second semester of the previous year. At this point, his marks started to slide in conjunction with absenteeism. According to John, there were also conflicts with teachers. Specifically, he was finding himself talking back and engaging in arguments with some teachers, which often resulted in being asked to leave the class and report to the office. This usually occurred once or twice a week. These conflicts and truancy continued into the following school year, accumulating and resulting in lost credits. However, John was just three credits behind the expected enrollment and would be able to work on both eleven and twelve credits simultaneously.

John presented as a fairly articulate and confident individual. He was polite and appropriate in his responses throughout our interview and appeared to possess many social skills. He seemed quite motivated to prove to others that he could manage his life and was determined to make the necessary changes. He was especially interested in applying for a review of his sentence and was clearly aware of the expectations surrounding such a request. The other targeted problems were understood as requirements for his review and therefore created additional leverage for task development and implementation. The targeted

problems were strongly connected, with the likelihood of task achievement in one affecting positive change in the others.

John's mother appeared concerned and interested in being involved. She appeared to be a resource in providing input and supporting change in John's targeted problems. His father appeared in the background creating some difficulty in assessing the resources or barriers he might present.

Mom advised that she would not be available to meet in person due to her employment and other family responsibilities. She was very interested in having John home for visits during his stay in custody, when these could be arranged. It was decided that we could maintain periodic contact by phone to discuss any new developments and progress made by John. John's visits home would be an opportunity for mom and dad to assess from their perspective, any changes evident in John's targeted problems, particularly attitudinal changes.

The Target Rating Scale was introduced to mom at this time as a tool to assist in evaluating progress made on the target problems. Mom was asked to rate John's targeted problem around his attitude, given that this was her main concern (see sample #2 A). She explained that she rated it as a six as she felt that there had been a little change since he had been in custody, in that he seemed less "mouthy".

The second session began with the practitioner introducing the contract and initiating discussion on its components (see sample #3). The intent of the contract is to secure from the client commitment to undertake specific problem-solving actions (Epstein, 1992). The contract should clearly lay out what is to be done and what is to be gained from doing it.

It conveys the structure to the client and prepares them for the intervention, outlining their personal responsibility in the change process (Epstein, 1992).

The basic structure of the intervention plan was developed and outlined at this point. The target problems and goals were stated and reviewed from the first session and agreed upon. Client and practitioner tasks were discussed and developed, the scheduling of interventions and interviews was established and the duration of the intervention. The location of sessions and who was participating were confirmed.

The issue of schooling was discussed first, as John was concerned about missing any further time. John was asked about what kinds of things he felt that he could do to tackle the problem. He indicated an interest in attending high school in the community and thought that he could contact the school in the district and arrange for enrollment. John was informed of the policy and procedures surrounding this task that would have to be carried out by staff such as; the requirement of an education agreement with the school to monitor attendance and completing a temporary release for his attendance. He was informed that the practitioner would support these tasks being completed. Due to the time constraints, John was expected to carry out this task by the following session. John's task of contacting the school for his enrollment was left at a general task in that John appeared confident and competent in completing this task and it did not seem necessary to spell out exactly what was to be done.

John was advised that while in custody he would be expected to attend all classes and the consequences for violation. John and I agreed that truancy would likely not be an issue given his present status in custody. The practitioner initiated discussion on John's previous history of conflict with teachers as a potential barrier to school achievement. John

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indicated that he was quite confident that this would not be an issue as he would not have a history with the teachers at a new school and knew that he had to have a clean record for his review. He also indicated that in his view, many of his problems at school had to do with this lack of attendance. It was agreed that we would monitor problems if they arose and that the practitioner would periodically check with John on his school progress.

Applying for a review of John's sentence involved a number of general and operational tasks and sub tasks. This process began with a discussion of what John felt was important to have accomplished before appearing before the judge. The practitioner contributed her knowledge and experience with reviews and combined, they came up with the following general tasks; John is to establish and confirm adult supervised living arrangements in the city; establish the means by which he will obtain his financial support; he is to maintain his attendance and grades in school; he is to earn and maintain level four which is the highest of the incentive level system in the facility (indicating positive behaviour and effort on goals); he is to obtain volunteer work in the community; and he is to fill out the application for a review and complete a letter to the judge indicating the reasons why he feels his sentence should be reviewed. These general tasks were laid out in the contract.

Further discussion established the priority of tasks to be undertaken and the intervention schedule. Some tasks overlapped with other target problems such as, schooling issues and others would naturally take place later on such as, the review application and letter. Three sub tasks were established this session. John was to make a list of possible living arrangements for our next session, John was to decide on what kind of volunteer work

he might like to do by our next session and John was to work towards obtaining his level three by the next level review meeting held in one week's time. Obtaining levels was further defined as following all facility rules and expectations and continuing to work on his goals.

The remaining target problem required more detailed discussion for the development of the intervention plan. Each aspect or definition of John's "problem attitude"; lack of compromising behaviour and cooperation in following other's rules, impatience and use of negative or sarcastic comments was explored. The intention of this process is to assist in establishing clear tasks that connect to the client's goal, in this case, of improving John's attitude.   John was asked about what kinds of things he felt that he could do to tackle this problem and about any past problem-solving efforts. John suggested that he could practice politeness, such as not talking back to his parents, teachers and staff and refrain from negative and sarcastic comments.

The practitioner initiated discussion on what had got in John's way of being polite in the past and how this might get in his way again. This included exploring some of his beliefs and expectations around negotiation and compromise with others. John was also asked to think about times that he successfully worked things out with others and to consider how he had done this.

Due to time constraints it was decided to continue discussion on this target problem the following session, specifically information on how to negotiate and compromise. In the meantime, it was agreed that John's suggestions of practicing politeness such as; refraining from sarcastic and negative comments, would be a good starting point. It was decided that

lack of negative reports from teachers, parents and staff would show some indication of John's efforts and successes.

The session came to a close with a review of both the client's and the practitioner's tasks and any remaining questions regarding them. The practitioner agreed to complete the contract in written form for John's consent for the next session. It was also understood that assigned tasks from this session, where appropriate would be reviewed next session.

The third session began with a review of the tasks from the previous session. This included assessing the extent to which the task was completed on a progress rating of 1-minimally or not achieved to 4-completely achieved (see sample #4 for one example). Task reviews included details of the implementation including, possible barriers to task achievement, especially if the ratings were a one or two. These reviews were conducted with the client.

The first thing that John wanted to report was the fact that he was enrolled in school and would begin as soon as he obtained his transcripts from his previous high school. He explained that he had contacted the school and spoke with a case manager and that everything was ready to go. His transcripts were to be faxed to the school within the next day and he expected to start then. John was complimented on his efforts and the fact that he was making progress on obtaining his schooling by enrolling. As was discussed previously, the practitioner stated that she would periodically check with John on how things were at school and that they would now continue to focus on the other targeted areas.

John came prepared with a list of possible ideas for his living arrangements. This list included the names and addresses of some of his relatives in the city. Although he did not

have the pro's and con's listed of the most conducive relatives to approach, through our discussion it was evident that he had been considering them. It was decided that two sets of aunts and uncles were the most promising and that over the next two to three weeks he would arrange temporary releases to visit with these relatives. These visits were to provide an opportunity for John to better assess the situations and to discuss living arrangements. John added that he would feel more comfortable letting them know that he just wanted to stay with them until the school year was over and then look for this own place. The practitioner agreed to recommend the approval of temporary release requests for this purpose.

In discussing John's decision about volunteer work it became evident that his interest in this task was questionable. John stated that he hadn't thought about what he wanted to do and in fact had forgotten all about it. We discussed whether this was something that he really wanted and John insisted on pursuing it, as he felt that it would look good for his review. We talked about how this fit with the rest of his plans such as; the time commitments required for volunteering and his genuine interest. In the end, John wanted to call the Volunteer Action Centre and obtain information on two or three places he might pursue. We agreed that he would do this by our next session.

John had obtained his level III and was congratulated and encouraged to continue towards his level IV in preparation for his review. We discussed how he was doing with "practicing his politeness" and John indicated that there were no problems at school, however that he found it difficult with some of the staff in the facility. Our conversation continued with identifying the issues and discussing possible strategies for managing potential conflict. The discussion included exploring methods John had used in the past to

handle conflicts with staff. John concluded that maintaining focus on his goals would be helpful as he wanted to avoid jeopardizing them. The practitioner emphasized the importance of eliminating the use of negative comments and sarcasm and outlined how they defeated his goals. John's task was to experiment with maintaining focus on his goals and eliminate the use of negative comments and sarcasm the next time he experienced a challenging situation with others.

We also continued discussion from the second session regarding negotiation and compromise skills and how John might apply these in certain situations such as with staff, parents and teachers. This included practicing specifically what he might say and do and what kind of outcome he might expect. John was reminded of how this related to his goals of wanting to be seen as someone who could manage his life, improve his attitude and get along with others. At this point we summarized the tasks that were completed and any change in the status of the targeted problems. It was confirmed that John saw the connection of tasks to the targeted problems even though little movement could be seen at this time, other than his enrollment in school. The new tasks were restated and a review of the number of sessions outstanding.

Sessions four through seven continued with reviews of the previous session tasks and the status of the original targeted problems. Barriers to task accomplishment and suggestion of resources were addressed. Throughout these sessions, tasks were devised and revised and with some tasks requiring more attention and support from the practitioner than others. These sessions progressed in a similar fashion as the one previously presented.

The following is a brief overview of the development and implementation of the session tasks in order to provide the reader with a picture of the progression of the case.

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By session four John had not made any movement towards arranging volunteer work and after some discussion, it was decided by John that he would leave this for now. The practitioner mentioned that a local church had just recently contacted the facility requesting volunteers to occasionally assist in cleaning up after functions and that he might consider becoming involved. John stated that he would like to put his name down for this.

John had arranged one temporary release (TR) with his uncle and aunt, but had not discussed the idea of living with them. This task was reviewed as partially completed, with John indicating that he did not have the right opportunity to bring up the topic on his last visit. An agreement was made with John that he would continue to pursue this, given the importance of living arrangements for his review and for his desire to remain in the city.

John reported no major conflicts with others and that he was planning on a visit home and would have an opportunity to show his mom some of his 'new attitude'.

By session five John had achieved his level IV status and was complimented on his efforts. He reported that he had managed to stay out of conflicts with staff by thinking about achieving his level four. He also stated that he "just kept his mouth shut" a few times when he had really felt like saying something to certain staff. Mostly he said that he kept to himself when people that he had a hard time with were around. There was a check in on school and no significant problems to report, John felt that he was getting on better at the new school.

John stated that he was seeing his uncle this week and would ask him about staying there. He was also on the list to volunteer at the church on the weekend. Session six had to be cancelled and rescheduled for the following week due to extenuating circumstances for the practitioner. This created two weeks between session five and session six.

By <u>session six</u>, John had dropped from a level four to three. He claimed that he and

some of the other residents were disruptive at bed time and as a result were reprimanded.

John stated that he was angry at getting a reprimand and became mouthy at staff. Staff

reports indicated that he had been sarcastic and challenging staff authority. We reviewed

what he could have done differently in this situation and the connection to his stated goals.

John had also been out with his aunt and uncle, however had not broached the

subject of staying with them. He said he felt a little nervous asking them. We discussed his

nervousness and determined that he feared that they might say no. We discussed this as a

possibility and that in such a case, we could look at an alternative plan. We also rehearsed

what he would say in an effort to reduce some of his nervousness and to increase his

chances of carrying through with the task.

The practitioner initiated discussion on John's financial plans. John indicated that he

intended to collect welfare and was able to list the steps of what he needed to do to apply.

It was determined that John could make these arrangements on his own and closer to his

discharge date. The practitioner pointed out that he may not be eligible if he is able to

return home with his parents and that this needed to be discussed with his family. John

stated that he would talk about it when he went home on the coming weekend. An

emphasis was placed on the fact that there were only two sessions outstanding.

By <u>session seven</u>, John had regained his level four with no incidents to report and

had volunteered twice at the church. He had confirmed his living arrangements with his

aunt and uncle and commented that he felt relieved that they had agreed. He talked about

a good visit home and how his parents had commented that he was much more pleasant

to be around. He stated that he and his mom had made a deal were he had helped out with some jobs around the house and she had taken him to a hockey tournament. We discussed how this was one example of compromise. The practitioner added that she had called his mother and that his mother had also commented on how well the weekend had gone. In particular she had stated that John seemed to have lost his "cocky attitude" and was less argumentative and that she had been noticing this change from some of their phone calls over the past few weeks.

John continued to discuss how his mother was not keen on him receiving welfare however, would support this as she felt it would be better for him to remain in the city and couldn't afford to pay for him to stay there herself. She wanted to see him pursue employment as soon as school was out. John would apply for welfare closer to his discharge date.

We discussed that John had approximately two months left on his five month sentence, with the goal of a review at four months. It was decided that it was therefore appropriate to begin the application process. We talked about the fact that we had just one session left and that perhaps we should have started this process the previous session. However, an extension was an option if necessary. We filled out the application during this session and John was left with the task of completing his letter for the last session. He stated that he knew how he wanted to write it.

By the eighth session John had produced a very rough draft of his letter to the judge. He stated that he actually wasn't so sure on what to write. A list of all the areas to be included was drawn up. John asked if we could extend to one more session so that this writer could look over the completed letter. It was agreed that this was a significant enough

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reason to negotiate an extension.   By the ninth session, John had successfully completed his letter and we placed it and his application form together. The practitioner agreed to ensure that it was directed to the court.   The majority of this session was spent on reviewing what had taken place. "The purpose is to fix events in mind so they may be recalled to guide future problem solving" (Epstein, 1992 p.267). This proceeded with a discussion on what was accomplished, specifically what John had done. The practitioner made a particular effort to highlight all efforts and gains made by John explicitly. As part of this process, John was asked to once again complete the Target-Self Rating Scale in order to rate the status of his targeted problems since the first session (see Sample #1 B).

John felt that he had substantially achieved his goals. He did not feel that there were any problems around his schooling. He was in full time attendance and actively working on his credits and had not experienced any conflicts with teachers. He seemed to understand how work on his 'attitude' also played a part in his successes at school and other areas of his life. He felt that his attitude had improved considerably and that he was able to compromise with others. He discussed how his parents noticed a change and that he had been making an effort to watch his comments and get along with others.

In regard to his review, John stated that although he hadn't yet been granted the review and that this was still his ultimate goal, he didn't find that being in custody was as much of a problem. He felt as though things had been moving along.   The last part of the session was spent on post treatment planning. John indicated that he would like to finish his school year and look for full time work for the summer so that he could move out on his own. He planned to return the following September to complete his OAC's and then perhaps college. In the meantime he had been thinking about his biological father and

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was wondering about trying to get in touch with him. We discussed this briefly, regarding the direction he might take with this. The session closed with John completing the post test on the Problem Solving Inventory and a request to complete the client questionnaire in a few days. The practitioner felt that the questionnaire might be more objectively answered if it was administered after a short time had elapsed after the close of treatment and if it were delivered by a colleague rather than herself.

John's mother was contacted by phone following the last session and asked to rate John's attitude since she had first rated it approximately nine weeks earlier (see Sample #2 B). Mom rated John's attitude as a less serious problem for him than it was. She felt that he was more tolerant and patient and more willing to help out. He didn't appear to have that same "cocky air about him" and that her husband had also noticed this during his visits home. She commented that he was also keeping in touch with her more often through phone calls.

Information from the Client Questionnaire revealed that John felt that on the whole, he was getting along much better than when he first began treatment; that the one problem he wanted most help with was a lot better; that the advise, encouragement and attempt by the counsellor to help him understand himself and others was particularly helpful and that the length of service and the attempt to concentrate on specific goals or tasks was particularly helpful. John indicated that if he had other problems that he needed help with he would want the same kind of service. There was room under this question for additional comments and John wrote, "the service that I received went into depth which was good".

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It appeared that some of the specific strategies of the task centered model were rated as particularly helpful such as; the time frame of brief service, focusing on specific problems, goals and tasks, and task support and encouragement. It is important to note that such questionnaires are susceptible to biases as the client may want to please the practitioner.

In this case, the evaluation instruments appeared to support both the client's reports of change, the mother's report of change and the practitioners clinical observations. An additional evaluation was tapped into through resident log reports that were completed by the various shift staff. Logs are completed on each resident for each eight hour shift and are to reflect the general activities and behaviour of the youth. In John's case, there was indication of improved behaviour, with a couple of isolated incidents since the treatment began.

In the pre test of the Problem Solving Inventory (PSI), John scored 39 on the Approach-Avoidance Style Sub scale and 34 on the post test, the Problem Solving Confidence Scale was rated at 16 both at pre and post test, and the most significant change occurred on the Personal Control Scale with a pre score of 23 and post of 15. The personal control scale indicates the extent to which an individual believes they are in control of their emotions and behaviour while solving problems (Heppner, 1988). Total scores pre test were 78 and post 65.

Table 2

Pre test and post test results for the PSI for Case A

Scales	Pre Test Scores	Post Test Scores
Approach/Avoidance Style	39	34

Problem Solving Confidence	16	16
Personal Control	23	15
Total Score	78	65

As discussed earlier in this report, it is important to contrast problem solving appraisal with actual abilities. In John's case, it would be reasonable to assume some increase in his actual abilities. This is supported in the reduction of initial targeted problems as viewed by John, this writer and his mother. John also succeeded in convincing the judge and three and a half weeks prior to his original discharge date he was granted his review and released from custody onto probation.

Task reviews also served as a means to evaluate client progress. The fact that tasks are being developed and attempted and in John's case substantially achieved, indicates participation in problem solving actions. One might assume that practicing and participating in problem solving would increase ones' abilities however, this can not always be directly concluded. Successful follow up with the PSI may have provided more support, should John have indicated the maintenance of gains made in treatment. John was contacted for follow-up, however did not return the completed PSI.

Some specific questions on problem solving asked at the closing session may provide additional information to evaluate the client's understanding of the process of problem solving. The following examples of questions are drawn from Epstein, 1992;

"I think that you can anticipate that there are going to be other problems that come up for you. What are the kinds of problems that you think you might encounter? How do you

think you might deal with those things when they come up" (p.318)? "Thinking specifically about how we went about deciding what the problems were that you wanted to work on and what you were going to do from session to session, is there anything that you've learned from the process itself that you think could be helpful to you when you're on your own, when a problem comes up" (p.315)?

These questions would also serve as a good summary and reinforcement of the problem solving approach for the close of treatment.

When evaluating the effects of the intervention in relation to outcome, a number of factors need to be considered. The nature of a residential facility automatically exposes it's residents to a number of staff roles, relationships and approaches as well as, daily procedures, activities and programs. John's responses on the Target Self-Rating scales may also have been influenced by his desire to present positive change for his review. It is difficult to delineate what effect these factors played in John's outcome on his goals. The evaluation design that was employed in this practicum makes it difficult to firmly attribute the intervention to outcome. A more rigorous research design would be required to strengthen the case.

Target Problem Self Rating Scale

Please identify your target problems and rate how serious you feel the problem is using the scale provided.

Target Problems

Problem #1

Extent to which I feel that others view me has having a negative attitude; that I don't compromise, I am impatient and sarcastic with others and that I am not willing to follow rules or requests is a serious problem for me.

1	2	3	4	5	6	7

not at all   somewhat   very
serious   serious   serious

Problem #2

Extent to which I feel that being in custody for five months and not able to show others that I can manage my life without getting into further trouble is a serious problem for me.

1	2	3	4	5	6	7

not at all   somewhat   very
serious   serious   serious

Problem #3

Extent to which I feel that not obtaining my schooling is a serious problem for me.

1	2	3	4	5	6	7

not at all   somewhat   very
serious   serious   serious

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Target Problem Self-Rating Scale

Please identify your target problem(s) and rate how serious you feel the problem is using the scale provided.

Target Problems

Problem #1

Extent to which I feel <u>that others view me as having a negative attitude; that I don't compromise, I am impatient and sarcastic with others and that I am not willing to follow rules or requests</u> is a serious problem for me.

1	2	3	4	5	6	7

not at all   somewhat   very
serious   serious   serious

Problem #2

Extent to which I feel <u>that being in custody for five months and not able to show others that I can manage my life without getting into further trouble</u> is a serious problem for me.

1	2	3	4	5	6	7

not at all   somewhat   very
serious   serious   serious

Problem #3

Extent to which I feel <u>that not obtaining my schooling</u> is a serious problem for me.

1	2	3	4	5	6	7

not at all   somewhat   very
serious   serious   serious

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Target Problem Rating Scale

Using the scale provided, please rate how serious you feel John's identified problem(s) are for him.

Target Problems

Problem #1

Extent to which I feel that John's negative attitude; that he does not compromise, that he is impatient and sarcastic with others,
and that he is not willing to follow rules or requests is a serious problem for him.

1	2	3	4	5	6	7
not at all serious			somewhat serious			very serious

Target Problem Rating Scale

Problem #1

Extent to which I feel that John's negative attitude; that he does not compromise, that he is impatient and sarcastic with others, and that he is not willing to follow rules or request is a serious problem for him.

1	2	3	4	5	6	7
not at all serious			somewhat serious			very serious

Contract

Case ID: Case A

Target Problems as agreed with clients:

1)   John is viewed by others as having a negative attitude.
2)   John is in custody for five months.
3)   John is not obtaining his schooling.

Client Goals:

1)   Show others an improved attitude.
2)   Enroll in full time school and work on credits.
3)   Consent of the judge to hear him in court and a review of his sentence in four months.

Client General tasks:

1.   Contact a school and arrange for enrollment.
2.   Maintain attendance and grades in school.
3.   Establish and confirm adult supervised living arrangements in the city.
4.   Earn and maintain level four of the facilities' incentive system.
5.   Obtain volunteer work in the community.
6.   Establish the means by which he will obtain financial support.
7.   Fill out the application for his review.
8.   Complete a letter to the judge for his review.
9.   Refrain from sarcastic and negative comments towards others.
10.   Learn skills of negotiation and compromise.

Practitioner General Tasks:

1.   Consult with case managers to complete education agreement and temporary release and oversee their completion.
2.   Support temporary releases were necessary to complete tasks.

Duration of Intervention and
schedule of interviews: eight sessions over eight weeks

Intervention Schedule:
Sessions 2, 3, 4 - John enrolls in school, begin work on level advancement, begin exploration of living arrangements, explore volunteer possibilities, start decrease in John's negative attitude.
Sessions 4, 5, 6, - explore financial arrangements, continue with maintenance of levels and schooling, confirm living arrangements, obtain volunteer position.

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Sessions 7, 8 - apply for review, complete review letter, review tasks and problem change, evaluate and plan forward.

Who is involved: John, Practitioner, mother

Task Review Schedule

Task Statement

John will arrange for a temporary release with his aunt and uncle and ask them if he can live with them upon his discharge from custody.

Target Problem to which related: #2 (Being in custody)

When Task formulated: Session # 3

Who suggested the idea for task:

client x   Practitioner x   other

Client's initial commitment to task as rated by the practitioner:

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1 _   2 _ 3 _ 4 _ 5
low               high
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When task reviewed: Session #	Progress Rating review:
four	(2) partially achieved
five	no opportunity
six	(2) partially achieved
seven	(4) completely achieved

Progress Rating (1-4 or no)

(1) minimally or not achieved	(2) partially achieved
(3) substantially achieved	(4) completely achieved

Comments:
Session four: John arranged and completed a TR with his aunt and uncle, however did not broach the subject of living there.

Session five: John had not had another opportunity to visit

Session six: John arranged and completed a TR and once again did not bring up the subject of living there. Explored barriers to task achievement, addressed concerns, rehearsed what John would say.

Session seven: task completed, living arrangements confirmed

Case Example B

Rob was sentenced to a term of open custody for three months for charges of Theft and Failure to Comply with his Undertaking. He had one previous charge of Theft Under which he had received probation and had no outstanding charges. This was the first that Rob had been in custody.

The initial interview began with the introduction to the treatment process as outlined at the beginning of this section, including completion of the PSI. This was followed by the practitioner determining with Rob a problem focus. Rob initially stated that his entire life needed to change and that he disliked being in custody. The practitioner continued to initiate discussion with Rob on what areas he would like to see different in his life that would help him not return to custody and also help him with his discharge plans. The focus in defining problems for clinical work is to distinguish which problems of major concern to the client if ameliorated would make the most difference in the quality of the client's life (Epstein, 1992). Rob revealed that he was a prostitute and didn't want to "hustle" anymore on the streets. He wanted to change his profession as he was tired of his lifestyle and felt uncomfortable with other people knowing what he did.

The practitioner initiated a detailed discussion of Rob's history of "hustling" in order to elicit more clearly Rob's targeted problems and to gain information for the early assessment. It was felt that wanting to change his profession or not "hustle" anymore was a goal, however too broad a statement for a targeted problem.

Rob described that his life felt very unstable, that he moved around a lot from city to city, working the streets and having parties with his friends. He felt he was going nowhere. When asked what "going somewhere" would look like, Rob described having a

steady partner, a place to live, new friends, a steady job, to complete his schooling and cut down on alcohol and drugs. Rob was asked whether he felt that the lack of these aspects in his life were a problem for him and whether he felt that they were related to his original comment of quitting "hustling".

Rob stated that if he had these things in his life, he would not need to "hustle" however, he could not imagine that his life could be that organized. We talked of how overwhelming it can seem to try to change everything at once and that it was perhaps helpful to make things more simplified. The practitioner introduced the idea of identifying the three problems that were most important to Rob and establishing smaller steps to work towards their resolution. We discussed the importance of looking at problems that were thought to have feasible solutions and increase the likelihood of affecting some change. It was explained that we could move onto other issues as it proved necessary or possible.

It was confirmed that Rob's main goal was to change his lifestyle of hustling and that there were certain problems connected with this. Rob stated that one of the biggest problems was the friends with whom he associated. He explained that they were into drugs and crime and often expected him to "turn tricks" for money to support their lifestyle. Rob stated that he has had a hard time saying no to these friends as well as, enjoying the company of some of them. The context of this problem was further explored.

The final problem statement was developed by Rob and the practitioner and read as the following, Rob felt that it was a problem that he associated with friends who encouraged and supported his "hustling" lifestyle. Rob stated that he would know this problem was resolved when he no longer "hung out" with these people. He added that the true test

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would be when he was released from custody. We established that his present goal would be to eliminate contact with these people.

The practitioner also initiated some discussion on Rob's use of drugs and alcohol in order to gain a clear understanding of the extent of his use and possible barriers it might pose for the reduction of other targeted areas. Rob talked about using alcohol on a regular basis when he was working the streets. He claimed that he would go out to the bars with some of the money he had earned from his "dates". Rob stated that he preferred alcohol to drugs and that his drug use was confined to casual use. He felt that it would be better for him to cut down although, it was not his biggest problem at the moment. It was decided to put this issue aside for the time being and focus on the areas that were more pressing from Rob's perspective. This decision was made in order to take maximum advantage of Rob's existing motivation for other targeted areas as well as, addressing issues that were perhaps more accessible for problem reduction.

The second problem that Rob identified was the fact that he was without a place to live. We talked about how, where and with whom he had lived prior to entering custody and established that Rob was interested in remaining in the city. He indicated a desire to establish himself in one place for a while and to live on his own without roommates. We talked about how important a stable home base was in relation to his goals and targeted problems. The connection was drawn between his history with friends and his desire for a balanced home life. The lack of a steady living arrangement without all his friends living there was defined as the target problem. Rob would know that he had achieved this goal when he had secured a place to live on his own.

Rob had a difficult time deciding whether school or lack of money was more important in establishing the third targeted area. The practitioner talked about both areas as being important and that perhaps one could be temporarily put on hold until later, when some of the other areas had been dealt with. With some guidance from the practitioner, an agreement was reached on addressing Rob's lack of income. It was felt that since John had been so used to having money and would need to support himself, this would hold the most priority. Not having a legal means to support himself was identified as the target problem. This goal would be achieved when Rob obtained an income from legitimate employment or social assistance.

The remainder of the session was focused on obtaining additional information on the social context of the targeted problems. The session closed with a summary of the targeted problems. At this point, Rob was asked to rate each problem on the Target Problem Self-Rating Scale (see Sample #5 A). It was explained that the rating would serve as a means to measure reduction in the problem by comparing his rating now to his rating at the end of the intervention. There was also a brief discussion on what would take place the following session such as; establishing a contract for the work to be done and looking more closely at possible tasks to be undertaken by Rob and the practitioner for problem reduction.

Rob was asked if there was anyone else who he felt should be involved in assisting in the reduction of his problems. He indicated that he did not want anyone else involved. Rob was advised that the practitioner was interested in contacting his family in order to gain their perspective on the concerns that he had brought forward. It was explained that his parents may be able to provide additional information that could help in achieving his goals. Rob had some concerns with this. He explained that he came from a very traditional ethnic

family that disapproved of his lifestyle and he was unsure if they knew about his prostitution. He explained that he did not get along with his father and that both parents did not speak English well. Rob wanted to work on this without them. The practitioner spent time exploring family relations in order to assess the possible resources or barriers that the family might contribute to Rob and his goals.

The following early assessment is meant to outline the major characteristics of Rob's targeted problems, including the social contexts in which they occur as well as, the client's general mode of functioning. The most important part of the problem is how it is impinging on the client's life in the present. This kind of information assists in planning and developing tasks or solutions for problem reduction. It was helpful during the early assessment to frame the targeted problems in relation to the problem classification of 'Difficulty in role performance' (Reid, 1978). This seemed to be the most appropriate classification given that Rob's main concern was with the fact that he prostituted for a living and talked about being uncomfortable with what he did. He also expressed a desire for a more stable lifestyle. Considering his targeted problems within this context helped to maintain focus during assessment and created less likelihood of exploring unnecessary background history. The information for this assessment was obtained over the first two sessions.

According to Rob, he moved out of his parent's home when he was fifteen and began working the streets as a prostitute shortly after. Rob is now close to eighteen. He spent most of his time between this city and Winnipeg, renting apartments for brief periods. He claims to have left home due to his parent's strictness and the arguments he had with his father. Rob revealed that he was homosexual and that when he came forward with this information his family reacted negatively and at that point it was just easier to leave home. He explained

that he has come and gone from his parent's home over the last couple of years and that there is now less tension. He stated that he and his father basically stay out of each other's way and that he and his mom generally get along well. His family evades discussion on his sexuality and Rob dose not push the issue when he is home.

Rob made a good financial living through prostitution and used this money to support himself and his friends. He claims to have received the majority of his money this way and from occasionally stealing. He stated that he was not much into crime and that his criminal involvement was usually the idea of friends and he would go along with it. He spent most of his money on basic needs and parties with friends. He generally had more money than his peers so he supplied all "the fun". Rob has had one other job in his life helping an uncle in his bakery. In regard to his schooling, he has completed his grade nine and has partial credits towards his grade ten.

According to Rob he associates with two different groups of people. He has known his one group of friends since he was young however, has had little contact over the past few years. He described his other friends as kids who left home due to family situations and subsequently joined together. He has known these people for approximately two years and has lived with some of them off and on. Rob claims that almost all of them have been to jail and that he believes they will continue on this path. These youth are known to the practitioner and are considered part of a youth street gang in the city. They have been in repeated trouble with the law.

Rob turned himself into the police for the charges he is presently serving. He had been living out of the city and decided that he wanted to "get the charges dealt with and get on with his life". He added that his friends had told him he was crazy to turn himself

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in. This indicates some of Rob's strengths in making his own decision and facing his charges as well as, his interest in getting on with his life. Rob claims to have ended his criminal activity and that since his present charges he has been crime free.

Rob does not like his present lifestyle and would like to change it, particularly his prostitution. He feels that his life is "going no where and doesn't like the feeling". He would like to live a more "normal life like others" but, has a hard time believing that it will happen. Rob defines a normal life as, having a steady job, going to school, having a place to live, having a partner and cutting down on the parties. He realizes that as long as he continues to "hustle" and move around with his circle of friends, there will be little chance of change. Rob has often thought about quitting and has stayed off the street for short periods.

Whatever conditions led Rob to prostitution in the past, he now wanted to quit and change his lifestyle. His lifestyle caused him to feel uncomfortable and discontent as he entered his adult years. He was aware of the complexity of the problem and what he felt needed to be changed in order to achieve a more stable and socially acceptable life style. He presented as an individual who was interested in making a change.

It was important to stay with Rob's definition or sense of the problem in order to take maximum advantage of his existing motivation. It was additionally important to keep issues partialized and to develop reasonably or easily achievable tasks in order to help Rob overcome his scepticism about actually being able to make changes in his life. At the same time, the tasks had to feel substantial rather than minimal or trivial. Dole and Marsh 1992, also discuss that if a client is pessimistic about their skills then tasks will be harder for them and that encouragement and a positive expectation that the client will succeed can be

crucial in tipping the balance in favour of task completion (p.68). Rob conducted himself well in our interviews. Initially, he seemed somewhat anxious and when asked, stated that he was a little nervous and uncomfortable talking about himself. Rob had a number of strengths, including adequate social skills that would benefit him in the roles that he was considering taking on such as, student or employee. One of the greatest barriers evident was the lack of confidence Rob had in himself to achieve his goals. It was hoped that small successes would interfere with this belief and increase his confidence. The implementation of tasks would be a strategy for this.

The second session began with the practitioner introducing the contract and initiating discussion on its components (see Sample #6). The practitioner explained that a written contract would help ensure that both Rob and she understood what was wanted and to outline their plan. It would also provide a means to check back on the original problems and goals and evaluate their progress.

The basic structure of the intervention plan was developed at this point. The target problems and goals were stated and reviewed from the first session and agreed upon. Client and practitioner tasks were discussed and developed. The scheduling of interventions and interviews was established and the duration of the intervention. The location of sessions and who was participating was confirmed. The following illustrates this process.

The issue of friends was discussed first as Rob had identified this as his greatest problem. Rob was asked about his ideas on tackling this problem. He stated that it would be easier to deal with his friends while in custody by eliminating phone contact. There was an expectation in the facility that residents were not to correspond with ex-residents or criminal associates however, there was a pay phone in the facility that was not strictly

monitored. If Rob wanted to call his friends on this phone, it was within his means. We agreed that not calling his friends and refusing their phone calls was a good starting point.

The practitioner checked with Rob on how committed he was to the task. Rob had previously indicated that he had, had close ties with his peers and experienced difficulty asserting himself when dealing with them. Rob talked about feeling uncomfortable ignoring them and wondered what they would think. We re-discussed the reasons why he felt that he needed to change his friends and how this related to his goals. The practitioner suggested that Rob contact one of his old friends who he felt would support his new goals. Rob stated that between this session and the next he would refrain from any contact with his negative peer group by eliminating phone contact. Additionally, he would establish contact with a previous friend, Steve who had been identified as a more positive associate.

The next area discussed, was living arrangements. Rob stated that he was considering a couple of options such as; sharing accommodations with someone, getting his own place or perhaps moving back to his parent's home for a period of time. We talked about the pro's and con's of each. He was worried about how he would afford a place on his own although, this was his first choice. We discussed how this connected with his goal of obtaining an income.

The practitioner suggested that Rob could attempt a couple of tasks in the meantime to assist him with making some decisions about how he wanted to work towards this goal. It was suggested that he could research the costs and availability of apartments in the city to provide a realistic picture of the housing situation and what kind of income would be required for independent living. Rob agreed to check the local newspaper.

The additional suggestion was to apply for temporary releases (TR) to go to his parent's home for visits. This would assist him in gaining a clearer picture of what it might be like to return home regarding, his relationship with both his parents, the expected rules to be followed, and an opportunity to discuss the option. Rob stated that the door was open for him to return home and that he would definitely be interested in TR's for this purpose.

The third area of discussion regarded Rob's lack of income.
Rob was asked if he had any ideas about this. He suggested that he could look for work but wasn't sure what he was skilled to do. We talked about his past work experience which consisted of helping in his uncle's bakery. He expressed a strong interest in trying something different.

Through further discussion, the practitioner determined that Rob might benefit from some pre-employment counselling, particularly how to fill out applications, create a resume and prepare for an interview. The practitioner ran this idea by Rob suggesting that it could increase his chances of obtaining employment. Rob stated that he would consider it however, he was interested in immediately starting a job search. Rob suggested that he could ask his sister to help him fill out applications on one of his TR's home and stated that he would ask his sister on his next TR about making a plan to do this.

The session came to a close with a review of both the client's and the practitioner's tasks and any remaining questions regarding them. The practitioner agreed to complete the contract in written form for the next session. Tasks from this session were understood to be reviewed the next session were it was applicable.

The third session began with a review of the targeted problems and any progress made towards the established goals. At this point little concrete change could be seen in the

state of the original problems. The discussion on accomplished tasks and their connection to eventual goal achievement proved more encouraging. The review of tasks included assessing the extent to which tasks were completed using the Task Review Schedule (see Sample #7 for one example). Each task was rated from 1-minimally or not achieved to 4-completely achieved. This process was conducted jointly between Rob and the practitioner.

Rob reported that he had successfully contacted his friend Steve and was planning a TR with him as soon as he was eligible. He continued to discuss how he had not been successful in refraining from contacting his other friends.

In the case that a task has not been carried out or minimally achieved, there are three things that a practitioner should bear in mind; first, was this the right task, second, if it were the right task in terms of progress toward the goal, was it too difficult and third, is there a problem with the agreed goals (Dole & Marsh, 1992)?

Rob was informed that it was important to explore this task and how it related to his goal of eliminating contact with these peers. Rob stated that he wasn't sure if he wanted to cut all ties with all his friends. We discussed how these peers would support or interfere in his goals of a changed life style. Rob felt that certain friends would be supportive and added that he still wanted minimized contact.

We discussed and agreed that his goal should be restated as minimizing contact rather than eliminating contact. In such cases it is felt that it is unlikely that a client can be manoeuvred into genuine commitment for a personal change not wanted and therefore, it is best to stay with the clients definition as much as possible (Epstein, 1992). Rob agreed that this was probably more realistic for him. This launched a discussion on what minimized contact would look like and how it related to his larger goal of staying away

from a "hustling" lifestyle. Rob described minimized contact as seeing his friends a few times a month. He continued to identify individuals who he felt would not interfere in his goals and would support his efforts.

In addition to rewriting Rob's goal, tasks were revised to reflect more closely the client's priority. Rob would minimize contact with his friends by only calling those he had previously identified. A brief discussion was held on what obstacles might get in the way of achieving the task of minimized contact and included concern over the persistence of these peers. Rob felt that he could tell them he was busy and put them off that way, especially if he was involved in work or school.

An additional task was suggested by the practitioner for Rob to consider. It was suggested that Rob inform those friends he had identified as potentially supportive, of his main goal of changing his lifestyle. This would provide him with the opportunity of eliciting their support or discovering any obstacles they might pose to achieving his goals.

Discussion continued on living arrangements. Rob had explored housing options and felt that there was no point in looking for a place of his own until he knew he had money to afford it. He added that he was thinking more about returning to his parents home upon his discharge. He figured that if he obtained employment, he could still save for a few months before moving out on his own. He explained that he was not required to pay rent at home and that his expenses would be covered by his family.

We talked about how he at least now knew what it would cost for his own apartment and he could keep this in mind of his plans. In the meantime his idea to return home seemed like a reasonable alternative. This led to a discussion on how his recent TR's home

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had gone, specifically his relationship with his parents and their response to the idea of Rob returning home.

It was decided that Rob should continue to plan TR's home in order to maintain contact with his family to assist in finalizing his decision regarding living arrangements. The practitioner stated that she would continue to recommend and support these TR requests.

Rob had made no progress in his task to ask his sister to help him fill out job applications. He stated that he had not had the opportunity to talk with his sister but would on his next TR. The practitioner provided information on a pre-employment program offered through a youth employment service however, Rob indicated that he would rather keep trying on his own first. Rob was reminded of five sessions outstanding.

The following provides a more condensed version of sessions four through seven, describing the main points or core strategies of the sessions and the progression of the case. Each session continued with reviews of the targeted problems, goals and tasks. These reviews noted progress in the reduction of problems, the completion of tasks and the identification of obstacles to task achievement. Each session ended with a summary of any new tasks developed. These sessions were conducted in a similar fashion to those previously detailed.

By session four Rob had completed a total of three TR's home and had made the decision to live there upon his discharge from custody. He had told his parents of his plans and they were accepting of his decision. Rob was complemented on making this decision and how it related to his goal of securing a place to live. It was further discussed how it related to his goal of distancing himself from a "hustling lifestyle" and that he would not have to contend with living with his friends and being influenced.

Rob was asked if there were any obstacles that he felt might pose as a barrier to remaining at home. Rob stated that he felt confident that things would work out. Now that he was older and had been living away from home, his parents were less strict with him and enforcing rules.

Rob had partially completed his task of filling out job application with his sister. He stated that he had picked up a number of applications from the mall but, ran out of time to fill them out. He planned on doing them in the facility and handing them back in at the end of the week. The fact that job search tasks had not been carried out over the last two sessions prompted the practitioner to explore possible obstacles, including commitment to the goal. Rob insisted that he wanted to find work but had not had a good opportunity to do so. It was suggested that Rob could apply for a temporary release for job search purposes and that this would provide him with the opportunity to leave the facility on his own to specific destinations. It was decided to complete the application in the session. A list was made of the possible places he might like to apply.

Rob had not talked to his friends at all since the last session, he said he had not bothered to call and nor had they. The practitioner commented on how he was minimizing his contact and that he was doing well to stick to his goal.

The originally targeted problems were reviewed and progress assessed. Rob was asked if he had any additional comments or concerns regarding the problem areas that they may have missed looking at. Rob stated that he felt satisfied on how things were going. He was reminded of four sessions outstanding.

By Session five Rob had not yet completed a job search TR nor had he returned the applications he had picked up from the mall. The practitioner expressed that despite all

their discussions, Rob had not completed a key task that he had agreed on in order to reach his goal. A discussion was initiated on his interest and commitment to the goal and whether it needed to be altered or approached in a different manner.

Rob was intent on obtaining employment and continuing a job search. He was asked if he had any thoughts on what might be getting in his way of seeking employment. Rob felt that he had not really been looking too hard. We explored if there was anything getting in the way of him looking and discovered that Rob was having a difficult time picturing himself working at a McDonalds or similar employment. He was concerned about his lack of experience and education. We explored what he liked to do and whether there were any related jobs that he might look into and within his means. Restaurant and retail were identified and a discussion on expected pay and the various tasks of such employment was held.

Some additional time was spent reviewing Rob's original problem statement and goal in order to assure that they still held true. Rob indicated that money was not as big of a concern since he had decided to live at home. When asked about the need for pocket money, Rob stated that his mother provided him with money each week. We talked about the amount of money he would have compared to what he was use to and whether he would find this a problem. Rob stated that it was not worth going back to the streets for and that he had required more money then due to his lifestyle. He figured he could manage with what his mother provided but, was still interested in finding work.

At this point, the practitioner asked Rob if he was interested in looking into his goal of schooling. It was explained that since he had solved his living arrangements, they had room to pick up another of his goals. He was reminded however, that there were just three

session left, so they would have to focus well on their tasks. This goal was introduced at this time with the thought that if the client's interest was high, he might better succeed in the school related tasks. This could provide him with more successes and prove more encouraging for him. The practitioner was also wondering if schooling was more of a priority for the client than employment at this time. Although Rob talked about wanting a job, his circumstances no longer made it as great a priority and he had expressed concern on a couple of occasions about his lack of education.

There was interest in this idea and a discussion was initiated on the possible options available. It was decided that due to Rob's age and level of academics, adult basic education would be most suited. Rob agreed to set up an appointment to enroll by the next session. Rob was advised of the procedures that would be required from the facility and his need to apply for an education release. The practitioner's task was to assist in these procedures.

Rob indicated that he was having some problems with his friends showing up on his family TR's. It was clarified as the friends whom he was trying to avoid. Rob explained that his mother would request them to leave however, he felt uncomfortable telling them himself. Rob was asked if he had any ideas on how he could handle this situation. He stated that he was thinking about telling select friends about his plans and that perhaps they would let the others know that he needed some distance.

We reviewed the original problem and goal and assessed that Rob had made some progress in minimizing his contacts with the people he had indicated. The importance of maintaining the distance was reinforced by emphasizing the rewards of achieving his goals

and illustrating the obstacles that these friends could present for his progress. At the end of the session the tasks were reviewed and Rob was reminded of three sessions outstanding.

By <u>Session six</u> Rob reported that he had an appointment for his enrollment in school and had made all necessary arrangements with a case manager. He commented that he was excited about getting started but, was also feeling angry as he was told that he could only attend classes two mornings a week. Rob expressed concern about not being able to complete his work in the facility.

Rob was reminded of the restrictions of custody and that some issues were non-negotiable. We reviewed his schooling options and Rob determined that the adult program was still his best option. He was reminded of the fact that once he was out of custody he could attend full time. An emphasis was placed on the movement towards achieving his goal of continuing with his schooling.

Rob's concern with not getting his school work completed was addressed. We discussed the idea of setting small goals such as, establishing the number of lessons he would like to complete in a week and that an office was available, as a means to assist him in getting the work done.

Rob had dropped off some applications to stores at the mall and would continue with his own job search. No new tasks were developed in this area. He had completed another TR with family with no incidents to report.

There were few developments to report with his friends. Rob had informed his friends of his intentions and told them to spread the word that he was not going to be around as much. He hadn't spoke to anyone else since the last session. He had completed

a TR with his friend Steve and they had applied for a second one. He was congratulated on achieving his tasks. No new tasks were developed.

At the end of the session Rob and the practitioner went over Rob's originally targeted problems, including schooling and discussed the progress that had been made. Rob was reminded of two sessions outstanding.

By session seven Rob had attended one morning at school and had begun work on two correspondence courses. He had set a goal of five lessons a week. The practitioner encouraged this goal by reinforcing the connection of achieving credits and obtaining a high school diploma. Rob had made no progress on his job searches however, insisted that this was still his goal.

Rob had encountered more difficulty with his friends. They had shown up again at his parents home and had advised him that they were going to be there to pick him up from the facility the day he was discharged. Rob stated that he didn't know what to do except go along with them.

We reviewed the original problem statement regarding his friends as a means to establish whether Rob still saw this as a problem. Rob knew that these friends were still living the life style that he was trying to move away from and appeared genuine in wanting to distance himself from becoming involved again. We spent some time looking at what got in Rob's way of not going along with these friends.

Rob claimed that he could never tell them straight out that he was not interested in associating with them, as from his perspective that would mean he was putting them down. He added that he felt they would not understand or take him seriously. This led to a discussion on other possible ways of handling the issue. A previous conversation was

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brought back into light regarding Rob's suggestion of informing his friends he was busy with school or work commitments. An emphasis was placed on the connection between his goals.

At this point, the practitioner reviewed the tasks accomplished by Rob and the progress made on his initial goals. The practitioner wanted to emphasize Rob's strengths and abilities to affect change in his life. Rob was reminded that the next session was their last.

The majority of the eighth session was spent on reviewing what had taken place. The purpose of this review was to remind Rob of the steps that had been taken and to provide an opportunity to take stock of the progress that had been made. As part of this process, Rob was asked to once again complete the Target-Self Rating Scale in order to rate the status of his targeted problems since the first session (see Sample #5 B). It was realized at this point that he had not rated the concern with schooling when it was picked up mid way. It was decided to rate it now, as a means to establish how much of a problem it still was for Rob.

We talked about whether the problems that were focused on were those that he had wanted the most help with. Rob stated that he would have picked the same problems to work on, except he would have started school earlier on. He felt that he could have been doing a lot more school work while in custody and completing credits.

Rob felt mixed about the achievement of his goals, although he rated change in all areas, he felt that it was not as big a change as he had anticipated. The practitioner could have asked if anyone else such as, his family or certain friends had noticed any changes. Confirmation from others could have provided an extra boost for Rob and another yardstick for measuring his progress. We talked about the progress he had made and how tasks had

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chinked away at the original problems. It was pointed out that making lifestyle changes were large goals that quite often evolved bit by bit over time. It was also noted that in some instances there would be more immediate change such as, securing a place to live or enrolling in school. The importance of checking back to original goals to ensure that tasks were connected was also emphasized.

The last part of the session was spent on post treatment planning which included a brief discussion on the continuation of his present goals and future aspirations. The session closed with Rob completing the post test on the problem solving inventory and a request to complete the client questionnaire in a few days.

As in case A, it would have been helpful to have asked Rob about other problems he might encounter and how they would be approached. This would have provided the practitioner with information on whether the client had adopted a problem solving approach. It may have also assisted the practitioner in assessing what parts or principals of task centered work required more highlighting. Reviews are intended to help the client move from the experience of the task centered work completed to other potential areas for change (Dole & Marsh, 1992).

It is the practitioner's opinion that it may be difficult for Rob to continue working towards his goals without the pressure or support of a friend or family member due to his wavering confidence in his abilities to create change. In retrospect it may have been advantageous to have discussed this in more detail with Rob and elicited additional informal supports.

Information from the client questionnaire revealed that Rob felt that on the whole, he was getting along much better than when he first began treatment; that the one problem

that he had wanted the most help with was a little better; that the advise given in counselling was particularly helpful and the encouragement for progress made and attempt to help him understand himself and others was of some help. He indicated that the concentration on specific goals and tasks was particularly helpful, that the length of service was acceptable and that he would prefer the same kind of service should he want help again. These questions reflected some of the specific strategies of the task centered model and indicated the clients' satisfaction with the approach. Overall, Rob felt that the service helped with some of the problems that were bothering him but did not get to all of them.

In this case the evaluation instruments appeared to support the client's reports of change and the clinical observations. As mentioned previously, it would have been advantageous to have had a third party involved in the evaluation process. Task achievement had been sporadic with a number of incomplete tasks. The overall change in targeted problems could be seen from a couple of perspectives. The practitioner tended to note more change than what Rob had. For Rob, change appeared minimal when reviewed in relation to his original goals. He had not secured a permanent place of his own, rather compromised on living with his parents. This was still viewed by Rob as temporary living arrangements. He was still in contact with his old friends and struggling with distancing himself from them although, his involvement with them was minimized. He had not secured an income however, this had shifted in priority due to his decision to return home. He had started school, although to Rob's disappointment was attending just two days a week.

Given Rob's perspective, his scores on the PSI were not surprising although, it was hoped that there would have been some change. On both the pre test and post test of the

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Problem Solving Inventory, Rob maintained identical scores across all sub scales. Table #2 outlines the findings.

Table 3

Pre test and post test results from the PSI Case B

Scales	Pre test scores	Post test scores
Approach/Avoidance Style	61	61
Problem Solving Confidence	30	30
Personal Control	28	28
Total Score	119	119

The PSI indicates the client's perceived problem solving abilities and in Rob's case his scores seemed to fit with his comments and concerns that things might not change. He presented as someone who lacked confidence in his abilities and tended to struggle with partializing problems. The fact that he viewed little change in his targeted problems and struggled with the achievement of some tasks could also add to this perception. It might be considered that if Rob had attempted or achieved more tasks, that he may have felt more involved in the problem solving process and viewed his abilities differently. It is interesting that Rob scored particularly high in the approach avoidance sub scale which is defined as a general tendency of individuals to approach or avoid problem solving activities (Heppner,1988). High scores indicate avoidance and in Rob's case, might reflect on the uncompleted tasks.

Regardless of the lack of change on the PSI, Rob was still able to complete some tasks and rate some change in his targeted problems. He indicated that on the whole, he was getting along much better compared to when he first began treatment and felt that the

service had helped with some of the problems that were bothering him. The purpose of this work is to assist client's with some reduction or relief from the problems that are impacting on them and in this light, there was some progress. As in Case A, there may have been influences from the facility which impacted on the outcome of this intervention.

Target Problem Self Rating Scale

Please identify your target problems and rate how serious you feel the problem is using the scale provided.

Target Problem(s)

Problem #1

Extent to which I feel that not having a steady living arrangement without friends living there is a serious problem for me.

```
  1           2           3           4           5           6           7

not at                            somewhat                          very
all serious                       serious                           serious
```


Problem #2

Extent to which I feel that associating with friends who encourage and support my "hustling" lifestyle is a serious problem for me.

```
  1           2           3           4           5           6           7

not at                            somewhat                          very
all serious                       serious                           serious
```


Problem #3

Extent to which I feel that not having a legal means to support myself is a serious problem for me.

```
  1           2           3           4           5           6           7

not at                            somewhat                          very
serious                           serious                           serious
```

Target Problem Self Rating Scale

Target Problem(s)

Problem #1

Extent to which I feel <u>that not having a steady living arrangement without my friends living there</u> is a serious problem for me.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

Problem #2

Extent to which I feel <u>that associating with friends who encourage and support my "hustling" lifestyle</u> is a serious problem for me.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

Problem #3

Extent to which I feel <u>that not having a legal means to support myself</u> is a serious problem for me.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

Problem #4

Extent to which I feel <u>that not obtaining my schooling</u> is a serious problem for me.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

<u>Sample #6</u>

Contract

Case ID: Case **B**

Target Problems as agreed with client:

1)   Rob does not have a stable place to live
2)   Rob associates with friends who support his "hustling" lifestyle.
3)   Rob does not have a legal means to support himself.

Client Goals:

1)   Obtain secure living arrangements on his own.
2)   Eliminate contact with negative peer group.
3)   Secure a legal means of supporting himself.

Client General Tasks:

1)   Establish a list of possible living arrangements listing the pros and cons of each.
2)   Decide which arrangements are the most appealing and accessible and determine exactly what is required to secure it.
3)   Eliminate contact with negative peers.
4)   Re-establish ties with positive peers.
5)   Decide on what means will be accessed to obtain an income such as, welfare or employment.
6)   Take necessary steps to secure income such as, applying for welfare or establishing a job search plan.

Practitioner General Goals:

1)   Assist in establishing the pros and cons of living arrangements.
2)   Support temporary releases were they assist in implementing tasks.

Duration of intervention and Schedule of interviews: eight sessions over eight weeks

Intervention Schedule:

Sessions 2, 3 - begin assessing pros and cons of accommodation options, begin work on eliminating contact with negative peers, decide on income means.
Sessions 4, 5, 6, 7 - decide on living arrangements and work on process of obtaining one, continue to eliminate contact with. friends and establish ties with positive peers, work on steps of securing income.
Session 8 - Evaluate, review tasks and problem change, future planning.
Who is involved: Rob , Practitioner

Task Review Schedule

Task Statement

Rob will not contact those friends that he is trying to eliminate contact with.

Target problem to which related: #2 associating with friends who support and encourage his hustling lifestyle.

When task formulated: Session #2

Who suggested the idea for the task:

client x   practitioner   other

Client's initial commitment to task as rated by the practitioner:

```
1 _ 2 _ 3 _ 4 _ 5
low           high
```

When task reviewed Session #	Progress rating review:
three	(1) minimally achieved
four	(4) completely achieved
five	(3) substantially achieved
six	(4) completely achieved
seven	(3) substantially achieved

Progress Rating (1-4 or no)

(1) minimally or not achieved	(2) partially achieved
(3) substantially achieved	(4) completely achieved

Comments:

Session three - Rob contacted his friends. Rated as minimally achieved. A discussion on the minimally achieved task led to a goal revision and subsequent task revisions.
Goal revision-Minimize contact with friends.
Revised task statement-Rob will limit contact to specifically selected friends one time per week.

Session four - Rob had no contact.

Session five - Rob had not initiated contact with his friends, however did not ask them to leave when they showed up on one of his family TR's. This task was rated at substantially achieved as Rob had followed the task in not contacting the friends however, it was not completely achieved as he did not deter them from coming.

Session six - Rob had no contact.

Session seven - Rob had not initiated contact however, he ran into his friends on a TR and had agreed to go along with their plans to meet him at his discharge. Rob stated that he did not know what to say to them so he just went along. This task was rated as substantially achieved for the same reasons as indicated in session five.

<u>Case Example C</u>

Jack was sentenced to a term of open custody for three months for two Highway Traffic Act offenses. He came to open custody after having served two months in secure custody for assault. He has no previous or outstanding charges.

The initial interview began with an introduction to the treatment process as outlined in the opening to the case examples and included administering the PSI. This was followed by the practitioner initiating discussion with Jack on what problem areas he would like to focus on during their meetings. It was explained that Jack should limit his focus to one to three target problems that were of the most importance to him at present and that would assist him with his discharge.

Jack began with expressing concern about his anger. He stated that he wanted to feel more confident in managing his anger in any situation. This led to a further discussion on Jack's explicit concerns with his anger. It was explained that this information would help them define what needed to be changed in order that Jack would feel more confident about managing his anger.

Jack explained that he mostly had problems dealing with his anger at home with his mother, father and sister. He described that they would argue almost everyday over many things. He would usually end up yelling, swearing, saying things that he regretted later and sometimes punched the wall causing holes and damage to his hands. Jack stated that quite often he would slam the door and leave the house, sometimes in the middle of their arguments. He continued to state that in these cases he would usually take off with his friends and not come back until long after his curfew. When he returned home, he would be in trouble for not calling and being late and it would often start into a fight again. He

explained that there had been conflict for approximately two years and that it had become worse over the past year. He added that his parents were presently upset with him for involving himself in trouble with the law.

Jack explained that he would like to be able to remain calm and not yell and swear and slam out of the house. He was tired of fighting and wanted to be able to talk with his family without it resulting in so many arguments. He wanted to be able to control his anger to do this.

We discussed whether there were other situations that challenged his anger, including any present ones in the facility. Jack indicated no issues. We discussed his assault charge and the circumstances surrounding it. He claimed that he was not really angry at the time, rather had got caught up with his peers at a party and he regretted becoming involved. He claimed that he did not have a history of fighting.

The final problem statement was established by Jack and agreed upon by the practitioner and read as the following; Jack does not feel confident in managing his anger in all situations that he might encounter. Jack did not want to specify limiting his control of anger to just family matters. He clearly wanted to feel like he was in control regardless of the situation that presented itself. This led into a discussion of Jack's goal in relation to the target problem. It was hoped that this would help to further define the target problem, making it clearer and easier to later establish tasks for its reduction. Jack was asked how he would know that he had overcome his problem or that the problem was not as great. Jack responded by stating that he would know what to do to not "lose it". Through continued discussion, we further defined his goal to read; Jack will have increased knowledge and skills in anger management techniques.

The second area that Jack identified, overlapped with the first, in that it involved the conflict he had partially described with family. Jack expressed concern over his relationship with all family members; mother, father and sister. He talked about arguing with them almost everyday over many different topics. Jack revealed that there had been physical violence between he and his father approximately three years ago. This had happened twice with no incidents since.

Jack talked about wishing that they could see more " eye to eye". This was defined by Jack as, listening to each other, talking about their opinions even if they were different from each other and telling each other about what they were doing, including daily things. He stated that he wanted to feel closer to his family. Jack also added that he wanted to be treated more like an adult. Being treated like an adult was defined by Jack as having his opinions heard without being criticised.

The target problem was defined as, Jack and his mother, father and sister argue too much. Continued discussion between Jack and the practitioner revealed that Jack would feel that things had improved or were more bearable when he and his family argued at least half as much as they did now.

The practitioner asked Jack if he was interested in having some meetings with his family where he could talk about his concerns and perhaps together come up with some ideas on how to change things. We talked about what this would look like and how it would be arranged. Jack was in agreement to the idea. It appeared from Jack's description that this was an interpersonal problem were it could be more beneficial to involve the family and explore the problem in relational terms rather than strictly person centred.

The third area of concern was regarding living arrangements. Jack expressed that he wanted to live on his own where he could feel more responsible for himself and make more independent decisions from his family. He stated that he thought that he would feel better living on his own and visiting with his family. The practitioner asked Jack if this decision would be different if things changed at home for the better. Jack indicated that he had been thinking about this for a while and felt that it was time that he was more on his own. He added that his parent's lived in the country and he wanted to live in the city were he could get a job and continue with his schooling. Through further discussion it was revealed that Jack had been living at home for the past eighteen years and had never experienced being out on his own.

The practitioner initiated discussion with Jack on what he knew about living on his own. This was done in order to establish that Jack understood the realities of what would be entailed in securing a place to live and that this was a reasonable and feasible goal for Jack to obtain. There was also interest in establishing the degree of importance that this goal held for Jack or how much of a problem not having his own place would be. This was explored in order to assess the extent of interest in the goal and Jack's readiness to tackle the tasks that would be required to succeed in reaching it. The Target Problem Self Rating Scale assisted in assessing how serious Jack viewed not having a place of his own. The final target problem statement read as; Jack lacks independent living arrangements from family. His goal would be to obtain suitable living arrangements separate from family.

The session closed with a summary of the targeted problems as stated by Jack and agreed with by the practitioner. At this point, Jack was asked to rate each problem on the Target Problem Self Rating Scale (see Sample #8 (A) Pre). It was explained that the rating

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would serve as a means to measure reduction in the problem by comparing his rating now to his rating at the end of the intervention. There was also a brief discussion on what would take place at the following session.

At this time, Jack was also reminded that the practitioner would be contacting his parents to ask them to attend a family meeting and that it would be helpful to be able to talk about some of the concerns that he had brought forward. It was explained that this would help his parents understand why a meeting was being established and provide an opportunity to gain their perspective on his concerns. And furthermore, that his parents may be able to provide some additional information for developing the plans to achieve his goals. Jack expressed no concern with this, other than wanting to wait on telling his parents about his thoughts on moving out.

Jack's mother was contacted between the first and second session. She stated that her husband was not available, but that they would both attend a meeting and that it was very unlikely that Jack's sister would join in. The first meeting date was confirmed and would follow after the second individual session. The assessment that follows includes,information from the phone contact and from the first two sessions with Jack.

The assessment is intended to summarize the social context of the targeted problems and the client's general mode of functioning. This information is helpful in further clarifying and confirming the problems and goals and for beginning the process of generating alternatives for problem reduction. The targeted problems were framed in relation to the problem classification of 'Interpersonal Conflict' which includes problems centered on the interaction of persons (Reid, 1978). This helped to establish boundaries and maintain focus in the assessment process and to consider problem formation in interactional terms. It also

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appeared that Jack's concerns were interconnected and would overlap with one another as tasks were planned and developed.

According to Jack, he did not have an extensive history with the law, only recently had he come into conflict. Other things going on in his life at this time included, new friends and increased conflict and tension at home. The new peer group was a significant factor in that they too, were in conflict with the law. This area was explored only briefly as it was not identified at the present time as one of the targeted problems by the client. It was established that Jack had some concerns with his new associates and had been back in touch with some of his old peers. He was already affecting some change in this area.

Jack is just recently eighteen years old and lived at home with his family prior to custody. His family lives in the country, approximately a half hour drive from town. Jack has lived there all his life. He attends high school (grade 12) in the city and takes the bus to school each day. Throughout our sessions, he appeared unsure of himself and required a fair amount of encouragement. Jack would like to make changes in his relationships with this family, his own anger management and establish an independent living arrangement. He worried about his problems and appeared eager to have things resolved.

Jack described that the conflict that he felt between he and his family began approximately two years ago and had become worse over the past year. Since the past year, Jack and his mother and father argued almost everyday over many topics. Their arguing included yelling at one another and most often resulted in Jack swearing and storming out of the house, sometimes leaving for several hours. In these cases when he returned home late, he would be in trouble for missing his curfew and was at risk for another argument. Jack felt that his parents did not treat him like an adult, by not listening to his opinions and

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criticising them. He was tired of fighting with them and how it made him feel. He wished that they could see more 'eye to eye' such as, listening to each other, talking about their opinions or ideas, just talking about everyday things without arguing. Jack wished that his family was closer.

Jack's mother concurred with Jack's description of the arguing and also expressed an interest in reducing it. She added that she wished Jack would help out more around the house on his own accord and that this was sometimes what they argued about. She talked about how it had not always been like this and that when Jack was younger they had done a lot of things as a family such as, camping and playing baseball together on a community team. She indicated that they had tried on three different occasions over the past year to sit down as a family and talk however, they ended up in arguments and it had not accomplished anything. She stated that she and her husband would like to try again.

Jack's mother continued to state that her daughter was very angry with Jack, as he had stolen two hundred dollars from her and had not made any attempt at making amends. She also added that Jack's sister did not easily forgive and presently wanted nothing to do with Jack and had gone as far as considering that she didn't have a brother. She stated that she would try to convince her to attend one session.

Jack confirmed what his mother had reported and added that a few years ago he and his sister had gotten along well and had done a lot of sports activities together. Over the last couple of years they had drifted and began arguing more frequently. Prior to Jack's incarceration they hardly saw each other and he felt that his sister purposely avoided him. He was aware of how his sister felt about him and was upset with this. He wanted to make amends and reduce the tension between them.

Jack was concerned about his anger. He wanted to feel confident that he could manage his anger in any situation that arose. When he became angry he sometimes named called, said things he regretted, slammed doors and punched walls. He became angry several times a week and most often around conflict with his family. He managed his anger in most other situations that challenged him. He wanted to increase his skills in managing his anger so that he would not slam doors and punch walls and say things that he regretted. He wanted to learn how to remain calm, how to cool down and to think before reacting. He wanted to resolve his differences with others without becoming so angry.

Jack wanted to move out of the family home and secure a place of his own. He had lived at home all his life and had never experienced being on his own. He felt that it was time that he was out on his own were he could take more responsibility for himself and make his own decisions. He thought that he would feel better about himself and more like an adult. He did not want to live in the country and wanted to be closer to the city were he attended school and could look for a job. He was aware that he would have to find a means to support himself. He wanted to look for a place even if things improved at home. He was concerned about what his parents would think of him leaving and felt like he was betraying the family by moving out. He wanted to talk about this with them and wanted their support.

The second session began with the practitioner introducing the contract, explaining that it would help ensure that both Jack and the practitioner understood clearly what was wanted and to outline their plan. It would also provide them with a means to check back on the original problems and goals and evaluate their progress.

The basic structure of the intervention plan was developed in this session. The target problems and goals were restated and reviewed from the first session and agreed upon. The client and practitioner general tasks were discussed and developed and the scheduling of interventions and interviews was established. The duration of the intervention and who was participating was confirmed. The following illustrates this process.

The first targeted problem to be explored was Jack's concern with his anger control. Jack was asked about what kinds of things he felt he could do to tackle the problem. This initiated discussion on past problem solving efforts which included exploring times that Jack had kept his anger under control and determining what was different in these situations. We also examined what he had tried under other circumstances than with family.

Jack found it difficult to think of recent times when he had kept his anger under control with his family. He was able to remember a couple of occasions were he went to his room and slept instead of leaving the house although, he stated that he still slammed doors. He remembered that he had nowhere to go and had not felt like getting into another argument for being out. The practitioner reframed his actions in terms of taking a time out and provided instructions on the recommended way of doing this. This technique was discussed as a way to catch his breath or cool down a bit when he felt that things were getting too heated for him to handle. Jack suggested that he could excuse himself to use the washroom as another means of getting away for a moment.

The practitioner also delineated from his example, the process of thinking about the consequences and the fact that Jack had decided that he didn't want to get into anymore hassles. It was explained that this was another means of managing anger, thinking about what might happen if you don't. These examples assisted the practitioner in illustrating to

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Jack an exception when he had taken steps in controlling his anger and had drawn from some skills he already possessed. This was done in order to provide some encouragement and increased confidence for Jack in tackling his goal.

It was decided that Jack could continue to practice these skills as required. In addition, the practitioner informed Jack of the anger management program that was available through the facility. An outline of the program was provided, explaining that Jack could learn more detail about the techniques that they had just discussed as well as others including, conflict resolution and negotiation skills. He was advised that a new program was beginning in two weeks and Jack stated that he would like to attend. The program was five, two hour sessions over three weeks. It was determined that Jack and the practitioner would review the material learned from the group and discuss how it applied to some of the situations regarding his family.

The next area discussed was the family arguing. Jack liked the idea of family meetings and it was discussed that they would determine with his family, at the first session, how often they would meet. In the meantime, Jack and the practitioner would continue to meet once a week.

Jack continued to discuss that he had the money that he owed his sister and would like to return it to her and apologize. He thought that he could take her out for supper and give her the money then. Jack was commended on his idea and encouraged that returning the money and apologizing was a good place to start. The practitioner asked Jack if he knew of any obstacles to completing this task. At this point, Jack acknowledged the fact that his sister was not having anything to do with him and would probably not go for dinner. An alternative task was developed by Jack, to write his sister an apology letter with the

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money and give it to her when he was home on the weekend for a TR. If she was not there, he would leave it with his parents to give to her.

Jack discussed that he was a nervous about the family meetings and wanted to talk about what he would say before the first meeting. Jack stated that he wanted to tell his family that he did not like arguing with them and wanted to stop and wondered if they wanted the same. He wanted to ask them what they thought caused it and to talk about what they could do about it. He wanted to tell his parents about his plans to move out and ask them what they thought about this. Jack explained that he was worried that he was betraying the family by moving out.

And finally, Jack wanted his parents to rate their arguing the same as he had. He stated that he was curious about what they would say. The practitioner confirmed that this was an excellent idea and one that would have been recommended. It was explained that his parents would be asked to complete this rating again at the end of their sessions and they could compare them as a way to evaluate any changes or progress made.

The questions were reviewed and the practitioner asked Jack to think of any obstacles that might prevent him from saying what he wanted. Jack discussed feeling nervous and that this might get in his way. It was determined that Jack could bring a written list of his questions to assist him in the meeting.

The last area to be discussed, was Jack's concern with his living arrangements. He stated that he wanted to move into his own place directly from custody. He initiated discussion on how he would financially support himself. Jack stated that he was not interested in welfare and would need to find a job, then a place to live. He was interested in full time employment as he was finishing school in a week, for the summer. This led into

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discussion on what Jack would do in September when school commenced. He explained that he would not have to attend school full time, as he had partially completed some of his grade twelve credits prior to custody and had continued in secure custody. He added that he should have graduated this year. Jack felt that he was capable of attending both school and work. It was decided that his immediate task would be to obtain full time summer employment with hopes that it would carry into the following school year.

Jack had some previous work experience completing odd jobs for neighbours including haying for a local farmer. His job search skills were limited. At this point both Jack and the practitioner generated a list of ideas on how he might go about obtaining work. From the list of alternatives, Jack decided that he would enquire about the Futures program by calling and making an appointment to see about his chances of getting in. Both Jack and the practitioner felt that this would be an appropriate program, as Jack would be provided with job skills training and job placements that would hopefully evolve into permanent employment. He would be provided a weekly salary of one hundred and twenty-five dollars through the program, for a maximum number of weeks or until employment was secured.

In the meantime, it was decided that Jack would ponder possible living arrangements considering his goal of moving out directly from custody. Jack stated that he had been thinking about the idea of sharing accommodations in order to cut costs. He continued to say that he knew of one friend whom he could approach about the idea. It was clarified that this friend was a year ahead of Jack and was planning on attending college in the city the following school year. Jack thought that he would be a good person to live with as he was not into any trouble and they used to be good friends but, had drifted apart. It was

decided that Jack would try to contact this person to re-establish ties and to learn more about his friend's plans.

The session came to a close with a review of both the client and practitioner tasks. Tasks from this session were understood to be reviewed the next individual session were it was applicable. The practitioner agreed to complete the contract in written form for the next session. The date of the family meeting was confirmed and Jack was reminded of six sessions outstanding.

First Family Meeting

This meeting took place after the second individual session with Jack. The main points of the meeting will be outlined briefly in the following.

Jack's mother was the only other family member who attended the meeting. She explained that her husband was called into work and her daughter was not ready to attend yet. Jack discussed his list with his mother and was somewhat surprised with what she had to say.

She supported Jack in his decision to move out assuring him that this did not indicate that he was betraying the family. She added that he could live at home anytime, as long as he was doing something productive such as, work or school. It was suggested that if he needed to move home for a while before moving out on his own that could also be an option.

She also wanted to reduce the arguing and spoke for the rest of the family, agreeing that their frequent arguing was a problem. She rated it at a seven prior to Jack's custody and thought that it was already moving down in the fact that they were talking about it. She saw

Jack as a good kid who could do things well when he wanted to and also wanted to treat him like an adult. She suggested that this would be easier if he would help out around the house without complaining or just offer without being asked. She provided examples of cutting the grass, helping his dad with projects around the house or helping clean up after supper.

Jack talked about feeling like he was criticised a lot by both his parents. His mother commented that after a while they began focusing on the negative rather than seeing the positive. And if they did see the positive, they would question it. She continued that in some ways, he was "beat before he got started". However, she also stated that she did not want to spend all their time dwelling on the past, as she was not sure what good it would do and instead would like to start over and move forward. Jack agreed with this.

At this point, the practitioner commented on how they both wanted to reduce the arguing and seemed to have some ideas on contributing factors. They were asked what they thought they each might try to do to reduce the problem of arguing. Jack stated that he would make an effort to help out around the house and would start by helping his dad put up the shed when he was home on a weekend TR. Mom stated that she would make an effort to be less critical and be aware of her comments and that she would talk to her husband as well.

They agreed that when they argued, it was often centered on finding fault in each other, usually in something they had said or done and they had not noticed until now, how little that they said positive things to one another. It was suggested that they could both make an effort to exchange more positive comments. Examples of positive comments were

described as thanking each other when they had helped out, complimenting on effort or work done, asking each other about their day or week and so on.

Jack discussed his plans to return the money to his sister and apologize, which mom encouraged as an excellent starting point. She described how Jack had lived in the shadow of his sister and she was a hard act to follow. Jack commented that he still felt like this. His mom added that his sister had faults and one of them was not being forgiving when someone disappointed her. And added that Jack should not get his expectations too high, but that she would talk with his sister. Jack stated that he wanted to improve their relationship and wished his sister would give him a chance.

The practitioner suggested that they meet again and discuss how they made out with their tasks, summarizing what had been established. It was also stated that it would be helpful if Jack's father and sister could attend in order to gain their perspective on the issues. Jack and his mom were in agreement and a second meeting was scheduled in a week and a half, as this would allow for Jack to complete two TR's home.

The family sessions followed the similar problem solving structure of the individual sessions and utilized task centered methods. The intent of the family sessions is to have the members work out a solution face to face with the practitioner primarily in the roles of mediator, facilitator and coach (Reid, 1992). An agreement is reached on the problem(s), alternatives are generated, a plan is devised and the members commit to carrying out the plan through external tasks prior to the next meeting (Reid, 1992).

The third individual session began with a review of the targeted problems from their second session and any progress made towards the established goals. The review of tasks included assessing the extent to which tasks were completed using the task review schedule

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(see Sample #11 for one example). Each task was rated from 1-minimally or not achieved to 4-completely achieved. This process was conducted jointly between Jack and the practitioner. The purpose of rating tasks is to assess progress towards the target goal and ensure movement is happening in the right direction. It is also done to determine obstacles should tasks be incomplete, including revisions in the task itself or in the established goal.

Jack reported that he had tried to get a hold of his friend John however, was unable to get an answer and would continue to try. He had called Futures and had an appointment to enroll in the program however, they had advised him that if he was eligible, that there may be a short waiting period of one to two weeks as the program was full. Jack stated that he would like to continue looking for a job on his own while he waited. He suggested that he could check the newspapers on a daily basis. The practitioner informed him of the student employment centre and suggested it as a resource. It was decided that the practitioner would show Jack were the employment centre was located and how to use it. Jack could access it a couple of times a week on a job search TR. The procedures for establishing such a TR were discussed and Jack was to speak to a Case Manager about arranging this.

It was also discussed that Jack could tap into some other resources such as his family. He knew that his mother supported him in moving out and that perhaps she had some ideas that might be helpful or knew of prospective employers. Jack agreed to the task, stating that he would talk about it with her.

Jack indicated that he had encountered minimal situations that had challenged his anger. He stated that he occasionally felt ticked with staff but, made no issue of it as he was concerned about achieving his levels and TR's. This was identified as another example of

considering the consequences and Jack was encouraged with his efforts. He confirmed his enrollment in the anger management program beginning the following week. No new tasks were developed.

Jack completed his task of returning the two hundred dollars to his sister and apologized. He gave her the money and letter in person while on his family TR. He said that his sister did not have much to say to him and left shortly after he arrived home. He was concerned about how angry she was, claiming that he did not realize it was as bad as it was. Jack stated that his mother had told him that his sister was considering attending the next session.

The rest of his visit with his family had gone well and he stated that he had helped his dad build a shed during most of the TR. Jack indicated that there were no arguments and that when his parents dropped him back to the facility, they had told him that they had enjoyed his company. His family TR had been encouraging, coupled with the success of completing his tasks. Jack wondered if things had gone so well due to the distance that had been created with his incarceration. We discussed this, acknowledging that it might play a factor however, the differences in the way that he and his parents were responding to each other were considered instrumental. Some time was spent highlighting the differences that had related to their tasks such as, refraining from negative comments towards one another, increasing the positive exchanges and Jack helping out his father.

A brief discussion was held on the upcoming family meeting which could include his sister. Jack stated that he wanted to ask his sister to give him a chance to show her that he was not as bad as she thought and to tell her that it bothered him that she considered herself as not having a brother. He added that he wanted to tell her that he felt bad about

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the way he had treated her in the past such as, hassling her, being sarcastic and stealing. He wanted to ask her what he could do to lessen the arguing and tension between them. Jack was convinced that in the case of his sister, he was solely responsible for the state of their relationship and indicated that all he would want from his sister was a chance to redeem himself.

The review of obstacles to the task were identified as Jack's nervousness and the kind of response that he might receive from his sister. Jack stated that he was especially anxious about talking with his sister because of how upset she was with him. He worried that she would not accept what he had to say. We talked about this as being a possibility given her strong feelings however, the alternative was to say nothing which was also not acceptable to Jack. It was discussed how this task connected to his goal of reducing the arguing between he and all his family members.

The session ended with a review of the new tasks and a summary of the progress Jack had made towards achieving his goals. The initial targeted problems were reviewed and confirmed that they were still a priority and that satisfactory progress was being made. Jack was reminded of five sessions outstanding.

For the second family meeting both Jack's mother and sister attended. It was explained that his father's back was acting up and therefore he could not be there and that Jack's mother would discuss the events of the meeting with him.

Jack had some trouble expressing his concerns to his sister, as he was visibly anxious and therefore required a little cuing and prompting from the practitioner. His sister was very quiet throughout the meeting and also visibly upset. Jack's mother purposely stayed in the background, occasionally offering some support to Jack's words. Jack managed to bring up

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all his concerns, including asking his sister where she would rate their relationship on a scale of one to ten with ten being the worse. She indicated a ten and this led to a discussion of what would move it down the scale. She stated that she needed Jack to stay out of her room so that she did not have to lock it and to not make negative comments towards her. Jack agreed to these tasks.

Jack did well to continue to tell his sister that he noticed that she left whenever he came home and without acknowledging his presence. He stated that he wanted a chance to show her he was not so bad. It was determined that the best that his sister would do was say hello to him when he was home and try and stay around for at least fifteen minutes.

The practitioner summarized the session and the tasks that had been established. Jack's sister declined an invitation to a further meeting and asked to be excused early. Jack's mom stayed briefly and commended Jack on his efforts and talked to him about not becoming discouraged. Due to the nature of this session, a review of last sessions tasks and progress was not completed and a third meeting was confirmed for the following week.

The following provides an overview of the individual sessions four through seven. They provide the reader with the main points of each session and the progression of the case. The sessions were conducted in a similar manner to those previously presented. Targeted problems, goals and tasks were reviewed, alternatives were discussed and new tasks developed. These reviews noted progress in the reduction of problems, the completion of tasks and the identification of obstacles to task achievement. The sessions ended with a summary of the any new tasks and the number of sessions outstanding. Two

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additional family meetings were held, following sessions four and six and are recapitulated in the order that they commenced.

By session four, a review of the previous session tasks revealed that Jack had arranged a job search TR, however had not been to the student employment centre since the practitioner had taken him. He had checked the paper for job opportunities. He had spoken with his mother and she suggested that Jack check about getting his name on the union list for calls for construction, adding that she would pay the union dues if he wanted to join. Jack would look into this and let his mother know what he found out.

He was still on the waiting list for Futures and it was suggested by the practitioner that he conduct a follow up call to show his interest in the program and determine his status in waiting. Jack agreed to complete this task by the next session.

Jack had reached his friend John and found that he was planning on obtaining a place with his girlfriend and would therefore not be available to share accommodations with him. No new tasks were developed in this area other than for Jack to consider alternative living options.

Jack had completed one session of the anger management program and they briefly discussed what he had learned, focusing on the topic of causes of anger. This information was applied in relation to his family's arguing and his anger in these situations. Jack identified that he was quite often on the defense when relating with his parents, he expected conflict and reacted immediately in the manner to which he had grown accustomed. The result was increased conflict and more distance, the opposite of his goal. No new tasks were developed at this time other than continuing with the program and putting into practice the skills he was learning. He had four sessions left in the program.

Jack reported on his most recent TR home. His stated that he saw his sister briefly, she acknowledged his presence this time however, still left shortly after he arrived. Jack commented that he was polite to her, although he had little time to be with her and that he had stayed out of her room. She had removed the lock on her bedroom door. Jack was reminded that his sister had stated that she would only stay around for a few minutes and that they had both carried out their agreement.

At this point, we reviewed the original target problem of family arguing and assessed the progress made. Jack had completed three visits home with no reports of arguments. He had been helping out at home and had noticed that there was a difference in how they seemed more polite with one another. Jack felt that there had been some change in the state of the original problem. The practitioner reminded Jack of his role in this change and the efforts he had made in the family meetings. Jack commented that he wished his father would attend, stating that he knew he would have an excuse each time a meeting was planned. It was decided that Jack would ask his father, to come to a meeting. We talked about the barriers that might arise such as, his father putting him off or being vague and how he might handle this. Jack was reminded of four sessions left.

The third family meeting was attended by Jack's mother only. His father apparently had to help out Jack's grandmother and his sister had declined. This meeting was spent reviewing the progress since their last two meetings, focusing on the change in their pattern of arguing and what they had been doing differently to contribute to this. Jack's mother commented that she felt as if things had improved considerably and had noticed a change in Jack and that he seemed more mature than in the past. She continued to state that she felt that she was thinking before she spoke and was more aware of not being so critical

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towards her son. She noted that Jack was making an effort to help out and was less defensive and sarcastic than he use to be. Jack added that he felt more relaxed at home and noticed that they spent time talking about everyday things. Jack talked about wanting to join his parent's baseball team. This was encouraged as they had previously mentioned that they had played ball together and that it was a positive experience, absent of conflict. Mom stated that she would talk to the team and if it was alright, she would escort Jack to and from the facility for games. The practitioner agreed to recommend and support a TR request for this activity.

The practitioner reviewed what they had found. It was clear that they had done a fair amount of thinking about their involvement in the problem and identifying the behaviours which they wanted to change. They were encouraged to continue working towards their goal by practicing the tasks that they had established thus far. A fourth meeting was confirmed in two weeks time to review tasks and progress and possibly recruit Jack's dad to one meeting.

By session five, Jack had contacted the Futures program and was informed that he had been accepted and could begin the following week. His new task was to speak with a case manager and ensure that all the facility requirements were completed in order that he could attend. The previous job search tasks were terminated at this point, as they were no longer applicable.

The practitioner initiated discussion on Jack's concern with his living arrangements, wondering if he had given it any further thought. Jack wanted to wait on looking for a place until closer to his discharge. He claimed that he still wanted a place of his own but, also realized that it would be tight on five hundred dollars a month. The practitioner initiated

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reviewing his original target problem as a means to establish any changes or its present level of significance. Jack rated it as a less serious problem for him now. Through further discussion, Jack revealed that he was thinking about his mom's offer to go home for a while after his discharge and save money to move out from there. He explained that things did not feel as tense and he felt that he could reside there until he secured a place of his own. We discussed the idea of Jack bringing it up with his parents on his next TR.

Jack confirmed that he had not asked his dad about attending their next meeting. He stated that they had spent the day together and it was great, and he did not feel like getting into the discussion with him. We talked about whether this was a task that he wanted to pursue and Jack indicated that he would rather his dad just decide on his own about attending.

Jack had completed two more sessions of the anger management program and time was spent reviewing the new material and applying it to his particular situation with family conflict. The focus in this segment was on conflict resolution. The session was closed with a review of new tasks, revisions to tasks and goals and a reminder of three sessions outstanding.

By session six, Jack had begun the Futures program and was in the last week of anger management. Jack had discussed returning home with his family and an agreement had been reached that he was welcome as long as he remained involved in something productive. The majority of this session and session seven, was spent reviewing continuous tasks that had been established to reduce the family arguing. As well as, reviewing material from the anger program and its application to specific examples with family and other scenarios including; teachers, staff, employers and peers.

Between sessions six and seven the fourth family meeting was held and was attended by Jack and his mother. As predicted by Jack, his father had something else he was committed to. Jack's mom had confirmed Jack's eligibility to participate in baseball games as a relief when others could not attend.

The bulk of the meeting was focused on reviewing Jack and his mother's view of the original targeted problem and progress on the goal of reducing the arguing by fifty percent. Both Jack and his mother agreed that there had been change and were asked to individually rate the present status of the targeted problem using the same rating scale as at the beginning of the sessions. Both had changed their rating from seven to four. Although, the arguing had almost stopped and they had more than reached their goal of a fifty per cent reduction, they were not quick to assume that all had changed. They both wondered about what it would be like when Jack returned home and they were dealing with each other on a daily basis.

They were advised that although there may be difficult times, they had negotiated a new means of communicating with each other and working out tasks at home. With continued commitment and practice they could maintain a minimized level of arguing that was more tolerable for everyone to live with. At this point, a review of the problem solving process that was utilized in the sessions was discussed and how it could apply to future problems they might encounter. Prior to ending the session Jack and his mother were complimented on their honesty in sessions and their commitment to eradicate the problem of arguing. Their individual contributions were highlighted as the significant factors in the change that they saw and felt.

The eighth session entailed an overview of what had taken place since their first meeting. The purpose of this review was to affirm for Jack, the steps of the problem solving process that had been utilized in working towards his goals. An intent of the approach is to provide the client with a method for tackling future problems they might encounter.

As Part of this review, Jack was asked to once again complete the Target Problem Self-Rating Scale in order to rate the status of his targeted problems since the first session (see Sample #8 (B) peaked). Jack had found the most change in his relations with his family however, qualified this with concerns about the durability of the change, as outlined in the last family meeting. He was also sceptical about the progress he would make with his sister. This led to a discussion on projected difficulties and how Jack might approach them.

In regard to Jack's confidence in his anger management, he felt that he had learned new skills however, had not had sufficient opportunity to try them out. He suspected that he would feel more confident knowing he could apply them in a real situation.

We talked about how his targeted problems were interrelated and that change in one area, affected change in another. As an example, his desire for independent living arrangements altered slightly as his family relations improved. As he was starting to feel more adult-like and somewhat autonomous in his family, it was no longer as urgent to physically distance himself, although this was still a post discharge goal.

The last part of the session was spent on post treatment planning which included a brief discussion on the continuation of present and future goals. The session closed with Jack completing the post test on the PSI and a request to complete the Client Questionnaire in a few days time.

Information elicited from the Client Questionnaire, revealed Jack's satisfaction with the service and aspects of the task centered approach. On the whole, he felt that he was getting along much better than compared to when he first began treatment. The one problem that he wanted the most help with was rated as a lot better. As part of this question, it would have been an added benefit to have asked the client to name the problem he was referring to. This would have helped clarify or confirm how the targeted problems or goals had evolved or shifted in priority over the course of the treatment process. The advice given in counselling, the encouragement for progress made and the attempt at helping him understand himself and others was rated as particularly helpful. Jack indicated that the concentration on specific goals and tasks was particularly helpful, that the length of service was acceptable and that he would prefer the same kind of service if he sought help in the future. These questions reflected the client's satisfaction with more specific aspects of the task centered model.

His concern with the durability of change was revealed again through the first question which asked, were there any personal or family problems now that you think you need further help with? Jack responded with being uncertain, as he was not around his family everyday and really did not know how things were going to go. However, Jack felt that overall, the service helped with most of the problems that were bothering him. In this case the evaluation instruments appeared to support the client's reports of change, the mother's report of change and the practitioner's clinical observations.

In the pre test of the Problem Solving Inventory (PSI), Jack scored 48 on the Approach-Avoidance sub scale and 39 on the post test, the Problem Solving Confidence

scale was rated at 29 pre and 18 post and the Personal Control scale with a pre score of 20 and a post score of 19. Total scores were pre test 97 and post test 76.

Table 4

Pre test and post test results for the PSI Case C

Scales	Pre Test Scores	Post Test Scores
Approach/Avoidance Style	48	39
Problem Solving Confidence	29	18
Personal Control	20	19
Total Score	97	76

The reduction in scores from pre to post test could indicate that Jack perceives an increase in his problem solving abilities. His perception is supported by change in the originally targeted problems as rated by Jack and as rated by his mother on the issue of family arguing. Clinical observations also confirm change, particularly in the area of family relations as observed through the joint family meetings. It appears that the goal of reducing the arguing by fifty percent was achieved, however a follow-up after Jack had been home a period of time would add strength to this inference.

The measurement of change in Jack's confidence in managing his anger is somewhat subjective, given the difficulty of measuring confidence. This is a much more arbitrary measure than the observation of a behaviour or the acquisition or reduction of something tangible. Any self-report measure is subject to weaknesses, however the lack of the problem being defined in behaviourial terms causes more difficulty in supporting the self analysis with outside observation. Jack's goal was to increase his knowledge and skills in anger management, as he assumed that acquiring these would help him to feel more confident in handling any situation that arose. In retrospect it may have been beneficial to have spent

more time defining this problem in behaviourial terms. This would have aided the evaluation process and provided Jack with a more tangible means to assess his progress.

Shifting target problems also present some difficulty in measuring change. Jack's desire to obtain independent living accommodations from his family, altered as family relations improved. Change in one targeted problem affected change in the other and delineated the importance of improved family relations over separate accommodations. Jack was in fact able to rate improvement in this area, not by achieving his goal of obtaining suitable living arrangements separate from family, but by decreasing the need for such arrangements and perhaps by taking some steps towards the future acquisition of this goal. Equipped with a plan and the financial means to support himself, Jack is in a better position to choose his living arrangements when the time presents itself.

Jack was involved in the identification of problems, the planning and implementing of tasks and the evaluation of obstacles to task achievement. Participation in this problem solving approach of the Task Centered model is intended to equip clients with the means to tackle problems they may encounter in the future. Successful follow-up on the PSI may have provided more support, should Jack have indicated a maintenance of gains made in treatment.

In any case, Jack did perceive change in his problem solving abilities as measured by the PSI, rated change in the originally targeted problems, achieved tasks in the process of working towards his goals and stated that on the whole, he was getting along much better now than compared to when he first began treatment. Clinical observations by the practitioner as well as, observations by Jack's mother supported Jack's self reports. The instruments used to evaluate the outcome supported both the clinical observations and the

outcome as described by Jack and his mother. In particular they reflected the changes in

how Jack perceived himself and the problem at the point of termination.

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Target Problem Self Rating Scale

Please identify your target problems and rate how serious you feel the problem is using the scale provided.

Target Problems

Problem #1

Extent to which I feel <u>a lack of confidence in managing my anger in all situations that I might encounter</u> is a problem for me.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

Problem #2

Extent to which I feel <u>that the amount of arguing between my mother, father, sister and myself</u> is a problem for me.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

Problem #3

Extent to which I feel <u>that not having independent living arrangements from my family</u> is a problem for me.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

Target Problem Self Rating Scale

Please identify your target problem(s) and rate how serious you feel the problem is using the scale provided below.

Target Problems

Problem #1

Extent to which I feel <u>a lack of confidence in managing my anger in all situation that I might encounter</u> is a serious problem for me.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

Problem #2

Extent to which I feel <u>that the amount of arguing between my mother, father, sister and myself</u> is a serious problem for me.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

Problem #3

Extent to which I feel <u>that not having independent living arrangements from my family</u> is a serious problem for me.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

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<u>Sample #9 (A) Pre</u>

Target Problem Rating Scale

Problem #1

Using the scale provided, please rate how serious you feel that the amount of arguing between you, your husband, your daughter and Jack is.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

<u>Sample #9 (B) Post</u>

Target Problem Rating Scale

Problem #1

Using the scale provided, please rate how serious you feel that the amount of arguing between you, your husband, your daughter and Jack is.

1	2	3	4	5	6	7

not at
all serious

somewhat
serious

very
serious

Contract

Case ID: Case C

Target Problems as agreed with client:

1)   Jack does not feel confident in managing his anger.
2)   Jack and his mother, father and sister argue too often.
3)   Jack lacks independent living arrangements from family.

Client Goals:

1)   Increased skills in anger management.
2)   Reduce arguing with his mother, father and sister by 50%.
3)   Obtain suitable living arrangements separate from the family home.

Client General Tasks:

1)   Participate in the facilities anger management program and practice strategies learned.
2)   Attend family meetings with the practitioner and mother and any other family members that will attend.
3)   Apply for and complete temporary releases to the family home.
4)   Determine possible living options.
5)   Decide on living arrangement.
6)   Determine financial means to support living arrangements.
7)   Take the necessary steps to secure finances.

Practitioner General Tasks:

1)   Reinforce anger management strategies.
2)   Facilitate family meetings.
3)   Support temporary releases for the implementation of tasks.

Duration of Intervention and
Schedule of Interviews: Individual sessions, once per week over eight weeks.

Intervention Schedule:
Sessions 2, 3, - begin developing plans for anger management
and begin acquisition of skills, determine possible living options,
plan for first family meeting.
Session 4, 5, 6, 7, - continue developing anger knowledge and skills, decide on living arrangements, determine financial means for living arrangements, take steps to secure finances, attend family sessions and carry out tasks.
Session 8 - review tasks and problem change, evaluate and future planning.

Who is involved: Jack, mother, father, sister, practitioner

<u>Sample #11</u>

Task Review Schedule

Task Statement

Jack will attend the first family meeting and ask his parents the list of questions that he has prepared.

Jack will help his dad build the shed on his next TR home.

Jack will write his sister an apology letter and return the two hundred dollars on his next family TR.

Target Problem to which related: #2 (family arguing)

When task formulated: Session #2
                          Family meeting #1
                          Session #2

Who suggested the idea for task:

client x	practitioner x	other
Client	practitioner	other X - mother
Client x	practitioner	other

When task reviewed: Session #	Progress Rating Review:
three	(4) completely achieved
three	
&	
third family meeting	(4) completely achieved
three	(4) completely achieved

Progress Rating (1 - 4 or no)

(1) minimally or not achieved   (2) partially achieved
(3) substantially achieved   (4) completely achieved

Comments:

Session three: By session three, Jack had attended one family meeting and had covered all the questions he had prepared for this meeting. Jack had also completed one family TR by the third session and had completed the task established in the first family meeting to assist his father in building a shed. Jack had written an apology letter and returned the two hundred dollars to his sister on his family TR.

Chapter 4 - Practicum Results

Introduction

Introduction

This section of the report will examine the outcome of the practicum. This will include an overview of the kinds of problems and tasks addressed throughout the six cases, a summary of the results obtained and discussion regarding the utility of the evaluation instruments.

Task-Centered treatment was provided to a total of seven clients during the course of the practicum. Of the seven, one client (G), declined to complete the post test measures and Client Questionnaire. Follow-up on the Problem Solving Inventory was able to be completed on just two of the seven cases. Of the five remaining cases, two were contacted, however did not follow through with completing the inventory and the remaining three could not be located. As a result, this practicum generated data for a total of six clients, excluding the use of follow-up measures.

Two additional youth were initially referred to participate in the practicum, however task-centered service was terminated when no target problems could be identified with these youth after three sessions. A problem search was conducted in both cases. The rationale for such a search is to assist the client in the process of developing his/her own ideas about what problems should be looked at and what he/she is willing and motivated to attend to (Epstein, 1992). Neither youth wished to identify or address any problem areas in which they could see themselves participating towards a solution. They believed that the problems lay in the environment and in the attitudes and behaviours of others and that they were only

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vaguely responsible or connected. They were unable to articulate any concrete or specific conditions to be changed.

In an effort to engage these clients, an attempt was made to try and reframe a problem in terms of "getting people off their back" however, there was still lack of commitment. Unfortunately, these two youth had joined together and had taken a stance that they were "just going to do their time" and wanted little involvement from others in or outside the facility. There was also little support or leverage from significant others.

From the practitioner's view point, both youth were struggling with multiple issues under the problem typology including; interpersonal conflict, problems with formal organizations, difficulties in role performance, and inadequate resources. Both youth had been recently living on the street and at one point had indicated that they felt that they had little control over what happened in their lives. The aspect of gaining some control was also explored, however it appeared that neither youth were comfortable with identifying problem areas or looking at practitioner suggestions. These youth were somewhat distrustful of authority and formal organizations and this distrust was supported and fed through their association with a youth street gang.

It may have been possible to utilize the task-centered approach after gaining more trust from these youth and being flexible in allowing more time for problem identification. Lack of practitioner experience with the model may also have contributed to the difficulty in identifying target problems. The impasse may have arose due to reluctance to deal in the client's terms (Epstein, 1992). In retrospect there may have been too much initial concern with having these youth identify issues in which they acknowledged their contribution to the situation. As a starting point, it may have been possible to have drawn a goal from

client complaints that were more on their terms. It may have then been possible to have continued assessment and problem searches once the client was a part of the treatment transaction. The model is also somewhat limited in providing direction in this kind of case. Combining techniques from other models within the framework of the task-centered approach may prove to be more helpful.

This raises some limitations regarding the utility of the model with youth who cannot readily identify their role in the change process. In these cases, more time than the model recommends may be required to develop a problem statement that leads to possible solutions or tasks for problem resolution. Within the task-centered model, if a person cannot identify a target problem after a problem search and within three sessions, it is recommended that the case be terminated.

Additional knowledge of compatible approaches would also benefit a practitioner, providing more theory and techniques to draw from in these kinds of situations. Alternative services were provided to these youth through the regular routines and procedures of the facility. In hindsight, it would have been advantageous to have administered the Problem Solving Inventory as a method of assessing any change in perceived problem solving from lternative services other than task-centered.

Overview of Problems and Tasks addressed through the Practicum

A diversity of target problems and tasks were generated by the six remaining youth in the sample for this practicum. The problem areas included; education, employment, housing, finances, health, incarceration, peers, chemical abuse, anger management,

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attitudinal issues and family relations. These more specific themes evolved from the broader problem classifications that assisted in the process of assessment.

Under the problem classification of dissatisfaction in social relations were the clients who were dissatisfied over some aspect of their relations with others and saw the difficulty in themselves or the other person (Reid, 1978). Case A was an example of this. John expressed difficulty in how others viewed him, particularly his attitude. This led to John establishing a goal of showing others an improved attitude and developing related tasks such as; negotiation and compromise skills and refraining from sarcastic and negative comments to others. John appeared to have an understanding of how his behaviour affected and influenced others in how they related to him. He could relate most tasks back to the original goal with clarity.

Interpersonal conflict included those clients who defined their problem in terms of their interaction with another (Reid, 1978). Case C was an example of this. Jack defined one of his targeted problems as the arguing between himself and his mother, father and sister. This led to a goal of reduced arguing and included the development of tasks from family meetings and anger management counselling. Jack struggled at times in seeing his goals and tasks in interactive terms. Family involvement was crucial for his understanding. He seemed to benefit from the dialogue in family sessions and the opportunity to explore tasks within the family context during temporary releases.

Difficulty in role performance related to those residents who had concerns around carrying out an ascribed social role (Reid, 1978). Case B and Case D were examples of this. In Case B, Rob expressed concern about his role as a prostitute and his desire to carry out more socially acceptable roles such as, student or employee. His goals and tasks evolved

from these. Contextual change was more difficult for Rob, due in part to his lack of confidence in his abilities to affect change. As suggested in the discussion of case B, the involvement of significant others may have provided more support and feedback for Rob towards task accomplishment and a lifestyle change of this calibre. There was a sense that Rob's goals were shifting and in retrospect were perhaps too broad.

Client D talked about wanting to have a 'normal life' as a teenager such as; being a student and working. A barrier to performing these roles was his chemical use and subsequently, goals and tasks were developed on all areas, with the main focus on the chemical use. In this case, a drug and alcohol assessment had been recommended by the court and created leverage for task achievement. It was difficult to ascertain at the start of case D the degree of the problem around client D's chemical use. A completed assessment indicated a serious problem. It became apparent that chemical use was the central issue effecting other desired goals. Goals and tasks surrounding this issue were related to participating in assessments and a day treatment program. Employment and education goals became secondary however, were still important to address given the client's desire. Movement in these goals may have also been beneficial in supporting the other treatment goals around chemical use.

It is difficult to assess the effectiveness of the task-centered approach with chemical abuse issues. Although client D was able to complete some tasks related to education and employment goals, the main focus was on attending a treatment program for the intervention of this problem. The task-centered approach may have been beneficial in assisting this youth in the contemplative stage of addressing his chemical use. Goals and

tasks kept leading back to the barriers resulting from substance use and highlighted the need to address the use of drugs and alcohol.

In developing an intervention plan to directly address chemical abuse issues, the Task-Centered approach would be combined with a comparative drug and alcohol treatment model in establishing plans or tasks for reduced chemical use or abstinence. From this writer's knowledge there are models that could potentially be combined with the task-centered approach that may prove helpful.

Under the problem classification of decision problems were those residents who were experiencing difficulty in reaching particular decisions (Reid, 1978). Case E was an example of this. Client E was struggling with the decision to move with his father or set up home on his own. Assessment of this case revealed interpersonal conflict between client E and his father however, it was clearly stated and agreed by each party that there would be no discussion between them of their issues. It had been decided that client E was to make his own decisions independently. The goals and tasks evolved from this context and provided options which assisted in his decision making for independent living. Housing, employment, and education were identified by client E for exploration. Court ordered treatment in the form of anger management was also included within the targeted problems.

The problem-solving process of identifying goals and reviewing possible tasks is very applicable to decision problems. A problem- solving structure as in the task-centered approach, provides a framework for the client to weigh choices and assist the decision making. Tasks provide a way to check some options out and to clarify and obtain additional information for decision making. It can become more of an experience than a discussion in theory. And as the theory suggests, "... we are more likely to act ourselves into a new way

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of thinking, than we are likely to think ourselves into a new way of acting" (Dole & Marsh, 1992, pg.74).

Case F provided an example under the problem classification of emotional distress. Problems under this heading are centered on emotional upsets in relation to a specific event or situation (Reid, 1978). Client F identified worry about his health, and basic needs. His goals and tasks evolved from his worry and addressed such issues as; health problems, finances, housing and schooling.

In client F's case, the task-centered approach gave grounding to abstract worry through the requirement of establishing concrete problems, goals and tasks. It promoted action towards solutions such as; making payment toward debts versus inaction and increased worry. Client F was able to generate movement on a number of tasks towards goals however, at the end of our intervention still had outstanding issues that continued to weigh on him. He did not report any change in perception of his problem-solving abilities after the task-centered intervention which may have been influenced by these outstanding issues. He was however, able to utilize the approach by completing tasks that reduced the extent of some of his complaints.

Generally, problems and tasks that were interpersonal in nature tended to be more challenging. Concrete tasks such as; make a phone call, fill out a form and attend an appointment were more obvious and easier to measure for task accomplishment. Clients appeared to grasp these tasks more readily and relate them back to the targeted problems with more ease.

Table 5 that follows provides an overview of the problems and tasks that were explored utilizing the task-centered approach.

Table 5
Target problems and tasks addressed under the Task-Centered Approach

Case ID	Problem Themes	Sample of Associated Tasks
A	Education Attitude Incarceration	enroll, attend, complete course work stop sarcastic comments, negotiate set & obtain goals,determine living arrangements, apply and obtain review
B	Housing Employment Peers	decide on living arrangements, job search tasks, refrain from association with peers, inform peers of intentions,
C	Housing Arguing with Family Anger management	decide on living arrangements, determine finances, attend family meetings, assist at home with tasks, practice strategies from meetings, attend group, practice strategies,
D	Education Chemical Abuse Employment	enroll, complete lessons, attend assessment, decide on recommendations, attend day treatment, apply for B.C. and S.I.N., develop resume,
E	Employment Anger Management Living Arrangements	obtain resume, contact previous employer, outline job search tasks, comply with court order to attend counselling, explore options, determine decision of where to reside and who to reside with,
F	Financial Health Education	clear debts, complete legal aid application, complete employment-associated tasks, make appoint. with specialist, improve eating/sleeping habits, practice relaxation for stress, obtain lessons, complete and hand in for marking,

Summary of Results and Utility of the Evaluation Instruments

The method of evaluation utilized to measure change in targeted problems and in perceived problem solving appeared to befit the model and the clients. Overall, the youth appeared comfortable with the evaluation process and experienced little difficulty in participating in it. As well, the evaluation instruments appeared to compliment the intervention.

The Problem Solving Inventory was found to be a useful measure and was complimented by the additional evaluative tools. Four youth perceived an increase in their problem solving abilities following the intervention and two indicated no change in total scores nor in any of the sub scales. Appendix (I) provides the total results from each client that attended the sessions and completed the pre and post test PSI measure. For the most part, the PSI provided a view of the client which was consistent with clinical observations.

Positive outcome was based on lower scores following the intervention as indicated from the pre-test to the post-test. Norms were not applied to PSI scores in an effort to determine the initial degree of problem in the area nor were they used in the interpretation of the shift in scores. Heppner (1988) cautioned comparing an individuals PSI score to a sample mean due to the small size of the samples. The direction of the shift in scores from higher to lower was viewed as positive and in relation to any perceived change in problem solving that may have been influenced by the task-centered approach.

Heppner (1988) suggests, it is important to avoid the simple interpretation of low scores on the PSI as indicative of effective problem solving. A person's problem solving appraisal and his or her actual skills should match. Reviewing task accomplishments

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through the use of the Task Review Schedule and evaluating change in the targeted problems through the Target Problem Rating Scales assisted in assessing this match. If tasks were being accomplished and there was change in the targeted problem(s) one might assess that problem solving was taking place. This was additionally strengthened when outside observers noted change. An example of an outside observer would be a family member who was involved in completing the Target Problem Rating Scale.

For those cases where there was a lower score on the PSI following treatment, there were also task accomplishment and positive change in the identified problems as viewed by the client, practitioner and in some cases, outside observers. In the two cases where there was no change in PSI scores, there was still some change rated in the original targeted problems and task achievement.

It is difficult to clearly decipher the factors that may have attributed to the differences between those youth who perceived changes in their problem solving ability and those that did not. Additionally, this sample was far too small to assess whether there was any particular trend in the number of tasks achieved or degree of rated change in targeted problems in relation to PSI scores. However, it is interesting to note that the two clients who did not rate change on the PSI were also the only two who indicated on the client satisfaction questionnaire that the service "helped with some of the problems that were bothering me but did not get to all of them" and clearly indicated that they had other problems with which they felt they needed further help. It appeared that clients B and F perceived a number of on-going issues. The rest of the sample indicated that they had help with most of the problems that were bothering them and either did not feel there were any outstanding issues or felt that they might require help sometime in the future.

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The Target Problem Self-Rating Scale (appendix B) was used to measure the intensity and change in the targeted problem from the client's perspective. It was administered in a pre and post test design and measured the degree of seriousness of the problem for the client. All of the youth reported some alleviation in their targeted problems following the intervention. However, there were some questions regarding the utility of this measure as self-rating scales possess high face validity but, fall short on reliability and effects of reactivity (Bloom & Fischer, 1982). The rating was strengthened when a collateral provided a similar rating on the same type of scale (Target Problem Rating Scale) altered for collaterals.

There are some intrinsic difficulties in using self-report methods with young offenders in custody. Incentive systems are a component of young offender facilities. Positive behaviour and individual progress is rewarded with increased privileges. Self ratings may be effected by a client's desire to present himself in a more positive light in order to benefit through the structure of the facility. Involuntary clients may have a lot to gain by indicating improvement in their particular situation. An example may be seen in the previously presented case of John. John's goal was to obtain a review of his sentence and he was interested in creating a positive picture of his progress in custody. He was aware that a reduced score on his ratings would indicate improvement. However, having staff and collateral observations and ratings assisted in a balanced view of the situation.

It is felt that some clients would have been more comfortable designing their own self-anchored scales, as at times it became awkward trying to word a targeted concern into the pre existing format of the scale. Such scales would allow a more tailored match with the client and perhaps more accurately portray their circumstances. It may have also been

more useful to have used the rating scale in each session. This could have been fashioned after a scaling question where the client is asked to rate where the problem is on an anchored scale of one to seven (baseline) and where it has moved to in successive sessions. Such a scale could be further utilized by asking questions to establish tasks or goals that would move the rating in specific increments in the desired direction such as, what tasks would need to be undertaken to move from a nine to an eight and so on. This concept of scaling questions is drawn from the approach used in the Solution Focused Model of Brief Treatment (Walter & Peller, 1992). Having the client set specific goals and tasks and self-monitor positive behaviour or change would be using reactivity in a positive sense, adding to the effects of the intervention (Bloom & Fischer, 1982).

Overall, a target problem self-rating scale fits well with the problem solving orientation of the model. It also provides a means to assess how important or how serious the problem is for the client. It supports a structure and focus for developing task strategies for the resolution or alleviation of the targeted problem and is generally very accessible for the clients to use. All of the clients appeared quite comfortable using a rating system. The intentions of the model are to help clients move forward with solutions to problems they have defined and target problem self-rating scales provide a means for assessing the extent to which this is achieved.

The task review (appendix C) utilized at each session, proved to be a most useful tool for recording and structuring the intervention. It provided a format for both the client and the practitioner to examine the barriers and the resources for task achievement and for maintaining focus on established goals and re-examining originally targeted problems.

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The actual rating of tasks became cumbersome and unfitting at times and therefore, was not consistently followed. The reviewing process was useful, where the actual numbered rating of task accomplishment proved unnecessary. It felt more appropriate to keep a brief descriptive record of what had happened as a means for review. The less formal approach seemed more suitable with this client group.

The client questionnaire (appendix D) utilized at termination provided useful feedback regarding the therapy process. Clients were generally satisfied with the service provided. All clients stated that the length of service was acceptable and that the service helped with at least some of the problems that were bothering them.

One of the more interesting results was that all youth stated that on the whole, they were getting along much better than compared with when they first began treatment, regardless of how they rated the one problem with which they most wanted help. The ratings on this one problem varied from; it is about the same by one client, to a little better by two, to it is a lot better by three and with no one rating it as no longer present. This may support the view that some improvement in one problem area may have a ripple effect into other areas.

Five of the six clients stated that the concentration on specific goals or tasks to work on was particularly helpful, with the sixth client stating that it was of some help. The clients had the option of choosing; particularly helpful, of some help, not helpful - I would have liked more freedom to talk about what was on my mind, the casework (counsellor) did not do this and other. This feedback is particulary informative, indicating that this sample from the targeted population found fundamental strategies of the task centered model such as, goal and task development as a helpful method of working on their problems. It also

provided feedback to the practitioner that there was a sufficient focus on goals and tasks.

The questionnaire also provided the feedback that, clients found the advice they were given in counselling, the encouragement they received for progress made, and the attempt made to help them understand themselves or others as a helpful part of the treatment process. There may have been an added benefit to including on the questionnaire an open ended request for clients to describe in more detail what they found most helpful and not helpful from the service provided.

The majority of questions were specifically related to techniques and aspects of the task centered model of practice and provided significant feedback on the client's satisfaction with this type of service. In the end, all but two of the clients stated that they would like the same kind of service if they had other personal or family problems with which they needed help. In the two other cases, one stated that he would like a different kind of service and the other stated that he didn't really know what he would want. However, these type of questionnaires should be cautiously interpreted, as clients may attempt to show their gratitude, by indicating what they perceive would be pleasing to the practitioner.

Chapter 5 - Evaluation of Student Educational Objectives and Conclusions

Evaluation of Student Educational Objectives

1) To develop greater experience and skills in relating to young offenders. Although this writer has had previous experience with young offenders, it is felt that through the process of this practicum there has been an increase in skills in working with this client group. In a custody environment there is often considerable influence towards more of a directive approach when working with clients. Problems quite often end up being ascribed rather than perceived by the youth. The Task-Centered model emphasizes a different view and supported this writer in developing more of a collaborative approach within the custody setting.

A central principle of task-centered treatment is focusing on client acknowledged problems and helping clients work towards solutions to the problems they have defined (Reid,1978). For the most part, the youth identified significant areas to work on. This allowed the client to take the lead and perhaps opened the door more easily for practitioner suggestions. Discussions on the resources and barriers to a client identified goal allowed for the introduction of additional areas of concern or challenges to a client's behaviour or cognitions. This principle of acknowledged problems, afforded clients an opportunity for more control, responsibility and decision making regarding the problem areas in their lives and how they were handled. It also provided the clients with mandated problems, some control over the way in which the problems were tackled. This created a very respectful and validating method of therapy.

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The principles and practice strategies of the model helped shape the practitioner's view of client strengths and abilities to a greater degree than previous to the practicum experience. It is this writer's opinion that such views carry over to the client and contribute to the positive and collaborative working relationship that develops. Within a correctional setting the focus is more often on emphasising an individual's problems and deficits. Over time, this view can become more prevalent or dominant over strengths and resources. It was refreshing to implement perhaps, a more balanced view.

The emphasis on openly sharing information and of eliciting client participation in the development of treatment strategies was particularly helpful in bringing youth on board and earning their trust.

The Client Satisfaction Questionnaire provides some feedback regarding the client's view of the practitioner's skills. The encouragement provided for progress made, the advise given in counselling and the practitioner's attempt at helping the client understand themselves and others were rated as helpful by all clients.

2)   To learn the Task-Centered treatment model in its practical application with young offenders in custody.

Task-centered practice is suitable for use within an open custody setting. The problem solving approach is compatible with the promotion of individual accountability/responsibility and the development of plans and skills for reintegration to the community. As previously discussed, the approach was also generally, well received by the youth who participated in this practicum.

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In order for work to take place in task centered practice, a clear concept of problem must exist. The process of defining targeted problems in specific, meaningful and realistic terms was excellent practice for both the practitioner and the client. Initially, the youth quite often developed global definitions of their problems and discovered that in order to develop a plan or tasks to address the problem, they had to become less vague and more specific about what they wanted to see different.

In some cases the youth were quite clear on their needs, wants and plans and the practitioner's role was mainly one of providing support and structure for the problem solving process. For others, greater assessment and direction were required. The emphasis in the model on exploring the factors that were maintaining the problem or posing as a barrier to problem resolution aided greatly in not speculating about causative factors that may have been irrelevant to a plan for problem resolution. This also aided in defining the problem in behavioral terms or in such a way that suggested what action needed to be taken. It was good practice to ask the questions that Reid (1992) suggests; what is the target problem, how often does it occur, when does it occur, with whom, where, with what consequences and with what antecedents, as this helped in keeping the problem more specific and measurable.

Upon evaluating the development of target problems within this practicum, it becomes evident that some of the client identified problems could have been drawn out more specifically. This also depended on client characteristics and mode of functioning. Client A was quite able to work with goals and tasks that were not stated in operational terms. This becomes evident through the discussion of Case A.

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In Case C, as an example, the target problem relating to the lack of confidence in managing anger is somewhat difficult to measure. It may have been more helpful to have examined this area in greater detail to enable a more specific problem statement. Lack of confidence was a key issue for client C and more measurable accomplishments may have been very therapeutic for him. Additional practice with the model would aid in the skill development of the practitioner in this area.

A clear problem statement lead to the goals and subsequent tasks. The nature of the tasks varied depending upon the characteristics of the client. The task reviews provided a good means to check on client skills, beliefs, and resources etc. Tasks were the actual problem solving action however, the clear and accurate identification with clients of their problems was crucial to the intervention. Once clients had established a focus, they were fairly adept at generating alternatives.

Case consultation, case recordings and the client questionnaire were a means to assess this second student learning goal. Dr. Don Carpenter of the Social Work Department at Lakehead University was accessed for case consultation. These meetings provided an opportunity to present a case and discuss the application of the practice strategies of the model and gain some feedback and direction.

Case recordings provided a means for tracking the use of the practice strategies of the model. The assessments in the case presentations and the samples of Contracts and Task Review Schedules provide a means for assessing this.

Additionally, question #8 of the client satisfaction questionnaire provides some feedback on the practitioner's attempt to concentrate on specific goals and tasks with the client. Five of the six clients stated that they found the concentration on goals

and tasks particularly helpful while one, found it of some help. Clients had the option of particularly helpful, of some help, not helpful, the casework (counsellor) did not do this and other.

3) To explore the effectiveness of the Task-Centered treatment model with young offenders.

There was opportunity to explore the effectiveness of the model through its' practical application and through the evaluation component of the practicum. Some general statements can be made from the experience of applying the model with the clients in this sample.

There was a positive response towards the problem solving approach of the model. The focus on establishing goals and tasks was viewed as particularly helpful as identified through the client questionnaire. All but the two clients that were terminated from the service, identified targeted problems and goals and developed and implemented tasks that moved towards problem reduction. This is the main intention of the model. The omission of follow up made it difficult to track maintenance of any gains made from the intervention however, it is hoped that clients learned problem solving skills that they can apply in future situations they may encounter.

The emphasis on client identified concerns is a central principle of the model and helped maintain focus on what was meaningful for the youth and within their capacity to affect change. A treatment approach that focuses on strengths and the

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client's agenda establishes a balance with the control aspect of custody. In the end, this may lead to more of an acceptance of service in general.

The intended brief length of service was well suited to the open custody setting and the average length of incarceration. This brief treatment approach was considered acceptable by all the clients. One youth requested additional sessions however, closer examination of the case did not reveal a legitimate reason for an extension. Upon further discussion this youth appeared satisfied with terminating. It is felt that the time limits did assist in avoiding drift in the intervention and may have created pressure for some clients in completing tasks.

Feedback received from the client questionnaire indicated that all the youth felt that on the whole, they were getting along better than compared with when they first began treatment. Within the model, goals do not need to be completely achieved in order to be considered successful (Epstein, 1980). Task-centered treatment appeared effective in alleviating the intensity of the problems that were identified by the six clients. However, as mentioned, it is reasonable to consider that outcomes may have been effected by forces outside of the treatment experience such as; the routines and procedure of the facility and interactions with other staff and individuals in the community. These factors are important to consider in light of concluding the effectiveness of task-centered interventions with the youth in this practicum experience.

There was additionally, an increase in four of the six client's perception of their problem solving abilities. For those youth who perceived an increase in their problem solving abilities and who had significant task accomplishment and problem

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reduction one might conclude that actual problem solving abilities had been enhanced. As Heppner (1988) suggests, PSI scores can be used in conjunction with other assessment information in determining problem solving abilities, as an individual's actual problem solving skills in some situations may not coincide with their overall appraisals. The target problem self-rating scales and task reviews indicated that all the youth were able in varying degrees to express problems, establish goals and carry out tasks towards problem resolution. At the very least, they were able to participate in the problem solving process and gain experience in using this approach.

Although there were some positive responses in using this approach with young offenders, it could not be successfully applied with all the youth. Limitations of the model in its' application with the young offenders in this practicum are discussed in the conclusions to follow.

4)   To learn a practice model that can provide a basis for future development as a social worker.

There is a sense of having established a foundation from the utilization of a specific model in conjunction with past learning and experiences. A noted change has been a more organized approach around problem identification and assessment. In particular, the task centered model has provided a framework for approaching client situations from a problem solving perspective. It has helped this writer avoid hypothesizing about the 'deeper or underlying cause' of a problem or behaviour and instead focus on what is known about those factors which support the problem or

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influence its' resolution. Knowledge about the cause of a problem is afforded more importance when it aids in the development of a course of action. In conjunction with this, there is increased knowledge and skill in defining problems in words which suggest the action or strategies that need to be taken to resolve the problem. This assists in creating boundaries for the intervention.

It is felt that the task centered model has brought structure to problem assessments and intervention plans and enhanced this writers' ability to ask questions in a manner that promotes problem solving. It has provided a grounding framework from which other approaches can be combined for future development as a practitioner. There is particular interest in exploring the feasibility of integrating aspects of the Solution Focused model of practice with the Task-Centered model as well as, models of family therapy.

The task-centered model stresses the importance of evaluating practice and provides a fairly structured method for doing so through reviewing and assessing problems, tasks and goals. This has been additionally helpful as a means to integrate a more intentional evaluation of practice in general.

Conclusions

This practicum provided task centered services to seven youth over the course of six months. One youth chose not to participate in the evaluation process, resulting in data collection for a total of six clients. Of these six youth, all participated in eight sessions, which were generally spread over eight weeks. Follow up was not included in this report as it was difficult to implement with this group of clients.

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The small sample size in this practicum and in the studies from the literature review limit generalizing the discussion on the models effectiveness with young offenders. However, there were issues that arose from the practicum that warrant discussion in relation to which youth task-centered treatment is perhaps more appropriate and which problems may be addressed more effectively when the model is combined with other comparatives approaches.

From the experience of this practicum, task-centered treatment is not viable with youth who cannot articulate concrete or specific conditions to be changed. The youth must acknowledge and agree to work on a specific problem as outlined in the model. Difficulties in applying the model arose when two youth could not identify target problems and eventually had to be terminated from task-centered service. It was difficult to determine target problems that were stated in behaviourial terms and suggested direction for resolution. These particular youth were not interested in acknowledging problem areas or discussing what they might do to effect change in their lives. And as Reid (1992) states, in order for work to take place in task-centered practice a clear concept of the problem must exist.

The suggestion within the model for dealing with clients who cannot identify target problems is limited to conducting a problem search which in this case was not sufficient for engaging the two youth. For some youth, more time may be required than allowed by the model for problem identification. An initial emphasis on rapport building may be required before work can take place in such a structured manner as outlined by the model.

An emphasis in the model is for client identified problems and for the most part, this is a positive attribute of the model. However, a consideration when working with a young offender client group is to identify those problems that involve external constraints or

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externally identified problems. There are often court recommendations, conditions of probation and ultimatums by family members. From practice experience, many of these imposed targeted problems are significant or crucial for the youth to attend to and are often barriers to the achievement of other goals. The difficulty with these target problems is that they may not initially be of genuine interest to the youth rather, they may be identified in order to satisfy the court or someone else.

Reid (1978), cautions that wants that are dependent upon external constraints such as pressure from the courts may tend to be unstable and short lived. When the constraint is removed the target problem may shift and effecting contextual change may be very difficult. Depending upon the nature of these kind of problems, the task centered approach may need to be combined with other models of therapy in order to provide a more comprehensive and lasting intervention. One such example may be seen in the following case.

In case D the central issue effecting the client's desired goals was his use of drugs and alcohol. The assessment of goals and tasks kept leading back to the barriers resulting from substance abuse and highlighted the need to address his use of drugs and alcohol. It is in this writer's opinion that had an assessment and treatment not been recommended through the courts, this youth would not have agreed to identify this significant area as a goal. As Reid (1992) suggests, an individual ultimately looks for ways to solve a problem that does not interfere with other interests. In this case the other interest would appear to be drugs and alcohol. It is felt that the task-centered approach would need to be combined with a comparative drug and alcohol treatment model for addressing problems of this nature.   It is also this writer's opinion that when dealing with family conflict, the task

centered approach would be strengthened if combined with a family therapy model. In addressing interpersonal conflict that involved parent and child, it was felt that an additional way of viewing the family may have assisted the assessment process and guided the development of a more effective intervention plan.

Based on this practicum, task-centered treatment is most likely to be successful with those youth who can readily identify areas in their life in which they want to see change. And with youth who are ready to identify the role they can play in the change process so that they can establish meaningful goals and tasks and in behavioral terms.

Having now had experience with the model, it presents more as a framework within which other approaches can take place or be combined. As Reid (1992) suggests, the task centered model is designed to be eclectic and integrative and to draw on a range of intervention approaches and theories for assessing obstacles and plans for problem resolution. Knowledge of additional and compatible models of therapy would provide the practitioner with an expanded range of alternatives and interventions.

The strengths of the model can be found in; the structure it provides for both the practitioner and the client for developing problem solving actions, the collaborative approach between practitioner and clients and its' commitment to the evaluation of practice. Task-centered practice promotes the generation of goals and tasks and allows the exploration of both problems and solutions. Most importantly, clients may learn about what steps they took towards resolving their problems and what they would need to do should similar problems arise again.

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Appendices

The Problem Solving Inventory

FORM B

P. Paul Heppner, Ph.D.

Name _____ Date _____

Sex _____ Age _____ Grade or class (if you are a student) _____

Directions

People respond to personal problems in different ways. The statements on this inventory deal with how people react to personal difficulties and problems in their day-to-day life. The term "problems" refers to personal problems that everyone experiences at times, such as depression, inability to get along with friends, choosing a vocation, or deciding whether to get a divorce. Please respond to the items as honestly as possible so as to most accurately portray how *you* handle such personal problems. Your responses should reflect what you *actually* do to solve problems, not how you think you *should* solve them. When you read an item, ask yourself: Do I ever behave this way? Please answer every item.

Read each statement and indicate the extent to which you agree or disagree with that statement, using the scale provided. Mark your responses by circling the number to the right of each statement.

1	2	3	4	5	6
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

1. When a solution to a problem has failed, I do not examine why it didn't work 1 2 3 4 5 6

2. When I am confronted with a complex problem, I don't take the time to develop a strategy for collecting information that will help define the nature of the problem 1 2 3 4 5 6

3. When my first efforts to solve a problem fail, I become uneasy about my ability to handle the situation 1 2 3 4 5 6

4. After I solve a problem, I do not analyze what went right and what went wrong...................1 2 3 4 5 6

5. I am usually able to think of creative and effective alternatives to my problems 1 2 3 4 5 6

6. After following a course of action to solve a problem, I compare the actual outcome with the one I had anticipated 1 2 3 4 5 6

7. When I have a problem, I think of as many possible ways to handle it as I can until I can't come up with any more ideas 1 2 3 4 5 6

8. When confronted with a problem, I consistently examine my feelings to find out what is going on in a problem situation 1 2 3 4 5 6

9. When confused about a problem, I don't clarify vague ideas or feelings by thinking of them in concrete terms...1 2 3 4 5 6

10. I have the ability to solve most problems even though initially no solution is immediately apparent 1 2 3 4 5 6

11. Many of the problems I face are too complex for me to solve...1 2 3 4 5 6

12. When solving a problem, I make decisions that I am happy with later 1 2 3 4 5 6

Read each statement and indicate the extent to which you agree or disagree with that statement, using the scale provided. Mark your responses by circling the number to the right of each statement.

1	2	3	4	5	6
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

13. When confronted with a problem, I tend to do the first thing that I can think of to solve it 1 2 3 4 5 6

14. Sometimes I do not stop and take time to deal with my problems, but just kind of muddle ahead..1 2 3 4 5 6

15. When considering solutions to a problem, I do not take the time to assess the potential success of each alternative 1 2 3 4 5 6

16. When confronted with a problem, I stop and think about it before deciding on a next step 1 2 3 4 5 6

17. I generally act on the first idea that comes to mind in solving a problem 1 2 3 4 5 6

18. When making a decision, I compare alternatives and weigh the consequences of one against the other...1 2 3 4 5 6

19. When I make plans to solve a problem, I am almost certain that I can make them work......1 2 3 4 5 6

20. I try to predict the result of a particular course of action 1 2 3 4 5 6

21. When I try to think of possible solutions to a problem, I do not come up with very many alternatives...1 2 3 4 5 6

22. When trying to solve a problem, one strategy I often use is to think of past problems that have been similar..1 2 3 4 5 6

23. Given enough time and effort, I believe I can solve most problems that confront me 1 2 3 4 5 6

24. When faced with a novel situation, I have confidence that I can handle problems that may arise...1 2 3 4 5 6

25. Even though I work on a problem, sometimes I feel like I'm groping or wandering and not getting down to the real issue 1 2 3 4 5 6

26. I make snap judgments and later regret them 1 2 3 4 5 6

27. I trust my ability to solve new and difficult problems...1 2 3 4 5 6

28. I use a systematic method to compare alternatives and make decisions 1 2 3 4 5 6

29. When thinking of ways to handle a problem, I seldom combine ideas from various alternatives to arrive at a workable solution 1 2 3 4 5 6

30. When faced with a problem, I seldom assess the external forces that may be contributing to the problem 1 2 3 4 5 6

31. When confronted with a problem, I usually first survey the situation to determine the relevant information 1 2 3 4 5 6

32. There are times when I become so emotionally charged that I can no longer see the alternatives for solving a particular problem 1 2 3 4 5 6

33. After making a decision, the actual outcome is usually similar to what I had anticipated 1 2 3 4 5 6

34. When confronted with a problem, I am unsure of whether I can handle the situation 1 2 3 4 5 6

35. When I become aware of a problem, one of the first things I do is try to find out exactly what the problem is 1 2 3 4 5 6

	CON	AA	PC		
Page 1 Subtotal	_____	_____	_____		
Page 2 Subtotal	_____	_____	_____		
Score	_____	_____	_____	_____	Total

Appendix (B)

Target Problem Self-Rating Scale

Please identify your target problem(s) and rate how serious you feel the problem is using the scale provided.

Target Problem(s)

Problem #1

Extent to which I Feel _____is a serious problem for me.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Not at all
Serious

Somewhat
Serious

Very
Serious

Problem #2

Extent to which I Feel_____is a serious problem for me.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Not at all
Serious

Somewhat
Serious

Very
Serious

Problem #3

Extent to which I Feel_____is a serious problem for me.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Not at all
Serious

Somewhat
Serious

Very
Serious

Appendix (B) continued

Target Problem Rating Scale

Using the scale(s) provided, please rate how serious you feel _____ identified problem(s) are for him/her.

Target Problem(s)

Problem #1

Extent to which I feel_____is a serious problem for_____.

1	2	3	4	5	6	7

Not at all
Serious

Somewhat
Serious

Very
Serious

Problem #2

Extent to which I feel_____is a serious problem for_____.

1	2	3	4	5	6	7

Not at all
Serious

Somewhat
Serious

Very
Serious

Problem #3

Extent to which I feel_____is a serious problem for_____.

1	2	3	4	5	6	7

Not at all
Serious

Somewhat
Serious

Very
Serious

Appendix (C)

Task Review Schedule

Task Statement

Target Problem to which related: _____.

When Task Formulated: Session # _____.

Who Suggested idea for task:

Client _____ Practitioner _____ Other _____

Client's initial commitment to task as rated by the practitioner:

1_____2_____3_____4_____5
Low   High

When task reviewed: Progress rating review:
Session #

1.   1.
2.   2.
3.   3.
4.   4.
5.   5.
6.   6.
7.   7.
8.   8.

Progress rating (1 - 4 or No)
(1) Minimally or not achieved   (2) Partially achieved
(3) Substantially achieved   (4) Completely achieved

Details of implementation (identified in review): include reasons for failure to do task it rating of 1. If ratings of 2 or 3, describe which aspects of the task were completed and which were not. Note instances of task substitution or reshaping.

Appendix (D)

CLIENT QUESTIONNAIRE

CHECK ONE RESPONSE FOR EACH QUESTION. IF YOU CHECK "OTHER," WRITE
IN YOUR RESPONSE IN THE SPACE PROVIDED.

1.   Do you have any personal or family problems now that you think you need further
       help for?

       _____ no   _____ yes
       _____ uncertain
       _____ other   _____

       _____

2.   Consider the one problem that you most wanted the caseworker or counsellor to
       help you with. How is this problem now compared with how it was when you
       started treatment here?

       _____ it is no longer present
       _____ it is a lot better
       _____ it is a little better
       _____ it is about the same
       _____ it is worse
       _____ other   _____

       _____

3.   On the whole, how are you getting along now compared with when you first began
       treatment here? (check one)

       _____ much better
       _____ a little better
       _____ about the same
       _____ worse
       _____ other   _____

       _____

4.	The service:

_____ was far too brief; it should have continued for a much longer period of time.
_____ was a little too brief; I could have used a few more sessions.
_____ lasted about the right length of time.
_____ went on too long.
_____ other _____

_____

5.	The advice I was given in counselling was:

_____ particularly helpful
_____ of some help
_____ not helpful
_____ little or no advice given
_____ other _____

_____

6.	The encouragement I received for progress I made was:

_____ particularly helpful
_____ of some help
_____ not helpful
_____ little or no encouragement given
_____ other _____

_____

7.	The Caseworker's (counsellor's) attempt to help me understand myself or others were:

_____ particularly helpful
_____ of some help
_____ not helpful
_____ few such efforts were made
_____ other _____

_____

8. The Caseworker's (counsellor's) attempt to concentrate on specific goals or tasks for me to work on was:

_____ particularly helpful
_____ of some help
_____ not helpful; I would have liked more freedom to speak my mind
_____ the casework (counsellor) did not do this
_____ other _____

_____

9. Our agreement at the beginning on how long service was to last:

_____ was "a plus" as far as I was concerned
_____ was acceptable
_____ didn't strike me as a good idea
_____ we didn't do this
_____ other _____

_____

10. If I again have personal or family problems that I need help with I would want to have:

_____ the kind of service I just completed
_____ a different kind of service
_____ other _____

_____

11. The service:

_____ helped with most of the problems that were bothering me
_____ helped me with some of the problems that were bothering me but did not get to all of them
_____ didn't help me much at all
_____ other _____

_____

Appendix (E)

Identifying and Basic Social Data.

1. Name _____

2. Address _____

3. Racial origin/ethnicity _____

4. Grade Completed _____

5. Work History _____

   _____

   _____

6. Learning Disabilities _____

   _____

7. Date of Referral _____

8. Data on members of client's social system (such as; age, name and sex of family members)

   _____

   _____

   _____

9. Admittance and Discharge date, length of sentence, criminal charge(s), history of previous charges.

   _____

   _____

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Appendix (F)

Problem Assessment

-Summary of the target problem.
-Social Context - what factors in the environment are precipitating   and maintaining the problem and what resources are available for   problem resolution.
-Client characteristics and mode of functioning.
-Needs - material goods, skills, personal attitudes, relationships.
-Past problem-solving.
-History of the problem where applicable to the solution.

Appendix (G)

Contract

Case ID:

Target Problem(s) as agreed with clients:

Client Goals:

Client General Tasks:

Practitioner General Tasks:

Duration of Intervention:

Schedule of Interviews:

Intervention Schedule:

Who is Involved:

Other:

Appendix (H)

Post-Treatment Planning (goals client would like to pursue following treatment).

Appendix (I)

PSI results of the clients that attended all sessions and completed the Pre and Post test of the inventory.

Cases	Approach-Avoidance Style Scale (AA)	Problem-Solving Confidence Scale (CON)	Personal Control Scale (PC)	Total Score
(A)				
Pre	39	16	23	78
Post	34	16	15	65
(B)				
Pre	61	30	28	119
Post	61	30	28	119
(C)				
Pre	48	29	20	97
Post	39	18	19	76
(D)				
Pre	71	37	24	132
Post	59	36	15	110
(E)				
Pre	68	43	21	132
Post	55	37	17	109
(F)				
Pre	32	14	11	57
Post	32	14	11	57