

THE UNIVERSITY OF MANITOBA  
SCHOOL OF SOCIAL WORK

THE UTILIZATION OF CASE RECORDINGS FOR  
SUPERVISION AND TEACHING AND CURRENT  
IMPLICATIONS FOR RESEARCH AND ADMINISTRATION

Being a Report of a Group Research Project  
submitted in partial fulfillment of the requirements  
for the Degree of Master of Social Work

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## ACKNOWLEDGEMENTS

Members of this research group wish to express their sincere appreciation for the interest, guidance and advice received from the members of the faculty of the University of Manitoba School of Social Work particularly Professor M. Roger and Mr. David Vincent.

We also wish to acknowledge the cooperation and assistance of the following agencies and organizations who willingly made available their staff and facilities in gathering the data for this study.

Province of Manitoba, Department of Health  
and Social Development:

North Regional Office - Regional Director,  
Mr. E. Sarna

South Regional Office - Regional Director,  
Mr. M. Kapinsky

West Regional Office - Regional Director,  
Mr. S. Enns

Office of Research Planning:

Director, Mr. P. Brook

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Total Number of Scored Factor Sets in Divisions of Sets which are: Congruent, Non-Congruent, and Non-Sufficient Data, for each Area of Analysis.

ABSTRACT

This research project studied whether case recordings reliably reflected the nature of the case situation. This was done through personal interviews, and case analysis. We found that case recordings are both insufficient and unreliable and do not reliably reflect the nature of the case situation, and therefore cannot be used as an empirical tool for supervision, research and administration.

## INTRODUCTION

"The most important thing about a professional record lies in its content."<sup>1</sup>

"The chief function of the record is to show the nature of the case situation, what the client is doing about his problem, and how case-workers carry the responsibility of offering help or treatment."<sup>2</sup>

This study proposed to examine the congruence between the content of case recording and the nature of the case situation.

Hamilton points out that case recording and practice are interdependent and interrelated. Practice is what is to be recorded.<sup>3</sup> It becomes necessary, therefore, to look at some characteristics of social casework whose essential elements will constitute the problem of recording.

Social work is concerned with the social order which is in continuous flux. It has changed from its early concepts of "charity" to one of "rights" to a decent standard of life; from an ameliorative viewpoint to one of prevention; from ad hoc solutions in response to social problems to planned social change.

As a profession, social workers are also concerned with the relationships and adjustments of people within the social order.

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1. Gordon Hamilton, Principles of Social Case Recording. (New York: Columbia University Press, 1946), page 4.

2. Ibid, p. 4.

3. Ibid. pp. 1-9.

They are concerned that society recognize the worth and dignity of its members and allow each individual full realization of his maximum potential. The caseworker is concerned not only with the external situation, but with feelings, attitudes, and behaviours of persons towards his situation.

This has important implications for case recording. How does one accurately reproduce, analyze a constantly changing person-situation configuration? Its nature is so complex and fluid that it is difficult to describe the various factors.

Also, casework assumes that in a democratic society clients are not passive recipients but each individual, group, or community is a participant in his own welfare. The caseworker is involved in a mutual shared enterprise in which his skill depends on his ability to help a person use a resource or the casework relationship towards his own self-development. To translate this into a record is difficult.<sup>4</sup>

"Recording is a tool that the professional uses productively and responsibly to further the defined social work goal."<sup>5</sup> It serves four essential purposes: teaching, practice, administration and research.<sup>6</sup>

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4. Ibid., pp. 2-3.

5. School of Social Work, University of Manitoba, Summary of Our Approach to Recording, printed material.

6. Hamilton, op. cit., page 4.

### Teaching (Supervision)

The case record is indispensable in teaching and supervision for communicating knowledge and improving skills. Through the use of the case record the supervisor is able to help the worker<sup>7</sup> integrate casework material thereby improving performance. In fact, one study indicated that in two family agencies which they examined, case recording was used more by supervisors for teaching than for any other purpose.

### Practice

Recording improves practice skills because it requires careful observation, analysis and interpretation in a manner communicable to others. Selecting relevant material helps to develop the worker's judgment, imagination and perspective, thereby increasing casework skills and contributing to professional growth. Recording is necessary also in planning successive steps in treatment in relation to goals. This, in turn, ensures improved service to clients which is the dominant consideration of social work.

### Administration

The case record is an administrative tool in that it is the "chief source of information in determining need for assistance."<sup>7</sup> It indicates necessities for policy change as social conditions change,

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7. Ibid., page 5.

provides information for analyzing and clarifying services and for justifying the expenditure of public funds. It also provides a source of continuity in spite of staff changes. It thus serves as a resource in reviewing and evaluating services which is an administrative responsibility.

### Research

Case recording should reflect not only data relevant to the particular situation, but information which may lead to knowledge of the nature of social problems and community needs. In this way it may lead to discovery of new knowledge and assist in social planning and prevention. Records are extremely important in research, but this obligation and responsibility is not yet fully recognized. As noted by Samuel Finestone:

"The use of agency case records presents a problem, because the records have been prepared for practice rather than for research purposes. It is instructive for any administrator to discover, when a review is made of the agency's case records, that information everyone expects will be in the records is not there. If case records are to be used in a research project, special forms will have to be set up to ensure that as the workers prepare the records they will put down the information relevant to the research. The special forms developed are frequently of great value both to the practice and to research."<sup>8</sup>

Seaberg expands on this theme by pointing out that:

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8. Samuel Finestone, "Some Requirements for Agency - based Research," Social Casework, vol. XLIV, Number 3, (March 1963), p. 135.

"The researcher relying on process records for data, then, is continually confronted by the major inadequacies of incomplete and inconsistent information. In addition, the volume of process records places restrictions on the number that can be examined in the search for data. There have been continual calls from the literature dealing with recording and from the personnel in the field for solutions to these and other perplexing problems, but nothing of significance has been reported."<sup>9</sup>

In attempts to do a research project, Pannor et al. similarly found that "...agency records, not devised for purposes of research, were incomplete, inadequate, and inconsistent in the information contained."<sup>10</sup>

It was in relation to these concerns that the germ of this study had its beginning.

Initially we proposed a study of utilization of manpower in the Province of Manitoba; however, we were advised that the use of case records for obtaining data might be unreliable. The Department of Research and Planning felt that case recordings provided insufficient information and were unreliable in terms of client situation to be useful for research. It was felt that it would be useful for the welfare of the community and for social workers in particular, to determine whether this position could be supported.

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9. James R. Seaberg, "Case Recording by Code," Social Work, Vol. 10, Number 4, (October 1965), page 93.

10. R. Pannor, B.W. Evans, and F. Massarik, "Standardized Case Recording in Casework Practice and Research: The 'S.C.R.F.' as a Tool in the Study of Unwed Parenthood," Child Welfare, Vol. XLVI, Number 10, (December 1967), page 571.

Since practice, teaching, administration, as well as research rely heavily on case records as an informative resource, this group changed its focus completely and undertook a closer look at the problem of sufficiency and accuracy of case recording. This aspect of case recording had not been examined in the Department of Health and Social Development and we therefore saw a need to fill this research gap.

"Agencies are concerned with increasing the time spent in direct services to clients, making the best and most efficient use of staff, and ensuring economy. In relation to recording practices, this means that agencies want case records to be relevant, current, economical, and adequate."<sup>11</sup>

In light of this concern, we formulated a general hypothesis: There is no significant difference between the nature of the case situation and the content of the case recording.

The 'nature of the case situation' and the 'content of case recording' were examined in terms of the following four areas of analysis: changes in adaptive efficiency, (A.E.); changes in disabling habits and conditions, (D.H.); changes in attitudes or understanding as evidenced from the client's verbalizations, (V.); and changes in the environmental circumstances, (E.). This will be elaborated further in Chapter 3.

As an instrument of measurement we adapted the Hunt Movement Scale, originally designed to measure movement in the

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11. Ibid., page 570.

case work process, as a tool to measure sufficiency and congruency of data. Sufficiency of content was measured in terms of the occurrence of the four areas of analysis in case recordings and client interviews. Congruency of content was measured in terms of the variance within the four areas of analysis as they occurred in case recordings and client interviews.

In support of the hypothesis several sub-hypotheses were formed. These were:

1. There is no statistically significant difference between case recorded scores and scores obtained from personal interview applied to the four areas of analysis.
2. Applied to each case classification (program, support, and treatment) there is no statistically significant difference between case recorded scores and personal interview.
3. There is no difference in the proportion of congruent factor sets among the three categories of the case classification system.
4. There is no difference in the proportion of congruent factor sets among the four areas of analysis.
5. For the situation of case recorded material only, there is no proportionate difference between the two groups (scored factors and not sufficient data) among the three categories of the case classification system.

6. For the case recorded material only, there is no proportionate difference between the two groups (scored factors and not sufficient data) among the four areas of analysis (A.E., D.H., V., E.).

### Limitations

We recognize that we have limited our study through the selection of the specific agencies and of families living in the city of Winnipeg. We recognize, too, the possibility of inaccurate or distorted recall by clients. Further, the problems attending the planning for reorganization within the Provincial Departments would affect the quantity and quality of case recording.

For the purposes of our study we have selected cases from the Mother's Allowances program. We felt justified in doing this as they represent a proportionately greater amount of the agency's caseload and they also contain a maximum proportion of social work components ranging from financial assistance to child welfare.

We have also limited our subject population to those cases which have received service from the agency for a period of not more than one year to allow for a more accurate base line on terms of client recall. Cases were also at least six months old to ensure that some case recording would be done. The specific time delimited was cases opened between July, 1969 and April, 1970.

Further, the case, involved contact with no more than one worker (excluding the Intake Worker) during this time to ensure greater consistency between worker and client for comparison.

Cases meeting our criteria were selected from the North, South and West offices of the Department of Health and Social Development in the Province of Manitoba. A disproportionate stratified random sampling technique was used. The details of our method will be discussed in Chapter 3.

Data relevant to our hypotheses were tabulated to facilitate analysis of variance using Chi-square and 't' tests. The analysis of the data will be elaborated in Chapter 4 and evaluation and conclusions will be presented in Chapter 5.

## CHAPTER 2

### BACKGROUND LITERATURE AND RELEVANT STUDIES

#### Historical Development

The development of case recording has been slow in comparison with the development of social casework and lags in its ability to reflect briefly and concisely the social work process. At the beginning of the century case records were often hand written on odd bits of paper. They were not organized for easy reference. Then it was realized that the time-cost in using the record is of greater consideration than the time-cost of preparing it and concern for organizing material began to develop.

The oldest form of case record was written in narrative or story-style as knowledge of behaviour and diagnosis was still underdeveloped. Workers were unable to recognize and select potentially relevant material. The narrative style was found to be too unwieldy, repetitious and diffuse, however, to be used as an efficient source of ready information. The value of detailed recording became questionable when the expense and time involved were considered. In spite of these drawbacks, some agencies still make extensive use of narrative style recording because they find it is a good medium when attention should be directed to attitudes, behaviour, relationships and motivation. This style of recording would be especially suited to a clinically-oriented agency. This method of

recording is also used extensively by Schools of Social Work as a teaching tool, to facilitate the learning process. The student gradually learns to select significant material, thus sharpening his casework skills.

An article by Dwyer and Urbanowski stresses the role of process recording in learning and makes a plea for inclusion of such things as a description of how the interview began, feeling content, etc. The authors point out that there is a difference between what is required in the field and the educational situation. Too much writing in the student situation leads to difficulty transferring to the requirements of the worker.<sup>12</sup>

In two articles, one by Little and one by Sackheim, both authors expressed concern regarding the unwieldiness of extensive process recording and advocated a more concise summary style. They point out the cost of present recording practices, the fact that they do not implement the worker's responsibility for diagnostic evaluation of material, and each suggests methods which will help shorten records and sharpen diagnostic thinking. They feel these objectives further reinforce each other. More focussed recording places a greater responsibility on the worker and necessitates supervisory check but it may also sharpen the supervisory process and foster staff growth. The authors also suggest that

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12. Margaret Dwyer and Martha Urbanowski, "Student Process Recording: A Plea for Structure," Social Casework, Vol. 46, May 1965,

staff discussions of recording techniques and principles are a good means of breaking down outmoded methods and developing new ones.<sup>13, 14</sup>

This concern has gradually led to greater emphasis on the summarized style of recording. The summary is a good device for organizing and analyzing facts. "Summaries not only point up but they point in to the meaning and relative importance of the material gathered."<sup>15</sup> The two types of summaries generally used are social study summaries which are a review or recapitulation of material which has already appeared in the record and periodic or treatment summaries which are compiled from case notes not previously recorded. The summary shortens the record, economizes on the time spent both in preparing and reading the record, and enhances diagnostic thinking. It is an excellent device for the recapitulation of the facts. Summarizing, however, runs the risk of oversimplification, obscuring sequences, and blurring the emotional overtones.

Hamilton points out that while recording processes remain basically the same for all fields, the content, and to some degree, the style may be affected by agency structure, function and policies.

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13. Ruby Little, "Diagnostic Recording," F.S.A.A. Recording Kit. pp. 3-7.

14. Gertrude Sackheim, "Suggestions on Recording Techniques," F.S.A.A. Recording Kit. pp. 8-13.

15. Hamilton, op. cit. pp. 22-23.

For example, if the central purpose of a public assistance program is to provide income, then economic or financial data have a central place in the record.<sup>16</sup>

We have found in reviewing the literature that studies of case recording are fairly sparse and have tended to be isolated, discrete probes rather than a systematic accumulation of knowledge. For example, some studies have been concerned with confidentiality; others with techniques of case recording and still others with utility and efficiency of case records. We have, therefore, chosen to present the literature in chronological order to illustrate the evolution of case recording and point up present trends.

A very early concern of case recording was with confidentiality. We noted this concern in a document published by the F.S.A.A. in "Safeguarding the Confidential Nature of Case Records in Public Agencies." A number of inquiries were received as to how public agencies safeguarded the confidential nature of their records. In response, letters were sent to all public agency members on this topic inquiring how each handled this problem, and their replies were summarized for the use of those interested.<sup>17</sup>

At a Washington Conference of State and local child-

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16. Ibid., pp. 96-120.

17. Department of Studies and Information, "Safeguarding the Confidential Nature of Case Records in Public Agencies," A Summary of Statements from a Few Individual Agencies. pp. 1-7.

welfare workers informal discussion brought out the need for clarification of purposes and methods of case recording in relation to case treatment. They saw the need for:

- a) recognizing the importance of the social case record.
- b) protection of the confidential nature of case records.
- c) avoidance of verbose and inaccurate recording.
- d) defining more clearly what goes into the record.

They recognized that there has been a lag in the development of the techniques of case recording in comparison with the development of treatment methods, and we might add, knowledge of human behaviour.

Six basic aspects of case recording were discussed in this report. These were: purpose, values, principles, style, confidentiality and content. These were considered from the viewpoint of services needed and not from the point of view of agency functions.

They saw case recording as an integral part of case treatment and therefore considered that the most important purpose of the case recording was to serve as a guide to clear understanding of the problem and definite direction of treatment. Its primary purpose, then, was to supply information needed for case treatment, and secondary purpose was to furnish data on the nature and causes of social problems.

They found that case recording has specific value for the client, the caseworker, and the agency. In the process of selecting

relevant material, the worker's judgment and perspective is improved thereby improving casework skills. The agency is thus benefited by more proximate achievement of its goals.<sup>18</sup>

"The fundamental principles of case treatment and therefore of case recording are the same regardless of the setting--urban or rural--and the structure of the agency."<sup>19</sup> Good case records should show effects of the community setting and are related to the development of the agency's program. They must be sufficiently concise to make their use practicable. Accuracy, clarity, and relevancy of material are essential as are the technical aspects such as sufficient time and adequate stenographic services.

The style of recording will depend on the nature of the information, the way in which it was secured and its subsequent use for treatment. The narrative style may be most appropriate to show the process of determining need and problems through the relationship between the individual and the worker. Summary recording, on the other hand, may be used to facilitate use of the material by recapitulating significant aspects of the situation. It may also be used in summarizing interviews where there is no loss of relevant material. This style of recording has special value because of its brevity and conciseness.

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18. United States Department of Labor, Children's Bureau, Recording Child-Welfare Services, pp. 1-14.

19. *Ibid.*, p. 6.

An extremely important aspect of case recording is the necessity of appreciating the confidential nature of the case records and the harm that may result to individuals when they are misused. This is a special concern in rural areas where there may be less professionally trained staff and where relationships are more informal. There are two points of view regarding the interpretation of the confidential use of the record as reflected in agency practice.

1. "The case record should be used only by the agency by which it was written. Information to other agencies should be given by individual interpretation, together with written summaries of record information."
2. "The case record should be shared with other agencies which participate in treatment. Values in inter-agency use of the record include interpretation through joint conference of what the agency is doing and its method of giving service. Through reading the record agencies representing specialized fields of service are enabled to interpret material which is significant to them in their treatment."<sup>20</sup>

With regard to content, the record should include the following information: The nature of the problem, the kind of help needed, and its availability. It should show also the measures to be taken in treatment in relation to the client, his family, and the community and any changes in treatment. Finally, it should show the services provided and reasons for terminating services.

The committee points out that although their considerations were from the viewpoint of a public agency, there are many problems

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20. Ibid., page 11.

of case recording which are common to public and private agencies, urban as well as rural communities. It therefore believes its considerations may be applicable in a wider area than that with which the committee was immediately concerned.

A study undertaken by J. Frings et al. was initiated with the object of determining a more effective but less costly method of recording.<sup>21</sup> Their major concern was that too much of the budget was absorbed by current recording methods and whether these methods were serving professional goals as effectively as they might.

The plan was as follows:

1. to determine systematically what problems professional staff had about current methods;
2. to identify major elements in current practice that underlay these problems;
3. to design and test alternatives.

Almost immediately apparent were such problems as backlog of undictated cases and variability of records in length, detail and quality among workers functioning within the same practice.

This study found that recording time was residual; i. e., whatever time was left over from other activities was then given

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21. J. Frings, R. Kratovik, and B. Polemis, An Assessment of Social Case Recording. F. S. A. A.

to recording. It was considered low on the priority of activities. Therefore there was a general lag in up-to-date recording.

They found also that regardless of the method used, the time allotted and used for recording was insufficient to keep records current.

There was a definite relationship between the number of cases recorded and the amount of detail required. As demand for detail decreased, the proportion of the caseload which was recorded increased.

Finally, it was found that while administration or special staff sometimes used the record for specific purposes, it was mostly used by supervisors in supervising staff and they found detailed recording more useful than brief recording regardless of purpose.

The study reached the conclusion that an agency has several alternatives in method of recording depending on its purpose. If currency is essential, it can be given high priority by allotting more time or reducing the amount of detail required. If not, selectivity of recording will result and some cases may be recorded while others are not, resulting in confusion. The question must be sorted out by clarifying the needs of the producers, i. e., the workers, or the users, i. e., supervisors (in this case), as a guideline for decision.

The development of a concept of case recording that would meet both the demands of research and of practice has long been a problem. Pannor, Evans, and Massarik<sup>22</sup> wished to do a systematic study of unwed parents but found that the agency records were totally unsuitable for research as they were incomplete, inconsistent and inadequate. Also the records did little to specify clear-cut worker goals and hence provided no frame of reference to which results could be related. They suggested:

"(1) that recording techniques must take explicit account of casework goals; but (2) that currently employed recording techniques often are worker-oriented, agency-oriented, and supervisor-oriented, and that they frequently lack sufficient orientation to the client and his particular casework goals; and (3) that data concerning agency impact on clientele cannot be systematically extracted from current recording methods."<sup>23</sup>

To take account of these factors and to meet the objectives of the study, the authors developed and constructed the Standardized Case Recording Form (S.C.R.F.) as a method of evaluating benefits in casework services to clients. This method recorded the specific results of cases as seen through the eyes of the worker.

The S.C.R.F. attempted to: (1) provide client-oriented data, (2) provide comparable data on all cases, (3) provide comparable data from a group of caseworkers, (4) capture degrees of differences

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22. R. Pannor, B.W. Evans, and F. Massarik, "Standardized Case Recording in Casework Practice and Research," Child Welfare, Vol. 66, December 1967, pp. 569-574.

23. Ibid., page 570.

occurring among clients and degrees of differences in the response of any one client at various stages of the casework process, and (5) lend itself to systematic scoring techniques.

In the development of the S.C.R.F., the following steps were taken:

1. Areas of interest were identified, i.e. casework goals, relationships between protagonists;
2. Pertinent data to be obtained from each interest area were outlined;
3. Data thus identified were classified and duplications removed;
4. Data to be obtained were reduced to standardized working and categories, and responses were developed. These included open-ended comments as well as specific replies.

The S.C.R.F. was made up to two sections; the first pertained to case recording early in the casework process, the second to case recording at the termination of the casework process. By comparing goals selected and goals attained to the degree of effectiveness and ascertained.

The researchers found the S.C.R.F. an effective method of evaluating benefits in casework services to clients and also found that it led to additional unanticipated benefits such as sharpening of casework skills and increased effectiveness in the selection of goals for work with clients. They believe that this method, although originally designed as a research tool, could be equally suited to case recording in its own right.

The present trend in social work recording shows a greater concern for the time and cost involved in both preparing the record and using it. Systematized recording takes account of both these factors.

Seaberg<sup>24</sup> has developed a more systematized method of recording. He formulated a coding instrument out of a recognition of the inadequacies of the "usual process or summary records kept by social work agencies and a desire to contribute to the knowledge of the field through precise indicators of the nature of social work activity."<sup>25</sup>

The recording system consists of assigned code numbers which represent elements in the casework process such as the date of the contact, the person contacted, the mode and duration of contact, diagnostic categories and interventive techniques. The assets of such a system would include the fact that, once acquainted with the system, recording requires one-fourth the time necessary to write process records. It is also more efficient in searching for, judging and categorizing data than is the diffuse process records.

In a follow-up study<sup>26</sup> to evaluate the effectiveness of this system, Seaberg notes that, on the one hand, the process of

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24. James R. Seaberg, "Case Recording by Code," Social Work. Vol. 10, October 1965, pp. 92-98.

25. Loc. cit.

26. James R. Seaberg, "Systematized Recording: A Follow Up," Social Work. Vol. 15, October 1970, pp. 32-41.

designing the instrument requires precise definitions of the components of practice and helps to structure the worker's perceptions and actions. On the other hand, the instrument may tend to limit what the worker perceives and responds to in his practice. He finds that in its present state of development, this instrument is of primary utility for research purposes.

Hollis<sup>27</sup> notes that a coding system allows one to learn at a glance a number of important things about what is going on, such as, what major dynamics are being accented, the degree to which communication is directed outward or inward, the extent of conversation about treatment and the relative activity of worker and client.

This development illustrates the point reached in the evolution of case recording.

Hunt and Kogan attempted to develop measurement by which to "determine and express how casework is carried on, at what cost, and with what success."<sup>28</sup> The instrument developed was called the Movement Scale. It uses the standardized judgment of caseworker as a measure of a variable, movement, which is

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27. F. Hollis, "The Coding and Application of a Typology of Casework Treatment," Social Casework, Vol. 48, October 1967, pp.

28. J. McV. Hunt and L.S. Kogan, Measuring Results in Social Casework: A Manual on Judging Movement, page 38.

native to casework. The variable, movement, is capable of individualizing the client.

Pre-tests showed that (1) caseworkers judging the movement in a series of 38 test cases agreed with each other to an unexpectedly high degree; (2) these caseworkers used a common core of criteria for judging movement comprised of changes in disabling habits and condition, attitudes and understanding, and environmental circumstances, both social and physical; (3) the agreement among workers can be improved by appropriate scaling procedures and by training to a point where caseworker judgment shows sufficient reliability to provide a promising measuring instrument which should be, at the same time, relatively inexpensive to apply with some regularity.<sup>29</sup>

An independent study attempted to estimate movement as developed by other workers to determine the validity of movement judged on the basis of case records. Movement by these investigators was defined as: "the change that occurs between the beginning of counseling and the end of the first opening, including follow-up reports. The judgment does not reflect whether or not counseling was responsible for the change..."<sup>30</sup> The factors used in the

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29. Ibid., pp.

30. M. G. Preston, E. H. Mudd, H. B. Froscher, "Factors Affecting Movement in Casework," Research Programs and Projects in Social Work. page 39.

J. McVicker Hunt study were among those investigated.

"The results of the original work done at the Community Service Society of New York by J. McVicker Hunt and his colleagues to the effect that movement can be judged reliably from case records are confirmed. There is no need to debate this issue any more."<sup>31</sup>

We note that the School of Social Work at the University of Manitoba employs the four variables developed by Hunt et. al. in their guidelines for Transfer Recordings.<sup>32</sup> They state that these recordings should contain concrete evidence concerning (a) how effectively the client is functioning in his various life roles; (b) what disabling habits or conditions interfere with his effectiveness; (c) what new attitudes or understanding he has of himself, of others, of his situation; (d) what his environmental situation is. In addition, they suggest also the importance of including how motivated or involved the client is and what preparation and feelings the client has regarding the transfer.

In general, the School views recording as a useful and necessary professional tool which helps to define social work goals. The type and the content is determined by agency requirements and the information required for professional decision-making. In addition to process and summary recording, they also make use of

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31. Loc. cit.

32. The School of Social Work, The University of Manitoba, Summary of Our Approach to Recording. Unpublished material.

diagnostic recording which refers to the recording of one interview where the problem, the decisions made, the activity and the outcome in relation to the goal is recorded as a conclusion with only the necessary supporting data. This type of recording places much more responsibility on the worker because it assumes a professional's ability to decide what is pertinent in relation to the goal as well as the ability to be objective and competently responsible for the decisions involved.

They believe that students should be taught that recording is "toward a use", and that it provides a tool through which he gains awareness of the professional role, as well as how theory is applicable in live situations and of his own performance.

In the Province of Manitoba offices which were used in our study we noted that there were no specific or written guidelines with regards to case recording. Workers generally carried over into the field the style and methods of recording they had learned during their educational experience. In view of the lack of four variables developed by Hunt et al. and recommended by the School of Social Work for use in Transfer Recordings as representative of the essential indicators of the nature of the case situation. While we recognize the possibility of having excluded other variables, this should not affect our study in any way. This study attempted to determine the congruency between the content of case recording and the nature of the case situation and since these

four variables were applied both to case recording and client interviews, there is internal consistency which should be sufficient to provide the information sought.

"The essence of case recording is primarily content, only secondarily structure and style."<sup>33</sup> The question, then, to which we are directing our attention is whether the content of case recording is sufficient and reliable to accurately reflect the nature of the case situation.

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33. Hamilton, op. cit. p.v.

## CHAPTER 3

### METHODS

The design utilized for this study was in the nature of a diagnostic-descriptive typology. The purpose was to test whether there was sufficient and accurate case recorded material to reliably reflect the case work situation. Our case recorded material was obtained from three Regional offices within the Department of Health and Social Development. These three offices serve all of Metropolitan Winnipeg with each having specific geographical boundaries. The three offices are designated as (a) Winnipeg North, (b) Winnipeg South, and (c) Winnipeg West. (See Appendix A)

For the purpose of this study an agency was operationally defined as an organization within the Manitoba Provincial Department of Health and Social Development which undertakes to afford every opportunity for the individual to achieve maximum economic and social functioning. Incorporated within this operational definition of the agency is the goal of the Department of Health and Social Development, namely to provide every opportunity for the individual to achieve maximum economic and social functioning. Therefore, the goals and functions of the Regional offices are consistent with and compatible to the overall objectives of the Department of Health and Social Development. The three Regional offices were focussed on because of geographical accessibility to clients, an accessibility

to workers and to files.

The categories for services as defined by the Province are: Social Allowances for the Aged (A.S.A.), Social Allowances for Unemployables (S.A.U.), Social Allowances for the Infirm (I.S.A.), and Mother's Allowance (M.A.). Within all these categories there is a broad range of eligibility requirements in terms of assets and income, based on a schedule established under The Social Allowances Act. More specific eligibility requirements are stipulated within each category. Our sampling was within the M.A. category only. The eligibility requirements of that group will be discussed specifically. The study was justifiably limited to M.A. type cases since they represent a proportionately greater amount of the agency's case load and also contain a maximum proportion of social work components ranging from financial assistance to child welfare.

Mother's Allowance was operationally defined as needy mothers with dependent children. It is available to women who are deserted, widowed, legally separated or divorced, and to unmarried mothers with one or more dependents. Eligibility is also established in cases where the bread-winner is disabled or incarcerated for 90 days. In all cases, there must be a child or children under sixteen years of age dependent on the mother. Children over eighteen years are enrolled in their own right.

In the case of a widow with a child or children, eligibility

is dependent on legally acceptable proof of the death of the husband. In the case of the mother who has been deserted, legally separated or divorced, eligibility is dependent on satisfactory evidence that:

1. The husband has been living apart from the family for three months immediately prior to application.
2. Everything possible has been done, including legal action, to locate the husband and secure support from him.
3. The deserted husband is not providing the family with sufficient support to meet the cost of basic necessities as determined by the Social Allowances Regulations.

In the case of the bread-winner sentenced to imprisonment for three months or more, eligibility is dependent on confirmation by the proper authority of the period of sentence.

In the case of the unmarried mother, eligibility is dependent on:

1. the mother having at least one child,
2. satisfactory evidence that all possible action, including legal action if necessary, has been taken to obtain support for the children from the putative father,
3. the mother is making the maximum effort of which she is capable to provide the basic necessities for her children.

A criteria of client's enrollment date of 18 months between January, 1969 and June, 1970 was established. This was done in order to allow the agency's assigned caseworker sufficient time to have established a working relationship with his client and to have done recorded material. Also it provided control for reliability of recall on the part of the client for the purposes of

personal interview.

The agencies have a structured case classification system. (See Appendix B), which involves the sorting or naming and assigning of cases according to their degree of difficulty. The case classification system is divided into three categories, namely: (a) Program - the least difficult cases, (b) Supportive - the moderately difficult cases, and (c) Treatment - the difficult cases.

### Sample

In order to arrive at a sample population for the study, all Mother's Allowance cases which met the criteria were selected from the three Regional offices. The possible sample population consisted of 170 cases categorically divided into 56 Program cases, 82 Supportive cases, 32 Treatment cases, N equals 170.

A disproportionate stratified random sampling technique was used to obtain our final sample population. The sample was determined as 20 cases from each category - 20 Program cases, 20 Supportive cases, and 20 Treatment cases - N equals 60 cases obtained from the three Regional offices which met our criteria date of enrollment between January, 1969 and June, 1970.

### Apparatus

In order to do a correlative analysis between case recording and case situation, the social movement scale was applied to both the case recording and material obtained through a

personal interview.

The social movement scale was originally designed to examine functional relationships between input and output, i. e. to measure the progress of a case. It was proposed that this scale be used as a tool to measure: (a) variance between differentially classified cases (P.S.T.), (b) variance between differential content variables, (1) adaptive efficiency, (2) disabling habits, (3) verbalization and (4) environment, (c) the statistically significant variance between scores obtained amongst the four factors, and (d) the statistically significant variance amongst the Program, Supportive and Treatment cases within the case classification system.

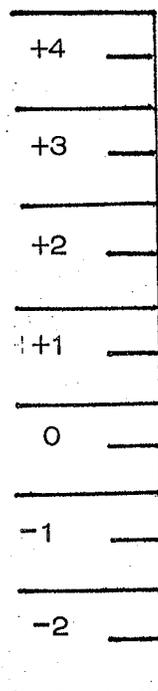
The scale consists of four areas of analysis:

1. Changes in Adaptive Efficiency. This category included such items as changed ability to get along with other people, changed efficiency in running a home, acquisition of new job skills, and changes in overt competence in any other area.
2. Changes in Disabling Habits and Conditions. This category included such items as changes in attitudes, personality traits, and behaviour inimical to good social relations, changes in delinquent tendencies, and changes in level of anxiety, in basic conflicts of motivation, and in health.
3. Changes in Attitude or Understanding as Evidenced from the Client's Verbalization. This category included such items as

accepting counsel, changes in attitudes toward self and others as shown in what the client says, changes in attitudes toward and in the understanding of community resources, and the discernment of relationships between present behaviour and feelings and events in the client's personal past.

4. Changes in Environmental Circumstances. This category included such items as changes in living quarters, clothes, and furnishings, changes in the behaviour of other people toward the client, and changes resulting from child placement or the institutionalization of a psychotic.

A numerical scale for judging movement was then constructed.



"The Movement Scale has seven equal appearing intervals, or degrees of change in a client and/or his situation. The mid-points of these intervals are labeled by seven numbers (-2, -1, 0, +1, +2, +3, +4). Numbers instead of words are used to suggest the equality of the intervals and to contribute to uniformity among the frames of reference of judges. One may thus visualize the scale of movement in casework as it is drawn here. The positive numbers represent degrees of improvement, or upward movement. Zero represents no net change in adjustive or situational status. The negative numbers represent degrees of deterioration or downward movement.

The unbalance of the scale is empirically based. It was dictated by the fact that the client showing the most deterioration, in the cases submitted by workers in the Family Service Department, exhibited an amount of deterioration judged to be considerably less than the amount of improvement

shown by the +4 client, to whom the whole scale is anchored."<sup>33</sup>

Instructions for judging movement in the individual client are presented in the chart Appendix C.

Hunt used this scale to obtain an overall single score as an overall indicator of client movement. We proposed to measure each condition independently to determine the frequency of occurrence of these variables as an indication of whether case recorded material is sufficient to derive a comprehensive picture of the case situation. We submit that all of these four areas of analysis are consistent with the expectations of case recorded material within the Department of Health and Social Development. Furthermore these areas of analyses are inherent in the student learning process of case recording techniques as pointed out in Chapters 1 and 2. (See Appendix D)

Three factors were considered in testing for reliability. The first was the commonality of agreement between judges. The second was related to a tendency of some judges to attribute more or less improvement to individuals. The third factor was concerned with the tendency for some researchers to attribute a lesser score to some individuals. We used discussion to clarify misunderstandings of concepts or procedures.

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33. J. McV. Hunt and L. S. Kogan, Measuring Results in Social Casework, page 38.

As a test for reliability we applied the scoring techniques of the Social Movement Scale to a personal interview with the case-client. As a method to determine congruency and consistency of scores, the same scoring techniques were applied to case recordings and personal interviews in the 4 areas of analysis. Since effective use of this scale requires a fair degree of training in order to develop standardized application we followed the testing program outlined by J. McV. Hunt and Leonard S. Kogan. Three pre-tests were run in order to determine the researchers final level of achievement.<sup>34</sup>

As a control for consistency and congruency we used researchers trained in the use of the Social Movement Scale. The term score is operationally defined in two ways:

(a) The Case Recording Score is a score obtained by a trained researcher in his application of the Social Movement Scale to Case Recording.

(b) The Personal Interview Score is a score obtained by a trained researcher from a personal interview with the client. This score is an independent judgment made by the researcher of the client situation with the 4 areas of analysis. It is not a score of the client's perception of his situation.

Each researcher has had at least 2 years' field experience prior to their enrollment in the M. S. W. II Program, and as a consequence of their training all have developed skills of analytical

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34. Ibid., page 38.

case recording techniques consistent with the practitioner's frame of reference. We therefore feel justified in making the claim that the scores made by the researchers' perceptions is consistent with the case worker's frame of reference.

In order to obtain material directly related to the case situation we conducted a personal interview with the client and then applied the Social Movement Scale to the material obtained in the 4 areas of analysis. (See Appendix E) The interview Schedule was deliberately designed in a loosely-ended, unstructured form. This was done to facilitate a non-stressful interaction between the respondent and interviewer. The leading probes were so designed that they were not central to the 4 areas of analysis but rather indirectly suggested these areas. Our interviewers impressed on the respondents that accuracy was the prime requirement, and that a very negative response was as acceptable as a positive one. We further assured them that the research project would not violate the trust of confidentiality and anonymity. Words or phrases which were emotionally-loaded and expressions of approval or disapproval were carefully eliminated from the interview. The non-stressful interaction between interviewer and respondent facilitated freedom of discourse, as did the elimination of structured answers of "yes" or "no". The focus of the interview was a description of the respondent's overall situation at the time of enrollment and of the current situation, i.e. at the time the interview was conducted.

It was the researcher's task to note the significant variance between the 4 areas of analysis and make an independent score on each.<sup>35</sup>

In order to control for interacting variables such as bias responses, client's affectiveness to case worker or regional offices, and worker's input, we devised an impartial introductory statement. Respondents were told that researchers were looking at the delivery of service in relation to the overall objectives of the Department of Health and Social Development. Researchers therefore presented themselves as doing a research project concerned with the delivery of services and resources to meet the needs of the client. To supplement the data received from the case recording, the Reasearchers devised a Case Recording Data Sheet. (See Appendix F)

To examine the current implications for case recording in relation to administration, teaching and supervision we conducted personal interviews with the 3 Regional Directors and 11 Supervisors in the 3 Regional Offices. The interviews were personal and informal, and focussed on the current implications of case recording for administration, teaching and supervision. The respondents were asked to comment specifically on the utility of case recording and state the uses of same. (See Appendixes G and H)

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35. A.N. Oppenheim, Questionnaire Design and Attitude Measurement, Basic Book-Inc.: New York 1966, pp.24-31.

The apparatus in our research project consisted of the following:

- (a) Social Movement Scale
- (b) Four areas of analysis scored along a 7-point scale.
- (c) A case recording data sheet.
- (d) Two personal interview schedules, one for the case client, and the other for the administrators and supervisors.

### Procedure

We approached the Department of Health and Social Development to do a research project on the utility of case recording. A meeting was then arranged by the Department of Research and Planning with the 3 Regional Directors from Winnipeg North, South and West offices. At this meeting the question of client confidentiality was discussed, and it was agreed that the 3 researchers who are in the employ of the Province will study the case recording on files. Secondly, it was also agreed that in order to maintain anonymity that numbers will be used instead of actual names of clients. The next step was that the researchers met with the case workers to discuss the nature of the study. Workers were then asked to establish contact with clients regarding their willingness to participate in a research project. Workers' involvement and time was minimized to:

- (a) one to two phone calls to client.
- (b) an introductory statement explaining that the research project will be looking at the delivery of services and resources.
- (c) a "yes" or "no" answer from the client.

Two researchers were then assigned to each regional office. One researcher did the personal interviews, and the other researcher studied the case recording material. The researcher who studied the case recording material also interviewed the supervisors and administrator from the assigned office. Thus, there were 3 teams of 2 researchers assigned to each of the 3 offices.

Following this we applied a disproportionate stratified random sampling technique to obtain our final sample population. We then conducted 3 pre-tests in order to obtain a level of standardization and congruency. The researcher then contacted the client and arranged for personal interviews while the other member of the team studied the case recording on the files. There were no problems encountered here and all researchers reported full cooperation from regional offices, case workers, and respondents. The interviews with participating respondents were one hour in duration, and the researchers made independent scores on the 4 areas immediately after the interview. The data was collected and submitted to statistical analysis using the "t" test and chi-square.

The sample population initially consisted of N equals 60, however, this was reduced to N equals 50 as 10 cases were "lost". Out of the original sample population, 4 of the clients declined to participate; 3 of the clients had agreed but were

unavailable at the time of the study; and 3 clients who did not have telephones were dropped as contact was not made after 3 visits by researchers.

## CHAPTER 4

### ANALYSIS

The following terms, used frequently in the ensuing pages, are operationally defined as follows:

1. factor --- an area of analysis within a specific case.
2. factor set --- an area of analysis within a specific case containing both the C.R. and P.I. scores.
3. congruent factor set (C.F.S.) --- an area of analysis within a specific case containing both the C.R. and P.I. scores which are identical.

The following example will be used to illustrate the above terms.

	A.E.	D.H.	V.	E
C.R.	3	1	N.S.D.	0
P.I.	2	1	1	1

1. Each box represents a factor as 3, 2, etc.

2. 

A.E.	3
C.R.	3
P.I.	2

 represents a factor set.

3. 

D.H.	1
C.R.	1
P.I.	1

 represents a congruent factor set.

- a) P.I. - Personal Interview
- b) C.R. - Case Recording
- c) c.r. - critical ratio
- d) d.f. - degrees of freedom

TABLE I

SUMMARY TABLE OF FACTORS INVOLVED  
IN DATA ANALYSIS

A.	<u>4</u>	<u>Areas of Analysis</u>	
	1.	Adaptive Efficiency	N = 50
	2.	Disabling Habits	N = 50
	3.	Verbalization	N = 50
	4.	Environment	N = 50
B.	<u>3</u>	<u>Populations</u>	
	1.	Program	N = 16
	2.	Support	N = 19
	3.	Treatment	N = <u>15</u>
			N = 50
C.	<u>2</u>	<u>Test Conditions</u>	
	C.R.	Case Recording Scores	N = 50
	P.I.	Personal Interview Scores	N = 50
D.	<u>7</u>	<u>Point Scale</u>	
		-2 +1 0 +1 +2 +3 +4; (N.S.D.*)	

\*Also included is N.S.D. (Not Sufficient Data) which applies to C.R. only.

TABLE II

Scores obtained via Case Records (C.R.) and Personal Interviews (P.I.) and Supplementary Case Analysis Data for Program Cases.

RE #		AE	DH	V	E	NO. OF DICTATIONS	NO. OF PAGES OF DICTATION	* TIME DIFFERENTIAL																																																																																																																																																																																																														
1P	CR	NSD	NSD	NSD	NSD	1	2.5	13																																																																																																																																																																																																														
	PI	0	0	0	0				2P	CR	NSD	NSD	NSD	NSD	1	4	15	PI	0	-1	1	1	3P	CR	0	NSD	NSD	0				PI	0	0	0	0	4P	CR	NSD	0	0	-1	5	7	1	PI	0	0	0	0	5P	CR	0	0	NSD	0	2	2	4	PI	0	0	0	0	6P	CR	NSD	0	0	0	2	2.5	6	PI	1	1	0	0	7P	CR	NSD	NSD	NSD	NSD	1	5	5	PI	0	0	0	-1	8P	CR	0	1	0	0	3	3	5	PI	0	1	0	0	9P	CR	1	1	1	1	3	3	9	PI	1	1	1	2	10P	CR	0	0	NSD	-1	2	3	4	PI	-1	-1	0	-1	11P	CR	1	0	NSD	0	3	2	2	PI	0	0	0	-1	12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI
2P	CR	NSD	NSD	NSD	NSD	1	4	15																																																																																																																																																																																																														
	PI	0	-1	1	1				3P	CR	0	NSD	NSD	0				PI	0	0	0	0	4P	CR	NSD	0	0	-1	5	7	1	PI	0	0	0	0	5P	CR	0	0	NSD	0	2	2	4	PI	0	0	0	0	6P	CR	NSD	0	0	0	2	2.5	6	PI	1	1	0	0	7P	CR	NSD	NSD	NSD	NSD	1	5	5	PI	0	0	0	-1	8P	CR	0	1	0	0	3	3	5	PI	0	1	0	0	9P	CR	1	1	1	1	3	3	9	PI	1	1	1	2	10P	CR	0	0	NSD	-1	2	3	4	PI	-1	-1	0	-1	11P	CR	1	0	NSD	0	3	2	2	PI	0	0	0	-1	12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2										
3P	CR	0	NSD	NSD	0																																																																																																																																																																																																																	
	PI	0	0	0	0				4P	CR	NSD	0	0	-1	5	7	1	PI	0	0	0	0	5P	CR	0	0	NSD	0	2	2	4	PI	0	0	0	0	6P	CR	NSD	0	0	0	2	2.5	6	PI	1	1	0	0	7P	CR	NSD	NSD	NSD	NSD	1	5	5	PI	0	0	0	-1	8P	CR	0	1	0	0	3	3	5	PI	0	1	0	0	9P	CR	1	1	1	1	3	3	9	PI	1	1	1	2	10P	CR	0	0	NSD	-1	2	3	4	PI	-1	-1	0	-1	11P	CR	1	0	NSD	0	3	2	2	PI	0	0	0	-1	12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																								
4P	CR	NSD	0	0	-1	5	7	1																																																																																																																																																																																																														
	PI	0	0	0	0				5P	CR	0	0	NSD	0	2	2	4	PI	0	0	0	0	6P	CR	NSD	0	0	0	2	2.5	6	PI	1	1	0	0	7P	CR	NSD	NSD	NSD	NSD	1	5	5	PI	0	0	0	-1	8P	CR	0	1	0	0	3	3	5	PI	0	1	0	0	9P	CR	1	1	1	1	3	3	9	PI	1	1	1	2	10P	CR	0	0	NSD	-1	2	3	4	PI	-1	-1	0	-1	11P	CR	1	0	NSD	0	3	2	2	PI	0	0	0	-1	12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																						
5P	CR	0	0	NSD	0	2	2	4																																																																																																																																																																																																														
	PI	0	0	0	0				6P	CR	NSD	0	0	0	2	2.5	6	PI	1	1	0	0	7P	CR	NSD	NSD	NSD	NSD	1	5	5	PI	0	0	0	-1	8P	CR	0	1	0	0	3	3	5	PI	0	1	0	0	9P	CR	1	1	1	1	3	3	9	PI	1	1	1	2	10P	CR	0	0	NSD	-1	2	3	4	PI	-1	-1	0	-1	11P	CR	1	0	NSD	0	3	2	2	PI	0	0	0	-1	12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																				
6P	CR	NSD	0	0	0	2	2.5	6																																																																																																																																																																																																														
	PI	1	1	0	0				7P	CR	NSD	NSD	NSD	NSD	1	5	5	PI	0	0	0	-1	8P	CR	0	1	0	0	3	3	5	PI	0	1	0	0	9P	CR	1	1	1	1	3	3	9	PI	1	1	1	2	10P	CR	0	0	NSD	-1	2	3	4	PI	-1	-1	0	-1	11P	CR	1	0	NSD	0	3	2	2	PI	0	0	0	-1	12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																																		
7P	CR	NSD	NSD	NSD	NSD	1	5	5																																																																																																																																																																																																														
	PI	0	0	0	-1				8P	CR	0	1	0	0	3	3	5	PI	0	1	0	0	9P	CR	1	1	1	1	3	3	9	PI	1	1	1	2	10P	CR	0	0	NSD	-1	2	3	4	PI	-1	-1	0	-1	11P	CR	1	0	NSD	0	3	2	2	PI	0	0	0	-1	12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																																																
8P	CR	0	1	0	0	3	3	5																																																																																																																																																																																																														
	PI	0	1	0	0				9P	CR	1	1	1	1	3	3	9	PI	1	1	1	2	10P	CR	0	0	NSD	-1	2	3	4	PI	-1	-1	0	-1	11P	CR	1	0	NSD	0	3	2	2	PI	0	0	0	-1	12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																																																														
9P	CR	1	1	1	1	3	3	9																																																																																																																																																																																																														
	PI	1	1	1	2				10P	CR	0	0	NSD	-1	2	3	4	PI	-1	-1	0	-1	11P	CR	1	0	NSD	0	3	2	2	PI	0	0	0	-1	12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																																																																												
10P	CR	0	0	NSD	-1	2	3	4																																																																																																																																																																																																														
	PI	-1	-1	0	-1				11P	CR	1	0	NSD	0	3	2	2	PI	0	0	0	-1	12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																																																																																										
11P	CR	1	0	NSD	0	3	2	2																																																																																																																																																																																																														
	PI	0	0	0	-1				12P	CR	1	0	NSD	0	3	5	2	PI	0	0	0	0	13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																																																																																																								
12P	CR	1	0	NSD	0	3	5	2																																																																																																																																																																																																														
	PI	0	0	0	0				13P	CR	0	0	NSD	1	3	3	1	PI	0	0	0	0	14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																																																																																																																						
13P	CR	0	0	NSD	1	3	3	1																																																																																																																																																																																																														
	PI	0	0	0	0				14P	CR	0	1	1	1	2	2	3	PI	1	1	1	2	15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																																																																																																																																				
14P	CR	0	1	1	1	2	2	3																																																																																																																																																																																																														
	PI	1	1	1	2				15P	CR	0	NSD	1	0	2	2	7	PI	0	0	0	1	16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																																																																																																																																																		
15P	CR	0	NSD	1	0	2	2	7																																																																																																																																																																																																														
	PI	0	0	0	1				16P	CR	NSD	NSD	NSD	NSD	1	2	7	PI	0	0	0	2																																																																																																																																																																																																
16P	CR	NSD	NSD	NSD	NSD	1	2	7																																																																																																																																																																																																														
	PI	0	0	0	2																																																																																																																																																																																																																	

\* TIME DIFFERENTIAL = DIFFERENCE IN MONTHS BETWEEN TIME OF LAST DICTATION + TIME OF RESEARCH (JAN/71)

CASE #		AE	DH	V	E	NO. OF DICTATIONS	NO. OF PAGES OF DICTATION	TIME DIFFERENTIAL
175	CR	-1	-1	1	-1	3	7	5
	PI	0	0	0	1			
185	CR	0	-1	NSD	NSD	3	4	4
	PI	0	-1	0	-1			
195	CR	NSD	NSD	NSD	NSD	1	2	15
	PI	0	0	0	0			
205	CR	NSD	NSD	NSD	NSD	1	3	14
	PI	0	0	0	1			
215	CR	0	-1	0	-1	2	5	1
	PI	0	0	0	0			
225	CR	1	-1	0	1	4	4	4
	PI	0	0	0	-1			
235	CR	-1	-1	0	-1	3	3	2
	PI	0	1	0	-1			
245	CR	0	0	NSD	1	2	4	10
	PI	1	1	1	0			
255	CR	-1	-1	-1	-1	9	6	1
	PI	-2	-1	0	-2			
265	CR	1	1	1	0	4	5	6
	PI	0	0	1	0			
275	CR	1	1	0	0	2	4	1
	PI	0	-1	1	1			
285	CR	1	1	1	2	2	3.5	6
	PI	0	0	1	0			
295	CR	2	1	1	1	4	5.5	5
	PI	1	1	1	2			
305	CR	NSD	NSD	NSD	NSD	1	2.5	8
	PI	0	0	0	1			
315	CR	1	-1	0	1	2	7	7
	PI	1	2	1	0			
325	CR	NSD	NSD	NSD	NSD	1	1	9
	PI	0	0	0	1			
335	CR	NSD	NSD	NSD	NSD	1	1	9
	PI	0	1	0	1			
345	CR	NSD	NSD	NSD	NSD	1	2	11
	PI	0	0	0	0			
355	CR	NSD	NSD	NSD	NSD	1	3.5	11
	PI	0	0	0	1			

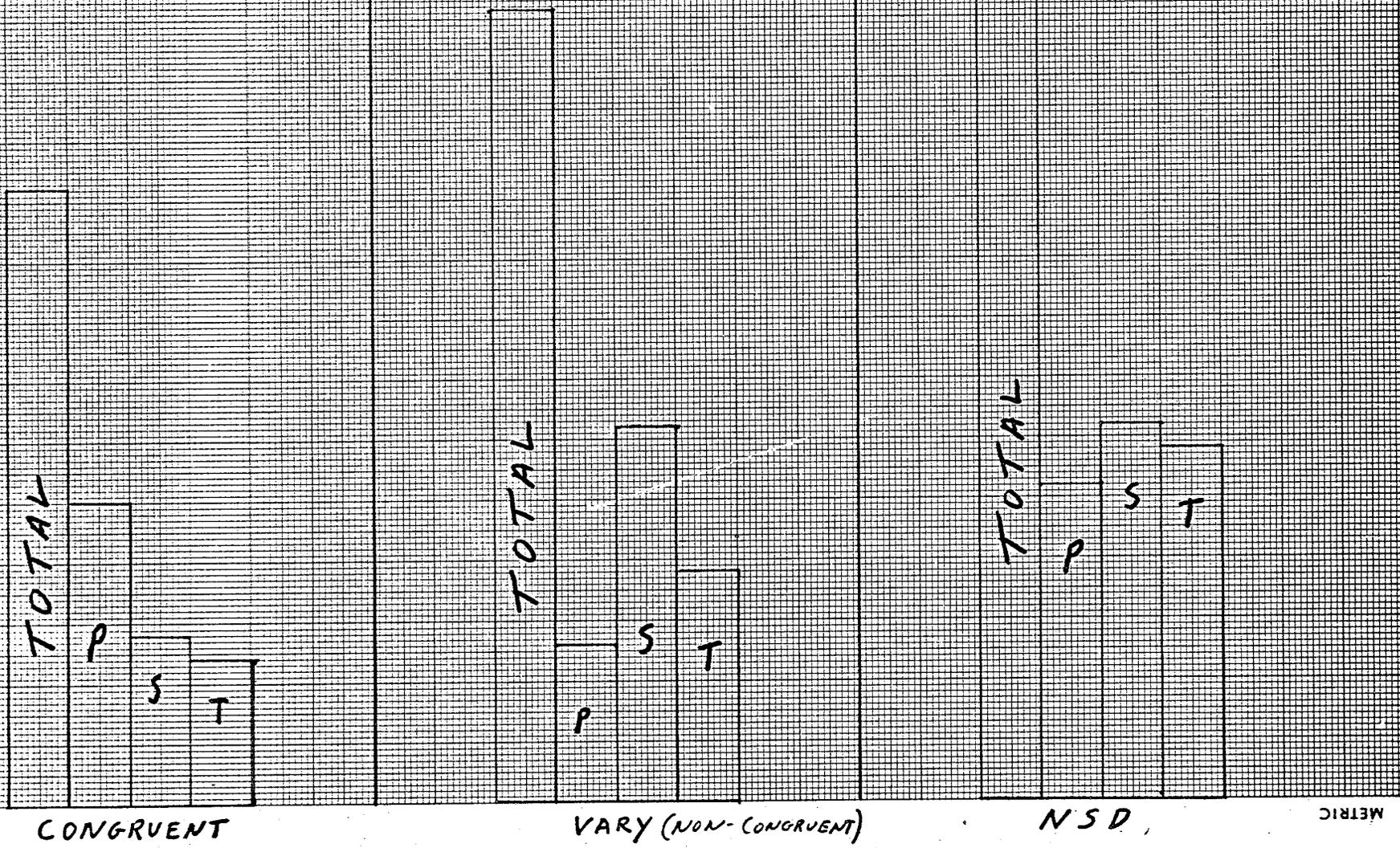
TABLE IV

Scores obtained via Case Records (C.R.) and Personal Interviews (P.I.) and Supplementary Case Analysis Data for Treatment Cases

CASE #		AE	DH	V	E	NO. OF DICTATIONS	PAGES OF DICTATION	* TIME DIFFERENTIAL																																																																																																																																																																																																
36T	CR	0	-1	0	0	4	9.5	9																																																																																																																																																																																																
	PI	0	0	0	0				37T	CR	NSD	NSD	NSD	NSD	1	3	12	PI	0	0	0	1	38T	CR	NSD	NSD	NSD	NSD	1	2	14	PI	1	0	1	1	39T	CR	NSD	NSD	NSD	NSD	1	5	13	PI	0	0	0	-1	40T	CR	1	1	1	2	4	5	5	PI	1	1	0	1	41T	CR	NSD	0	0	0	2	4	12	PI	1	1	1	2	42T	CR	1	1	1	1	4	5	0	PI	2	2	1	2	43T	CR	NSD	NSD	NSD	NSD	2	3	6	PI	2	1	1	2	44T	CR	NSD	NSD	NSD	NSD	1	2	12	PI	1	1	1	1	45T	CR	1	1	1	1	2	4	4	PI	1	2	1	3	46T	CR	-1	-1	-1	0	2	3	8	PI	0	0	0	0	47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI
37T	CR	NSD	NSD	NSD	NSD	1	3	12																																																																																																																																																																																																
	PI	0	0	0	1				38T	CR	NSD	NSD	NSD	NSD	1	2	14	PI	1	0	1	1	39T	CR	NSD	NSD	NSD	NSD	1	5	13	PI	0	0	0	-1	40T	CR	1	1	1	2	4	5	5	PI	1	1	0	1	41T	CR	NSD	0	0	0	2	4	12	PI	1	1	1	2	42T	CR	1	1	1	1	4	5	0	PI	2	2	1	2	43T	CR	NSD	NSD	NSD	NSD	2	3	6	PI	2	1	1	2	44T	CR	NSD	NSD	NSD	NSD	1	2	12	PI	1	1	1	1	45T	CR	1	1	1	1	2	4	4	PI	1	2	1	3	46T	CR	-1	-1	-1	0	2	3	8	PI	0	0	0	0	47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1										
38T	CR	NSD	NSD	NSD	NSD	1	2	14																																																																																																																																																																																																
	PI	1	0	1	1				39T	CR	NSD	NSD	NSD	NSD	1	5	13	PI	0	0	0	-1	40T	CR	1	1	1	2	4	5	5	PI	1	1	0	1	41T	CR	NSD	0	0	0	2	4	12	PI	1	1	1	2	42T	CR	1	1	1	1	4	5	0	PI	2	2	1	2	43T	CR	NSD	NSD	NSD	NSD	2	3	6	PI	2	1	1	2	44T	CR	NSD	NSD	NSD	NSD	1	2	12	PI	1	1	1	1	45T	CR	1	1	1	1	2	4	4	PI	1	2	1	3	46T	CR	-1	-1	-1	0	2	3	8	PI	0	0	0	0	47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																								
39T	CR	NSD	NSD	NSD	NSD	1	5	13																																																																																																																																																																																																
	PI	0	0	0	-1				40T	CR	1	1	1	2	4	5	5	PI	1	1	0	1	41T	CR	NSD	0	0	0	2	4	12	PI	1	1	1	2	42T	CR	1	1	1	1	4	5	0	PI	2	2	1	2	43T	CR	NSD	NSD	NSD	NSD	2	3	6	PI	2	1	1	2	44T	CR	NSD	NSD	NSD	NSD	1	2	12	PI	1	1	1	1	45T	CR	1	1	1	1	2	4	4	PI	1	2	1	3	46T	CR	-1	-1	-1	0	2	3	8	PI	0	0	0	0	47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																						
40T	CR	1	1	1	2	4	5	5																																																																																																																																																																																																
	PI	1	1	0	1				41T	CR	NSD	0	0	0	2	4	12	PI	1	1	1	2	42T	CR	1	1	1	1	4	5	0	PI	2	2	1	2	43T	CR	NSD	NSD	NSD	NSD	2	3	6	PI	2	1	1	2	44T	CR	NSD	NSD	NSD	NSD	1	2	12	PI	1	1	1	1	45T	CR	1	1	1	1	2	4	4	PI	1	2	1	3	46T	CR	-1	-1	-1	0	2	3	8	PI	0	0	0	0	47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																																				
41T	CR	NSD	0	0	0	2	4	12																																																																																																																																																																																																
	PI	1	1	1	2				42T	CR	1	1	1	1	4	5	0	PI	2	2	1	2	43T	CR	NSD	NSD	NSD	NSD	2	3	6	PI	2	1	1	2	44T	CR	NSD	NSD	NSD	NSD	1	2	12	PI	1	1	1	1	45T	CR	1	1	1	1	2	4	4	PI	1	2	1	3	46T	CR	-1	-1	-1	0	2	3	8	PI	0	0	0	0	47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																																																		
42T	CR	1	1	1	1	4	5	0																																																																																																																																																																																																
	PI	2	2	1	2				43T	CR	NSD	NSD	NSD	NSD	2	3	6	PI	2	1	1	2	44T	CR	NSD	NSD	NSD	NSD	1	2	12	PI	1	1	1	1	45T	CR	1	1	1	1	2	4	4	PI	1	2	1	3	46T	CR	-1	-1	-1	0	2	3	8	PI	0	0	0	0	47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																																																																
43T	CR	NSD	NSD	NSD	NSD	2	3	6																																																																																																																																																																																																
	PI	2	1	1	2				44T	CR	NSD	NSD	NSD	NSD	1	2	12	PI	1	1	1	1	45T	CR	1	1	1	1	2	4	4	PI	1	2	1	3	46T	CR	-1	-1	-1	0	2	3	8	PI	0	0	0	0	47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																																																																														
44T	CR	NSD	NSD	NSD	NSD	1	2	12																																																																																																																																																																																																
	PI	1	1	1	1				45T	CR	1	1	1	1	2	4	4	PI	1	2	1	3	46T	CR	-1	-1	-1	0	2	3	8	PI	0	0	0	0	47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																																																																																												
45T	CR	1	1	1	1	2	4	4																																																																																																																																																																																																
	PI	1	2	1	3				46T	CR	-1	-1	-1	0	2	3	8	PI	0	0	0	0	47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																																																																																																										
46T	CR	-1	-1	-1	0	2	3	8																																																																																																																																																																																																
	PI	0	0	0	0				47T	CR	1	0	NSD	1	3	3	7	PI	2	2	1	1	48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																																																																																																																								
47T	CR	1	0	NSD	1	3	3	7																																																																																																																																																																																																
	PI	2	2	1	1				48T	CR	NSD	NSD	NSD	NSD	1	4	9	PI	-1	-1	0	1	49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																																																																																																																																						
48T	CR	NSD	NSD	NSD	NSD	1	4	9																																																																																																																																																																																																
	PI	-1	-1	0	1				49T	CR	NSD	NSD	NSD	0	2	5	4	PI	0	0	0	0	50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																																																																																																																																																				
49T	CR	NSD	NSD	NSD	0	2	5	4																																																																																																																																																																																																
	PI	0	0	0	0				50T	CR	-1	-2	0	0	8	6	0	PI	-2	-1	0	-1																																																																																																																																																																																		
50T	CR	-1	-2	0	0	8	6	0																																																																																																																																																																																																
	PI	-2	-1	0	-1																																																																																																																																																																																																			

TIME DIFFERENTIAL = DIFFERENCE IN MONTHS BETWEEN TIME OF LAST DICTATION + TIME OF RESEARCH (JAN/71)

FIG. 3  
 TOTAL NO. OF SCORED FACTOR SETS IN  
 CATEGORIES OF THOSE WHICH ARE:  
 CONGRUENT, VARY, + NSD.  
 [EACH CATEGORY IS DIVIDED IN TERMS  
 OF P, S, T.]



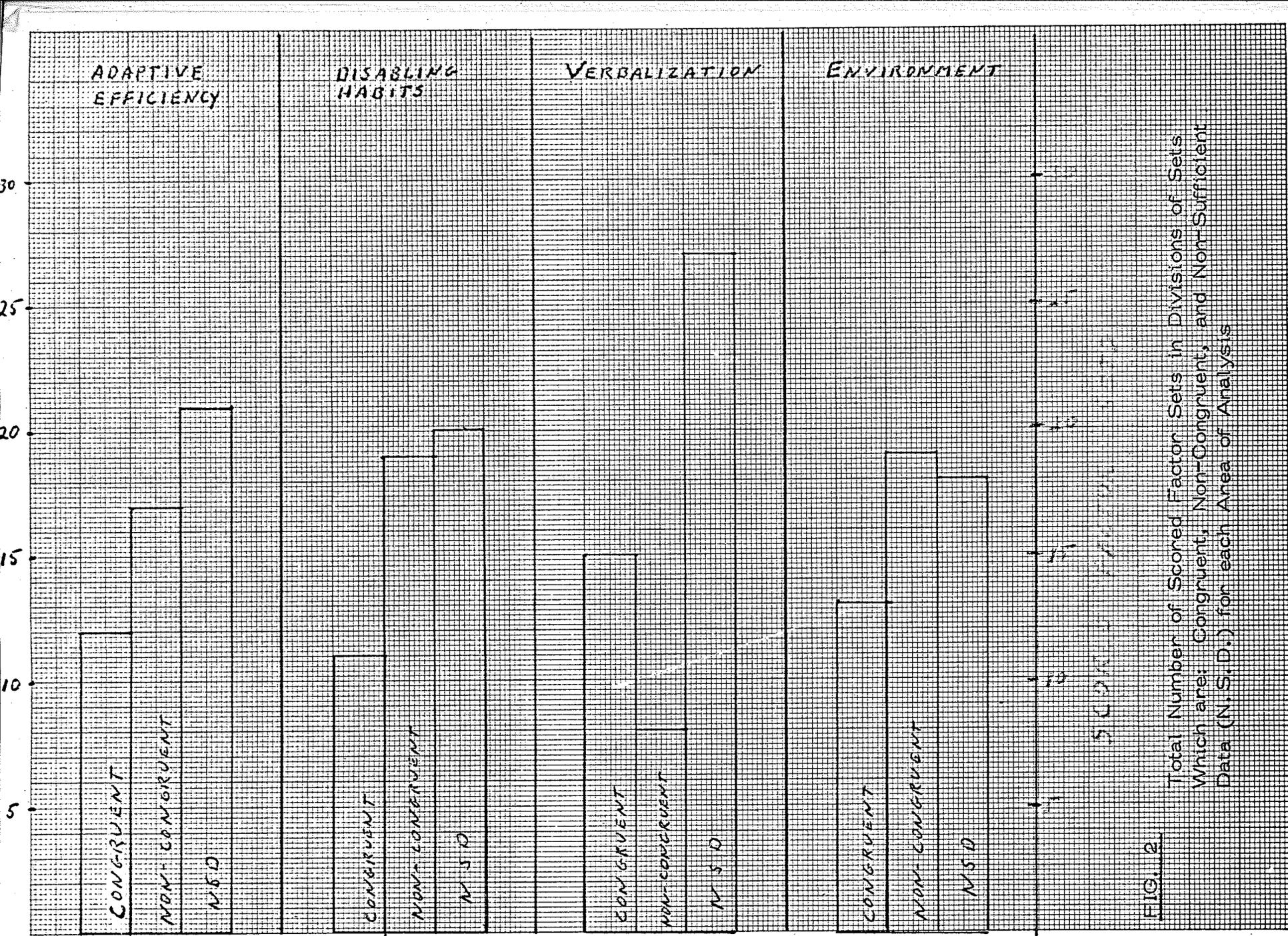


FIG. 2

Total Number of Scored Factor Sets in Divisions of Sets Which are: Congruent, Non-Congruent, and Non-Sufficient Data (N.S.D.) for each Area of Analysis

The following null hypotheses are proposed for examination in terms of the data obtained from the case recordings (C.R.) and the personal interviews (P.I.).

Null hypothesis 1A, (1A) Ho, states that: for the area of analysis of Adaptive Efficiency, there is no statistically significant difference between the scores obtained via C.R. and P.I.. The null hypothesis for 2A, 3A, and 4A are identical to (1A) Ho with the exception that the area of analysis differs. In (2A) Ho, the area of analysis is Disabling Habits; in (3A) Ho it is Verbalized Attitudes and Understanding; and in (4A) Ho it is Environment.

Null hypothesis 1B, (1B) Ho, states that for the case classification "Program", there is no statistically significant difference between the scores obtained via the C.R. and the P.I.. The null hypothesis for 2B and 3B are identical to (1B) Ho with the exception that the case classification differs. In (2B) Ho the case classification is "Support", and in (3B) Ho the case classification is "Treatment".

Null hypothesis 1C, (1C) Ho, states that there is no difference in the proportion of congruent factor sets among the three categories, Program, Support, and Treatment of the case classification system.

Null hypothesis 1D, (1D) Ho, states that there is no difference in the proportion of the congruent factor sets among the four areas of analysis, adaptive efficiency, disabling habits,

verbalized attitudes and understanding, and environment, henceforth referred to as A.E., D.H., V., and E. respectively.

The following two hypotheses deal with the case recorded material only. Null hypothesis 1E, (1E) Ho, states that for the situation of case recorded material only, there is no proportional difference between the two groups, scored factors (S.F.), and not sufficient data (N.S.D.) among the three case classification (C.C.) categories, Program (P), Support (S), and Treatment (T), henceforth referred to as P.S. and T.

Null hypothesis 1F, (1F) Ho, states that for the situation of case recorded material only, there is no proportionate difference between the two groups, scored factors (S.F.) and not sufficient data (NS.D) among the four areas of analysis A.E., D.H., V., and E..

Thus, null hypotheses (1A) and (1B) test for congruency of data obtained via C.R. and P.I. within the Areas of Analysis and Case Classifications.

Null hypotheses (1C) and (1D) test for the distribution of the various categories of data within the Areas of Analysis and Case Classifications.

Null hypotheses (1E) and (1F) examine the amount and sufficiency of data and its distribution within case recordings only.

### Data Analysis

The quantitative material for our study is derived from fifty (50) cases on which scores were obtained through P.I. and C.R.. Each case was examined on the four areas of analysis, A.E., D.H., V., and E., which resulted in a potential of 200 scores for both P.I. and C.R., ( $50 \times 4 = 200$ ). The P.I.'s were specifically designed to obtain a score in each of the four areas of analysis in all 50 cases. However, for the C.R. material there was not sufficient data to make a score judgment on a number of factors and these instances were noted as "N.S.D." The aggregate of 50 cases is composed of cases from all three case classifications, P., S., and T., where P equals 16 cases, S equals 19 cases and T equals 15 cases.

To test (1A) Ho to (4A) Ho, all the instances where a C.R. score was obtained were matched with the concomitant P.I. scores within each Area of Analysis. A test of statistical significance, the correlative, two-tailed, t-test was then calculated to determine whether there was any significant variance between these scores within each factor. For the purposes of this study, the level of significance was set at  $P = .01$  for all the tests conducted on each hypothesis A through F. The results of the tests computed on (1A) Ho to (4A) Ho are as follows:

For (1A) Ho, a critical ratio (c.r.) of 6.237 was obtained, whereas at the .01 level with a degrees of freedom (d.f.) of

a score of 2.763 was required for significance. This score reached the level of significance to reject the null hypothesis and leads us to support the alternate hypothesis, H1, which states that in the area of analysis of A.E., there is a statistically significant variance between the scores obtained via C.R. and P.I.

For (2A) Ho, a c.r. of 5.76 was obtained whereas at the .01 level with a d.f. of 29, a score of 2.756 was required for significance. This score thus reached the level of significance to reject the null hypothesis, and leads us to support the alternate hypothesis, H1, which states that in the area of analysis of D.H., there is a statistically significant variance between scores obtained via C.R. and P.I.

For (3A) Ho, a c.r. of 3.529 was obtained, whereas at the .01 level with a d.f. of 22, a score of 2.819 was required for significance. This score thus reached the level of significance to reject the null hypothesis and leads us to support the alternate hypothesis, H1, which state that in the area of analysis of V., there is a statistically significant variance between scores obtained via C.R. and P.I.

For (4A) Ho, a C.R. of 5.91 was obtained, whereas at the .01 level with a d.f. of 31, a score of 2.150 was required for significance. This score thus reached the level of significance to reject the null hypothesis and leads us to support the alternate hypothesis, H1, which states that in the area of analysis of E.,

there is a statistically significant variance between scores obtained via C.R. and P.I.

Each of the null hypothesis 1A to 4A were rejected outright, leading to the acceptance of the alternate hypothesis, and demonstrating that there is a statistically significant variance in the scores obtained via C.R. and P.I. in all areas of analysis. A study of the graphs and the percentages derived from them further demonstrates this variance. In the area of analysis of V., where the greatest number, 65%, of the factor sets were congruent, one third of all the instances where a score could be obtained from the case recorded material it was inconsistent with the score obtained from the actual client situation. This variance becomes even more pronounced in the areas of A.E. and D.H. where only 41.4% and 36.7%, respectively, of the factor sets were congruent. This means that in almost two thirds of the instances where a score could be obtained from the case recorded material it was inconsistent with the score obtained from the actual client situation.

To test for (1B)  $H_0$  to (3B)  $H_0$ , all the instances where a C.R. score was obtained were matched with the concomitant P.I. scores within each case classification. A test of statistical significance, the correlative, two-tailed, t-test was then calculated to determine whether there was any statistically significant variance between these scores within each case classification system.

The results of the tests run on (1B) Ho to (3B) Ho are as follows:

For (1B) Ho, a c.r. of 4.37 was obtained whereas at the .01 level with a d.f. of 37, a score of 2.704 was required for significance. This score thus reached the level of significance to reject the null hypothesis and supports the alternate hypothesis, H<sub>1</sub>, which states that for the case classification "Program", there is a statistically significant difference between the scores obtained via C.R. and P.I.

For (2B) Ho, a c.r. of 8.0 was obtained whereas at the .01 level with a d.f. of 44, a score of 2.704 was required for significance. This score thus reaches the level of significance to reject the null hypothesis and supports the alternate hypothesis, H<sub>1</sub>, which states that for the case classification "Support", there is a statistically significant difference between the scores obtained via C.R. and P.I.

For (3B) Ho, a c.r. of 13.15 was obtained, whereas at the .01 level with a d.f. of 31, a score of 2.75 was required for significance. This score thus reaches the level of significance to reject the null hypothesis and supports the alternate hypothesis, H<sub>1</sub>, which states that for the case classification "Treatment", there is a statistically significant difference between the scores obtained via C.R. and P.I.

Each of the null hypothesis 1B to 3B were rejected and the alternate hypothesis accepted, indicating a variance of significance

between scores obtained via C.R. and P.I. in all three categories of the c.c. system. A study of the graphs and the percentages derived from these indicates that in the c.c. "Program", 66% of the scored factor sets were congruent. Thus one third of all the scored factors within the case recorded material varied from the client situation as determined by the researcher. In the case classifications of "Support", and "Treatment", this situation holds true for approximately two thirds of all the scored factors.

To test for (1C) Ho, all the scores (n equals 200) were divided into the categories of congruent factor sets (C.F.S.) and non-congruent factor sets (N.C.F.S.). Our criteria for a C.F.S. was the concomitant C.R. and P.I. scores which coincided. To illustrate: in case #9 (see Table II) in the area of analysis of A.E., the C.R. score judgment was 1, and the P.I. score judgment was also 1. Thus the scores coincide and constitute a C.F.S. The criteria for N.C.F.S.: the concomitant C.R. and P.I. scores varied. To illustrate, in case #11, in the area of analysis A.E., the C.R. score judgment was 0 and the P.I. score judgment was 1. Thus the scores do not coincide and constitute a N.C.F.S. Included in this category are the instances where there was not sufficient data in the case recorded material to score on a factor. To illustrate, in case #1 in the area of analysis of A.E., a C.R. score judgment was not possible due to insufficient data and was therefore duly recorded as N.S.D. The P.I. score judgment was 0. Thus

the scores do not coincide and constitute a N.C.F.S.

After division into the categories C.F.S. and N.C.F.S. had taken place, a test for statistical significance (chi-square) was then computed to determine whether differentially categorized data was a function of differentially classified cases (P., S., or T.):

For (1C) Ho, a c.r. of 9.157 was obtained whereas at the .01 level with a d.f. of 2, a score of 9.21 was required for significance. This score does not reach the level of significance to reject the null hypothesis at the .01 level. However, at the .05 level of significance a score of only 5.99 was required, which would support the rejection of the null hypothesis at that level of significance and supports the alternate hypothesis,  $H_1$ , which states that there is a difference in the proportion of congruent factor sets among the three categories, Program, Support, and Treatment, of the case classification system.

An examination of the graphs and the percentages derived from them shows that out of the possible 200 factor sets, only 25.5% are congruent. Of this amount, 49% are in the Program cases, 27.4% are in the Support cases, and 23.6% are in the Treatment cases. This supports the findings of the chi-square test that there is a difference in the proportion of occurrence of C.F.S. among the c.c. categories, with the Program cases having significantly more than the other two categories.

A possible consideration involves the fact that, though the four areas of analysis are present in the Program cases, a Program case, by definition, implies a fairly well functioning client. This means that the scope and span of the case is limited in terms of involvement and social work techniques. Because the Program cases have fewer problematic areas than a support or treatment case, the diagnosis of the case is less complicated, involving fewer variables which are more easily identifiable in the client situation than in cases where there are a wide range of interacting variables. Since these variables are more easily identified, they are also recorded more concisely and regularly, making them easier to identify in the case recording and thus making for a higher degree of consistency between C.R. and P.I. scores.

To test for (1D) Ho, all the scores (n equals 200) were again divided into the two categories of C.F.S. and N.C.F.S. Our criteria for these two categories was the same as for (1C) Ho. A test for statistical significance (chi-square) was then computed to determine whether differentially categorized data was a function of the four areas of analysis A.E., D.H., V., and E.

For (1D) Ho, a c.r. of 0.92 was obtained whereas at the .01 level with a d.f. of 3, a score of 11.34 was required for significance. This strongly supports the null hypothesis that there is no difference in the proportion of congruent factor sets among the four areas of analysis. A study of the graphs and percentages

supports this finding. Of the 51 C.F.S., 23.5% occurred in the area of analysis of A.E., 21.6% occurred in D.H., 29.4% occurred in V., and 25.5% occurred in E. Thus the occurrence of C.F.S. is not a function of the area of analysis but occurs with equal frequency across all four areas.

To test for (1E) Ho, all the scores obtained from the case recordings only were divided into the two categories of scored factors (S.F.) and not sufficient data (N.S.D.). The criteria for S.F. was any area of analysis which was assigned a score; and for N.S.D. any area of analysis where data was not sufficient to assign a score. A test for statistical significance (chi-square) was then computed to determine whether the ability to assign a score in any area of analysis was a function of the case classification system (P., S., or T.).

For (1E) Ho, a c.r. of 0.995 was obtained whereas at the .01 level with a d.f. of 2, a score of 9.21 was required for significance. This score strongly supports the null hypothesis that there is no proportionate difference between the two groups, S.F. and N.S.D. among the three categories (P., S., and T.) of the c.c. system. A study of the graphs and percentages derived from these, supports this finding. Of the potential 200 S.F., 114 or 57% could be scored. Of this 57%, 34.5% occurred in the program cases, 34.5% occurred in the support cases, and 31.0% occurred in the treatment cases. Thus the ability to score on an area of analysis

is independent of the c.c. system.

To test for (1F) Ho, all the scores obtained from the case recordings only, were divided into the two categories of S.F. and N.S.D. The criteria for these two categories was the same as for (1E) Ho. A test for statistical significance (chi-square) was then computed to determine whether the ability to assign a score in any case classification (P.,S., or T.) was a function of the area of analysis, A.E., D.H., V., or E.

For (1F) Ho, a c.r. of 3.67 was obtained whereas at the .01 level with a d.f. of 3, a score of 11.34 was required for significance. This score supports the null hypothesis that for C.R. material only, there is no proportionate difference between the two groups, S.F. and N.S.D. among the four areas of analysis. A study of the graphs and the percentages derived from them supports this finding. Of the 114 scored factors, 25.5% occurred in A.E., 26.1% occurred in D.H., 20.4% occurred in V., and 28% occurred in E. Thus, the frequency of occurrence of scored factors for C.R. is not a function of any area of analysis.

In summary, the results of the tests demonstrate that there is significant variance between the scores obtained via C.R. and P.I. within the four areas of analysis as well as within the c.c. categories. There is greater occurrence of C.F.S. within program cases than within support and treatment cases. However, the C.F.S. are evenly distributed among the four areas of analysis.

In the case recorded material, the ability to score on a factor was not dependent on the case classification categories nor on the area of analysis; i.e., the data was fairly evenly distributed within all diagnostic areas.

The data contained 114 factors on which we were able to obtain both a C.R. and P.I. score. Of these 114 S.F., 45% were congruent, 33% had P.I. scores greater than C.R. scores, and 22% had C.R. scores greater than P.I. scores. This indicates a good mix and the phenomenon of constant error does not appear to be manifesting itself to any appreciable extent.

Our sample consisted of a total of 50 cases. There were four areas of analysis in each case, making a potential of 200 areas of analysis. Of these 200 areas of analysis, only 114 or 57% could be given a score. Thus, 86 areas did not receive a score. Of these unscored areas, 31% occurred in program cases, 32% occurred in support cases, and 37% occurred in treatment cases. Categorized into areas of analysis, 24% of the unscored factors occurred in the area of analysis of A.E., 23% occurred in D.H., 31% occurred in V., and 22% occurred in E.

( Out of the 50 cases, 17 cases or 34% had social histories only. A social history is defined as identifying data obtained at the time of application. Out of the 86 unscored areas of analysis, 68 occurred in these cases with a social history only ( $17 \times 4 = 68$ ). The other 18 instances or 9% of the potential 200 S.F. occurred

due to insufficiency of case recorded material, i.e., case recorded material was present but of an insufficient nature to obtain a score.

## CHAPTER 5

### CONCLUSION

This study, based on an exploratory analytical design, examined whether the material in case recordings reliably reflects the current context of the client situation. This factor of reliable representation is directly related to the appropriate integration of case recorded material for supervision. Since case recorded material is an integral part of supervision and teaching, the reliability of the material is an essential component of the supervisory process. Should this material be unreliable, the relevancy of this process becomes questionable.

The concept of reliability and sufficiency were tested through personal interviews with the clients and a study of the case recorded material, utilizing the four areas of analysis of the social movement scale. This study did not purport to examine the interacting variables of worker input, casework process, or client movement per se, as a function of worker input. The scale was used to obtain quantitative data as an instrument to measure congruency between scores obtained through case recordings and personal interviews. The data was obtained from a random sample of fifty (50) Mother's Allowance cases.

The data analysis clearly indicates a general lack of material in case recordings. On 43% of the potential data factors,

there was insufficient material on which to base a score. Of the 50 M.A. cases, only 57% had material from which a score could be obtained.

The analysis of the data also illustrates that there is a basic inconsistency between the case recordings and the client situation, at a statistically significant level. This is clearly demonstrated through the rejection of the null hypothesis A and B which stated that there is no difference between C.R. and P.I. scores. It was further found that only 45% of this scored case recorded material was congruent with the scores obtained from the personal interviews with the clients. According to hypothesis (1C)  $H_1$ , program cases have a disproportionately larger amount of congruent factor sets than support and treatment cases. This indicates that, although all three categories (P., S., and T.) are unreliable in the statistical sense, Support and Treatment cases show a greater degree of unreliability in case recordings than Program cases.

On examining each of the 50 cases, it was found that in only 5 of these cases, the P.I. and C.R. scores were congruent on at least 3 of the 4 areas of analysis in each case. Of these 5 cases, 3 were in the Program category, 1 was in the Support category, and 1 was in the Treatment category.

Also, it was found that there were 10 cases where the P.I. and C.R. scores were not congruent on at least 3 of the 4 areas

of analysis in each case. Of these, 6 were in the Support category and 4 were in the Treatment Category. There were none in the Program category.

In the case recorded material where there was more than a social history only, the four areas of analysis were present 86% of the time. Hypothesis D supports this premise that each of the four areas of analysis were present in the case recordings irrespective of whether the C.R. and P.I. scores were congruent, and irrespective of case classification. This result further supports the legitimacy of the scale as a valid tool in this study.

An area of consideration may be that case recording may have some degree of reliability at the time of recording, since in many instances there was a substantial time differential between the last recording on the case and the personal interview. However, when the 5 cases in which 3 out of the 4 areas of analysis were congruent, the average time differential from the last dictation to the time of the personal interview was 5.8 months, the range being from 2 to 9 months. Upon examining the 10 cases where at least 3 out of the 4 factor sets were non-congruent, the average time differential from the last dictation to the time of the personal interview was 5.3 months with the range being from 1 week to 12 months. This would support the fact that there is no direct relationship between time differential and the reliability of the dictation within the time span limitation of this study. In fact, the data that we have

shows that there can be a fair amount of disparity in cases where there are recent dictations.

Case recording as previously mentioned, forms an integral part of supervision. The data collected in this study showed that case recordings were unreliable and insufficient. This implies that case recording as an empirical tool itself cannot be appropriately utilized to meet the functions of supervision such as developing of treatment plan, evaluation of case and caseworker, and knowledge of case activities. Although case recording as a whole was shown to be unreliable at a statistically significant level, this should be qualified by the finding that, where the material was scored, 44.7% of the factor sets were congruent and 47.7% varied only by an interval of 1 degree. Thus 92.1% of the factor sets either agreed or varied only by an interval of 1 degree. This fact permits one to assume that case recordings can provide some understanding of the case situation. Thus the value of the case recording is not totally negated by the findings of statistical unreliability. This would suggest that the supervisor should exercise caution in the use of the case recording. The recording could be used as a facilitative mechanism in the caseworker - supervisor interaction.

The ten supervisors interviewed stated that they used the case recorded material occasionally for the following purposes: (a) knowledge of casework activities, (b) teaching, and (c) decision making. This can continue, if the case recordings are used as a

facilitative mechanism to encourage verbal consultation between caseworker and supervisor and not as the empirical tool in the carrying out of those functions. What is required is for the expectations around case recordings to be made explicit so that the workers will know for what purposes they are recording and how the recording is going to be used. This would imply explicit statements regarding the length of case recording, the type of material to be recorded, and the use of this material in the supervisory process.

As mentioned in Chapter 2 case recording as an administrative tool should be used to indicate necessities for policy change, to provide information for analyzing and clarifying services and to justify the expenditure of public funds. Case recording should also be used as a source for reviewing and evaluating services and their continuity. From our study, we were able to ascertain that the administrators do not use case recording for any of these purposes, and since the material is insufficient and unreliable it cannot be meaningfully applied as a tool for meeting the above mentioned conditions.

Serious complications arise when attempts are made to use case recording for research purposes. The written material that case workers produce is based on knowledge, experience, and observation, but it tends to be diffuse. Moreover, from our study we know that the criteria for determining what should be recorded is

not well formulated. Although narrative records can be used for research, the two disciplines of casework and research must agree on what can be studied and on the method of study. Making case records usable for research may even require the production of records particularly designed for study purposes.

### Recommendations

Social agencies spend many man-hours doing case recording, and this material may or may not be used. Information showed that administrators do not use case recordings and supervisors use them occasionally. The inevitable question is - why case recordings? Case recordings are done because workers are expected to do them. The expectations around case recordings are ambiguous and lack standardization. The supervisors when interviewed all stated that case recordings should be more relevant, consisting only of pertinent factual data. However, the areas of case recording which the supervisors considered as irrelevant for their purposes were not defined.

Since this desire was expressed in all three Regional offices, we would recommend:

1. That the administrative staff collectively formulate the expectations, purposes, and goals of case recording. This would serve to reduce the ambiguities and inconsistencies currently found in this area.

2. That these expectations around case recording should be made explicitly clear to the workers so that workers and supervisors will mutually share a common expectation.

A lack of mutual expectation has led to the current practice whereby workers tend to record at their own discretion, which means that sometimes they do not record at all. If they do record our study has shown that this material does not reliably reflect the case situation. We therefore conclude that the current practice is inadequate to meet the expectations of case recording.

Since administrators collectively have expressed the desire for a case recording system which would be brief, factual, and concise, the current narrative style would have to be adjusted to meet the needs expressed by the administrators or an alternative plan would have to be adopted to meet these criteria.

3. That other forms of case recording systems currently in use in various agencies be studied for possible adaption. Some of these systems are:

(a) The Seattle Atlantic Street Centre Recording System (S.A.S.C.R.S.).<sup>36</sup> This system is currently being used in Vancouver, B.C. It is a system in which the data are numerically coded on a special recording form and hence prepared for computer processing.

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<sup>36</sup>. James R. Seaberg, "Systematized Recording: A Follow-up", Social Work. Vol. 15, Number 4, (October 1970), pp. 32-41.

(b) The Critical Incident Technique. This is a system used whereby workers only record special changes or movements in client functioning.<sup>37</sup>

(c) Service Summary forms which are brief assessment forms done once every three months. (See Appendix I)

At this point we cannot make any specific recommendations as to which system of case recording could be best adapted. The immediate priority lies in the administrative bodies collectively establishing explicit standards, expectations, and criteria to meet their determined needs. Therefore it follows that it would be their responsibility to develop a system of recording which would be suitable for meeting the established goals.

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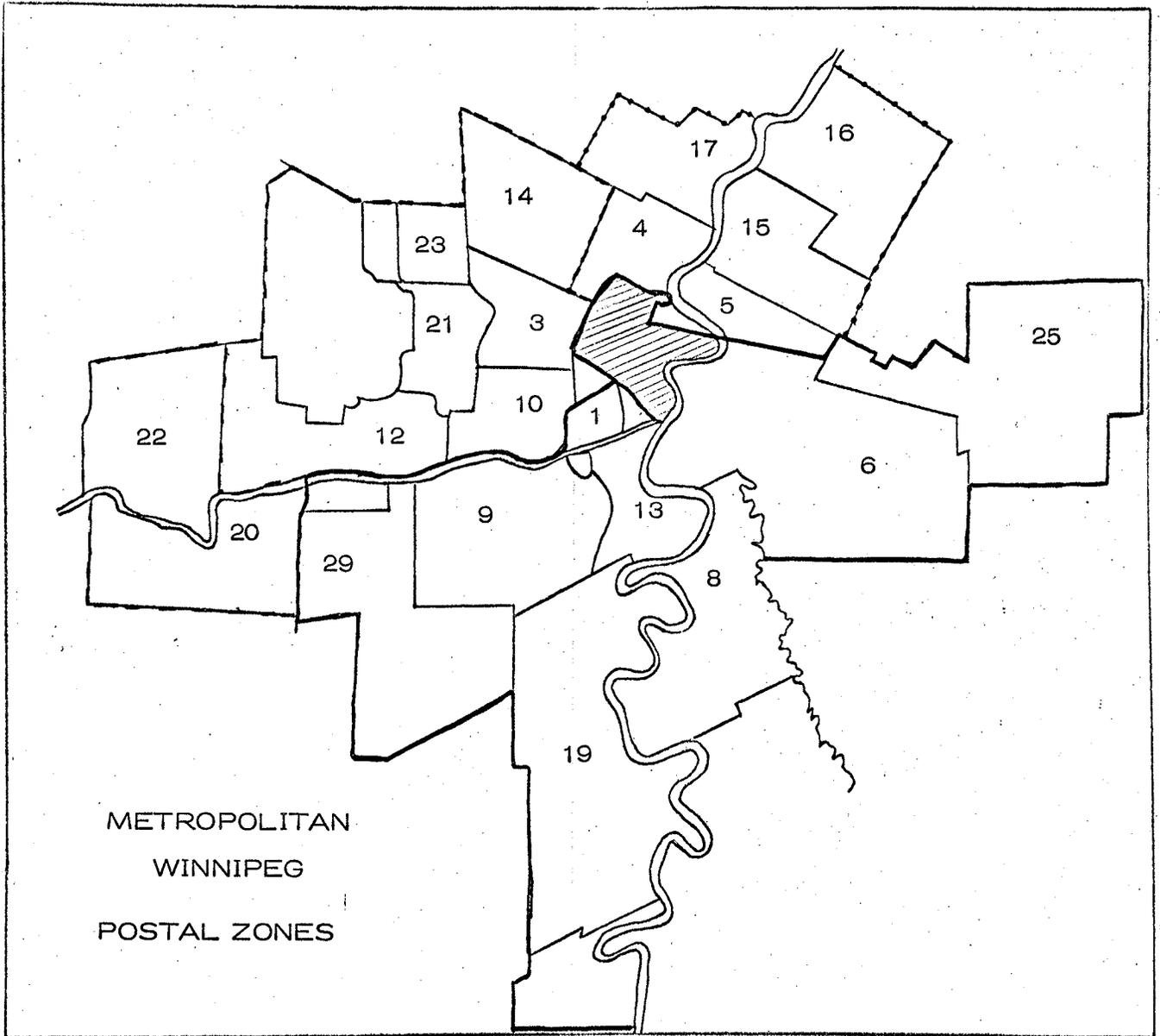
<sup>37</sup> J.M. Brown, F.K. Berrien, D.L. Russel, Applied Psychology, The MacMillan Company: New York, 1966, pages 198-200.

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A <u>Program</u>	B <u>Supportive Service</u>	C <u>Treatment (Intensive)</u>
easy to meet need well-functioning client except for simple needs available under Social Assistance program.	direct environment manipulation require assistance to use community resources.	skilled use of relationship intensive and extensive knowledge of human behaviour.
Clients essentially independent.	Client functions adequately with supportive services.	extensive knowledge and use of community resources.
No child welfare situation in this group.	Unworkable chronically dependent clients.	difficult wards.
Simple A.S.A. or I.S.A. cases. Simple financial assistance cases.	Well-functioning ward in foster home situation.	adaption and home finding with special factors present.
Limited community involvement or interpretation by worker.	Straight-forward adoption and foster home - finding.	Rehabilitation where more complex services required.
Simple straightforward request.	U.M's Environmental Services Relatively simple rehabilitation services.	Crises involving psych. in addition to or instead environmental solutions.
	Environmental crises in financial assistance cases.	Child protection.

CASE ASSIGNMENT BY CLASSIFICATION

Case classification involves the sorting or the tagging or the naming of cases according to their degree of difficulty. Its purpose is to make possible the assignment of cases according to their classified degree-of-difficulty to field staff having varying degrees of education, training and competence. Its goal is to provide the best possible service by allowing for appropriate and optimum use of staff.

Criteria

Certain criteria are required to determine the difficulty of a case. The criteria selected as being pertinent are the number of problems, the combination of types of problems, the degree of severity of each problem, the ability of the client to solve the problem on his own, the strength of the client's social and psychological controls and supports, and the adequacy and availability of community resources required to solve the client's problem.

Least Difficult Cases

Least difficult cases are generally those where the client comes with a single well defined problem, a resource is available to meet the problem and the client is able to use the resource without outside help. The elderly person seeking financial aid could be classified in this category if he was judged capable of dealing with problems such as physical or mental health, housing, management of money, social activities and relationships either on his own or with the help of friends and relatives. A widow applying for a Social Allowance who is settled in a stable and supportive environment and is capable of managing her family life might be another example of a least difficult case.

The Moderately Difficult Cases

The moderately difficult cases are those where there may be one or several problems but they are not severe and the client has some ability to solve them himself, or alternatively, resources are readily available and adequate and the client is a reasonably adequate person. An example might be an elderly person who is in hospital and by reason of disability cannot return to his former living arrangement. He has no relatives or close friends but he has no objection to changing his living arrangement. The worker must act for such a client in obtaining suitable accommodation and care, and explore and supply the financial need. He will be required to give the client personal service in various ways but he will not have to deal with psychological problems to any extent. Another type of moderately case might be an adoption or foster home study with a favourable diagnosis at intake.

Difficult Cases

Difficult cases could be either single problem or multi problem cases depending on certain factors.

A single problem case might be one where the problem is severe and either the client lacks ability to meet it himself or the resource to meet the problem is not readily available. Examples might be an unmarried mother who wants to keep her child but finds it socially impossible to carry out her wish; the ward who has a serious problem in adjusting to any form of child care available; the chronically ill elderly person without friends or relatives who cannot accept the care he requires for his protection.

Difficult Cases - Cont'd:

The multi-problem case is usually classified as difficult on the basis of this fact alone. Combinations of such problems as chronic unemployment, desertion, child neglect, marital problems, poor housing, poor school attendance, ill health or disability and delinquent behaviour in themselves add up to poor functioning and complexity of problem requiring skilled use of relationship, mobilization of various community resources and depth of knowledge of human behaviour.

*Drawn up March 45 J.B.*

# INSTRUCTIONS FOR JUDGING MOVEMENT IN INDIVIDUAL CLIENTS

(to be referred to continually while judging)

**MOVEMENT IS THE CHANGE THAT APPEARS IN AN INDIVIDUAL CLIENT AND/OR HIS ENVIRONMENTAL SITUATION BETWEEN THE OPENING AND CLOSING OF HIS CASE**

**NOT MOVEMENT**  
(Judge Separately)

GENERAL STATEMENTS	TYPES OF EVIDENCE OF MOVEMENT				ILLUSTRATIVE CASE SUMMARIES	SCALE
	ADAPTIVE EFFICIENCY	DISABLING HABITS AND CONDITIONS	VERBALIZED ATTITUDES AND UNDERSTANDING	ENVIRONMENTAL CIRCUMSTANCES		
Great improvement. The client's status must be very low at opening and high at closing, as illustrated by anchor, to achieve this amount of movement. Clients with higher opening status must show correspondingly higher status at closing. Every type of evidence of improvement should exist in marked degree.	Evidence from social behavior that the level of functioning has changed from near helplessness or complete ineffectiveness to achieving about what is typically demanded of individuals of the client's age, sex, and social class.	Evidence from social behavior that the client has changed from one with severe and obvious disabling habits and conditions to one in whom they are no longer evident in their effect upon his life.	Verbalized evidence that client changes from one blind to one who recognizes needs of others and self and to realities to one who plans in planning, who understands relations between motives and his life history, who recognizes problems beyond own resources and knows where to get expert help. Children not expected to verbalize motives and relations.	Evidence of marked improvement in such aspects of client's situation as his social relations, physical environment, and economic circumstances. Category includes changes in behavior of other people toward client and also gains to him or her from other members of his family.	See the "C" case (page 42 of Manual) and Analysis for Mrs. C (page 44).	+4
The amount of improvement should appear intermediate between that shown in illustrations for +4 and +2. Improvement should show in every type of evidence, but to lesser degree than in +4.						+3
The client's status should improve distinctly in several areas. The amount of change between opening and closing status should appear about half that shown in the anchor for +4, as illustrated in example for +2. Improvement need not show in every type of evidence, but should show in AE or DH&C.	Evidence from social behavior of increased effectiveness in some area or areas such as on the job, in the home, in personal relations, in school work, or in use of community resources.	Evidence from social behavior that some of the client's behavioral deficiencies or personal weaknesses have been eradicated or decreased in their effect upon his life, and/or that his health has improved.	Verbalized evidence of change of attitude toward some aspect of client's situation or of new understanding in some area. Verbal evidence considered less certain than behavioral, and need not be present if behavioral evidence is clear. Abstract grasp of motives and their relations expected from clients with low opening status.	Evidence of improvement in one or more such areas as physical environment, economic circumstances, and manner in which people close to client behave toward him. Changes in circumstances may constitute large share of total change for this degree of movement, but may also be minimal if behavioral evidences of improvement are marked.	See the "D" case (page 46) and Analysis for Mrs. D (page 48).	+2
The client's status should appear improved in some aspect or aspects. The amount of change should appear to be in a range about half that shown in example for +2. Substantial improvement in a client's environmental circumstances alone may justify +1 at a maximum.						+1
<p>No "net movement." The status of the client should be essentially the same at closing as it was at opening. If there are gains in one area these should be canceled by changes of similar degree in another area.</p> <p>Rendering services like summer camp for children, giving financial help, vacations, etc. do not mean upward movement unless some type of evidence exists that the effects of the services have persisted longer than the period during which they were given.</p>					See cases of Mrs. E (page 50) and of Jay F (page 51).	0
The client's status should appear worse at closing than at opening. The amount of deterioration should appear to be in a range about half that shown in anchor for -2. Substantial deterioration in environmental circumstances alone may justify -1 at a maximum.						-1
The client's status should appear distinctly worse in several aspects at closing than at opening. The amount of change downward should approximate half the upward movement shown in anchor for +4 as illustrated in anchor for -2. Deterioration need not show in every type of evidence, but should show in AE or DH&C.	Evidence from social behavior of decreased effectiveness in some area or areas, e.g., from a person functioning adequately to one nearing complete ineffectiveness, or from making some effort toward responsibilities to giving up the struggle. Clients opening higher should close correspondingly higher.	Evidence from social behavior of increase in the number or severity of such disabling habits as irresponsibility, delinquency, traits inimical to good social relations, anxiety, and other symptoms of neurosis and/or psychosis.	Verbalized evidence of such phenomena as increasing confusion, increasing inability to plan, reduced understanding of self and others, delusions, and attitudes inimical to social adaptation.	Evidence of deterioration in one or more such areas as physical environment, economic circumstances, and manner in which people close to client behave toward him. Such changes may constitute large share of total change for this degree of deterioration, or they may be minimal if behavioral evidences of deterioration are marked.	See the "H" case (page 54) and Analysis for Mr. H (page 55).	-2

1. Degree to Which Treatment Goals Were Achieved.  
Scale: Percentage deciles, 0 to 100 or over.
2. Degree to Which Caseworker Responsible for the Movement Shown in the Case.  
Scale: Percentage deciles, 0 to 100.
3. Degree of Skill with Which Case Is Managed.  
Scale: 1, 2, and 3 (Levels increasing skill).
4. Over-all Amount of Effort Expended on the Case.  
Scale: 1, 2, and 3 (Increasing amounts of effort).
5. Difficulty of the Client's Problem from Technical Standpoint of Getting Successful Treatment.  
Scale: 1, 2, and 3 (Increasing difficulty of problem).
6. Is This a Case Where Change in the Client Would Have Occurred Without Casework? But Casework Has Created the Rapidity of Change?  
Scale: Yes or No.
7. Has Deterioration Been Prevented Without Evidence of Upward Movement?  
Scale: Yes or No.
8. Have Services (like financial relief, housekeeper, vacation or summer camp for child) Been Rendered Without Evidence of Movement?  
Scale: Yes or No.

I. CASE IDENTIFICATION:

Applicant:

Address:

Phone No:

O.P.D. No:

Next of Kin: (Names, address, phone no.)

Worker:

Date:

File No:

Category:

Referral:

Other agencies involved:

II. CLIENT IDENTIFICATION:

1. Full Name:
2. Birthdate, Place:
3. Marital Status:
4. Ethnic Origin:
5. Languages:
6. Religion:
7. Appearance:
8. War Service:
9. Dependents (Names, birthdates, places, school & grades, occupations,--comments)
10. Relations or friends (significant other persons), address & phone no.

III. ELIGIBILITY:1. Financial Situation(a) Assets

- Funeral Plan.
- Savings - cash, bank, bonds.
- Insurance - type, company, cash surrender value, premiums.
- Available resources through relatives.
- Personal property - car, furniture, appliances.
- Property - legal description, equity, purchase price, date of purchase, present sale value, mortgage, amount and name of mortgagees, mortgage payments. (principal, interest, taxes, fire insurance)

(b) Income

- amount and source (earnings, pensions, rental, boarders)

(c) Financial Obligations

Current obligations including amount and monthly payments, i.e. home, mortgage, personal property, home repairs, medical, rent, utilities, etc.  
Financial delinquencies and the client's ways of handling financial affairs.

2. Disability

- (a) Medical - physical or mental (as relating to unemployability or infirmity, i.e. S.A. Act.)
- (b) Social - aged, widowed, deserted, unmarried mother, incarcerated father.  
Category - ASA, ISA, SAN, MA (disability, death, desertion, unmarried mother, incarceration).

3. Other Factors Pertaining to Eligibility

## SOCIAL ASSESSMENT

This guideline, for a psycho-social evaluation of a client and his problem, is to be used for all categories of cases. The headings need not be adhered to rigidly, but should be used in a manner appropriate to a given situation. It should not be mistaken for a questionnaire, but rather, this form should serve as a guide or framework on which to structure one's thinking about a case. It should provide a consistent approach to all social problem situations as well as a diagnostic tool to sort out a client and his problem into something that can be worked.

Inasmuch as this guide should serve as an approach to case situations, it can be used consistently from the point of an initial, tentative exploration, to a recording outline, to an annual review, or a transfer, or closing summary. Again, it is emphasized that the guide should be used as benefits the situation. However, the headings of I. Problem or Reason for Request, II. Applicant, III. Environment, IV. Summary, and V. Goal and Treatment Plan (and Evaluation) should form the framework of most case activities.

The emphasis, in this outline, is on the client in his present situation with his present strength or capabilities to solve problems. Past history information is required only where directly applicable to the present situation. Thus the result of this outline should be a true, living picture of the applicant in his present situation and the extent necessary for planning service.

## SOCIAL ASSESSMENT OUTLINE

### I. PROBLEM OR REASON FOR REQUEST: (a breakdown in social functioning, i.e. a breakdown in one or more significant life roles of applicant.)

1. As presented by referring agent.
2. As perceived by applicant (how does he describe it)
  - is it a problem of unmet needs - economic, medical, housing, education.
  - is it a problem of stress - physical, mental, social.
3. As perceived by worker.

### II. APPLICANT: (The person with the above problem)

This section should be repeated for any number of persons in a family situation who are involved in the request or need for service.

1. Role performance of the applicant and other members of the family now and in the past.
  - as father, breadwinner, husband, employee, neighbour, etc. - or mother, wife, son, daughter, student - as applicable.
  - as former employee - i.e. types of employment, duration thereof.
2. Motivation to solve his problem
  - does applicant express feelings of HOPE that his problem(s) can be solved?
  - does applicant feel uneasy or UNCOMFORTABLE enough about his problem(s) to want to do something about it?

3. Capacities to solve his problems: (Good or impaired. Elaborate where necessary)

(a) Physical Capacities

- where are his areas of physical ability?  
(Where can he function independently?)
- Where are his areas of physical disability?  
What is the nature and extent of disability - is personal physical care of another person required - is there any capacity for rehabilitation?

(b) Intelligence Capacity

- what is the applicant's formal or informal education and/or training?
- does applicant read valid meaning or understanding in to what is happening - i.e. in his relationship to his problem and his relationship to the Department and what it has to offer.
- have there been any findings of psychological or psychiatric nature.
- is there any evidence of dullness, forgetfulness, even disorientation.
- has there been mental illnesses - give details.
- is there verbal expression of feeling and thought.  
Does he use other means - eg. gestures, facial expressions, posture?
- does the applicant stick to the subject under discussion.
- is there indication of "know-how" - what efforts has he made to solve some of his problems? - were these actions (efforts) appropriate?

(c) Emotional Capacity

- can things be done with this person, or must they be done for him or about him?
  - is there evidence of emotional instability i.e. hostilities, depressions, fears, obsessions, sex deviations.
  - is there capacity for relationship - how does applicant invest of self in his circumstances? (ethnic, cultural, religious) - how does he account for or describe his relationships with other persons (relations, friends, employers) - his concerns or feelings about them?
  - what are the social implications of the applicant's emotional or mental problems as related to his family life, relationship with other people, occupational functioning, and social activities.
  - applicant's awareness of his mental or emotional problem and its effect on his attitudes toward himself and others and on his social functioning in general.
-

III. ENVIRONMENT: (where the applicant lives, from where he carries out his social roles.)

1. Size and adequacy of living quarters - Describe general living conditions.
2. Neighbourhood - Social and economic description.
3. Access to public services - schools, transportation, merchants, church.

IV. SUMMARY OF FINDINGS: (Where is social role disfunction - in the situation or in the client or both)

The problem assessed by the worker. (Where has role breakdown occurred.)

- the presenting problem if discernable, i.e. child welfare, financial, marital conflict, rehabilitation, etc.
- the willingness (motivation) and capacity of the applicant to work with his problem. (What can client do, to solve this problem?)
- types of services required or possibly indicated. (What can we do to help him solve his problem.)
- what opportunities can we make available to this client. (i.e. community resources.)

V. GOALS AND TREATMENT PLAN: (How will we help this client with his problem - how will we enhance his social functioning.)

The problem or area of client's situation in need of service. (after realistic diagnosis of problem and consideration of the person's capacities and the resources available. - short range and long range goals.)

- how the problem is to be treated (techniques)
- what should be done to achieve the desired goal, or, what has been done to solve the problem - was this successful?

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TRANSFER RECORDINGS

Current Picture

This should contain concrete evidence concerning:

- A. How effectively client (family) is functioning in the various phases (roles) of his life at the time the transfer summary is being written.
- B. What disabling habits or conditions still interfere with his effectiveness, his interpersonal relationship, and his satisfaction with life.
- C. What new attitudes or understanding he has of himself, of others, of his situation. (In adults this may emerge through verbalization, backed by attitude and behaviour. In younger children it may be shown only through behaviour).
- D. What his environmental situation is, especially from the standpoint of the behaviour of other people toward him.
- E. How involved (or motivated) is the client to work on his problem?
- F. Preparation and feelings of client re transfer.

M. Robins

1

IDENTIFYING STATISTICS

1. a) living in home at time of application

<u>Sex</u>	<u>BIRTHDATE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

b) living in home at present

<u>SEX</u>	<u>BIRTHDATE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

c) Change \_\_\_\_\_  
\_\_\_\_\_

2. a) Marital Status at time of application

\_\_\_\_\_

b) Marital Status at present \_\_\_\_\_

c) Change \_\_\_\_\_  
\_\_\_\_\_

3. a) Occupation at time of application

\_\_\_\_\_

b) Occupation at present

\_\_\_\_\_

c) Change \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENTING PROBLEM

1. a) Presenting Problem at time of application \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Referral \_\_\_\_\_

c) Attitude \_\_\_\_\_

\_\_\_\_\_

d) Other agencies involved (Past) \_\_\_\_\_

\_\_\_\_\_

e) Other agencies involved (Present) \_\_\_\_\_

\_\_\_\_\_

PHYSICAL ENVIRONMENT

1. Housing

a) Residence at time of application \_\_\_\_\_

\_\_\_\_\_

Buying or Renting \_\_\_\_\_

Accommodations \_\_\_\_\_

b) Residence at present \_\_\_\_\_

\_\_\_\_\_

Buying or Renting \_\_\_\_\_

Accommodations \_\_\_\_\_

c) Change \_\_\_\_\_

2. Neighborhood

a) Available Resources (Past) \_\_\_\_\_

\_\_\_\_\_

b) Available Resources (Present) \_\_\_\_\_

\_\_\_\_\_

c) Change \_\_\_\_\_

\_\_\_\_\_

3. School

a) School Condition \_\_\_\_\_

Distance \_\_\_\_\_

School Programs and Methods \_\_\_\_\_

\_\_\_\_\_

b) School Condition \_\_\_\_\_

Distance \_\_\_\_\_

School Programs and Methods \_\_\_\_\_

\_\_\_\_\_

c) Change \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a) Attendance (Past) \_\_\_\_\_

Academic Progress \_\_\_\_\_

Behavior in school \_\_\_\_\_

Teacher-Child Relationship \_\_\_\_\_

Peer Relationship \_\_\_\_\_

Sibling Relationship \_\_\_\_\_

Medical Problems \_\_\_\_\_

b) Attendance (Present) \_\_\_\_\_

Academic Progress \_\_\_\_\_

Behavior in school \_\_\_\_\_

Teacher-Child Relationship \_\_\_\_\_

Peer Relationship \_\_\_\_\_

Sibling Relationship \_\_\_\_\_

Medical Problems \_\_\_\_\_

c) Change \_\_\_\_\_

a) Male contact for children (Fast) \_\_\_\_\_

Male contact for mother \_\_\_\_\_

Attitude of children \_\_\_\_\_

Attitude of mother \_\_\_\_\_

Health of mother \_\_\_\_\_

b) Male contact for children (Present) \_\_\_\_\_

Male contact for mother \_\_\_\_\_

Attitude of children \_\_\_\_\_

Attitude of mother \_\_\_\_\_

Health of mother \_\_\_\_\_

c) Change \_\_\_\_\_

### 3. Homemaker

a) Home management (Fast) \_\_\_\_\_

Budgeting \_\_\_\_\_

b) Home management (Present) \_\_\_\_\_

Budgeting \_\_\_\_\_

(Make note of Housekeeping Standards) \_\_\_\_\_

c) Change \_\_\_\_\_

4. Socializing

a) Communication patterns (Past) \_\_\_\_\_

b) Communication patterns (Present) \_\_\_\_\_

c) Change \_\_\_\_\_

1. Parent

a) Supervision of Children (Past) \_\_\_\_\_

Time \_\_\_\_\_

Relationships with children (Discipline) \_\_\_\_\_

Parent-Teacher Relationship \_\_\_\_\_

Use of Community Resources \_\_\_\_\_

b) Supervision of Children (Present) \_\_\_\_\_

Time \_\_\_\_\_

Relationships with children (Discipline) \_\_\_\_\_

Parent-Teacher Relationship \_\_\_\_\_

Use of Community Resources \_\_\_\_\_

c) Change \_\_\_\_\_

SUMMARY

Change in over-all situation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present attitude towards agency's services \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



ADMINISTRATORS -- To All R.D.'s

1. Does c.r. play a role in administrative decision. If yes - how
  
2. Do you think that clerical spend too much time in c.r.
  
3. How is c.r. useful to you as an administrator
  
4. What changes would you like to see in c.r. methods

SUPERVISORS

1. Is c.r. used in supervision

frequently                      occasionally                      rarely  
not at all

2. How is it used

- A. Knowledge of case activities
- B. accountability re worker
- C. evaluation of worker
- D. decision making at supervisory level
- E. teaching
- F. to influence decision making at higher levels

3. If answer is yes to question 2

- A. frequently                      occasionally                      rarely                      not at all
- B.
- C.
- D.
- E.
- F.

4. Where do you feel that c.r. in its present form serves the greatest purpose

5. What proposed changes would you like to see in c.r. to make it more effective

IDENTIFYING INFORMATION

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

CHILDREN

Name	Birthdate	School	Grade

FAMILY BACKGROUND:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION AND EMPLOYMENT HISTORY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HEALTH:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIVING ACCOMMODATION:

\_\_\_\_\_

\_\_\_\_\_

SOCIAL ACTIVITIES:

\_\_\_\_\_

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\_\_\_\_\_

PRESENT SITUATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

