


1975

## Problem oriented case planning

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PROBLEM ORIENTED CASE PLANNING

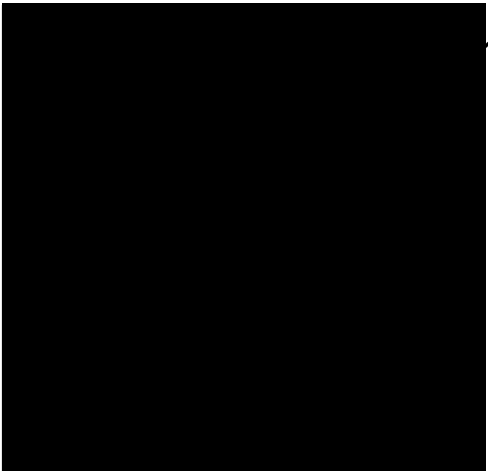
by

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PROBLEM ORIENTED CASE PLANNING

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## ABSTRACT

This practicum report discusses the adaptability of problem oriented case planning to casework which is practiced in the Northeast Multnomah County District Office of the Children's Services Division. Problem oriented case planning is an approach designed to make casework more explicit by specifying the target problem(s), goal(s), tasks and an evaluation scheme which are agreed to and stated in a written contract developed by the participants. Such explicitness is essential to permit agency collection of useful information about its casework and casework programs needed to respond to today's accountability demands, i.e., demonstration that the agency operates at a reasonable level of problem-solving effectiveness and efficiency based on the level of effectiveness.

Two instruments were developed to be used in this exploratory study: 1.) the "Service Contract" which embodies the stated case plan and a means to develop it, and 2.) the Caseworker Questionnaire which solicits caseworker reactions to the Service Contract's use. Caseworkers are asked to voluntarily use the Service Contract during a nine week trial-use period and report their reactions to its use.

Data obtained in the study is incomplete because of very limited Service Contract use. The focus of discussion is on caseworker reasons for non-use. This discussion remains somewhat speculative because there is little agreement among caseworkers relative to reasons for non-use. Flaws in the research design, e.g., insufficient formal training in Service Contract use and compensation for its use may have significantly impeded additional utilization. Because the data does not support any serious problem with Service Contract use in most caseloads, by most caseworkers, with most clients a more systematic study of the Service Contract using an experimental design is recommended.

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## INTRODUCTION

Characteristically, the Social Work profession does not define goals in terms of output, but rather input /for example, casework hours, numbers of persons served/. . . . If credible professional accountability is to occur, casework and group work must be viewed as inputs that may or may not reduce the incidence of definable social problems. . . . Social Work needs an improved technology for defining goals in terms that entail not only measures of effectiveness but also measures of efficiency. There may have been a time when it was sufficient to state objectives in obscure terms, but this is no longer the case.<sup>1</sup>

Such is Newman and Turem's description of the challenge issued to Social Work by "the crisis of accountability", a crisis many Social Workers feel must be met if the profession is to remain viable.

My interest in the issue of professional accountability stems largely from my three years of employment with the Northeast Multnomah County District Office of the Oregon State Children's Services Division (CSD). The District Office provides casework services in the general areas of child welfare, day care, and family counseling throughout the northeastern portion of the county. There are four other district offices within Multnomah County, a county which by itself constitutes one of the eight service regions of the State of Oregon.

As a caseworker, I was continually reminded of the issue of professional accountability through my daily contacts with the agency's administrative system, my own clients, and numerous taxpayers. For example, I perceived the administrative staff to be in continual fear that some "unenlightened" force (e.g. the Federal Government, the State Legislature, etc.) may very soon order funding cutbacks, agency reorganization, or take some other type of action which would be to the detriment of both agency staff and clients alike. Yet the administration seemed surprisingly unable to develop a system which could produce the data needed to address questions of accountability. Many clients on the other hand appeared to be either angry about the superficial nature of the services offered or angry because they had not asked for the services which were provided. Finally, a great many of the taxpayers which I encountered expressed feelings of disdain or outrage--disdain if they were still waiting for Social Work to effect social change; or, outrage if they recognized the "welfare system" as a fiasco which they were compelled to continue to support financially.

These three primary publics to which the Children's Services Division is accountable (i.e., politicians as resource allocators, taxpayers as resource providers, and clients as service consumers) seem to be requiring a level of accountability beyond the traditional criterion of honesty. There are increasing demands from all three that CSD demonstrate reasonable levels of both effectiveness

and efficiency. More specifically, politicians, taxpayers and service consumers all want assurances that the agency is effectively resolving the problems which it was designed to address; and, that the agency is achieving these results at the lowest possible cost.

On both the program level and individual case level such accountability seems to necessitate a systematic evaluation of efforts to resolve specified problems with specified means. Success criterion for such evaluation must reflect at least reasonable levels of effectiveness, i.e., problem reduction, as well as reasonable levels of efficiency based on the degree of effectiveness achieved, i.e., could the same results be obtained for less cost?

Further, if casework and group work are to be viewed as "inputs" (e.g. interventions) on the program level, they must be expected to provide something of value in relation to the desired program "output" (i.e., problem reduction). It seems imperative that program executives have a clear notion of the relative problem-solving capabilities of these tools in relation to the problems they (program executives) intend, or are mandated, to address if meaningful program goal setting or evaluation is to occur.

In summary, if accountability questions for CSD demand responses pertaining to service effectiveness and efficiency, the agency must evaluate its casework services to gain usable information. Casework, for CSD, is the primary change producing component on both the individual case level and the program level. Quite



obviously, if planning for evaluation does not occur concurrent with other case planning, it may be difficult (if not impossible) to obtain meaningful evaluative information.

This research practicum will describe an attempt to determine the adaptability of problem oriented case planning to the casework practiced in the Northeast Multnomah County District Office. Problem oriented case planning is an approach designed to make casework more explicit by specifying the target problems, goals, tasks and means for evaluation which are agreed to and stated in a written contract developed by the participants.

## CHAPTER I:

### CHILDREN'S SERVICES DIVISION AS A SOCIAL SERVICE AGENCY

In this chapter I will briefly describe the purpose of Children's Services Division and its scope of operations. Considerably more attention will be paid to its origins and evolution as a social service system, especially as both relate to its lack of an adequate data collection mechanism which could be used to address questions of accountability.

#### Background and Perspectives:

The Children's Services Division (CSD) is a major component of the Oregon State Executive Department. It was created by the 1971 State Legislature to:

...administer laws and programs relating to protective services to children, foster care, adoptions, interstate compact on juveniles, restorative services to families with children, licensing of child care facilities and day care centers, the mental health program for children and youth employment programs.<sup>1</sup>

The effect of this action was to reorganize all of the State sponsored services to children and place them in one administrative subdivision. This action was also a part of a much larger effort which

reorganized and combined all of the State's human service programs under a larger administrative umbrella, the Department of Human Services.

While this new agency, CSD, does have its roots in several systems (i.e. Public Assistance, Mental Health, Corrections, Employment Service, and Child Welfare), the bulk of its services have been derived from Child Welfare. This is due, in part, to the fact that all of the service area responsibilities, with the exception of Juvenile Corrections, grew out of the early Child Welfare movement.

At its beginning in the United States (about the early 1600's), the Child Welfare movement was primarily concerned with the rescue of children who would not survive unless provided some adult care.<sup>2</sup> Countless children left homeless (i.e. parentless) by war, starvation, disease, etc. were cared for by a loosely organized group of privately sponsored child care agencies prior to 1900. By and large, these agencies provided food, clothing, and shelter, which in turn insured the child's survival. Thus, questions of accountability were easily answered, i.e., the service, if provided, would solve the problem. Because the problem-solving capabilities of these services were easily demonstrated and because the numbers of children needing such services continued to swell, the Child Welfare Movement gained significant momentum and support. During the mid to late 1800's, many state and municipal governments assisted private orphanages through land grants, and some of these local governments went further to initiate "mother's pension" programs.<sup>3</sup> By the end

of the century, most states expanded their role to include a regulatory function.<sup>4</sup> This action usually involved the establishment of a Board of Charities which was to insure that services were provided as promised.

With the creation of the United States Childrens Bureau in 1912, and the foundation of the Child Welfare League of America a few years later, the Child Welfare Movement became considerably more organized and formalized. The Childrens Bureau provided leadership and direction for those in government concerned with child welfare matters. The Child Welfare League of America provided the same assistance for those addressing child welfare problems through private charitable organizations. Together these organizations established the unity and resources necessary for developing problem-solving strategies on a regional or national scope.

During the early 1900's the major thrust of Child Welfare activities continued to center on physical needs. One of the more dramatic successes was the nationwide campaign to lower the infant mortality rate.<sup>5</sup> This effort, and a few others, provided a strategy for attacking problems which was adopted by many in the field and used to address both large and small issues. The strategy, in brief, followed the lines of: 1.) collecting data to describe the problem; 2.) describing the scope of the problem via this data; and 3.) using these materials to solicit support for problem-solving ventures from those with resources. The resources needed were usually financial and they were increasingly obtained from government sources.

Early major Child Welfare efforts, e.g., the infant mortality campaign, are also important because they encouraged a new service delivery strategy as well. This new strategy involved the borrowing of information and techniques developed by other professions. For example, the medical profession had the information to reduce the problem, e.g. what foods are required for proper nutrition, and, the field of education had some techniques for transmitting information to parents. This borrowing from reputable sources permitted an increase in the sphere of Child Welfare activity with no loss of public confidence.

The results of these program planning and service delivery strategies seemed clear: financial support was forthcoming, e.g. Sheppard-Towner Act, 1921,<sup>6</sup> and problem situations were significantly reduced, e.g., infant mortality. There was no reason to believe that problem reduction was not the direct result of these efforts.

These strategies of program development and service delivery were strongly supported by the Childrens Bureau and Child Welfare League. Between 1912 and 1930 the Childrens Bureau alone had undertaken 200 studies in 45 states, the District of Columbia, and Puerto Rico which resulted in the printing of 195 bulletins. Both organizations aggressively supported the need to train people as professionals in child welfare work. Perhaps most significantly, the Childrens Bureau was directed by Congress to plan "jointly" with the states for use of Federal monies allocated for child welfare work within the States. Such joint planning greatly enhanced the continuation of these strategies by insuring a favorable response to them.

Of greatest significance here, is the fact that questions of "service effectiveness" in relation to problem-solving were simply not being asked. Therefore, as the Social Security System was being created and the States were "buying in" during the 1930's, questions of accountability beyond "were the services provided?" were not meaningfully addressed. Oregon law, for example, required only that the Child Welfare Commission make a biennial report to the Governor which would describe the state of child welfare within the State.<sup>7</sup> This was a very rudimentary form of accountability which did not address the question of the effectiveness of services in solving the problems for which they were purchased. Moreover, Child Welfare workers themselves had little reason to question whether or not they were successful in light of the national successes and the observed successes of their individual case efforts.

As a result of the absence of accountability demands placed on Child Welfare, the bulk of data produced within the field has been largely descriptive and anecdotal in nature.<sup>8</sup> Problems and solutions to problems were described. The countless number of "demonstrated projects" produced in Child Welfare have overwhelmingly emphasized the demonstration of how to provide a specific service rather than the outcome of providing a specific service to resolve a specific problem.<sup>9</sup>

The accountability issues which are being raised today seem to be related to substantial changes in both the focus of Child Welfare and the role of the Child Welfare worker which occurred during the 1940's.

First, problems to be addressed by Child Welfare were redefined to include those problems caused by unmet social and psychological needs.<sup>10</sup> This redefinition not only broadened the scope of problems but also included problems of a less concrete nature, whose solutions were similarly less concrete, and therefore, less measurable for accountability purposes.

Second, as population centers continued to swell with people from rural areas moving to the cities in search of employment, the federal limitations on providing funds for Child Welfare work only in "predominately rural areas" was lifted.<sup>11</sup> The new close physical proximity of Child Welfare workers to service recipients and the availability of psychological information and techniques on loan from psychiatry encouraged Child Welfare workers to abandon their teaching and training roles to take up "treatment".

No sooner had these changes occurred than a nationwide effort was begun in 1950<sup>12</sup> to identify the needs of children and youth in America. The effort sprung from the Mid-century White House Conference on Children and Youth. For the first time committees and workgroups formed during the conference remained active throughout the entire decade preceeding the next Conference. Extensive amounts of information were gathered from the states via "Little White House Conferences" called by the respective state governors. The results of this effort became known at the 1960 White House Conference<sup>13</sup> and laid the foundation for the 1962 Amendments to the Social Security Act, i.e., the "Service Amendments". Under these

amendments Child Welfare would be provided additional funds to reduce a broad range of social problems believed to emanate from unmet social and psychological needs through the new social programs based on a "treatment" philosophy.

The tactic of collecting massive amounts of information describing problems to justify requests for Federal funds to support problem-solving efforts is reminiscent of Child Welfare activities prior to 1935. However, in contrast to the early Child Welfare efforts, the results achieved were shockingly poor in comparison to the promises made. The causes of the poor results appear to surround use of goal statements which were too general and ambiguous, unmeasurable, and beyond the capabilities of the available service methods to achieve. Along with the tremendous program costs incurred, these planning and evaluation errors plunged social services into "the crisis of accountability", a crisis which demands correction of these errors.

Newman and Turem summarize the problem of social services under the Social Security Act as a:

...lack of recognition of the effectiveness of social service programs. In large measure, this is because social work has not sustained the burden of proof of cost effectiveness and because service programs often operate without regard for basic accounting and the requirements of program data collection.<sup>14</sup>



## CHAPTER II:

### "ACCOUNTABILITY" IN THE SOCIAL WORK LITERATURE

This chapter will focus on "accountability" as an issue in social services. Emphasis will be placed on defining the term and highlighting major obstacles to development of creditable accountability systems in social services.

The unsatisfactory situation in which Child Welfare finds itself, and the reasons for its being there, are not substantially different from those of the profession of Social Work in general. By and large Child Welfare workers consider themselves Social Workers and Child Welfare funds have significantly supported Social Work education and training programs over the years. In reviewing the Social Work literature it is quickly apparent that issue of service effectiveness has received significant attention only in recent years. In fact, the word "accountability" was rarely mentioned as an issue before the late 1960's.

The Social Work literature says "accountability" issues stem from the fact that Social Work activities (including Child Welfare) are primarily supported by public funds.<sup>15</sup> Newman and Turem point out that Social Work services have relatively little value in the "market place" as is indicated by the relatively few people who are

willing to purchase these services for themselves (exceptions might include marital counseling and day care services). The authors note that the "market mechanism" resolves many of the accountability issues in the private sector because services which are too costly or not satisfying to the consumer do not continue to be offered. Consumers simply will not purchase them. When the market mechanism is not present, as in the public sector, conscious decisions regarding the value of services must be made by the resource allocators, e.g., public officials. Newman and Turem explain:

In a market context, the allocation of resources occurs through the expression of individual tastes with demanders offering a certain amount of money and suppliers offering services if an acceptable amount of money is offered. Once an equilibrium price is reached, then the exchange occurs. Without this mechanism, conscious decisions regarding allocation must be made since too few resources are available to serve everyone, especially at zero price.<sup>16</sup>

As with most issues, there are divergent views regarding the essence of accountability. Tropp,<sup>17</sup> for example, sees accountability as a product of intent. He says, "to act with the intention of delivering services effectively and humanely is to fulfill accountability to the public."<sup>18</sup> He continues:

By way of comparison, an inept lawyer might achieve a fine record of success by accepting the simplest and most-likely-to-be-won cases, while a highly competent lawyer who accepted only the most difficult cases might have a much lower rate of success. Which lawyer, then, would be considered more effective?....A worker (Social Worker) may be accountable by intent, but his performance may not be competent enough to live up to what is expected of him.<sup>19</sup>

A larger number of authors<sup>20</sup> do not hold, as does Tropp, that "the step from accountability to proven effectiveness is a tremendous jump."<sup>21</sup> Many believe accountability is dependent on demonstrated effectiveness. Reid says, "accountability requires the capacity to ascertain and report the true nature and effects of one's efforts."<sup>22</sup> Newman and Turem state:

A sound system goes beyond (assuring) honesty and is based on results....Accountability, in a political system, requires a reasonable expectation that the purposes for which dollars were raised have been or could be achieved with maximum efficiency and effectiveness....In governmental policy-making it is recognized that reasonable levels of success and a reporting system that retrieves most of what actually occurs are 'good enough'.<sup>23</sup>

The key elements of accountability seem to include effectiveness, efficiency, and adequate documentation of both. Effectiveness in this context would answer the question: did the service provided produce the intended outcome with reasonable regularity? Efficiency assumes that the level of effectiveness is known and concerns itself with: could what has already been achieved have been achieved with less expenditure of resources, e.g., time and money? The documentation of these elements involves a routine, systematic collection of data required to answer the questions posed by effectiveness and efficiency in a proportion which is representative of the organization's total operation.

The major obstacles mentioned in the literature which prevent creditable accountability in Social Work are centered in the areas of planning and evaluation.

In relation to planning, Briar<sup>24</sup> points out that truth, beauty, justice and mental health may be goals but they are not useful for stimulating specific actions, and it is difficult to know when one has reached such a goal. Mogulof writes:

Our goals are couched in the kind of generalities which are unable to inform action. The actions we take are not subject to measurement, and are not conceived of as leading to goals larger than the actions themselves. In effect the instrument (Family Planning, Day Care, Counseling, etc.) becomes the ends, and our administrative energies go toward the preservation of instruments.<sup>25</sup>

Hoshino notes, available information on service programs usually "consists of little more than bookkeeping reports and head counts supplemented by illustrative anecdotal material. The data usually describe program activity. Services are explained in terms of program input--so many clients served, so many interviews or home visits, so many children placed in foster homes, and so on.... services (need) to be justified and explained in terms of outcomes related to criteria of effectiveness and stated policy goals."<sup>26</sup>

What most authors seem to be saying is that service programs must be evaluated for effectiveness and efficiency if they are to be accountable. Moreover, if such program evaluation is to be possible, it is imperative that programs first be written in language which has a reasonable level of explicitness, and second, that the anticipated results of program efforts (goals and objectives) must be measurable.

The other main problem seems to be evaluative research conducted in the field of Social Work. More specifically, there

apparently is a definite lack of studies which are able to establish a scientifically valid cause and effect relationship between program effort and outcome. Fischer, in a recent review of evaluative research on effectiveness of Social Casework, claims to have found only eleven studies which met the minimum requirements of experimental design.<sup>27</sup> He explains:

Beginning with recent reviews, major Social Work journals, dissertation abstracts and unpublished agency reports were surveyed from the 1930's to the present. Over seventy studies were located that purported to examine the effectiveness of casework services. However, although these studies contained much valuable information, most neglected to include a control group in their design.<sup>28</sup>

Fischer points out other problems in the evaluative studies he reviewed. For example, many lack clarity with regard to the meaning of "casework" and ample specificity relative to activities of casework provided by the programs evaluated.<sup>29</sup> It seems of questionable value to demonstrate a program's effectiveness if one is not also able to state what it was that occurred in the program which may have led to its relative effectiveness or ineffectiveness.

In sum, accountability comprises a series of elements ranging from problem definition to goal formulation and it raises the central questions of effectiveness and efficiency in solving social problems. A credible accountability system requires planning for program evaluation concurrent with program planning.

### CHAPTER III:

#### THE "CONTRACT", A PLAUSIBLE ACCOUNTABILITY TOOL

This chapter will concern itself with a discussion of the service "contract" as it is presented in the Social Work literature. The contract will be defined with special attention given to aspects which have relevance for its use as an accountability tool.

The concept of a "contract" is hardly new. Croxton believes:

Whenever man creates a community, he makes an agreement or covenant to abide by specified and relatively certain norms to obtain a more secure and permanent relationship with his fellow man. The concept of contract is basic to the maintenance and stability of any social system.<sup>30</sup>

Most authors believe that the concept of the contract was a primary part of the beginnings of law as a recognized and viable institution. The fact that this concept has been well tested by time and remains an intricate part of a prospering profession is comforting to a younger, borrowing profession which has not always borrowed wisely.

Reference to the concept of a service contract in Social Work literature seems to have begun in the writings on group work during

the 1940's and 1950's.<sup>31</sup> In 1951 Hamilton alluded to the contract by indicating that it is fundamental to the Social Worker's responsibilities that he/she make explicit the conditions and the terms of help available from the agency.<sup>32</sup> Perlman referred to the contract as a "pact" (1957) in which the client and caseworker agreed to continue problem-solving efforts after a "trial engagement".<sup>33</sup>

Authors who have reviewed the literature extensively in relation to the use of the contract in theory and practice<sup>34</sup> tend to conclude, as does Croxton, that:

Social Scientists--theorists, researchers and therapeutic strategists--have different perspectives on contractual relationships. But they share the conviction that a voluntary and unambiguous contract between observer and observed, psychoanalyst and patient, worker and client, is crucial to the effectiveness of any therapeutic transaction.<sup>35</sup>

In their attempts to clarify the contract, few authors have provided definitions, but those definitions offered seem to remain very close to the legal definitions.<sup>36</sup> Three definitions seem to have particular value in their completeness or uniqueness. Maluccio and Marlow state:

The contract may be defined as the explicit agreement between the worker and the client concerning the target problems, the goals, and strategies of social work intervention, and the roles and tasks of the participants.<sup>37</sup>

The major features of this contract include mutual agreement, differential participation of the participants in the intervention process, reciprocal accountability, and explicitness. To guard against rigidity, the authors also suggest some provision for renegotiation

by mutual consent be included to accommodate change in circumstance, resolution of problem, etc.

Croxton defines the contract as:

...an agreement between two or more persons in which there must be mutuality of understanding concerning treatment goals (product) reciprocal obligations relating to treatment means (specifications) and ultimate expectations (terminal behavior).<sup>38</sup>

One significant difference here is omission of the mutual agreement relative to "target problems". Croxton does not explain this omission. Undoubtedly, some would argue that the implication of mutual agreement concerning the problem is present via the mutually agreed upon goals and goal attainment tasks. However, it is also important to note that problem-solving plans which are not explicitly related to the problems they address are difficult to evaluate, at best.

Croxton does not refer to the contract as an explicit agreement but clarifies that point as follows:

A rule of contract law is that generally the written word takes precedence over the spoken word; in the treatment contract, the behavioral agreement should take precedence over the spoken word. That is, if there is verbal agreement, one must seek corroboration in the client's behavior; if that consenting behavior is lacking, then one should assume that there is no agreement.<sup>39</sup>

Further, this author feels the contract necessarily must contain such explicitness in all its aspects, i.e., roles, expectations, treatment processes; that a viable "working agreement" often cannot be achieved during the first contact. The client, at this point, may not have enough information about the therapist or the therapeutic



process. Realizing he (the client) can gain that knowledge only through further experience, he may agree tentatively to participate in the process. Hence, a "preliminary contract" is often needed to provide sufficient time to formulate a viable "working agreement".<sup>40</sup>

Croxton also adds the dimension of "ultimate expectations (terminal behavior)" to his definition. This dimension, he writes, is, "...a review and evaluation by both parties of the goals, the process, and the product".<sup>41</sup> The fact that elaboration on the various aspects of such a review and evaluation are considered "not within the purview of this paper" is not particularly surprising. Rarely, it appears, are Social Workers willing to focus on planning an intervention and evaluation of the intervention together, as parts of a total planning system. There seems to me to be a strong tendency for authors in Social Work literature to address either the planning of a service to be delivered or, to a lesser extent, the evaluation of a service which has been delivered. This tendency may have serious implications for building creditable accountability systems but for the moment it seems most profitable to remain focussed on Croxton's evaluation.

Croxton states that the review and evaluation occur "when the parties agree that their goals have been achieved and there is no longer need for the contract".<sup>42</sup> Yet many authors, including Croxton himself, argue that contracts should maintain a degree of flexibility to accommodate the complexities of human situations.

In other words, plans may need to be renegotiated before goals are achieved. The state of the art seems to limit Social Workers' ability to plan for, or with, clients, without a reasonable chance that the plan will need alteration relative to goals, tasks, participant responsibilities, etc. before the goals have been achieved.

Recognizing the need for flexibility in case planning as common in Social Work, it seems reasonable to assume that many Social Workers and clients probably engage in considerable informal review and evaluation throughout their work together, either individually or jointly. If this is true, might not it be advantageous for a written contract to include some mutually agreed upon criteria which would indicate progress towards the goal? In program evaluation such criteria are known as "productivity indicators". They serve the purpose of informing the planner about his level of progress towards goal attainment. Moreover, productivity indicators tend to make more explicit the actual degree of goal attainment. In treatment then, use of productivity indicators might allow the planners, i.e., worker and client, to monitor with greater precision, their efforts in relation to goal attainment throughout their work together. Such formalization may help the participants to be more aware of and thereby identify areas where change needs to occur earlier than the less formal system.

The third author, Claude Steiner,<sup>43</sup> does not attempt a definition statement as such. In most respects his description of the therapeutic contract very closely parallels the other two definitions

offered here. An important and unique aspect of Steiners' treatise, however, is that he outlines some limits on the usefulness of the tool.

In his discussion of "Competency"<sup>44</sup> the author sites three examples in which the client is incompetent i.e., in a state or circumstance rendering the contract invalid. The first example involves a minor child where there is no contract with the parents as well. The issue here is that the parents, not the child, control the continuation of treatment. Continuation of treatment, according to Steiner, frequently becomes an issue for the parents as the child begins to change and not act according to "script". The second example involves a person whose mental faculties are so impaired that he or she is incapable of understanding the consequences of the agreement. And the third example includes a "subgroup of incompetents, representing those whose Adult ego functioning is impaired through use of mind-altering drugs so as to prevent mutual consent." Though other circumstances involving incompetence may be found, the author's raising the limited-utility issue is of significant importance.

To summarize, the therapeutic contract might be construed as an explicit working agreement in which the participants have reached a mutual understanding concerning the target problems, the treatment goals, the reciprocal obligations relating to treatment tasks, and an evaluation scheme to inform the participants of their goal attainment progress and termination time. Contracts should also remain

renegotiable by mutual consent. Because of the rigorous negotiating procedures required by some situations, a preliminary contract which has "the working agreement" (or therapeutic contract) as its goal may be highly desirable. Contracts should not be used as a therapeutic tool with clients who could not reasonably be held accountable for their failure to meet the contractual terms agreed to because of their circumstances at the time that they agreed to the terms.

As one might surmise from the foregoing, the casework practiced in the Northeast District Office is:

- 1.) directed towards program goals which tend to be ambiguous and difficult to measure;
- 2.) imbedded within large social programs which are struggling to become more accountable; and
- 3.) incumbered by many of the same planning and evaluation deficiencies characteristic of the agency's program plans.

While there is some use of service contracts among the District's caseworkers, it appears to be insignificant to the overall casework planning efforts within District operations.

My research task will be:

- 1.) to develop a service contract which permits the systematic and uniform reporting of explicit casework plans that include unambiguous problem and goal statements as well as casework activities which are related to them;
- 2.) to test the extent to which this instrument might be adaptable to the casework which is practiced within the Northeast Multnomah County District Office of Children's Services Division.

## CHAPTER IV:

### RESEARCH DESIGN

This chapter will focus on the development of a problem oriented case planning system and method to assess that system's potential adaptability to casework practiced in the Northeast District Office of the Children's Services Division (CSD-NE).

#### A. Overall Research Design:

The overall research design involves the development of two instruments: 1.) a service contract to be used in case planning; and 2.) a follow-up caseworker questionnaire. The service contract is introduced to a limited number of caseworkers who voluntarily agree to use it with three clients over a nine week period. At the end of the nine weeks, the caseworker questionnaire is given to caseworkers to elicit their reactions to the contract form and the process of contracting.

Through the use of this design, the following questions are to be answered:

- 1.) Can a significant number of CSD-NE clients and caseworkers develop and agree on a casework plan which contains specified target problems, goals, tasks and a means of evaluation, stated in a written contract form?

- 2.) Do CSD-NE caseworkers perceive this type of planning to be of value to them in practicing casework?

Answers to these questions are believed to be crucial to the overall purpose of this study, i.e., to explore the feasibility of testing the use of the service contract in a more systematic way. The data provided by this practicum project will aid in answering a management question of: Should we consider expending the needed resources to experiment with the service contract through an experimentally designed study?

B. The Population:

The caseworkers involved in this study include all of the CSD-NE "direct service" caseworkers. Because "caseworker" is a job classification in CSD, not all caseworkers have responsibility to develop case plans with service consumers. Therefore, only those caseworkers who provide services directly to clients, i.e., work with clients to solve client problems, were considered for this research practicum.

C. The Instruments:

- 1.) The Service Contract:

Problem oriented case planning is an approach designed to make casework more explicit by specifying target problems, goals, tasks, and a means of evaluation, all of which are agreed to and stated in a written contract developed by the caseworker and client. It is my conviction after reviewing the literature that specificity with regard to the target problems, goals, tasks, and a means of

evaluation is a necessary prerequisite in any casework plan, if meaningful evaluation relative to problem-solving is to occur.

The Service Contract was designed as follows. It is a single, legal size sheet of paper (see Appendix A) with the elements of the contract on one side and the instructions for its use on the other.

The front of the Service Contract has a space made available for the "identifying information", i.e., the client's name and case number, the caseworker's identification code and the current date. Such information is consistent with information required on the official CSD case plan recording forms.

Below the identifying information are four sections for statement of the target problem(s), goal, tasks, and an evaluation scheme. In total, the information entered in these four sections constitute the specified case plan.

At the bottom of the page is a statement of agreement and space for each participant to sign his or her name. The statement of agreement specifies that there is agreement, limits the degree of commitment by specifying that agreements are "not legally binding", and insures that agreements are subject to change through renegotiation. The space for signatures is intended to permit explicit confirmation that there is mutual agreement concerning the casework plan.

The back of the Service Contract contains all necessary instructions for developing the case plan and recording it. The

Service Contract is described so as to clarify: first, the "contract" is a "working agreement"; second, the contract should contain a plan of action specifying a target problem(s), goal, and related tasks of each participant, and a means to measure the progress towards the goal; and third, the contract be developed through a process of negotiation and established only with mutual agreement.

Six "necessary preconditions" for use of the Service Contract are listed. In brief, they require the client to: explicitly acknowledge the problem, express a willingness to work on it, be in a position to take action to alleviate the problem, and be someone who is "competent" at the time the agreement is made. (A "competent" person is described as one who is responsible for his or her actions and therefore can be held accountable.) In addition, the problem addressed must be within the scope of CSD resources and its resolution must be feasible, i.e., possible within the constraints of the situation.

The instructions further include directives that the contract should only be used by "direct service" caseworkers and their clients; the contract should be used only when the caseworker and client are ready to work together on a mutually defined problem; and recording of the contract content, i.e., plan, must have considerable specificity. Definitions of a target problem, goal, task and evaluation scheme, as well as examples of each, are included to facilitate both plan development and recording.



## 2.) The Caseworker Questionnaire:

The second instrument, i.e., the "Caseworker Questionnaire" (see Appendix B) is designed to collect information about the response of CSD-NE caseworkers to the Service Contract form and its use.

This questionnaire is twelve pages long and is divided into four sections. Each caseworker was expected to respond to only about one-half of the items.

Section I includes fourteen items requiring a caseworker response. The information obtained through these items describes the general nature of the caseworker's direct service responsibilities, the kind and extent of previous training or use of a service contract, and, the activities which consume time in case planning and recording using the official CSD forms. All caseworkers were expected to respond to these items.

Section II has sixteen items focussed on the design of the Service Contract form. The information sought through these items describes the extent to which each caseworker used the form and seeks their reactions to the work space and instructional aspects of the form. In addition, two items asked caseworkers to typify comments made by their clients in reaction to the "legality statement" or statement of agreement. Section II of the instrument was to be completed by only those caseworkers who had attempted one or more Service Contracts.

Section III embodies twenty-three items concerned with the process of contracting, i.e., negotiating, rather than the design of the form itself. First, caseworkers were asked to respond to five items for each of the four case plan components contained in the contract, i.e., target problem(s), goal, tasks, and evaluation scheme. In brief, the response items include:

- a. estimates of the amount of time generally required to successfully negotiate this item, e.g., a target problem with your clients;
- b. rate your own degree of difficulty in negotiating this item with clients;
- c. explain aspects which made negotiation of this item difficult for you;
- d. rate how difficult you think negotiating this item was for your clients; and
- e. paraphrase comments you remember your clients making about negotiating this item.

These items were intended to help determine the amount of time spent and degree of difficulty encountered (primarily by caseworkers) in developing the negotiated plan.

Three additional items were also included in this section. The first asked for the amount of time generally required for case plan recording, i.e., dictation via the official CSD forms, in cases involving Service Contract use. The second item asked for the most common reasons why any contracts may have been attempted but never completed. The final item outlined a hypothetical study of experimental design, to compare the benefits of the Service Contract with those of normal casework practices in the Northeast District Office. In this hypothetical study, all direct service caseworkers would

participate either as members of the experimental group, i.e., Service Contract group or the control group. Caseworkers were asked what conditions would need to be met in order for them to be willing to volunteer for the Service Contract group. This item was intended to permit mention of problems with the use of the Service Contract not specifically addressed elsewhere, and to obtain some measure of caseworkers' attitudes toward a more extensive study of the instrument which potentially could lead to its implementation throughout the District Office.

Section III was completed by all those caseworkers who attempted one or more Service Contracts. This was the final section to be completed by these caseworkers.

Section IV of the questionnaire was developed to collect information concerning any possible non-utilization. That is, if use of the Service Contract was not attempted by some caseworkers, why not?

The nineteen response items focussed primarily on the reasons for non-use. Six specific circumstances were offered as possible reasons, each involving several responses to clarify the issue.

The six reasons for non-use which were offered include:

- a. time believed to be required to negotiate a Service Contract;
- b. lack of training in the use of the contract;
- c. irrelevance of the contract to the tasks required by the caseload;
- d. inappropriateness of the contract form or process for use with CSD clients;
- e. excessive specificity required by the contract;
- f. incompatibility between the contract and the individual caseworker's own casework style.

One additional question asked caseworkers was if there were any "other" reasons for non-use; and, if so, to explain them as fully as possible.

The last two items in Section IV were summary questions. The first asked caseworkers to indicate the single major reason for non-use. The second asked these caseworkers, i.e., those who had not attempted to use the contract, to respond to the same hypothetical study presented in Section III to those who had attempted use of the Service Contract. (This hypothetical study would have expanded the use of the contract on an experimental basis.) It was my hope this final question might provide a clear reaction to further use of the Service Contract which potentially might lead to its becoming permanently incorporated into casework practiced in CSD-NE District Office. If so, it would permit an interesting comparison between the attitudes towards this issue as expressed by those who had attempted use of the Service Contract and those who had not.

#### D. Implementing the Research Design:

The preparation for implementing these two instruments began in spring of 1974. During that time I met weekly or bi-weekly with the director of the Northeast District Office and his staff of casework supervisors. The purpose of these meetings was to keep them apprised of my planning and elicit their reactions to my thinking. To smooth the way for implementation, I brought in several items from the literature pertaining to accountability issues in Social

Work and the use of the "contract" in Social Work practice. Some of these items were reproduced and distributed to direct service caseworkers. In so doing, I had hoped to familiarize the CSD-NE staff with the concepts and issues in both professional accountability and service contracting.

The preliminary draft of the Service Contract was completed by November 1. During the following week I met with each of the direct service casework units, i.e., groups of approximately six direct service caseworkers and their supervisors. I used these meetings to explain the purpose of my research practicum and to respond to questions about the project or the Service Contract itself. (Most caseworkers had received a copy of the preliminary contract a day or two before I met with them.) Because not all caseworkers were able to attend these unit meetings, I spoke with some caseworkers individually.

Only minor changes were made on the Service Contract. The final draft and a set of instructions (Appendix C) were completed on November 8 and given to thirty-seven caseworkers who were identified as providing some type of direct service.

The instructions began by restating the purpose of my research practicum. Caseworkers were asked to "consider" the usefulness of the Service Contract for their own practice. If they thought it had no use for them, they need only to notify their supervisor to be omitted from further participation. If they thought the instrument might have some benefit for their practice, I hoped they would try

to use it with at least three of their clients during the next nine weeks.

Those who intended to use the Service Contract were asked to keep a list of those clients with whom they attempted to develop a contract. They were also notified I would be asking for the number of contracts attempted at the mid-point of the nine week period.

Finally, I made a few comments about the use of the Service Contract with clients and stated my intent to seek information about the usefulness of the instrument from caseworkers, clients and case-work supervisors participating in the project. The comments on both were a reiteration of information which had been provided earlier in more detail.

I continued to meet with groups or individual caseworkers who wished to discuss the use of the Service Contract throughout the nine week test period.

On January 13, the second instrument, i.e., the Service Contract Caseworker Questionnaire, was distributed to all but one of the original thirty-seven caseworkers. (One caseworker had discontinued her participation as provided, i.e., by notifying her supervisor that the Service Contract had no usefulness in her practice.)

The instructions attached to the questionnaire (Appendix D) began by reassuring caseworkers that they would not be required to complete the entire twelve page questionnaire. The sections to be completed by the users and the non-users were indicated. I estimated the time required to complete their responses at 30-60 minutes and allowed them five days to complete the questionnaire.

#### E. Research Design Problems:

Before discussing the findings obtained through the questionnaire, it seems appropriate to mention some deficiencies which occurred in this project design. First is the use of the Service Contract with CSD clients. The case planning approach is dependent on the caseworker and client being able to locate a problem they wish to work on together. Among CSD clients there are a number of people, though a minority, who become CSD clients because someone else has determined they have a problem. The "someone else" is usually a Juvenile Court judge who determines the children involved required more than the parenting adults can provide. The problems so identified are likely to be some of the most important problems addressed by the agency, and, such cases cannot be closed by CSD without the approval of the Juvenile Court. Therefore, while the actual number of such cases may constitute a minority in any given caseload, they may frequently consume a majority of the caseworker's time and energy. Therefore, it would seem very important for any proposed "practice aid" to have relevance for work with these cases.

There may seem to be questionable value in a case planning system which must be negotiated if the client participants may refuse to even discuss problems, but I believe there is value. First, use of this system would quickly clarify the position of each participant relative to the problems which have been identified, if this has not been done already. Second, it would clarify the expectations of the agency for clients who may decide they wish to receive CSD

assistance to resolve these or other problems in the future. Third, I believe such early clarification will encourage caseworkers to define their role without a contract more clearly. More specifically, they might be more likely to ask: if I cannot work with this client, but cannot close the case either, what can I do? It may be that the agency will need to negotiate a Service Contract with the Juvenile Court judges, since they are making the service request in these cases on behalf of the community.

Second, is the problem of training. No formal training was given the caseworkers who participated in the study. Instead, the Service Contract was described and applied to several case situations which caseworkers offered as examples. Because the Service Contract planning procedure differs considerably from the official means, e.g., by requiring greater specificity and the use of a contract, a more thorough introduction to the Service Contract would have been appropriate. My own lack of sufficient time made this impossible.

Third, is the problem of the short length of time, i.e., nine weeks allowed for caseworkers to use the Service Contract. It may have limited the opportunity for some caseworkers to attempt use of the instrument. It is conceivable that some caseworkers may have had neither new cases assigned to them nor "old" cases which required reformulation of case plans during this time interval. Again, my own lack of time was the cause of this limitation.

Fourth, is the problem of the narrow range of information collected, i.e., the caseworkers' perspective regarding the use of the



Service Contract. It would seem important to at least collect information from client participants in order to assess the adaptability of this case planning system to CSD. In fact, there were plans to collect information from both casework supervisors and client participants but neither instrument was implemented. The development of the casework supervisor questionnaire was curtailed in favor of using the available time to focus attention on collecting information from the actual users of the instrument. Moreover, input from the supervisors would be considered, regardless of the questionnaire's use, when the District Office administration discussed further use of the Service Contract within the District. The Client Participant Interview was not used because of the few number of clients who participated in Service Contract use, and who were available for interview. I did not believe I could use the information obtained to make comments about the responses of CSD-NE clients towards the use of the Service Contract.

## CHAPTER V

### RESEARCH FINDINGS AND IMPLICATIONS

This chapter will address the caseworkers' responses to the Service Contract collected through the Caseworker Questionnaire. Particular attention will be given to the non-use of the Service Contract.

There were a total of thirty-six questionnaires sent to CSD-NE "direct service" caseworkers. Of these, thirty-one, or 83%, were returned. Within the group of five who did not return questionnaires, one caseworker was misidentified and not responsible for providing "direct services". Another caseworker was assigned to a new program which had not given him any direct service responsibilities during the test period.

I believe the relatively high rate of returns was primarily due to the support afforded my efforts in this project by the District Office administration. Casework supervisors took an active role in reminding their staff to complete the questionnaire. A secondary factor was my own familiarity with the caseworkers through my previous employment in this office as a caseworker.

Some general statements can be made about the caseworkers participating in this study based on responses to questions in Section I

of the questionnaire. First, most caseworkers, i.e., twenty-six of thirty-one, are assigned to specialized caseloads and offer specific services, e.g. day care, foster care, etc. Such specialization may narrow the range of possible situations appropriate for contract negotiation. For example, ten caseworkers devote 90% or more of their casework time either to cases which require child and/or family supervision as ordered by the Juvenile Court, or to cases which require investigation of circumstances allegedly endangering a child.

Casework services provided under these circumstances, i.e., "Protective Services" or "Protective Service Investigation" are delivered in response to a legislative mandate and subsequent agreement with the Juvenile Court. In effect, the Children's Services Division has agreed to provide these services on behalf of the community in spite of the wishes of the service recipient. During the course of providing these services, especially ongoing protective supervision, clients and caseworkers may agree to work together. However, responsibility to the community commitment will always take precedence over contracts developed with clients. For example, if the Juvenile Court has ordered protective supervision for a child, the CSD caseworker may not honor a contract negotiated with the child which calls for termination of his/her (caseworker) supervision without the consent of the Court.

In summary, one-third of the CSD-NE direct service caseworkers are spending almost all of their time responding to an agency

commitment to the community. Response to this commitment may impede the caseworker's efforts to work with the client because first he/she (the caseworker) must do something to the client, e.g. supervise him in spite of his wishes; and, second, the caseworker must view all work done with the client as secondary to the fulfillment of the community commitment. These caseworkers may have quite limited opportunity to use an instrument requiring negotiation of a case plan with the client, and successful negotiation will likely be more difficult for them. Specialization may not be a limiting factor for a significant number of other caseworkers, however. In contrast to the above mentioned group, ten caseworkers or 35% of all caseworkers devote more than 70% of their time to cases in which neither Protective Services nor Protective Service Investigation is involved. Presumably, the client himself is therefore requesting some kind of service.

Second, many caseworkers have had some previous training and some have had considerable training in the use of service contracts. One-half of the caseworker group has had at least one previous training experience. Eight caseworkers, or 25% of those with previous training, have had five or more training experiences either in formal settings, i.e., school or workshops, or in informal settings related to work experience. Four caseworkers have received five or more of their training experiences at the graduate school level. Such training may increase the ease with which these caseworkers are able to adapt the Service Contract to their work. In

fact, seven caseworkers report using contracts with at least 50% of their clients prior to September, 1974. These contracts reportedly resemble the Service Contract except that most tend to be verbal rather than written and many do not include an evaluation scheme.

Third, CSD-NE caseworkers generally require about three hours to complete a case plan using the official planning format. Most of that time, an average of two hours, is spent gathering information concerning the problem either directly from the client or from other sources, e.g., social agencies, schools, courts, etc. Another major time consuming activity involves the caseworker's attempts to secure client cooperation and participation in the planning process. Estimates of time required for this activity are rarely given. Recording time for the eventual case plan consumes, on an average, forty-five minutes.

To summarize, it seems that two-thirds of CSD-NE caseworkers are equally divided between having either limited or abundant opportunity to attempt use of the Service Contract. The remaining one-third of the caseworker group appears to have ample opportunity to attempt use of the Service Contract at least once during the nine week trial-use period. Moreover, the notion of a Service Contract is not new to most caseworkers and is already being used substantially by a quarter of the caseworker group in their work.

The single most significant finding which resulted from the data collected is that twenty-seven of the thirty-one caseworkers (87%)

did not attempt any use of the Service Contract with their CSD clients. For this reason the remainder of this report will be primarily concerned with response items related to non-utilization.

Section IV of the questionnaire, which focuses on non-utilization, lists six specific items which represent possible reasons for non-use. Caseworkers are asked to indicate which, if any, are reasons they did not attempt to use the Service Contract. An additional item allows caseworkers to indicate any "other" reasons they may have for not attempting to use the instrument. Reasons for non-use indicated by the twenty-seven caseworkers who did not attempt to use the Service Contract are shown in Table I. (See Table I on page 42.)

The most striking feature of Table I is its evenness--no single reason stands out. The reasons do seem to cluster into two primary groups, however. The first, containing the most frequently indicated reasons, focus on possible Service Contract inappropriateness for certain clients, irrelevance to certain caseload tasks and inefficiency in relation to casework time, i.e., the same results or better could be obtained in less time. The second group of reasons have to do with difficulty some caseworkers report in adapting the Service Contract to their own work style; the need some caseworkers feel for more training in its use, and problems some caseworkers believe arise from the increased demand for specificity.

A peculiarity of this grouping is that the first group appears to be more job related, i.e., relating to client group, caseload

TABLE I

Caseworker Reasons For Non-use

Reasons for non-use	No. of Caseworkers			Rank of reason by frequency
	Yes	No	+NR	
Service Contract use would have been too time consuming for me.	9	16	1	3
The Service Contract form and/or contracting process (i.e. negotiation) was not appropriate for use with my clients.	11	13	3	1
The use of the Service Contract was irrelevant to the tasks required by my caseload.	10	11	6	2
I needed more training in the use of the Service Contract.	5	21	1	5
I had difficulty finding sufficient compatibility between the Service Contract and my own casework style.	6	19	2	4
The specificity required by the Service Contract impeded my use.	4	18	5	6
*I was not sufficiently involved with this project from the beginning due to my recent hiring or absence due to illness.	3	--	--	7
*As long as the content is basically the same, I believe a <u>verbal</u> contract to be sufficient.	2	--	--	8
*I lack sufficient personal organization to use it effectively.	1	--	--	9
*I do not believe this to be a valid research project.	1	--	--	9
*I needed my time for more important work.	3	--	--	7

+ - No Response

\* - Items listed under "other"

Reason	Caseload type and no. of caseworkers							Rank of reason by frequency
	FC	DC	PS	Intk	GH Tr	General Family Ser.		
inappropriate to my clients	3	2	1	3	1	1		1
irrelevant to caseload tasks	0	4	2	4	-	-		2
too time consuming	1	2	0	3	2	1		3
incompatible with my style	2	0	3	-	1	-		4
need more training	1	0	0	2	1	1		5
specificity	0	1	0	1	2	-		6
no. responding non-users	7	4	4	8	2	2		
no. responding users	1	-	1	1	-	1		
Total by service assignment	10	5	5	9	2	6		

FC - Foster Care

PS - Protective Service

GH Tr - Group Home Training

DC - Day Care

Intk - Intake

tasks, and time needed to do casework. By contrast, the second group seems a little more related to the needs of the individual caseworker, e.g., adapting the Service Contract to the casework style and need for more training.

This pattern suggests that perhaps some client groups served by specialized caseloads might have limited use for a Service Contract. Table II shows the reasons for non-use according to the number of caseworkers in each major service area who cited them.

TABLE II  
Reasons For Non-use by Caseload Type

Reason for non-use	Caseload type and no. of caseworkers						Rank of reason by frequency
	FC	DC	PS	Intk	GH Tr	General Family Ser.	
inappropriate to my clients	3	2	1	3	1	1	1
irrelevant to caseload tasks	-	4	2	4	-	-	2
too time consuming	1	2	-	3	2	1	3
incompatible with my style	2	-	3	-	1	-	4
need more training	1	-	-	2	1	1	5
excessive specificity	-	1	-	1	2	-	6
No. of responding non-users	7	4	4	8	2	2	

FC - Foster Care  
DC - Day Care

PS - Protective Service  
Intk - Intake

GH Tr - Group Home Training



Table II seems to support the impression that some caseloads might have less use for a Service Contract, e.g., Day Care and Intake caseloads. Possible Service Contract irrelevance to caseload tasks appears to present a particular problem. It is the only item in the first cluster cited as a reason for non-use which was agreed on by at least 50% of those providing a specialized service, e.g., Day Care, Protective Service and Intake.

In searching further I have discovered that the State has initiated a new case planning procedure for Day Care services. The new procedures involve the caseworker and client reaching an agreement concerning service eligibility (problem), the day care arrangements (goal), the amount of money to be put forth by the client and State respectively (tasks), and a means for eligibility review (evaluation scheme). These agreements are specified on paper and constitute a service contract. These procedures were initiated in the District Office between the Service Contract development and implementation phases of this study and omit the need for the Service Contract unless other, i.e., non-day care services are requested by the same client.

A closer look at the responses from those with an Intake caseload was also helpful. For example, there is further specialization with regard to caseloads within Intake itself. One of these further specializations is Day Care Intake. Use of the Service Contract by the two caseworkers having these responsibilities is therefore limited for the same reason as discussed above. Another specialization

within Intake involves two caseworkers who are responsible for placing children in foster homes as soon as possible after the children have been ordered temporarily committed to CSD for planning, placement, and supervision by the Juvenile Court. Activities related to this caseload type are directed at meeting CSD responsibilities in its commitment to the community to provide Protective Services, e.g., meeting the child's physical needs and providing supervision when necessary. The primary case plan objective, i.e., placement of the child in foster care, is non-negotiable for the client. The criterion for successful casework in this instance centers on the amount of time between the "temporary commitment order" and placement of the child in a foster home reasonably suited to his needs. Casework success is in proportion to the shortness of this time period. In this context, the only feasible contract is the "preliminary contract" discussed by Croxton. In such a contract the caseworker and client agree only to work together in a problem-solving effort, e.g., to negotiate a plan such as is called for by the Service Contract, to try out the treatment process, etc.

The "Protective Service" caseload-type shown in Table II is somewhat misleading. Only four of the ten caseworkers, who report spending 90% or more of their time devoted to cases which require child and/or family supervision as ordered by the Court, and investigation of circumstances allegedly endangering a child, are attached to the "Protective Service Unit". The remaining six caseworkers are attached to either Foster Care or Intake. It was

anticipated that caseworkers providing Protective Services and Protective Service investigation might have limited opportunity to use the Service Contract because of these caseload tasks, i.e., tasks directed at meeting the community commitments. Table III shows the reasons for non-use which were given by the seven caseworkers who spend the greatest percentage of their time devoted to Protective Services and who did not attempt to use the Service Contract with their clients.

TABLE III

Reasons for Non-use Among Caseworkers Devoting the Most Time to Protective Services

Reason for non-use	Caseworker							
	1	2	3	4	5	6	7	T
inappropriate to my clients					X	X		2
irrelevant to caseload tasks			X	X	X	X		4
too time consuming					X		X	2
incompatible with my style			X			X		2
need more training		X						1
excessive specificity required							X	1

As expected, caseload tasks related to Protective Service supervision and investigation seem to limit the use of the Service Contract. However, it is important to note that three of the four caseworkers who did use the Service Contract are among those who devote more than 90% of their time to Protective Service supervision and investigation. Moreover, caseworker number one in Table III indicates that her only

objection to the use of the Service Contract is its written form. It would seem, therefore, that the Protective Service involvement may represent a significant but not a severe limitation to the use of a Service Contract.

Reviewing the caseload specialization clarifies the limiting effect of some caseload tasks but it is not enlightening as to the possible inappropriateness of Service Contract use with clients.

The inappropriateness of Service Contract use with clients is the most frequently offered reason for non-use. However, when the "inappropriate" aspects of the Service Contract are explained, the explanations appear to restate other issues. For example, five caseworkers explained the inappropriateness in terms of their, i.e., the caseworker's, caseload tasks which limit opportunity for Service Contract use, i.e., because I am limited, the instrument is inappropriate for use with my clients. Two other caseworkers explain the inappropriateness of the use of the Service Contract for clients in terms of difficulty they, i.e., the caseworkers, find in adapting the Service Contract to their individual casework style. In all, only one caseworker cited a client problem. In this instance, the caseworker felt the Service Contract form, i.e., the written document was inappropriate for the "many clients" who lack sufficient competence, i.e., illiterate. Such clients would be reluctant to sign a legal-appearing document if they could not read it, especially if they feel "it might be used against them".

In summary, I believe this response item to be a catch-all; i.e., it is not a real issue, at best it reflects other issues. Moreover,

the issues it may reflect seem to have little to do with the Service Contract's appropriateness for clients.

The last item in the first cluster, i.e., the issue of the Service Contract completion time as a reason for non-use was not clarified by the caseworker responses. For example, there are nine caseworkers who indicate that the length of time required to complete the Service Contract with their clients was a reason for their not attempting to use it. Table IV shows the time differential between their estimate of time usually required to develop a case plan and their estimate of time required if the Service Contract were used. On the surface, it appears that use of a Service Contract would have required less time. It is my impression, however, that in the two instances where large decreases in time were indicated, caseworkers were viewing the Service Contract as a form to be completed rather than a plan which has been negotiated. Why they might view it as such is not clear at all--both are among the most recently employed by CSD, so they should not be overly familiar with forms; and, while one has not had previous training in use of service contracts, the other had the most reported by any caseworker. Why caseworkers one, four and five felt time was a problem when there is no difference in their time estimates only further confuses the issue. (See Table IV on Page 49.)

Of less concern to caseworkers were the reasons for non-use contained in the second cluster, i.e., incompatibility of the Service

TABLE IV

Caseworker Estimates of Case Plan Development Time

Caseworker	Time Now Required (hours)	Time Estimated for Service Contract (hours)	Difference (hours)
1	1	1	0
2	5	1	-4
3	2½	3	+½
4	4	4	0
5	6	6	0
6	½	1	+½
7	8	½	-7½
8	3	3½	+½
9	no estimate	no estimate	---
Average	3 hrs. 45 min.	2 hrs. 30 min.	- 1 hr. 25 min

Contract with individual casework styles, need for additional training and difficulties arising from demand for specificity. Six caseworkers indicate that adapting the Service Contract to their own casework style was a problem. The major commonality among members of this group is the M.S.W. degree, i.e., three of the six caseworkers have a master's degree in Social Work. (Eight caseworkers who took part in the study have a M.S.W. degree.) All six caseworkers indicate they feel the Service Contract is either too formal or too rigid, and, thereby, too constricting.

Need for additional training was stated as a problem by only five, or 18%, of the caseworkers who did not use the Service Contract. The extent and degree of previous training caseworkers have had in

service contracting (described on page 39) would seem to account for this finding. Curiously, however, twelve caseworkers who did not indicate lack of training as a reason for non-use stated they would want to participate in formal training if it were offered. In all, seventeen caseworkers (63%) indicate they will participate in training if it is offered. Moreover, there are some other indications that the lack of formal training may have been a significant problem. There are a noticeable number of comments made in questionnaire responses suggesting some caseworkers see the Service Contract as a form to be completed. For example, two typical comments include reference to the negotiation process as "filling out the form" and "(it) reduces casework to form filling out". Another indication is that a number of caseworkers see the Service Contract as a static process, disregarding established means for change, i.e., renegotiation. This was particularly noticeable in the Intake Unit where caseworkers seemed reluctant to negotiate even target problems and service goals with clients who were requesting service and determined by the Intake worker to be in need of casework services longer than thirty days. My impression based on the written comments and some verbal discussions is that this reluctance, which may result in "screening" rather than "intake", stems mainly from a concern of committing the agency, i.e., the ongoing caseworker, to a plan he cannot or will not endorse. A secondary cause of this reluctance seems to be concern for making an error in "diagnosis", i.e., there might have been a more "appropriate" problem or goal to focus on.

Because these indications of Service Contract misunderstanding are so basic and frequently mentioned, I think the lack of formal training in Service Contract use was a major flaw in the implementation of this research project.

Problems arising from the increased demand for specificity in Service Contract use is seen by caseworkers as the least important reason for non-use. Four caseworkers, or 15%, of those who did not use the Service Contract indicate it as a reason for non-use. There is no agreement among these four caseworkers as to how or to what extent increased specificity is a problem. It is my impression, in view of the relative lack of specificity I have found in most CSD case plans over the years, that increased demands for specificity may create some problems of more concern to caseworkers than is evidenced here. It may be, however, some use of the Service Contract in formal training, e.g., in role playing or with real clients may be required to bring these concerns to the surface.



## CHAPTER VI:

### SUMMARY AND CONCLUSIONS

This chapter will summarize the study's findings and indicate some conclusions they suggest relative to the management question: Should the District Office expend the resources required to study the use of the Service Contract more systematically, using an experimental design?

To summarize the findings, it seems that at least one-half of the CSD-NE "direct service" caseworkers had ample opportunity to use the Service Contract during this brief test period. In fact, however, the vast majority (87%) did not use it. Moreover, three of the five caseworkers who did not return questionnaires are among the District's six "ongoing Family Service caseworkers", i.e., the caseworkers who have possibly the greatest opportunity to use the Service Contract. Their clients are frequently assigned to them because the intake caseworker has determined the client is asking for agency services which require more than thirty days of agency assistance.

The other half of the caseworkers had either limited or no opportunity at all to use the Service Contract. Caseworkers having no

opportunity are those providing Day Care Services. Those caseworkers who devote most of their time responding to a precursory agency commitment to the community, i.e., to provide Protective Services, seem to be limited in opportunity to some degree.

Reasons for the non-use are quite difficult to determine. Two of the three most frequently cited reasons do not hold up under examination. For example, the problem centered on the inappropriateness of the Service Contract for clients, when explained, seems to have little relationship to the client. Most often the issue is really the caseworker's difficulty in adapting the Service Contract to his or her casework style, or difficulty in finding time separate from "supervision" and "investigation" tasks to successfully engage the client in cooperative work. Similarly, statements that Service Contract use would be too time consuming, when examined, show that the estimated time differential between what caseworkers currently spend on case plan development, and what they believe they would spend using the Service Contract is insignificant.

The two primary reasons for non-use supported by the data are: 1.) in some specialized caseloads, the Service Contract is of little value in performing the primary tasks; and 2.) some individual caseworkers find it difficult to adapt the Service Contract to their personal casework style. The specialized caseloads which have particular difficulty include all Day Care caseloads, all caseloads providing only Foster Care placement and some of the Protective Service caseloads, i.e., those that require caseworkers to devote most of

their time to Protective Service supervision and investigation, not merely those assigned to the Protective Service unit. Individual caseworkers who find it difficult to adapt the Service Contract to their personal style may tend to be those with a masters degree in Social Work. Presumably these caseworkers have a greater investment in the style they have worked to develop.

A third reason for non-use, not entirely supported by the data, is the lack of formal training in Service Contract use. Though a relatively few number of caseworkers indicate a need for more training, a large number of caseworkers expressed a desire for it. Moreover, comments made in response to other items suggest at least some caseworkers have a basic misunderstanding of the Service Contract which could be rectified through training.

In conclusion, it is difficult to determine whether or not a significant number of CSD-NE caseworkers and clients can develop and agree on a casework plan which contains specified target problems, goals, tasks, and a means of evaluation, all of which is stated in a written contract form. Too few have attempted the task.

On the other hand, there is a noticeable absence of reasons preventing the use of the Service Contract by most CSD-NE caseworkers. The most serious obstacle is the limitation of opportunity for Service Contract use because of some specialized caseload tasks. Yet because Day Care Services are no longer provided by CSD, the number of caseworkers having an ample opportunity to use the Service Contract is significantly increased over the number during the test period. The

appropriateness of Service Contract use with most CSD-NE clients does not seem to be a problem.

The motivation of caseworkers to use the Service Contract is more clearly seen, i.e. the small amount of use would seem to indicate that caseworkers view any benefits offered by this type of planning as secondary to other concerns. It is my impression that this circumstance may be altered to some extent by formal training in use of the Service Contract. It would not only clear up some basic misunderstandings about the Service Contract, but it may also be instructive to some caseworkers who have difficulty engaging reluctant clients in cooperative work. I believe it is significant that use of service contracts have received most of their attention in recent years from practitioners who specialize in transactional problems. In effect, training may increase the value of the Service Contract from the caseworkers' perspective.

A rather conspicuous situation which may also influence some caseworkers' motivation to use the Service Contract is the lack of any agency reward for such planning. One may be specific or ambiguous about the case plan almost at his or her whim. Such freedom has certain advantages, most of which favor the caseworker. If the Northeast District Office should decide to study the use of the Service Contract in a more systematic way, some type of reward or compensation should be given those who participate.

It is my belief, based on my review of the literature, that the Service Contract contains the essential elements of case planning

which will permit the District to evaluate its casework services relative to problem-solving effectiveness. The Service Contract was not designed to accommodate case plans developed without the client's consent; and, therefore it cannot be used to establish case plans relative to Protective Service casework, i.e., "supervision" or "investigation" activities carried out despite client objections. However, should the District wish to evaluate the problem-solving effectiveness of these casework activities, the same case plan elements, i.e., target problems, goals, tasks, and an evaluation scheme need only to be established for them.

The data supplied by this study does not support need to make changes in the Service Contract or to discontinue further testing of the instrument. It does suggest a greater effort towards insuring more actual testing of the Service Contract by providing formal training in its use as well as some reward or compensation for using it.

Further study of the Service Contract would seem to call for a test period of at least six months during which an experimental, i.e., controlled study of the Service Contract would occur. Caseworkers involved in the study would encompass those from all the various service specializations, including those assigned to Protective Services, where some case planning is developed through mutual agreement. The Service Contract group and control group might be compared in relation to some aspects of service delivery, e.g., goal attainment, consumer satisfaction, etc., as well as the comparative

value each has for accountability purposes. Quite clearly, the most important comparison will be whether the Service Contract has significantly more value for efforts designed to collect information about the problem-solving effectiveness of the District's casework services than the official CSD instruments.

Footnotes

<sup>1</sup>Newman, Edward and Turem, Jerry, "The Crisis of Accountability," Social Work, Volume 19, No. 2, (Jan. 1974), p. 12.

<sup>1</sup>ORS 184.805, Oregon Laws, 1971, Chapter 401, p. 576.

<sup>2</sup>In the 1600's conditions in America were harsh and as many as two-thirds of all children were dying by the age of four years. Bremner, Robert. Children and Youth in America. Volume I. Cambridge: Harvard University Press, 1970, p. 5.

<sup>3</sup>Thompson, Laura, "Child Welfare Activities of the Government," Social Work Yearbook, 1929, p. 70.

<sup>4</sup>Ibid.

<sup>5</sup>See U.S. Children's Bureau reports, especially those issued prior to 1917, related to causal factors of infant mortality, guides for prenatal care, etc.

<sup>6</sup>Under the Sheppard-Towner Act, 1921, the Federal Government contributed funds for the development of facilities throughout the country to better protect the health of mothers and infants. Ottinger, Kathryn. "The Growth and Meaning of White House Conferences on Children and Youth," Children, Volume VII, No. 1, 1960, p. 4.

<sup>7</sup>Oregon Laws, 1937, Chapter 264, p. 372. Unchanged from the General Laws of Oregon, 1919, Chapter 405, p.744.

<sup>8</sup>See the biennial and more recent annual reports on Child Welfare in Oregon issued by the Child Welfare Commission, the Public Welfare Division, and Children's Services Division respectively, since 1919; see also Hoshino, George. "Social Services: The Problem of Accountability", Volume 47, No. 3, 1973.

<sup>9</sup>Briar, Scott. "Family Services". Henry S. Maas, Editor. Five Fields of Social Service. New York: National Association of Social Workers, 1966. pp. 9-50; Fred Massarik, "The Survey Method in Social Work: Past Present, and Potential," in Charles Y. Glock, Editor. Survey Research in the Social Sciences. New York: Russell Sage Foundation, 1967, pp. 377-422; Ann W. Shyne, "Casework Research: Past and Present," Social Casework, Volume 43, No. 9, (Nov. 1962), pp. 467-73; Shyne, "Social Work Research--An Overview and Appraisal," Child Welfare, Volume 43, No. 3 (March, 1964), pp. 109-116.

<sup>10</sup>Op.cit., Ottinger, Kathryn, p.7.

<sup>11</sup>Crooks, S. "Child Welfare," Social Work Yearbook, 1954, p. 88.

<sup>12</sup>Op.Cit., Ottinger, Kathryn, p. 7.

<sup>13</sup>Ibid.

<sup>14</sup>Newman, Edward and Turem, Jerry. "The Crisis of Accountability," Social Work, Volume 19, No. 1, (Jan. 1974), p. 10-11.

<sup>15</sup>Ibid., p. 11.

<sup>16</sup>Ibid.

<sup>17</sup>Tropp, Emanuel. "Expectation, Performance, and Accountability," Social Work, Volume 19, No. 2, (March, 1974), p. 141.

<sup>18</sup>Ibid.

<sup>19</sup>Ibid., p. 141-142.

<sup>20</sup>See for example, Op.Cit., Briar, Scott; Reed, William. "Developments in the Use of Organized Data," Social Work, September, 1974, p. 586; Op.Cit., Newman and Turem, pp. 12-15; Hoshino, George. "Social Services: The Problem of Accountability," Social Service Review, Volume 47, No. 3, 1973, pp. 376-7.

<sup>21</sup>Op.Cit., Tropp, Emanuel, p. 141.

<sup>22</sup>Op.Cit., Reed, William, p. 586.

<sup>23</sup>Op.Cit., Newman and Turem, p. 12-13.

<sup>24</sup>Briar, Scott. "Effective Social Work Intervention in Direct Practice: Implications for Education," as in Op.Cit., Newman and Turem, p. 14.

<sup>25</sup>Mogulof, Melvin. "Special Revenue Sharing in Support of the Public Social Services," as in Op.Cit., Newman and Turem, p. 13.

<sup>26</sup>Hoshino, George. "Social Services: The Problem of Accountability," Social Service Review, Volume 47, No. 3, p. 19.

<sup>27</sup>Fisher, Joel. "Is Casework Effective? A Review," Social Work, Volume 18, No. 1, (Jan. 1973), p. 8.

<sup>28</sup>Ibid., p. 7.

<sup>29</sup>Ibid., p. 6.

<sup>30</sup>Croxton, Tom A. "The Therapeutic Contract in Social Treatment," as in Individual Change Through Small Groups, Glasser, Paul; Sarri, Rosemary; and Vinter, Robert. New York: The Free Press, 1974, p. 169.



<sup>31</sup>Maluccio, Anthony and Marlow, Wilma. "The Case for the Contract," Social Work, Volume 19, No. 1, (Jan. 1974), p. 29.

<sup>32</sup>Hamilton, Gordon. Theory and Practice of Social Casework. Second Edition, rev., New York: Columbia University Press, 1951, pp. 148-180.

<sup>33</sup>Pearlman, Helen H. Social Casework: A Problem-Solving Process. Chicago: University of Chicago Press, 1957, p. 149.

<sup>34</sup>Op.Cit., Croxton, Tom, pp. 169-176; Maluccio, Anthony and Marlow, Wilma D., "The Case for the Contract," Social Work, Volume 19, No. 1, (Jan. 1974), pp. 28-35. Haley, Jay, Strategies in Psychotherapy. New York: Grune and Stratton, Inc., 1963. Schmidt, Julianna, "The Use of Purpose in Casework Practice," Social Work, Volume 14, No. 1, pp. 77-84; Frey, Louise and Meyer, M. "Exploration and Working Agreement in Two Social Work Methods," in Burnstein, Saul (Editor), Exploration in Group Work, Boston: Boston University School of Social Work, p. 1-11.

<sup>35</sup>Op.Cit., Croxton, Tom, p. 174.

<sup>36</sup>Corbin, Arthur L. Corbin on Contracts, Volume I. St. Paul: West Publishing Company, 1963.

<sup>37</sup>Op.Cit., Maluccio and Marlow, p. 30.

<sup>38</sup>Op.Cit., Croxton, Tom, p. 180.

<sup>39</sup>Ibid. pp. 180-181.

<sup>40</sup>Ibid.

<sup>41</sup>Ibid. p. 181.

<sup>42</sup>Ibid.

<sup>43</sup>Steiner, Claude, Games Alcoholics Play, New York: Ballantine Books, 1974.

<sup>44</sup>Ibid., pp. 133-134.

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SERVICE CONTRACT

Client Name: \_\_\_\_\_ Worker I.D. \_\_\_\_\_

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

Target Problem(s): (please print) \_\_\_\_\_

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

Goal: (please print) \_\_\_\_\_

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

Tasks: (please print) \_\_\_\_\_

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

How We Will Know If We Are Making Progress: (please print) \_\_\_\_\_

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

We understand that the above agreements are not legally binding in a court of law and can be changed if we all agree to do so.

- |          |                      |
|----------|----------------------|
| 1. _____ | 4. _____             |
| 2. _____ | 5. _____             |
| 3. _____ | 6. _____, Caseworker |

## SERVICE CONTRACT

65.

The Service Contract is the working agreement between the caseworker and client (individual or group) which contains specific and explicit clarification of the mutually agreed upon target problem(s), goals sought through their efforts, related tasks of each participant, and means by which progress towards the goals will be measured.

### NECESSARY PRECONDITIONS FOR USE OF THE SERVICE CONTRACT

- 1.) The client must explicitly acknowledge the problem.
- 2.) The client must express a willingness to work on it.
- 3.) The problem resolution must be feasible (i.e., possible within the constraints of the situation).
- 4.) The client must be in a position to take action to alleviate the problem (with the caseworker's assistance).
- 5.) The client must be "competent" (i.e., "responsible", able to be held accountable). E.g., an incompetent person might include someone who is drunk, high on drugs, etc.
- 6.) The problem to be addressed must be one within the scope of CSD resources.

### WHO SHOULD USE THIS FORM

CSD-NE caseworkers who are assigned "direct service caseloads" (e.g. excludes foster home certification workers but includes most others).

### WHEN SHOULD THIS FORM BE USED

In general, it should be used when a caseworker and client are ready to work together on a problem. It would therefore exclude cases in which a "problem" or "unsatisfactory condition" has not, as yet, been mutually defined.

### HOW THIS FORM SHOULD BE USED

- 1.) All participants develop the contract together.
- 2.) All problem, goal, task, and evaluation statements should be reducible to a maximum of two sentences. These statements must be clearly understood by all participants.
- 3.) The form must be signed by all parties.
- 4.) One copy must be retained by the agency and one provided for the client by the agency (i.e., a xeroxed copy).

### DEFINITIONS AND EXAMPLES

Target Problem: The target problem is an "undesirable condition" which the client and caseworker mutually agree to focus their attention and efforts on, despite the existence of other "undesirable conditions", which may be perceived by one or more of the parties. Target problems have two other dimensions, "object" and "impact".

The "object" is WHO the problem effects -- who is it a problem for? (E.g., parents, child, family unit, etc.)

The "impact" is the RESULT or the EFFECT of the undesirable condition. (E.g. "If unresolved....Johnny will be expelled from school".)

Goal: The goal is the "desirable condition" mutually defined by the participants as the hoped for outcome or product of their combined efforts. (E.g., Johnny will have the "freedom" - parental permission - to regulate his own bed time, study time, school attendance, and curfew; and he will do this without disrupting the family either directly - e.g., making noise late at night - or through complaints from school or juvenile authorities.)

Tasks: Tasks are specific actions, taken by specific participants, during specified time periods, which are mutually agreed upon as necessary for reaching the goal. (I.e., what is necessary to be done, when, and by whom in order that we reach our goal? For example, Jill will attend at least 85% of her math classes for the next three months.)

All those participating in the contract, including the caseworker, must have at least one task. Tasks define the role and reciprocal responsibilities of each participant.

How We Will Know If We Are Making Progress: This is the mutually agreed upon evaluation scheme for the service contract. It includes specific evidence items the participants agree to accept as valid indicators of progress. Frequently it may require a "task"(s) of making the results known to all participants. (E.g., it may range from the more technical rate establishing, rate monitoring, and reporting to the less technical verbal statements such as "I feel better about decisions I'm making" or "I have completed tasks 'A' and 'B' and expect to complete 'C' by Thursday.)

SERVICE CONTRACT: CASEWORKER QUESTIONNAIRE

Name: \_\_\_\_\_ Load Code: \_\_\_\_\_

Section I: General Information and Past Experience

1.) What type of a case load do you have? (Estimate the amount of time you currently spend with the general case types listed below.):

\_\_\_\_\_ % of my time is devoted to cases which require child and/or family supervision as ordered by the Juvenile Court.

\_\_\_\_\_ % of my time is devoted to cases which require investigation of circumstances allegedly endangering a child.

\_\_\_\_\_ % Other. (explain) \_\_\_\_\_

2.) Is yours a "specialized case load"? Yes  No

3.) If "yes", list any aspect of that specialization which you found constraining when you attempted to use the contract: (e.g. too little direct client contact, etc.)

a) \_\_\_\_\_

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

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

d)  (check) unsure due to the limits of my experience with this contract.

e)  (check) did not attempt any contracts.

4.) Have you had any previous training in the formation of working agreements with clients which have as their product a contract? Yes No (circle)

4a.) If "yes", what type of training?

Training Type	Number of Training Sessions (circle)				
a) formal class:					
1) undergraduate	1	2	3	4	5 more than 5
2) graduate	1	2	3	4	5 more than 5
b) workshops:					
1) CSD ("staff development) sponsored	1	2	3	4	5 more than 5
2) publicly sponsored	1	2	3	4	5 more than 5
c) work experience:					
1) within CSD	1	2	3	4	5 more than 5
2) with a non-CSD operation	1	2	3	4	5 more than 5

5.) With what percentage of your CSD clients have you used some type of "contract" prior to September, 1974? \_\_\_\_\_%

5a.) Were most of these "contracts" written or verbal?  
Written      Verbal      (circle)

5b.) How many of the above contracts contained:

a.) a "target problem" (i.e., an "undesirable condition" on which the client and caseworker mutually agreed to focus their attention and efforts, despite the existence of other "undesirable conditions", which may have been perceived by one or more of the parties)?

<u>most</u>				<u>some</u>					<u>few</u>
1	2	3	4	5	6	7	8	9	

b.) a "goal" (i.e., the "desirable conditions" mutually defined by the participants as the hoped for outcome or product of their combined efforts)?

<u>most</u>				<u>some</u>					<u>few</u>
1	2	3	4	5	6	7	8	9	

c.) "tasks" (i.e., specific actions, taken by specific participants, during specified time periods, which are mutually agreed upon as necessary for reaching the goal)?

<u>most</u>				<u>some</u>					<u>few</u>
1	2	3	4	5	6	7	8	9	

d.) an "Evaluation Scheme" (i.e., one which included specific evidence items the participants agreed to accept as valid indicators of progress, and was designed so that all participants would know if they were making progress)?

<u>most</u>				<u>some</u>					<u>few</u>
1	2	3	4	5	6	7	8	9	

6.) How much direct client contact time (e.g. interviews, etc.) do you usually need to develop a CSD "case plan"? (Approximate to within one-half an hour) \_\_\_\_\_ hours.

6a.) What activity(s) generally consumes the most time when you develop your usual CSD "case plan"?

---



---



---



6b.) Of the above, which single activity takes longest?

\_\_\_\_\_

\_\_\_\_\_

6c.) How long does the above activity usually take? (Approximate to within one-half an hour) \_\_\_\_\_ hours.

7.) How much time is generally required to complete your "case plan recording" (i.e., via the 550 series)? (Approximate to within 15 minutes) \_\_\_\_\_ minutes.

8.) How long have you worked for CSD? \_\_\_\_\_ years \_\_\_\_\_ months

IF YOU HAVE NOT ATTEMPTED ANY SERVICE CONTRACTS, PROCEED

...

TO SECTION IV ON PAGE 9.

Section II: The Service Contract Form

1.) How many "Service Contracts" have you completed (i.e., signed by all parties) with clients? \_\_\_\_\_

2.) How many "Service Contracts" have you attempted (i.e., any degree of completion short of all signatures having been applied)? \_\_\_\_\_

3.) Were the directions on the back of the "Service Contract" form clear to you?

<u>Very clear</u>			<u>Somewhat clear</u>			<u>Not clear</u>		
1	2	3	4	5	6	7	8	9

3a.) List any words, phrases, etc. in the directions which need further clarification.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4.) Are there any additional directions which should be added?  
Yes No (circle)

4a.) If "yes", please specify.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.) Was there sufficient space to write out the target problems, goals, etc. on the front of the form? Yes No (circle)

5a.) If "no", which sections need more space?

- a) \_\_\_\_\_ c) \_\_\_\_\_
- b) \_\_\_\_\_ d) \_\_\_\_\_

\*The next three questions refer to the legality statement which appears on the front of the Service Contract form. It says, "We understand that the above agreements are not legally binding in a court of law and can be changed if we all agree to do so."

6.) What percentage of the clients with whom you discussed this form had anything to say about the legality statement?  
\_\_\_\_\_ %

6a.) How would you typify their comments?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

6b.) Did the presence of the legality statement impede or facilitate the process of you and your client working together?

- Impede
- Facilitate
- Neither impeded or facilitated

7.) What percentage of the clients with whom you discussed this form had anything to say about the request for client and caseworker signatures? \_\_\_\_\_ %

7a.) How would you typify their comments?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

7b.) In your opinion, did the request for signatures impede or facilitate the process of you and your client working together? (check one)

Impede

Facilitate

Neither impeded nor facilitated

8.) Was the odd (legal) size of the form a significant problem to you? Yes No (circle)

8a.) If "yes", in what way(s) was it a problem?

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Section III: The Process of Contracting (i.e. Negotiating)

\*THE FOLLOWING QUESTIONS WILL BE DIRECTED AT THE PROCESS OF CONTRACTING (I.E. NEGOTIATING) RATHER THAN THE MAKE UP OF THE FORM ITSELF.

1.) In your use of the "Service Contract" how much direct client contact time was generally required to define and agree on the "target problem" with the client?  
Approximate time within one-half an hour \_\_\_\_\_ hours.

1a.) How difficult was this task (i.e. defining and agreeing on the "target problem" with your clients) for you?

very difficult   somewhat difficult   not difficult  
1   2   3   4   5   6   7   8   9

1b.) What aspect(s) of the above task was difficult for you?  
Explain: \_\_\_\_\_

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---

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1c.) How difficult do you think the above task was for most of your clients?

very difficult   somewhat difficult   not difficult  
1   2   3   4   5   6   7   8   9

1d.) What (if anything) did they say about the above task?

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

2.) How much direct client contact time was generally required to define and agree on a "goal"(s)? (Approximate to within one-half an hour). \_\_\_\_\_ hours

2a.) How difficult was this task (i.e., defining and agreeing on a "goal" with your clients) for you?

<u>very difficult</u>	<u>somewhat difficult</u>	<u>not difficult</u>
1    2    3	4    5    6	7    8    9

2b.) What aspect(s) of the above task did you find difficult?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2c.) How difficult do you think the above task was for most of your clients?

<u>very difficult</u>	<u>somewhat difficult</u>	<u>not difficult</u>
1    2    3	4    5    6	7    8    9

2d.) What, if anything, did they say about the above task?

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

3.) How much direct client contact time was generally required to identify and agree on "tasks" to be completed by each participant in order to reach the "goal"(s)? (Approximate to within one-half an hour.) \_\_\_\_\_ hours

3a.) How difficult was this task (i.e., defining and agreeing on tasks with your clients) for you?

<u>very difficult</u>	<u>somewhat difficult</u>	<u>not difficult</u>
1    2    3	4    5    6	7    8    9

3b.) What aspect(s) of the above task were difficult for you?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3c.) How difficult do you think the above task was for most of your clients?

<u>very difficult</u>			<u>somewhat difficult</u>			<u>not difficult</u>		
1	2	3	4	5	6	7	8	9

3d.) What, if anything, did they say about the above task?

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4.) How much direct client contact time was generally required to develop and agree on an "Evaluation Scheme"? (Approximate time to within one-half an hour). \_\_\_\_\_ hours

4a.) How difficult was this task (i.e., defining and agreeing on an evaluation scheme with your clients) for you?

<u>very difficult</u>			<u>somewhat difficult</u>			<u>not difficult</u>		
1	2	3	4	5	6	7	8	9

4b.) What aspect(s) of the above task was difficult for you? Explain: \_\_\_\_\_

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4c.) How difficult do you think the above task was for most of your clients?

<u>very difficult</u>			<u>somewhat difficult</u>			<u>not difficult</u>		
1	2	3	4	5	6	7	8	9

4d.) What, if anything, did they say about this task?

---



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5.) Of those contracts which were attempted but not completed, what do you think were the three most common reasons for the non-completion?

"most common" \_\_\_\_\_

"second most common" \_\_\_\_\_

"third most common" \_\_\_\_\_

---

6.) How much time was generally required to complete your "case plan recording" (i.e., via the 550 series) for cases involving a Service Contract attempt or completion? (Approximate to within 15 minutes.) \_\_\_\_\_ minutes

7.) If the District was interested in conducting a more extensive study in the use of the Service Contract, and designed such a study to include:

- a.) The use of the contract within the District for at least a six month period of time;
- b.) The use of an evaluation design which calls for the comparison of the "Service Contract group" with a "control group"; and
- c.) The participation of all "direct service" case-workers in the project (either in relation to the "Service Contract group" or the "control group").

What conditions would need to be met in order for you to volunteer to work with the "Service Contract group"? (Please list your conditions in order of their priority and as specifically as possible.)

- a.) \_\_\_\_\_  
\_\_\_\_\_
- b.) \_\_\_\_\_  
\_\_\_\_\_
- c.) \_\_\_\_\_  
\_\_\_\_\_
- d.) \_\_\_\_\_  
\_\_\_\_\_
- e.) \_\_\_\_\_  
\_\_\_\_\_

Please list the case numbers of cases in which you have attempted but not completed a service contract.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

\*\* Please list the case numbers of cases in which you have completed a contract.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**\*\*\*IF YOU HAVE NOT ATTEMPTED ANY SERVICE CONTRACTS, COMPLETE THE FOLLOWING SECTION.**

Section IV: Non-Utilization

- 1.) Was one of the reasons you did not attempt any contracts due to the amount of time you think it would have required for you to complete contracts with your clients? Yes No (circle)
- 1a.) If "yes", how much time did you anticipate it would have taken you to complete the contract with one of your clients? (Approximate to within one-half an hour.) \_\_\_\_\_ hours
- 1b.) What activities called for by the Service Contract do you anticipate would have consumed the most time?  
 "most" \_\_\_\_\_  
 \_\_\_\_\_  
 "second most" \_\_\_\_\_  
 \_\_\_\_\_  
 "third most" \_\_\_\_\_  
 \_\_\_\_\_
- 2.) Was one of the reasons you did not attempt any contracts due to the irrelevance of the contract to the tasks required by your case load? Yes No (circle)
- 2a.) If "yes", what are the tasks required by your case load?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3.) Was one of the reasons you did not attempt any contracts due to your lack of training in the use of the contract? Yes No (circle)
- 3a.) If "yes", how much training time do you think you would need in order to feel sufficiently competent to attempt contracts on your own? \_\_\_\_\_ hours
- 3b.) If training were made available during working hours and at no financial cost to you, would you participate? Yes No (circle)

4.) Was one of the reasons you did not attempt any contracts due to the inappropriateness of the contract form or contracting process (i.e. negotiation) for your clients? Yes No

4a.) If "yes", what aspects of the form or contracting process are inappropriate for your client group? (please list)

1.) Inappropriate aspects of the form:

- a.) \_\_\_\_\_
- b.) \_\_\_\_\_
- c.) \_\_\_\_\_
- d.) \_\_\_\_\_
- e.) \_\_\_\_\_

2.) Inappropriate aspects of the process (i.e., negotiations):

- a.) \_\_\_\_\_
- b.) \_\_\_\_\_
- c.) \_\_\_\_\_
- d.) \_\_\_\_\_
- e.) \_\_\_\_\_

4b.) For what reasons are the above listed "inappropriate aspects" inappropriate for your client group? (explain)

1.) Inappropriate aspects of the form:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.) Inappropriate aspects of the process (i.e. negotiations):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.) Was one of the reasons you did not attempt any contracts due to the specificity required by the contract? Yes No



5a.) If "yes", in what way(s) did the specificity requirement impede your use of the contract? (explain)

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

6.) Was one of the reasons you did not attempt any contracts due to your difficulty in finding sufficient compatability between the contract (form or process) and your own casework style?  
Yes No

6a.) If "yes", what were the major aspects of the contract (form or process) which you found incompatable with your own case-work style?

1.) \_\_\_\_\_  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_

7.) Are there other reasons why you did not attempt any service contracts? Yes No

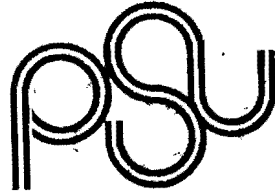
7a.) If "yes", please explain them as fully as you can:

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

8.) Of all the reasons you may have had for not attempting any contracts, which one was the major reason?

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





To: CSD-NE "direct service" caseworkers

From: Jack Morgan

Re.: the Service Contract

Attached are some Service Contract forms. As I hope all of you are aware, I am studying the potential use of this form and its corresponding casework format within the District's existing repertoire of service activities. I am doing this to fulfill part of my graduate school requirements but a copy of the study will be provided for the District.

I am asking that all of you consider the contract's usefulness. If you are sure that it is of no use to you because of your present position, your casework style, or whatever, please notify your supervisor. Zero utility is as important to me as other levels. For the rest of you, I would hope that you would be able to try it with at least three clients before Jan. 6 th. The more contracts staff attempt during these nine weeks the better I will be able to estimate its usefulness.

Once you and your client have identified a problem you both wish to address, present the form, its format and whatever advantages and disadvantages it may have for that situation. Don't compromise your own efforts by saying that it is part of an experiment.

Please keep a list of those with whom you develop a contract and at least an estimate of how many others decline the offer. During the week of Dec. 16 - 20 I will be asking for the number of contracts completed thus far so that I can do some more precise planning.


During the week of Jan. 6 - 10 I will be asking you to call certain clients to see if they are willing to talk to me regarding the contract. During that same week I will also begin asking you and your supervisors for feedback (probably via questionnaire) regarding the usefulness of the contract. All questions will probably be in the form of impressions or opinions.

I plan to be around the office frequently, especially on Thursdays and Fridays. Please feel free to ask to discuss specific cases or general issues. Thank you.

Appendix C

PORTLAND  
STATE  
UNIVERSITY  
p. o. box 751  
Portland Oregon  
97207  
503 229 4712

school of  
social work

TO: NE "Direct Service" Caseworkers                      DATE: January 9, 1975  
FROM: Jack Morgan   
RE: Service Contract Caseworker Questionnaire --- Instructions

Attached is your copy of the Service Contract Questionnaire. While it appears to be rather lengthy, please take note that each person will be responsible for only about one half of the instrument. Everyone should complete "Section I" (pp 1-3). Those who have attempted one or more Service Contracts with their clients should also complete "Section II" and "Section III" (pp3-8). Those who have not attempted any contracts should skip those sections and complete only "Section IV" (pp 9-13).

It is very important to my study that I receive a completed questionnaire from each of you. My guess is that it will take approximately 30 - 60 min. to complete the questionnaire. I have allowed five days for you to locate that time. Please deposit the completed questionnaires in the box provided in M. Mills's office. I will pick up the last questionnaires on Friday evening, January 17, 1975. Thank you.

Appendix D