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DEMONSTRATION OF USING
SINGLE-SUBJECT RESEARCH MODALITY
IN SOCIAL WORK PRACTICE

A Dissertation

Presented in Partial Fulfillment of the Requirements
for the Degree Doctor of Philosophy
in the Graduate School of Social Work

By

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TO:

Eduardo, whose love and encouragement made this dream come true.
"Honest investigation means a sincere, unbiased searching for the whole truth, including not merely the dry facts, but that setting of circumstances and opportunity in which the facts exist."

Mary E. Richmond

_**Friendly Visiting Among the Poor,**_ 1900.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Dedication</th>
<th>ii</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>iv</td>
</tr>
<tr>
<td>Vita</td>
<td>vii</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>ix</td>
</tr>
<tr>
<td>List of Tables</td>
<td>xyi</td>
</tr>
<tr>
<td>List of Figures</td>
<td></td>
</tr>
</tbody>
</table>

## Chapter

### I. INTRODUCTION

- General Description of Area of Concern 1
- The Problem Studied 3
- Purpose of the Study 6
- Major Research Question 8
- Minor Research Question 8
- Significance of the Problem and the Justification for its Investigation 8
- References 11

### II. REVIEW OF THE LITERATURE

- Introduction 13
- Historical Background 15
  - A. Social Casework 15
  - B. Psychosocial Approach 17
  - C. Task-Centered System 24
  - D. Single-Subject Research Design 43
<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>47</td>
</tr>
<tr>
<td>Theory Relevant to the Major Research Question</td>
<td>49</td>
</tr>
<tr>
<td>Single-Subject Design as an Evaluation Paradigm</td>
<td>51</td>
</tr>
<tr>
<td>Summary</td>
<td>53</td>
</tr>
<tr>
<td>Current Literature</td>
<td>55</td>
</tr>
<tr>
<td>Summary</td>
<td>69</td>
</tr>
<tr>
<td>References</td>
<td>71</td>
</tr>
<tr>
<td>III. METHODOLOGY</td>
<td>83</td>
</tr>
<tr>
<td>Restatement of Major Research Question</td>
<td>83</td>
</tr>
<tr>
<td>Research Design</td>
<td>83</td>
</tr>
<tr>
<td>General Characteristics of the Study Population</td>
<td>91</td>
</tr>
<tr>
<td>Location in which the Study Took Place</td>
<td>92</td>
</tr>
<tr>
<td>Sampling Design and Procedures</td>
<td>92</td>
</tr>
<tr>
<td>Data Collection Instrument or Schedule</td>
<td>94</td>
</tr>
<tr>
<td>Instrumentation</td>
<td>96</td>
</tr>
<tr>
<td>Definitions</td>
<td>96</td>
</tr>
<tr>
<td>Variables Measured</td>
<td>99</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>101</td>
</tr>
<tr>
<td>Summary</td>
<td>102</td>
</tr>
<tr>
<td>References</td>
<td>106</td>
</tr>
<tr>
<td>IV. FIELD PROCEDURES FOR STUDENT PRACTITIONERS</td>
<td>107</td>
</tr>
<tr>
<td>Training Student-Practitioners</td>
<td>107</td>
</tr>
<tr>
<td>A. Training in Single-Subject Methodology</td>
<td>107</td>
</tr>
<tr>
<td>B. Training in Two Modalities of Intervention: Task-Centered System and Psycho-social Approach</td>
<td>111</td>
</tr>
<tr>
<td>CHAPTER</td>
<td>PAGE</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>Day-by-Day Clinician Researcher Practice</td>
<td>113</td>
</tr>
<tr>
<td>Obstacles and How They were Solved</td>
<td>114</td>
</tr>
<tr>
<td>V. PRESENTATION OF DESCRIPTIVE DATA</td>
<td>119</td>
</tr>
<tr>
<td>Introduction</td>
<td>119</td>
</tr>
<tr>
<td>Descriptive Presentation</td>
<td>119</td>
</tr>
<tr>
<td>Discussion</td>
<td>120</td>
</tr>
<tr>
<td>Summary</td>
<td>131</td>
</tr>
<tr>
<td>VI. PRESENTATION OF STATISTICAL AND NON-STATISTICAL EVIDENCE</td>
<td>133</td>
</tr>
<tr>
<td>Introduction</td>
<td>133</td>
</tr>
<tr>
<td>Task-Centered System, Case B₁</td>
<td>135</td>
</tr>
<tr>
<td>Discussion</td>
<td>135</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>139</td>
</tr>
<tr>
<td>Task Review Schedule</td>
<td>140</td>
</tr>
<tr>
<td>Client's Conception of Problems and Tasks</td>
<td>141</td>
</tr>
<tr>
<td>Client's Assessment of Progress</td>
<td>142</td>
</tr>
<tr>
<td>Interpretation</td>
<td>143</td>
</tr>
<tr>
<td>Task-Centered System, Case C₁</td>
<td>146</td>
</tr>
<tr>
<td>Discussion</td>
<td>149</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>150</td>
</tr>
<tr>
<td>Task Review Schedule</td>
<td>151</td>
</tr>
<tr>
<td>Client's Conception of Problems and Tasks</td>
<td>153</td>
</tr>
<tr>
<td>Client's Assessment of Progress</td>
<td>155</td>
</tr>
<tr>
<td>Interpretation</td>
<td>155</td>
</tr>
<tr>
<td>Task-Centered System, Case D₁</td>
<td>158</td>
</tr>
<tr>
<td>Discussion</td>
<td>160</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>161</td>
</tr>
<tr>
<td>Task Review Schedule</td>
<td>164</td>
</tr>
<tr>
<td>Client's Conception of Problems and Tasks</td>
<td>166</td>
</tr>
<tr>
<td>Client's Assessment of Progress</td>
<td>167</td>
</tr>
<tr>
<td>Interpretation</td>
<td>167</td>
</tr>
<tr>
<td>CHAPTER</td>
<td>PAGE</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Task-Centered System, Case E₁</td>
<td>169</td>
</tr>
<tr>
<td>Discussion</td>
<td>171</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>173</td>
</tr>
<tr>
<td>Task Review Schedule</td>
<td>175</td>
</tr>
<tr>
<td>Client's Conception of Problems and Tasks</td>
<td>177</td>
</tr>
<tr>
<td>Client's Assessment of Progress</td>
<td>178</td>
</tr>
<tr>
<td>Interpretation</td>
<td>178</td>
</tr>
<tr>
<td>Task-Centered System, Case F₁</td>
<td>180</td>
</tr>
<tr>
<td>Discussion</td>
<td>185</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>187</td>
</tr>
<tr>
<td>Task Review Schedule</td>
<td>189</td>
</tr>
<tr>
<td>Client's Conception of Problems and Tasks</td>
<td>190</td>
</tr>
<tr>
<td>Client's Assessment of Progress</td>
<td>191</td>
</tr>
<tr>
<td>Interpretation</td>
<td>192</td>
</tr>
<tr>
<td>Psychosocial Approach, Case G₁</td>
<td>194</td>
</tr>
<tr>
<td>Discussion</td>
<td>197</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>199</td>
</tr>
<tr>
<td>Task Review Schedule</td>
<td>201</td>
</tr>
<tr>
<td>Client's Conception of Problems and Tasks</td>
<td>203</td>
</tr>
<tr>
<td>Client's Assessment of Progress</td>
<td>203</td>
</tr>
<tr>
<td>Interpretation</td>
<td>205</td>
</tr>
<tr>
<td>Psychosocial Approach, Case H₁</td>
<td>207</td>
</tr>
<tr>
<td>Discussion</td>
<td>212</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>215</td>
</tr>
<tr>
<td>Task Review Schedule</td>
<td>216</td>
</tr>
<tr>
<td>Client's Conception of Problems and Tasks</td>
<td>217</td>
</tr>
<tr>
<td>Client's Assessment of Progress</td>
<td>218</td>
</tr>
<tr>
<td>Interpretation</td>
<td>219</td>
</tr>
<tr>
<td>Psychosocial Approach, Case H₂</td>
<td>221</td>
</tr>
<tr>
<td>Discussion</td>
<td>226</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>229</td>
</tr>
<tr>
<td>Task Review Schedule</td>
<td>230</td>
</tr>
<tr>
<td>Client's Conception of Problems and Tasks</td>
<td>232</td>
</tr>
<tr>
<td>Client's Assessment of Progress</td>
<td>232</td>
</tr>
<tr>
<td>Interpretation</td>
<td>233</td>
</tr>
<tr>
<td>Psychosocial Approach, Case I₁</td>
<td>235</td>
</tr>
<tr>
<td>Discussion</td>
<td>238</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>239</td>
</tr>
<tr>
<td>Task Review Schedule</td>
<td>241</td>
</tr>
</tbody>
</table>

xii
<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial Approach, Case L₂ (continued)</td>
<td></td>
</tr>
<tr>
<td>Client's Conception of Problems and Tasks</td>
<td>242</td>
</tr>
<tr>
<td>Client's Assessment of Progress</td>
<td>243</td>
</tr>
<tr>
<td>Interpretation</td>
<td>244</td>
</tr>
<tr>
<td>Psychosocial Approach, Case L₂</td>
<td></td>
</tr>
<tr>
<td>Discussion</td>
<td>247</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>248</td>
</tr>
<tr>
<td>Task Review Schedule</td>
<td>250</td>
</tr>
<tr>
<td>Client's Conception of Problems and Tasks</td>
<td>251</td>
</tr>
<tr>
<td>Client's Assessment of Progress</td>
<td>252</td>
</tr>
<tr>
<td>Interpretation</td>
<td>253</td>
</tr>
<tr>
<td>Discussion of Table 17</td>
<td>255</td>
</tr>
<tr>
<td>Discussion of Table 18</td>
<td>263</td>
</tr>
<tr>
<td>VII. STUDENT-PRACTITIONERS' ASSESSMENT OF THE USE OF SINGLE-SUBJECT METHODOLOGY IN SOCIAL WORK PRACTICE</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>264</td>
</tr>
<tr>
<td>Discussion</td>
<td>265</td>
</tr>
<tr>
<td>Summary</td>
<td>272</td>
</tr>
<tr>
<td>VIII. CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS</td>
<td>275</td>
</tr>
<tr>
<td>Conclusions</td>
<td>276</td>
</tr>
<tr>
<td>Implications</td>
<td>277</td>
</tr>
<tr>
<td>Recommendations</td>
<td>280</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>282</td>
</tr>
<tr>
<td>APPENDIX A: CONTACT WITH AGENCIES</td>
<td>294</td>
</tr>
<tr>
<td>APPENDIX B: MEMO TO STUDENTS</td>
<td>301</td>
</tr>
<tr>
<td>APPENDIX C: INSTRUMENTS USED</td>
<td>304</td>
</tr>
<tr>
<td>APPENDIX D: STUDENTS' ASSESSMENT OF THE USE OF SINGLE-SUBJECT METHODOLOGY IN SOCIAL WORK PRACTICE</td>
<td>PAGE 321</td>
</tr>
<tr>
<td>APPENDIX E: TRAINING IN SINGLE-SUBJECT METHODOLOGY</td>
<td>PAGE 326</td>
</tr>
<tr>
<td>APPENDIX F: HOW TO MEASURE EFFECTIVENESS</td>
<td>PAGE 329</td>
</tr>
<tr>
<td>APPENDIX G: EVALUATION OF THE TRAINING IN SINGLE-SUBJECT</td>
<td>PAGE 333</td>
</tr>
<tr>
<td>APPENDIX H: EVALUATION OF THE KNOWLEDGE OBTAINED IN THE SINGLE-SUBJECT TRAINING</td>
<td>PAGE 335</td>
</tr>
<tr>
<td>APPENDIX I: TRAINING IN TWO MODALITIES OF INTERVENTION: THE TASK-CENTERED SYSTEM AND THE PSYCHOSOCIAL APPROACH</td>
<td>PAGE 339</td>
</tr>
<tr>
<td>APPENDIX J: RECORD KEEPING</td>
<td>PAGE 342</td>
</tr>
<tr>
<td>APPENDIX K: SUMMARY OF INTERVENTION ACTIVITIES</td>
<td>PAGE 345</td>
</tr>
</tbody>
</table>
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Disposition and Status of Cases in Student-Practitioners' Project</td>
<td>123</td>
</tr>
<tr>
<td>2. Demographic Data for Student-Practitioners</td>
<td>124</td>
</tr>
<tr>
<td>3. Demographic Data for Clients Served</td>
<td>125</td>
</tr>
<tr>
<td>4. Cases by Typology and Measurement Technique</td>
<td>126</td>
</tr>
<tr>
<td>5. Summary of Evidence of Effectiveness of Using Single-Subject Methodology (N=1)</td>
<td>130</td>
</tr>
<tr>
<td>6. Table of Mean Values of Case B1 by Phases</td>
<td>138</td>
</tr>
<tr>
<td>7. Table of Mean Values of Case C1 by Variables and Phases</td>
<td>148</td>
</tr>
<tr>
<td>8. Table of Mean Values of Case D1 by Phases</td>
<td>160</td>
</tr>
<tr>
<td>9. Table of Mean Values of Case E2 by Phases</td>
<td>172</td>
</tr>
<tr>
<td>10. Table of Mean Values of Case F1 by Phases</td>
<td>183</td>
</tr>
<tr>
<td>11. Table of Mean Values of Case G2 by Variables and Phases</td>
<td>197</td>
</tr>
<tr>
<td>12. Table of Mean Values of Case H1 by Variables and Phases</td>
<td>211</td>
</tr>
<tr>
<td>13. Table of Mean Values of Case H2 by Variables and Phases</td>
<td>225</td>
</tr>
<tr>
<td>14. Table of Mean Values of Case I2 by Phases</td>
<td>238</td>
</tr>
<tr>
<td>15. Table of Mean Values of Case L2 by Phases</td>
<td>247</td>
</tr>
<tr>
<td>16. Clients' Evaluations</td>
<td>262</td>
</tr>
<tr>
<td>17. Evidence of Effectiveness Evaluated Using N=1 Methodology</td>
<td>256</td>
</tr>
<tr>
<td>18. Student-Practitioners' Assessment of the Use of Single-Subject Methodology in Social Work Practice</td>
<td>266</td>
</tr>
<tr>
<td>Figure</td>
<td>Title</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>1.</td>
<td>Client B, Self-Monitoring the Frequency of Rapid Speech on a Daily Basis</td>
</tr>
<tr>
<td>2.</td>
<td>Important Dependent Variables for Client C</td>
</tr>
<tr>
<td>3.</td>
<td>Client D, Self-Anchoring Scale for Depression and Satisfaction</td>
</tr>
<tr>
<td>4.</td>
<td>Client E, Monitoring Depression and Anxiety Episodes</td>
</tr>
<tr>
<td>5.</td>
<td>Important Dependent Variables for Client F</td>
</tr>
<tr>
<td>6.</td>
<td>Important Dependent Variables for Client G</td>
</tr>
<tr>
<td>7.</td>
<td>Important Dependent Variables for Client H</td>
</tr>
<tr>
<td>8.</td>
<td>Important Dependent Variables for Client H</td>
</tr>
<tr>
<td>10.</td>
<td>Client L, Monitoring Daily Depression and Anxiety Episodes</td>
</tr>
</tbody>
</table>

xvi
CHAPTER I
INTRODUCTION

For many years, Social Workers were not equipped to evaluate their methods quantitatively due to a lack of research sophistication and difficulty in using statistics for data analysis (Bloom, 1978; Howe, 1974; Gingerich, 1978). Therefore, control group studies using control groups were employed to evaluate casework methods (Howe, 1974; Eysenck, 1952; Fisher, 1973, 1976; Thomas, 1979; Bloom, 1978). This type of research presented a problem, since some of the researchers were lacking in the basic understanding of the social work process (Howe, 1974). Because of the problems encountered in using group studies in researching specific individualized situations, a limited number of Social Workers began using a nomothetic or group design to evaluate their practice methods. However, basic conditions assumed to be maintained for inferential purposes have often been violated; consequently, the results of studies having to do with whether or not casework is an effective intervention have been interpreted negatively (Fisher: 1973, 1976).

Today, there has been an upsurge in the use of single-subject methodology. Practitioners are becoming increasingly
interested in using this modality to evaluate their practice effectiveness (Mullen and Dumpson, 1972; Webb, 1966). The use of single-subject methodology has some appealing features for practitioners. It enables them to retain client-oriented service objectives and yet make use of reasonably rigorous evaluation techniques (Behling, 1980).

This scientific practice (using single-subject methodology), guided by empirical assumption, offers the practitioner a way of gauging the impact of treatment variables on some target situation. This practice also provides a means to respond to the demands for accountability to the public where public funds are involved. Another advantage of the use of single-subject methodology is that it can make practitioners more precise, systematic, and critical about the target behaviors to be observed and manipulated in treatment.

Through this intimate involvement in the research process, workers can become more capable of observing changes in their clients than workers who use other modalities. Practitioners can develop skills in defining more realistic goals for their interventions, enabling them to obtain specific documentation of their clients' changes. Furthermore, practitioners using single-subject methodology in their interventions become more skilled and capable of generating hypotheses for future research studies.
The Problem Studied

Social casework has been consistently criticized for its failure to demonstrate clearly its effectiveness in helping clients (Fischer, 1973). Evaluations of interventions have usually relied upon traditional experimental-control group designs (Bergin and Garfield, 1971; Fischer, 1973, 1976; Meltzoff and Konreich, 1970). Although group designs have many important advantages from the point of view of experimental control (Campbell and Stanley, 1966), they are not suitable for use in everyday practice, since these designs require large groups of clients which are not usually available.

Group designs require fairly rigid controls over the treatment conditions to which the clients are exposed, which often conflict with practice objectives (Hollis, 1972). Since group designs seek to generalize their findings to all subjects, individual differences as to how clients respond to treatments become problematic. Furthermore, there is no way to know the specific effect that a specific intervention will have for a particular client.

The issue of effectiveness of practice should be of paramount concern to the profession. This writer considers the use of single-subject methodology a way to assess the
effect of treatment by repeatedly observing, over time, the client outcome of interest, and a convergence between the professional values of commitment to the scientific method and the desire to promote conscientiously the well-being of the clients. Single-subject evaluation can be viewed as essentially the same process that the skilled practitioner ordinarily engages in, when carrying out practice intervention; i.e., the problem-solving process or the scientific method. Social Work writers such as Perlman (1957), Pincus and Minahan (1973) and Reid and Epstein (1972, 1977, 1978) espouse the problem-oriented model of treatment. Gingerich states, "The usual steps in such a model include defining the problem, setting treatment objectives, implementing a suitable treatment, and measuring to see if client change has occurred." (Gingerich, 1978). The evaluation of practice intervention requires the same steps; the difference lies in emphasis.

While the practitioner is concerned primarily with client outcome and the intervention used, the researcher is more concerned with the methodological adequacy of the measures used and the validity of the study design. Although the practitioner is also concerned with measurement and design issues, such considerations are often secondary and somewhat intuitive. The important point is that minimal
conflict exists between practitioners' concerns and research concerns when using the single-subject methodology in evaluating the effectiveness of intervention, since both processes are based on the assumption that the proper focus of study is the individual personality rather than group norms. As Allport states, "this distinction is the unique versus the general or morphogenic versus the dimensional," (Allport, 1962).

Before continuing, this writer feels that a clarification as to the relationship between single-subject methodology in evaluation and the behavior modification mode of intervention should be made. First, behavior modification explicitly incorporates the single-subject research modality as an integral part of the intervention method. Secondly, almost all applications of the single-subject evaluative design have been with behavioral therapies, mainly because these therapies depend greatly on empirical observations in their assessment and treatment methods (Gingerich, 1978). There is nothing inherent in any problem-oriented intervention method that prohibits the use of single-subject methodology to evaluate the effectiveness of Social Work practice, although dependent measures may be considered hard to define (Haynes, 1975).
Purpose of the Study

In view of the above discussion, this writer decided to conduct this study for the purpose of demonstrating the use of single-subject methodology in the evaluation of social work practice. As Milgram states, "A demonstration is an attempt to produce an effect; once that is done, controlled experimentation can be done, where we try to alter systematically the conditions that produce the effect, in order to learn the cause of the effect," (Milgram, 1975: 26-36).

It is the writer's opinion that the following statements are of paramount concern in carrying out an empirical practice:

1. The use of single-subject methodology will enable practitioners to obtain specific documentation of their clients' changes.

2. The use of single-subject methodology in social work practice will help practitioners to develop skills in defining realistic goals.

3. By using single-subject methodology, practitioners will achieve more effectiveness in improving their clients' social functioning.
4. The practitioner who uses a single-subject modality in his/her intervention will experience greater facility in applying it to certain groups.

5. The skills used by the practitioner applying single-subject methodology in his/her intervention will be correlated with level of success.

6. The quality and effectiveness of the client-worker interaction are enhanced by the use of single-subject methodology.

7. The practitioner's professional confidence will increase when both outcome and incremental client progress are made known.

8. The use of single-subject methodology will increase staff development possibilities by enabling the practitioner to articulate more clearly his/her staff developmental needs.

9. The use of single-subject methodology will improve program development by enabling the agency to more quickly identify and respond to emerging clients' needs.
Major Research Question

How effectively can a single-subject research model be used in social work practice with two intervention modalities: the task-centered system and the psychosocial approach?

Minor Research Question

Does the use of single-subject modality enable practitioners to obtain specific documentation of their client's changes?

Significance of the Problem and the Justification for its Investigation

Evidence strongly suggests that a serious problem exists in measuring casework effectiveness. Research is needed to better understand the feasibility for using single-subject methodology in social work practice, as a means to document clients' changes.

It is this writer's opinion that the purpose of social work intervention is to help individuals, families and groups to cope with specific problems during their life-journeys by improving the clients' functioning in their social contexts, thus enabling them to attain their maximum levels of self-actualization. In order to know
whether social workers have an impact on the achievement of this goal, they need to utilize a practice framework which can enhance their ability to systematize each component of the intervention process.

It is the writer's feeling that in such a rapidly changing society as ours, individuals are exposed to different kinds of tasks which demand additional ways of coping, thus provoking stresses that sometimes lead to problems of living. It is then important that, for our profession to move forward and be able to meet clients' problems and society's demands, professional practitioners have to be accountable for the services they provide. This accountability needs to be made in at least three areas: (1) to find better ways to account for what they do; (2) to determine the effectiveness of programs; and (3) to develop more alternatives and resolutions to social problems. As Reid states, "These tasks are highly interrelated; that is, as Social Workers we can be more accountable if we can ascertain the effects of our interventions and we can determine these effects more readily if our interventions are potent," (Reid and Epstein, 1972). In these ways, there would be more convergence between the professional values of commitment to the scientific method, and the desire to promote the well-being of our clients (Fischer, 1973).
By being more systematic in our thinking and more precise and clear in our interventions, we would be able to better inform readers, students, clients, agencies, and society in general, of the activities carried out during our intervention that are to affect our clients' problems. Since our intervention with clients is aimed at reducing or eliminating problems, a more scientific approach could more clearly inform a reader of what was worked on, what was done and by whom, and the progress that occurred. This process, though carried out in a more scientific way, will not jeopardize the humanistic values of our profession, nor negatively affect the client-worker relationship. On the contrary, by providing the client with the opportunity to participate actively in the solution of his/her problem and by developing awareness of one's own behavior, client self-determination will be enhanced, thus enabling the client to contribute more effectively to the well-being of society.

The literature review reveals that from its beginning, Social Work has had a commitment to the scientific method. Nevertheless, the actual relationship between Social Work practice and research has been uncertain.
REFERENCES
CHAPTER ONE


CHAPTER II
REVIEW OF LITERATURE

Introduction

If we examine the mission of social work as stated by Dean (1977), we see that it has two basic missions: "the enhancement and restoration of the social functioning of people and of the ability and will of social institutions to respond to people and respect them, both individually and collectively and the furnishing of preventive services to help people meet normal life needs ... particularly at critical moments of transition" (Dean, 1977: 369-373). There is no mention of viewing people as sick beings but rather as beings who have to take a journey through life. In this modern, complex, urbanized and confused society, individuals will be exposed to different kinds of tasks which demand additional ways of coping, thus provoking stresses that sometimes lead to problems of living and for which they may need our professional services (Diaz, 1979).

Therefore, we must be concerned with whether our professional practice meets these needs. Effectiveness of our intervention is needed to justify the cost in energy,
time and money of the socially-supported endeavors of social casework, especially when accountability is demanded. To know whether social workers have an impact due to their interventions, they need to utilize a practice framework which will enhance their ability to systematize each component of the intervention process. By being more systematic and clear in our interventions, we will be able to be more accountable for our services. A more scientific approach can provide information as to what was worked on, what was done and by whom, and the outcome. This scientific approach will not jeopardize the humanistic values of our profession, nor negatively affect the client-worker relationship. On the contrary, if the clients have the opportunity to participate actively in the solution of their problems, they will develop an awareness of their behavior, truly enhancing their self-determination.

To demonstrate the feasibility of using single-subject methodology in social work practice evaluation, this writer examined the literature in casework from Mary E. Richmond to the present, to determine whether there has been a convergence between the professional values of commitment to the scientific method and the desire to consciously promote the well-being of clients.
Historical Background

1. Social Casework

"Social casework originated out of the compassion and concern of some members of our society for the suffering and problems of others" (Fischer, 1978: 1). It came forth in the mid-nineteenth century in the traditions of the Charity Organization Society movement, originated in England, and which rapidly spread across Europe, Canada, and the United States. The Charity Organization Society was a private family agency that used the existing resources in the community to help the less fortunate. The "friendly visitor" was the principal help of the organization. The "friendly visitor" tried to understand the various forces pressing on the clients' lives and that were producing poverty. Besides dealing with the clients' environments, the beginning social caseworkers tried to affect their behavior through persuasion and supplication to reason.

Mary Ellen Richmond, a theoretician of the Charity Organization Society movement, formulated the first comprehensive statement of the principles of social casework (Encyclopedia of Social Work, 1977: 1224). One of her first books on social work, Social Diagnosis (1917), was a sociological attempt to determine the cause of the client's conditions by assessing the interaction between him/her and his/her significant others. At that time, the focus of
the worker's intervention was the manipulation of the client's environment and influencing him through advice.

In short, as beginners, caseworkers in the early 1900's attempted to meet their clients' material needs as well as counseling them and working in groups and communities. However, they found that their services did not always result in a better social functioning by their clients; some responded positively to their interventions and others did not (Strean, 1978: 9). Therefore, social caseworkers began to focus on the supposed existence of internal factors in the clients' maladaptive behaviors, their personalities, their anxieties, their wishes and their character traits were identified as elements of great importance. Influenced by Freudian psychoanalysis, social workers saw the importance of assessing and intervening in the clients' life-spaces (Strean, 1978). The client's personality was emphasized in working with him. Thus, in 1922, Mary Richmond published *What is Social Case Work?*, in which she defined social work as: "those processes which develop personality through adjustments consciously affected, individual by individual, between men and their social environment" (Richmond, 1922: 98).

Since the late 1920's, social workers have expanded their interventions to work not only with the poor, but also to include other individuals with interpersonal as well as social problems. This expansion in their focus was due to
the knowledge obtained from psychoanalysis that personal, interpersonal and social problems were interrelated. By the end of the 1920's, social workers began to modify their socio-economic orientation into an approach that could be termed "psychosocial" (Hamilton, 1958).

2. **Psychosocial Approach**

In those days, over the 1920's, the medical model was adopted and with it, a study-diagnosis-treatment framework that introduced a scientific method through which the scientific commitment was implemented. Contrary to Mary E. Richmond's involvement with environmental issues, was a focus on individual processes which ignored the social context in which they were embedded (Germain, 1970: 15).

During the 1930's, caseworkers searching for more scientific ways to help more effectively were attracted and influenced by Freud's psychoanalysis and its techniques. Psychoanalytic influence was so strong in the treatment objectives and methods used in social work that the differentiation between psychoanalysis and casework became an important issue in the late forties. It is important to mention that the term "psychosocial" seems to have been used first on the east cost, with the Smith and New York Schools taking the lead, while psychiatric clinics and family agencies in Boston, New York, and Philadelphia contributed from practice (Hollis, 1970: 38).
In 1937, Hamilton, in her article "Basic Concepts in Social Casework," built on the scientific orientation which had shaped the earlier approaches to link these new ideas in science. She formulated many of the concepts and principles on which casework now rests.

It is interesting to observe that Hamilton used the concept, "organismic approach," to define casework. To her, it meant "The person-in-situation configuration" or as the psychosocial domain of practice (Germain, 1970: 19). The organismic concept is nowadays associated with single-subject research design. Hamilton emphasized the growth, development and change of human beings. She introduced her conception of engaging the client as an active participant in change. The client was perceived as acting for himself in the solution of his problems rather than being acted upon. This shows Gordon Hamilton's influence on the humanistic and scientific aspects of social work. Nevertheless, practitioners continued to embrace the psychotherapeutic tendencies, such as emphasizing problem definitions in personality terms and the transference aspects of relationships, rather than to give more attention to cultural and social influences on communication.

In short, the psychosocial approach has its roots embedded in casework and Mary Richmond's conception of it. During its development, casework was affected or influenced
by diverse incidents, such as World Wars I and II, the depression era and the emphasis of Freud's psychoanalysis. Even though theorists such as Richmond (in a sort of rustic form) and Hamilton had the vision of uniting the humanistic values of the profession with the commitment to the scientific aspect, caseworkers were so thrilled with the perception of man as "ill" which still continued to view the person and situation as two separate units. These units had to be understood independently and then to be connected and related by concepts that were not yet existent.

During the fifties, there were major contributions to constructing a scientific base of substantive knowledge, such as the ego psychology of Erikson (1950) and Hartmann (1958), as well as the theories of sociologists such as Talcott Parsons (1951) and Robert Merton (1957) and anthropologists such as Clyde Kluckholm (1953), and family concepts (Scherz, 1953: 343-349) and casework research (McDonald, 1960).

As Turner states, the psychosocial approach "present profile can be traced through the work of such social workers as Mary Richmond, Gordon Hamilton (1937, 1951, 1958), Annette Garrett (1951, 1958), Lucille Austin (1956), Florence Hollis (1964, 1969, 1970, 1972) and many others" (Turner, 1979; 70).

It can be seen how social casework moved through an
interval of time, in which caseworkers tried to systematize their knowledge and find a scientific base for it, and to establish standardized educational programs (Fischer, 1978: 1). From these efforts came an apparent stability for casework, founded in the general consensus of caseworkers as to the basic theoretical and methodological orientations to practice (Fischer, 1978: 1).

The decade of the 1960's was one of turmoil for social work practice. Caseworkers who had been satisfied with the methods and approaches of thirty years before were no longer pleased with its usage, since knowledge in the behavioral and social sciences was rapidly expanding. Moreover, the anti-poverty programs together with the goal of terminating racial discrimination and facilitating integration motivated the press as well as professional journals to question the importance of individualized services in comparison to the promise of meaningful changes for all society's disadvantaged. This minimization of casework brought new roles and definitions for the social worker. In the same way that the larger society rediscovered poverty, social work began to rediscover some of its roles and functions which had been neglected. Consequently, social work began to extend its traditional interests more into the communities.
The sixties and seventies brought many new interventive modalities to the fore in social work, such as crisis intervention, family therapy and short-term treatment, among others. Social workers began to see that personality change and social-system change require a scientific framework if Social Work is going to be held accountable for its services. The scientific process to determine personality change as well as social-system change requires gathering information, establishing working relationships, assessing the environment, in order to know more about the transactions between people and their environments, as well as utilizing disciplined interviewing techniques based in the here and now situation and not in remote incidents/accidents. All these changes have led to the 1970's being called "The Age of Accountability" (Briar, 1973). It is at the beginning of this decade that Fischer, after reviewing seventy studies done since 1930 purporting to evaluate casework effectiveness, found that only eleven of the seventy cases met the following criteria: (1) "services were provided by professional caseworkers for the experimental group" and (2) "an 'untreated' or non-professionally treated group was used." Upon reexamining the findings of the studies, Fischer found evidence of deterioration in clients in the experimental groups. He concluded that the "lack of evidence of the effectiveness of profes-
sional casework is the rule rather than the exception" (Fischer, 1973).

Meanwhile, Reid and Shyne (1969), using a classification system derived from one developed by the Community Service Society (which they modified according to Hollis' article), recorded interventions made by caseworkers in their study of the effectiveness of brief and extended casework. They found: (1) that persons limiting treatment to eight interviews made more progress toward achieving their prescribed goals than those who received extended treatment, and (2) that caseworkers used the same treatment techniques with both groups but that the timing of these techniques differed as to whether the case was receiving brief or extended treatment. Reid and Shyne concluded that classifying casework into "supportive" and "modifying" methods "artificially splits apart an interlocking set of techniques such as exploration, logical discussion and confrontation. These techniques should be seen as constituting the core of casework method rather than as representing different methods of casework" (Reid and Shyne, 1969: 84).

Florence Hollis gave up the dichotomous classification of casework treatment after a study of cases labeled "supportive" or "clarification" showed that what was labeled as "clarification" by one worker was no different
than cases labeled "supportive" by another worker. Hollis observed that "in most cases, treatment moved through phases in which the balance between supportive work and clarification was constantly changing" (Hollis, 1972: 74). This led Hollis to search for a classification that was more flexible and could show the blending of techniques over a period of time. The six categories of client-worker communication at which she arrived were:

A. Sustainment

B. Direct Influence

C. Exploration, Description, Ventilation

D. Person-Situation Reflection (discussion of the current or recent situation, client responses to it and their interaction)

E. Pattern-Dynamic Reflection (discussion of the dynamics of response patterns or tendencies)

F. Developmental Reflection (discussion of developmental aspects of response patterns or tendencies) (Hollis, 1972: 84-85).

Psychosocial has evolved through the years and today is considered "as a thought system that stresses the healthy development of man and has the interventive objective of establishing optimal conditions for human growth and development" (Turner, 1979: 68).
2.1 Summary

It can be seen that the knowledge explosion in social work and related fields (e.g., social psychology and others) as well as the emphasis on accountability, produced implications for the profession of social work. After the questioning of casework effectiveness and the societal turmoils, social workers began to engage in research as a means of evaluating practice. It is at this point that a scientific framework was specified and put into effect by the creation of a new treatment modality: Task-Centered System.

3. Task-Centered Approach

The task-centered model was developed in the early 1970's (Reid, 1972; Reid and Epstein 1972). It has its origin in psychosocial and problem-solving casework but has incorporated the time-limited, structural aspects of brief casework (Reid and Shyne, 1969) and the conception of clients' task of Studt's (1968), becoming different in a number of respects. The emphasis is on: (1) time-limited contracts, and (2) the solution of specific problems of living (target problems) identified by the client (Fortune, 1979: 390). The practitioner and client then formulate tasks that the client can undertake to improve his/her situation. Tasks are the goals that the client has agreed to work toward (Reid, 1979: 4).
The practitioner's efforts are directed toward helping the clients to achieve the tasks or goals. To accomplish this, practitioners use traditional casework techniques of exploration, encouragement, helping the client increase his/her awareness of his/her own behavior and his/her social situation, and environmental intervention. In other words, practitioners using the task-centered approach make use of their casework techniques, but also involve the client in the assessment of his/her situation and help him/her to become aware of his/her behavior and how it affects his/her social milieu. By giving the opportunity to the client to identify his/her problem(s), evaluate his/her social situation and environment, the client can develop awareness of how he/she perceives things and why, thus becoming interested in alleviating his/her problems and explicitly deciding what his/her goals are and what he/she can do to achieve them. The focus is on the "here and now." The period of service is limited to eight or twelve sessions which take place within a two-to-four-month period. However, extensions are made when needed.

3.1 Guidelines for Development

During the past six years, the task-centered approach has been developing and at present is, as Reid states, "a system that takes into account the typical demands placed on clinical social work as we now find it" (Reid, 1979: 9). According to Reid, some of these demands
and their implications for practice systems are:
"(1). a central function of clinical social work is to help people alleviate problems. Although other goals such as prevention and the facilitation of social growth, may also be important, problem reduction is cited most consistently in various statements of the objectives of the profession of which clinical social work is the major part; (2) Clinical social work is largely a product of a complex organizational network that comprises not only agencies offering social work services but also organizations that provide financial support and sanction for these services. (3) Social work provides individualized services to large numbers of people who are poor, who may lack a high degree of verbal facility, who may not be motivated for help, and who are often in need of a variety of services. (4) Social treatment is carried out by practitioners with limited treatment. (5) Clinical work is part of a larger profession" (Reid, 1978: 9-11).

This means that the task-centered system takes into account the typical demands on casework practice, whether private, clinical or in a family setting. The array of problems presented by clients are diverse, yet it seems that the distress over interpersonal or situational conditions is what "moves" them to seek help in coping with the stresses presented. The term psychosocial has been
widely used to describe the individual(s)' concern and the role of the social worker to help the individual to identify, resolve or minimize the problems that arise out of the disequilibrium between themselves and their environment (National Association of Social Work, 1958: 5-9).

3.2 Theory for Task-Centered Practice

According to Reid (1978: 17), the efforts to develop the theoretical base of the task-centered system had been due to the need for a problem-oriented theory in clinical social work.

Throughout time, social workers have utilized theories designed for other purposes (i.e., to explain personality dynamics and disorders, learning, the functioning of social systems, etc.) to understand the individual's problems of living. These theories have been important in the assessment and treatment of problems, yet they do not address the particular properties of most difficulties social workers deal with. The task-centered model proposes that psychosocial problems reflect temporary breakdowns in problem-coping that set in motion forces for change. Placing time limits on the brief service rendered to clients who are impelled to seek help in order to alleviate their distress would enhance effectiveness by mobilizing the efforts of the practitioner and the client (Reid, 1978).
In short, the theoretical base for the task-centered model has been the premise that the essential function of the modality is "to help clients move forward with solutions to psychosocial problems that they define and hope to change" (Reid, 1978: 18). The primary agent of change is the client him/herself, not the social worker. The worker's role is to help the client bring about the changes he/she wishes and which he/she is willing to work for. Problems are "acknowledged" by the client. He/she explicitly states what is causing distress and what he/she wants to solve or alleviate.

The theory of the task-centered model deals with those factors that become obstacles to problem-solving and that can be modified through the collaborative efforts of client and practitioner. It does not deal with the remote or historical origins of a problem. Task-centered treatment stresses "man's autonomous problem-solving capacities -- his ability to initiate and carry through intelligent action to obtain what he wants" (Reid, 1978: 19). In this system, man is viewed as "having a mind and will of his own that are reactive but not subordinate to internal and external influences" (Reid, 1978: 19). Man is seen as less a prisoner of unconscious drives than he is seen in psychoanalytic theories and less of a prisoner
of environmental influences as he is viewed by behaviorism. The task-centered system is addressed to target problems that are relatively specific. It deals with problems that have been broken down to a reasonably clear and manageable unit, before the intervention is begun.

3.3 Problem Classification

Reid and Epstein presented a problem-classification system to define the range and type of acknowledged problems dealt with by the task-centered system (Reid and Epstein, 1972: 20-40). This typology is the following (Reid, 1978: 35-36).

1. **Interpersonal Conflict**: These are problems centered around individuals' interactions. Subtypes include marital, parent-child, sibling, peer and teacher-student conflict. In other words, any problem arising out of the interaction between individuals.

2. **Dissatisfaction in Social Relations**: The individual's dissatisfaction over some aspect of his/her relations with others in general, or in particular with some specific person. The difference between this problem and the interpersonal conflict is that difficulty is located in the client; that is, he/she may center the problem in himself/herself,
3. **Problems with Formal Organizations**: The difficulties in the client's relations with organizations such as hospitals, schools, court, residential institutions and agencies.

4. **Difficulty in Role Performance**: The difficulty the client has in carrying out an ascribed social role to his/her satisfaction. Some of these roles are parent, spouse, student, employee, etc.

5. **Decision Problems**: These are problems presented in reaching particular decisions, which might involve change in a role or a social situation.

6. **Reactive Emotional Distress**: Problems having to do with emotional upsets which are precipitated by some situation or event. Major subtypes are depression and anxiety.

7. **Inadequate Resources**: Lack of money, housing, food, transportation, transportation, jobs or other tangible resources.

8. **Psychosocial or Behavioral Problems Not Elsewhere Classified**: This category is a new addition (Reid, 1978: 36) to the original typology created by Reid and Epstein (1972) to classify problems which were not originally included and that practitioners using the
model were treating with success (Brown, cited by Reid, 1978: 36). This category includes habit disorders, addictive behaviors, phobic reactions, concerns about self-image and thought disturbances.

In short, task-centered modality addresses primarily problems of living, in which the unit of attention is the individual client and his/her social system. The model fits well the wide range of problems. This individualized model of social work treatment is useful in helping clients to identify and solve complex personal problems.

3.4 Task-Centered Treatment as a Part of Social Work

The social work literature reveals that the profession's methods of intervention are divided into three parts: Casework, Group work, and Community organization (Bartlett, 1970; Meyer, 1976; Gottesfeld and Pharis, 1977; and Turner, 1978). During the 1960's, the individual and group treatment methods began to be seen as social treatment. New names were given to old approaches and new ones were added. Among these were: social action, community organization, social planning, and others, to which the term "macro-social work" was ascribed (Schwartz, 1977). At the same time, in order to bridge the division that was happening, systems incorporating elements of
"micro and macro" began to emerge (Pincus and Minahan, 1963; Siporin, 1975; Meyer, 1973). The educational emphasis of the schools of social work during the 1960's was on generic social work training and social problems. All these unifying efforts have their usefulness in linking different elements of the profession. Furthermore, they are producing new social workers, more versatile about the different methods of social work intervention (Reid, 1978: 108).

According to Reid (1978), "the change strategies of the task-centered system find a connection with the profession as a whole through three central concepts: problem, task and obstacle."

1. Problem

The task-centered system is concerned with client-acknowledged problems. Social treatment appears to work best when it is addressed to problems that clients want to alleviate. In addition, identification of client-perceived concerns is helpful in specifying the social problems that clients themselves want to be helped with.

2. Task

This concept has been utilized by different writers as a means of integrating various types of social work activity (Bartlett, 1970; Siporin, 1975). According
to Reid (1978: 109), "If a task is seen as a type of problem-solving action, the concept becomes particularly relevant to social work as a whole." It can be said that the elements of task planning and implementation with clients are similar to other social work practice, with respect to the efforts devised to carry out courses of action.

3. Obstacle

According to Reid (1978), the model can be associated with other forms of social work through "the notion of obstacles to problem resolution and task accomplishment." Relevant are external obstacles such as lack of resources that prevent people from achieving their goals; for example: lack of transportation facilities to reach the agency.

In summation, the task-centered model is addressed to problems of living that the client can, with help, solve by utilizing his own actions. The model includes a typology of problems which encompass the entire individual psychosocial functioning, and which are in accord with the purpose of the profession as stated in Social Work Practice Working Definition (1960).

It is a system that can be used with almost any human beings (i.e., intelligent or less intelligent, wealthy or poor). It fits with Kahn's notion of the need of
"personal social services" (Kahn, 1976) and his belief that there should be services for everyone.

3.5 Activities of the Model

During the initial phase of contact, which usually takes from one to four interviews with clients and collaterals over a one-to-two week period, specifying the problem and forming the service contract are the basic activities carried out. Reid (1978: 113) states that "it is desirable to specify at least one problem and reach a contract by the end of the initial interview, even if the session needs to be extended beyond the usual hour limit." He agrees that although it is ideal to realize the problem specification and set the service contract, however, it cannot always be realized because clients are, at times, uncertain about what their problems are and the kind of help they want.

Reid clarifies that when problem specification extends beyond the first interview, it is important to be clear with the client as to what the next step will be. Each session during this phase will end with a clear understanding about what is going to be done. He calls this a "precontract" (Reid, 1978: 113). He points out that no advantage will be gained by spreading out these activities over time. If the practitioner has to see the client more than once or involve others, he/she is advised to carry
on these activities within the shortest possible period of time, the reason being that until the client specifies his/her problem, he/she is not able to use time to the best advantage to attempt intervention or treatment action.

Through the use of task-centered treatment, the client's problems are elicited, explored and clarified in the initial interview. During this process, the practitioner may point out problems that have not been acknowledged by the client or the results of not attending to these problems. It is expected at the end of the first or second interview that the client and practitioner must reach an explicit contract on the problem(s) to be worked with. These problems are defined as specific conditions to be changed. Due to the complexities of the problem or other intervening variables, an agreement might not be reached during the first two interviews. Thereby, it is advisable to do so as soon as possible. Until the problem(s) specification and the contract are agreed upon, the client will not be able to involve himself/herself in treatment. Contracts are essential to establish a clear agreement between the practitioner and the client of what is to be done and how.

The initial contract specifically states the agreement reached by both the practitioner and client to work on one acknowledged problem. Nevertheless, if there is more than one target problem identified, these are numbered in order of priority or importance to the client. The
sequence in which the problems are going to be dealt with is established.

After the contract is agreed upon comes the formulation of the treatment goals. The importance of this step is to make clear what both the practitioner and the client expect to accomplish through their joint efforts. According to Reid (1978), "Even though the goal may lack delineation and offer little guidance for problem-solving activity, it provides a necessary shift in frame of reference: from what is wrong to what is needed." The contract includes an agreement on the duration and expected amount of service, which generally consists of six to twelve weeks, within a range of two to four months.

These agreements form the nucleus of a service contract which may be added to or modified by additional agreements as service proceeds. According to Reid, "oral over written contracts are preferred, since the former are less formidable and time-consuming and run less risk of premature closure" (Reid, 1978: 137). Reid explains that sometimes written contracts may be indicated such as when agreements involve several goals or tasks. In such situations, the written form may avoid misunderstandings.

3.6 Task Planning and Implementation

Reid states that "task-centered treatment may be thought of largely as the joint efforts of practitioner
and client to design and execute constructive plans for problem solving action" (1978: 138). In order to define what actions will be taken and how they will be carried out by either the practitioner and/or the client toward solving the client's problem, plans are made during the therapeutic sessions. These tasks that both agree to undertake are the core of the problem-solving process. As Reid states, "They are the heart of the action plan" (1978: 139).

Task is used by Reid to refer "to actions to be carried out by the client; actions to be carried out by the worker are designated as 'practitioner tasks' " (1978: 139). A task carried out by a client is a particular kind of problem-solving action. In order for an action to qualify as a task, it must be: "(1) planned and agreed on with the practitioner; (2) capable of being worked on by the client outside of the treatment session" (Reid, 1978: 139). Tasks are part of the contract between practitioner and client. Any incidental advice is not considered a task. It is important that the client agrees to try to carry out the task, as a minimum requirement. If the client carries out other problem-solving actions not agreed upon, or comes up with better ones, this is hopeful; yet they are not considered tasks. They are additional or substitute actions that were not defined in the original agreement. Tasks
are restricted "to actions the client can work on without the practitioner's being present, since tasks stress the client's autonomous problem-solving actions" (Reid, 1978: 139).

There are different ways of formulating tasks:

(1) general tasks, which give the client direction for action, but don't specify what he has to do; (2) operational tasks are the specific actions the client is willing to carry out. The general tasks are the global nature of the client's proposed action, while the operational tasks are the specific, detailed actions he/she expresses willingness to carry out. Before an agreement on the tasks that the client will carry out, he/she will present several alternatives. From the global actions, specific ones will be chosen and agreed upon.

After an agreement has been reached as to the action selected as a task, the practitioner and client will work on the plan to carry it out.

For a task to work out, it is necessary that the client hold a clear picture of what he/she is supposed to do. In order to make sure the client is clear as to his responsibilities, both the practitioner and client summarize the plan undertaken, by going over it and getting the client's expression about the essentials of the plan. To do this, the client is asked to present the plan as he
perceives it; the practitioner can add or eliminate parts. This technique is called summarization. Through its use, it gives the practitioner the opportunity to let the client know his expectations that it will be carried out and that his efforts will be reviewed (Reid, 1978: 146).

3.7 Task Recording

To obtain a picture of what is accomplished by the client in carrying out his tasks, the worker may ask the client to keep a record of his progress on a chart, which can be constructed during the first session. In this way, the practitioner and client can see what has been accomplished and what obstacles have been present. The task recording is like a self-monitoring process carried out by the client and examined and validated by the practitioner. In short, the task-centered intervention strategy consists of helping the client to plan and carry out problem-solving actions. Sessions are used: to determine what the client should do, how he should do it, and why he should do it; to help him to rehearse and practice actions that have been agreed upon; to analyze obstacles that might prevent him from carrying out such actions; and to review what he has been able to accomplish. These activities usually take place in weekly (or twice-weekly) sessions which can vary from thirty
minutes to an hour's length of time. The practitioner, after planning with the client, undertakes tasks to supplement and facilitate the client's problem-solving efforts (Reid, 1978: 138).

3.8 Ending

The last activity in the task-centered system is the termination of treatment. The termination date is set in advance as part of the treatment contract. The practitioner and client plan the last set of tasks to be worked on, in the interview prior to the last one. According to Reid, "these tasks should be repetitions: or modest extensions of previously successful tasks" (1978: 179).

The last interview, or termination phase, starts with a review of the final sets of tasks formulated the previous week. After that, the attention is addressed to the main activities of termination: to (1) "review and assess what was accomplished during treatment in relation to the client's problems; (2) to plan directions for the client's continuing work on these problems, if further work is needed; (3) to help the client see that the problem-solving methods he has learned in the period of service can be applied generally to problems of living" (Reid, 1978: 179).
This means that at the last session, there will be a systematic assessment of the client's target problem(s), of other problems that might have developed, and his own evaluation of problem change. This review helps not only the client in perceiving what has been accomplished, but also provides the practitioner and others with evidence to judge the effectiveness of the intervention.

On the other hand, significant others validate the change, by assessing whether they have perceived changes in the target problem, as well as other changes that had occurred in the client. In doing this, collateral assessment (which only takes a brief contact, either by telephone or personal, and with the client's consent), practitioners may need to explain how the target problem was defined. This is important because significant others may view the client's difficulties differently.

After the final evaluation with the client, there should be a plan for post-treatment or follow-up: what the client can do to maintain the gains he has obtained or what tasks he can take to solve the remaining problems. The client should be informed that he can obtain help in the future (if it is needed) either at the same agency or somewhere else. If at the termination there are other problems that need attention, a new contract can be drawn or an extension made of the same one.
3.9 **Summary**

The task-centered system developed in the early 1970's. In recent years, the system has been refined, expanded and improved as the results of continuous study and research.

The model addresses problems of living that clients can resolve, with help, through their own actions. The task-centered system has been demonstrated to be an effective system of practice adapted to the requirements of social work. It is useful in the practice of clinical social work because it fits the requirements of such practice; i.e., its purpose, clients, and auspices.

To demonstrate the effectiveness of methods employed in casework practice, a systematic and specific model is of great advantage (Reid, 1978). In summation, the final method of building research into practice involves ways of recording pertinent information on the process and effects of casework interventions used in most agencies. As an answer to the questioning of casework effectiveness, a new role for practitioners has come into effect that of practitioner-researcher or clinician-researcher.

The 1980's encounter the profession gauging the need for research to evaluate its practice effectiveness through the use of a quasi-experimental research design, that still merges with the humanistic values of the profession. That
is why single-subject design is also called "the intensive or practice-oriented design" (Fischer, 1978: 89).

To examine the feasibility of its application to the practice, what follows is a review of single-subject literature, starting with its historical background.

4. Single-Subject Research Design

It may be said that single-subject research design has its origins in the classical nineteenth century experiments of the physical and biological sciences (Campbell and Stanley, 1966: 37). According to Boring (1950), experimental psychology made use of single-subject design in 1860. Medical research made use of single-subject design as part of medical practice. The term "clinical research" became a popular phrase that embraced the principles of single-subject research designs. Nowadays, the phrase is still used, although it is associated with medical research.

In the latter part of the nineteenth century, psychologists did a great deal of work in the study and treatment of emotionally ill patients. In many instances, patients would recover and records were maintained in an effort to identify cause-effect relationships (Hersen and Barlow, 1977: 8). Hersen and Barlow point out that at the heart of this process was the "case-study" method of investigation which existed as the only methodology of clinical investigation through the first half of the twentieth century. Social work
practice had adopted the same terminology for its study and investigation of individuals with emotional and social problems.

According to Hersen and Barlow (1977: 11), in the 1940's psychology moved away from the case-study methodology to "between group" comparisons. This approach collects data from large numbers of individuals, divides them into experimental and control groups, and compares differences using statistical tests. This methodology is commonly used today. Nevertheless, it failed to have specific application to individual clients or patients, i.e., the single subject. This failure in applicability did not diminish the enthusiasm for the nomothetic approach, the rationale being that statistics are based on group data.

In the later part of the 1950's and early 1960's, many practitioners in the field of psychotherapy began producing studies based on "process." "Process research" was interested in how changes took place in a given interaction between therapist and patient without any reference to the outcome as a result of treatment (Hersen and Barlow, 1977: 20). This methodology contributed to the understanding of the practitioner-client relationship but added little to the understanding of the intervention modality used, or the outcome.

In the late 1960's and early 1970's, Bergin and Strupp (1972) proposed and led the way in returning to the study of
the individual through the use of the single-subject design. Gordon Allport was also a strong advocate of single-subject research based on clinical experimental modeling. As he stated, "This distinction is the unique versus the general or morphogenetic versus the dimensional" (1962: 405-22). Campbell and Stanley (1966: 37-44) recommended the use of the "time series experiment," a design common to economic trend analysis. An experimental variable introduced into the times series study becomes analogous with a single-subject design.

4.1 Group Comparison Approach

According to Hersen and Barlow (1977: 11), the group comparison approach has dominated the social sciences since the 1940's. This research design is based on large numbers of cases. There are many statistical measures and tests applicable to group data analysis. The collection of large numbers of cases makes possible the generalization about a larger population, providing the means for building a knowledge base. The popularity of the nomothetic or group comparison approach may be attributed to the success in statistical inferential testing techniques.

Evaluation research strategies use this approach, and may continue doing so. Nevertheless the single-subject design seems to be gaining a respected position as an evaluation strategy for intra-practice service and program operations. It is used in many settings, ranging from welfare
departments to mental health clinics (Garino, 1975; Gingerich, 1978).

The nomothetic approach makes comparisons of groups using measures of central tendency as well as measures of association. This information comes from comparing different groups. However, it does not give specific information regarding the particular individuals being treated.

There are problems with using the average. The average response or score offers little to improve the individual therapist's success with a particular client (Bergin and Strupp, 1972). According to Thomas (1975: 268), the practitioner is criterion-oriented, because of education and source of employment, and not research-oriented. The practitioner is concerned about improving the functioning of his client, while the primary objective of the researcher is to evaluate the effects of one or more intervention variables (Howe, 1974: 1-24). For the researcher, the use of statistical techniques may produce a statistically significant result but may not produce sufficient change in the client to advise termination of the case (Thomas, 1975: 269). The single-subject design can provide specific information on a particular client that cannot be dealt with from a large sample study, since the single-subject gives continuous and immediate feedback to both client and practitioner (Howe, 1974).
4.2 **Summary**

Through the review of literature pertaining to the historical background of single-subject research design, it can be seen that, historically, the intensive study of the individual held a preeminent place in psychology and physiology (Hersen and Barlow, 1977: 2). In spite of this interest, an adequate experimental methodology for studying single subjects was slow to develop in psychiatry and social work. We find remarks from experts in human behavior who consider that the experimental study of the individual (idiographic research) "has little place in the confirmatory aspects of scientific activity which looks for laws applying to individuals generally" (Kiesler, 1971: 66).

In recent years, single-subject research has received a great deal of attention from practitioners and researchers. Practitioners find case descriptions related to theoretical formulations useful in their everyday practice. It is true that, while nomothetic research seeks to clarify questions about human behavior, single-subject or N = 1 research has as its aim the intensive study of the individual. Although the group comparison approach still remains superior in producing knowledge for generalization, and will continue to be the basis of program and agency evaluation, the single-subject design is showing exciting potential for
providing needed information for improving social work practice.

From the beginnings, the profession of social work has stated its commitment to the scientific approach. However, the actual relationship between social work practice and research has been uncertain, difficult and even opposed. If we assume that the theories on which our profession is built are essentially related to the nature and style of practice (Turner, 1979: 1), the theory relevant to this investigation should be examined. The theoretical base for this study will be developed and laid out in the following section.

Theory Relevant to the Major Research Question

For many years, the effectiveness of psychotherapy has been questioned. Researchers have focused on developing measures, measurement procedures, and experimental designs to evaluate effectiveness of intervention (Jayaratne and Levy, 1979: 1). These control-group/statistical analysis studies employed to evaluate practice intervention have presented practitioners with more problems than answers (Howe, 1974). As Eysenk (1965: 59-142) has argued, the traditional research on clinical practice has provided practitioners with little information on the
effects of clinical procedures. The results of studies having to do with whether or not casework is an effective intervention have been interpreted negatively. For example, in Fischer's research relating to the effectiveness of casework, he answered his own question, "Is casework effective?" with a rotund "No" (Fischer, 1976). It is this writer's opinion that the difficulties in obtaining specific results as to the effectiveness of intervention and client outcomes have been due to the fact that few practitioners have tried to clearly and systematically define and measure the modalities and techniques used in inducing change in clients' social functioning (Reid, 1978; Jayaratne, 1979; Gingerich, 1978; and Fortune, 1979).

Since Fischer's research (1976) and Briar's question whether casework, the major practice method of the Social Work profession, is "dead" (Briar, 1967), evaluation research has reawakened an interest in clinical research and what is commonly referred to as single-subject design. The renewed interest in clinical investigation has paralleled the need to evaluate clinical practice and to test practice effectiveness, so as to have an answer to what practitioners do and what clinical work is. This growing emphasis on account-
ability to the individuals served as well as to the
general public for the use of public funds has made a
dramatic research breakthrough in human service delivery
(Behling, 1980).

This interest in evaluation has led to the crea-
tion of intervention modalities that can systematically
and effectively measure client's outcomes as well as
the intervention process itself. Reid and Epstein (1972,
1977) and Reid (1978), as an example, used task-centered
casework, as do other studies that have been done to
measure psychosocial therapy effectiveness (Turner,
has led this researcher to focus on the use of single-
subject methodology in social work practice using the
task-centered modality and the psychosocial approach.

1. Single-Subject Design as an Evaluation Paradigm

The single-subject design is a clinical re-
search model used for identifying and isolating the im-
pact of a treatment variable on some target problem(s)
(Behling, 1980). The single-subject design includes:
(1) the observation of a single subject (a client or
patient) through a period of time. The observations
made before introducing the independent variable or
intervention modality are referred to as "baseline" or "steady-state." The observations taken after the independent variable has been introduced are referred to as "termination," or "withdrawal" (Hersen and Barlow, 1977: 85-98).

The single-subject design is classified by Campbell and Stanley (1966: 34-37) as a quasi-experimental design. This means that the single-subject design, like any other evaluation (including experimental approaches) includes an independent or treatment variable which is introduced to produce some anticipated effect. The single-subject design lacks a control subject in the sense of the classic experimental and control group designs (Thomas, 1975: 265). In the single-subject design, the baseline observations are compared against the observations taken after the introduction of the treatment or intervention variable. The differences observed between the baseline and "after" observations are attributed to the treatment variable. Thorensen (1975) sees the single-case as a scientific and necessary approach, especially in clinical research, and suggests that this type of research is not only a source for generating hypotheses, but can be used for confirming them.
Bolgar (1965) has stated that the single-case is the way to highlight the uniqueness of the individual, which is all but lost in group designs. She adds that the single-case is most valuable when theoretical formulations alone are not sufficient to resolve controversial issues.

According to Kazdin (1974: 220), when one case is used and observed, the subject may become aware of being assessed, thus influencing his behavior. This is what he calls reactivity. Hersen and Barlow (1977) state that the practitioner is acting as the control, and can determine whether or not the "problem" of reactivity is beneficial or not to reach the treatment objectives.

Probably one of the most reliable and valid instruments used in single-case investigations are "records." Records have the advantage of eliminating "reactivity." The record, as a measurement, does not affect the events recorded (Thomas, 1975: 262). Observation of behavior or events, when recorded by a trained observer, gives considerable objectivity to this instrument. Other instruments used are case-study (Axline, 1964), a psychohistory (Erikson, 1948), a behavioral analysis (Thoreersen, 1975), self-monitoring (Kazdin,
1974: 218). Self-monitoring consists of observing one's own behavior in an organized and systematic way. The subject is asked to provide observational data on his/her own behavior. This reliance on the subject's report is typical of the data researchers are often forced to deal with (Bloom and Block, 1977: 132). If subjects are well-trained in the use of their tools and the same are designed for convenient use, reactivity may be greatly reduced.

In short, the evidence shows that the reactivity effects of self-monitoring tend to face and that the behavior will return to its premonitoring level (Mahoney and Thorensen, 1975: 36).

1.1 Summary

After reviewing the literature on single-subject methodology, this writer maintains that if practitioners use single-subject methodology in their practice interventions, they will be able to improve its effectiveness. By being more precise and systematic in their interventions, practitioners will be better equipped to respond to the demands for accountability.

The use of single-subject methodology is compatible with practice and intervention goals. As Behling
(1980) states, "It enables practitioners to retain a sensitive rather than impersonal objective, while at the same time allowing them the use of reasonably rigorous evaluation techniques."

After the examination of the theory relevant to this study, the writer thought that the current literature should be examined. As Behling states, "It represents material that is the product of the very latest techniques, methods, data analysis technology and statistical tests" (Behling, 1978: 43).

The next section will review some of the literature written on single-subject methodology from 1975 to the present. It will examine the use of single-subject methodology in measuring practice effectiveness.

**Current Literature**

The emphasis on accountability in human services is so widespread that almost every social work practitioner is affected by it. To meet the accountability challenge, social workers are becoming increasingly interested in the utilization of single-subject methodology, wherein the client's behavior, feelings or attitudes are measured during the assessment phase, during
intervention and during termination. It is the writer's opinion that the relevance of using single-subject methodology to measure practice effectiveness is quite evident. If practitioners are clear and systematic in the intervention, their awareness of the relationship between clients' assessments and the intervention used will be enhanced. Practitioners will have first-hand information about their practices and will be able to clarify their accomplishments, thereby further validating the effectiveness of social work practice.

At present, the literature on research evaluation, i.e., casework effectiveness, agencies and services, practitioners' diverse roles (i.e., clinician-researcher, practitioner-researcher) is rolling off the presses at an accelerated pace (Geismar, 1977: 715). Books, journal articles, and new periodicals are devoted entirely to this important issue. The purpose of this literature review is to look at selected writings in order to examine their contributions to the profession and social work practice.

According to Sloane et al., "The effectiveness of a treatment is measured by its success in reaching its goals" (Sloane et al., 1975: 4). In other words, whether a therapy is successful or not is measured in
terms of its impact or effectiveness in changing the things or situation the client expressed wanting to change when he/she sought out treatment. This definition of effectiveness and its measurement are similar to those offered by Reid and Epstein (1977), Reid (1978), Coulton and Solomon (1977), Bloom and Block (1977), Bloom (1978), Jayaratne (1978, 1979), and Gingerich (1979). Each one of the above writers has placed an emphasis on effectiveness; nevertheless, this varies according to their interests and concerns. Reid and Epstein emphasize the use of the task-centered model, because of its focus on empirical orientation, lending itself to research monitoring and evaluation of what goes on from the moment the client acknowledges the problem to the time the intervention finishes (thereby making practitioners accountable not only to the client but to the agency and other sources as well).

Coulton and Solomon (1977: 3-9) emphasize the importance of using valid and reliable measures of outcome to determine the effectiveness of intervention. They express interest in using a widely-applicable scale for measuring outcome. Their suggestions are geared toward the use of a standardized measurement as compared to the client worker-measurement in Reid's
writings. Another difference lies in the area of concern. Coulton and Solomon are interested in the agencies and services. For the agencies to be accountable, they have to demonstrate the results of the services through standard devices. On the other hand, Reid and Reid and Epstein consider that, by being accountable to the client and ourselves, we are accountable to agencies and others. This emphasis and concern about effectiveness and efficiency are related by Bloom and Block to the individual practitioners in public agencies, who are responsible for evaluating their outcomes in order to decide whether or not the desired results were obtained within a minimum of time and effort. The variation in their focus is that they recommend the use of single-subject methodology or, as they call it, "N = 1, T = 1" (single-subject design with one-time contact).

Jayaratne's (1978) interest in accountability and measurement of success is addressed more to practitioners, specifically to clinical services. He advocates the use of single-subject methodology for the evaluation process. Although Jayaratne believes in the use of visual inspection of the graphed data, he also thinks that statistical procedures can enhance the development and refinement of clinical methods as well as supporting the significance of the efforts in a more objective manner.
Jayaratne and Levy (1979) present the entire gamut of single-subject strategies, which can be used to evaluate practice intervention. They reaffirm Bloom and Block's (1977) position that "not using a statistical procedure because it includes statistical assumptions about which reasonable people may disagree has, perhaps, a greater negative consequence than the risks involved in using that procedure," and Hersen and Barlow's (1977: 506) statement "that repeated individual measurements help to search for sources of individual variability, thus making a contribution to the question of what is related to what in the individual case."

Gingerich (1979) has also shown a great interest in the evaluation of clinical practice through the use of single-subject evaluation which, to him, is more compatible with clinical practice than the more traditional experimental group approaches. To him, single-subject evaluation is, in essence, the same process in which skilled practitioners are involved in carrying out clinical interventions, "that is the scientific method. This model includes defining the problem, setting objectives, implementing a suitable treatment, and observing to see if a change in the client has occurred" (Gingerich, 1979: 108). The same steps are followed in the clinical intervention; the difference lies in the emphasis.
In summation, we can say that the issue of effectiveness and the measurement of it is important to all the writers discussed above. However, each of them places an emphasis in one specific area of service. At the core of each of their suggestions and ideas is the same importance attributed to the idiographic or single-subject methodology to evaluate effectiveness.

The interest in measuring effectiveness in practice intervention has become more sophisticated. Several authors have espoused the use of single-subject research with different modes of intervention. For example, Nelsen (1978) carried out a study in which communication theory was used within the single-subject strategy of A.B. The researcher emphasized that through the use of communication theory, practitioners are allowed to measure target change in clients. She suggested that communication theory within a scientific framework can be especially helpful to psychodynamic approaches.

Fischer (1978) attempted to demonstrate some guidelines of an empirically-based practice, through an emphasis on the need for careful and systematic research with individuals, which should be followed by using nomothetic studies. He advocated the use of an eclectic approach as a specific parameter for selecting components of the approach which would make a systematic choice of a special technique with a specific problem.
Meanwhile, Hudson's (1978: 65) interest in therapists' responsibility to demonstrate the effectiveness of their work, led him to formulate two axioms of treatment. These axioms are: (1) "If you cannot measure the client's problem, it does not exist;" and (2) "If you cannot measure the client's problem, you cannot treat it." (Hudson, 1978: 65). This means that in order to be able to measure outcome, the practitioner should have a clear and systematic intervention, based on having a well-defined problem, knowing the severity of it and how it affects the actual functioning of the client. It should be expressed in measurable terms that can be observed not only by the worker but the clients and others as well. In short, if intervention cannot be measured, it then can be interpreted that there is none; consequently, it cannot be implemented (Gingerich, 1978: 251).

In 1978, Wood did a survey study of research projects to find out what could be learned from the studies to add to or change social work theories about direct practice. The results were that not too much could be done. However, she extracted six principles of "quality practice" from these studies. These principles were used by the researcher to make recommendations pertaining to traditional practices. From her study, one can infer that Wood apparently thinks that by "modernizing" the traditional modes of intervention, practitioners can be accountable.
At this point, the writer ponders about the need for more research training for practitioners in order to help them evaluate their practice effectiveness. It is the writer's belief that her concern is felt by others in the profession since writers such as: Kirk, Omolov and Fischer (1976: 121-124), Gingerich (1978), Hudson (1978: 116-121), Taubman (1978: 249-250), Schinke (1979: 28-29), Behling (1980: 1) and Grossman (1980: 36-39) have expressed and recommended the training of practitioners in research methodology. For example, Kirk et al. found that there was a "general trend toward lowering the proportion of courses devoted to research in the MSW curriculum" (Kirk et al., 1976: 124). They recommended that schools of social work should augment the amount of future practitioners' involvement in research by encouraging students to take additional courses in research as well as in statistics. Gingerich also advocates that social workers become more familiar with research methodology, which is not so incompatible with their everyday practices (1978). This line of thinking from both Kirk et al. and Gingerich is validated by Behling (1980) when he expressed his concern that practitioners become familiar with single-subject and the utilization of monitoring as a technique to measure outcomes.

Hudson (1978) is another writer who is concerned
with offering research training in professional social work education. He states that educators in research have not been teaching the right type of research methods, since the emphasis has been on teaching survey and classical experimental design methodologies reinforced by techniques of statistics related to the use of such designs. Therefore, clinical practitioners and caseworkers finish their educational training ill-prepared for evaluating their practice interventions. Hudson recommends that since social work is a practice-oriented profession, the research training offered to students should be geared toward providing them with tools and skills of science, so that they become prepared to monitor, shape and assess their practice intervention. This means that, besides students familiarizing themselves with nomothetic methods of research, they should also know about idiographic methods of research and their utility in the assessment of their practices.

Taubman (1978) expresses his concern that social work research educators have been unable to demonstrate the effectiveness of their own practice as educators; nevertheless, it should not stop them from improving their practice. In this way, not only can educators learn about their practice effectiveness, but can serve as models to their students. In other words, by having students observe the interest of their professors in measuring the effectiveness of their educational practice, they will learn the value and
importance of research.

This sort of educational practice evaluation was started in the 1980 Winter Quarter at The Ohio State University by Dr. John Behling. Dr. Behling, using single-subject methodology in a research course, decided to evaluate his educational effectiveness. He was teaching Bachelor-level students the feasibility of using single-subject methodology to evaluate practice effectiveness. Through the modeling process, the students became interested in learning the techniques of measuring effectiveness and were motivated to pursue additional courses in nomothetic methods, data analysis, as well as evaluation research courses (Behling, 1980).

Schinke (1979: 28-29) emphasizes the importance of combining clinical methods in direct practice with skills in scientific evaluation. This combination will result in what he calls a "clinical scientist." According to Schinke, these professionals will be able to recognize a compatibility between clinical practice and research practice. Through the integration of both activities, the model becomes active and the clinical scientist's identity is established. In other words, Schinke advocates extending the teaching of this model to universities preparing future professionals.

Grossman (1980), on the other hand, indicates that the old ways of teaching research to students do not
give them a clear understanding of the importance and usefulness of research. He suggests integrating both research and practice into the field practicum. This means that in the same way that students are supposed to transfer theoretical knowledge from their practice courses to field work practices, they should be taught to transfer research knowledge to their field-work placements.

Summarizing, we can see that in order to face the accountability and effectiveness issues, Schools of Social Work should start including in their curriculum research courses that would prepare the future professionals with the tools and skills to fulfill the scientific endeavor of our profession. The writer thinks that the need and utilization of a more systematic records-keeping system should also be taught in Schools of Social Work. This type of recording goes well with a systematic, clear and precise intervention.

For example, Hartman and Wickey (1978: 296-299) conducted a project regarding the person-oriented record in treatment. The researchers were interested in demonstrating that the person-oriented record could be used as a tool for treatment, training and accountability. It could become a replacement for the traditional record-keeping. They contended that for too long, social work has been hidden behind the pretense that "treatment is an art" and "recording is poetry." In order to help professionals to have a clear
perspective of accountability for their interventions, recording in a clear, systematic manner can provide objective evidence. The practitioner's strengths and abilities to define and solve problems logically will be evident.

In short, the use of a structured, clear and well-oriented recording system serves as a tool for practitioners to determine their effectiveness, with what problems and which individuals. This writer believes that for a scientific-humane practice, we should use any worthwhile tool, if it means that it will help our effectiveness with our clients and agencies. The writer thinks that the use of such case recording system goes very well with the application of a scientific modality, such as the task-centered approach.

In the following pages, we will look at the different applications of the task-centered system to different problems of living, in specific developmental stages and different agencies.

For example, Norman Epstein (1976: 317-323) used the technique of brief therapy with children and parents to establish a focus central to the problem for which the parents sought help. Epstein concluded that brief therapy was an appropriate form of intervention for approximately 50% of the clinic population. The success of the therapy lies in building follow-up procedures that would permit the evaluation of results as well as quick access to the
therapist if further difficulties arise.

Epstein believes that brief therapy or short-term intervention can be successfully used with children and parents facing difficulties. The follow-up procedure is necessary for assessing changes and determining whether or not the intervention is finished or should be extended.

Reid and Epstein (1977) grouped a series of papers according to the types of clients that were the primary target of change in the application. They divided the papers into those dealing with families, children, adolescents, and adults, and the different settings in which the service was rendered. They provided a wide framework of how, with whom and where the model was used.

Ewalt, Wexler, Reid, Wise, Hari, Tolson and Salmon (1977: 19-113) used the task-centered system in working with families (children, adolescents and adults) in settings such as Medical, Child Guidance, Family Service agencies with an emphasis on "long-term" therapy as well as in marital therapy.

The information presented in each paper provides support for the utilization of brief, structured treatment to reduce a variety of family problems. The presenters demonstrated that the use of the task-centered system is a clear and systematic process in which practice and research methods are integrated, facilitating the measurement of
outcome. This scientific process was, to a certain extent, "hard to get used to" in a psychoanalytically, long-term oriented setting. Nevertheless, the adaptations made by the practitioners reflected particular problems, regardless of settings.

The papers presented in the area of problems with children and/or adolescents demonstrate the feasibility of using the task-centered system in helping children with disabilities such as muteness, in group work with adolescents, in public schools, with runaways and in juvenile courts.

Rossi, Garvin, Rooney, Bass and Hofstad (1977) presented their experiences in using the task-centered system in problems related to children's performances in school. From their reports, it seems that children and adolescents can identify pertinent target problems and can be involved in task-structured work to reduce problems.

The model was also reported as being used with adults in psychiatric outpatient clinics, industrial settings in Great Britain, and in social agencies in Haifa, Israel.

The papers presented by Brown, Taylor, Weismann, Goldberg and Robinson and Golan (1977: 203-284) demonstrate that the task-centered system is a useful, adaptable model that can be taught and learned, expanding its use and its improvement.
In summary, it can be seen that the task-centered model has been used with a wide number of target problems, and in diverse agencies, demonstrating its efficacy in gauging our scientific commitment to the profession.

After reviewing the use of the task-centered system by the above-mentioned practitioners, it is interesting to see that the model has also been used in working with the aged by Cormican (1977: 490-94). He found that task-centered casework is applicable to elderly clients, to help them cope with their adaptiveness to our present mobile society. In other words, the elderly have the capacity to make decisions for themselves in order to stay active and functioning in the community. Like other human beings with problems of living, the elderly have a wide array of problems. Their selection of the target problem or acknowledging what is troubling them the most will facilitate the decision as to what needs to be worked on first. Like Kirschner (1979: 209) states, "When an aging family cannot cope with its transitional tasks, a therapeutic focus on present problems rather than on past conflicts can enhance intergenerational communication."

In summation; the task-centered modality or any intervention with limits in time and precise goals can be effectively used with any human being having problems of living.
Summary

This current literature review has demonstrated that the issue of measuring effectiveness of intervention has motivated many practitioners, educators, and writers to search for the most feasible way of doing so. Each researcher has presented his/her ideas which have been carried on to refine the skills and tools for dealing with the important issue of effectiveness. It can be seen how single-subject methodology has been suggested by some and put into work by others. These studies have concluded that idiographic studies are compatible with the humanistic values of our profession. It offers a scientific framework to social work practice. Its applicability can be effective with almost any method of intervention, provided there is a clear, systematic process. It can be used with communications theory, the eclectic approach, psychodynamic theories and short-term modalities such as the task-centered approach.

It is the writer's feeling that we are on the road toward complying with our scientific commitment through the linkage of single-subject methodology and our modalities of practice, intervention. The writer predicts that the 1980's will be a rich, rewarding opportunity for our profession to grow through the augmenting of its effectiveness. The implementation of all the present
discovered knowledge will lead to the development of new skills and mechanisms, thus moving our practice from a simplistic viewpoint to a complex and more realistic framework; in short, a humanistic-scientific one.
REFERENCES

CHAPTER TWO

Sections A and B


Section C


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Section D


CHAPTER III
METHODOLOGY

Restatement of Major Research Question

How effectively can a single-subject research model be used in Social Work practice with two specific intervention modalities: the task-centered system and the psychosocial approach?

Research Design

The purpose of this study was to test the use of single-subject methodology with two treatment modalities: the task-centered system and the psychosocial approach. A sample of student-practitioners were trained in single-subject research design and in one of the two treatment modalities.

Each student-practitioner tested the single-subject methodology on two clients in his/her field-work practice.

The methodology of this study is unique. It is an Idiographic-Exploratory Research Design. It is idiographic in that each student-practitioner implemented the study with one subject at a time. That is, each student-practitioner assessed a client's problems to determine which
target problem(s) would be intervened with. During the first therapeutic session, the student-practitioners conducted an inventory of the client problems as defined by the clients. From the wide array of problems, the student-practitioner and the client identified and selected a specific problem on which to work. After selecting the target situation, the student-practitioner defined it in concrete terms to facilitate its measurement as well as goal attainment. The student-practitioner and client then reached a mutual agreement or contract as to the responsibilities of each in the intervention process.

At that point, the student-practitioner instructed the client how to observe his/her problem through a specific device (schedule, log or diary, etc.) which the student-practitioner constructed with the client. The client was advised to start self-monitoring his/her behavior from that first day until the next appointment, which was usually within two weeks. By giving the client the responsibility of using the technique of self-monitoring, he/she implicitly started developing responsibility for working out his/her problem.

Meanwhile, the student-practitioner assessed environmental resources in order to determine what resources would be used during treatment. The reason for this is that "without access to significant others in the client's
environment, the practitioner would not be able to effect changes that would eliminate the problem" (Jayaratne, 1979: 4).

After the target problem, goals and resources were identified and the client began to measure his/her behavior through a specific device, the student-practitioner reviewed the self-monitoring information with the client in the next interview to make sure he/she was recording it correctly. The student-practitioner then determined if a "steady state"* existed in the client's situation in order to establish the current level of functioning before treatment. These assessment activities before formal treatment per se are called Baseline.

In this study, the baseline data consisted of a minimum of 10 observations in order to control any "reactivity" or "Hawthorne effect" on the part of the client. The whole preliminary assessment or baseline took four sessions. That is, besides assessing the client's problems and helping him/her with the self-monitoring technique, the student-practitioner also assessed the client's environmental resources before starting the formal intervention.

*" 'Steady-state' is simply a situation in which the characteristics of the phenomenon under observation do not change over a period of time" (Howe, 1974: 6).
Before proceeding to the next step in the evaluation process, a brief comment on the meaning of baseline data is necessary. As Browning and Stover (1971) suggest, baseline data are most properly viewed as data obtained under "uncontrolled conditions." That is, the specific treatment that would be implemented later on would produce different baseline data; thus the uncontrolled (baseline) conditions prior to treatment were different in some way from the uncontrolled (baseline) conditions after treatment (Gingerich, 1978: 12).

In short, the primary purpose of baseline measurement is "to have a standard by which the subsequent efficacy of an experimental intervention may be evaluated" (Hersen and Barlow, 1977: 75). That is, experimental intervention indicates that the student-practitioner did not know for sure before the use of a specific treatment modality (i.e., task-centered system or the psychosocial approach) what the impact of the intervention would be. As a result, "intervention is always experimental" (Jayaratne, 1979: 93).

After finishing the baseline session or the "uncontrolled conditions," the student-practitioner started the formal treatment phase. The evaluation task during this phase was to continue monitoring and documenting implementation of treatment. Client outcome data continued to be
recorded during treatment, just as during baseline, and plotted on the same graph along with an indication of when treatment was introduced. This phase lasted four sessions.

After the intervention or treatment phase, the termination phase took place. As in the other phases, data continued to be collected.

The student-practitioner measured the effectiveness of the treatment on the client's outcome in the following ways: First, the student-practitioner examined the plotted data on a graph to determine if there was a significant level of change adequate for the client to function in certain social situations. Through the visual inspection of the graph, the student-practitioner was able to compare the three phases: Baseline, Intervention and Termination. The graph was a line graph having three basic components on the horizontal axis or abscissa -- Baseline, Treatment and Termination. One of the major characteristics of the abscissa is that "it represents the passage of time from right to left" (Jayaratne, 1979: 107).

Therefore, the information on the abscissa signified some measurement of time, such as number of sessions, days, hours, etc. The vertical axis or ordinate represented the dependent measure, the method used to measure the target problem or goal. It represented the frequency, duration, magnitude, etc., of the problem.
Graphically, it looked like this:

This procedure (eyeballing) was reinforced by the objective sought by the student-practitioner; that is, the practitioner is criterion-oriented, thus requiring visual and behavioral
proof that his/her particular intervention was significant (Thomas, 1975: 268).

Second, the student-practitioners also used experiential reports from their clients. That is, the clients expressed how they were feeling as a result of the treatment and, more importantly, if there had been changes in their social functioning resulting in other problems, changing symptoms, attitudes or behaviors. Third, the student-practitioner validated the experiential report through contacts with significant others; this is what Kazdin refers to as "social validation" which he defines as "assessing the social acceptability of intervention programs" (Kazdin, 1978: 196). This means that social validation attempts to determine quantitatively whether a significant change has been achieved with treatment. Fourth, the client's outcome was also measured by the client's completing a Closing Interview Schedule (one of the instruments used by Reid in his research on task-centered practice, and which he authorized this writer to use).

In short, the termination phase not only provided the student-practitioners with documented evidence to evaluate the effectiveness of their interventions. It also helped the clients in a review and assessment of
what was accomplished during treatment in relation to their problems, in order to become aware that the problem-solving methods they had learned in the period of service can be applied to problems of living (Reid, 1978: 179).

The research design was also exploratory in the sense that the writer was interested in demonstrating the value of single-subject methodology in social work practice. By exploring the question of whether single-subject methodology could be used as an evaluation tool superimposed on or integrated with treatment (in this case, the task-centered system and the psychosocial approach), the writer was contributing both to knowledge building in social work practice and demonstrating that the single-subject methodology can be effectively used to measure practice effectiveness. The findings of this study will lay groundwork for later, more systematic and rigorous testing of hypotheses.

It is this writer's view that this exploratory view is essential to scientific advance in social work. As Kerlinger states, "It is necessary to show the correlates of the variables of our science. Indeed, the scientific meaning of a construct springs from the
relations it has with other constructs" (Kerlinger, 1973: 406). In other words, the scientific meaning of being able to measure our practice effectiveness as well as clients' outcome, come as a result of using a clear, systematic and well-defined intervention. The data collected in this study will be useful for revising and improving social work practice, as well as gaining familiarity with a scientific-humane practice.

In short, the researcher used an Idiographic-Exploratory research design to examine the student-practitioner's awareness of a scientifically-structured but humane practice through the clarification of concepts and gathering information about practical possibilities for carrying out research in real-life settings. The design of this study (Idiographic-Exploratory) will contribute toward enhancing the understanding of the exploratory studies in developing theoretical and social values through the adequate exploration of the dimensions of the problem with which the researcher attempted to deal.

General Characteristics of the Study Population

The population selected for the study was a group of (volunteer) students in their first year of the Master Program in Social Work, who had from two to five years in clinical experience, that is, direct services using casework method, prior to their return to finish their graduate
work. Also, the students were to start their field-work practice in mental health clinics, family agencies or any other agency that employed casework intervention and which agreed to cooperate with this project. The reason for this was that the students would be using an idiographic design or \( N = 1 \) with one subject at a time in Ohio, beginning the Winter 1980 and continuing to the end of the Spring 1980 academic quarter.

Before starting their participation in the study, they received training in the use of single-subject methodology as a way of measuring their intervention effectiveness and the client's outcome. Also, the students received training in the use of specific techniques in task-centered modality as well as in the use of the psychosocial approach. The agencies, where the students were going to practice, were contacted and the project was explained to them (See Appendix A).

**Location in Which the Study Took Place**

The study took place in different agencies in Ohio, where the student-practitioners had their field-placement. Each of the agencies used casework methods and was interested in participating in the project (Appendix A).

**Sampling Design and Procedures**

The process for soliciting the volunteers was as
follows: the researcher spoke with the Chairman of first-year master students, Practice and Laboratory sequence, and arranged for a talk in all practice courses. The students were informed of the project and the fact that they would receive four credits in group research study, which would substitute for any elective course they were supposed to take next year (see Appendix B). An appointment was made with those interested, in order to explain the project in more detail and to find out whether they met the selection criterion of having from two to five years' experience in casework practice. They were asked to fill out a card with the following information: Name, Sex, Address and Phone Number, Years of Experience, Placement, and the Supervisor in their field-work practice.

The rationale for selecting students as practitioners and asking their participation was based on Reid's criteria that "the use of students as practitioners in clinical research projects is a well-established practice in the fields of psychology and psychiatry but it is somewhat unusual in the field of social work (Reid and Epstein, 1972: 222). The students who participated in the study had prior experience in social work, using casework method. Therefore, since they had some knowledge of practice intervention, even though they were not equipped with the formal knowledge of the Master Program, they had developed some skills in helping people with problems of living during their working experiences."
After the selection of twelve students, the researcher conducted training in the use of single-subject methodology to measure the effectiveness of the intervention. These training sessions lasted two hours weekly for one month.

After the training was completed, each student-practitioner had consultations with the writer about how to transfer the knowledge obtained in the training to two cases in their field-work practice.

From the twelve student-practitioners, the researcher selected every other student-practitioner to use task-centered modality in their practice. This group was instructed in the use of specific techniques of the task-centered system. The remaining student-practitioners were instructed in the techniques of the psychosocial approach.

Data Collection Instrument or Schedule

The data collection instruments for this study consisted of: direct observation, schedules, hand-written journals, self-reports, check-lists, scales, questionnaires, and verbal evaluations.

Each student-practitioner was responsible for carrying out the study with one client at a time. Each of the student-practitioners used a specific instrument to measure his/her clients' outcomes. The instrument varied according to the target problem each student was working with. Therefore, it was a schedule, a log, a written journal, etc.,
that was constructed with the client and that was used by the client to monitor a specific behavior, attitude or feeling. While the student-practitioners were carrying out their study, the researcher was observing the procedure and the obstacles they encountered in their interventions. Each student-practitioner was examined for success, that is, the evidence that they produced through the use of a specific modality.

The data was gathered, examined and analyzed. The data from the six student-practitioners using the task-centered system was compared to the data of the student-practitioners using the psychosocial approach. In other words, one group was compared to the other as far as: (1) the relative success of one modality over the other; and (2) the relative efficiency of the procedure.

Both groups of student practitioners were compared to explore whether there were any differences between the outcomes using the Closing Interview Schedule's results as well as the Client Questionnaire* (Appendix C).

The student-practitioners made an assessment of the experience. That is, (1) how did the experience affect them?; (2) their practice?; (3) their future practice?; in general, how feasible is this kind of research as an integral part of social work practice (Appendix D)?

This data was analyzed to assess the student-practitioners' effectiveness in the use of their intervention modality.

The clients analyzed the usefulness of single-subject methodology through their feedback on the treatment obtained.

**Instrumentation**

The instruments used in this study were an adaptation of those developed by William J. Reid. Reid's instrument have a .80 reliability after its use in a project for a second year. The first year of the project, the median correlation was .62; for the second year, .80. Interjudge reliabilities of problem-change ratings were computed by the type of data used independently by the judges, the phases judged, the type of scale and the year of the project. Twenty-three correlations (Pearson r's) were computed. The increase of .18 in reliability was the result of improvement in the instruments (Reid, 1978: 237).

These instruments have face validity as demonstrated by their use in studies with a variety of clients presenting different problems, different characteristics and different agency settings.

**Definitions**

The terms defined here relate to the task-centered system. These terms are taken from Reid's Task-Centered System*.

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1. **Acknowledged problem** consists of statements about his problem that the client volunteers, provides when asked, or agrees with when presented to him. They are the expressions of unsatisfied wants that are shaped by constraints of various kinds.

2. **Action** refers to what a person does to achieve a given effect. For there to be action, there must be an agent with a purpose or intent.

3. **Accuracy** refers to the correspondence between a person's beliefs and some definition of reality. It applies to **factual** rather than **evaluative** beliefs.

4. **Attributed problem** consists of a practitioner's defining some problem for the client and simultaneously giving him possession of it.

5. **Behavior** refers to what happened and what preceded or followed an event.

6. **Beliefs** comprise self-concepts as well as constructions of external phenomena, in short, the individual's storehouse of perceptions, knowledge, expectations, hopes and opinions.

7. **Client** applies only to persons who have accepted a social worker's offer to help with problems of concern to them.

8. **Complex tasks** consist of two or more discrete actions, closely enough related to be regarded as part of the same task, but still requiring separate descriptions.

9. **Constraints** refer to the unmodifiable factors in the client's capacity or social situation that might limit action alternatives.

10. **Contracts** set forth explicit agreements between practitioner and client on what is to be done and how. An initial contract is developed after tentative accord has been reached on the target problems. It is then modified and added to as treatment proceeds.
11. **Emotion** is an expression of how the attainment of a want is evaluated.

12. **Ending**, the last activity in the treatment process. It is set in advance as part of the treatment contract like in any planned, time-limited approach.

13. **Exploration** is designed to obtain a picture of the events leading up to, characterizing, and following the problem.

14. **General tasks** give the client a direction for action but do not spell out exactly what is to be done.

15. **Individual task** is carried out independently by a single client.

16. **Obstacles** refer to active agents whose presence impedes action, barriers that need to be removed and must be modifiable if not entirely removeable.

17. **Operational tasks** call for specific actions the client is to undertake.

18. **Plan** is a description of intent. Plans are needed to provide cognitive maps of what operations are to be performed in what order.

19. **Problem** refers to a set of conditions a client wants to change. It can be summarized through a problem statement, which is a single sentence that states the conditions to be altered, with the client as subject of the sentence.

20. **Problem classification** refers to the range and type of acknowledged problems addressed by the task-centered model originated in 1972.

21. **Problem definition**, to develop a general statement of the difficulty and a specification of conditions the practitioner and client will attempt to change, in short, to develop more precise data describing the nature and occurrence of the problem.
22. **Problem specificity**, to explicitly define and delimit the set of conditions a client wants to change.

23. **Reciprocal or shared tasks** are separate but interrelated tasks worked on by different individuals, usually members of the same family.

24. **Simulation** is the trying out of elements of the action plan under simulated conditions in the interview. It capitalizes on the advantages of learning by doing while graphically demonstrating the extent of the client's knowledge of the task.

25. **Skill** is a specification of the response that would be considered skilled under a given set of circumstances.

26. **Target problem** is the situation, behavior, attitude, etc., that the client wants to change.

27. **Tasks** describe the central problem-solving actions the client or practitioner agree to undertake. It refers to actions to be carried out by the client.

28. **Task review** refers to reviewing what the client has accomplished on his task between sessions at the beginning of each session.

29. **Unitary task** can be described as a single action, even though its execution may require a number of steps.

30. **Wants**, a cognitive-affective event consisting of an idea that something is desirable and a feeling of tension associated with not having it.

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**Variables Measured**

The dependent variable measured in this study was the specific measurement technique chosen by the student-practitioner and client to measure outcome. The independent
variable was the two treatment modalities selected for the study, i.e., the task-centered system and the psychosocial approach.

The impact of the intervention modalities (independent variable) on the measurement technique chosen to go with the client and his/her problem of living, was measured through: (1) Visual inspection of the data collected. The data was graphed and the half split method was used to determine the celeration lines (Hersen and Barlow: 1977) and changes in drifts and slope (Gingerich, 1978); (2) Experiential reports (Hersen and Barlow, 1977): clients expressed how they felt before and after treatment; (3) Social validation: report from a significant other determining whether or not there had been substantial changes in the client's social functioning (Kazdin, 1978).

The outcome was also measured by using the two standard deviation of the data graphed (Jayaratne and Levy, 1979). Also, the mean values were obtained for each client graphed information (Jayaratne and Levy, 1979; Behling, 1980).

Finally, the clients filled out a schedule evaluating the student-practitioners' intervention and a questionnaire evaluating the agencies' services.
Limitations of the Study

There are certain limitations in every research project. In this study, there are some pertaining to the use of single-subject as a research design:

1. That a larger number of cases or studies would have been desirable and had been planned. This was not possible because of numerous intervening conditions such as: (1) agencies' delay in assigning cases to the student-practitioners; (2) not all cases assigned were suitable for the study; (3) the difficulty encountered by the student-practitioners in having to write a process case-recording while carrying out a scientific intervention; (4) the harassment of some student-practitioners by a liaison-supervisor, resulting in their not using a measurable device; (5) the agencies' policies forbidding tape recordings of interviews; (6) student-practitioners' uncertain status (being rotated to other sections once a case was begun); and (7) agencies' policies of not allowing student-practitioners to carry out the environmental assessment.

2. The clarity and precision of the two modes of intervention, the task-centered system and the psychosocial approach, have suffered because of the wide variations in the types of problems to which these modalities were applied.
3. No attempt was made to draw conclusions about effectiveness of the two treatment approaches in general because generalizability was limited by the small number of cases.

4. The purpose of the study was to draw conclusions about the use of single-subject methodology, in other words, the applicability of an idiographic method to the cases.

In short, generalization was only related to the applicability over a wide variability of cases and agencies regarding social work practice using single-subject methodology.

**Summary**

In order to demonstrate how effectively a single-subject methodology can be used in social work practice, this writer selected an idiographic-exploratory research design. The design was idiographic in that each student-practitioner implemented the study with one subject at a time. The student-practitioner assessed the target problem during four sessions. After gathering baseline data, the student-practitioner started the formal treatment phase. The evaluation task during this phase was to continue monitoring and documenting implementation of treatment. After intervention, the termination phase took place while data continued to be collected.
The student-practitioners measured the effectiveness of the treatment on the clients' outcome by examining the plotted data to observe if the change in the client was of sufficient magnitude to be considered significant from a clinical (i.e., practical) standpoint (Gingerich, 1978).

The student-practitioners also used the experiential reports from their clients and validated the experiential reports through contact with significant others. Also, the clients' outcomes were measured by completion of the Closing Interview Schedule.

The research design was exploratory in that the writer was interested in demonstrating the feasibility of using single-subject methodology in social work practice. The purpose was to determine whether the single-subject methodology could be applied to two different methods of social work practice.

The population selected for the study was a group of (volunteer) students in their first year of the Master's Program in Social Work, who had had from two to five years in clinical experience. The students were doing their required field-work practice in diverse social agencies in Ohio.

Before starting their participation in the study, the student-practitioners received training in the use of single-subject methodology, and in the use of specific techniques in either the task-centered system or the psychosocial approach.
The data collection instrument in this study consisted of: direct observation, schedules, handwritten journals, self-reports, scales, check lists, questionnaires and verbal evaluations.

The dependent variables measured in this study were the outcome behaviors as measured by the different devices constructed by the student-practitioners and the clients to measure the clients' problems of living.

The independent variables were the two modalities of intervention selected for the study, the task-centered system and the psychosocial approach.

The impact of the intervention modalities (independent variables) on outcomes as measured by the different measurement techniques (dependent variables) was assessed by visual inspection of the data collected which was graphed. The split method was used to determine the celeration lines which revealed whether the treatment was or was not effective. In experiential reports, client expressed how they felt before and after treatment. The reports were validated through contact with significant others, who reported whether there had been substantial changes in the client's social functioning. The outcome was also measured by using the two-standard deviation test on the graphed data. Also, the mean values were obtained from each client's graphed data.
Finally, clients filled out a schedule evaluating the student-practitioners' services and a questionnaire evaluating the agencies' services.

The study had some limitations pertaining to the use of single-subject as a research design. Among the limitations are: (1) the limited number of cases made it impossible to draw conclusions about the effectiveness of the two treatment approaches. Therefore, generalization was only related to the applicability over a wide variability of cases and agencies regarding social work practice using single-subject methodology; and (2) agency policies regarding student-practitioners' status, case recording, not authorizing tape-recording and not including environmental assessment as part of the service rendered to clients.
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CHAPTER THREE


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CHAPTER IV
FIELD PROCEDURES FOR STUDENT-PRACTITIONERS

Training Student-Practitioners

A. Training in Single-Subject Methodology

After selecting the twelve student-practitioners who volunteered to participate in the study, the writer provided training in the use of single-subject methodology including how to document client changes and how to be able to measure the effectiveness of the intervention. The training lasted two hours weekly for four weeks (Appendix E).

The training objectives were to have each student-practitioner: (1) comprehend the use of single-subject methodology in practice intervention; (2) learn to decide the most effective instrument to record observations; (3) learn to interpret the effectiveness of intervention; (4) learn how to measure client's outcome; and (5) learn how to write impact objectives (Appendix F).

The training was divided into four sessions. Each session covered one issue on single-subject methodology. The first was the historical background of the single-subject methodology, to help the student-practitioners understand the social significance of its use. That is, in order to begin to
investigate any problem or pursue any interest, it is necessary to trace that problem to its deeper origins; to identify each nexus where a departure becomes apparent (Behling, 1978). The relevance of single-subject modality in social work was discussed.

The second session covered methodological issues such as: who is the case? The objectives were: (1) to help the students determine the unit of observation, in order to (2) determine the target situation or behavior to be intervened with; (3) to help them decide on how the observations would be recorded; that is, whether continuously, daily, four times a day, once a day, etc. (4) to learn to decide the most effective instrument to record the observations, whether hand-written journals, logs or schedules; (5) to be able to decide who would do the recording of the observations, whether the client, a member of the family, the worker, or the client and the worker.

The third session examined the issues of validity and reliability. (1) The student-practitioners learned the importance of the concepts of validity and reliability and how they can be controlled by the utilization of a reliable observer and how to develop observational skills. (2) The issue of reactivity was examined with regard to its advantages and disadvantages.
The fourth session covered how to measure effectiveness and client income. (1) The importance of writing impact objectives was discussed and (2) the relationship between the objectives and the measure of effectiveness was examined. The purpose was (1) to help the student-practitioners to develop an awareness of the importance of stating impact objectives in final form, and (2) to always look back in order to determine whether the final objectives capture what the student-practitioner intended initially. That is: what is the client goal? Is it realistic? What will the client be doing? Are there any additional conditions under which the doing must take place and how will the student-practitioners expect the client to be doing it? (Garino, 1975).

The student-practitioners learned the importance of utilizing direct observation for documenting client progress. To be able to define the client outcome to be observed, by selecting the outcome the worker wants to observe; for example, to decide what client variable or outcome is to be the focus of the intervention.

It is necessary that there be some variation in treatment, in order for concomitant variation to occur between treatment and client outcome. The point is that when sufficient baseline data have been taken and a suitable treatment plan has been developed, treatment should be implemented, the reason being that it is not to simply assume that treatment is implemented as planned. There
must be evidence of it (Gingerich, 1978). For example, in a behavioral intervention, the worker will want to record the number of interventions when the change agent was applied. For a more process-oriented treatment, such as psychosocial intervention, there should be some assessment of the extent to which the relevant intervention qualities (i.e., genuineness, accurate empathy and positive warmth) have been implemented (Truax, 1971). The student-practitioners were familiarized with the importance of recording client outcome data continuously during treatment, just as during baseline, and plotted on the same graph along with an indication of when treatment was introduced. In short, client outcome data must be recorded regularly for the duration of treatment. The reason for collecting follow-up data was examined, to teach that every good practitioner is interested in post-treatment follow-up to see if client changes are maintained. The procedure should be to continue collecting client outcome data after treatment has been concluded; to assess whether changes observed during treatment continued beyond. This will lead to the conclusion that change has persisted and is permanent.

As a final issue, the student-practitioners learned how to interpret the effectiveness of the intervention through the use of visual inspection of the graphs to determine the slope, level and drift lines; experiential evidence and its significance as a qualitative measurement; social
validation as a quantitative measurement by having a significant other validate the social acceptability of the treatment plan.

The student-practitioners were exposed to different strategies of single-subject, and the writer's rationale for selecting ABA design for the study.

At the end of the training, the student-practitioners evaluated it (Behling, 1977) and the writer evaluated the knowledge they obtained from it (Appendices G and H).

B. Training in Two Modalities of Intervention: The Task-Centered System and the Psychosocial Approach

The training in the two modalities of intervention, task-centered system and psychosocial approach, was offered for two consecutive weeks, two hours weekly. Each group met on a different day. The training objectives were to have each student-practitioner using a specific modality of intervention to: (1) comprehend the use of the particular intervention modality in their practice; (2) learn to use effectively the techniques of the particular modality he/she would use; (3) to consult regularly with the writer on the transfer of their knowledge to their cases and the development of the modality implementation (Appendix I).
The first session for both groups was dedicated to presenting a brief historical background of the particular modality; to examine the current relevance of its implementation within a specific framework in social work practice; to analyze the target of intervention as seen in each modality; and to see the nature and scope of each modality.

The second session was used to examine the process of each intervention. The typology of problems of the task-centered system was analyzed, compared and contrasted with the Hollis Casework typology (Hollis, 1968). It was decided that, for the purpose of this study, Reid's Problem Typology (Reid, 1978) would be used by both groups to classify their clients' problems.

The elements or components of each modality were studied and evaluated, as well as the techniques used in each modality. Finally, the similarities and differences of each of the modalities was examined and evaluated.

A role-play took place in which two student-practitioners assigned to their respective modalities (task-centered and psychosocial) rehearsed their modality. In each instance, one student-practitioner was the client and one served as the practitioner. The rest of the group observed, took notes and, at the end, criticized the process.
Day-by-Day Clinician-Researcher Practice

The student-practitioners began their "day-by-day clinician-researcher practice" by assessing the problem with their clients. The problem was defined in order to identify the target situation that both the student-practitioner and the client were going to intervene with. In order to make the problem measurable and/or observable, it was explicitly defined by the client with the student-practitioner's help. At the end of the first session, the client and the student-practitioner had constructed the measuring device to be used by the client to monitor his/her problem from that day on. Each client was instructed that, in the next interview, the student-practitioner would examine the device to see whether or not the client was monitoring correctly.

The psychosocial team used the hand-written journal as an observational device. They prepared a notebook which they gave to their clients with instructions to write down every day their feelings in the morning, afternoon, and evening. Some student-practitioners prepared the journal based on the history offered by the client during the interview. In both groups, the issue of who would do the monitoring was discussed. At the end of the first interview, a tentative oral contract as to the duration of the service was reached.
The group of student-practitioners using the task-centered system had more accessibility to evaluate the client's environment than the psychosocial group.

In the next interview, each student-practitioner revised the client's monitoring and sometimes changes had to be made because they were not doing it correctly. In other instances, retroactive information had to be used to create a new observation device.

**Obstacles and How They Were Resolved**

Among the obstacles presented by the student-practitioners were that some of the agencies did not give enough freedom to the student-practitioner to do casework. In other words, the student-practitioner's status was one of a "helper to the supervisor" who would be present in every interview. Some student-practitioners obtained permission to change their setting.

In some agencies, the student-practitioners were not assigned situations; they had to "search for a case." This created apprehensiveness in the student-practitioner. The writer helped the student-practitioners to realize that service was the most important element in the practice and that the scientific endeavor was to help them develop skills in observation, thinking clearly and systematically.
Another obstacle was that not all the agencies assigned cases at the same time; several student-practitioners were without cases, worrying about the feasibility of being able to keep their part of the research contract of transferring their knowledge to two situations in the practice. The student-practitioners were helped to realize that each one of them was in a unique situation and that some might not be able to finish their two cases, but that the important thing was to try to do their best with what they had. That is, if they could only have one case, it would be acceptable.

Others were worried about the fact that some clients could drop out of treatment because in their specific agencies, clients paid for their services but, in some cases, could not afford the fee. It was clarified to them to state the reason for the client's drop-out, showing it was not because of the intervention modality.

In some agencies, the student-practitioners did casework at the intake level and afterwards, the client was referred to a group. Once more, the student-practitioners were reminded that the goal of practice is to render the best service to the clients. The student-practitioners were encouraged to talk to their supervisors about their doubts, resulting in their getting an opportunity to do casework in some situations.
Student-Practitioners' Reaction to the Research Project

The MSWI student-practitioners developed a great interest in practice research. As a result, they registered in various research courses as well as clinical practice courses (i.e., data processing, research critique, program evaluation, etc.). They also expressed an interest in pursuing the use of single-subject research methodology in their future theses.

The student-practitioners became conscious, systematic and clear in their thinking and transferred these skills to other social work courses (i.e., clinical, policy and social functioning).

The student-practitioners became interested in their scientific practice, expressing enjoyment at being able to see results in "black and white" without losing the humanistic values of the profession.

In short, the student-practitioners became identified with the research project, and with the usefulness of evaluating practice intervention.

Summary

After the selection of the twelve student-practitioners who volunteered to participate in the study, the writer provided training in the use of single-subject methodology and the two intervention modalities selected for the study,
the task-centered system and the psychosocial approach. This training provided a linkage between the classroom courses (i.e., social work practice and research) and the field placement.

The student-practitioners continued to have consultations about the transferring of the material provided in the training to their cases. They were instructed in how to select the proper measurement technique that would go with the client's problem of living and the intervention modality they were using. The students were taught how to record in a precise, systematic way which could be understood by others (Appendix J). Also, they were taught how to summarize their interventions at the end of the treatment (Appendix K).

In many instances, the student-practitioners were asked by the agencies' supervisors to give them a copy of their measurement device, their recording sheet and their summary sheet.

As a result of the student-practitioners' experience with an empirical practice, some of them registered in additional research courses, including Data Processing, Program Evaluation (Micro/Macro), and Research Critique.
REFERENCES

CHAPTER FOUR


CHAPTER V
PRESENTATION OF DESCRIPTIVE DATA

Introduction
The findings of this study will be presented in three chapters. Chapter V will be a descriptive presentation. To present an accurate description of the two groups of student-practitioners who participated in this study, five tables were constructed. Each table provides a summary profile of part of the data.

Chapter VI will include statistical and non-statistical evidence. Each case will be summarized to inform the reader of the client's problem of living, the device used to monitor the problem, and the outcome of the intervention. To facilitate the visual inspection of the outcome of each case, a graph will follow the summary. The graphs will include the split middle method and the two standard deviation test. After the graph, a table of mean values of the graphed data will be included. Also, the mean value difference between baseline and treatment, and treatment and termination phases will be presented. After each case analysis, there will be a written report of the results from the Problem Assessment Schedule, the Task
Review Schedule, and Closing Interview Schedule (some of the instruments used in this study). A summary table will graphically show the evidence of effectiveness using N=1 methodology. At the end of Chapter VI, the results of the clients' assessments of service and the Questionnaire Score Values will be included. Chapter VII will include the results from the student-practitioners' assessment of the feasibility of using single-subject methodology in social work practice.

Descriptive Presentation

Each of the following tables provides a summary profile of part of the data. The remainder will be presented in the following chapters.

Table 1 presents the disposition and status of cases carried by each student-practitioner. Table 2 provides demographic data for each student-practitioner. Table 3 presents the variety of clients served by both groups of student-practitioners with respect to sex, age, race, religion and socio-economic level. Table 4 presents the cases by a typology of problems and the measurement techniques used to observe them. Table 5 is a summary of the evidence of the effectiveness of using single-subject methodology (N=1) in practice intervention.

To protect the identity of the student-practitioners, a letter has been assigned to represent each name. When one
student-practitioner had more than one case, the letter was given a subscript number to denote the particular case.

Discussion

Table 1 shows that not all of the student-practitioners using the task-centered modality could carry two cases. Of the three students carrying more than one case, none completed the intervention for all cases. For example, student-practitioner C could not finish his intervention because the family moved out of town. Student-practitioner D had two clients who dropped out, one after the second interview and one who had been involved with the agency off and on for five years but who dropped out after the fifth interview. Of a total of ten cases, five were completed by the student-practitioners using the task-centered system. The psychosocial group had a total of two cases for each of four student-practitioners. One student had three cases and one student-practitioner only had one case assigned. There was a total of twelve cases, but only five were completed.

Both groups included student-practitioners who encountered unexpected intervening variables. Some of the task-centered group were delayed in having cases assigned; others were in agencies that did not assign cases to the student-practitioners; they had "to search for them."

The psychosocial student-practitioners were assigned two cases each while three cases were assigned to one student-
practitioner. One student-practitioner, after working with one case and becoming ready to start the intervention, was moved to another section in the agency where he could not continue with the client.

In the psychosocial group, there were other intervening variables such as a family moving out of town and a child being expelled from school.

Both groups of student-practitioners encountered uncontrollable intervening variables that did not allow them to complete their service in several situations.
### TABLE 1. DISPOSITION AND STATUS OF CASES IN STUDENT-PRACTITIONER PROJECT

#### A. Task-Centered System

<table>
<thead>
<tr>
<th>Student-Practitioner</th>
<th>Number of Cases</th>
<th>Status of Incomplete Cases</th>
<th>Agency</th>
<th>Intervention Complete or Incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
<td>Mother had serious operation and couldn't take child to the clinic</td>
<td>Mental Health Service</td>
<td>Incomplete</td>
</tr>
<tr>
<td>B</td>
<td>1</td>
<td>Assoc. for Developmentally Disabled</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>2</td>
<td>One family moved out of town</td>
<td>Child Guidance Clinic</td>
<td>One case completed One case incomplete</td>
</tr>
<tr>
<td>D</td>
<td>3</td>
<td>Two cases dropped out</td>
<td>Family Services</td>
<td>One case completed Two cases incomplete</td>
</tr>
<tr>
<td>E</td>
<td>2</td>
<td>One case dropped out</td>
<td>Diocesan Day Treatment Center</td>
<td>One case completed Two cases incomplete</td>
</tr>
<tr>
<td>F</td>
<td>1</td>
<td>One case dropped out</td>
<td>Nursing and Convalescent Home</td>
<td>Completed</td>
</tr>
</tbody>
</table>

#### B. Psychosocial Approach

<table>
<thead>
<tr>
<th>Student-Practitioner</th>
<th>Number of Cases</th>
<th>Status of Incomplete Cases</th>
<th>Agency</th>
<th>Intervention Complete or Incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>2</td>
<td>One case dropped out</td>
<td>Mental Health</td>
<td>One case completed One case incomplete</td>
</tr>
<tr>
<td>H</td>
<td>2</td>
<td>One case dropped out</td>
<td>Mental Health Services</td>
<td>Both cases completed</td>
</tr>
<tr>
<td>I</td>
<td>2</td>
<td>One case dropped out</td>
<td>Mental Health Services</td>
<td>One case completed One case incomplete</td>
</tr>
<tr>
<td>J</td>
<td>1</td>
<td>Student transferred to another section</td>
<td>Welfare Department</td>
<td>Incomplete</td>
</tr>
<tr>
<td>K</td>
<td>2</td>
<td>One expelled from school, one moved out of town</td>
<td>Child Guidance</td>
<td>Both cases incomplete</td>
</tr>
<tr>
<td>L</td>
<td>3</td>
<td>Two dropped out</td>
<td>Mental Health Service</td>
<td>One case completed Two cases incomplete</td>
</tr>
</tbody>
</table>
**TABLE 2. DEMOGRAPHIC DATA FOR STUDENT-PRACTITIONERS**

A. Task-Centered System

<table>
<thead>
<tr>
<th>Student-Practitioner</th>
<th>Chronological Age</th>
<th>Years of Experience</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>29</td>
<td>4</td>
<td>M</td>
</tr>
<tr>
<td>B</td>
<td>25</td>
<td>2</td>
<td>F</td>
</tr>
<tr>
<td>C</td>
<td>30</td>
<td>5</td>
<td>M</td>
</tr>
<tr>
<td>D</td>
<td>27</td>
<td>5</td>
<td>M</td>
</tr>
<tr>
<td>E</td>
<td>31</td>
<td>5</td>
<td>F</td>
</tr>
<tr>
<td>F</td>
<td>27</td>
<td>4</td>
<td>F</td>
</tr>
</tbody>
</table>

B. Psychosocial Approach

<table>
<thead>
<tr>
<th>Student-Practitioner</th>
<th>Chronological Age</th>
<th>Years of Experience</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>23</td>
<td>2</td>
<td>F</td>
</tr>
<tr>
<td>H</td>
<td>32</td>
<td>5</td>
<td>M</td>
</tr>
<tr>
<td>I</td>
<td>24</td>
<td>2</td>
<td>F</td>
</tr>
<tr>
<td>J</td>
<td>32</td>
<td>5</td>
<td>M</td>
</tr>
<tr>
<td>K</td>
<td>25</td>
<td>3</td>
<td>M</td>
</tr>
<tr>
<td>L</td>
<td>33</td>
<td>5</td>
<td>M</td>
</tr>
</tbody>
</table>

**Discussion**

Table 2 reveals the profile of the student-practitioners with respect to their demographic characteristics. The mean experience for all student-practitioners was 3.9 years, with the task-centered student-practitioners having 4.1 years experience and those student-practitioners using the psychosocial approach having 3.6 years.
TABLE 3. DEMOGRAPHIC DATA FOR CLIENTS SERVED

A. Task-Centered System

<table>
<thead>
<tr>
<th>Stud.-Pract.</th>
<th>Sex</th>
<th>Age</th>
<th>Race</th>
<th>Religion</th>
<th>Socio-Economic Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>M</td>
<td>12</td>
<td>White</td>
<td>Protestant</td>
<td>Low Income class</td>
</tr>
<tr>
<td>B</td>
<td>F</td>
<td>31</td>
<td>White</td>
<td>Protestant</td>
<td>Middle class</td>
</tr>
<tr>
<td>C₁</td>
<td>M</td>
<td>12</td>
<td>White</td>
<td>Protestant</td>
<td>Lower-Middle class</td>
</tr>
<tr>
<td>C₂</td>
<td>M</td>
<td>13</td>
<td>White</td>
<td>Protestant</td>
<td>Lower-Middle class</td>
</tr>
<tr>
<td>D₁</td>
<td>F</td>
<td>36</td>
<td>White</td>
<td>Baptist</td>
<td>Middle class</td>
</tr>
<tr>
<td>D₂</td>
<td>F</td>
<td>29</td>
<td>White</td>
<td>Agnostic</td>
<td>Low income class</td>
</tr>
<tr>
<td>D₃</td>
<td>M</td>
<td>42</td>
<td>White</td>
<td>Catholic</td>
<td>Middle class</td>
</tr>
<tr>
<td>E₁</td>
<td>F</td>
<td>35</td>
<td>White</td>
<td>Protestant</td>
<td>Low income class</td>
</tr>
<tr>
<td>E₂</td>
<td>F</td>
<td>27</td>
<td>White</td>
<td>Protestant</td>
<td>Low income class</td>
</tr>
<tr>
<td>F</td>
<td>F</td>
<td>70</td>
<td>White</td>
<td>Agnostic</td>
<td>Middle class</td>
</tr>
</tbody>
</table>

B. Psychosocial Approach

| G₁           | F   | 23  | White | Catholic    | Lower-Middle class       |
| G₂           | F   | 22  | White | Protestant  | Lower-Middle class       |
| H₁           | M   | 11  | White | Protestant  | Lower-Middle class       |
| H₂           | M   | 10  | Black | Episcopal   | Lower-Middle class       |
| I₁           | F   | 21  | White | Catholic    | Middle class             |
| I₂           | F   | 36  | White | Protestant  | Middle class             |
| J            | F   | 67  | Black | Spiritualism| Low income class         |
| K₁           | M   | 13  | White | Protestant  | Lower-Middle class       |
| K₂           | M   | 12  | White | Protestant  | Lower-Middle class       |
| L₁           | F   | 31  | White | Protestant  | Middle class             |
| L₂           | F   | 32  | White | Protestant  | Middle class             |
| L₃           | F   | 23  | White | Protestant  | Middle class             |

Discussion

The data shows the variety of clients served by both groups of student-practitioners with respect to sex, race, religion and socio-economic level.
### TABLE 4. CASES BY TYPOLOGY OF PROBLEMS AND MEASUREMENT TECHNIQUES

#### A. Task-Centered System

<table>
<thead>
<tr>
<th>Student Practitioner</th>
<th>Agency</th>
<th>Typology of Problems</th>
<th>Measurement Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Mental Health Service</td>
<td>Psych/Behavioral Problem</td>
<td>Check-list</td>
</tr>
<tr>
<td>B</td>
<td>Association for Developmentally Disabled</td>
<td>Psych/Behavioral Problem</td>
<td>Check-list</td>
</tr>
<tr>
<td>C₁</td>
<td>Child Guidance</td>
<td>Psych/Behavioral Problem</td>
<td>Check-list</td>
</tr>
<tr>
<td>C₂</td>
<td>Child Guidance</td>
<td>Psych/Behavioral Problem</td>
<td>Check-list</td>
</tr>
<tr>
<td>D₁</td>
<td>Family Services</td>
<td>Dissatisfaction in Social Relations</td>
<td>Anchor Scale</td>
</tr>
<tr>
<td>D₂</td>
<td>Family Services</td>
<td>Dissatisfaction in Social Relations</td>
<td>Schedule</td>
</tr>
<tr>
<td>D₃</td>
<td>Family Services</td>
<td>Problem in Role Performance</td>
<td>Schedule</td>
</tr>
<tr>
<td>E₁</td>
<td>Diocesan Day Treatment Center</td>
<td>Reactive-Emotional Distress</td>
<td>Schedule</td>
</tr>
<tr>
<td>E₂</td>
<td>Diocesan Day Treatment Center</td>
<td>Reactive-Emotional Distress</td>
<td>Schedule</td>
</tr>
<tr>
<td>F</td>
<td>Nursing and Convalescent Home</td>
<td>Reactive-Emotional Distress</td>
<td>Schedule</td>
</tr>
</tbody>
</table>

#### B. Psychosocial Approach

| G₁                   | Mental Health Service         | Reactive-Emotional Distress           | Diary                    |
| G₂                   | Mental Health Service         | Reactive-Emotional Distress           | Diary                    |
| H₁                   | Mental Health Service         | Reactive-Emotional Distress           | Diary                    |
| I₁                   | Mental Health Service         | Problem in Role Performance           | Diary                    |
TABLE 4. CASES BY TYPOLOGY OF PROBLEMS AND MEASUREMENT TECHNIQUES (continued)

B. Psychosocial Approach

<table>
<thead>
<tr>
<th>Student Practitioner</th>
<th>Agency</th>
<th>Typology of Problems</th>
<th>Measurement Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>I₂</td>
<td>Mental Health Service</td>
<td>Psych/Behavioral Problem</td>
<td>Diary</td>
</tr>
<tr>
<td>J</td>
<td>Welfare Dept.</td>
<td>Reactive-Emotional Distress</td>
<td>Diary</td>
</tr>
<tr>
<td>K₁</td>
<td>Child Guidance</td>
<td>Psych/Behavioral Problem</td>
<td>Check-list</td>
</tr>
<tr>
<td>K₂</td>
<td>Child Guidance</td>
<td>Psych/Behavioral Problem</td>
<td>Check-list</td>
</tr>
<tr>
<td>L₁</td>
<td>Mental Health Service</td>
<td>Interpersonal Problem</td>
<td>Diary</td>
</tr>
<tr>
<td>L₂</td>
<td>Mental Health Service</td>
<td>Interpersonal Problem</td>
<td>Diary</td>
</tr>
<tr>
<td>L₃</td>
<td>Mental Health Service</td>
<td>Interpersonal Problem</td>
<td>Diary</td>
</tr>
</tbody>
</table>

Discussion

The data in Table 4 show that the single-subject methodology was used with both interventions (i.e., the task-centered system and the psychosocial approach) in a variety of agencies and with different types of problems of living. There are differences in the measurement techniques for both groups. The psychosocial group typically utilized the diary as their measurement device. The psychosocial group using the diary as a measurement technique were in mental health services and in the welfare department, an agency that encouraged the psychosocial approach. However, the student-practitioner using the psychosocial approach in
in a Child Guidance Center used a check-list device.

It can be seen that student-practitioners using the task-centered modality preferred the schedule technique. Six of the student-practitioners used it with their clients. The schedule was satisfactorily used with the Reactive-Emotional Distress problem category. However, it was unsuccessful in both the Dissatisfaction in Social Relations and the Problem in Role Performance categories.

It is unknown whether the schedule device would have been effective as a measurement technique with the client with the Psych/Behavioral Problem type, created by two task-centered student practitioners. The reason was that in one case, the family moved out of town and the case was not completed. The other case could not be completed because the mother had serious surgery. As a result, there was no one available to take the client to the clinic, and the agency did not provide home visits.

It can be observed that the only Anchor-Scale measurement technique was used by a student-practitioner in the task-centered group. Furthermore, it was used successfully with a client presenting the Dissatisfaction in Social Relations problem category.

In short, of all the measurement techniques employed, those most frequently used were the diary and the schedule. The diary was only used by the psychosocial group in mental
health services. The schedule was used by the task-centered group in three agencies serving different populations.
### TABLE 5. SUMMARY OF EVIDENCE OF EFFECTIVENESS OF USING SINGLE-SUBJECT METHODOLOGY (N=1)

#### A. Task-Centered System

<table>
<thead>
<tr>
<th>Student Practitioner</th>
<th>Typology of Problems</th>
<th>Evidence of Effectiveness of Using Single-Subject Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Psych/Behavioral Problem</td>
<td>Unknown</td>
</tr>
<tr>
<td>B</td>
<td>Psych/Behavioral Problem</td>
<td>Effective</td>
</tr>
<tr>
<td>C₁</td>
<td>Psych/Behavioral Problem</td>
<td>Effective</td>
</tr>
<tr>
<td>C₂</td>
<td>Psych/Behavioral Problem</td>
<td>Unknown</td>
</tr>
<tr>
<td>D₁</td>
<td>Dissatisfaction in Social Relations</td>
<td>Effective</td>
</tr>
<tr>
<td>D₂</td>
<td>Problem in Role Performance</td>
<td>Non-effective</td>
</tr>
<tr>
<td>D₃</td>
<td>Dissatisfaction in Social Relations</td>
<td>Non-effective</td>
</tr>
<tr>
<td>E₁</td>
<td>Reactive-Emotional Distress</td>
<td>Unknown</td>
</tr>
<tr>
<td>E₂</td>
<td>Reactive-Emotional Distress</td>
<td>Effective</td>
</tr>
<tr>
<td>F</td>
<td>Reactive-Emotional Distress</td>
<td>Effective</td>
</tr>
</tbody>
</table>

#### B. Psychosocial Approach

<table>
<thead>
<tr>
<th>Student Practitioner</th>
<th>Typology of Problems</th>
<th>Evidence of Effectiveness of Using Single-Subject Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>G₁</td>
<td>Reactive-Emotional Distress</td>
<td>Non-effective</td>
</tr>
<tr>
<td>G₂</td>
<td>Reactive-Emotional Distress</td>
<td>Effective</td>
</tr>
<tr>
<td>H₁</td>
<td>Reactive-Emotional Distress</td>
<td>Effective</td>
</tr>
<tr>
<td>H₂</td>
<td>Psych/Behavioral Problem</td>
<td>Effective</td>
</tr>
<tr>
<td>I₁</td>
<td>Problem in Role Performance</td>
<td>Non-effective</td>
</tr>
<tr>
<td>I₂</td>
<td>Psych/Behavioral Problem</td>
<td>Effective</td>
</tr>
<tr>
<td>J</td>
<td>Reactive-Emotional Distress</td>
<td>Unknown</td>
</tr>
<tr>
<td>K₁</td>
<td>Psych/Behavioral Problem</td>
<td>Unknown</td>
</tr>
<tr>
<td>K₂</td>
<td>Psych/Behavioral Problem</td>
<td>Unknown</td>
</tr>
<tr>
<td>L₁</td>
<td>Interpersonal Problem</td>
<td>Non-effective</td>
</tr>
<tr>
<td>L₂</td>
<td>Interpersonal Problem</td>
<td>Effective</td>
</tr>
<tr>
<td>L₃</td>
<td>Interpersonal Problem</td>
<td>Non-effective</td>
</tr>
</tbody>
</table>
Discussion

The data presented in Table 5 demonstrate the effectiveness of using single-subject methodology (N = 1) in both of the chosen modes of intervention: the task-centered system and the psychosocial approach.

The methodology works with a variety of clients, problems and student-practitioners. The applicability of the use of single-subject methodology demonstrated that it appeared to be more effective as an evaluative tool in certain situations. In some cases, the clients' problems were only reduced to a small degree. However, looking at the duration of the problem and its magnitude, it can be concluded that the use of single-subject methodology as an evaluative device was effective.

There were clients who dropped out after starting treatment, leading the writer to infer that the research methodology was not feasible in their situations.

In conclusions, there was evidence that single-subject methodology was effective as an evaluative tool in social work practice. This evidence leads the writer to conclude that the major research question was answered affirmatively. Single-subject methodology is an effective evaluation tool in Social Work practice.

Summary

The data presented in five tables summarized information concerned with: (1) the demographic characteristics
of the student-practitioners; (2) where the student-practitioners performed their interventions; (3) the demographic characteristics of the clients; (4) the presenting problems of the clients; (5) the intervention modalities; and (6) the measurement technique used to observe the problem.

In short, the professional activities of each student-practitioner was condensed and described through the tables.

In order to determine whether the major research hypothesis has been answered, the writer will examine the evidence through statistical and non-statistical measures. A graph of each client's monitoring effort for his/her problem will be constructed. Through visual inspection of the graphs, the assessment in each phase will be examined. This will allow a determination of whether or not there were changes in the passage of time from baseline to termination phase.

The statistical evidence will be provided by the use of the split middle method and the two standard deviation test. To further validate the evidence, tables of mean values will be constructed to find out if there were changes from phase to phase.
CHAPTER VI

PRESENTATION OF

STATISTICAL AND NON-STATISTICAL EVIDENCE

Introduction

The task-centered system and the psychosocial approach were the intervention modalities selected for this study. One group of student-practitioners used the task-centered system with their clients and the other group of student-practitioners used the psychosocial approach.

The descriptive evidence presented earlier in tabular form revealed that the use of single-subject methodology was applicable to a variety of clients with different problems of living. Also, it was demonstrated that the idiographic method \( N = 1 \) worked with a variety of student-practitioners and agencies. In short, the applicability of single-subject methodology over a wide variety of cases and agencies was demonstrated. To further validate the effectiveness of the empirical intervention, the data were graphed.

The data were the result of the measurement technique used in helping clients with their problems of living. The results were coded and graphed. These data will be
presented by identifying student-practitioners and by the intervention modality used.

The presentation will be (1) a brief summary of each situation intervened by the task-centered system and then the situations dealt with by the psychosocial approach; (2) after each situation, the graphed data will follow; and (3) an interpretation of each situation will follow the graphed material. The interpretation will cover (1) the typology of problem; (2) the explanation of the visual inspection and split middle method; (3) the interpretation of the two standard deviation test; and (4) the character of the evidence.

A table of mean values for each case and its interpretation will be included. Finally, the clients' assessments of service, their conceptions of problems, and the tasks will be presented.

The rationale for this way of presenting the findings is to demonstrate their interrelation. For example, if Case B₁ shows effectiveness in all the methods of measurement the conclusion is clear that the empirical intervention was effective.
TASK-CENTERED SYSTEM

Case B₁

Discussion

Client, a 31-year-old woman, white, Protestant, and from a middle-class socio-economic level, asked for help to solve her problem of living.

The client acknowledged having the difficulty of speaking too fast, which resulted in the inability to be understood. In addition to her rapid speech, the pitch of her voice was very low. Those around her while working were unable to understand the client. As a result, she felt embarrassed and frustrated.

Client agreed to monitor her rapid speech on a daily basis. To solve the obstacle of the client's unawareness of her behavior and not recording the frequency of its occurrence, student-practitioner B clarified client's feelings after her behavior. By developing the client's awareness, she would monitor each occurrence.

The formal intervention was addressed to emphasize the client's awareness of her behavior and to learn new techniques to solve her problem. For example, some of the tasks were (1) to speak into a mirror for five minutes each day. The client was to concentrate on her speech and record her feelings and efforts put in the task; and (2) to speak into a mirror but pretend she was speaking to a stranger.
Client developed awareness of her feelings during her conversation. She became relaxed and learned to speak slower and with a normal pitch of voice. The intervention was successful.
BASEL TREATMENT

CLIENT & SELF-MONITORING RAPID SPEECH BEHAVIOR

FIGURE-1
## TABLE 6. MEAN VALUES FOR CASE B1 BY PHASES

<table>
<thead>
<tr>
<th>PHASES</th>
<th>Baseline</th>
<th>Treatment</th>
<th>Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.50</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>7.40</td>
<td>0.85</td>
<td>0.50</td>
<td></td>
</tr>
<tr>
<td>4.50</td>
<td>1.10</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>0.00</td>
<td>1.50</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4.10</strong></td>
<td><strong>0.86</strong></td>
<td><strong>0.12</strong></td>
</tr>
</tbody>
</table>

### Discussion

The data show that the task-centered intervention was effective in working with the client's psych/behavioral problem of speech difficulty.

A comparison of the total summary mean of values per phase demonstrates that, during the assessment or baseline phase, the problem was high. It decreased through the treatment phase and significantly decreased at termination. The information once more measures the effectiveness of this intervention which used a single-subject methodology.
Problem Assessment

Client expressed the wish to alleviate her speech difficulty through treatment. The client's problem was rapid speech, slurring the words and inadequate pitch level of voice when speaking. It resulted in being misunderstood by others. The problem had lasted for one year before starting treatment.

An agreement was reached during the first interview to work on the problem. By the last treatment interview, the problem was considerably alleviated.

The evidence for the problem rating given above is as follows:

1. **Visual inspection** of the graph data, based on client's monitoring of frequency of behavior, showed a big improvement. The frequency of rapid speech decreased sharply from baseline to termination phase.

2. **Experiential report** offered by client evidenced that she became more aware of her rapid speech and how the frequency of the behavior decreased throughout treatment.
3. **Social validation** was offered by student-practitioner who observed the improvement in client's speech.

At termination of treatment, client did not want any additional help and had no other problems besides the one intervened with.

**Task Review Schedule**

Task #1. During Session #4, the student-practitioner suggested the task for client to practice slow, clear speech for five minutes each day by speaking to herself in a mirror. Client's initial commitment to task was a 3 on a scale from 1 to 5 (one being low commitment and five being high commitment). The task was reviewed in Session #5, and client demonstrated that she had made progress on the task but considerable work remained to be done. She got a rating of 2 on the task achievement scale from 1 to 4, where one signified that the task was minimally achieved and four, that it was completely achieved.

Task #2. During Session #5, the student-practitioner formulated the task of client practicing proper speech for five minutes each day by looking into a mirror and pretending she was speaking to a stranger or someone she did not know. Client's initial commitment to talk was 4 on a scale from 1 to 5.
The task was reviewed during Session #6 and a rating of 4 was given. That is, client fully accomplished the task.

Task #3. During Session #6, the student-practitioner formulated the task, which would be reviewed on the following session. The task was for client to engage in conversation with others, during dinner-time, for one week. She was to concentrate as much as possible on her speech, speaking as clearly and at a proper pitch level as she could. Client's initial commitment was high. When the task was reviewed, client had completely achieved it.

Task #4. Task was formulated during Session #7 by student-practitioner. Client's initial commitment was high. The task was for client to try each day to begin a conversation with acquaintances or people she did not know very well. She should concentrate on proper speech during the entire conversation. Task was reviewed during the last session of treatment and client had substantially achieved goals.

Client Conception of Problems and Tasks

Client stated that the problems the student-practitioner and her worked on were "talking too fast" and "talking too low."
Client thought that, by the end of treatment, her problem of "talking too low" was slightly alleviated (a little better). Her talking too fast was considerably alleviated (a lot better).

According to client, the student-practitioner grasped the true nature of her problems as she tried to describe them. She added that an agreement was reached between her and the student-practitioner about what she might try to do to solve her problems.

Client elaborated her answer by explaining that she and student-practitioner agreed that she should try (1) to look in a mirror and speak; (2) to speak to a stranger; and (3) to concentrate on speech during dinner-time.

Client's Assessment of Progress

Client assessed the progress she made by elaborating on the tasks she was to work on. She explained that Task #1, to look in a mirror and speak, "probably helped me the most. I could see how my mouth moved." Client stated that Task #2, to speak to a stranger, "sometimes it was good; sometimes it didn't work so good. It was difficult to know what to say." For Task #3, to concentrate on speech during dinner-time, client stated, "It helped; it was a good time to visit with each other."

Assessing her overall situation at the end of the
treatment as compared with how it was when she first went to the agency, client explained that it was better. She added, "I hardly talk fast anymore. Sometimes I don't talk as low as I used to. I have more confidence in myself now when I speak to others."

Client expressed that she did not have any personal or family problems at the end of the intervention for which she needed help. She added that, if she would have any problems in the future, she would use the "task approach" to work on them.

INTERPRETATION OF CASE B₁

1. **Typology of Problem:** Psych/Behavioral Problem

2. **Visual Inspection and Split Middle Method:** There was no change in level but change in slope during the three phases (Baseline, Treatment and Termination).

   The evidence can be interpreted as **Probably Significant**, clinically.

3. **Two-Standard Deviation:** The test does not show significant variation.
4. **Character of Evidence:**

   a. Client's *experiential report* shows a probable significant change.

   b. Student-practitioner's *social validation* of observable change in client validated the social acceptability of client's functioning.

   c. *Visual inspection* of graph indicates a possibly significant change.

   d. Mean values differences between Baseline and Treatment are significant. No significant difference between Treatment and Termination phase.
Client, a ten-year-old boy, was brought to the agency by his mother. The boy was presenting an "unruly" behavior at school. The child was aggressive, didn't do his school work, fought, and got out of his seat without permission. The mother didn't know how to manage his behavior.

It was agreed that the child would monitor his behavior while in school. He would check how many times he disrupted the class, fought, did not do his school work, and other "unruly" activities.

During treatment, some of the tasks were: to get his school work done, not to fight and not to disrupt the class. The child made progress in his fighting. He didn't fight as much. The other two problems were slightly improved.

During termination, the child expressed he "was better" than before treatment but that "he still had some bad days." His mother validated the child's improvement in his behavior and also added that she had developed awareness of how her own behavior (i.e., yelling, screaming at the child) contributed to client's "unruly behavior."
FIGURE-2
### Table 7. Mean Values for Case C1 by Variables and Phases

<table>
<thead>
<tr>
<th>Variables</th>
<th>Baseline</th>
<th>Treatment</th>
<th>Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive behavior</td>
<td>2.0</td>
<td>3.2</td>
<td>3.7</td>
</tr>
<tr>
<td>Positive social interaction</td>
<td>2.2</td>
<td>4.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Responsibility in doing classwork</td>
<td>1.5</td>
<td>3.5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

**Summary Mean Value Differences between Phases**

- **Variable 1: Positive Behavior**
  - Baseline and Treatment -- 1.2
  - Treatment and Termination -- 0.5

- **Variable 2: Positive Social Interaction**
  - Baseline and Treatment -- 2.3
  - Treatment and Termination -- 0.5

- **Variable 3: Responsibility in Doing Classwork**
  - Baseline and Treatment -- 2.0
  - Treatment and Termination -- 0.0

**Discussion**

**Variable 1: Positive Behavior**

The data reflects a change in client's "unruly" behavior. Before treatment, his behavior was "poor" on a scale from 1-5, with one meaning "very poor" and five, "very good." During treatment, his behavior improved and became acceptable. By termination, client's behavior was more positive, i.e., a 4.
Variable 2: **Positive Social Interaction**

The data illustrates that before intervention, client's social interaction was poor. He fought constantly and was aggressive. During treatment, his interaction was positive. At termination, he had reached a good social interaction.

Variable 3: **Responsibility in Doing Classwork**

Client appears to have had a very poor sense of responsibility in carrying out his classwork.

Through treatment, he improved highly and after termination, he maintained his sense of responsibility in doing his classwork.
Problem Assessment

Client had presented an "unruly" behavior in school for the last two years. The target problems he wanted to alleviate through the treatment were: (1) getting work done in school, (2) fighting in school, and (3) disturbing class in school. The problem was classified as a Psych/Behavioral Problem.

During the first interview, it was agreed to work on the three problems. By the end of treatment, the following categories of change* were used to indicate the amount and direction of change that occurred in the target problem(s): (1) aggravated, if the problem was worse than before treatment; (2) no change, if the problem remained the same way as before treatment; (3) slightly alleviated, if the problem was somewhat reduced or a little better; (4) considerably alleviated, if the problem was a lot better after treatment; and (5) problem no longer present, if there was no problem after treatment. Client conception of the amount of change that had occurred in his problems was: Problems One and Three, getting work done and disturbing the class were slightly alleviated or a little better,

problem two, fighting in school was considerably alleviated. The boy expressed satisfaction in having improved his behavior; especially his problem of fighting. He stated that he didn't fight as much.

At the end of the intervention, the client expressed interest in having additional help with problem one, getting school work done. There were no other problems requiring help.
Task-Review

Task #1: Client was to get his school work done. This task was formulated during Session #4 and was to be carried on during the treatment phase. It would be reviewed in each session. The task was suggested by the student-practitioner and client's initial commitment was "slightly" low (2). Upon revision of the task throughout treatment, the progress was "up and down." The rating was of "partially achieved," or 2 in a scale from 1 to 4, one meaning "minimally achieved" (or not achieved); two, "partially achieved," in other words, demonstrable progress had been made on the task but considerable work remains to be done; three means "substantially achieved." The task was largely accomplished, though further action might be needed to be taken before full accomplishment was realized; and four meant that the task was "completely achieved." *

Task #2: In Session #4, the student practitioner suggested that the client would not fight. This task was carried on during the treatment phase and reviewed in each session. Client's initial commitment to the task was regular (3). During the review of the task, it was found that client substantially achieved the task during the entire treatment phase. The rating was a three.

*Reid, William J. and Epstein, Laura, "Task Achievement Scale Rating." Used with permission of William J. Reid (1977).
Task #3: During Session #4, the student-practitioner suggested the task of client's not disrupting the class. Client's initial commitment to the task was regular (3). Upon revision of the task throughout the treatment phase, it demonstrated that it was partially achieved, since the disruptions were "up and down."

Client's Conception of Problems and Tasks

Client stated that the most important problems he and the student-practitioner worked on were: (1) getting work done in school; (2) stop fighting; and (3) stop disturbing the class by going to pencil sharpener and going to the coatroom.

Client thought that Problems One and Three were a little better and that Problem Two was a lot better. That is, doing the school work and disrupting the class were slightly alleviated, while fighting was considerably alleviated.

According to the client, the student-practitioner grasped the nature of his problems as he tried to describe them to him. However, he was uncertain as to whether he and the student practitioner came to an agreement about what he might do to solve the problems. The student-practitioner probed into client's conception of what the student-practitioner's expectations were, and client stated, "Try to behave better in class."
while Problem Two (fighting) was considerably alleviated or a lot better.

The evidence for rating the amount of change that occurred by the last treatment interview was based on:

1. Experiential report -- The client expressed that he was a "little better" in doing his school work and in disrupting the class. However, he was a "lot better" in his problem of fighting than before treatment.

2. Visual inspection -- Through the graphed data, it can be observed that there were some changes in client's behavior.

3. Social validation -- The teachers reported that there had been "some change" in client's getting his work done and disrupting the class. However, "significant change" was shown in his fighting since he didn't fight as much.

Client's mother expressed that the boy's behavior was better.

At the termination of the task-centered treatment, the client wanted additional help with Problem One, getting school work done. There were no other problems for which he wanted help.
Client's Assessment of Progress

Client expressed that by trying to achieve the tasks suggested by the student-practitioner, he was "more aware of his behavior now." Comparing his overall situation at the end of treatment with how it was when he first went to the agency, the client expressed that it was "better" but "sometimes he had bad days."

There were no additional problems for which client thought he needed help.

In short, client improved his psych/behavioral problem.

Interpretation of Case C1

1. Typology of Problem: Psych/Behavioral Problem

2. Visual Inspection and Split Middle Method

(a) Variable 1. Acceptable Behavior: The data reveals that there was change in level and slope during Baseline and Treatment. In Treatment and Termination, there was no change in slope but there was change in level. It can be interpreted as a Significant result from a clinical (i.e., practice) standpoint.
(b) Variable 2. **Positive Interaction:** There was no change in level or slope during phases A (Baseline) and B (Treatment). There was a change in level and slope during phases B (Treatment) and A (Termination). The results can be interpreted as **Probably Significant** from a clinical standpoint.

(c) Variable 3. **Completion of School Work:** In phases A (Baseline) and B (Treatment), there was a change in level and in slope. In phases B (Treatment) and A (Termination), there was no change in level but in slope. The results may be **Probably Significant** from a clinical (i.e., practice) standpoint.

3. **Two Standard Deviation**

(a) The standard deviation for Variable 1 is **Probably Significant** from a clinical standpoint.

(b) It is **not significant** for Variable 2 from a clinical standpoint.

(c) It is **significant** for Variable 3 (clinically significant).
4. **Character of Evidence**

(a) Client's **experiential report** indicates significant change from a clinical standpoint.

(b) Mother and teacher's **social validation** of client's improvement validated the social acceptability of the impact of the treatment on the target behavior.

(c) **Visual Inspection of graph** shows a Probable Significant change from a clinical point of view.

(d) **Mean Value differences** between Baseline and Treatment phase show a probable significant change. There is no significant difference between Treatment and Termination phases.
Task-Centered System

Case D1

Client, a 36-year-old white woman, wanted help in coping with her dissatisfaction in social relations. She acknowledged feeling dissatisfied with herself: the way she looked, her lack of interest in others and her desire to sleep and eat. Because of her dissatisfaction with herself, she had difficulty in performing her roles as a wife and mother.

Client agreed to evaluate and rate her own feelings on a daily basis. An anchor scale was constructed between her and the student-practitioner to monitor her depression. The treatment goals were to get her out of her low esteem state by raising her level of confidence. Some of the tasks client worked on were to declare a mental health day, in which she would go to the health spa and take care of herself. Another was to enroll in classes, to join in a social activity with her husband, and to greet her husband in a friendly fashion. Client gained assertiveness, lost weight, accepted her limitations and her responsibilities.

At the end of the service, client's husband validated changes in her attitudes and behavior. A new contract was made regarding marital counseling. Client's husband, who at the beginning of service was reluctant, agreed to participate.
CLIENT D: SELF-ANCHORING SCALE FOR DEPRESSION AND SATISFACTION

FIGURE-3
TABLE 8. MEAN VALUES FOR CASE D1 BY PHASES

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Treatment</th>
<th>Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.1</td>
<td>2.7</td>
<td>3.2</td>
</tr>
<tr>
<td></td>
<td>2.6</td>
<td>3.4</td>
<td>3.5</td>
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<tr>
<td></td>
<td>3.2</td>
<td>4.4</td>
<td>4.7</td>
</tr>
<tr>
<td></td>
<td>3.3</td>
<td>3.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Total Sum-</td>
<td>3.0</td>
<td>3.3</td>
<td>4.1</td>
</tr>
<tr>
<td>ary X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary Mean Value Differences Between Phases

- Baseline and Treatment  -- 0.3
- Treatment and Termination  -- 0.8

Discussion

The mean values for the service offered to client D, during twelve weeks, using task-centered system were very revealing.

It can be observed that client's depression was anchored in 3.0, on a scale from 1 to 5 (one being the most depressed and five, the least depressed). During treatment phase, client began to move up to the least depressed part of the scale. The termination phase shows that client was able to reach 4.1 on the anchor scale. This means that she was more satisfied with herself.

The summary mean difference between the three phases of the service demonstrate the improvement in the client's emotional state.
Problem Assessment

Client acknowledged three target problems she wished to be alleviated through treatment. The problem of greatest importance to the client was dissatisfaction in social relations. She expressed feeling in a "rut," "depressed," "sloppy," "worthless," and "no job or training satisfying." She had this problem for six months prior to treatment. Her second problem was difficulty in role performance. She felt unable to perform as a wife and mother. This was an ongoing problem for several years. Her third problem was difficulty in interpersonal conflict. Client would argue and withdraw from her husband. This was a problem of several years' standing.

During the first interview, it was agreed to work on Problems One and Two, since they were interrelated. At the end of treatment, it was agreed to work on the last problem, and a new contract was reached for marital therapy.

Using Reid's categories of change, aggravated if the problem was worse; no change if problem remained the same; slightly alleviated (problem was a little better); considerably alleviated (a lot better); and problem no longer pre-
sent*, the amount and direction of change that occurred by the last treatment interview was indicated. Problem One (dissatisfaction in social relations) was considerably alleviated or a lot better. Problem Two (difficulty in role performance) was slightly alleviated or a little better. Problem Three (difficulty in interpersonal conflict) was aggravated or worse. A new contract was signed for the couple to start marital treatment.

The evidence used for the problem rating given above was the following.

**Problem One**

A. **Visual inspection of the data:** The monitor device used by client (an anchor scale from 1-5 where one was "feeling in a rut" and five, "feeling satisfied with herself"), reflected change in self evaluation regarding her depression. There was a steady decrease of depressive episodes during the treatment phase.

B. **Experiential report:** The client reported that she felt positive about herself. She was confident that she could lose weight, look better and be more active with friends. As she said, "I don't stay in the house and hide."

*William J. Reid and Laura Epstein, "Closing Interview Schedule," Used with permission of William J. Reid (1977).
C. **Social validation:** Client signed for college courses, joined a health spa, and lost approximately 9-10 pounds.

**Problem Two**
A. Client was able to complete housework on a more regular basis than before treatment. She finished her washing and took care of the children.

B. Client made only marginal attempts to engage in tasks addressing this problem.

**Problem Three**
A. Arguments increased between husband, wife and older son to a crisis point.

B. Client increased blaming statements toward husband for her feeling and for problem behaviors exhibited.

Client wanted to pursue relationship issues with husband (marital therapy), requested seeing her son individually and requested family therapy. At the end of treatment, she wanted help for her son and marital therapy.
Task Review Schedule

Task #1: Client was to greet her husband in friendly fashion when he returned from work. This task was related to Problem Three and was formulated in Session #4. The idea was suggested by the student-practitioner. Client's initial commitment to task was minimal. It was reviewed in Session #5, and the rating was 1, or minimal attempt, on a scale from 1 to 4, one meaning minimally achieved and four, completely achieved.

Task #2: Client was to have a 15-minute conversation with husband over a neutral or enjoyable topic. The task was suggested by the student-practitioner in the fourth session. Client's initial commitment was a minimal attempt (1). Task was reviewed in Session #5. This task was carried on during treatment and was accomplished, a commitment of 4 and a rating progress of 4.

Task #3: Beginning with this task, they were suggested by both student-practitioner and client. In Session #4, it was agreed that client was to declare a mental health day during which time she would do anything for enjoyment that would benefit her. Client's initial commitment was 5 on a scale from 1 - 5, one being low and 5 being high. She had a progress rating of 4 when it was reviewed in Session #5. This task (#3) was continued throughout treatment phase with a rating of 4 each week.
Task #4: Client was to praise her husband when his appearance was improved, that is, neat and clean clothes or clean shave or wearing his dentures. The task was suggested jointly during Session #5. Client's initial commitment was low (1). The rating was minimal, or 1. This task was carried on with client's low commitment (1). The rating was done in Session #6, where it was 1.

Task #5: Client was to go to a local college office and pick up catalog and review courses of her interest. The task was a joint idea of the student-practitioner and the client. It was suggested in Session #6. Client's commitment to task was high (5). When the task was reviewed in Session #7, a progress rating of 4 was assigned to client's carrying out the task.

Task #6: Client was to talk with the school admission personnel regarding costs and admission procedures regarding the courses of interest. This task was formulated during Session #7, with client's initial commitment of 5 or high. When the task was reviewed during Session #8, it was rated 4. By then, the client had enrolled in school.

Task #7: Client and husband would go out on Friday night and play cards with friends. The task was
suggested by the client and student-practitioner during Session #7. Client's initial commitment was 5, or high. When the task was reviewed in Session #8, there was a progress rating of 4, the highest rating.

Client's Conception of Problems and Tasks

At the end of the intervention, the client assessed the problems and tasks she worked on to solve or alleviate them.

The client coincided in her conception of problems with the student-practitioner. There were three problems, in order of importance: (1) dissatisfaction in social relations; (2) difficulty in role performance; and (3) difficulty in interpersonal relations. Client thought that the amount and direction of change were: (1) Problem One, "considerably alleviated;" (2) Problem Two, "slightly alleviated" (a little better); and (3) Problem Three was aggravated.

According to client, the student-practitioner grasped the true nature of her problems as she described them. She and the student-practitioner reached an agreement about what she might try to do to solve her problems. They both agreed that she should do something for herself, like going to a spa in order to lose weight, and to enroll in school.
Client Assessment of Progress

In the evaluation session, client stated that when she went for help, she was depressed and in constant conflict with husband and children. As a result of the treatment, "she felt more confident in herself," "not depressed," and "realized that by getting away from the house (to school or health spa) helped her feel more relaxed ... more important."

During the last assessment, she expressed need for help with her husband; she stated that "they didn't talk much to each other or spend time together." Also, she wanted help for her oldest son, "a truant, who fought with her husband."

Client was satisfied with what she had obtained from the intervention.

Interpretation of Case D1

1. **Typology of Problem:** Dissatisfaction in Social Relations

2. **Visual Inspection and Split Middle Method:** Inspection of the graph reveals that there was no change in level or slope during phases A (Baseline) and B (Treatment). There was change in level and slope in phases B (Treatment) and A (Termination). It can be interpreted as **Probably Significant** from a clinical standpoint.
3. **Two-Standard Deviation:** The two standard deviation results can be interpreted as **Probably Significant** from a clinical point of view.

4. **Character of Evidence:**

   (a) **Client's experiential report** shows probable significant change (clinical significance).

   (b) **Husband's social validation** resulting in his involvement in marital treatment substantiated the social acceptability of the intervention.

   (c) **Visual inspection** of the graph shows a **Probably Significant** change in the target behavior from a clinical standpoint.

   (d) **Mean values differences** between Baseline and Treatment, and Treatment and Termination phases show no significant difference.
Client, a 27-year-old white woman, wanted help in coping with her child's behavior. The child was out of control, refusing to accept direction and discipline. The child would not eat or sleep when asked to do so. He would be constantly throwing temper tantrums, night-walking and night crying.

Client was totally overwhelmed by her living situation. She lacked confidence and motivation to change her situation, although she was capable of determining what things she would change if she had the "power" and "energy" to do so.

Through the assessment interviews, E helped client to see that her child was reacting to her inconsistent and apathetic parenting, lack of stability. The client acknowledged reacting to loss of a loved one and her inability to be a "good mother." She agreed to monitor her child's behavior and her feelings regarding the same. The treatment goals were addressed toward enhancing client's feelings of control and confidence.

The general tasks were to secure identified services needed to improve her life situation, to actively pursue identified changes needed to improve her living situation.
Some of the specific tasks were: (1) to evict the man who was living with her; (2) to secure vocational training through WIN and/or C.E.T.A.; (3) to secure daycare for both her children; and (4) to secure a more suitable housing.

As client carried on her tasks, she became aware of how her behavior affected her son. The son became less negative and was more cooperative. As a result, the mother was more relaxed and confident.
CLIENT E: MONITORING DEPRESSION AND ANXIETY EPISODES

FIGURE 4
TABLE 9. TABLE OF MEAN VALUES OF CASE E2 BY PHASES

<table>
<thead>
<tr>
<th>PHASES</th>
<th>Baseline</th>
<th>Treatment</th>
<th>Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.7</td>
<td>3.1</td>
<td>3.7</td>
</tr>
<tr>
<td></td>
<td>1.5</td>
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<tr>
<td>Total Summary $\bar{X}$</td>
<td>2.5</td>
<td>2.8</td>
<td>3.9</td>
</tr>
</tbody>
</table>

Mean Differences Between Phases

Baseline and Treatment -- 0.3
Treatment and Termination -- 1.1

Discussion

The data reveals that client's general feelings improved with the task-centered treatment. When the treatment was terminated, client was feeling good and assertive.

The mean differences between phases demonstrate an increase in client's general good feelings,
Problem One

A. Experiential Report: Client's self report was that she felt better and was proud of her achievements. She stated her realistic future plans as getting off welfare and moving to a different neighborhood. Client's activity level increased, thus improving her housekeeping standards.

B. Visual inspection of the graphed data showed her improvement in her general feelings.

C. Social validation: Student-practitioner observed changes in client's social functioning. Also, client's mother communicated to her the noticeable changes.

Problem Two

A. Child was enrolled in a daycare center where he made an excellent adjustment. The daycare center staff validated that the mother was cooperative and eager to learn behavior management techniques.

B. Student-practitioner perceived the child as more content, no longer "clinging," in sum, as more independent.
C. Mother stated that she was more effective with child's tantrums and he began to recognize that mother was consistent.

**Problem Three**

A. Client received job and self-confidence training through U.P.S.

B. Client evicted her boyfriend from her apartment. She was making plans and saving money to move to a more stimulating neighborhood.

C. Client secured employment and was no longer dependent on welfare. She enrolled her children in a stimulating daycare center.

At the termination of the task-centered treatment, client wanted additional help with Problem Two (child's behavior). The child was still a "handful" and the daycare center staff offered to continue giving support and direction to mother in how to cope with child's behavior.

At conclusion of treatment, client expressed considerable hurt and disappointment regarding her mother's ambivalence toward her and neglect she suffered as a child. Client used poor judgment in the past in sexual relations and marriage. At the end of treatment, she was still fearful about men and angry at her mother. However, her
improved self-concept helped her in her judgment regarding men, and her mother was giving her positive feedback regarding client's job and her parenting.

**Task Review Schedule**

Task #1: "Client was to evict her boyfriend from her home as he was causing conflicts, not contributing to his support and was mean to the children." Client was to ask him to leave and follow the request by contacting his parole officer and the police if necessary.

The task was formulated during Session #4 and was related to Problems One and Three (client's depression and her home life). The idea was suggested by the client. Her initial commitment was 4 on a scale from 1 (low) to 5 (high).

The task was reviewed during Sessions #6 and #7. Using the Task Achievement Scale, where the ratings were 1 (minimally achieved), 2 (partially achieved), 3 (substantially achieved), and 4 (completely achieved), client got a rating of 2 (partially achieved) during the first revision. In the next revision, client completely achieved her task.

Task #2: Client was to secure employment training through C.E.T.A., WIN or U.P.S. The task was formulated during Session #4 and was related to client's Problem One
(depression) and Three (family life or environment). It was jointly formulated by the client and the student-practitioner. Client's initial commitment was high. The task was reviewed during Sessions #5, #6 and #7. Client fully accomplished her task. Client secured training through U.P.S., which included a self-confidence training.

Task #3: Client was to secure daycare center for her children where they could receive consistent structure and stimulation. The task was formulated in Session #5 and was reviewed in Sessions #6, #7 and #8. The idea was suggested by student-practitioner. Client's commitment to task was high (5).

The task was related to Problems One (depression) and Two (child's behavior). Task was fully achieved. Client enrolled her children in an excellent daycare center upon securing job training.

Task #4: Client was to secure job in order to improve her feelings about herself, enhance her personal environment, enable her to be self-supporting and move her family to a more appropriate (desirable and safe) neighborhood. Client suggested the task during Session #6, which was related to Problems One and Three. Client completely achieved the task.
Client's Conception of Problems and Tasks

Client stated that the most important problem that she and the student-practitioner agreed to work on were:

1. Client was unhappy; she dreaded getting up in the morning and was totally depressed about her life; "I was in a rut and I couldn't get out;"

2. "My little boy wouldn't sleep or eat, cried all the time and wouldn't listen to me;"

3. "I tried to tell my mom, sisters and cousins that there was something wrong with me but they just said 'don't worry about it'."

Based on the following categories of change: Aggravated (worse); No Change; Slightly Alleviated (a little better); Considerably Alleviated (a lot better) and Problem No Longer Present*, the amount and direction of change that client thought had occurred were:

Problem One (client's depression) was no longer present;
Problem Two (child's behavior) was a lot better;
Problem Three (client's environment or housing) was a little better.

According to client, the student-practitioner grasped the true nature of her problems as she tried to describe them. Client stated that the student-practitioner and her came to an agreement as to what she might try to do to solve her problems. Client added that she and the student-practitioner agreed for her:

(1) to kick out her boyfriend;

*Used with permission of William J. Reid (1977).
(2) to get job training; (3) to get a job; (4) to get a daycare for her children; (5) to learn better ways to discipline and listen to her children; (6) to get off welfare; and (7) to move out of the housing project.

Client Assessment of Progress

Client fully accomplished Tasks 1 to 4. Client will continue working on improvement and she will be encouraged by the daycare center staff.

Client, comparing her overall situation with how it was when she sought help, expressed: "I feel much better. I have done so many things in so little time that even my mom can't believe it." When asked if she had any personal or family problem for which she thought she needed help, she responded, "I should like to find a decent guy and get married again."

Interpretation of Case E2

1. **Typology of Problem:** Reactive Emotional Distress

2. **Visual Inspection and Split Middle Method:** The inspection of the graph reveals that there were **Very Significant** changes from a clinical standpoint. There was a change in slope and in level during all the phases (Baseline, Treatment and Termination).
3. **Two-Standard Deviation**: There does not seem to be significant differences (clinical significance).

4. **Character of Evidence**:

   (a) Client's *experiential report* shows significant change in her attitudes (clinical significance).

   (b) The *social validation* offered by the mother as well as the daycare center personnel shows significant change, demonstrating the social acceptability of the intervention.

   (c) *Visual inspection* of the graph reveals *Very Significant changes* from a clinical standpoint.

   (d) *Mean values differences* between Baseline and Treatment show no change between Treatment and Termination phases (clinical significance).
Client, a 70-year-old white woman, was legally blind. She had resided in a nursing home for two years.

Client had been an active person until four years ago when she underwent a cataract operation resulting in blindness. At the time of surgery, client was suffering from diabetes, but it was not diagnosed until after surgery. As a result, she was suffering a reactive emotional distress.

Client became bitter and had a low self-image. She was afraid to take walks outside and was afraid of losing her sight completely. Client refused to talk about her feelings and blindness. Also refused to measure her attitudes or write a journal. Student-practitioner discussed the possibility of client's roommate doing the observation, but client refused. Finally, it was agreed that she would express her feelings to the student-practitioner every week.

The treatment goals were: (1) to help client improve her self image; (2) to accept her blindness; and (3) to be able to function adequately in the event she would lose her vision completely. Some of the tasks were: (1) to stand by a door and relate her feelings about doing so. It seemed too painful for the client, and the task was not completed. Later on, she agreed to (2) stand beside a window and think of the outdoors and what it meant to
her. She was to relate her feelings to the student-practitioner. This task was completed. (3) Another task was to go to ceramics classes. Her roommate had died and the client indicated feeling as if she might isolate herself again. Nevertheless, client completed her task. (4) The next task was to walk outside, accompanied by student-practitioner. The task had to be postponed several times because of inclement weather. However, on the first nice day, the first walk outside was taken. (5) Another task was to ride the "handicapped bus" to a shopping mall, which was satisfactorily completed.

Client appeared to be more satisfied with life as a result of the intervention. She expanded her environment to once again include the outdoors. She expressed wanting to take walks in the woods. She became more active socially and participated in activities, and always looked for new ones.
FIGURE-5

- - - SPLIT MIDDLE METHOD
- - - - - - - - - - - - STANDARD DEVIATION

IMPORTANT DEPENDENT VARIABLES FOR CLIENT F;

VARIABLE-1

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<tr>
<th>Morale</th>
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<tr>
<td>VERY GOOD</td>
<td>5</td>
</tr>
<tr>
<td>GOOD</td>
<td>4</td>
</tr>
<tr>
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<tr>
<td>VERY POOR</td>
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BASELINE 1 2 3 4 5 6 7 8 9 10 11 12
TREATMENT TERMINATION

VARIABLE-2

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<th>Life Satisfaction</th>
<th>WEEKS</th>
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</thead>
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</tr>
<tr>
<td>GOOD</td>
<td>4</td>
</tr>
<tr>
<td>REGULAR</td>
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<td>POOR</td>
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</tr>
<tr>
<td>VERY POOR</td>
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BASELINE 1 2 3 4 5 6 7 8 9 10 11 12
TREATMENT TERMINATION

VARIABLE-3

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<th>Verbal Communication</th>
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<td>GOOD</td>
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BASELINE 1 2 3 4 5 6 7 8 9 10 11 12
TREATMENT TERMINATION

VARIABLE-4

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<td>VERY POOR</td>
<td>1</td>
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</tbody>
</table>

BASELINE 1 2 3 4 5 6 7 8 9 10 11 12
TREATMENT TERMINATION

- - - SPLIT MIDDLE METHOD
- - - - - - - - - - - - STANDARD DEVIATION

IMPORTANT DEPENDENT VARIABLES FOR CLIENT F;
TABLE 10. MEAN VALUES FOR CASE F₁ BY VARIABLES AND PHASES

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<th>Variables</th>
<th>PHASES</th>
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</thead>
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<td>1. Morale</td>
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<td>2. Life Satisfaction</td>
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<td>3. Verbal Communication</td>
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</tr>
<tr>
<td>4. Social Participation</td>
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</table>

Summary Mean Value Differences Between Phases

Variable 1: Morale
- Baseline and Treatment — 0.2
- Treatment and Termination — 1.3

Variable 2: Life Satisfaction
- Baseline and Treatment — 1.0
- Treatment and Termination — 1.0

Variable 3: Verbal Communication
- Baseline and Treatment — 0.5
- Treatment and Termination — 0.0

Variable 4: Social Participation
- Baseline and Treatment — 0.7
- Baseline and Termination — 0.6
- Treatment and Termination — 0.9
Discussion

Variable 1: Morale

The data reveals that the morale of client increased with treatment and that, at termination, she was feeling good; that is, based on a scale from 1 to 5 (one being "very poor" and five being "very good").

Variable 2: Life Satisfaction

The table reveals that at initiation of service, the client was feeling "very dissatisfied" with life. During treatment, it changed and she felt less dissatisfied. At the end of treatment, she felt "fairly satisfied."

Variable 3: Verbal Communication

The data reveals that the client was having a "less than usual" amount of verbal communication. During treatment, she had a "regular" verbal communication. That is, she spoke more and was less withdrawn. At the end of treatment, she had kept her regular amount of communication.
Variable 4: Social Participation

The data illustrates that, when the client started the service, she was just "regular" in social participation. In other words, since client lived in a nursing home, there were certain social events in which she was supposed to participate as part of agency policies. However, during treatment, she participated "less than usual." This change can be explained by her roommate's death.

Client felt "guilty" of not being able to see that her roommate was dying and call for help. As a result, she withdrew from social activities. However, since the client had been able to communicate more, she spoke about her feelings with the student-practitioner. At the end of treatment, the client was participating more in social activities.

In short, the data reveals that the four variables were impacted by the task-centered intervention. The client's social functioning was affected by her blindness. Her reactive emotional distress did not allow the client to function adequately.

Although the intervening variable of the client's roommate's death provoked her withdrawal from activities, the fact that the other component variables were high allowed the client "to work out" her feelings and respond to the intervention,
The mean values for each variable at the termination phase indicate that client had achieved an acceptable level of social functioning. This confirms client's experiential report that she "felt better" and participated more in everyday life activities.
Problem Assessment

Client, a legally blind woman, acknowledged her target problem as inability to cope with her blindness. She was suffering a reactive emotional distress due to the loss of her sight. Client's target problem was subdivided into three sub-problems. Student-practitioner thought that by working on each variable or sub-problem, the main problem would be alleviated.

Target problems were: (1) fear of going outside, which client had suffered for the past three years; (2) poor self-image (duration, two and one half years); and (3) fear of losing her sight completely (three years' duration).

During the first interview, an agreement was reached to work on Problem One (fear of going outside) and Problem Two (poor self-image). On the fifth interview, it was agreed to work on Problem Three (fear of losing her sight completely).

By the last treatment interview, the student-practitioner used Reid's categories of change: aggravated (worse); no change; slightly alleviated (a little better); considerably alleviated (a lot better) and problem no longer present, to indicate the amount and direction of change that occurred for each problem.
By the last treatment interview, Problem One (fear of going outside) was slightly alleviated (a little better). Problem Two (poor self-image) was no longer present. Problem Three (fear of losing her sight completely) was considerably alleviated (a lot better).

The evidence for the ratings of the direction of change of the problems was based on:

**Problem One**

Client's experiential report that, although other residents told her "she didn't look blind," it didn't bother her as much. Client had a better image and was able to accept her limitations.

**Problem Two**

Client self-report that she wanted to walk more outside. Student-practitioner's observations of client independence while working with her validated the experiential report. At first, client held on to student-practitioner. Later on, client walked by herself beside student-practitioner's side. The activity therapist also validated client's change by reporting to student-practitioner that client had stated that she was no longer afraid of the outdoors. Client had expressed to the activity therapist that she wanted more outdoor activities to be planned for her participation,
Problem Three

Client experiential report of having gone out shopping and telling student-practitioner about how prices had gone up. Client indicated to student-practitioner that "she would go shopping again."

There were no additional problems for which client wanted help. Client's problems had considerable improvement.

Task-Review Schedule

Task #1: Client was to stand beside a door and "look out" thinking about what the outside meant to her. Her roommate was to write down client's feelings. Task was formulated during Session #4, to be carried on during the treatment phase. The idea for the task was suggested by the student-practitioner. Client's initial commitment to task was high (4) on a scale from 1 to 4 (one meaning low and four meaning high).

Task was reviewed during Sessions #5, #6, #7 and #8. During the first review, client achieved it minimally (1). In the next session, she achieved the task partially (2), and increased to (3), substantially achieving the task, until finally completely achieving it (4). The rating was based on Reid's Task Achievement Scale (William J. Reid and Laura Epstein, 1977; used with permission of William J. Reid), in
which the ratings were: (1) minimally achieved (or not achieved); (2) partially achieved; (3) substantially achieved; and (4) completely achieved.

Task #2: Client's task was to go to the ceramics class, as often as it was offered. Task was related to Problems Two and Three. Student-practitioner suggested the idea for task during Session #6. Task was to be reviewed during Sessions #7, #8 and #9. Client's initial commitment to task was high (5). Upon review of task, the progress rating for each review was 4, completely achieved.

Task #3: Client was to go outdoors. Task was related to Problem Two. It was suggested by student-practitioner during Session #4. Task was to be carried on during treatment phase and would be evaluated in each session. Client's initial commitment to task was high (5). Upon review of the task, the progress rating was 4 throughout the treatment phase.

Client's Conception of Problems and Tasks

Client considered that the most important problems she and student-practitioner worked on were: (1) "talking about being blind -- having others understand;" (2) "walking outside;" and (3) "going to mall-shopping."

Client thought that each of her problems were a lot better (considerably alleviated). She felt that the student-
practitioner grasped the true nature of her problems as client tried to describe them.

Client stated that the student-practitioner and her came to an agreement about what she might try to do to solve her problems. When client was asked what did she and the student-practitioner agree she should try to do, client responded: "Think about outside and finally go outside."

**Client's Assessment of Progress**

When client was asked how well she was able to carry on her first task, she responded that she was always able to talk to the student-practitioner about being blind, but at the end, "I felt she really understood my limitations and feelings." For Tasks #2 and #3, client answered that she continued "to improve in all areas," that soon after she started walking outside by herself without holding on to the student-practitioner.

When comparing her overall situation with how it was when she started the intervention, client responded "better" and added, "Oh, much better. I do more things and I never would have gone to the mall without you."

Client expressed that she had no family involvement and that she had no other problems. She added: "At times, I still get depressed about my situation, but it is not as bad as it was."
Interpretation of Case F1

1. **Typology of Problem:** Reactive Emotional Distress

2. **Visual Inspection and Split Middle Method:**

   **Variable 1: Morale:** There were changes in level and slope during all the phases (Baseline, Treatment and Termination). These can be interpreted as **Very Significant** changes from a clinical standpoint.

   **Variable 2: Life Satisfaction:** During phases A (Baseline) and B (Treatment), there was no change in level or slope. In phases B (Treatment) and A (Termination), there was no change in level but there was change in slope. The data can be interpreted as **Probably Significant** (clinical significance).

   **Variable 3: Verbal Communication:** There was a change in level but not in slope during all the phases (Baseline, Treatment, Termination). This evidence can be interpreted as **Significant** (clinical significance).
Variable 4: Social Participation: There was a change in level and slope during phases A and B. In phases B and A, there was a change in level but not in slope. It can be interpreted as Significant from a clinical (i.e., practice) standpoint.

3. Two-Standard Deviation: The standard deviation for Variable 1 is Very Significant. It is Significant for Variable 2, but Not Significant for Variable 3. However, it is Significant for Variable 4.

4. Character of Evidence:
   (a) Client's experiential report shows significant change from a clinical (i.e., practice) standpoint.

   (b) Social Validation offered by the occupational therapist shows that client improved, demonstrating the social acceptability of the intervention.

   (c) Visual inspection of the graphs of the dependent variables reveal significant results (clinical significance).

   (d) Mean values differences between Baseline and Treatment show significant change for Variables 1 and 4, no significant change for the other variables.
Client, a 22-year-old woman, sought help for her problem of living. Client was a secretary for a large company at the time of difficulties. She worried about people talking about her and thinking she was "strange." These attitudes had been getting worse over five years since she started "feeling them." She felt lonely and had difficulty in making friends. Client felt bad about herself; she felt unattractive and not "a good person."

The student-practitioner and client constructed a diary in which client would discuss her daily feelings and activities.

The intervention goals were: (1) develop assertiveness in client; (2) help her interact socially with others; (3) become less concerned with others' opinions; and (4) develop self-respect and acceptance of herself. Some of the tasks suggested by the student-practitioner to client were: (1) to talk to herself and consciously tell herself her worries were only her imagination; (2) to tell herself that others' opinions were unimportant; (3) to contact at least one old friend a week and plan to get together; and (4) to compare herself less with others.

Client began to talk more to her co-workers, thus feeling more comfortable at work and less concerned with
others' opinions about her. Client began taking art classes and re-initiated her contacts with an old friend. She began to socialize more and to participate in social discussions and lunches with co-workers.

At the end of the treatment, client was more assertive, communicated and interacted more with others.
IMPORTANT DEPENDENT VARIABLES FOR CLIENT G2

FIGURE-6
TABLE 11. MEAN VALUES FOR CASE G₂ BY VARIABLES AND PHASES

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</thead>
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<td>Positive Self-Image</td>
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<tr>
<td>Social Participation</td>
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<td>2.7</td>
<td>2.7</td>
</tr>
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</table>

Summary Mean Value Differences Between Phases

Variable 1: Positive Thinking
- Baseline and Treatment: -- 0.2
- Treatment and Termination: -- 0.8

Variable 2: Positive Self-Image
- Baseline and Treatment: -- 2.0
- Treatment and Termination: -- 0.5

Variable 3: Social Participation
- Baseline and Treatment: -- 1.5
- Treatment and Termination: -- 0.0

Discussion
The data presented in Table 11 was gathered from the client's diary. Client was to record her feelings and thoughts on a daily basis. In the sessions, she and the student-practitioner would revise the diary. If client had felt unhappy because of worrying about what others thought and said about her, or if she felt badly about herself (low self-esteem) and
felt lonely and wanting to make new friends, it was decided that she would score one. Three was the mid-point. Above three, she felt "well," and "very well" was scored as five.

In short, very poor was defined as client's worrying about the problems for which she sought help. Very well was defined when client's thoughts were positive, that is, when she had a positive self-image and participated socially with friends.

Variable 1: Positive Thinking

The data reflect changes in client's thoughts about herself. There is significant change through the three phases. At the end of treatment, client was above the mid-point.

Variable 2: Positive Self-Image

The data reveals how client's low self-esteem improved through the psychosocial intervention.

Variable 3: Social Participation

There was some change in client's social participation. Although she was not doing very well, she moved up on the scale. This evidence is corroborated by client's dating and going out with friends and co-workers.

It can be concluded that the intervention was effective.
Problem Assessment

The target problems client wanted to alleviate through treatment were: (1) she worried about people talking about her and thinking she was "strange." This problem had lasted for approximately five years before treatment. (2) Client felt lonely and had difficulty making friends. The duration of the problem was two years; and (3) client felt badly about herself. She felt unattractive and that she was not a "good person." She had that feeling all her life.

During the first interview, it was agreed to work on Problems One and Two. In the third interview, it was agreed to work on Problem Three.

At the end of the psychosocial intervention, the three problems were slightly alleviated (a little better). Reid's categories of change were used to indicate the amount and direction of change that occurred in each problem*.

The evidence for rating the problems as slightly alleviated or a little better were:

*Reid, William J. and Epstein, Laura, "Problem Assessment Schedule. Used with permission of William J. Reid (1977),
Problem One

A. **Visual inspection** of the data graphed showed that there was improvement in client's problems.

B. **Experiential reports:** Client expressed feeling more comfortable at work and less concerned with others' opinion of her. She reported talking more with her co-workers. The diary kept by the client (discussing her daily feelings and activities) corroborated client's experiential report.

C. **Social validation:** Co-workers and client's boyfriend talked about her changes.

Problem Two

A. **Visual inspection** of the graphed data showed improvement.

B. **Client's experiential report:** Taking the initiative to take art class and participate actively in it indicated improvement. She also stated she had re-initiated contact with an old friend and was going out more. Client went out to lunch with co-workers and participated in social discussions with them.

C. **Social validation:** Friends, co-workers and student-practitioner corroborated client's change.
Problem Three

The improvement was evidenced by client's diary and the student-practitioner's discussions with client during interviews. It showed that client made fewer comparisons between herself and others. Client also had a stronger belief in her opinion of herself and less reliance on others' opinions.

At the end of the psychosocial treatment, client still wanted help with her three main problems. Specifically, client wanted help in dealing with her relationship with her boyfriend. There were no other problems for which client wanted additional help.

Task Review Schedule

Task #1: During Session #3, the student-practitioner suggested the task for Problem One. The client would consciously tell herself that her worries were only in her imagination and that others' opinions were unimportant.

This task was going to be carried out during the treatment phase and would be reviewed in every session. Client's commitment to task was high (4).

The task was reviewed beginning with Session #4 and thereafter. The progress rating for each review started with a 2 (partially achieved). It went up to 4 (completely achieved) the next session; back to 2 (partially achieved), up to completely achieved (4), to substantially
achieved (3) and at the termination, client had completely achieved the task.

Task #2: This task was related to Problem Two. It was formulated during Session #3 by the client. Client was to contact at least one old friend a week and make plans to get together.

The task was to be carried on during the treatment phase and would be reviewed in each session. Client's initial commitment to task was regular (3).

When the task was reviewed, client got a progress rating of 3, or substantially achieved during the first sessions of treatment and 4, or completely achieved, the last treatment session and the first session of the termination phase.

Task #3: During the third session, the student-practitioner formulated a task related to client's Problem Three. The task was for client to make fewer statements about herself as compared to others. Client's initial commitment to task was low (2). When the task was reviewed in each session throughout the phase, the rating started with 1, minimally achieved, since client could not stop making comparisons about herself to others. However, it went up to 2, which meant that the client achieved the task partially.
Client's Conception of Problems and Tasks

Client expressed that the most important problems the student-practitioner and she worked on were: (1) worrying about what others thought and said about her at work; (2) feeling badly about herself; and (3) "loneliness, wanting to make new friends."

Client determined that the amount and direction of change was as follows: Problem One was a little better and Problems Two and Three were a lot better. She felt that the student-practitioner grasped the true nature of her problems as she tried to describe them. Also, she and the student-practitioner came to an agreement about what she might try to do to solve her problems. Client explained that she and student-practitioner agreed that she "would tell herself to stop imagining things and that sometimes her thoughts were ridiculous." Both agreed that client "should stop worrying so much about what others thought of her." Client and the student-practitioner also agreed that "she should start talking to people at work, instead of waiting for them to go to her."

Client Assessment of Progress

Client explained that in carrying out Task #1, "sometimes it worked and sometimes it didn't. She worried less though and it didn't upset her as much." For Task #2, client stated that she thought about what she needed more, but she
still worried about how she looked. She thought that she was more important than what she used to be. In reference to Task #3, client reported that she asked more questions about her work. She could say things like, "How was your week-end?" and didn't feel uncomfortable. She could talk to her boss, and she was not so nervous.

In describing her overall condition at the end of treatment as compared with how it was when she went for treatment, she said, "Better." She added that she did not worry so much, although she did at times. However, she would tell herself, "It is ridiculous, I am just having a bad day." Client was taking an art class and she just drew without worrying about what other people were doing. Client stated that she could ask more questions at work than before treatment. Also, she could go out more on dates after breaking up with her boyfriend, although she admitted that "it was pretty hard meeting new people"

Client expressed that the only personal problem she had was getting used to having broken up with her boyfriend. She added that if she needed further help, she could call the student-practitioner. She ended by saying, "I pretty well know what to do, it's just hard sometimes."
Interpretation of Case G2

1. **Typology of Problem**: Reactive Emotional Distress

2. **Visual Inspection and Split Middle Method**:
   
   **Variable 1. Positive Thinking**: There was change in level and slope in all the phases (Baseline, Treatment and Termination). The data can be interpreted as **Significant** from a clinical standpoint.

   **Variable 2. High Self-Esteem**: There was no change in level or slope in phases A (Baseline) and B (Treatment). In phases B (Treatment) and A (Termination), there was change in level but not in slope. It can be interpreted as **Probably Significant** from a clinical standpoint.

   **Variable 3. Social Participation**: Change in level and slope in phases A (Baseline) and B (Treatment). No change in level or slope in phases B (Treatment) and A (Termination). **Probably Significant** from a clinical point of view.

3. **Two-Standard Deviation**: The two-standard deviation was **possibly significant** for Variable 1. However, it was **not significant** for Variables 2 and 3.
4. **Character of Evidence:**

(a) Client's **experiential report** shows probable change in her behavior, thus becoming clinically significant.

(b) **Social validation** offered by her co-workers show client's improvement, validating the social acceptability of the intervention.

(c) **Visual inspection** of the graphs of the dependent variables show that Variable 1 shows significance and Variables 2 and 3 show probable significance.

(d) **Mean value differences** between Baseline and Treatment phases show no significant changes for Variables 1 and 3. However, there is a significant change between Baseline and Treatment phases for Variable 2.
PSYCHOSOCIAL APPROACH

Case H

Client was a 16-year-old adolescent. He was white and from a low middle class family. He was in the eighth grade although he looked small for his age. The boy was constantly fighting, had few friends and had a poor relationship with his parents. He was anxious, suspicious of everyone and depressed. Client's mother had been married for the third time and her present husband was not a "father" to the boy. Client wished for a "father figure" and was angry because he did not have one. The boy had been in "therapy" three times before but according to him, "the counselors betrayed his trust by revealing privileged information to his parents."

Student-practitioner "diagnosed" the situation as "client experiences a narcissistic injury due to an unresolved Oedipal Complex." Treatment goals were addressed to help client: (1) to experience his anger without being overwhelmed by it; (2) to be able to recognize the source and use of his anger; and (3) that client would be able to grieve that he never experienced a father-son relationship as he wished.

The treatment goals were to be attained by fostering a transference from the boy. By Session #6, the transfer-
ence and trust were accomplished. Through the intervention, he shared his innermost feelings with the student-practitioner.

By the end of intervention, the student-practitioner assessed that client's problem was slightly alleviated but that client needed "therapy in the future as other relationships deteriorate."
IMPORTANT DEPENDENT VARIABLES FOR CLIENTS

FIGURE-7
FIGURE 7 (CONTINUED)
TABLE 12. MEAN VALUES FOR CASE $H_1$ BY VARIABLES AND PHASES

<table>
<thead>
<tr>
<th>Variables</th>
<th>Baseline</th>
<th>Treatment</th>
<th>Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emotional Control</td>
<td>3.2</td>
<td>5.5</td>
<td>4.0</td>
</tr>
<tr>
<td>2. Positive Communication</td>
<td>2.5</td>
<td>6.5</td>
<td>5.7</td>
</tr>
<tr>
<td>3. Directness</td>
<td>3.0</td>
<td>5.5</td>
<td>4.0</td>
</tr>
<tr>
<td>4. Trust</td>
<td>2.5</td>
<td>5.7</td>
<td>6.5</td>
</tr>
<tr>
<td>5. Adequately Dressed</td>
<td>3.2</td>
<td>7.2</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Summary Mean Value Differences Between Phases

Variable 1: Emotional Control
- Baseline and Treatment: 2.3
- Treatment and Termination: 1.0

Variable 2: Positive Communication
- Baseline and Treatment: 4.0
- Treatment and Termination: 0.8

Variable 3: Directness
- Baseline and Treatment: 2.5
- Treatment and Termination: 1.0

Variable 4: Trust
- Baseline and Treatment: 3.2
- Treatment and Termination: 0.8

Variable 5: Adequately Dressed
- Baseline and Treatment: 4.0
- Treatment and Termination: 0.2
Discussion

The data presented in Table 12 was gathered by student-practitioner observations and client self-reports.

Student-practitioner $H_1$ measured the five variables which he considered as indicators of his client's problem of living, reactive emotional distress. A scale was constructed of 12 gradations: one was the negative behavior, six (the mid-point) indicated "mixed expressions," that is, not totally positive but not negative, in other words, behavior or expression that could be acceptable. On the scale, twelve was the positive behavior or feeling. Therefore, above six, the behavior was "positive" or acceptable. Below six, it "was not acceptable."

Variable 1: Emotional Control

When the client started treatment, he showed a volatile behavior. He did not have control of his emotions. He had outbursts and was aggressive. The data show that the client's behavior before treatment was 3.2, or unacceptable. During treatment, it went slightly over the mid-point, becoming more acceptable. At the termination of the treatment, he was using more acceptable ways of controlling his emotions.

Variable 2: Positive Communication

Client's verbal communication was aggressive. It was undesirable and unacceptable during the
assessment phase. During treatment phase, client's verbal communication improved, and at termination, he ended with a marginally acceptable verbal communication.

Variable 3: **Directness**

At the initiation of the intervention, client was manipulative in order to obtain whatever he wanted. During intervention, he improved his behavior. At the end of treatment, he was less manipulative. There was a marginal improvement in his behavior.

Variable 4: **Trust**

Initially, client was very suspicious. During treatment, he learned to trust the student-practitioner. He improved in this area (even though there was an intervening variable of client's being arrested and going to jail); he still trusted the student-practitioner.

Variable 5: **Adequately Dressed**

Client was messy, dirty, shoeless, not adequately dressed for the interviews. During intervention, he improved considerably. At the end of treatment, he was dressed appropriately.

In short, the data reveal that there were changes in client's behavior. His improvement can be classified as marginal, since some areas remained unacceptable. These data confirm the student-practitioner's statement that client
"was more ill than he thought" and that "he should con-
tinue further treatment."
PSYCHOSOCIAL APPROACH

Case H₁

Problem Assessment

The target problem the client wished to alleviate through treatment was (1) to be able to control his anger. He had difficulties in agreeing to any goals and to any ending of relationships. He was afraid he would lose control of himself and "go crazy." (2) He also wanted to be able to trust people.

An agreement to work on the first target problem was reached during the first interview. At the end of the treatment, the problem was slightly alleviated.

The evidence used for rating the change in the problem as being slightly alleviated was based on the client's verbal report that although he was still enraged, he was able to control his anger. Through the visual inspection of the data graphed, it could be observed that the client gained some control over experiencing his anger. The mother expressed there had been a "slight change" in her son's behavior.

The client did not want any additional help for his problem at the termination of the psychosocial treatment. However, during the treatment: (1) he wanted help in getting released from the juvenile detention home where he was being held for six days. (2) He also expressed interest
in being helped when he told his mother of his needs. At the end of treatment, he wanted help with his problem of telling his mother of his needs.

**Task Review Schedule**

Task #1: Client was supposed to keep a diary of the times he was angry. This task was suggested by the student-practitioner in Session #3. Client's initial commitment to task was low. When it was reviewed in the next session, the client had not achieved the task. He refused to do it and did not do it at all.

Task #2: Because client was highly suspicious and didn't trust anyone, including the student-practitioner, the student-practitioner geared his goal toward having client formulate a task regarding "trust."

The client formulated a task during Session #4 that he would trust the student-practitioner if he revealed he was trustworthy. Client was highly committed to the task. In the following session, the task was evaluated and the client remained "suspicious," not participating in the interview. The rating was 1, minimally achieved.

During the following sessions, client gained confidence and "trusted" the student-practitioner, revealing more of his feelings. The ratings for the task were 2 (partially achieved), 3 (substantially achieved), and
4 (completely achieved). By the end of treatment, the client "trusted" the student-practitioner.

Task #3: This task was formulated by the client in the last session of treatment. He was going to try to bring his parents to a session.

Client did not achieve the task the first time. However, he completely achieved it in Session #10, when his parents went to a session. However, the parents refused to attend the next interview, but they attended the last one to express their views on the client's functioning.

Client's Conception of Problems and Tasks

The client expressed that he was "not sure" of the most important problem he and the student-practitioner worked on. He stated "Anger, I guess." He determined that the amount of change he thought occurred in his problem was that the problem was "considerably alleviated." Client stated that he felt the student-practitioner grasped the true nature of his problem as the client described it. However, he was "uncertain" as to whether the student-practitioner and he had reached an agreement about what he might do to solve his problem. Client did not elaborate on his answer and refused to do so.
Client's Assessment of Progress

Client replied that his overall situation at the end of treatment was "a lot better" compared with how it was when he first started treatment.

Client indicated that he did not have any personal or family problems with which he needed help.

The client was not too communicative and his answers were short and uncertain.

Client's responses, student-practitioner assessment of the problem and the evidence graphed, demonstrate that the problem was slightly alleviated (a little better) at the end of treatment. The data corroborated and amount and direction of change that occurred in the problem by the last treatment interview. Student-practitioner used Reid's categories of Change for his rating, in other words: Aggravated, No Change, Slightly Alleviated (a little better), Considerably Alleviated (a lot better) and Problem No Longer Present*.

Interpretation of Case H1

1. Typology of Problem: Reactive Emotional Distress

2. Visual Inspection and Split Middle Method:

Variable 1. Emotional Control: There were changes in slope and level in all the phases (Baseline, *Reid, William J, and Laura Epstein, "Problem Assessment Schedule," Used with permission of William J. Reid (1977),
Treatment and Termination). Data can be interpreted as Very Significant from a clinical standpoint.

Variable 2. Positive Communication: No change in level or slope in phases A (Baseline) and B (Treatment). Change in level and slope in phases B (Treatment) and A (Termination). Probably Significant from a clinical point of view.

Variable 3. Directness: No change in level or slope in phases A (Baseline) and B (Treatment). No change in level but change in slope in phases B (Treatment) and A (Termination). Probably Significant (clinical significance).

Variable 4. Trust: No change in level or slope in phases A (Baseline) and B (Treatment). Change in level and slope in phases B (Treatment) and A (Termination). Probably Significant (Clinical significance).

Variable 5. Adequately Dressed: Change in level but not in slope in phases A (Baseline) and B (Treatment). Change in level and slope in phases B (Treatment) and A (Termination). Significant (clinical significance).
3. **Two-Standard Deviation**: Variable 1 reveals a **significant difference**. However, there were no **significant differences** on the rest of the variables.

4. **Character of Evidence**:

   (a) Client's **experiential report** shows a probable change in his behavior.

   (b) **Social validation** offered by the student-practitioner of changes in client's behavior demonstrated the social acceptability of the intervention.

   (c) **Visual inspection** of the graphs of the dependent variables show Very Significant change for Variable 1, Significant change for Variable 5, and Probably Significant change for Variables 3 and 4.

   (d) **Mean value differences** between Baseline, Treatment and Termination phases show **significant** change for Variables 1, 2 and 3 across the three phases. Variable 4 shows **probable** change across the three phases. Variable 5 shows **significant** change across Baseline and Treatment phases, but **not significant** change in the Treatment and Termination phases.
Client, a ten-year-old-boy, had a learning disability (dyslexia). As a result, he was failing in reading. His family was an upwardly mobile black family, having a strong need for the child to succeed. The client had lost interest in school because of his failure. He became withdrawn. He refused to participate in games and other activities with children. He refused to express his feelings and kept quiet most of the time. In school, his behavior was labeled as "strange" and "bizarre" by the teachers. Client would not participate in class and would spend the time drawing.

Client was in a "slow-learning" class. His teacher was experiencing a variety of stresses both personally and professionally. She was unable to deal with the additional "pressure" from the client's behavior. She was unable to understand the relationship between client's behavior and his failing grades.

The child's mother recognized that her son was having "some learning problems at school," but was unaware there was any serious difficulty until the teacher called her. The mother took the child to a pediatrician for "medication." The pediatrician refused to prescribe any medication but suggested that the boy should receive counseling.
The student-practitioner decided that client needed help in: (1) having realistic pressures placed on him by parents and teachers; and (2) client needed help in rebuilding his self-confidence. Student-practitioner "diagnosed" the situation as a Psych/Behavioral Problem.

The treatment was addressed toward enhancing client's self-esteem since, by having the child regain confidence, his other problems could be alleviated.

The three tasks assigned to client were to be carried on during the entire treatment session. They were: (1) to have the child draw how things went on daily in school; (2) to participate in games; and (3) to participate in class. The goals of the treatment were: (1) to obtain client's cooperative behavior; (2) to develop a positive communication (i.e., to express his feelings and talk about them); (3) to develop his social participation through playing with peers; and (4) to develop a positive self-image in the child.

Client carried out some of the tasks. At the end of treatment, the child was participating more in games, talked about his feelings, and shared with others. He improved his behavior in the classroom and, as a result, his self-image was better.

The parents and the teacher indicated that some improvement had been observed in the child as a result of the intervention.
The graphed data demonstrate that there were changes in his behavior. Student-practitioner observed changes in client's behavior (i.e., he laughed at jokes, participated in the sessions and his drawings did not show him as a "tiny" figure surrounded by "big" figures).

In conclusion, the intervention was effective in helping client's Psych/Behavioral Problem.
Figure 8: Important dependent variables for client HZ.
TABLE 13. MEAN VALUES FOR CASE H₂ BY VARIABLES AND PHASES

<table>
<thead>
<tr>
<th>Variables</th>
<th>Baseline</th>
<th>Treatment</th>
<th>Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cooperative Behavior</td>
<td>1.7</td>
<td>2.7</td>
<td>3.0</td>
</tr>
<tr>
<td>2. Positive Communication</td>
<td>2.0</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>3. Social Participation</td>
<td>2.2</td>
<td>4.7</td>
<td>5.0</td>
</tr>
<tr>
<td>4. Positive Self-Image</td>
<td>2.5</td>
<td>4.0</td>
<td>3.7</td>
</tr>
</tbody>
</table>

Summary Mean Value Differences Between Phases

Variable 1: Cooperative Behavior
- Baseline and Treatment: -- 1.0
- Treatment and Termination: -- 0.3

Variable 2: Positive Communication
- Baseline and Treatment: -- 3.0
- Treatment and Termination: -- 0.0

Variable 3: Social Participation
- Baseline and Treatment: -- 2.5
- Treatment and Termination: -- 0.3

Variable 4: Positive Self-Image
- Baseline and Treatment: -- 1.5
- Treatment and Termination: -- 0.3
Discussion

The data presented in Table 13 was gathered by the student-practitioner's observations, client's drawings and self-reports.

The four variables which were considered observable manifestations of client's problem (Psych/Behavioral Problem) were measured by the student-practitioner. A five-point scale was constructed. One was the very poor behavior and five, the very good behavior. Three was the mid-point (indicating a regular or acceptable behavior).

Variable 1: Cooperative Behavior

When client went to the agency, his behavior was labeled as "bizarre." Client was "bad" and did not participate or cooperate in class. The data illustrates that his behavior was 1.7, very poor. During the intervention, his behavior improved slightly (2.7). At the termination of the treatment, the child's behavior was "acceptable" (3.0).

Variable 2: Positive Communication

At the beginning of the service, client did not want to talk. He was quiet, answering questions with "yes" or "no" when asked. The data show that his verbal communication was poor (2.0). During the treatment phase, the child became interested, volunteered information, eagerly participated in a conversation, was able to joke and laugh.
His communication became positive, reaching the "very good" level (5.0). During termination phase, the communication remained very good (5.0). This evidence demonstrates that the intervention was effective in helping the child to communicate more positively.

Variable 3: Social Participation

Before the intervention, the client did not interact with peers. He sat alone and refused to participate in games. The data reflect that his social participation was poor (2.2).

During treatment phase, client began to play passively (alone but next to other children). Slowly he began to play games without competing (i.e., desire to win). As treatment progressed, client showed eagerness to play and wanted to win. His improvement reached almost the very good level (4.7).

By termination, the child's social participation was 5.0; he had reached a very good social behavior. The evidence leads the writer to conclude that the psychosocial intervention was effective in developing client's social participation.

Variable 4: Positive Self-Image

Before treatment, client's self-image was poor (2.5). He remained alone, wouldn't talk and did
not express any verbal feelings. His drawings showed him as a small, insignificant figure surrounded by adults drawn big and with serious facial expressions.

The intervention was effective; the child's self-image improved (4.0). At termination, it was 3.7, which can be interpreted as meaning that the intervention was effective.
Problem Assessment

The target problems the client wanted to alleviate through treatment were: (1) his school grades; (2) his self-esteem; and (3) overcoming his fears of talking to others and playing with other children.

It was agreed in the first two sessions that the treatment was addressed to work on the three problems as one since the student-practitioner saw them as interrelated and falling into the Psychological/Behavioral Problem category.

At the end of treatment, the Psychological/Behavioral Problems were slightly alleviated or a little better. To indicate the amount and direction of change that occurred for the problem, the student-practitioner used Reid's Categories of Change, that is: Aggravated, No Change, Slightly Alleviated (a little better), Considerably Alleviated (a lot better) and Problem No Longer Present*.

The evidence for the problem rating was based on: (1) the school report card received by client which showed that most of his grades had improved; and (2) the client's experiential report stating that he felt better about himself as compared to how he felt in January when he started treat-

*William J. Reid and Laura Epstein, "Problem Assessment Schedule." Used with permission of William J. Reid, (1977).
ment. Also, client was able to speak freely of his fears and was able to play with other children.

Through the visual inspection of the graphed data, the change can be perceived. The parents and teacher validated that the client had improved in his overall social functioning.

At the end of treatment, the client still wanted some help to continue improving his grades. However, the client did not want help for any other problems.

Task Review Schedule

Task #1: The task was formulated by the student-practitioner in Session #4 and it was to be carried on during the treatment phase. The task was for client to draw how he perceived things that went on at school. The task was addressed to client's problems in school (failing grades), low self-esteem and fear of talking and playing with other children.

Initially, client's commitment to task was a midpoint (3), that is, between one meaning low and five meaning high. At first, client did not work on the task. In the following session, he partially achieved it. He did not work on it for the following review and for the final session's review, client had completely achieved the task.
Task #2: Client was to play with other children. The task was related to Problem Three (fear of talking and playing with others). The task was to be carried on through the treatment session. It would be reviewed in each session. Task was formulated by the student-practitioner in Session #4. Client's initial commitment to task was 3, a midpoint between 1 (low) and 5 (high).

During the treatment sessions, the task was reviewed. The first review demonstrated that client did not accomplish the task. During the following three sessions, the rating for each review was a 4, or completely achieved, on a scale from 1 to 4 (1 meaning minimally achieved and 4, completely achieved).

Task #3: The task was for client to participate in class. It was formulated during Session #4 by the student-practitioner. The task was related to Problem One (failing grades). Client's initial commitment to task was high (4).

Upon review of the task during the first treatment session, it was found that client did not achieve the task. In the following session, he partially achieved it. In the next to last session, the client had substantially achieved the task. However, when reviewed in the last session, it was found that client had partially achieved it.
Client's Conception of Problems and Tasks

Client stated that the most important problem(s) he and the student-practitioner worked on were "problems at school." Client considered that his problems at school were a "lot better" after the intervention.

According to the client, he was uncertain as to whether or not the student-practitioner had grasped the true nature of his problems as he tried to describe them and added that there had been "no agreement" about what client might try to do to solve his problems. He refused to elaborate his statement.

Client's Assessment of Progress

When client was asked how well he was able to achieve Task #1, he responded that he drew what went on daily in school. Client added that he played with other children and tried to participate more in class.

In assessing how his overall situation was at the end of treatment as compared to when he first went to the agency, client responded, "Better." He did not know whether or not he had any other personal or family problems for which he wanted additional help.
Interpretation of Case H2

1. **Typology of Problem**: Psych/Behavioral Problem

2. **Visual Inspection and Split Middle Method**:

   Variable 1. **Cooperative Behavior**: Change in level and slope in phases A (Baseline) and B (Treatment). No change in level but change in slope in phases B (Treatment) and A (Termination). **Significant** (clinical/practice significance).

   Variable 2. **Positive Communication**: Change in level and slope in phases A (Baseline) and B (Treatment). No change in level or slope in phases B (Treatment) and A (Termination). **Probably Significant** from a clinical/practice standpoint.

   Variable 3. **Social Participation**: Change in level but not in slope in phases A (Baseline) and B (Treatment). No change in level but change in slope in phases B (Treatment) and A (Termination). **Probably Significant** from a clinical/practice standpoint.
Variable 4. **Positive Self-Image**: Change in level and slope in phases A (Baseline) and B (Treatment). No change in level but change in slope in phases B (Treatment) and A (Termination). **Probably Significant** (clinical significance).

3. **Two-Standard Deviation**: There were **No Significant** differences in Variables 1 and 4. There was a **Possible Significance** in Variable 2. Variable 3 showed **Significance**.

4. **Character of Evidence**:

(a) Client's **experiential report** shows probable change.

(b) **Social validation** offered by the teachers shows client's improvement.

(c) **Visual inspection** of the graphed dependent variables shows that Variable 1 was **Significant**, and Variables 2, 3 and 4 showed **Probable Significant** change.

(d) **Mean value differences** between Baseline and Treatment phases show Variable 1 to have **probably significant change** from Baseline to Treatment but **no change** from Treatment to Termination phase. Variables 2 and 4 follow the same pattern. Variable 3 shows **significant difference** across all phases.
PSYCHOSOCIAL APPROACH

Case I

Client, a white, 36-year-old woman, asked for help in coping with her reactive emotional distress. Client had been separated eight months from her husband. She felt uncertain about the future of her marriage. Client had a low self-esteem, was fearful of rejection, while at the same time, she was searching for love and security.

The treatment goals were reached after an agreement between client and student-practitioner of what client's problems were. It was decided that the treatment would be addressed: (1) to help client develop stronger self-identity and confidence; (2) to understand her needs for relationships and fear of rejection; and (3) to make a rational decision about continuation of marriage. The client would monitor her feelings of dependence/independence on a 1-6 scale, based on previous experiences of feeling insecure about meeting her needs and feeling successful at it. She would also record in a diary device what her daily needs were and how she met them.

During the treatment phase, student-practitioner role-played ways to communicate assertively with her lover, using the technique of repeating her assertive statements. Among the tasks during this phase were: (1) to read the
book, *Love and Addiction*; (2) to record three things she did that made her feel good about herself; (3) to record three positive strokes she received from other people; and (4) to cut out negative thoughts and to replace them with positive thoughts about her worth.

As a result of treatment intervention, client increased her assertive behavior with her children, husband and her boss. Evidence of her assertive behavior were: cutting out "temper tantrums," recognition of and stopping "games" played with her love. Client requested a raise in her job and also explained to her children her needs for a Saturday night date, rather than "playing the martyr role."

Client's self-esteem increased as evidenced by her going to meetings on her own. Client increased awareness of her "childish" behavior and replaced it with a rational and assertive adult behavior.

Client became aware of how she was holding on to her husband not because of love but for other reasons (i.e., feeling secure and protected if she should break up with her married lover. She had an honest conversation with her husband regarding a divorce.

Client's experiential report: Her dependence/independence scale and her diary demonstrates she improved by the treatment. The student-practitioner also observed client's change.
CLIENT I: SELF-ANCHORING SCALE FOR DEPENDENCE/INDEPENDENCE

FIGURE 9
TABLE 14. MEAN VALUES FOR CASE 12 BY PHASES

<table>
<thead>
<tr>
<th>PHASES</th>
<th>Baseline</th>
<th>Treatment</th>
<th>Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>3.7</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>5.2</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>4.7</td>
<td>5.8</td>
<td></td>
</tr>
<tr>
<td>3.8</td>
<td>4.7</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td>Total Summary X</td>
<td>3.4</td>
<td>4.5</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Mean Differences Between Phases

Difference between Baseline and Treatment  -- 1.1
Difference between Treatment and Termination  -- 1.0

Discussion

The data in Table 14 shows that, on an anchor scale from 1 (low esteem, feeling very dependent) to 6 (high self-esteem, very independent), the client moved toward high self-esteem and an independent feeling during treatment, ending with high self-esteem and high independence. The data demonstrates that the treatment was effective.
Problem Assessment

The target problems the client most wished to alleviate through treatment were: (1) to be able to decide about the future of her marriage. She had had marital problems for ten months before seeking help. (2) She lacked confidence in herself. Low self-esteem. Client had had problem for four years before starting treatment. (3) She lacked assertiveness and was unable to be independent. She had had the problem for four years before starting treatment. During the first interview, an agreement was reached to work on the problems.

By the last treatment, the amount and direction of change that occurred were evaluated using Reid's Categories of Change*. Aggravated (worse), No Change, Slightly Alleviated (a little better), Considerably Alleviated (a lot better) and Problem No Longer Present. Problem One (need to decide about the future of her marriage) was no longer present. Problems Two and Three (lack of self-esteem and lack of assertiveness) were considerably alleviated (a lot better).

The evidence used for the problem ratings given above were:

*Used with the author's permission.
Problem One
A. Client told her husband she wanted a dissolution.
B. Client expressed that she was convinced of her decision in spite of anticipated financial difficulties.
C. She made the decision in spite of breaking up with her lover.

Problem Two
A. Client was interested in exploring new career/educational possibilities.
B. Client attended several meetings on her own.
C. Client made plans for a vacation for herself and her two children.

Problem Three
A. Client was assertive when she complained to her boss about overwork and being underpaid.
B. Client related to her husband as an assertive adult when she asked for the dissolution of their marriage.
C. She was assertive with her lover in requesting a more considerate and "decent treatment" on his part.
At the termination of the psychosocial treatment, client did not want any additional help for her problems.

**Task Review Schedule**

Tasks were reviewed using the Task Achievement Scale*, The ratings of the scale are; (4) completely achieved, when the tasks were fully accomplished; (3) substantially achieved when the task was largely accomplished but further action was needed to be taken before full accomplishment was realized; (2) partially achieved, demonstrable progress was made on the task but considerable work remained to be done; and (1) minimally achieved (or not achieved) when no progress was done.

Task #1: The task was formulated in Session #4 by the student-practitioner. It was related to client's three problems. The task was for the client to read the book, Love and Addiction and discuss it with the student-practitioner. Client's initial commitment was 4 on a scale from 1 (low) to 5 (high). The task was first reviewed in Session #6 and a rating of 3 (substantially achieved) was given. In Session #6, client had finished the book. The task was rated 4 (completely achieved).

Task #2: Client was to record three things that made her feel good about herself and also to record three positive strokes she received from other people. The task was related

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*William J. Reid and Laura Epstein, "Problem Assessment Schedule." Used with permission from William Reid (1977).
to client's three problems. Client's initial commitment to task was 4. It was formulated in Session #5 by student-practitioner. The task was reviewed throughout the treatment phase. Each time, the client received a progress rating of 4 (completely achieved).

Task #3: Client was instructed to cut out negative thoughts and to replace them with positive thoughts about her worth. The task was related to client's problems. Student-practitioner formulated the task in Session #6. It was reviewed in Sessions #7 and #8. Client's initial commitment was 4. Upon review of the task, client got a rating of 2 (partially achieved). By the end of the intervention, she had fully accomplished the task (4).

Client's Conception of Problems and Tasks

Client stated that the most important problems that she and the student-practitioner worked on were: (1) to decide about the future of her marriage; (2) lack of self-confidence; and (3) lack of assertiveness and independence.

Client thought that the amount and direction that had occurred in her problems by the last treatment were: Problem One was no longer present. She had asked her husband for a divorce. Problems Two and Three were a lot better. She felt more confident and, as a result, more assertive.
According to client, the student-practitioner grasped the true nature of her problems. She added that the student-practitioner and her agreed about what she might try to do to solve the problems. The client added that it was agreed that she should keep a diary as a means for "self-evaluation." Also, the client should replace negative thoughts with positive ones about her worth. Further, she should become more assertive and assume responsibilities for her own needs and behaviors.

Client's Assessment of Progress

Client assessed the tasks she worked on to alleviate her problems. She stated that she decided to obtain a divorce and that she felt able to survive on her own. As she became more confident, she had less "temper tantrums" and was able to see things clearly.

According to client, her overall situation at the end of treatment as compared with how it was when she first went for treatment was "better." She was able to make decisions and deal with emotions more confidently and assertively. Client indicated that she didn't have any problems at the end of treatment for which she needed help. Client was satisfied with the results of the treatment.

Interpretation of Case 12

1. Typology of Problem: Psych/Behavioral Problem
2. **Visual Inspection and Split Middle Method:** The data revealed that there was no change in level or slope in phases A (Baseline) and B (Treatment). There was a change in level but not in slope in phases B (Treatment) and A (Termination). The data can be interpreted as **Probably Significant** from a clinical (i.e., practice) standpoint.

3. **Two Standard Deviation:** It can be interpreted as **Probably Significant** (clinical significance).

4. **Character of Evidence:**
   
   (a) Client's **experiential report** can be interpreted as **Probable Change** in her attitudes, feelings and behavior.

   (b) **Social validation** offered by the student-practitioner indicating observable changes in client's behavior demonstrates the social acceptability of the intervention.

   (c) **Visual inspection** of the graph can be interpreted as **Probably Significant** from a clinical standpoint.

   (d) **Mean Value Differences** between Baseline and Treatment and Treatment and Termination phases show a **Probably Significant Change** across phases (clinical significance).
Client, a 32-year-old woman, was feeling depressed, anxious and having marital conflicts.

Student-practitioner L diagnosed her problem as "dissatisfaction in social relations." He constructed a diary which client should use on a daily basis to write her feelings, attitudes and behavior.

The treatment goals were to: (1) alleviate depression; (2) alleviate anxiety; and (3) resolve her marital conflict.

Among the tasks formulated by student-practitioner were: (1) to ventilate her anger by "beating" her bed with a tennis racket; (2) to practice relaxation techniques when anxious; (3) to talk to her husband; and (4) to go out on at least "one date" per week.

After the intervention, the client indicated that her depression was no longer present. She felt more relaxed and recognized her love for her husband, deciding to go back with him. Because of her changes in feelings, client's husband made positive changes.

At the end of intervention, client expressed interest in continuing treatment, so that she would become more assertive and make better decisions.

In short, client's problems of living were alleviated with the structured psychosocial intervention.
CLIENT L2 MONITORING DAILY DEPRESSION AND ANXIETY EPISODES

FIGURE 10
TABLE 15. MEAN VALUES FOR CASE $L_2$ BY PHASES

<table>
<thead>
<tr>
<th>Overall Feeling for the Day</th>
<th>PHASES</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Treatment</td>
<td>Termination</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>3.7</td>
<td>2.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>3.5</td>
<td>2.8</td>
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</tr>
<tr>
<td>3.4</td>
<td>3.4</td>
<td>2.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8</td>
<td>2.7</td>
<td>2.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Summary X</td>
<td>3.3</td>
<td>3.3</td>
<td>2.4</td>
<td></td>
</tr>
</tbody>
</table>

Summary Mean Value Differences Between Phases

- Baseline and Treatment -- 0.0
- Treatment and Termination -- 0.9

Discussion

The table reveals that there was improvement in client's feelings of depression, as a result of the psychosocial intervention.
PSYCHOSOCIAL APPROACH

Case L2

Problem Assessment

The target problems client most wished to alleviate through treatment were: (1) her feelings of depression, which she had had for two years. This was the problem of greatest importance to her. (2) Her anxiety, which she had felt for the last year before starting treatment; and (3) marital conflict, of four months' duration.

During the first two interviews, it was agreed that client's problem of living fell in the Problem Category of Interpersonal Problem. As a result, it was agreed to work on her three difficulties.

The amount and direction of change that occurred by the last treatment interview was as follows: client's depression was considerably alleviated as well as her marital conflict. As a result, her anxiety was no longer present.

The amount and direction of change that occurred for each problem was based on Reid's Categories of Change*. Therefore, Problem One was considerably alleviated, or a lot better, as well as her marital conflict (Problem Three). Through feeling a lot better or having her problems

*William J. Reid and Laura Epstein "Problem Assessment Schedule." Used with permission from William Reid (1977).
considerably alleviated, client's anxiety disappeared. Therefore, Problem Two was no longer present.

The evidence used for the problem ratings given above was:

**Problem One**

A. **Experiential Report**: Client stated that she was no longer depressed. Her symptoms (insomnia, feeling "bad") had pretty much subsided.

B. **Visual inspection**: Upon inspection of client's graphed frequency of feelings of depression, it could be observed that she improved considerably with the treatment.

C. **Social Validation**: Student-practitioner perceived client no longer appearing depressed. Client's husband also expressed perceiving changes in client's social functioning.

**Problem Two**

Client expressed that by being "relaxed," her anxiety had disappeared. Also, student-practitioner observed that client was no longer fidgety during the interview.

**Problem Three**

Client stated she "definitely" loved her husband and
had observed significant changes in him as a result of her own changes. Client decided to go back with her husband as soon as he would sell the trailer he lived in and move in with her.

At the termination of treatment, the client did not want additional help for any of these problems. At the end of treatment, client indicated that if she could afford to continue paying treatment, she would like to become more assertive and make better decisions. This problem was related to her main problem of depression.

**Task Review Schedule**

Task #1: Client was to find appropriate ways to ventilate anger such as "beating" her bed with a tennis racket. This task was related to Problem One, her feelings of depression. It was formulated during Session #5 by the student-practitioner. The client's initial commitment to the task was fair (3) on a scale from 1(low) to 5(high). The task was reviewed during the following three sessions of treatment since client was supposed to keep doing it. On the first revision (Session #6), the rating was 2 (partially achieved) on a scale from 1 (minimally achieved) to 4 (completely achieved). During the following two sessions, the client substantially achieved the task or a 3 in the task achievement scale.
Task #2: Client was to practice relaxation technique when anxious. Task was related to client's problem of anxiety (Two) and was formulated in Session #5 to be continued throughout the treatment phase. It was suggested by the student-practitioner, and the client's initial commitment was high (4). Task was reviewed throughout the treatment phase sessions. The first progress rating was 3, or substantially achieved. Afterwards, it was 4, or completely achieved.

Task #3: Client was to talk things out with husband and go out on at least one "date" per week. This task was a joint idea (student-practitioner and client) and was carried on during the treatment phase. The client's initial commitment to the task was high (5). However, when it was first reviewed, a rating of 1 (minimally achieved) was given. For the next session, client substantially achieved the task, obtaining a rating score of 3 or substantially achieved. At the last session, client had completely achieved the task (4). As a result, the couple were going back together.

Client's Conception of Problems and Tasks

Client numbered the problems in order of their importance to her: (1) depression; (2) anxiety; (3) marital conflict).
Client determined that her main problem (1) depression was a lot better as well as her marital conflict (3). Her anxiety problem (2) no longer existed.

According to the client, the student-practitioner grasped the true nature of her problems as she described them to him. Both client and student-practitioner came to an agreement about what she might try to do to solve her problems.

Client stated that she and the student-practitioner agreed on three specific tasks (one for each problem) which she was supposed to carry on to solve her specific problem. For example: to learn to express anger in order to alleviate her depression, to learn relaxation techniques in order to cope with her anxiety and to learn to talk with her husband and go on dates with him.

Client's Assessment of Progress

Client stated that she was able to carry on the task of expressing anger very well. She said that after "ups and downs" during treatment her depression lifted. By practicing relaxation techniques, she learned to cope with her anxiety. Finally, "it disappeared." Client stated that at first, it was hard for her to talk with her husband and go on "dates." However, as she kept doing it, she realized "she loved him" and wanted him back.
Client expressed that her overall situation after treatment as compared to how it was when she first went to the agency was "much better." She added, "I feel normal and real again."

Client stated that she had no personal or family problems for which she thought she needed help.

**Interpretation of Case L2**

1. **Typology of Problem:** Interpersonal Problem

2. **Visual Inspection and Split Middle Method:** The visual inspection reveals that there was a change in level and slope in phases A (Baseline) and B (Treatment). In phases B (Treatment) and A (Termination), there was a change in level but not in slope. The evidence can be interpreted as **Significant** from a clinical standpoint.

3. **Two-Standard Deviation:** The standard deviation may be considered as Probably Significant (clinical significance).

4. **Character of Evidence:**
   (a) Client's **experiential report** shows significant change.
   
   (b) **Social validation** offered by the husband shows client change, demonstrating the social acceptability of the intervention.
   
   (c) **Visual inspection** of the graph can be interpreted as **Significant** (clinical significance).
(d) **Mean differences** between Baseline and Treatment and Treatment and Termination phases show no significant change between Baseline and Treatment, but significant change between Treatment and Termination phase.
Discussion of Table 17

Table 17 summarizes the different instruments used to demonstrate the evidence of effectiveness evaluated using N=1 methodology.

The criteria used for considering a change in celeration lines as well as in the standard deviation test, Very Significant, Significant, Probably Significant and No Significance, was clinical significance; that is, whether or not the amount of client change could be compared with the amount of change thought desirable (Kazdin, 1976).

In the analysis of the two-standard deviation test results, Very Significant means when 3/4 to all of the data points are outside the two-standard deviation limits. Significant denotes that approximately 1/2 to 3/4 of the data points are outside the standard deviation limits. Probably Significant means that 1/4 to 1/2 of the data points are outside the standard deviation limits. Not Significant means that less than 1/4 of the data points are outside of the two standard deviation limits.

In summ, the identification of the data as significant or not was based on clinical significance and not statistical significance.
### TABLE 17. EVIDENCE OF EFFECTIVENESS EVALUATED USING N = 1 METHODOLOGY

#### A. Task-Centered System

<table>
<thead>
<tr>
<th>Cases</th>
<th>Experiential Reports</th>
<th>Visual Inspection</th>
<th>Differences of Mean Values between Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Split Middle Method</td>
<td>Mean Value And Two Standard Deviation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B₁</td>
<td>&quot;I feel great. I know now what to do to relax while talking. I feel confident.&quot;</td>
<td>No change in level but change in slope in phases A and B. No change in level, change in slope in phases B and A.</td>
<td>[ +2S = 14.4 ] [ -2S = -6.2 ] N.S.*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ \bar{X} = 4.1 ]</td>
</tr>
<tr>
<td></td>
<td>Variable 1. Change in level and slope in phases A and B. Change in level, no change in slope in phases B and A.</td>
<td><strong>Significant</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C₁</td>
<td>&quot;I am better. I don't fight and try to do my best, although I still have some bad days.&quot;</td>
<td>Variable 2. No change in level or slope in phases A and B. Change in level and slope in phases B and A.</td>
<td>[ +2S = 5.2 ] [ -2S = 0.8 ] N.S.*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ \bar{X} = 2.2 ]</td>
</tr>
<tr>
<td></td>
<td>Variable 3. Change in level and slope in phases A and B. No change in level but change in slope in phases B and A.</td>
<td>Variable 3.</td>
<td>[ +2S = 2.6 ] [ -2S = 0.4 ] S.*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Significant</strong></td>
</tr>
</tbody>
</table>

**NOTES:** V.S. designates Very Significant  
S. designates Significant  
P.S. designates Probably Significant  
N.S. designates Not Significant
### TABLE 17. EVIDENCE OF EFFECTIVENESS EVALUATED USING N = 1 METHODOLOGY (continued)

<table>
<thead>
<tr>
<th>Cases</th>
<th>Experiential Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D</strong></td>
<td>&quot;I feel happier. I know my limitations and recognize my responsibilities. I know that I have improved a lot.&quot;</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td>&quot;I feel much better. I have done so many things in so little time that even my mother can't believe it.&quot;</td>
</tr>
<tr>
<td><strong>F</strong></td>
<td>&quot;Oh! I feel so much better. There is so much more I can do! And I enjoy the outdoors so much! I am alive again.&quot;</td>
</tr>
</tbody>
</table>

#### A. Task-Centered System

<table>
<thead>
<tr>
<th>Visual Inspection</th>
<th>Differences of Mean Values between Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Split Middle Method</strong></td>
<td><strong>Mean Value And Two Standard Deviation</strong>&lt;br&gt;<strong>Baseline &amp; Treatment</strong>&lt;br&gt;<strong>Treatment &amp; Termination</strong></td>
</tr>
</tbody>
</table>
| "I feel happier. I know my limitations and recognize my responsibilities. I know that I have improved a lot." | No change in level or slope in phases A and B. Change in level but not in slope in phases B and A.<br>**Probably Significant**<br>\[ +2S = 4.8 \quad P.S. \quad 0.6 \quad 0.7 \]
| Change in slope and level in phases A and B, and B and A.<br>**Very Significant**<br>\[ +2S = 5.0 \quad N.S. \quad 0.2 \quad 1.3 \]
| Variable 1. Change in level and slope in phases A and B, B and A.<br>**Very Significant**<br>\[ +2S = 3.2 \quad V.S. \quad 0.0 \quad 1.5 \]
| Variable 2. No change in level or slope in phases A or B. No change in level but change in slope in phases B and A.<br>**Probably Significant**<br>\[ +2S = 2.7 \quad P.S. \quad 0.5 \quad 0.8 \]
| Variable 2. | \[ X = 1.7 \] | 257 |
### TABLE 17. EVIDENCE OF EFFECTIVENESS EVALUATED USING N = 1 METHODOLOGY (continued)

#### A. Task-Centered System

<table>
<thead>
<tr>
<th>Cases</th>
<th>Experiential Reports</th>
<th>Visual Inspection</th>
<th>Differences of Mean Values between Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean Value And Two Standard Deviation</td>
<td>Baseline &amp; Treatment &amp; Termination</td>
</tr>
<tr>
<td>F₁</td>
<td>&quot;Oh! I feel so much better. There is so much more I can do! And I enjoy the outdoors so much! I am alive again.&quot;</td>
<td>Variable 3. Change in level. No change in slope in phases A and B, and B and A.</td>
<td>+2S = 3.7 N.S. 0.5 0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Significant</td>
<td>-2S = 1.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>X = 2.5</td>
</tr>
<tr>
<td></td>
<td>Variable 4. Change in level and slope in phases A and B. Change in level but not in slope in phases B and A.</td>
<td>Significant</td>
<td>+2S = 3.0 P.S. 0.3 1.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-2S = 3.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>X = 1.7</td>
</tr>
</tbody>
</table>

#### B. Psychosocial Approach

<table>
<thead>
<tr>
<th>Cases</th>
<th>Experiential Reports</th>
<th>Visual Inspection</th>
<th>Differences of Mean Values between Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>G₂</td>
<td>&quot;I feel better. I don't mind others as I used to. I am more confident.&quot;</td>
<td>Variable 1. Change in level. No change in slope in phases A and B, and B and A.</td>
<td>+2S = 3.5 P.S. 0.2 0.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Significant</td>
<td>-2S = -0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>X = 1.5</td>
</tr>
<tr>
<td></td>
<td>Variable 2. No change in level or slope in phases A and B. Change in level but not in slope in phases B and A.</td>
<td>Probably Significant</td>
<td>+2S = 4.4 N.S. 1.8 0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-2S = -2.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>X = 1.2</td>
</tr>
</tbody>
</table>
TABLE 17. EVIDENCE OF EFFECTIVENESS EVALUATED USING N = 1 METHODOLOGY (continued)

B. Psychosocial Approach

<table>
<thead>
<tr>
<th>Cases</th>
<th>Experiential Reports</th>
<th>Visual Inspection</th>
<th>Differences of Mean Values between Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Baseline &amp; Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Split Middle Method Mean Value And Two Standard Deviation</td>
</tr>
</tbody>
</table>

| Variable 3. Change in level and slope in phases A and B. No change in level or slope in phases B and A. | Variable 3. | 42S = 4.4 | N.S. | 0.5 | 0.0 |
| "I feel better. I don't mind others as much as I used to. I am more confident" | | \( \bar{X} = 1.3 \) |

| Variable 1. Change in level and slope in phases A and B. No change in level or slope in phases A and B. | Variable 1. | +2S = 6.4 | S. | 2.0 | 2.2 |
| "I still get angry but I can control myself better." | | \( \bar{X} = 4.2 \) |

| Variable 2. No change in level or slope in phases A and B. Change in level and slope in phases B and A. | Variable 2. | 42S = 9.5 | N.S. | 1.8 | 1.0 |
| "I still get angry but I can control myself better." | | \( \bar{X} = 4.7 \) |

| Variable 3. No change in level or slope in phases A and B. Change in level and slope in phases B and A. | Variable 3. | 42S = 8.7 | N.S. | 1.4 | 1.5 |
| "I still get angry but I can control myself better." | | \( \bar{X} = 4.6 \) |

<p>| Variable 4. No change in level or slope in phases A and B. Change in level and slope in phases B and A. | Variable 4. | 42S = 10.2 | N.S. | 1.1 | 0.9 |
| &quot;I still get angry but I can control myself better.&quot; | | ( \bar{X} = 4.1 ) | |</p>
<table>
<thead>
<tr>
<th>Cases</th>
<th>Experiential Reports</th>
<th>Split Middle Method</th>
<th>Visual Inspection</th>
<th>Differences of Mean Values between Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>H₁</td>
<td>&quot;I still get angry but I can control myself better.&quot;</td>
<td>Variable 5. Change in level but not in slope in phases A and B. Change in level and slope in phases B and A.</td>
<td>Variable 5.</td>
<td>Variable 5.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+2S = 11.3</td>
<td>-2S = 0.3 N.S.</td>
<td>1.9 0.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X = 5.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H₂</td>
<td>&quot;I guess I feel great. I enjoy playing with others.&quot;</td>
<td>Variable 1. Change in level and slope in phases A and B. No change in level but change in slope in phases B and A.</td>
<td>Variable 1.</td>
<td>Variable 1.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+2S = 3.6</td>
<td>-2S = -0.5 N.S.</td>
<td>1.0 0.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X = 1.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Variable 2. Change in level and slope in phases A and B. No change in level or slope in phases B and A.</td>
<td>Variable 2.</td>
<td>Variable 2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+2S = 3.6</td>
<td>-2S = 0.4 P.S.</td>
<td>3.0 0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X = 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Variable 3. Change in level but not in slope in phases A and B. No change in level but change in slope in phases B and A.</td>
<td>Variable 3.</td>
<td>Variable 3.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+2S = 3.3 S.</td>
<td>-2S = 1.1</td>
<td>2.5 1.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X = 2.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Variable 4. Change in level and slope in phases A and B. No change in level but change in slope in phases B and A.</td>
<td>Variable 4</td>
<td>Variable 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+2S = 4.9 N.S.</td>
<td>-2S = 0.1</td>
<td>1.5 0.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X = 2.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N.S. = Not Significant
P.S. = Probably Significant
### TABLE 17. EVIDENCE OF EFFECTIVENESS EVALUATED USING N = 1 METHODOLOGY (concluded)

#### B. Psychosocial Approach

<table>
<thead>
<tr>
<th>Cases</th>
<th>Experiential Reports</th>
<th>Visual Inspection</th>
<th>Differences of Mean Values between Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Split Middle Method</td>
<td>Mean Value And Two Standard Deviation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mean Value And Two Standard Deviation</td>
</tr>
<tr>
<td>I₂</td>
<td>&quot;Feel better. Able to make decisions and deal better with emotions. I am more confident and independent.&quot;</td>
<td>No change in level but change in slope in phases A and B. Change in level but no change in slope in phases B and A. Probably Significant</td>
<td>+2S = 5.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mean Value And Two Standard Deviation</td>
</tr>
<tr>
<td>L₂</td>
<td>&quot;I am not depressed or anxious anymore. I know how to relax. I feel great! I recognize I love my husband and I'll go back with him.&quot;</td>
<td>Change in level and slope in phases A and B. Change in level but not in slope in phases B and A. Significant</td>
<td>+2S = 3.9 P.S.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mean Value And Two Standard Deviation</td>
</tr>
</tbody>
</table>

261
TABLE 18. CLIENT EVALUATIONS

A. Task Centered System

<table>
<thead>
<tr>
<th>Client</th>
<th>Agency</th>
<th>Client Closing Interview Schedule</th>
<th>Client Assessment of Service Score Value*</th>
<th>Questionnaire Score Value**</th>
</tr>
</thead>
<tbody>
<tr>
<td>B₁</td>
<td>Association for the Developmentally Disabled</td>
<td>40</td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>C₁</td>
<td>Child Guidance Clinic</td>
<td>36</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>D₁</td>
<td>Family Services</td>
<td>42</td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>E₂</td>
<td>Diocesan Day Treatment Center</td>
<td>42</td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>F₁</td>
<td>Nursing and Convalescent Home</td>
<td>42</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Total Summary ( \bar{X} )</td>
<td>40.4</td>
<td></td>
<td>36.2</td>
</tr>
</tbody>
</table>

B. Psychosocial Approach

<table>
<thead>
<tr>
<th>Client</th>
<th>Agency</th>
<th>Score Value</th>
<th>Questionnaire Score Value**</th>
</tr>
</thead>
<tbody>
<tr>
<td>G₂</td>
<td>Mental Health Service</td>
<td>36</td>
<td>--***</td>
</tr>
<tr>
<td>H₁</td>
<td>Mental Health Service</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>H₂</td>
<td>Mental Health Service</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>I₂</td>
<td>Mental Health Service</td>
<td>40</td>
<td>38</td>
</tr>
<tr>
<td>L₂</td>
<td>Mental Health Service</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Total Summary ( \bar{X} )</td>
<td>27.6</td>
<td>26.7</td>
</tr>
</tbody>
</table>

* Rating value from 44 points to 0 (22 items).
** Rating value from 43 points to 0
***Client did not mail the questionnaire.
Discussion

The score values of clients' assessments of service were higher in the task-centered group than the psychosocial group. From a rating value of 44, the task-centered group score clustered around 42 with 36 as the lowest score. The mean value was 40.4. On the other hand, the scores of the clients' assessments of service in the psychosocial group ranged from 40 to 12. The mean value was 27.6, lower than the mean value of the task-centered group.

The clients' questionnaires from the task-centered group were all mailed. The answers clustered around 38 with a low score of 37. The rating value was 43 to 0. The mean value was 36.2. One of the psychosocial clients did not mail the questionnaire. However, the two clients with the highest scores on the assessment schedule gave the highest score answers on the questionnaire.

In general, clients were satisfied with the service and the structured interviews.
CHAPTER VII
STUDENT-PRACTITIONERS' ASSESSMENT OF THE USE OF SINGLE-SUBJECT-METHODOLOGY IN SOCIAL WORK PRACTICE

Introduction

Part of the agreement with the student-practitioners participating in this study was that at the termination of their experience, they would answer a questionnaire evaluating the same.

A twenty-one item schedule was constructed adapting Reid's Client Assessment of Service*. Twenty items were answered using a Likert-type scale: 5 — Strongly Agree, 4 — Agree, 3 — Fairly Agree, 2 — Disagree and 1 — Strongly Disagree. There were five items to be answered: 5 — Strongly Disagree, 4 — Disagree, 3 — Fairly Agree, 2 — Agree and 1 — Strongly Agree.

Item 21 was an open question asking the student-practitioners to explain the extent to which the single-subject methodology experience was coordinated with classroom experience (i.e., social functioning, practice course, social policy, research, clinical courses, etc.) and the

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*With permission of William J. Reid.
field placement instruction.

The student-practitioners were instructed not to sign their names or to mention the intervention modality they had used. The reason for this was to secure frankness and objectivity. Out of 12 student-practitioners, 11 answered the questionnaire.

A theoretical limit of 100 (a positive score) and 20 (a negative score) was used to compare the scores. The total range value of the scale was 80. The minimum value was 20. The scores above 60 demonstrated a positive attitude toward the feasibility of using single-subject methodology in social work practice. The scores below 60 showed a negative attitude toward the feasibility of using single-subject methodology in social work practice.

A frequency table was constructed to demonstrate the data graphically. The student-practitioners' responses to each item in the scale was included to facilitate visual inspection of the number of respondents in each category.

Discussion

The data shown in Table 19 (on the following page) reveals that the scores clustered well above 60 (the half). It can be concluded that the student-practitioners assessed as feasible the use of single-subject methodology as an evaluative tool in Social Work practice.
TABLE 19. MEAN VALUE FROM STUDENT-PRACTITIONER RESPONSES TO THE ASSESSMENT OF THE USE OF SINGLE-SUBJECT METHODOLOGY IN SOCIAL WORK PRACTICE SCALE

<table>
<thead>
<tr>
<th>X</th>
<th>F</th>
<th>Fx</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>1</td>
<td>90</td>
</tr>
<tr>
<td>86</td>
<td>2</td>
<td>172</td>
</tr>
<tr>
<td>83</td>
<td>1</td>
<td>83</td>
</tr>
<tr>
<td>80</td>
<td>2</td>
<td>160</td>
</tr>
<tr>
<td>76</td>
<td>1</td>
<td>76</td>
</tr>
<tr>
<td>75</td>
<td>2</td>
<td>150</td>
</tr>
<tr>
<td>69</td>
<td>1</td>
<td>69</td>
</tr>
<tr>
<td>65</td>
<td>1</td>
<td>65</td>
</tr>
</tbody>
</table>

TOTAL 11 865

Total Value $\bar{X} = 78.6$

$X$ = Score Value

$F$ = Frequency of Score Value

$Fx$ = A Score Multiplied by its Frequency of Occurrence

$\bar{X}$ = The Mean
TABLE 20. A DISTRIBUTION OF RESPONSES OF STUDENT-PRACTITIONERS TO THE ASSESSMENT OF THE USE OF SINGLE-SUBJECT METHODOLOGY IN SOCIAL WORK PRACTICE SCALE

<table>
<thead>
<tr>
<th>Items</th>
<th>RESPONSES</th>
<th>( \bar{X} ) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA 5</td>
<td>A 4</td>
</tr>
<tr>
<td>1 Casework lasted about the right length of time</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>2 I had no problems in having the client agree with me in working on one problem at a time</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>3 Specifying the target problem and defining it was helpful for the intervention</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>4 I think my experience with an empirical practice will help me in my future professional life.</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>5* The casework was too brief. It should have had more sessions</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

*Items whose response values were reversed; 5 -- strongly disagree, 4 -- disagree, 3 -- fairly agree, 2 -- agree, 1 -- strongly agree.
TABLE 20. A DISTRIBUTION OF RESPONSES OF STUDENT-PRACTITIONERS TO THE ASSESSMENT OF THE USE OF SINGLE-SUBJECT METHODOLOGY IN SOCIAL WORK PRACTICE SCALE (Continued)

<table>
<thead>
<tr>
<th>Items</th>
<th>RESPONSES</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>6  I am satisfied with what the client was able to accomplish.</td>
<td>2 6 1 0 0</td>
<td>3.72</td>
</tr>
<tr>
<td>7  I like the idea of deciding at the beginning how long the service was going to last.</td>
<td>2 4 2 3 0</td>
<td>3.45</td>
</tr>
<tr>
<td>8  I felt confident in what I was doing.</td>
<td>0 5 4 2 0</td>
<td>3.27</td>
</tr>
<tr>
<td>9  I think empirical practice is compatible with Social Work humanistic values.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10* Too much time was spent in collecting data and analyzing it.</td>
<td>0 0 1 9 1</td>
<td>4.00</td>
</tr>
<tr>
<td>11 It was rewarding to work as a &quot;team&quot; with the client in the problem-solving</td>
<td>5 5 1 0 0</td>
<td>4.36</td>
</tr>
<tr>
<td>12 I think this type of practice makes social work more scientific</td>
<td>5 5 1 0 0</td>
<td>4.36</td>
</tr>
</tbody>
</table>

*Items whose response values were reversed: 5 -- strongly disagree, 4 -- disagree, 3 -- fairly agree, 2 -- Agree and 1 -- strongly agree.
<table>
<thead>
<tr>
<th>Items</th>
<th>RESPONSES</th>
<th>( \bar{x} ) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA</td>
<td>A</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>13* I do not agree with using this type of practice</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14 I will recommend this practice modality to my colleagues</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>15 The use of this practice modality was perfect for my agency.</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>16* This type of practice did not fit with the agency policy</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>17 I am looking forward to implementing this practice modality with other clients</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>18 I am satisfied with what I accomplished as a result of this type of practice intervention</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>19* I found myself confused as to what I was going to do</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

*Items whose response values were reversed; 5 -- Strongly Disagree, 4 -- Disagree, 3 -- Fairly Agree, 2 -- Agree and 1 -- Strongly Agree.
TABLE 20. A DISTRIBUTION OF RESPONSES OF STUDENT-PRACTITIONERS TO THE ASSESSMENT OF THE USE OF SINGLE-SUBJECT METHODOLOGY IN SOCIAL WORK PRACTICE SCALE (Concluded)

<table>
<thead>
<tr>
<th>Items</th>
<th>RESPONSES</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>X Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA</td>
<td>A</td>
<td>FA</td>
<td>D</td>
<td>SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 I have benefitted from the use of an empirical intervention in my practice.</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4.27</td>
<td></td>
</tr>
</tbody>
</table>
Discussion

The mean value per item in Table 20 reveals that out of 15 items to be answered affirmatively (5 — Strongly Agree, 4 — Agree, 3 — Fairly Agree, 2 — Disagree and 1 — Strongly disagree) by 11 student-practitioners, seven items have a mean value of 4.0 and better. For example, item 4 had the highest mean value (4.54), followed by item 14 (4.45). There were two items (11 and 12) which had a mean value of 4.36. The lowest mean value in the items to be answered affirmatively was 3.18 (items 2 and 15).

The mean values for the items to be answered reversed (5 — Strongly Disagree, 4 — Disagree, 3 — Fairly Agree, 2 — Agree and 1 — Strongly Agree), show that the highest mean value was for item 13 (4.64), followed by a mean value of 4.0 for item 10. The lowest mean value was for item 5 (3.45).

The writer used the criteria that a mean value of 3.0 to 4 or above indicated a positive range or consensus with the feasibility of using single-subject methodology in social work practice. A mean value of 3.0 or below indicated disagreement with the use of the single-subject methodology. Based on the data presented, it can be concluded that the student-practitioners were in favor of the use of single-subject methodology as an evaluative tool in social work practice.

The open question showed consensus among the student-practitioners that there was little or no coordination between
their experience, classroom experience and the field-placement instruction. For example, one student-practitioner stated, "Research tends to limit course content to studies of other things rather than studies of actual one-to-one practice." Another student-practitioner simply stated, "No coordination." Another expressed, "It seems to me that most professors are completely unaware of single-subject methodology. It also seems that most of them are not very scientific in their approach."

On the other hand, there was a student-practitioner who stated, "Field placement worked well due to the agency requirement that student-practitioner and client agreement be filled out and include problems, goals and length of treatment. In addition, the termination summary included an estimated percentage of the goals accomplished. There was coordination between my field-work experience and classroom experience. There was coordination regarding the research class, e.g., validity and the reliability issues. There was less coordination with the clinical course which seems more clinician than client oriented. My experience related to the policy issues of increased need for accountability."

In summ, the student-practitioners positively assessed the feasibility of using single-subject methodology as an evaluation tool. However, they expressed their concern for more coordination between classroom instruction and content
and the field placement practice, specifically as it relates to single-subject methodology.

Summary

The descriptive data presented the professional activity of each student-practitioner in a condensed way. In order to validate whether the major research question was answered, the writer examined the evidence through statistical and non-statistical measures. First, a summary of the client problem of living, the measurement device constructed to observe his/her problem and the outcome of the intervention was presented. The case history was followed by the visual inspection of the graphed data to determine whether or not there were changes in the passage of time from baseline to the termination phase.

The statistical evidence was demonstrated by the use of the split middle method and the two-standard deviation test. To further validate the visual evidence, tables of mean values were constructed to demonstrate whether or not there had been changes in outcome measures which indicated some solution for clients' problems of living.

Furthermore, clients' evaluations of services and agencies were scored and the mean value obtained for each of the intervention modalities used. It could be seen that, in general, both groups were satisfied with the service.
Because of the small sample of cases, it cannot be said that one group of clients was more satisfied than the other group. However, it can be said that single-subject methodology was an effective tool to measure clients' outcomes.

The student-practitioners' evaluation results demonstrate that using single-subject methodology to measure effectiveness in Social Work practice is feasible. Moreover, the empirical methodology is not seen as time-consuming or complicated. Above all, student-practitioners feel it can be used without jeopardizing the humanistic values of the profession.

In short, single-subject methodology is an applicable evaluative tool in a variety of situations and agencies. Its use is a convergence between the humanistic values of the profession with its scientific commitment.
CHAPTER VIII

CONCLUSIONS, IMPLICATIONS

AND RECOMMENDATIONS

The purpose of this study was to explore how effectively a single-subject research model could be used in Social Work practice with two specific modalities: the task-centered system and the psychosocial approach. A sample of student-practitioners were trained in single-subject research design and in one of the two treatment modalities. Each student-practitioner tested the single-subject methodology on one or two clients in his or her field-work practice.

While the study had some limitations pertaining to the use of single-subject methodology as a research design (a larger number of cases would have been desirable and had been planned; the clarity of the two modes of intervention, the task-centered system and the psychosocial approach, suffered because of the wide variation in the type of problems to which these two modalities were applied, and no attempt was made to draw conclusions about effectiveness of the two approaches in general, because generalizability was limited by the small number of cases), it is nonethe-
less considered a contribution to the profession and particularly to Social Work practice. The findings of the present study underscore the importance of moving away from foci on rendering long, unstructured and unsystematic interventions, as well as the need to stop viewing people as "ill" (the medical model). Instead, the study stresses the importance of structured and systematic interventions in which clients assume an active participation in their problem-solving. The study also emphasizes the importance of viewing people as individuals with problems of living, rather than as "sick," thus emphasizing their positive behavior and strengths.

In short, the findings provide implications for changes in agency service as well as for changes in research curriculums. The Schools of Social Work and social agencies might well ponder the results and move toward initiating changes which might better reflect the needs of the clients as well as the future professionals who will be serving them.

Conclusions

The findings of this study allow this writer to conclude:

1. That single-subject methodology can be used with both the task-centered system and the psychosocial approach.
2. That single-subject methodology can be used with a variety of clients who have:
   a. Different presenting problems
   b. Different diagnostic classifications.

3. That single-subject methodology can be used with clients who have different characteristics:
   a. Ages
   b. Sexes
   c. Races
   d. Marital statuses
   e. Religions

4. That single-subject methodology can be used in a variety of agency settings.

5. That single-subject methodology can be used with different outcome measures of the dependent variable.

Implications

A number of implications can be drawn from this study. Ten of the more critical implications that have immediate importance are listed below.

1. The use of single-subject research methodology enables practitioners to obtain specific documentation of the clients' changes.
2. Using single-subject research methodology helps practitioners develop realistic goals for their interventions.

3. The quality and effectiveness of client-worker relationship is enhanced through the use of single-subject methodology with the intervention. By working as a "team," both client and worker are sharing responsibilities in the problem-solving process as well as being accountable to each other.

4. By using single-subject methodology in their professional practice, social workers can be more accountable for what they do; they can determine effectiveness of programs and consequently develop more alternatives and solutions to social problems.

5. The use of single-subject methodology in social work practice serves as the linkage between the professional values of commitment to the scientific method and the desire to promote the well-being of the clients.

6. The use of single-subject methodology enables practitioners to be more systematic in their thinking, more clear and precise in their
interventions. In this way practitioners are able to inform readers, agencies and society in general, of the activities carried out during their interventions that are to affect their clients' problems. Therefore, the use of single-subject methodology in social work practice offers an evaluative tool which can enhance practitioners ability to systematize each component of the intervention process.

7. By using single-subject research methodology as an evaluative tool, practitioners will be able to articulate more clearly the staff developmental needs. Agencies will be capable of identifying more quickly and respond to emerging clients' needs, thus improving the development of programs.

8. Single-subject methodology can be used with both the task-centered system and the psychosocial approach.

9. The use of single-subject research methodology increases the practitioner's professional confidence by being able to assess both outcome and incremental client progress.
10. The single-subject methodology in practice intervention will offer clients the opportunity for self-enhancement through their active participation in the solution of their problems.

In such a rapidly changing society as ours, individuals are exposed to different kinds of tasks which demand additional ways of coping, thus provoking stresses that sometimes lead to problems of living. It is then important for the social work profession to move forward and be able to concurrently meet clients' problems and societal demands. By using single-subject methodology as an evaluative tool, practitioners can be more accountable by ascertaining the effects of their interventions. Furthermore, these effects can be more readily determined if the interventions are potent.

**Recommendations**

As a result of the conclusions of this study and its implications, this writer makes the following recommendations:

1. That more emphasis should be placed on teaching single-subject research design as a tool to evaluate practice effectiveness and clients' outcomes.
2. That collecting idiographic studies can result in nomothetic studies, thus building the profession's knowledge base.

3. That single-subject research methodology should be used to evaluate both individual clinicians' practice as well as agency programs,

4. That a training program in single-subject methodology should be launched by the Schools of Social Work to teach this technology to all the adjunct field work supervisors.

5. That workshops or advanced training in single-subject methodology should be offered to all the professors in Social Work in order to develop their awareness of its feasibility and usefulness in converging the profession's humanistic values with its scientific commitment.

6. That this study could be replicated to develop greater generalizability and test for treatment effectiveness of the two treatment modalities used, the task-centered system and the psychosocial approach,
"We have the option of choosing and building a new and revitalized future for casework, one rooted in the superordinate principle that our primary if not sole allegiance is to demonstrate effectiveness. On the other hand, we can continue our outmoded practices, denigrate and resist new approaches to practice, and bury our collective heads in the sand when confronted with the vaguest hint of threat that we may not be doing all in our power to provide effective services."

Joel Fisher

BIBLIOGRAPHY

Books


Journal Articles


Unpublished Materials


APPENDIX A

CONTACT WITH AGENCIES
CONTACTS WITH AGENCIES

PLACE: Columbus, Ohio
DATE: November 19, 1979
AGENCY: Association for Developmentally Disabled
1395 West Fifth Avenue
PHONE: 486-2466
Supervisor: Ms. Mary Nolan

Synthesis of the Conversation

The writer explained to Ms. Nolan what the project was about. Ms. Nolan had already been informed by the student-practitioner and was interested in it. Questions were clarified as to the student-practitioner's participation, the fact that the writer was interested in the sex and problem presented by the client, thus protecting the confidentiality. She agreed to participate and was cooperative. A copy of the statement of intent was promised at a later date. Communication was established to flow freely between Ms. Nolan and this writer during the project's duration.

LATER: Writer called:
AGENCY: Franklin County Welfare
PHONE: 462-3776
Supervisor: Ms. Ginny Hill
Synthesis of the Conversation

The project was explained to Ms. Hill. She agreed to participate and it was agreed that communication would flow between the agency and this writer.

LATER

AGENCY: Diocesan Day Center Treatment
PHONE: 272-0018
Supervisor: Ms. Judy Baus

Summary of the Conversation

Ms. Baus already knew about the study through the student-practitioner. However, she was not clear about certain things pertaining to confidentiality, etc., and the same were clarified for her. Ms. Baus offered her cooperation.

PLACE: Springfield, Ohio
DATE: November 20, 1979
AGENCY: Mental Health Center of Clark County
1835 Miracle Mile
PHONE: (513) 399-4050
Supervisor: Mr. Paul Fredericks

Summary of Contact

The writer explained the project to Mr. Fredericks, who was enthusiastic about it and offered his full cooperation.
The writer explained the project to Mr. Creech. He already had some idea by speaking with the student-practitioner. Mr. Creech expressed his interest in finding out the outcome of using an empirical approach with the agency's group of clients.

Mrs. Walters had an idea of the project through her contact with the student-practitioner. She was aware of the upsurge in interest in using single-subject methodology in practice as a means of accountability. Therefore, she expressed her interest and full cooperation.
Synthesis of Conversation

Dr. Crow was very supportive as well as enthusiastic about the project. Dr. Crow expressed his interest in knowing about the results.

Synthesis of Conversation

The writer explained the project to Ms. Datloff and the student-practitioner's responsibility was clearly defined. Ms. Datloff seemed not to be interested in participating in the study. She was elusive and stated that she had to read the details about the project before deciding whether or not the student-practitioner could participate.
DATE: December 4, 1979

The writer explained to the student-practitioner of Ms. Datloff's decision, and the fact that he might not be able to participate in the project. The student-practitioner expressed his interest in clinical research practice and decided that he would talk to his supervisor about it. He also asked the writer to lend him Jayaratne's book, Empirical Clinical Practice, to ask Ms. Datloff to read it.

DATE: January 7, 1980

The student-practitioner informed this writer that he had the supervisor's approval for his participation.

DATE: December 6, 1979

AGENCY: Catholic Social Services
Cincinnati, Ohio

PHONE: (513) 241-7745

Supervisor: Ms. Jane Kriege

Synthesis of Conversation

Ms. Kriege already knew about the project through the student-practitioner. It was explained to her what was expected of the student-practitioner as well as of the agency. Ms. Kriege was enthusiastic and expressed that it was a "neat idea." She showed interest in reading about empirical clinical practice. The writer
recommended Jayaratne's book, and agreed to lend her copy if Ms. Krieger could not find it in the library. Ms. Krieger expressed her interest in knowing the results. The writer promised an abstract of the findings.

DATE: January 14, 1980

A copy of the statement of intent was mailed to each of the above agencies.
APPENDIX B

MEMO TO STUDENTS
TO: MSW I students involved in Carmen Diaz Research
FROM: Robert M. Ryan
RE: Research Credit
DATE: December 5, 1979

You should sign up for three (3) hours 494 Group Studies for the Winter Quarter.

You should indicate I am the instructor and the time is arranged.

Have your advisor complete the attached form - complete a drop/add process the first week of the Winter Quarter, and you will thus receive the credits you were promised.

RMR/ro
TO: Graduate School

FROM: 

DATE: 

RE: Course Overload

This will serve to confirm that I have approved a schedule overload for ________________, Social Security # ______________ for the ______________ Quarter.

This course overload is approved on the basis of the student's participation in a special project.

Advisor

RMR/ro
12/05/79
APPENDIX C

INSTRUMENTS USED
PROBLEM ASSESSMENT SCHEDULE

Name of Client(s)

Name of Practitioner

1. Write below statements of the target problems (to a limit of three) the client most wished to alleviate through treatment, starting with the problem of greatest importance to the client. After each statement indicate approximate length of time client had problem before starting treatment — e.g., 2 weeks; 3 months; a year; 10 years, etc.

   1.

   2.

   3.

2. At what point in treatment was agreement to work on these problems first reached.

<table>
<thead>
<tr>
<th>When Agreement Was First Reached</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews 1-2</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Interviews 3-4</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Interviews 5-6</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Interview 7 or later</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
3. For each problem, indicate the amount and direction of change that occurred by the last treatment interview.

<table>
<thead>
<tr>
<th>Categories of Change</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggravated</td>
<td>1 2 3</td>
</tr>
<tr>
<td>No Change</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Slightly Alleviated</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Considerably Alleviated</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Problem No Longer Present</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

4. Give brief statements of evidence used for the problem rating given above. Statements for each rating should consist of from one to three sentences setting forth the evidence on which the rating is primarily based. Statements should emphasize evidence for specific changes in client's behavior or situation.

**Statements of Evidence for Ratings**

**Problem 1**

(a) 

(b)  

(c)  

**Problem 2**

(a) 

(b) 

(c)
Problem 3

(a)

(b)

(c)

5. Did client want additional help for any of these problems at termination of task-centered treatment? Indicate which below by number.

1.  
2.  
3.  

None

6. What problems besides those listed in item 1 did client want help for, either during or at the conclusion of treatment? (Write problem statements below. If none, write "none." Add additional numbers and statements as necessary.) Place a check (✓) before each of the statements below that were target problems — that is, where there was explicit agreement between practitioner and the client to work on the problem. Rate approximate change in each problem by placing after each statement one of the following symbols: + is alleviation; 0 is no change; and - is aggravation.

7. For which of the problems listed in item 6 did client still want help at the end of the treatment?

None  If any, indicate by number from item above
TASK REVIEW SCHEDULE

Practitioner's Name: ___________________________ Case #: ________

Task #: ______

Task Statement (begin with client's name):

Prob. # to which related: ___ When task formulated: Sess. #: ___
Date: _________
Who suggested idea for task? Client___ Practitioner___ Other___

Client's Initial Commitment to Task: 1 2 3 4 5
Low 2 3 4 5 High

When task reviewed:
  Session #: __ __ __ __ __ __ __ __ __
Progress rating (1-4 or NO)
  for each review: __ __ __ __ __ __ __ __

Task #: ______

Task Statement (begin with client's name):

Prob. # to which related: ___ When task formulated: Sess. #: ___
Date: _________
Who suggested idea for task? Client___ Practitioner___ Other___

Client's Initial Commitment to Task: 1 2 3 4 5
Low 2 3 4 5 High

When task reviewed:
  Session #: __ __ __ __ __ __ __ __ __
Progress rating (1-4 or NO)
  for each review: __ __ __ __ __ __ __ __
Task Review Schedule

Task #:______

Task Statement (begin with client's name):

Probl.# to which related:_____ When task formulated: Sess. #:_____

Date:___________

Who suggested idea for task? Client_____ Practitioner____ Other____

Client's Initial Commitment to Task: 1 2 3 4 5

Low 3 4 5 High

When task reviewed:
Session #: _______ _______ _______ _______ _______ _______ _______ _______

Progress rating (1-4 or NO)
for each review: _______ _______ _______ _______ _______ _______ _______ _______
TASK ACHIEVEMENT SCALE

**Rating**

(4) Completely achieved.

This rating applies to tasks that are fully accomplished, e.g., a job has been found, a homemaker secured, financial assistance obtained. It may also be used for tasks that are achieved "for all practical purposes": if a couple's task was to reduce quarreling a rating of (4) could be given if they reached a point where hostile interchanges occurred infrequently, no longer presented a problem, and they saw no need for further work on the task.

(3) Substantially achieved.

The task is largely accomplished though further action may need to be taken before full accomplishment is realized. Thus, if the task is to improve work performance, significant improvement would merit a rating of (3) even though further improvement would be possible and desirable.

(2) Partially achieved.

Demonstrable progress has been made on the task but considerable work remains to be done. For example, if the task is to obtain a job, a rating of (2) could be given if the client has been actively looking for work and found a job he could take (and might) but was reluctant to. Or this rating would be appropriate for a couple who had made some headway on a shared task of finding things of mutual interest to do together even though they and the caseworker may be dissatisfied with their progress. Specific evidence of task accomplishment is required however. A rating of (2) should not be given just on the basis of positive motivation, good intentions, or expenditure of effort.

(1) Minimally achieved (or not achieved).

This rating is used for tasks on which no progress has been made or on which progress has been insignificant. If a client's task were to locate and enter a suitable vocational training program, a rating of (1) would be given if the client were unable to locate a program, even though much effort had gone into searching for one.
Task Achievement Scale

(NO) No opportunity to work on task.

For example, client cannot carry out task in classroom because school is closed by teacher's strike.
CLOSING INTERVIEW SCHEDULE

1. Client's Conception of Problems and Tasks

1. What were the most important problems that you and your caseworker worked on? (Number the first three problems in order of their apparent importance to client.)

1a. (For each problem numbered above determine the amount and direction of change that client thought had occurred by the last treatment interview. Do this by reading back each problem to client and asking him to select appropriate category.)

<table>
<thead>
<tr>
<th>Categories of Change</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggravated (worse)</td>
<td>1 2 3</td>
</tr>
<tr>
<td>No Change</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Slightly Alleviated (a little better)</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Considerably Alleviated (a lot better)</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Problem No Longer Present</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

2. Do you feel that the caseworker grasped the true nature of your problems as you tried to describe them?
   ____Yes  ____No  ____Uncertain

   (If "No" or "Uncertain," probe for reasons for client's feelings.)

3. Did you and your caseworker come to an agreement about what you might try to do to solve these problems?
   ____Yes  ____No  ____Uncertain
Closing Interview Schedule

4. (If client responded "Yes" to question 3): What did you and your caseworker agree you should try to do? (Probe for clarifying detail. Before going to next question, ask if there was anything else.)

5. (If client responds with "No" or "Uncertain" to question 3, probe for client's conception of the caseworker's expectations, e.g.: As far as you could tell, what did the caseworker expect you to do to try to solve these problems?)

II. The Client's Assessment of Progress

1. How well were you able to (repeat first task as given by client in response to question 4 or 5). (Probe for details of -- and evidence for -- task accomplishment.) (Repeat for each task mentioned in 4 or 5.)

2. How is your over-all situation now compared with how it was when you first came to Social Service? Is it better, worse or about the same? (Probe for clarifying details, e.g.: Better or worse in which way?)

3. Do you have any personal or family problems now that you think you need help for? (If yes, probe for nature of problems, client's plans, if any, for getting help.)
III. The Client's Assessment of Service

I am going to read you a number of statements describing possible reactions you may have had to casework service. After I read each statement please tell me whether you would agree or disagree with the statement as it applies to your experience. Please give us your frank opinion.

1. Casework service lasted about the right length of time.
   AGREE               DISAGREE

2. My caseworker and I decided to concentrate on one problem at a time.
   AGREE               DISAGREE

3. My caseworker gave me too much advice about what to do.
   AGREE               DISAGREE

4. I received the kind of help I wanted from Social Service.
   AGREE               DISAGREE

5. There were a lot of things on my mind which we did not have time to discuss.
   AGREE               DISAGREE

6. I liked the idea of deciding at the beginning how long service was going to last.
   AGREE               DISAGREE

7. I am satisfied with that I was able to accomplish as a result of casework service.
   AGREE               DISAGREE
**Closing Interview Schedule**

8. My caseworker should have given me more advice about what to do.  
   **AGREE**  **DISAGREE**

9. Casework service was a little too brief; I could have used a few more sessions.  
   **AGREE**  **DISAGREE**

10. The caseworker concentrated too much on me; he(she) should have tried to do more to change the attitude of others or to get me services that I needed.  
    **AGREE**  **DISAGREE**

11. The caseworker came through with the kind of help he(she) said he was going to give me when we started.  
    **AGREE**  **DISAGREE**

12. Casework service was far too brief; it should have continued for a much longer period of time.  
    **AGREE**  **DISAGREE**

13. I felt I understood what my caseworker was trying to do.  
    **AGREE**  **DISAGREE**

14. In my last discussion with my caseworker, I got some good ideas about what I might do about problems I still have.  
    **AGREE**  **DISAGREE**

15. Too much time was spent trying to help me understand what I was doing wrong.  
    **AGREE**  **DISAGREE**

16. I would have had more confidence in my caseworker if he(she) had been older.  
    **AGREE**  **DISAGREE**
Closing Interview Schedule

17. I was confused a lot of the time about what the caseworker was trying to do.
   AGREE   DISAGREE

18. If I again have personal or family problems, I would turn to Social Service.
   AGREE   DISAGREE

19. The caseworker seemed to have a lot of confidence that I would be able to work out my problems.
   AGREE   DISAGREE

20. Casework service lasted too long.
   AGREE   DISAGREE

21. Social Service really did not give me the kind of help I wanted.
   AGREE   DISAGREE

22. I think my experience with Social Service will help me to handle future problems as they arise.
   AGREE   DISAGREE

23. On the whole, how would you rate the helpfulness of service?
   ____1. I would have been better off without Social Service contact.
   ____2. I was neither helped nor harmed.
   ____3. I was slightly benefited.
   ____4. I was considerably benefited.
   ____5. I could not have gotten along without the service.
CLIFNT QUESTIONNAIRE

We hope you will be able to take a few minutes of your time to complete this questionnaire before leaving the office. The information you provide will become part of a study conducted by a Doctoral student from The Ohio State University. The study is designed to help this and other agencies to improve the effectiveness of their casework and counseling programs.

After you have completed the questionnaire, please place it in the envelope provided, seal it and leave it with me (or you may mail it yourself if you wish). Please give us your frank opinion. Absolutely no reference to your name will be made in our use of your responses to the questionnaires, nor will your responses be revealed to your caseworker or counselor.

Thank you for your cooperation.

Mrs. Carmen Diaz
2228 North High St., Apt. 29
Columbus, OH 43201
1-614-299-7453

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

1. Do you have any personal or family problems that you think you need further help for?
   ___ yes
   ___ no
   ___ uncertain
   ___ other ________________________________

   ________________________________________
Client Questionnaire

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

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

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

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

4. The service:

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

5. The advice I was given in counseling was:
   ___ particularly helpful
   ___ of some help
   ___ not helpful
   ___ little or no advice given
   ___ other___________________________________________

6. The encouragement I received for progress I made was:
   ___ particularly helpful
   ___ of some help
   ___ not helpful
   ___ little or no encouragement given
   ___ other___________________________________________

7. The caseworker's (counselor's) attempts to help me understand myself or others were:
   ___ particularly helpful
   ___ of some help
   ___ not helpful
   ___ few such efforts were made
   ___ other___________________________________________

8. The caseworker's (counselor's) attempt to concentrate on specific goals or tasks for me to work on was:
   ___ particularly helpful
   ___ of some help
   ___ not helpful; I would have liked more freedom to talk about what was on my mind
   ___ the caseworker (counselor) did not do this
   ___ other___________________________________________
Client Questionnaire

9. Our agreement at the beginning on how long service was to last:
   ___ was "a plus" as far as I was concerned
   ___ was acceptable
   ___ didn't strike me as a good idea
   ___ we didn't do this
   ___ other_________________________________________________________________

10. If I again have personal or family problems that I need help with I would want to have:
    ___ the kind of service I have just completed
    ___ a different kind of service
    ___ other_________________________________________________________________

11. The service:
    ___ helped with most of the problems that were bothering me
    ___ helped me with some of the problems that were really bothering me but we did not get to all of them
    ___ didn't help me much at all
    ___ other_________________________________________________________________
APPENDIX D

STUDENTS' ASSESSMENT OF THE USE OF SINGLE-SUBJECT METHODOLOGY IN SOCIAL WORK PRACTICE
STUDENT-PRACTITIONER ASSESSMENT OF THE USE OF SINGLE-SUBJECT METHODOLOGY IN SOCIAL WORK PRACTICE

INSTRUCTIONS: Read each statement carefully. Each one describes possible reactions you may have regarding the use of single-subject methodology in Social Work Practice. Please answer by selecting the statement that applies to your experience. Please give your frank opinion. Do not write your name, nor the intervention modality you used. Thanks.

1. Casework lasted about the right length of time.
   1. Strongly Disagree
   2. Disagree
   3. Fairly Agree
   4. Agree
   5. Strongly Agree

2. I had no problems in having the client agree with me in working on one problem at a time.
   1. Strongly Disagree
   2. Disagree
   3. Fairly Agree
   4. Agree
   5. Strongly Agree

3. Specifying the target problem and defining it was helpful for the intervention.
   1. Strongly Disagree
   2. Disagree
   3. Fairly Agree
   4. Agree
   5. Strongly Agree

4. I think my experience with an empirical practice will help me in my future professional life.
   1. Strongly Disagree
   2. Disagree
   3. Fairly Agree
   4. Agree
   5. Strongly Agree
5. The casework was too brief. It should have had more sessions.
   1. Strongly Agree ____
   2. Agree ____
   3. Fairly Agree ____
   4. Disagree ____
   5. Strongly Disagree ____

6. I am satisfied with what the client was able to accomplish.
   1. Strongly Disagree____
   2. Disagree ____
   3. Fairly Agree ____
   4. Agree ____
   5. Strongly Agree ____

7. I like the idea of deciding at the beginning how long the service was going to last.
   1. Strongly Disagree____
   2. Disagree ____
   3. Fairly Agree ____
   4. Agree ____
   5. Strongly Agree ____

8. I felt confident in what I was doing.
   1. Strongly Disagree____
   2. Disagree ____
   3. Fairly Agree ____
   4. Agree ____
   5. Strongly Agree ____

9. I think empirical practice is compatible with Social Work humanistic values.
   1. Strongly Disagree____
   2. Disagree ____
   3. Fairly Agree ____
   4. Agree ____
   5. Strongly Agree ____

10. Too much time was spent in collecting data and analyzing it.
    1. Strongly Agree ____
    2. Agree ____
    3. Fairly Agree ____
    4. Disagree ____
    5. Strongly Disagree ____
11. It was rewarding to work as a "team" with the client in the problem solving.
   1. Strongly Disagree ____
   2. Disagree ____
   3. Fairly Agree ____
   4. Agree ____
   5. Strongly Agree ____

12. I think this type of practice makes Social Work more scientific.
   1. Strongly Disagree ____
   2. Disagree ____
   3. Fairly agree ____
   4. Agree ____
   5. Strongly Agree ____

13. I do not agree with using this type of practice.
   1. Strongly Agree ____
   2. Agree ____
   3. Fairly Agree ____
   4. Disagree ____
   5. Strongly Disagree ____

14. I would recommend this practice modality to my colleagues.
   1. Strongly Disagree ____
   2. Disagree ____
   3. Fairly Agree ____
   4. Agree ____
   5. Strongly Agree ____

15. The use of this practice modality was perfect for my agency.
   1. Strongly Disagree ____
   2. Disagree ____
   3. Fairly Agree ____
   4. Agree ____
   5. Strongly Agree ____

16. This type of practice did not fit with the agency policy.
   1. Strongly Agree ____
   2. Agree ____
   3. Fairly Agree ____
   4. Disagree ____
   5. Strongly Disagree ____
17. I am looking forward to implementing this practice modality with other clients.

1. Strongly Disagree
2. Disagree
3. Fairly Agree
4. Agree
5. Strongly Agree

18. I am satisfied with what I accomplished as a result of this type of practice intervention.

1. Strongly Disagree
2. Disagree
3. Fairly Agree
4. Agree
5. Strongly Agree

19. I found myself confused as to what I was going to do.

1. Strongly Agree
2. Agree
3. Fairly Agree
4. Disagree
5. Strongly Disagree

20. I have benefited from the use of an empirical intervention in my practice.

1. Strongly Disagree
2. Disagree
3. Fairly Agree
4. Agree
5. Strongly Agree

21. Explain the extent to which the single-subject methodology experience was coordinated with classroom experience (i.e., social functioning, practice course, policy, research, clinical courses, etc.) and the field-placement instruction.
APPENDIX E

TRAINING IN SINGLE-SUBJECT METHODOLOGY
INTRODUCTION

Social Casework has been criticized consistently for its failure to demonstrate clearly its effectiveness in helping clients (Fischer, 1973: 5-20). Evaluation of interventions have usually relied upon traditional experimental control group designs (Bergin and Garfield, 1971; Fischer, 1973, 1976; Meltzoff and Konreich, 1971). Although group designs have important advantages from the point of view of experimental control (Campbell and Stanley, 1966), they are not suitable for use in everyday practice, since these designs require large groups of clients, who are usually not available. Single-subject designs have developed to the point that practitioners are beginning to use such methods to evaluate their own practice. Single-subject designs are based primarily on fixed interventions and do allow for the flexibility to fit practitioner work schedules and many routine problems. Single-subject methodology allows practitioners the flexibility to apply a variety of methods to practice for the study of daily administrative and clinical problems. Single-subject designs are compatible with typical social workers' schedules, work and routine.

TRAINING DESCRIPTION

The training examines the feasibility of using single-subject methodology to evaluate effectiveness in social work practice; since it is more compatible with clinical practice than is the more traditional experimental group approach. In fact, single-subject evaluation can be viewed as essentially the same process that the skilled practitioner ordinarily engages in when carrying out clinical interventions, i.e., the problem-solving process or the scientific method. Each student is expected to transfer the learning obtained from this training to two cases he/she will work with during their field-work practice. Individual consultation will be offered in the process.
TRAINING OBJECTIVES

Each student is expected to (1) comprehend the use of single-subject methodology in practice intervention; (2) learn to decide the most effective instrument to record observations; (3) learn to interpret the effectiveness of intervention; (4) learn how to measure clients' outcomes; and (5) learn how to write impact objectives.

TRAINING OUTLINE

Sessions

1 INTRODUCTION
   (a) Historical background of the single-subject methodology
   (b) Current relevance of single-subject modality in social work practice.

2 BEGINNING METHODOLOGICAL ISSUES
   (a) The case
   (b) Target problem
   (c) Instrumentation
   (d) How observations will be recorded
   (e) Who will record the observations

3 PROBLEMS OF VALIDITY AND RELIABILITY
   (a) Observer reliability
   (b) Training observation skills
   (c) Reactivity: advantages and disadvantages

4 HOW TO MEASURE EFFECTIVENESS AND CLIENT OUTCOME
   (a) Writing impact objectives
   (b) Use of direct observation
   (c) Selection of a suitable measure
   (d) Record baseline
   (e) Implement and monitor treatment
   (f) Collect follow-up data
   (g) Interpretation of the effectiveness of the intervention:
      (1) Visual inspection
      (2) Experiential reports
      (3) Social validation
      (4) Graphs
         (i) Slope, level and drift lines
APPENDIX F

HOW TO MEASURE EFFECTIVENESS
HOW TO MEASURE EFFECTIVENESS*

1. Purpose

a. To help the students in writing impact objectives:

(1) What is the client goal?

(2) Is it realistic?

(3) What will the client be doing?

(4) Are there any additional conditions under which the doing must take place?

(5) How well do the student-practitioners expect the client to be doing it?

b. To help the student-practitioners to develop awareness of the importance of stating the impact objectives in final form.

c. To help the students to see the importance of always looking back to determine whether the final objectives capture what the student intended in step one.

1. Purpose:
   a. To help the students in the utilization of direct observation for documenting client progress

   (1) Definition of the Client Outcome to be Observed
      (a) Selection of the outcome the worker wants to observe.
         (i) Decide what client's variable or outcome is to be the focus of the intervention

   (2) Selection of a Suitable Measure
      (a) Translate it into observable behavior

   (3) Record Baseline Data
      (a) Once a suitable measure of the client outcome has been selected, the worker should begin systematically recording the data on a time-series chart, before intervention is implemented.
         (i) Rationale:
             It is necessary that there be some variation in treatment, in order for concomitant variation to occur between treatment and client outcome.

   (4) Implement and Monitor Treatment
      (a) When sufficient baseline data has been taken and a suitable treatment plan has been developed, treatment should be implemented.
(i) **Rationale**

It is not enough to simply assume that treatment is being implemented as planned. There must be **evidence of it**.

(b) **EXAMPLES**

(i) For behavioral intervention, the worker will want to record the number of interventions the change agent was applied to.

(ii) For a more process-oriented treatment such as psychosocial intervention, there should be some assessment of the extent to which the relevant intervention qualities (i.e., genuineness, accurate empathy and positive warmth) have been implemented.

(5) **Observe Client Change**

(a) Client outcome data should be recorded continuously during treatment, just as during baseline, and plotted on the same graph along with an indication when treatment was implemented.

(b) Client outcome data must be recorded **regularly** for the duration of the treatment.

(6) **Collect Follow-Up Data**

(a) Every good practitioner is interested in post treatment follow-up to see if client changes are maintained.

(b) The procedure is to continue collecting client outcome data after treatment has been concluded to assess whether changes observed during treatment continue beyond treatment, thus reaching the conclusions that change has persisted and is permanent.
APPENDIX G

EVALUATION OF THE TRAINING IN SINGLE-SUBJECT
EVALUATION OF THE TRAINING IN SINGLE-SUBJECT

INSTRUCTIONS: Kindly do not write your name or any other identification information. Read all the statements and answer all of them. Be as frank as possible.

YES  NO

1. It was one of the most rewarding experiences I have ever had.
2. Exactly what I wanted.
3. I hope we can have another one in the near future.
4. It provided the kind of experience that I can apply to my own situation.
5. It helped me personally.
6. It solved some problems for me.
7. I think it served its purpose.
8. It had some merits.
9. It was fair.
10. It was neither very good nor very poor.
11. I was mildly disappointed.
12. It was not exactly what I needed.
13. It was too general.
15. It did not hold my interest.
16. It was much too superficial.
17. I leave dissatisfied.
18. It was very poorly planned.
19. I did not learn a thing.
20. It was a complete waste of time.
APPENDIX H

EVALUATION OF THE KNOWLEDGE OBTAINED IN THE SINGLE-SUBJECT TRAINING
EVALUATION OF THE KNOWLEDGE OBTAINED IN THE TRAINING

Instructions:

This evaluation consists of 15 items. Each item has three possible answers but only one is correct. Select the answer you believe to be correct by making an "X" in the box to the left of the item.

1. When awareness on the part of the subject of being assessed can influence his/her behavior, it is called which of the following?
   - [ ] a. Self-assessment
   - [x] b. Reactivity
   - [ ] c. Feedback

2. The term "target" behavior in single-case research refers to which of the following?
   - [ ] a. the experimental variable
   - [ ] b. primary dependent variable
   - [ ] c. reactive behavior

3. Phase I in almost every single-subject design is referred to as which of the following?
   - [ ] a. withdrawal
   - [ ] b. intervention
   - [x] c. baseline

4. In recent years, single-subject research has attracted a large and growing number of advocates. This new interest is probably the result of....
   - [ ] a. the growing demands of "accountability"
   - [ ] b. professional desire for improving service to clients
   - [ ] c. rejection of the use of nomothetic research results
5. Single-subject research as a methodology compatible with social work practice has been a method of scientific inquiry since....
   a. the middle of the nineteenth century
   b. the turn of the century
   c. the nineteen-forties

6. Most of the research done that has contributed to social work practice and practice knowledge has been based on....
   a. an idiographic approach
   b. a nomothetic approach
   c. historical case studies

7. There are many different terms used in reference to the intervention in a single case project, Which of the following is not a synonym for the intervention variable?
   a. target variable
   b. experimental variable
   c. treatment variable

8. Every single-subject project requires the introduction of...
   a. clearly specifiable intervention(s)
   b. two interventions at a time
   c. multiple interventions at the same time

9. The case study method was used extensively during the first half of the twentieth century. The most serious problem with this method is which of the following?
   a. monitoring is unsystematic
   b. instruments were unreliable
   c. too many variables remain uncontrolled
10. One of the reasons that single-subject research is winning recognition over group comparison research is ....
   a. it costs far less to carry out
   b. it is compatible with the work situation of the practicing worker
   c. it has greater generalizability

11. Group comparison research has historically been of little interest to social work practitioners because,
   a. they lacked the research skill to interpret such research results
   b. they have traditionally seen social work as an intuitive practice
   c. findings from group comparison are simply not applicable to specific client cases

12. "Withdrawal" in single-subject research refers to which of the following?
   a. that period following drug abstinence
   b. the "withdrawal" of the intervention
   c. termination of the monitoring process

13. ABA is a single-subject research strategy that requires which of the following set of phases?
   a. intervention, baseline, intervention
   b. withdrawal, baseline, withdrawal
   c. baseline, intervention, withdrawal

14. ABC is a single-subject design that requires which of the following sets of phases?
   a. baseline, intervention, withdrawal
   b. baseline, intervention, second intervention
   c. intervention, baseline, withdrawal

15. Some researchers refer to a "steady state" meaning the same as which of the following?
   a. reversibility
   b. baseline
   c. intervention
APPENDIX I

TRAINING IN TWO MODALITIES OF INTERVENTION:
THE TASK-CENTERED SYSTEM AND THE PSYCHOSOCIAL APPROACH
The Ohio State University
College of Social Work

Topic: Training in two modalities of intervention
   A. TASK-CENTERED SYSTEM
   B. PSYCHOSOCIAL APPROACH

Duration: Two Weeks. Two hours weekly

Dates: TASK-CENTERED group will meet on Mondays. PSYCHOSOCIAL team will meet on Tuesdays.

Participants: M.S.W. I Students participating in the project and who will be practicing in agencies that accepted to participate.

INTRODUCTION

Evidence strongly suggests that a serious problem exists in measuring casework effectiveness and that research is needed to better understand the facilities for using single-subject methodology in social work practice, as a means to document clients' change by the use of a specific modality as task-centered, problem-solving, psychosocial or any other interventive system.

The purpose of social work intervention is to help individuals, families, and groups to cope with specific problems during their life-journey; by increasing the clients' functioning in their social context, thus enabling them to reach the ultimate goal of life-satisfaction. In order to know whether social workers achieve this goal, they need to utilize a practice framework which could enhance their ability to systematize each component of the intervention process. The basic problem-solving process can provide such a framework and also increase the practitioner's ability to verify that change in problem status has occurred during the course of his/her intervention activities. All this process, even though carried out in scientific way, will not jeopardize the humanistic values of our profession, neither will affect the client-worker relationship. On the contrary, by the client having the opportunity to participate actively in the solution of his/her problem, and by developing awareness of his/her behavior, his/her self-determination will be enhanced, thus enabling him/her to contribute more effectively to the well-being of society.

340
TRAINING DESCRIPTION

The training examines the feasibility of using task-centered system as well as psychosocial approach within a framework of single-subject methodology, to evaluate effectiveness in social work practice.

The students will learn that by being more systematic in their thinking and more precise and clear in their interventions, they would be able to inform readers, students, clients, agencies and society in general of the activities carried out during their intervention that are to affect their clients' problems.

TRAINING OBJECTIVES

Every student is expected to (1) comprehend the use of its particular intervention modality (task-centered system or psychosocial approach) in their practice; (2) learn to use effectively the techniques of the particular modality he/she will use; (3) to consult regularly with the writer on their transfer of knowledge to their cases and the development of the modality implementation.

TRAINING OUTLINE

Sessions

1 INTRODUCTION

(a) Brief historical background of the particular modality being discussed

(b) Current relevance of its implementation within a scientific framework in social work practice

(c) The target of intervention in each modality

(d) The nature and scope of each modality

2 THE PROCESS IN EACH INTERVENTION

(a) Problem typology

(b) Elements of each modality

(c) Techniques in intervention

(d) Similarities and differences in each of the modalities.
APPENDIX J

RECORD KEEPING
RECORD KEEPING*

The keeping of case records has one primary purpose: to inform a reader of the activities being carried out that are to effect problem change. Since work with clients is aimed at problem change, whether reduction or elimination, the case record should inform a reader of what is being worked on, what is being done and by whom, and what progress is occurring. Using this method of recording saves worker's time, is informative, and fits each client regardless of method of treatment.

I. Assessment of client social dysfunctioning

II. Problems being worked on

III. Objectives

IV. Worker activities

*Gingerich, Wallace (1979). Used with the authorization of the author.
V. Client activities

VI. Obstacles

VII. Change in problem status
APPENDIX K

SUMMARY OF INTERVENTION ACTIVITIES
SUMMARY OF INTERVENTION ACTIVITIES

Case #__________  Student-Practitioner__________
Agency_________________________
Modality Used_____________________

I. IDENTIFICATION DATA:
Name:_________________________________
Sex:_________________________________
Age:_________________________________
Address:_____________________________

II. IDENTIFICATION OF TARGET PROBLEM:
Statement of the problem______________________________
________________________________________________________________________
Specification of the Problem (explicit definition of the problem)___________________________
________________________________________________________________________

III. MEASURING METHOD:
Hand written journal_____

346
III. MEASURING METHOD (continued)

Log
Schedule
Other (explain)

IV. WHO WILL DO THE MONITORING?

Client
Client/Significant
Other
Significant Other
Other (explain)

V. BASELINE STARTED ON:

VI. CONTRACT:

Written
Oral
Made on:
First appointment
Second
Third
Other

VII. BASELINE ENDED:
VIII. TREATMENT GOALS: ________________________________________.

______________________________.

______________________________.

IX. TREATMENT PHASE:

General tasks: ____________________________________________

Operational or specific tasks: ________________________________.

______________________________.

______________________________.

X. TREATMENT STARTED: ___________________________.

XI. TREATMENT ENDED: ____________________________.

XII. TERMINATION STARTED: ____________________________.

XIII. TERMINATION ACTIVITIES:

Experiential Report: ______________________________________

______________________________.

______________________________.
XIV. TERMINATION ACTIVITIES (continued)

Social Validation:

Significant Others:

Spouse
Mother
Both parents
Peers
Teacher
Nurse
Other

Review of goals attained:

Client assessment:

Worker assessment:

XV. RECOMMENDATIONS

XVI. TERMINATION ENDED: