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Michigan State University

School of Social Work

A COMPARATIVE ANALYSIS OF PROFESSIONAL
PERFORMANCE OF TRAINED AND UNTRAINED
SOCIAL WORKERS IN TWO MICHIGAN STATE
MENTAL HOSPITALS

By Paul M. Kapsch

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SOCIAL WORKERS IN TWO MICHIGAN STATE
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By

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A PROJECT REPORT

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TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	ii
LIST OF TABLES	iv
Chapter	
I. INTRODUCTION	1
II. SUMMARY OF PERTINENT LITERATURE	8
III. METHODS AND PROCEDURES EMPLOYED IN THIS STUDY	16
IV. PRESENTATION AND ANALYSIS OF FINDINGS	21
V. IMPLICATIONS OF THESE FINDINGS	38
VI. RECOMMENDATIONS	45
APPENDICES	
A. SCHEDULE OF RATING ITEMS	48
B. EDUCATIONAL SUMMARY AND RATING SHEET	66
C. FREQUENCY DISTRIBUTION TABLES	70
BIBLIOGRAPHY	86

LIST OF TABLES

Table	Page
1. Work Assignments by Level of Training	22
SELECTED FREQUENCY DISTRIBUTION TABLES	
2. Knowledge and Understanding of the Principles of Human Growth and Behavior	26
3. Knowledge and Understanding of Social Work Principles, Processes and Techniques	26
4. Management of Responsibilities	27
5. Recording	27
6. Assisting in Evaluating Needs of Released Patients for Further Care	28
7. Interpretation to Staff Members of the Social Work Role in Patient Treatment	29
8. Preparation of Verbal, Written and Statistical Reports (other than case recording)	29
9. Degree to Which Worker Perceived Client's Feelings About Problem, Emotional Response to Situation	30
10. Worker's Understanding of Relationship With Client	30
11. Degree to Which Worker Perceived Client's Social and Economic Need	31
12. Degree to Which Worker Perceives Interaction of Family Group	31
13. Worker's Attempt to Engage Participation of Relatives, Friends or Others	33

Table	Page
14. Worker's Handling of Client's Feeling about Environmental, or Interpersonal or Emotional Problem	33
15. Worker's Activity in Giving Professional Guidance, Advice or Information	34
16. Worker's Professional Purposefulness in Interviews	34
17. Use of Supervision	36
18. Use of Professional Literature	36
19. Over-all Quality of Service	37

CHAPTER I

INTRODUCTION

The profession of social work has long been faced with a dire shortage of fully trained personnel. The reader need not be reacquainted with the statistics in this matter for we read and hear about it from numerous and varied sources. The journals abound with available positions and the frequent reoccurrence of listings attests to the difficulty in locating qualified people. Campaigns to attract undergraduate college and high school students into the profession have become more numerous and intense. Conferences and conventions are witness to proselyting by agencies concerned by the need to acquire trained workers in order to maintain professional standards.

The profession of social work is continually attempting to deal with the problem of staff shortages and the problem of providing competent social work service. These "interrelated problems of service and staff shortages"¹

¹Vern Weed and William H. Denham, "Toward More Effective Use of the Nonprofessional Worker: A Recent Experiment," Social Work, Vol. VI (October, 1961), p. 34.

are frequently thought to be in a cause-effect relationship.

There is universal agreement that the ultimate solution to these problems will be achieved when an adequate supply of professional manpower exists to fill all positions requiring full graduate training. This aim of complete professionalization represents a primary commitment for the field. Progress toward this goal calls for vigorous, creative and sustained efforts to increase both the supply and productivity of professional staff.²

Complete professionalization is not possible in the foreseeable future, however, and

. . . social work must place greater emphasis on its responsibilities for extending coverage, making greater use of all personnel--including those without professional training--and encouraging maximum development now of the best if not the ideal service possible.³

This, then is the frame of reference from which this project was derived. This study was undertaken as an exploratory effort to identify the areas in which trained and untrained workers respectively might be able to function most effectively, within the setting of the neuro-psychiatric hospital. What should the role of an untrained⁴ worker in such a setting be? How does he perform in contrast to his

²Ibid.

³Ibid.

⁴"Untrained" in the sense that the worker has not completed two years of graduate social work study.

trained counterpart? Can we begin to effectively delineate trained and untrained roles on the basis of such a comparison? This study was designed with the hope of establishing a format upon which such a delineation could be considered.

The author first became impressed with this general problem while serving a ninety day traineeship at a Veterans Administration neuro-psychiatric hospital. During this period it was learned that the administration of the social service department was convinced that the untrained worker could be used effectively in such a setting. Bound by formal regulations, they were unable to test their hypothesis beyond a ninety day period. Their contention was based on a highly successful experience in training undergraduate college students.

The author's state hospital experience, subsequent to the above, served to point out an entirely different point of view, that became a paradox in practice. Before receiving the position a verbal agreement was made that the worker would continue his graduate social work education after a one to two year period. It was clear that although this hospital was free to hire untrained workers, they did so only because of their inability to acquire fully trained personnel. However, the author became engaged in a level of

practice clearly beyond the generally accepted level of an untrained worker. It was the author's impression that he had been hired primarily because there were no trained workers available but needed to assume the responsibilities of a trained worker due to the overwhelming pressures caused by insufficient staffing.

Can the untrained social worker assume an effective role in mental hospitals and if so, how?

We have referred to the role of the untrained worker and need to consider the role of the trained worker. During the author's experience as a student and worker in three mental hospitals, unsolicited, disparaging remarks were frequently heard from trained workers regarding the content of their everyday responsibility. "I don't get a chance to really do casework"; "I feel like a glorified clerk"; and "My graduate social work training is being wasted," were some of the less favorable comments heard. These attitudes, although not unanimous, appeared to be by far the greatest single objection to the position.

Can the trained worker assume a more effective role in mental hospitals? From all outward appearances at least, trained workers do not seem to be making full use of their training and untrained workers could very well

be overstepping their training limitations.

The above mentioned experience served to formulate two assumptions for this study. One: trained and untrained workers perform essentially the same tasks in a state mental hospital setting. Two: the quality of social service is increased when the responsibilities of each worker is geared to take advantage of his particular level of training.

The general hypothesis that determined the focus of the study is that there is a difference in the level of performance of trained and untrained workers. The consensus among professional social workers indicates that this is to be assumed but it was the express purpose of this paper to point out these differences and the relative degree to which they are exhibited in various areas of responsibility.

Due to extenuating circumstances, the assumption was also made that other factors, that might affect competency, such as experience, age, emotional stability, etc., are evenly distributed among both groups.

The subjects for the study were the social workers of two Michigan state mental hospitals, Pontiac and Ypsilanti, located in those respective cities on the periphery of metropolitan Detroit. Within the practical limitations of this study, it was not feasible to use more than two

hospitals. On the other hand, it was not possible to use only one hospital because of the inadequacy of representation of either trained or untrained workers. Pontiac and Ypsilanti were chosen because between them they offered a small but fairly adequate sample population of 16 trained workers and 10 untrained workers.

A rating schedule⁵ was constructed, composed of 43 items of a fairly comprehensive nature and administered by each of the supervisors in each hospital for each of their respective supervisees. The workers' ratings and educational background were recorded on an additional sheet.⁶ These will be discussed further in Chapter III.

In summary it may be said that this study arose out of the need for additional social work staff in mental hospitals. It is an attempt to explore the role the untrained worker may play in alleviating this need. It is also an attempt to delineate those areas in which the trained and untrained worker performs most adequately. The practical value in such delineations rests in the hope that administrators could use them as a guide-line by which to differentiate the responsibilities of a trained worker from

⁵ See Appendix A.

⁶ See Appendix B.

those of an untrained worker, the over-all objective being one of elevating the level of service being offered by the department.

Chapter II will survey the literature pertinent to the study and discuss briefly some of the current thought given to the problem.

Chapter III will elaborate on the methods and procedures employed in this study.

Chapter IV is a presentation and analysis of the data gathered.

Chapter V discusses the implications of the study findings.

Finally Chapter VI will summarize these implications in light of their significance to the agencies involved in the study and to the profession as a whole.

CHAPTER II

SUMMARY OF PERTINENT LITERATURE

Social work is practiced in many various settings, all of which to some degree suffer from lack of adequate personnel. Perhaps the area of practice that feels this need the greatest is public welfare. Public assistance agencies have long been concerned with this problem. As a result they have probably contributed more to our somewhat meager understanding of how we may make the best use of various levels of training than have other areas of practice. Demonstration projects such as one conducted by the Minnesota Department of Public Welfare have been designed to free the more highly trained worker from routine duties to allow him more time for casework per se. Workers with less training then assume the less demanding, routine chores.

Institute and conference proceedings as well, reflect public welfare's concern over this matter. At an institute held in Chicago in 1958 regarding the development of competent staff in public welfare the expressed consensus was that "there is a close relationship between educational

level reached and competence."⁷ The aforementioned demonstration projects were then a practical application of this conviction, in order to provide a better quality of service.

"Educational level," however, has greater significance than indicating the relative degree to which an individual acquires knowledge and skills pertinent to the practice of social work. Thomas and McLeod introduce the concept of "ethical commitment" as applied to a study done with A.D.C. workers regarding in-service training and reduced workloads in the State of Michigan. They state, "A.D.C. workers were not as committed to the ethics of helping people as were those professional workers who had had post-graduate training in schools of social work. On a test ethical commitment, it was found that the A.D.C. workers scored lower than their supervisors, and the supervisors earned lower scores than a sample of professionally trained social workers."⁸ From this we could speculate that whereas it is possible for persons with lesser training to perform

⁷ American Public Welfare Association, Competent Staff, A Responsibility of Public Welfare Administration, A Summary of Material Presented by All Participants in an Institute Sponsored by the American Public Welfare Association (Chicago: Rockefeller Brothers Fund, 1958), p. 51.

⁸ Edwin J. Thomas and Donna F. McLeod, In-Service Training and Reduced Workloads (New York: Russell Sage Foundation, 1960).

concrete services as adequately (in relation to meeting certain minimum agency objectives) as do more highly trained persons; that the more highly trained person is likely to carry into his work a greater degree of ethical responsibility that goes beyond those minimum agency objectives. The author did not include an ethical commitment test in this study. The concept is introduced to point out to the reader that differences between trained and untrained workers can involve more than the mere assessment of performance in basic social services.

It is not always possible to apply directly the experience of social welfare agencies to social service in mental hospitals. When social welfare agencies speak of improving the educational level of their personnel, for instance, they are often looking first to elevating their minimum educational requirement to an A.B. degree.⁹ On the other hand, the level of training thought to be necessary in the area of mental health is a Master's degree in social work. For example, a position paper on the professional education for social work in Canada states:

A Master of Social Work degree is a desirable minimum for professional practice in social work--and

⁹American Public Welfare Association, op. cit.

particularly in the mental health services. It is patently evident that there is an acute shortage of qualified social workers in Canada and that the shortage is very serious in the mental health services. We do, however, believe that, whenever possible, social work positions in mental health services should be filled by persons who hold the MSW degree (or its equivalent) and are fully qualified . . . full membership as a treatment team calls for full professional training and a senior quality of performance.¹⁰

This does not mean that social service departments in mental hospitals cannot benefit from the experience and research of social welfare agencies. Nor does it necessarily indicate that mental hospitals cannot effectively utilize social workers with a full range of formal education, from the high school diploma to the MSW degree and beyond. In this respect we might well apply the theoretical scheme developed by William Richan for determining the roles of professional and non-professional workers.¹¹ He identifies the two variables of "worker autonomy" and "client vulnerability" as the determinants of the educational level of staffing necessary. Worker autonomy is determined by the "lack of explicit and concrete guides requiring the exercise of discretionary judgment by the worker; low visibility,

¹⁰ Edgar A. Perretz, "The Principles Involved in the Development of the Social Work Component in Ontario Mental Health Services," The Social Worker, Vol. XXIX (April, 1961), p. 54.

¹¹ William C. Richan, "A Theoretical Scheme for Determining Roles of Professional and Nonprofessional Personnel," Social Worker, Vol. VI (October, 1961).

and thus lack of external control, of what the worker is doing; and lack of support for professional standards in the agency itself Client vulnerability can be subdivided into two types: that resulting from the nature of the client and his situation and that arising from the nature of the service."¹² In this theoretical scheme responsibilities involving a relatively high degree of both variables should be assigned only to the professional worker. Responsibilities involving a high degree of client vulnerability and low degree of worker autonomy would be relegated to a "specialist," a person who through in-service training or other means is capable of performing specialized tasks with a good deal of regulation and supervision. An example of the specialist in some agencies might be an intake worker, for example. Responsibilities entailing a low degree of client vulnerability with a high degree of worker autonomy would be assigned to the "sub-professional." An example of this might be income budgeting in a public assistance agency if the clientele is relatively well adjusted and the worker relies quite a bit on his own discretion. Routine tasks involving a low degree of both variables could then be

¹² Ibid., pp. 24-27.

assigned to an "aide."

The consensus of the profession indicating that the ultimate goal in social service staffing of mental hospitals is the hiring of only fully trained social workers places severe limitations on the practical application of the above scheme. Administrators are more likely to direct their efforts toward hiring fully trained personnel at the possible expense of not taking full advantage of available untrained personnel. We are then still faced with the problem of providing as high a level of service possible under the existing shortage of trained workers.

Weed and Denham summarize their experiment in making more effective use of non-professional workers in child-placing agencies with the following statement: "The experience of this project suggests that we have underestimated both the potentialities of this reservoir of workers and our ability to help realize their potentialities through the provision of on-the-job training."¹³ This might very well be the case in the area of mental hospital social work as well.

The importance of employing to greatest advantage an individual's abilities applies to trained workers, as

¹³ Weed and Denham, op. cit., p. 33.

well as to the untrained.

With the traditional methods of assigning professional staff in a hospital that of giving each worker total social service responsibility in a particular clinic or service, a professionally trained caseworker performs a variety of services which may or may not require his full skills. Such utilization of staff is not economical. Underutilization of the trained worker's full skills not only lessens effectiveness, but the best interests of the patients as a whole may not be served.¹⁴

Margaret Heyman thus conducted a study in a general hospital involving the assignment of cases according to four levels of staff skill. The specific criteria for assigning cases were grouped under the headings of requiring advanced casework skills, requiring casework skills, not requiring casework skills and requiring neither casework skills nor medical-social data. Assignments were then made respectively to advanced caseworkers, caseworkers, case aides and secretaries. She concludes, "In brief the new case assignment was found to increase the productivity of the department from the point of view of both the quantity and quality of its social service."¹⁵

¹⁴ Margaret M. Heyman, "A Study of Effective Utilization of Social Workers in a Hospital Setting," Social Work, Vol. VI (April, 1961), p. 36.

¹⁵ Margaret M. Heyman, "A Study of Effective Use of Social Workers in a Hospital," Social Service Review, Vol. XXXV (December, 1961), p. 418.

The criteria¹⁶ by which the cases were assigned has greatest relevance when applied to the specific setting in which the study took place. The following chapters will describe a beginning attempt to delineate the criteria by which responsibilities may be assigned to two levels of staff skill at two Michigan state mental hospitals.

¹⁶ Margaret M. Heyman, "Criteria for the Allocation of Cases According to Levels of Staff Skill," Social Casework, Vol. XLII (July, 1961).

CHAPTER III

METHODS AND PROCEDURES EMPLOYED IN THIS STUDY

The social work literature offered little help in designing this study because a project such as this does not appear to have been done before. Practical time and expense considerations further limited the design. In addition the exploratory nature of the study greatly curtailed the use of more exacting research methodology.

The social service populations of Pontiac and Ypsilanti State Hospitals were selected on the basis of the geographic location of the two host settings. An additional factor for their selection was that these host settings offered a fairly reasonable balance of trained and untrained workers. Sampling the total populations of social service staffs in all the state mental hospitals would have offered data that would have permitted more confident generalizations. Practical factors prohibited such an effort.

The schedule of 43 items by which the workers were rated, included in its entirety as Appendix A, attempted to include specific responsibilities as well as general items of pertinent social work knowledge and skills.

Section I, consisting of four items, relates to the worker's knowledge and understanding of Helen Harris Perlman's "person, problem, place and process,"¹⁷ as applied to the setting under consideration.

Section II, consisting of three items, relates to the worker's ability to manage his responsibilities and to handle his recording and correspondence duties.

Sections III and IV are specific responsibilities taken directly from the position description for the Psychiatric Social Work Trainee Ia, and the Psychiatric Social Work II, as compiled by the Michigan Civil Service Commission. Section III relates to responsibilities concerning patients about to be released and Section IV to interpretive, educative responsibilities.

The items in Sections V, VI and VIII are taken from Margaret Shubert's article, "Field Work Performance: Achievement Levels of First-Year Students in Selected Aspects of Casework Service," Social Service Review, June, 1958, pages 120-37.

The four items in Section V were grouped under the general heading of Client-Worker Relationships and 13 items

¹⁷ Helen Harris Perlman, Social Casework (Chicago: The University of Chicago Press, 1957), pp. 3-63.

in Section VI attempted to rate the worker regarding various general casework functions and processes.

The seven items in Section VII were designed to determine the frequency with which workers made use of various educational resources in order to improve their professional knowledge, efficiency and competency. It was thought such questions might provide a guide to the planning of in-service training programs that are most responsive to the reflected needs of trained and untrained workers.

The last section, VIII, consists of a single item regarding the over-all quality of the worker's performance.

The schedule was an attempt to comprehensively sample the various components of a psychiatric social work position. It is not known if this was accomplished. To do so might very well entail research of its own.

The ratings for each item vary from a three to a six point scale, the nature of the rating varying with the item. One of the pitfalls of such a scale is the tendency of raters to group the ratings around the average or acceptable. Another difficulty is that we are arbitrarily requiring that the rater select certain points along a continuum when in actuality the more accurate rating may lie in between certain of these points.

Each worker was rated by his immediate supervisor. The more acceptable and generally used method of ratings made by impartial judges on the basis of recorded material was not possible due to the lack of sufficient recording. The workers might also have been asked to complete a written examination designed to test their level of knowledge and understanding and skills in their various responsibilities. Such an instrument would not really be sensitive to his actual performance on the job, the very focus of this study.

The problem in the method finally used is the element of supervisor bias. It is apparent that to some degree at least, each supervisor will carry subjective feelings into his ratings. To filter out these subjective feelings in order to evaluate the worker objectively would indeed be difficult. The supervisors were instructed to select the rating for each item that most closely approximated the worker's actual performance. They were also instructed that the worker's potential ability was not to be considered.

All workers other than the two directors and five supervisors were rated. Family care home visitors, who operate essentially on an aide level, were not included in this study. As a result, seven fully trained social workers

rated, among them, ten untrained social workers and 16 trained social workers. For purposes of this project, a trained worker was one who had completed two years of graduate social work training; an untrained worker was one who had completed less than two years of graduate social work training.

Unfortunately the data derived by the above described method does not lend itself to statistical analysis. Many non-parametric measures were investigated for their applicability but were found to be of little or no value. Frequency tables were computed for each of the items and can be found in Appendix C.

CHAPTER IV

PRESENTATION AND ANALYSIS OF FINDINGS

The ten workers classified as untrained for purposes of this study demonstrate a wide range of educational experiences. Five of the ten held the B.A. degree, one with a concentration in pre-professional social work and another in social psychology. Two others held B.A. degrees plus some courses from a school of social work. One had completed one year of a graduate social work curriculum. The two remaining workers held the M.A. degree, one in sociology and the other with a concentration in guidance and counseling.

Of the 16 trained workers, 14 held the M.S.W. degree or its equivalent and two had completed two full years of graduate social work education but did not possess a graduate degree. No indication was given of any of these people having any social work education beyond this.

The work assignments of the 26 workers varied considerably. Some were assigned to a specific service within the hospital, such as the geriatric service; or within the social service department, such as the family

(foster) care unit. Some were assigned to specific wards throughout the hospital. Others had ward assignments in addition to out-patient clinic work. The range of assignments can be seen in Table 1.

The table illustrates a balance between trained and untrained workers represented on the geriatric services, in admissions and intensive treatment and with general ward assignments. However, no untrained workers were assigned to children's services or out-patient clinics, while 8 trained workers were involved in these areas. On the other hand, five untrained workers were assigned to family care and vocational placement with only two trained workers.

TABLE 1

Work Assignments by Level of Training

Assignment	Trained	Untrained
Geriatric Service	2	2
Admissions and Intensive Treatment	2	2
General Ward Assignments	2	1
Children's Service	3	0
Out-patient Clinic	1	0
Out-patient Clinic and General Ward Assignments	4	0
Family Care	0	2
Family Care and Vocational Placement	2	3
Total	16	10

These figures reflect a definite trend in the placement of trained and untrained workers within the hospital. The out-patient clinic and children's service assignments are generally thought to be more demanding of a worker's professional competence and it is significant to note that no untrained workers were placed in these areas. The positions in family care were dominated by untrained workers, perhaps because more of the responsibilities there tend to be less demanding in terms of intensive casework treatment.

However, no such delineation in assignments appeared in the ratings made in this study. Almost all of the workers were rated on all but a few items. The supervisors were allowed to indicate that they were unable to make a rating when the worker did not assume a specific responsibility. The fact that there was no significant difference between the number of trained and untrained workers not rated appears to indicate that both groups do essentially the same work. At least there appears to be a common denominator in the rating items used in this study.

No method of statistical correlation was found that suited the data collected, due to the small sample size and the rating method used. It was considered to dichotomize the rating scale itself at a point considered to be a "desirable"

level of competency. This is not appropriate in that most ratings tend to be concentrated in the upper two or three categories. To use an example, Item One is concerned with the workers' knowledge and understanding of the principles of human growth and behavior. If we were to dichotomize on an excellent-less than excellent basis we would find that five out of 16 trained workers would be classified as excellent whereas only one out of ten untrained workers would be so classified (31% to 10%). However, if we were to dichotomize on a good-less than good basis, we find that 12 or 75% of the trained workers are in the prior category compared to 8 or 80% of the untrained workers. It would be quite simple, therefore, to support the study hypothesis for this particular item that trained workers are more knowledgeable than are untrained workers by using the one dichotomization of the two mentioned that yields the highest score for that group. There is no basis upon which this can justifiably be done.

As illustrated, it would be possible to construe the same material to the benefit of either group. The trained group, quite consistently, had a greater range of scores and if we were to dichotomize a scale based on the lower end of the ratings such as fair-better than fair,

we would find the untrained group scoring consistently better than the trained. We must, therefore, be content to compare the frequency distributions without the benefit of statistical analysis.

The data reveals no distinct significant differences in performance by the two groups of trained and untrained workers. This analysis will attempt to point out those items where differences, however slight, are greatest. Unless otherwise indicated, such analysis will be based upon study of the frequency distributions.

As might have been anticipated the greatest differences in Section I are with the preponderance of excellent ratings received by trained workers regarding the knowledge and understanding of the principles of human growth and behavior and of social work principles, processes and techniques. Of the two, knowledge and understanding of social work principles, processes and techniques shows the greatest difference.

A lesser difference is seen in the workers' knowledge and understanding of the hospital's and social service department's organization, function, rules, regulations, and procedures. The last item in this section concerning knowledge and understanding of psychopathology, probably shows the least difference between the two groups, if any.

TABLE 2

ITEM 1: Knowledge and Understanding of the Principles of Human Growth and Behavior

Rating	Trained	Untrained
1. Excellent	5	1
2. Good	7	7
3. Adequate	4	2
4. Fair		
5. Poor		
A. Unable to rate		
Total	16	10

TABLE 3

ITEM 3: Knowledge and Understanding of Social Work Principles, Processes and Techniques.

Rating	Trained	Untrained
1. Excellent	6	
2. Good	5	5
3. Adequate	5	5
4. Fair		
5. Poor		
A. Unable to rate		
Total	16	10

Section II relates to the common, basic functions of management of responsibilities, recording and correspondence. The untrained group scored somewhat better in their management of responsibilities and recording and both groups were rated essentially alike on correspondence.

TABLE 4

ITEM 5: Management of Responsibilities

Rating	Trained	Untrained
1. Good	7	6
2. Adequate	9	4
3. Poor		
A. Unable to rate		
Total	16	10

TABLE 5

ITEM 6: Recording

Rating	Trained	Untrained
1. Good	6	6
2. Adequate	7	2
3. Poor	2	1
A. Unable to rate	1	
Total	16	10

Section III consists of five responsibilities concerning patients about to be released from the hospital. Item 11, locating and approving employment opportunities for patients, was not a responsibility for 19 of the 26 workers and so there is no basis for comparison. Items 8, 9, and 10; determining home and community circumstances prior to release from hospital; assisting medical staff in determining patient's readiness for release and assisting

patients and relatives in locating and taking advantage of community services available, showed little difference between the two groups. The untrained group, however, was rated better in assisting in evaluating needs of released patients for further care.

TABLE 6

ITEM 12: Assisting in Evaluating Needs of Released Patients for Further Care.

Rating	Trained	Untrained
1. Appropriate	7	7
2. Moderately Appropriate	8	2
3. Somewhat Appropriate		1
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate		
Total	16	10

Section IV is comprised of five interpretive, educative responsibilities. The greatest differences in this section was the trained group's greater ability to interpret to staff members the social work role in patient treatment and in the preparation of verbal, written and statistical reports other than case recording.

Trained workers were slightly better in counseling family care therapists, relatives, employers and others regarding patients' welfare; and also showed some slight

TABLE 7

ITEM 13: Interpretation to Staff Members of the Social Work Role in Patient Treatment.

Rating	Trained	Untrained
1. Appropriate	9	3
2. Moderately Appropriate	3	3
3. Somewhat Appropriate	1	1
4. Somewhat Inappropriate	1	2
5. Very Inappropriate		
A. Unable to rate	2	1
Total	16	10

TABLE 8

ITEM 16: Preparation of Verbal, Written and Statistical Reports (other than case recording).

Rating	Trained	Untrained
1. Appropriate	9	3
2. Moderately Appropriate	4	5
3. Somewhat Appropriate	2	2
4. Somewhat Inappropriate		
5. Very Inappropriate		
A. Unable to rate	1	
Total	16	10

superiority in participation in meetings, conferences and committees. The two groups showed little difference in their ability to interpret mental illness to relatives, friends and others and in their participation in education

and consulting services for furthering mental health.

Section V consists of four items related generally to the worker-client relationship. Trained workers were found to score better in their perception of clients' feelings about problems, emotional response to situations and in understanding their relationship with clients.

TABLE 9

ITEM 20: Degree to Which Worker Perceived Client's Feelings About Problem, Emotional Response to Situation.

Rating	Trained	Untrained
1. Very high degree of perception	7	2
2. High degree of perception	4	5
3. Moderate degree of perception	4	3
4. Low degree of perception	1	
5. Very low degree of perception		
A. Unable to rate		
Total	16	10

TABLE 10

ITEM 22: Worker's Understanding of Relationship With Client.

Rating*	Trained	Untrained
1.	5	
2.	6	7
3.	2	1
4.		1
5.	1	
A. Unable to rate	2	1
Total	16	10

*See Appendix A for description of numerical ratings.

Untrained workers were rated slightly better in their perception of clients' social and economic need and their perception of the interaction of family groups.

TABLE 11

ITEM 19: Degree to Which Worker Perceived Client's Social and Economic Need.

Rating	Trained	Untrained
1. Very high degree of perception	7	6
2. High degree of perception	5	2
3. Moderate degree of perception	3	2
4. Low degree of perception		
5. Very low degree of perception	1	
A. Unable to rate		
Total	16	10

TABLE 12

ITEM 21: Degree to Which Worker Perceives Interaction of Family Group.

Rating	Trained	Untrained
1. Very high degree of perception	7	5
2. High degree of perception	3	3
3. Moderate degree of perception	6	2
4. Low degree of perception		
5. Very low degree of perception		
A. Unable to rate		
Total	16	10

Section VI contains 13 items grouped under the heading of general casework functions and processes. If we are to take into consideration the total range for each group and compute mean ratings in order to allow a more accurate discernment of any differences not apparent otherwise, it is found that the trained group scores higher on only two items but only by one-tenth of one point. The differences are, therefore, of no significance. The untrained group, however, scored higher on four items with a difference of four-tenths of a point in each. This group was judged more capable in their attempts to engage the participation of relatives, friends or others; they were better able to handle the client's feelings about environmental, interpersonal or emotional problems; they were better able to be appropriately active in giving professional guidance, advice or information and their professional purposefulness in interviews was more evident, appropriate and individualized.

TABLE 13

ITEM 25: Worker's Attempt to Engage Participation of
Relatives, Friends or Others.

Rating	Trained	Untrained
1. Appropriate	8	7
2. Moderately Appropriate	6	2
3. Somewhat Appropriate	1	1
4. Somewhat Inappropriate		
5. Very Inappropriate		
A. Unable to rate	1	
Total	16	10

TABLE 14

ITEM 28: Worker's Handling of Client's Feeling about
Environmental, or Interpersonal or Emotional
Problem.

Rating	Trained	Untrained
1. Appropriate	5	3
2. Moderately Appropriate	5	6
3. Somewhat Appropriate	4	1
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate	1	
Total	16	10

TABLE 15

ITEM 30: Worker's Activity in Giving Professional Guidance, Advice or Information.

Rating	Trained	Untrained
1. Appropriate	5	4
2. Moderately Appropriate	9	6
3. Somewhat Appropriate	1	
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate		
Total	16	10

TABLE 16

ITEM 35: Worker's Professional Purposefulness in Interviews

Rating*	Trained	Untrained
1.	7	3
2.	4	5
3.	1	2
4.	1	
5.	3	
6.		
A. Unable to rate		
Total	16	10

*See Appendix A for description of numerical ratings.

The remaining items showed no noticeable differences.

They are:

ITEM 23: Worker's Explanation of Hospital Policies and Services to Patients, Relatives or Others.

- ITEM 24: Worker's Attempt to Engage Patient's Participation.
- ITEM 26: Worker's Exploration of the Facts of the Problem.
- ITEM 27: Worker's Exploration of Client's Feeling About the Problem.
- ITEM 29: Worker's Handling of Client's Feeling About Worker and/or Agency.
- ITEM 31: Worker's Activity in Giving Recognition to Client's Capacity, as Shown in Current and Past Competence.
- ITEM 32: Worker's Verbalizations to the Client about the Severity and Solubility of the Problems.
- ITEM 33: Worker's Activity in Directing Focus.
- ITEM 34: Worker's Professional Self-discipline.

Section VII contains seven items regarding various resources a worker may take advantage of to better the level of his professional competency. Of the seven, three items offer no basis for comparison due to the insufficient number of workers being rated. They were: "Formal course work"; "Social work and related organizations," and "Other," an item designed to make the section inclusive. Consultation and in-service training were used about as frequently by both groups. The greatest differences shown were the untrained workers' more frequent use of supervision and the trained workers' use of the professional literature.

TABLE 17

ITEM 36: Use of Supervision.

Rating	Trained	Untrained
1. Very Frequent	5	4
2. Frequent	2	1
3. Moderately Frequent	4	3
4. Seldom		1
5. Very seldom	3	
A. Unable to rate	2	1
Total	16	10

TABLE 18

ITEM 40: Use of Professional Literature.

Rating	Trained	Untrained
1. Very Frequent	2	1
2. Frequent	5	1
3. Moderately Frequent	5	5
4. Seldom		1
5. Very Seldom	2	1
A. Unable to rate	2	1
Total	16	10

Section VIII is a single item rating each worker on the over-all quality of his performance. When considering the total distributions this item offers as great a difference as seen on any single item in the study, with the untrained group performing better on the average. The

difference lies in the range of scores, the untrained workers being grouped in the three top categories of moderately good, high and very high; whereas the trained group has one each in the weak and very poor ratings. Even with these skewed ratings the difference is not great.

TABLE 19

ITEM 43: Over-all Quality of Service

Rating	Trained	Untrained
1. Very high	6	2
2. High	3	5
3. Moderately good	5	3
4. Weak	1	
5. Poor		
6. Very poor	1	
A. Unable to rate		
Total	16	10

CHAPTER V

IMPLICATIONS OF THESE FINDINGS

The hypothesis of this study reflected the prior conviction of the author that there is a difference between the performance of trained and untrained social workers in state mental hospitals. It must further be indicated that such differences were expected to be significantly in favor of those workers with graduate social work training. It was expected that those differences would vary in intensity from item to item dependent primarily upon the relative competency of the untrained group. Assuming such differences to be demonstrated it was thought that we could derive clues there from by which to consider differential assignments of responsibilities, taking greater advantage of the relative competencies of each group.

In none of these instances have the study goals been fulfilled.

Careful consideration of the frequency distributions of ratings indicates that there are very minor differences between the two groups in all aspects of the study. A closer look tells us that the average rating is more frequently

than not in favor of the untrained group. In light of this, we must reject the stated hypothesis and accept what would have been the null hypothesis, had one been tested for by means of statistical analysis. There is then no significant disparity between the performance of trained and untrained social workers, in the two state mental hospitals included in this study. At least, there is no such difference in the ratings made by the supervisors.

Having considered the lack of significant differences in the degree to which the two groups performed, we look now at the differences, however slight, in the various areas of responsibility. Did the untrained worker perform better than the trained worker in areas representing concrete, basic social services? Did the trained worker perform better in areas involving more subtle and demanding skills such as his perception of and activity in a therapeutic or counseling relationship? Such does not appear to be the case in either instance.

In some of the more notable differences manifested by this study untrained workers were better able, to engage the participation of relatives and others; in exploring the facts of the client's problems; in giving professional guidance, advice and information; in appropriately verbalizing

to the client the severity and solubility of his problems and most important perhaps, in his demonstrated professional purposefulness. Trained workers, on the other hand, were better able to perceive the clients' feelings about problems and their emotional responses to situations; to understand their relationship with the client; to counsel family care therapists, relatives and others regarding the patient's welfare; and to interpret the role of the social worker in patient treatment.

This lack of any definable pattern of relative competence holds true for the performance of the two groups regarding basic, more clearly defined responsibilities. The groups scored essentially alike on most of such items with the untrained group somewhat better able to manage his overall responsibilities and his recording.

The group with graduate training did possess a greater knowledge and understanding of the principles of human growth and behavior and of social work principles, processes and techniques. The trained workers interpreted more appropriately the social work role in patient treatment. They commanded a greater understanding of the worker-client relationship, although they did not always appear to be better able to apply this understanding in practice. Their

preparation of reports other than recording and their participation in meetings, conferences and committees was also somewhat superior. Appropriate performance in these items might require, some more than others, a greater academic background than for some of the other items.

The results of this study are in definite contradiction to the generally accepted idea that performance can be correlated to the worker's level of social work education. The contradiction is even more pronounced when we consider that of all areas of social work practice, psychiatric social work is probably most convinced of this.

The greatest contribution of this study is not reflected in the results as much as it is reflected in the fact that the study was done at all. Research on a much more sophisticated level must be conducted in order to gain any significant level of validity and reliability. It is interesting, however, that such research has not been done, to this writer's knowledge.

It is fully recognized that it is the consensus of the profession that graduate training is necessary for the most successful practice of social work. This does not mean, however, that we should be content with consensus. This study merely begins to investigate what we have come

to accept at face value. The results are challenging. Can this study be justified in terms of good research methodology? It becomes imperative to review the methodology in order to assess the findings.

The procedure by which the workers were rated is lacking in many respects. It was necessary to introduce the supervisors as judges, thereby considering them "experts" in this sense. It is obvious that such cannot be assumed. The supervisors were not rating a piece of recording, author unknown, but rather a person with whom they had likely shared many cups of coffee and hours of casual conversation. This introduces a bias of unknown proportions and unknown ramifications. In addition, many ratings on certain items were likely to have been made on the basis of meager information, for even the best of supervisors is not fully acquainted with all aspects of the work and competency of his supervisees.

The rating schedule itself, moreover, was by no means all-inclusive. Many items could have been added, a few might have been deleted. The criteria, such as various levels of appropriateness, might well have been expanded to include a greater range and allow for more precise ratings.

The basic assumptions of the study might also be challenged. Did both groups, in fact, have a comparable

length of experience in the field? Exigencies involved in conducting this study did not allow for gathering this data. Perhaps the untrained group had a significantly greater length of experience. If so, it might be wise to study the question of whether experience or formal training is the more essential factor in preparing one for this type of position.

It might be possible that the untrained workers are an older group and perhaps carried into their work a greater level of personal maturity, a question that could bear some investigation.

We could also consider the possibility that trained workers want to perform duties which demand and utilize their professional skills. Perhaps professionally trained workers are content to meet routine requirements on a minimum basis. If such is the case and if the untrained worker is at the same time continually attempting to improve himself to justify his challenged position, this might help to explain the better performance of untrained workers in some areas. Untrained workers were found to make greater use of supervision and to a lesser degree, of consultation. The nature of the position might be such that it challenges the initiative of the untrained while allowing little freedom

for the trained to take full advantage of his training. Both are pure speculation and this study does not investigate these matters; but they could be vital considerations in future research.

All of these factors illustrate the need to investigate the matter more thoroughly. The results of this study can be validated or invalidated in no other precise manner.

CHAPTER VI

RECOMMENDATIONS

There are no definite conclusions that can be drawn from this study that might be of immediate use to the directors of the two social service departments involved. There are certain recommendations, however, that might be made for examining the study problem more closely.

Is the quality of service rendered by each group of a satisfactory nature? Only close scrutiny by an administration, that is well aware of the numerous problems of social work practice in a "host" setting, can adequately assess this. Such problems in a very practical sense are large determinants of the goals that can be realistically set for departmental objectives and performance. For example, if the medical staff feels that social service has no right to involvement in direct patient therapy, it would indeed be difficult to implement a program of intensive casework treatment. This is given merely as an example and this study did not investigate the matter.

Should the quality of service rendered not be at the most desirable level, what might be done to enhance its

performance? Should trained workers make more frequent use of supervision and consultation than is indicated by this study? Should untrained workers be more involved in in-service training?

If practical problems such as are illustrated above are at a minimum, consideration might be given to defining more clearly the roles of the trained and untrained workers, a suggestion by Margaret Heyman previously quoted. Are trained workers given the opportunity to take full advantage of their training? Would they perform better if assigned responsibilities more demanding of their level of training? In considering this, departmental responsibilities as a whole must be re-examined. Are the basic functions of the department designed to make the greatest and most effective use of what social work has to offer? Could some time-consuming, clerical-type responsibilities be reassigned to other departments? Do the efforts expended by the staff in meeting such functions eventually have significance to the ultimate objective of helping the patient through social work practice? Again this study does not consider such matters, but merely implies that they might be examined.

A trend toward the exclusive hiring of trained workers in mental hospitals is in evidence. Can this be

justified in view of the study results? Perhaps the limitations of this study negate the results. But even if trained workers did perform significantly better; it does not necessarily mean that the untrained worker cannot competently assume a role in social service departments of mental hospitals.

This question has pertinence not only to two Michigan state mental hospitals, but to all mental hospitals as well. There is a definite need for future research investigating the proper roles for both trained and untrained workers. The immense problem of shortage of trained personnel might be alleviated significantly through the use of the untrained group. And departmental performance might be enhanced significantly by taking greater advantage of the trained workers' professional education.

The study also suggests that the field must continually re-evaluate its graduate school curricula as well as investigate as closely as possible what the salient factors are in assuring success in social work practice. If a practitioner without graduate training can perform as well as one with graduate training, we need to know why.

If this study has done no more than to provoke others to conduct investigations that will in some way shed further light on the subject, it has then accomplished a purpose.

APPENDIX A

Schedule of Rating Items

Procedure: After each item or group of items will be found a set of descriptive ratings varying from three to six choices. Select the rating that in your estimation most nearly approximates your thinking and circle the corresponding number on the rating sheet opposite the item number. All items include a choice (signified by the letter "A") that indicates you are unable to make a rating for that particular item. If you must use this choice, please specify the reason you are unable to rate the worker on this item. For example, the worker may not be responsible for certain tasks asked to be rated.

By "client" is meant any patient, relative, friend or other person with whom the worker comes in contact in order to discharge his duties.

Section I: General

- Item 1. Knowledge and understanding of the principles of human growth and behavior.
- Item 2. Knowledge and understanding of the hospital's and social service department's organization, function, rules, regulations and procedures.
- Item 3. Knowledge and understanding of social work principles, processes and techniques.
- Item 4. Knowledge and understanding of psychopathology, etiology and individual, familial and environmental ramifications.
 - 1. Excellent
 - 2. Good
 - 3. Adequate
 - 4. Fair
 - 5. Poor

Section II: Management of Responsibilities; Recording; Correspondence

- Item 5: Management of Responsibilities

1. Good: Worker is able to efficiently evaluate priority needs and determine a course of action that should effectively meet such needs. He adapts to extenuating circumstances without undue neglect to ongoing responsibilities and manages to plan his activity so as to allow most efficient and competent service under the circumstances.
2. Adequate: worker is able to organize his work, evaluate priorities and act upon them in an adequate manner, but not without some loss of efficiency and competency necessary to maintaining good management of his caseload.
3. Poor: worker, for the most part is not able to organize his work and spends too much time on trivial or superficial matters while more important matters are frequently neglected.

Item 6. Recording

1. Good: worker records within a reasonable period of time. The recording reflects clarity, appropriateness, conciseness, accuracy. Maximum benefits can be derived by those using the recorded material.
2. Adequate: worker records in a manner adequate to fulfilling the purpose of the same, but lacking in some manner from allowing it to be better than adequate.
3. Poor: worker's recording is less than adequate in that it is too late, inaccurate, unclear, inappropriate or too lengthy or brief to be of sufficient value to meet its need.

Item 7: Correspondence

1. Good: worker answers correspondence within a reasonable period of time. The correspondence reflects clarity and a basic grasp of grammatical construction. Information is presented in an accurate and thorough manner and is appropriate, so as to be of maximum service to the receiver.

2. Adequate: worker manages and writes his correspondence in a manner somewhat less than of good quality but fulfills his obligation adequately.
3. Poor: worker is likely to allow his correspondence to become outdated, to misinterpret, misrepresent.

Section III: Responsibilities Concerning Patients About to be Released.

- Item 8: Determining home and community circumstances prior to release from hospital.
 - Item 9: Assisting medical staff in determining patient's readiness for release.
 - Item 10: Assisting patients and relatives in locating and taking advantage of community services available.
 - Item 11: Locating and approving employment opportunities for patients.
 - Item 12: Assisting in evaluating needs of released patients for further care.
1. Appropriate: the worker has a thorough and accurate understanding of the patient's needs and home and community circumstances and is able to communicate this to others. He is fully aware of the appropriateness and availability of community resources and is effective in assisting, insofar as is possible, the patient and others to take advantage of the same.
 2. Moderately Appropriate: the worker operates essentially as described above, but lacking somewhat in one or more respects from being fully appropriate.

3. Somewhat Appropriate: the worker's activity is not inappropriate but meets only a minimal level of competency required for successful execution of the task, and no harm is rendered in the process.
4. Somewhat Inappropriate: the worker is likely to fall short of minimum competency necessary and may plan in a manner harmful to those concerned.
5. Very Inappropriate: the worker consistently misunderstands or misrepresents and is likely to cause considerable difficulty for those involved in his planning.

Section IV: Interpretive, Educative Responsibilities

- Item 13: Interpretation to staff members of the social work role in patient treatment.
 - Item 14: Interpretation of mental illness to relatives, friends, others.
 - Item 15: Participation in education and consulting services for furthering mental health.
 - Item 16: Preparation of verbal, written and statistical reports (other than case recording).
 - Item 17: Participation in meetings, conferences and committees.
 - Item 18: Counseling family care therapists, relatives, employers and others regarding patient's welfare.
1. Appropriate: the worker has a good grasp of the principles of social work and human growth and behavior and is able to transmit his thoughts to others appropriately, efficiently and effectively as it applies to the item being rated.

2. Moderately appropriate: the worker's understanding, effectiveness and efficiency is somewhat less than is desirable for competent performance of this item.
3. Somewhat Appropriate: the worker's understanding, effectiveness and efficiency is at a minimal level of competency but is generally of a positive, helping nature.
4. Somewhat Inappropriate: the worker's understanding, effectiveness and efficiency is less than competent and is at times deleterious.
5. Very Inappropriate: the worker misunderstands, is ineffective and inefficient and generally incompetent in accomplishing this task.

Section V: Client-Worker Relationship

Item 19: Degree to which worker perceived client's social and economic need.

Item 20: Degree to which worker perceived client's feelings about problem, emotional response to situation.

Item 21: Degree to which worker perceived interaction of family group.

1. Very high degree of perception: imaginative, individualized, relevant, with full recognition of the obvious and some recognition of less obvious factors in the situation.
2. High degree of perception: for the most part, individualized and relevant, with recognition of obvious factors.
3. Moderate degree of perception: sometimes individualized and relevant, with recognition of obvious factors, but somewhat limited.

4. Low degree of perception: some inconsistency in individualization, relevance, and recognition of obvious factors; definitely limited.
5. Very low degree of perception: recognition of obvious factors is absent, or evidence is misinterpreted, or perception is distorted.

Item 22: Worker's understanding of relationship with client:

1. Understands full implications of client-worker relationship, including transference and counter-transference phenomena when these exist.
2. Understands that worker has meaning to client as a helping person, can evaluate this, and has some perception of worker's contribution to the relationship.
3. Understanding of the relationship is superficial and/or stereotyped.
4. Understanding is somewhat distorted: e.g., evidence may be misinterpreted, relationship may sometimes be valued as gratifying to worker, worker may have some tendency to personalize the relationship.
5. Understanding is grossly distorted: e.g., evidence may be misinterpreted, relationship may frequently be valued as gratifying to worker, worker may show strong tendency to personalize the relationship.

Section VI: General Casework Functions and Processes

Item 23: Worker's explanation of hospital policies and services to patients, relatives or others.

Item 24: Worker's attempt to engage patient's participation.

Item 25: Worker's attempt to engage participation of relatives, friends or others.

Item 26: Worker's exploration of the facts of the problem:

1. **Appropriate:** Worker seeks facts (in accordance with client's capacity and readiness) about onset of problem, circumstances surrounding onset, effects of problem on client's functioning and life situation, duration and severity of these effects, client's efforts to cope with problem and degree of success. Seeks relevant history, or encourages client's effort to give history, with a good sense of timing. That is, worker gets enough history soon enough to enhance the possibility of helping client. Worker does not become preoccupied with history which is "interesting" but which should not be explored either because of its irrelevance or because it would fruitlessly increase client's distress.
2. **Moderately appropriate:** Worker seeks facts predominantly as above, but may not always accurately evaluate client's capacity and readiness; or may not be so consistently accurate in timing his search for, or encouragement of, historical material.
3. **Somewhat appropriate:** Worker seeks facts but limits his exploration to the obvious; may not have much perception of client's capacity and readiness to give facts; may neglect exploration of some of the facts.
4. **Somewhat inappropriate:** Worker seeks facts in a scattered way, often seeks irrelevant information or fails to perceive client's capacity; or may be somewhat rigid in securing certain facts, whether or not these are important in a particular case or required by agency; or may occasionally become unwisely preoccupied with history.

5. Very inappropriate: Worker consistently seeks irrelevant facts, or fails to perceive client's capacity; or may be predominantly rigid in form of exploration; or may show strong tendency to become preoccupied with irrelevant history. In general, the exploration tends to confuse the situation and obstruct progress, rather than to clarify situation and ease progress.

Item 27: Worker's exploration of client's feeling about the problem:

1. Appropriate: Worker is imaginative and selective in exploring clues to client's feeling, asks appropriate questions, about feeling, times exploration well, permits necessary unburdening but does not encourage excessive or guilt-producing unburdening.
2. Moderately appropriate: Worker usually explores obvious clues, usually asks appropriate questions, etc.
3. Somewhat appropriate: Worker is somewhat inconsistent in the timing and quality of exploration, but does sometimes explore obvious clues, and does not predominantly engage in irrelevant or unwise exploration.
4. Somewhat inappropriate: Worker is somewhat inconsistent in the timing and quality of exploration, but there is more tendency toward poor selection of clues, poor timing and irrelevant or unwise exploration.
5. Very inappropriate: Worker shows a strong tendency to select clues inappropriately, ask inappropriate questions, employ poor timing, permit excessive and guilt-producing unburdening.

Item 28: Worker's handling of client's feeling about environmental, or interpersonal or emotional problem:

1. **Appropriate:** Worker handles client's feeling consistently in terms of client's need, shows empathy but not damaging over-identification.
2. **Moderately appropriate:** Worker usually handles client's feeling as above.
3. **Somewhat appropriate:** Worker handles client's feeling somewhat inconsistently, but is not predominantly worker-oriented (in contrast to client-oriented); nor does worker predominantly overidentify; there is some indication of empathy.
4. **Somewhat inappropriate:** Worker handles client's feeling somewhat inconsistently, but the general tendency is to respond without much sensitivity to client's need, or some tendency toward either over-identification or lack of empathy.
5. **Very inappropriate:** Worker handles client's feeling predominantly in terms of his own rather than the client's needs. There may be a strong tendency to overidentify; there may be gross lack of empathy.

Item 29: Worker's handling of client's feeling about worker and/or agency:

1. **Appropriate:** Worker elicits feeling and/or responds to it consistently in terms of client's need; when the expression is hostile, worker is able to accept this without defensiveness, argument, hostility, etc.; worker does not provoke hostile expression unnecessarily, and is able to set some limits when indicated. When the expression is unrealistically positive (overly grateful, fawning, etc.) worker

Item 29: Continued.

responds in terms of the meaning of the expression, does not take personal gratification in it; worker does not show need to draw forth such unrealistically positive expression. When there is no indication that client has any significant feeling toward worker and/or hospital, worker makes no irrelevant or unwise attempts to elicit feeling.

2. Moderately appropriate: Worker usually elicits feeling and/or responds to it in terms of client's need (as above), though this may not be completely consistent.
3. Somewhat appropriate: Worker's activity is somewhat inconsistent, but worker does not predominantly respond to hostility with defensiveness, etc. Worker may sometimes misinterpret hostility, gratitude, or realistic appreciation, and hence respond inappropriately. Worker may occasionally make somewhat irrelevant or unwise attempts to elicit feeling.
4. Somewhat inappropriate: Worker's activity is somewhat inconsistent, but there is a tendency toward difficulty in accepting hostility or in dealing with unrealistically positive expressions. Worker may inhibit expression of feeling, or misinterpret it. Worker may tend to make somewhat irrelevant or unwise attempts to elicit feeling.
5. Very inappropriate: Worker consistently tend to respond to hostility with defensiveness, argument, or open hostility; and/or takes personal gratification in the expression of unrealistically positive feeling. Worker may make strong effort to inhibit all expression of feeling, and/or avoid any responses. Worker may make grossly irrelevant or unwise attempts to elicit feeling.

Item 30: Worker's activity in giving professional guidance, advice or information.

1. **Appropriate:** Worker voluntarily or in response to client's request, gives specific advice or guidance. This is consistently oriented to client's need and capacity. Worker does not give advice excessively or irrelevantly; does not seek to "manage" client through advice.
2. **Moderately appropriate:** Worker usually, but not completely consistently, offers advice as above.
3. **Somewhat appropriate:** Worker's activity in giving advice or guidance is somewhat inconsistent; advice may sometimes be quite relevant but there is an occasional tendency toward giving excessive advice, or toward trying to "manage" client through advice.
4. **Somewhat inappropriate:** Worker's activity is somewhat inconsistent; but there is a tendency toward giving excessive and/or irrelevant or unwise advice, and/or toward trying to "manage" client through advice.
5. **Very inappropriate:** Worker shows strong and fairly consistent tendency toward giving advice inappropriately, without orientation to client's needs; there may be a strong tendency toward giving excessive or irrelevant or unwise advice, and/or toward trying to "manage" client through advice.

Item 31: Worker's activity in giving recognition to client's capacity, as shown in current and past competence:

1. **Appropriate:** Worker's activity is imaginative, well-timed, individualized, clearly designed to encourage client's confidence in his own capacity, realistic.

2. Moderately appropriate: Worker's activity usually, but not entirely consistently, as above.
3. Somewhat appropriate: Worker's activity somewhat inconsistent; it may be less well-timed, less adequately individualized, less realistic. But it is not predominantly poorly timed or stereotyped, or unrealistic.
4. Somewhat inappropriate: Worker's activity somewhat inconsistent, and occasionally may be well handled; but there is a tendency toward giving recognition in a poorly timed or stereotyped or unrealistic way.
5. Very inappropriate: Worker's activity shows marked and fairly consistent tendency toward being inappropriate; it may be so poorly timed, so stereotyped, or so unrealistic that it would tend to discourage rather than encourage client's confidence in his own capacity. Many opportunities for giving recognition may be missed.

Item 32: Worker's verbalizations to the client about the severity and solubility of the problems.

1. Appropriate: Worker's verbalization is consistently oriented to client's need, is realistic, is well-timed; there is no tendency to minimize or exaggerate problem.
2. Moderately appropriate: Worker's verbalization is usually, but not completely consistently, oriented to client's need (as above).

3. Somewhat appropriate: Worker's verbalization is somewhat inconsistent, but it is not predominantly undertaken without any orientation to the client's need, nor is it predominantly unrealistic or poorly timed; there may be some minimization or exaggeration of problem, but this is not predominant.
4. Somewhat inappropriate: Worker's verbalization is somewhat inconsistent, and occasionally it may be client-oriented; however, there is a predominant tendency for worker's activity to be inadequately oriented to client's need; it is frequently unrealistic or poorly timed; there is some tendency to distort the severity of the problem--e.g., to keep things "smooth" and "nice" and "hopeful" even when this view is not warranted; or to exaggerate severity of problem. Worker's activity may reflect his wishful thinking about making a "success" of the case, though this is not so grossly unrealistic as in (5).
5. Very inappropriate: Worker's verbalization is consistently poorly oriented to client's need, and may serve more to reassure or give hope to the worker than to the client; it is apt to be unrealistic, poorly timed; there may be a tendency to minimize problem or exaggerate it.

Item 33: Worker's activity in directing focus:

1. Appropriate: Worker directs the focus of the interviews, or encourages the client's effort to focus, in a way which is highly individualized and relevant, constituting part of an orderly procedure in problem-solving process. Worker helps client focus on part of problem in accordance with client's capacity and readiness. The method of directing the focus, and the content of the material worker tried to focus on, are highly appropriate. When client seems unable to focus, worker consistently and imaginatively continues his efforts to focus appropriately.

2. Moderately appropriate: Worker's activity is usually as above, but not completely consistently so.
3. Somewhat appropriate: Worker's activity may be somewhat inconsistent, but is more apt to be individualized than stereotyped, to be relevant than irrelevant. Worker may miss some opportunities for appropriate focus, or may occasionally misdirect the focus. When client seems unable to focus, worker may be somewhat unimaginative in his efforts to direct the focus. But worker does not interfere with client's appropriate efforts to focus.
4. Somewhat inappropriate: Worker's activity may be somewhat inconsistent, but it is more apt to be stereotyped than individualized, or to be irrelevant than relevant; it may be somewhat inadequately oriented to client's need. When the client seems unable to focus worker's efforts to direct the focus may be minimal, or stereotyped, or poorly timed. Worker may occasionally interfere with client's efforts to focus.
5. Very inappropriate: The activity as a whole is marked by serious lack of focus or by consistently inappropriate focus, due to worker's failure to direct the focus or to respond appropriately to client's efforts to focus. There is a strong tendency for the worker's activity to be inappropriate--stereotyped, irrelevant, inadequately oriented to client's need.

Item 34: Worker's professional self-discipline:

1. Worker does not impose own opinions and feelings on client.
3. Worker is at least moderately successful in his attempt to avoid imposition of own opinions and feelings.

5. Worker imposes own needs, feelings, opinions, or value judgments on client, either consciously or unconsciously.

Item 35: Worker's professional purposefulness in interviews:

1. Purposefulness consistently evident, appropriate and individualized.
2. Purposefulness usually evident, and usually appropriate and individualized.
3. Purposefulness usually evident but there is some indication that it is stereotyped or that individualization is inconsistent.
4. Purposefulness evident and consistently stereotyped or rigid.
5. Purposefulness usually not evident; client may talk relevantly, but there is no evidence that this is because of anything worker has done.
6. Purposefulness absent or distorted; worker may engage in social chat, indulge in idle curiosity.

Section VII: Items below relate to the workers use of various resources with the intent to improve his professional knowledge, efficiency and competency, when such resources are available.

Item 36: Supervision

Item 37: Consultation

Item 38: In-service training

Item 39: Formal course work

Item 40: Professional literature

Item 41: Social work and related organizations

Item 42: Other (Specify)

1. Very frequent: worker makes maximum use of this resource, is highly motivated to benefit from its use, actively seeks participation in and realizes fully the benefits that may be derived therefrom.
2. Frequent: worker will often seek out such a resource and most often will participate actively and fully on his own.
3. Moderately frequently: worker's use of this resource will tend to be inconsistent. His participation may vary in its appropriateness. Needs encouragement but upon suggestion will tend to comply with its use.
4. Seldom: worker seldom uses this resource on his own initiative; may only occasionally seek it out, may also moderately resist this resource when it is pointed out to him although he may go through the motions of complying to suggestion.
5. Very seldom: worker essentially rejects resource; does not initiate any such contacts on his own. Actively resists using such resource but may comply with the understanding that it is against his will.

Section VIII: Overall Rating of Worker's Performance

Item 43: Over-all quality of service:

1. Very high: exceptionally fine service; the social service department's maximum services are offered.
2. High: substantially good service; it is clear that the service offers benefits to the client.

3. Moderately good: the client has not been damaged; has probably benefited somewhat; tangible services are adequately offered.
4. Weak: no significant damage has been done to the client; minimum social work services have been offered.
5. Poor: though minimum tangible services have been extended to the client, even these tend to be given without much perception of the client's needs and feelings; some damage has been done to the client, either actively or passively.
6. Very poor: performance is consistently poor, definitely damaging, clearly unprofessional.

APPENDIX B

Educational Summary and Rating Sheet

I: Educational Summary:

List below the extent of the worker's social work education, including degrees held. List also any additional education, if not trained in social work, again indicating degrees held.

II: Rating Sheet:

Item 1.....1...2...3...4...5...A:

Item 2.....1...2...3...4...5...A:

Item 3.....1...2...3...4...5...A:

Item 4.....1...2...3...4...5...A:

Item 5.....1...2...3...A:

Item 6.....1...2...3...A:

Item 7.....1...2...3...A:

Item 8.....1...2...3...4...5...A:

Item 9.....1...2...3...4...5...A:

Item 10.....1...2...3...4...5...A:

Item 11.....1...2...3...4...5...A:

Item 12.....1...2...3...4...5...A:

Item 13.....1...2...3...4...5...A:

Item 14.....1...2...3...4...5...A:

Item 15.....1...2...3...4...5...A:

Item 16.....1...2...3...4...5...A:

Item 17.....1...2...3...4...5...A:

Rating Sheet, Continued.

Item 18.....1...2...3...4...5...A:
Item 19.....1...2...3...4...5...A:
Item 20.....1...2...3...4...5...A:
Item 21.....1...2...3...4...5...A:
Item 22.....1...2...3...4...5...A:
Item 23.....1...2...3...4...5...A:
Item 24.....1...2...3...4...5...A:
Item 25.....1...2...3...4...5...A:
Item 26.....1...2...3...4...5...A:
Item 27.....1...2...3...4...5...A:
Item 28.....1...2...3...4...5...A:
Item 29.....1...2...3...4...5...A:
Item 30.....1...2...3...4...5...A:
Item 31.....1...2...3...4...5...A:
Item 32.....1...2...3...4...5...A:
Item 33.....1...2...3...4...5...A:
Item 34.....1.....3.....5...A:
Item 35.....1...2...3...4...5...6...A:
Item 36.....1...2...3...4...5...A:
Item 37.....1...2...3...4...5...A:
Item 38.....1...2...3...4...5...A:
Item 39.....1...2...3...4...5...A:

Rating Sheet, Continued.

Item 40.....1...2...3...4...5...A:

Item 41.....1...2...3...4...5...A:

Item 42.....1...2...3...4...5...A:

Item 43.....1...2...3...4...5...6...A:

APPENDIX C

ITEM 1: Knowledge and Understanding of the Principles of Human Growth and Behavior

Rating	Trained	Untrained
1. Excellent	5	1
2. Good	7	7
3. Adequate	4	2
4. Fair		
5. Poor		
A. Unable to rate		
Total	16	10

ITEM 2: Knowledge and Understanding of the Hospital's and Social Service Department's Organization, Function Rules, Regulations and Procedures.

Rating	Trained	Untrained
1. Excellent	9	4
2. Good	5	3
3. Adequate	1	3
4. Fair	1	
5. Poor		
A. Unable to rate		
Total	16	10

ITEM 3: Knowledge and Understanding of Social Work Principles, Processes and Techniques.

Rating	Trained	Untrained
1. Excellent	6	
2. Good	5	5
3. Adequate	5	5
4. Fair		
5. Poor		
A. Unable to rate		
Total	16	10

**ITEM 4: Knowledge and Understanding of Psychopathology,
Etiology and Individual, Familial and Environmental
Ramifications.**

Rating	Trained	Untrained
1. Excellent	4	2
2. Good	9	6
3. Adequate	1	2
4. Fair	2	
5. Poor		
A. Unable to rate		
Total	16	10

ITEM 5: Management of Responsibilities

Rating	Trained	Untrained
1. Good	7	6
2. Adequate	9	4
3. Poor		
A. Unable to rate		
Total	16	10

ITEM 6: Recording

Rating	Trained	Untrained
1. Good	6	6
2. Adequate	7	2
3. Poor	2	1
A. Unable to rate	1	
Total	16	10

ITEM 7: Correspondence

Rating	Trained	Untrained
1. Good	8	5
2. Adequate	3	4
3. Poor		1
A. Unable to rate		
Total	16	10

ITEM 8: Determining Home and Community Circumstances Prior to Release from Hospital.

Rating	Trained	Untrained
1. Appropriate	7	4
2. Moderately Appropriate	7	5
3. Somewhat Appropriate	1	
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate		1
Total	16	10

ITEM 9: Assisting Medical Staff in Determining Patient's Readiness for Release.

Rating	Trained	Untrained
1. Appropriate	8	6
2. Moderately Appropriate	5	2
3. Somewhat Appropriate	3	2
4. Somewhat Inappropriate		
5. Very Inappropriate		
A. Unable to rate		
Total	16	10

ITEM 10: Assisting Patients and Relatives in Locating and Taking Advantage of Community Services Available.

Rating	Trained	Untrained
1. Appropriate	7	6
2. Moderately Appropriate	5	1
3. Somewhat Appropriate	4	3
4. Somewhat Inappropriate		
5. Very Inappropriate		
A. Unable to rate		
Total	16	10

ITEM 11: Locating and Approving Employment Opportunities for Patients.

Rating	Trained	Untrained
1. Appropriate	3	1
2. Moderately Appropriate	3	
3. Somewhat Appropriate		
4. Somewhat Inappropriate		
5. Very Inappropriate		
A. Unable to rate	10	9
Total	16	10

ITEM 12: Assisting in Evaluating Needs of Released Patients for Further Care.

Rating	Trained	Untrained
1. Appropriate	7	7
2. Moderately Appropriate	8	2
3. Somewhat Appropriate		1
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate		
Total	16	10

ITEM 13: Interpretation to Staff Members of the Social Work Role in Patient Treatment.

Rating	Trained	Untrained
1. Appropriate	9	3
2. Moderately Appropriate	3	3
3. Somewhat Appropriate	1	1
4. Somewhat Inappropriate	1	2
5. Very Inappropriate		
A. Unable to rate	2	1
Total	16	10

ITEM 14: Interpretation of Mental Illness to Relatives, Friends, Others.

Rating	Trained	Untrained
1. Appropriate	7	5
2. Moderately Appropriate	6	2
3. Somewhat Appropriate	1	2
4. Somewhat Inappropriate	1	
5. Very Inappropriate		
A. Unable to rate	1	1
Total	16	10

ITEM 15: Participation in Education and Consulting Services for Furthering Mental Health.

Rating	Trained	Untrained
1. Appropriate	3	3
2. Moderately Appropriate	6	2
3. Somewhat Appropriate	3	4
4. Somewhat Inappropriate		
5. Very Inappropriate		
A. Unable to rate	4	1
Total	16	10

ITEM 16: Preparation of Verbal, Written and Statistical Reports (other than case recording).

Rating	Trained	Untrained
1. Appropriate	9	3
2. Moderately Appropriate	4	5
3. Somewhat Appropriate	2	2
4. Somewhat Inappropriate		
5. Very Inappropriate		
A. Unable to rate	1	
Total	16	10

ITEM 17: Participation in Meetings, Conferences and Committees.

Rating	Trained	Untrained
1. Appropriate	6	3
2. Moderately Appropriate	5	3
3. Somewhat Appropriate	3	4
4. Somewhat Inappropriate		
5. Very Inappropriate		
A. Unable to rate	2	
Total	16	10

ITEM 18: Counseling Family Care Therapists, Relatives Employers and Others Regarding Patient's Welfare.

Rating	Trained	Untrained
1. Appropriate	9	5
2. Moderately Appropriate	4	3
3. Somewhat Appropriate	1	2
4. Somewhat Inappropriate	1	
5. Very Inappropriate		
A. Unable to rate	1	
Total	16	10

ITEM 19: Degree to Which Worker Perceived Client's Social and Economic Need.

Rating	Trained	Untrained
1. Very high degree of perception	7	6
2. High degree of perception	5	2
3. Moderate degree of perception	3	2
4. Low degree of perception		
5. Very low degree of perception	1	
A. Unable to rate		
Total	16	10

ITEM 20: Degree to Which Worker Perceived Client's Feelings About Problem, Emotional Response to Situation.

Rating	Trained	Untrained
1. Very high degree of perception	7	2
2. High degree of perception	4	5
3. Moderate degree of perception	4	3
4. Low degree of perception	1	
5. Very low degree of perception		
A. Unable to rate		
Total	16	10

ITEM 21: Degree to Which Worker Perceives Interaction of Family Group.

Rating	Trained	Untrained
1. Very high degree of perception	7	5
2. High degree of perception	3	3
3. Moderate degree of perception	6	2
4. Low degree of perception		
5. Very low degree of perception		
A. Unable to rate		
Total	16	10

ITEM 22: Worker's Understanding of Relationship With Client.

Rating*	Trained	Untrained
1.	5	
2.	6	7
3.	2	1
4.		1
5.	1	
A. Unable to rate	2	1
Total	16	10

*See Appendix A. for description of numerical ratings.

ITEM 23: Worker's Explanation of Hospital Policies and Services to Patients, Relatives or Others.

Rating	Trained	Untrained
1. Appropriate	10	7
2. Moderately Appropriate	3	2
3. Somewhat Appropriate	2	1
4. Somewhat Inappropriate	1	
5. Very Inappropriate		
A. Unable to rate		
Total	16	10

ITEM 24: Worker's Attempt to Engage Patient's Participation.

Rating	Trained	Untrained
1. Appropriate	9	4
2. Moderately Appropriate	3	4
3. Somewhat Appropriate	3	1
4. Somewhat Inappropriate	1	
5. Very Inappropriate		
A. Unable to rate		1
Total	16	10

**ITEM 25: Worker's Attempt to Engage Participation of
Relatives, Friends or Others.**

Rating	Trained	Untrained
1. Appropriate	8	7
2. Moderately Appropriate	6	2
3. Somewhat Appropriate	1	1
4. Somewhat Inappropriate		
5. Very Inappropriate		
A. Unable to rate	1	
Total	16	10

ITEM 26: Worker's Exploration of the Facts of the Problem.

Rating	Trained	Untrained
1. Appropriate	8	6
2. Moderately Appropriate	6	1
3. Somewhat Appropriate	1	2
4. Somewhat Inappropriate	1	
5. Very Inappropriate		
A. Unable to rate		1
Total	16	10

**ITEM 27: Worker's Exploration of Client's Feeling about the
Problem.**

Rating	Trained	Untrained
1. Appropriate	6	2
2. Moderately Appropriate	8	7
3. Somewhat Appropriate	1	1
4. Somewhat Inappropriate	1	
5. Very Inappropriate		
A. Unable to rate		
Total	16	10

ITEM 28: Worker's Handling of Client's Feeling about Environmental, or Interpersonal or Emotional Problem.

Rating	Trained	Untrained
1. Appropriate	5	3
2. Moderately Appropriate	5	6
3. Somewhat Appropriate	4	1
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate	1	
Total	16	10

ITEM 29: Worker's Handling of Client's Feeling About Worker and/or Agency.

Rating	Trained	Untrained
1. Appropriate	6	3
2. Moderately Appropriate	6	5
3. Somewhat Appropriate	2	1
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate	1	1
Total	16	10

ITEM 30: Worker's Activity in Giving Professional Guidance Advice or Information

Rating	Trained	Untrained
1. Appropriate	5	4
2. Moderately Appropriate	9	6
3. Somewhat Appropriate	1	
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate		
Total	16	10

ITEM 31: Worker's Activity in Giving Recognition to Client's Capacity, as Shown in Current and Past Competence.

Rating	Trained	Untrained
1. Appropriate	8	4
2. Moderately Appropriate	4	5
3. Somewhat Appropriate	2	1
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate	1	
Total	16	10

ITEM 32: Worker's Verbalizations to the Client about the Severity and Solubility of the Problems.

Rating	Trained	Untrained
1. Appropriate	10	5
2. Moderately Appropriate	3	3
3. Somewhat Appropriate	2	2
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate		
Total	16	10

ITEM 33: Worker's Activity in Directing Focus.

Rating	Trained	Untrained
1. Appropriate	7	2
2. Moderately Appropriate	4	5
3. Somewhat Appropriate	3	2
4. Somewhat Inappropriate		
5. Very Inappropriate	1	
A. Unable to rate	1	1
Total	16	10

ITEM 34: Worker's Professional Self-discipline.

Rating*	Trained	Untrained
1.	9	5
3.	6	4
5.	1	1
A. Unable to rate		
Total	16	10

*See Appendix A for description of numerical ratings.

ITEM 35: Worker's Professional Purposefulness in Interviews.

Rating*	Trained	Untrained
1.	7	3
2.	4	5
3.	1	2
4.	1	
5.	3	
6.		
A. Unable to rate		
Total	16	10

*See Appendix A for description of numerical ratings.

ITEM 36: Supervision.

Rating	Trained	Untrained
1. Very frequent	5	4
2. Frequent	2	1
3. Moderately Frequent	4	3
4. Seldom		1
5. Very seldom	3	
A. Unable to rate	2	1
Total	16	10

ITEM 37: Consultation.

Rating	Trained	Untrained
1. Very Frequent	5	4
2. Frequent	5	1
3. Moderately Frequent	2	4
4. Seldom		1
5. Very Seldom	3	
A. Unable to rate	1	
Total	16	10

ITEM 38: In-service Training.

Rating	Trained	Untrained
1. Very Frequent	6	1
2. Frequent	4	4
3. Moderately Frequent	4	2
4. Seldom	2	1
5. Very Seldom		
A. Unable to rate		2
Total	16	10

ITEM 39: Formal Course Work.

Rating	Trained	Untrained
1. Very Frequent	1	
2. Frequent	2	1
3. Moderately Frequent		4
4. Seldom		
5. Very Seldom	3	
A. Unable to rate	10	5
Total	16	10

ITEM 40: Professional Literature.

Rating	Trained	Untrained
1. Very Frequent	2	1
2. Frequent	5	1
3. Moderately Frequent	5	5
4. Seldom		
5. Very Seldom	2	1
A. Unable to rate	2	1
Total	16	10

ITEM 41: Social Work and Related Organizations.

Rating	Trained	Untrained
1. Very Frequent	5	
2. Frequent	2	1
3. Moderately Frequent	7	3
4. Seldom		2
5. Very Seldom		
A. Unable to rate	2	4
Total	16	10

ITEM 42: Other.

Rating	Trained	Untrained
1. Very Frequent	1	1
2. Frequent	3	2
3. Moderately Frequent	2	
4. Seldom	1	
5. Very Seldom	3	
A. Unable to rate	6	7
Total	16	10

ITEM 42: Over-all Quality of Service.

Rating	Trained	Untrained
1. Very high	6	2
2. High	3	5
3. Moderately good	5	3
4. Weak	1	
5. Poor		
6. Very poor	1	
A. Unable to rate		
Total	16	10

BIBLIOGRAPHY

- Gorman Joanna F., Levine, David L. ed. "Some Immediate Concerns of Social Service Departments in State Hospitals for the Mentally Ill and Mentally Retarded," Research Reports in Social Science, II, No. 2 (Aug., 1959).
- Heyman, Margaret M. "Criteria for the Allocation of Cases According to Levels of Staff Skill," Social Casework, XLII, No. 7 (July, 1961).
- _____. "A Study of the Effective Use of Social Workers in a Hospital: Selected Findings and Conclusions," Social Service Review, VI, No. 4 (December, 1961).
- _____. "A Study of Effective Utilization of Social Workers in a Hospital Setting," Social Work, VI, No. 2 (April, 1961).
- Keys, Veronica Wills. "An Analysis of the Social Services at the Pontiac State Hospital." Unpublished thesis, Wayne University, 1948.
- Mandel, Nathan G. "Psychiatric Social Work in the Psychiatric Hospital." Unpublished manuscript, Hastings, Minn., n.d.
- Moscrop, Martha. In-Service Training for Social Agency Practice. Toronto: University of Toronto Press, 1958.
- Perlman, Helen Harris. Social Casework. Chicago: University of Chicago Press, 1957.
- Perretz, Edgar A. "The Principles Involved in the Development of the Social Work Component in Ontario Mental Health Services," The Social Worker, XXIX, No. 2 (April, 1961).

Richan, William C. "A Theoretical Scheme for Determining Roles of Professional and Nonprofessional Personnel," Social Work, VI, No. 4 (October, 1961).

Taber, John. "Casework: A supportive Process in a Mental Hospital." Unpublished manuscript, Pontiac, Michigan, n.d.

Thomas, Edwin J. and McLeod, Donna L. In-Service Training and Reduced Workloads. New York: Russell Sage Foundation, 1960.

Vanderlind, John H. "Effectiveness of Casework in a Mental Hospital." Unpublished thesis, University of Michigan, 1955.

_____. "A Statistical Study of Casework in a State Mental Hospital." Unpublished manuscript, Pontiac, Michigan, 1956.

Weed, Verne and Denham, William. "Toward More Effective Use of the Nonprofessional Worker: A Recent Experiment," Social Work, VI, No. 4 (October, 1961).

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