**CONTRACT NEGOTIATION IN THE
INITIAL STAGE OF CASEWORK SERVICE**

Sonya L. Rhodes

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**Submitted in partial fulfillment of the requirements
for the degree of Doctor of Social Welfare, School of
Social Work, Columbia University**

D. S. W. converted to Ph. D. in 2011

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ABSTRACT

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This is an exploratory study designed to examine the contracting process with respect to specific variables thought to be related to contract negotiation. Research questions pertaining to contract negotiation include a focus on those issues which are vulnerable to disagreement between workers and clients, and thus reflect a lack of consensus between paired caseworkers and clients. The study is designed to find associations between the following variables and high and low contract status between actual casework-client pairs: (1) Client Perception of the Relationship; (2) Verbal Participation in the Contracting Process; (3) Relationship Communication and (4) Background Characteristics of Workers and Clients.

The study sample is comprised of fifteen client-worker pairs drawn from a Veterans Administration outpatient medical and psychiatric clinic. Two main sources of data are used: (1) Worker and Client Questionnaires distributed to clients and workers after the first three casework interviews and (2) Audio-tape recordings of the first three interviews which were subject to content and process analysis of communication.

Findings concerning contract status show a statistically significant correlation between agreement on worker role and other dimensions of the contract (client needs and tasks), suggesting that an understanding of the worker's tasks are pivotal to successful contract negotiation. However, the client's needs and tasks are underdeveloped aspects of contract negotiation and do not develop in relation to one another. Though in this study worker and client consensus on expectations of each other was fairly high, disagreement, when it occurred, was generally in the direction of clients wanting to lean more on the workers for concrete help and workers wanting clients to take more initiative and be more introspective. At the same time, the preferred role positions of the majority of clients (10 out of 15) was for equal status with their workers, and an overwhelming majority of workers (14 out of 15) favored a hierarchal position of authority. These findings suggest an inherent contradiction between consciously held expectations and unarticulated role positions, which do not reconcile each other and thus prevent workers and clients from working collaboratively.

Findings on Client Perception of the Relationship were not significant suggesting that whether the client perceives the worker as caring, genuine and/or empathic is independent of contract status. Findings on Verbal Participation indicate that workers carry major responsibility for contracting, that clients follow workers in the rhythm and pacing of contracting and that most contracting activity occurs in the first interview. Findings

on the Relationship Communication Variable showed a statistically significant association between successful contract negotiation, and role negotiation, with reciprocity of role position achieved in high contract pairs. Moreover, workers tend to prefer relationship positions indicating a hierarchical position of authority; worker-client pairs who achieved role reciprocity were characterized by worker-up client-down role complementarity. Findings on Background Characteristics were found to be independent of contract status.

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Throughout this project, Dr. Martin Whiteman, my dissertation advisor, demonstrated an astuteness for alerting me to conceptual and methodological preciseness, and provided the guidance for a more productive approach. His interest and availability during the stages of the project involving data analysis was helpful in unravelling some of the statistical complexities.

Finally, the metaphor of childbirth used in the first part of this acknowledgement is not accidental. I thank my husband, son and newborn daughter for their unique participation in this project.

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CHAPTER I

STATEMENT OF RESEARCH PROBLEM

Of central concern in this dissertation is an examination of the formation of "the contract" in the initial phase of casework service. The concept of a verbal agreement between the social worker and the client on what they are working on together and the clarification of mutual expectations between them is a basic principle in the casework literature and relates to the concept of self-determination. The concept of contract is also consistent with a professional practice which is generated from an agency structure in which the clarity of service defines the social worker's function.

The major focus of this study is to examine the process of contract negotiation and to identify several variables which relate to the establishment of the contract during the first three casework interviews. The contract is formally defined as "the explicit agreement between the worker and the client on the work they are currently doing together and their expectations of themselves and each other in relation to this work." The status of contract is determined by a questionnaire given to both client and worker after the third interview which measures the extent of agreement between worker and client on the work in progress and their expectations of themselves and

each other in relation to the work. The association between a number of specific variables and relative high and low contracting scores are then explored. The research questions which provide the basis for this study are included in the following discussion.

Research Questions About the Contract

One of the main questions this research addresses is the extent of agreement between worker and client pairs on the work they are doing together and their expectations of themselves and each other in relation to the work. This question can be broken down into three dimensions: (1) Do they agree on the problem they are working on? (2) Do they agree on what part the client plays in working on the problem? and (3) Do they agree on what part the social worker plays in helping with the problem?

Of interest to this researcher is how these dimensions relate to one another; that is, whether extent of agreement on the problem is likely to correspond with agreement on client and/or worker roles. Does a high contract sub-score on the first dimension relate to a high contract sub-score on the second and third dimensions of contract negotiation? Moreover, how do contract scores vary among workers? Do some workers negotiate contracts more successfully than others? Also, of interest to this researcher is the specific areas in which a majority of client and worker pairs agree and disagree with each other, which would

highlight certain issues which are highly vulnerable to client-worker misperceptions. For instance, preliminary pilot studies indicate that workers do not strive for explicitness with regard to a problem focus, and that clients and workers often work at cross purposes. Clients think that workers are interested in hearing their dreams, while most workers do not consider dream interpretation in the repertoire of their professional expertise; thus, if these expectations are not clarified, considerable time is lost which could be used more purposefully. Another example from pilot studies indicates that most workers consider the provision of concrete services such as job placement, occupational rehabilitation, and aiding welfare eligibility to be within the scope of their services. On the other hand, a majority of clients do not think that workers can help out with such needs. Is this clarified between worker and client pairs in the initial stage of casework service? Thus, interest in the contracting process and the status of the contract after three interviews raises questions as to the extent of consensus between client-worker pairs on various items relating to problem focus, and worker and client roles. Furthermore, the social workers as a group can be compared to the clients as a group with respect to the extent of consensus for the various dimensions of the contract.

To summarize, the contracting questionnaire yields information about extent of agreement between client-worker pairs, distinguishes between high and low status contracts (relative

to one another) and pinpoints specific areas of frequent misperception of unclarity between workers and clients. The instruments which were developed to tap this information are described in detail in Chapter VI. At this point, let us survey the variables we suspect may influence or be related to contract negotiations.

Research Questions Concerning Study
Variables and Their Relation to the Contract

The study variables explored in relation to the status of the contract are listed below with tentative hypotheses:

1. Client perception of the relationship. - What is the association between the client's perception of the relationship and the status of the contract after three interviews? Inquiry into the way the client perceives the worker along the dimensions of empathy, unconditional positive regard and genuineness is based on the assumption that the contracting process is maximized in the context of a supportive, empathic and honest relationship. It is suggested that the rapport that develops between worker and client is crucial to the success of the contracting process; thus we are arguing against a conception of the contracting process as a purely mechanical business operation. The client's perception of the worker as sensitive, direct and nonjudgmental will, it is hypothesized, be positively associated with the status of the contract so that the client members of "high agreement" pairs will perceive their workers more positively

than client members of "low agreement" pairs (i.e., clients will rate their workers higher on relationship questionnaires* designed to assess the client's perception of the worker as an empathic, caring and genuine person).

2. Participation. -- Does verbal participation of both worker and client in a mutual process relate to the establishment of a contract? Contracting is consistently conceptualized as a process between worker and client. One hypothesis that emerges from the conception of the contract as a mutual endeavor focuses on the part of the client as well as the practitioner. If the contract is a mutual enterprise and not a telling from worker to client, then one would anticipate that where there is balanced activity on the part of the worker and the client, the contract would be more clearly defined than in situations where there is unbalanced activity. Moreover, we would expect that workers initiate and pursue the establishment of the contract with more frequent contracting activity, but that in order for contracting to be effective the client must be engaged in sorting out his reasons for associating with the agency and understanding the nature of agency service, the scope of services offered, the role of the worker in providing service, and the client's responsibility in obtaining service.

*Described in a later chapter.

A question relevant to participation in the contracting process concerns the sequence or progression of contracting activity over the three interviews. Is there a diminution of contracting activity from the first to the third interview? Is contracting equally characteristic of all three initial interviews? Thus, we are interested in exploring the patterning of contracting activity over the first three interviews so as to understand the vicissitudes of the process. For instance, if contracting activity is frequent and balanced in the first interview, is there a tendency to review the contract briefly in the second and third interview? If contracting is unbalanced on the side of worker activity, does the worker re-initiate the subject of the contract in the second and/or third interview? Do some workers tend to hold off on contracting until the third interview, assuming that they will have a clearer picture of the circumstance and etiology of the problem?

Participation in the contracting process as a variable to be examined would be considered along the process dimension and therefore studied through content analysis of the audio-tape recorded sessions. However, this author chose to study only that content which specifically related to verbal contracting activity. Thus, content relating to verbal contracting activity for clients and workers was specified for coding purposes and is outlined in the chapter on instrument development.

3. Relationship communication: We are interested in determining whether there is a relation between the status of the con-

tract and the patterning of relationship communication in the client-worker pairs. Patterns of communication and relationship negotiation are considered in the framework of theoretical distinctions made by the communication theorists Don D. Jackson and Jay Haley that all communication attempts to define the nature of the relationship in symmetrical, complementary or mixed terms. Symmetrical communication refers to communication between colleagues or peers in which communication messages convey equal status and authority in the relationship while complementary messages convey unequal status and authority with one role partner in the "up" position and the reciprocal role partner in the "down" position. Mixed messages refer to communication which conveys both complementary and symmetrical positions within a single message.

An interest in relationship communication and the process of role negotiations thrusts us directly into a sociological view of the development of relationships in that the system of communication is the focus, with all the participants (including the worker) constituting the system. Examining relationship stances in a specific interview and along the process dimension (over three interviews) offers a non-traditional, potentially useful way to understand the nature and development of the case-work relationship by taking into account the input of both role partners in the nature of the communication system they create with one another. An important requirement of the instrument

that was developed to analyze relationship communication* was that it had to separate content from process since we know that signaling and cueing in relationships can be distinguished from content.

Obviously, an analysis of communication patterns and relationship negotiations had to be undertaken through the audio tapes, and thus, along the process dimension. Though this instrument will be discussed more fully in subsequent chapters, a brief discussion of the kinds of communication listened for in determining relationship stances taken by workers and clients follows.^{1/} Examples of symmetrical comments by workers are the introduction of personal conversation or personal feelings, a statement that explains her reasons for giving directives, or a question to the client about whether he agrees with a suggested plan. Symmetrical communication by clients include questions of a personal nature which are addressed to the worker, spontaneous disagreement or contradiction of the worker, or the use of humor or laughter to convey equality.

A worker is considered to be giving a complementary-up message when she calls an adult by his first name while introducing herself by her surname, when she gives a directive, advice, or interpretation, and when she interrupts a client

*This instrument will be described in detail in a later chapter.

¹Adapted from Judith Nelsen, "Early Communication Between Field Instructors and Casework Students," (unpublished D.S.W. dissertation, Columbia University, School of Social Work, 1973).

while he is talking or contradicts or corrects a client. On the other hand a worker communication indicating complementary reversal (or putting herself in the complementary-down position) includes apologizing for a mistake or any other such comment which puts the worker down in relation to the client. Complementary-down messages by the clients include the client's asking for advice, solutions or interpretations, calling the worker by her surname while being addressed by his first name, or apologizing for doing something wrong. Clients communicate complementary-up positions or complementarity in reverse if they question the worker's reasons, motives, intent or purposes, interrupt the worker while she is talking or disagree or differ with the worker.

Mixed worker messages can contain a disqualifier in one of two directions: the content message can be complementary with a symmetrical disqualifier, or the content message can be symmetrical with a complementary disqualifier. An example of the former is a mixed message on the part of the worker which includes an interpretation or directive which is given in a joking fashion, so that the complementary message is disqualified (or softened) by the move toward equality. On the other hand, if for example, a worker uses humor (symmetrical) to assert her authority (complementary-up), this is felt to be less comfortably received by the client because the overt message ("We can joke together as equals") is contradicted by the covert message ("But I have more status than you"). Client

mixed messages include laughter that expresses discomfort, or the client's agreement with an interpretation or suggestion which seems forced or equivocal.

Relationship negotiation and patterns of communication are assessed via relationship messages which are counted and coded from the audio tapes. A given message is taken as indicating a momentary relationship communication, not as a permanent stance of the worker or client involved. Of interest is the proportion of complementary to non-complementary communication for each participant in each interview. Do the majority of workers show a preference for complementary-up positions which would reflect traditional authority? Do clients tend to prefer complementary-down or symmetrical positions vis-à-vis their workers? What is the patterning of relationship communication in the first sessions of client-worker pairs? How does this shift and change over the three interviews?

What is the nature of role negotiations? Do role negotiations eventually lead to role reciprocity or result in role strain? In communication language "a fit"^{1/} or "reciprocity" between role partners in a two-person system is distinguished by "congruence" as opposed to role strain which is "incongruence." Using this framework the whole nature of how workers and clients

¹Don D. Jackson, Jules Riskin and Virginia Satir in Don. D. Jackson, ed., Communication, Family and Marriage: Human Communication, Vol. 1 (Palo Alto, Calif.: Science and Behavior Books, Inc., 1968), pp. 232-233.

learn to relate to and work with one another can be explored, as well as understood, without relying on the traditional transference, counter transference and resistance concepts to analyze progress and problems in the relationship. Do workers and clients eventually send congruent messages - whether the agreed upon stance is of symmetry (a pattern showing worker and client role partners fitting together by both their tendencies to communicate symmetrically, thus both strive for a relationship of equal status and authority) or of complementarity (a pattern showing worker and client role partners fitting together by the worker's tendency to assert more authority and the client's tendency to accept a submissive role relative to the worker)?

To summarize, the following research questions have been defined relative to patterns of communication and relationship negotiations:

(a) What are the initial role preferences of workers and clients? How do workers and clients initiate role negotiations? What patterns of relationship communication emerge? What are the prevalent initial patterns and how do they shift and change over the three interviews?

(b) Does congruence in role positions at the end of three interviews relate to the status of the contract?

In other words, do high contracting pairs tend to achieve role reciprocity (congruence) more often than low contracting pairs?

(c) Is there a relationship between shifts in patterns of communication over the three interviews and the status of the contract? In other words, do high status contracting pairs tend to show less rigidity and more flexibility in their relationship negotiations?

4. In addition to the above, another focus of interest is whether background characteristics of the professional workers and clients (who comprise the study sample) relate to the status of the contract in any way. Worker characteristics include duration and range of professional experience, self-assessed theoretical orientation, worker's perception of the clarity of agency function and worker's conscious intent with respect to contracting. Client characteristics include age and service affiliation, diagnosis, employment status and race.

How does the worker's experience and theoretical orientation influence the status of the contract? It is thought that the worker's professional work experience and theoretical orientation may be significant variables. With respect to the practitioner's professional work experience we are interested in whether workers are consciously engaged in contracting. Is the contracting process conceptualized as a task of the initial treatment phase? Is there a tendency to want to have expectations clearly defined? How prevalent is the notion and existence of contracting in my sample? Do workers intellectually reject the notion of contracting? Do they consciously proceed in a general,

unspecified way allowing the shape and direction of interviews and expectation setting to remain vague and unarticulated?

With respect to the practitioner's professional work experience it is expected that workers with crisis and brief service experience would tend to engage in contracting, and conversely that those workers who have been predominantly in long term service would be less likely to contract with a client. The question of how long the worker has been in the field might be a relevant consideration though we are reluctant to make hypotheses at this point along these lines. Though one might expect that the longer one is practicing casework the more one would adhere to the contract as a valuable tool, it may be that experience predisposes the practitioner to opt for an unfocused, psychoanalytic model of treatment. Beginning practitioners may rely on the contract more consistently because they are closer to their graduate school training.

The variable of theoretical orientation may be relevant. Practitioners who identify their theoretical framework as the problem-solving, the task-oriented and the brief service models will be more inclined to contract as it is more of an integral and consistent aspect of these models than it is in the psychosocial model for instance. Moreover, because contracting has been more thoroughly and systematically developed in group work, those caseworkers who have been exposed to group work courses, or who have had group experiences, might be more inclined to contract with their clients.

Thus, questionnaire items eliciting information about the worker's experience and theoretical orientation are expected to address the issues of how exposure to new modalities, varying practice models and professional experiences affect the extent to which the contracting process is intellectually predominant and objectively prevalent. Worker perception of the clarity of agency function may relate to high and low status contracts between clients and workers. Where the function of the agency is explicitly stated and clearly defined we would expect workers to be better able to negotiate the contracting process unambiguously with clients. Where workers are confused about the agency's function and are unclear about the nature of the service they are offering to the community we would expect this to be reflected by low contract scores. Therefore, clarity of agency function as perceived by the workers may influence the worker's ability to deal with actual expectations and will therefore relate to high and low agreement between workers and clients.

Client characteristics: Are there certain groups of clients with whom contracting is less successful? The age of the client and relevant service association,* racial and ethnic status, employment status, and psychiatric diagnosis are the four client characteristics that are explored with reference to the status

*The setting of this study is a Veterans Administration outpatient medical and psychiatric clinic.

of the contract. We might hypothesize that age of the client will be a relevant aspect in as much as WW II and Korean veterans are perceived as more compliant and agreeably fitting in with the clinic routine than are Vietnam Veterans who are perceived as more demanding and critical of the service. On the other hand, workers might tend to contract more consistently with Vietnam veterans as a way of shaping and tailoring the service to the veteran's needs. Racial and ethnic status might also be important variables in that relationship negotiation and contracting goes more smoothly when race and ethnic affiliation are the same as the worker's. Moreover, the contracting process may be more compatible with certain cultural values and attitudes that are embraced by certain ethnic groups. The employment status dimension should prove an interesting one to follow in that clients who are employed may negotiate contracting more actively than clients who remain oppressed by burdensome environmental, physical and psychological deficiencies which keep them out of the wage earning and therapeutic "market place."

Diagnosis is a controversial and complicated dimension to explore in relation to contracting. First of all it must be mentioned that diagnoses are made by the intake psychiatrist on the basis of a brief period of study. This diagnosis remains on the veteran's chart for the duration of his association with the clinic, only to be reviewed upon reapplication. Therefore, these diagnoses tend to be unreliable, and certainly questionable on the basis of limited contact with the patients. However,

without getting into a lengthy discussion of the relative merits and liabilities of psychiatric diagnosis, it is important to emphasize that what is of interest is whether there is any distinguishing feature in the contracting and/or relationship negotiation process between non-psychotic and psychotic clients as diagnosed by the attending physician. A communication theorist^{1/} posits that schizophrenics avoid defining relationships. Schizophrenics, according to Jay Haley,^{2/} are masters at disqualifying messages. The most obvious symptom of schizophrenia is "an incongruity between what the patient communicates and the messages which qualify that communication."^{3/}

If the patient denies that He is speaking, either by referring to himself in the third person or calling himself another name, the psychiatrist notes that he is suffering from a loss of identity. If the patient indicates voices are saying these things, he is described as hallucinating. If the patient denies that his message is a message, perhaps by busily spelling out his words, the psychiatrist considers this a manifestation of dissociated thinking. When the patient denies his message is addressed to the other person, the psychiatrist considers him delusional. If the patient denies his presence in the hospital by saying that he is in a castle or a prison, the psychiatrist notes that he is withdrawn from reality. When the patient makes a statement in an incongruent tone of voice, he is manifesting inappropriate effect. If he responds to the psychiatrist's behavior with messages which qualify that behavior incongruently, he is autistic.^{4/}

¹Jay Haley, "An Interactional Description of Schizophrenia," in Communication, Family and Marriage, op. cit., p. 160.

²Ibid., p. 160.

³Loc. cit.

⁴Loc. cit.

This passage reflects the point of view that the classic psychiatric symptoms of schizophrenia

...can be described interactionally as indicating a pathology centering around a disjunction between the person's messages and the disqualifications of those messages. When a person manifests such a disjunction so that what he says is systematically negated by the ways he qualifies what he says, he is avoiding defining his relationship with other people. The various and bizarre symptoms of schizophrenia can be seen to have a central and rather simple nucleus. If one is determined to avoid defining his relationship, or avoid indicating what sort of behavior is to take place in a relationship, he can do so only by behaving in those ways which are describable as symptoms of schizophrenia.¹

From the preceeding discussion one can speculate that the non-psychotic clinic sample might be distinguished from the psychotic clinic sample, assuming the diagnosis is correct, in the following ways: (1) contracting as a mutual agreement between the worker and the client will be less well established in the psychotic sample; (2) relationship patterning will show less evidence of role reciprocity in worker-client dyads in which there is a schizophrenic patient; (3) relationship communication by schizophrenic patients will tend to be characterized by frequent mixed relationship messages; (4) clients who have been diagnosed as schizophrenic may show an inability to discriminate between items on the relationship questionnaire and show a tendency to overrate the worker.

To summarize, the client characteristic variables which are explored with respect to the establishment of the contract,

¹Jay Haley, op. cit., p. 161.

and possibly to relationship aspects of the contracting process are the age, race and ethnic status and employment status of the client and psychiatric diagnosis as determined by the physician at the last application to the clinic.

This research was carried out under the auspices of the Veteran's Administration. More specifically, the study was undertaken in the social service department of the Outpatient Clinic in Brooklyn, New York, which provides both outpatient medical and psychiatric services to eligible veterans and their families. The study sample consists of fifteen worker-client pairs drawn from the three social work services: medical, mental hygiene and post-hospitalization care. The social workers and their clients participated in the study by submitting audio tape recordings of the first three forty-five minute treatment sessions; in addition, each member of the pair completed a questionnaire designed by this researcher. Thus data was tapped from two sources and yielded the following information:

1. Questionnaires distributed to workers and clients after the third treatment session yielded the following data:
 - a. Status of the contract
 - b. Client perception of the relationship.
 - c. Sex, age, service affiliation, employment status, racial affiliation and psychiatric diagnosis of the client.

- d. Experience level and theoretical orientation of the worker.
- e. Clarity of agency function as perceived by the worker.

2. Audio tape recordings of the first three treatment sessions (45 tapes) which were analyzed with respect to:

- a. Verbal participation of the worker and client with respect to the contracting process.
- b. Communication patterns including relationship negotiations.

The setting of the study and the methodology of the research are discussed more fully in later sections. The following two chapters relate the context of the study to social work theory and the social and behavioral sciences.

CHAPTER II

RELATION TO SOCIAL WORK PRACTICE AND THEORY

While there is no single theoretical orientation for the use of contract in social work, or more specifically in casework, the concept of self-determination as a basic social work value and the notion of agency service provide a conceptual nexus to an overall theoretical orientation. Self-determination refers to the client's right to be self-directing: to identify his needs, define his goals and to choose or refuse service.^{1/} Agency function determines the scope and boundary of the services to be offered. The process of contract negotiation offers a means of translating the concept of self-determination within the context of the agency's service into a consistent pattern governing interventions in the early stage of casework treatment. Moreover, the clarification of the contracting process and the identification of client-worker behavior in defining the contract in casework offers the potential of a conceptual bridge between social work methods of casework, group work and community organization and a contribution to a generic skill in practice.

¹Marian Wyman, "What is Basic in Casework Practice?", Proceedings of the National Conference on Social Work, Seattle, 1938, University of Chicago Press, 1939, pp. 118-119.

An examination of the contracting process is increasingly important in the light of a growing body of literature which suggests that a focused goal-oriented service maximizes treatment gains within a shorter period of time. Research findings indicate that insufficient clarity about the contract and its unsystematic application as a principle of practice may account for a consistently high percentage of unplanned client withdrawal from treatment. Reporting on their research, both Shyne^{1/} and Stark^{2/} reflect that client discontinuance seems to be related to the absence of communication concerning the reciprocal expectations of clients and workers. Faulty communication can lead to misperception and mutual frustrations which prevent workers and clients from being able to work collaboratively. Mayer and Timms,^{3/} stressing the client as a consumer of social service, present convincing data that highlights the profound discrepancies in worker and client perspectives which preclude a joint effort.

¹Ann Shyne, "What Research Tells Us About Short-Term Cases in Family Agencies", Social Casework, Vol. 38, No. 5, 1957, pp. 223-231.

²Frances B. Stark, "Barriers to Client-Worker Communication at Intake," Social Casework, Vol. 40, No. 4, 1959, pp. 177-183.

³John E. Mayer and Noel Timms, The Client Speaks: Working Class Impressions of Casework (New York: Atherton Press, 1970).

Related to the need for a clearer conception of the contracting process are developments in contemporary casework practice and the emergence of new models of casework treatment. Research on planned short-term treatment indicates that an important variable in successful intervention is focused treatment with specific limited goals.^{1/} In addition to the brief service model of treatment there is considerable current attention to a task-oriented model which is being evolved by Reid and Epstein.^{2/} In this model there is a concerted attempt to target a problem area and engage the client in a series of tasks related to it. The viability of the task-oriented model depends on the agreement between the worker and the client on the problem area as this provides the matrix for interventions. In the behavioral modification model^{3/} the contract is an explicit agreement between worker and client on what is to be worked on. Some caseworkers who practice from the behavioral modification perspective employ written contracts as well as verbal agreements. Edwin J. Thomas, writing of the behavioral model, states that "an explicit contract serves to focus the attention of all parties

¹William J. Reid and Ann W. Shyne, Brief and Extended Casework (New York: Columbia University Press, 1969).

²William J. Reid and Laura Epstein, Task-Oriented Casework (New York: Columbia University Press, 1972).

³Robert W. Roberts and Robert H. Lee, Theories of Social Casework (Chicago: University of Chicago Press, 1970), p. 196.

upon the particular problem to be dealt with and provides better ethical protection for the client than a general implicit agreement or no agreement at all."^{1/}

Even a cursory review of the practice literature discloses ambiguities in definition and inconsistencies in practice with respect to the contracting process. There exists a source of tension between this notion and professionalism which may account in part for the confusion. Ernest Greenwood refers to professional authority as one of the attributes of a profession.^{2/} He argues that a professional operates on the premise that "the client cannot diagnose his own needs or discriminate among the range of possibilities for meeting them...(and that) the client's subordination to professional authority invests the professional with a monopoly of judgment."^{3/} It is within Greenwood's context of professionalism that the inconsistencies within practice theory have a historical logic. A short digression into our theoretical legacies follows.

The psychosocial model consolidated the theoretical position of the diagnostic school. In 1936 Charlotte Towle, developing the diagnostic framework, placed "the social worker (at) the core of the treatment situation. Her orientation as to agency function, the degree of self understanding, and her grasp of the

¹Loc. cit.

²Ernest Greenwood, "Attributes of a Profession," Social Work, Vol. II, July, 1957.

³Ibid., p. 48.

client's total situation as well as her knowledge of the case-work method will determine in large measure the nature and direction of treatment."^{1/} In 1936 Fern Lowry^{2/} suggested that the client's need provided the direction of the case worker's activities. Thus, while the social worker's authority was the central ingredient of casework the client's need gave a focus to this authority. Within this conceptual framework the diagnostic school elaborated a treatment model based on the case worker's skill in assessing their needs, dealing with the client's feelings about these needs and constructing a realistic treatment plan.^{3/}

The formula of Study-Diagnosis-Treatment represents an encapsulated statement about the worker's tasks. The resulting model is heavily weighted on the side of the worker's expertise and activities in locating resources and developing client self-awareness.^{4/} The corresponding activity of the client in participating actively and meaningfully in his helping process is underdeveloped. With the model unbalanced in favor of the

¹Charlotte Towle, "Factors in Treatment," Proceedings of the National Conference of Social Work, Atlantic City, 1936, The University of Chicago Press, 1936, p. 191.

²Fern Lowry, "The Client's Need as the Basis for a Differential Approach in Casework Treatment," in The Differential Approach to Casework Treatment (New York: Family Welfare Association of America, 1936).

³Gordon Hamilton, Theory and Practice of Social Casework, Second Edition (New York: Columbia University Press, 1951).

⁴Florence Hollis, Casework: A Psychosocial Therapy (New York: Random House, 1964).

worker's responsibilities, the client seems more a passive receiver than an active participant in the relationship. Moreover, the implications of the Study-Diagnosis-Treatment formulation profoundly affects the initial encounter between worker and client. That the worker is intent on exploring and studying while the client is focused on an immediate request sets the stage for an array of misunderstandings between them.

It is in this historical context that the psychosocial model of casework treatment has offered little in the way of a consistent theoretical framework for the notion of contract. However, Gordon Hamilton's emphasis on "Focusing Through the Request" contains some of the fundamental elements of the section of contract which need revitalizing in contemporary practice: "The request - the expectation - is thus related to what the worker representing the agency can do about it and it introduces the client to the agency service in a realistic way. Clients do not easily grasp the function of a complex agency at first, especially if they are anxious and do not take in routine explanations of policy and procedure. Our initial interview should be in itself a demonstration of the way we work."^{1/} Unfortunately, Hamilton's stress on the complementarity between the client's request and the agency's definition of service become secondary to the later emphasis on uncovering the "deeper" problem which often became the unarticulated nucleus of the treatment.

^{1/}Hamilton, op. cit., p. 159.

Proponents of the psychosocial model have attempted to reconcile the inconsistencies in a philosophical position which recognized client's self-directing capacities and a practice theory which emphasized the worker's authority by addressing the issue in terms of "mutually agreed upon goals,"^{1/} or "the working agreement." Florence Hollis states that "the client will more surely move towards his objectives when he is conscious of what they are. Goals are finally implemented only when they are shared by both client and worker."^{2/} However, this exclusive emphasis on ends and outcome falls short of the meaning of the contract in that it denies the process dimension of reaching an agreement on the reciprocal expectations and responsibilities of the participants. Moreover, a concentration on goals to be attained in the unspecific future goes counter to the notion of immediate focus and work related to the current experience.

In contrast to the diagnostic school, the functional school based its theoretical formulation on the assumption that embedded in the nature of human beings is a creative progressive force striving for self-realization. Virginia Robinson^{3/} anticipates the functional position by protesting the tendency to underestimate the capacity of the client to reconcile his own

¹Werner Gottlieb and Joe H. Stanley, "Mutual Goals and Goal Setting in Casework," Social Casework, October, 1967, pp. 471-481.

²Hollis, op. cit., p. 216.

³Virginia Robinson, A Changing Psychology in Social Casework (Chapel Hill: The University of North Carolina Press, 1930), pp. 32-36.

difficulties and suggests that workers allow the client the freedom to struggle with his own growth processes. Jessie Taft introduces the solidity of a clearly defined agency function as a focal point around which the client's self-determining capacities can be mobilized.^{1/} Within the functional school self-determination was not conceived of as "a right" to bestow upon clients but rather as a fact of human nature. This corresponds to Otto Rank's conception of the will as a creative life force which needs to be exploited in the service of growth. With this perspective, the worker and client engage in a helping process which is characterized by the client's struggle to realize his potential against the backdrop of the known agency function. By emphasizing the different but interrelated responsibilities of the client and worker, Kenneth Pray captures the essence of the functional position with respect to the notion of self-determination:

This approach clings steadily to the conception that this individual whatever his strengths and weaknesses carries responsibility for his own life as a whole and must continue to carry it... The worker's task is to enable him to build on this latent strength... The problem remains his own, the responsibility for dealing with it remains with him.^{2/}

Unfortunately, this approach which posited the existence of creative forces in all men and developed methodology to

¹Jessie Taft, "The Relation of Function to Process in Social Casework," The Journal of Social Work Process, Vol. I, No. I, November, 1937.

²Kenneth Pray, "A Restatement of the Generic Principles of Social Casework Practice," Journal of Social Casework, Vol. XXVIII, No. 8, October 1947, p. 285.

capitalize on these forces ended up excluding those clients who perhaps were the most in need of service. A source of difficulty may be located in the inconsistency between the notion of self-determination and the inflexibility of agency function. An agency structure which is impervious to a variety of client needs is one which betrays its loyalty to a principle of self-actualization. Moreover, Ann Hartman suggests that the treatment process emphasized "the mutual determination of whether the client wishes to receive the service which the agency offers. In making the decision what is really being assessed is the client's readiness to accept help and change his situation as determined by his ability and willingness to accept agency requirements."^{1/} The shift from a recognition of the client's capacity for growth to motivation as a prerequisite for service is thematic in Anita J. Faatz's The Nature of Choice in Casework Process.^{2/} There is some sadness and irony in the fact that a school of casework renders itself obsolete through the elaboration of a once valid and much needed point of view. However, though the functional school has not burgeoned in its pure form, contemporary casework practice owes it a considerable debt, particularly with respect to the current interest in planned short-term service. Moreover, the functional framework, with its optimistic view of the nature of the client as a self-

¹Lois Ann Hartman, "Casework in Crisis 1932-1941," (unpublished D.S.W. Dissertation, Columbia University School of Social Work, 1970), p. 240.

²Anita J. Faatz, The Nature of Choice in Casework Process (Chapel Hill: The University of North Carolina Press, 1953).

directing person, an emphasis on the mutuality of the relationship, and a clearly defined agency function are significant aspects of the notion of contracting in contemporary casework theory.

Helen Harris Perlman^{1/} in the development of the problem-solving model has evolved a consistent theoretical and practical orientation to the notion of the contracting process. Addressing herself to the process of shifting from applicant to client she states that taking on the new client role depends on the identification and clarification of the applicant's problem together with an understanding of the mutual obligations of the worker and applicant with respect to what help involves.

This (working) agreement or compact includes some exchange of mutual understandings about what the applicant wants and expects of the helper and what the helper can or cannot, will or will not, do about the problem-to-be-worked. It includes agreements as to "who does what" and "where we go from here" - of joint and separate tasks, and of next steps. This process constitutes, in essence, a definition of reciprocal roles and aims arrived at by a professional helper and the applicant who decides to become a client - tentative and limited though this definition must be. It follows that the caseworker does not have a client whether at intake or later, until he and the applicant have come to some rudimentary agreements about their relationship to one another and to the problem.^{2/}

Perlman gives both theoretical and practical consideration to the client's conception of what is expected of him in the way

¹Helen Harris Perlman, "Intake and Some Role Considerations," Personal Social Role and Personality (Chicago: The University of Chicago Press, 1968). Published first in Social Casework, April, 1960.

²Ibid., p. 167.

of appropriate behavior and what he expects in return from the worker and agency. From her emphasis on role expectations as a crucial determinant of the interaction which takes place she evolves the practice principle that "the clarification of at least preliminary ideas and expectations of reciprocal roles and working relationships is essential to the initial contact."^{1/}

In contrast to casework practice theory the notion of a contract has been an integral part of group work theory and is conceived of as one of the fundamental principles of group work practice. William Schwartz,^{2/} one of the most articulate developers and proponents of the use of the contract, conceives of it as representing the convergence of the worker's and the client's tasks within the context of the agency setting. In his formulation concerning contract, Schwartz emphasizes the mutual and reciprocal responsibilities of client and worker in defining their respective roles, locating joint concerns, and determining the rules of the game.^{3/} In essence the contracting process grapples with the issue: "What are we doing here together?"^{4/}

¹Ibid., p. 163.

²William Schwartz, "On the Use of Groups in Social Work Practice," in The Practice of Group Work, William Schwartz and Serapir R. Zelba, eds., (New York: Columbia University, 1971), p. 8.

³Ibid., p. 15.

⁴William Schwartz, "The Social Worker in the Group," New Perspectives in Service to Groups: Theory, Organization and Practice (New York: National Association of Social Workers, 1961), p. 20.

Charles Garvin,^{1/} elaborating on Schwartz's formulation, defines the group work contract with an emphasis on the complementarity of role expectations:

Specifically, the contract can be seen as a set of agreements between the worker and the group members regarding the problems to be dealt with in their interaction as well as the means to be utilized in this process. It covers the many reciprocal obligations between the parties concerned.^{2/}

On the other hand the contributions of Robert Vinter^{3/} in the conceptualization of the group contract emphasize goals rather than process. Combining all of the above mentioned aspects of the contract as formulated by Schwartz, Garvin, and Vinter is Allen Klein's definition of the contract as "an agreement between the group members and the worker and among themselves about the purpose of the group endeavor and the way in which they will work together."^{4/} It includes a spelling out of the "reciprocal roles of the worker, the members and the sanctioning agency."^{5/} The contract includes specific ground rules, the evaluation of group norms, group goals and role expectations of members and worker.^{6/}

¹Charles Garvin, "Complementarity of Role Expectations in Groups: The Member-Worker Contract," Social Work Practice (New York: Columbia University Press, 1969).

²Ibid., pp. 127-128.

³Robert D. Vinter, "The Essential Components of Group Work Practice," in Readings in Group Work Practice, Robert D. Vinter, ed., (Ann Arbor, Michigan: Campus Publishers, 1967), pp. 13-16.

⁴Allen Klein, Effective Group Work (New York: Association Press, 1972), p. 161.

⁵Ibid., p. 162.

⁶Ibid., pp. 162-163.

Broadening of our methods' perspective to recent contributions in social work theory which are related to the notion of the contract is the work of Eliot Studt.^{1/} Studt's notion of task as the central concept around which casework service is organized encompasses differential task assignments for workers and clients but gives priority to client's tasks as identified by the client himself. The worker's tasks are secondary to the client's and consist of providing "the conditions necessary for the client's work on his task."^{2/} The advantages of this conceptual system in practice are outlined by Studt and are relevant to a systematic theoretical orientation to the notion of contract.

Assigning priority to the question of what is the client's task gave us a touchstone to distinguish between professional help to a client and the benign super imposition of an expert's values and perspectives on a captive recipient of service. It restored our client in both theory and practice, to the dignity of his rightful position as primary worker in task accomplishment; it recognized explicitly in the basic conceptual framework, the brute fact that no one but the client can perform the tasks required by his own life stage and particular situation. Further, it properly emphasized the secondary and indirect nature of "helping", correcting for the natural human tendency of any expert to perceive his own orientation as better informed and more wisely conceived than those of his client.^{3/}

¹Eliot Studt, "Social Work Theory and Implications for the Practice of Methods," Social Work Education Reporter, Vol. 16, No. 2, June, 1968.

²Ibid., p. 24.

³Ibid., p. 42.

Studt's emphasis on client participation and involvement as the central and determining thrust to the service corresponds to the notion of the contracting process as a mutual endeavor between worker and client. Moreover, Studt's notion that method should flow from client-identified needs rather than squeezing a client into a predetermined strategy is strikingly relevant to the notion of contract as a searching out process which gives client needs a central position.

In the psychotherapeutic literature there are also many references to the therapeutic contract which are pertinent to casework considerations. Karl Menninger^{1/} spoke of the contractual agreement between the patient and physician as one involving agreement on fees, number of interviews per week, and the role responsibilities of each in entering a creative endeavor together.

Erik Erikson's^{2/} notion of the contract is consistent with the formulation of Menninger while emphasizing the personal and social experience of accepting the role of a client. By participating in the treatment process the client is introduced to the psychotherapeutic method and becomes an active participant on his own behalf. Therapist and patient are emmersed in a process and share an intimate history together.^{3/} Underlying Menninger's

¹Karl Menninger, Theory of Psychoanalytic Technique (New York: Basic Books, 1958).

²Erik Erikson, "The Nature of Clinical Evidence," in Evidence and Inference, Daniel Lerner, ed., (Glencoe: The Free Press, 1958).

³Ibid., p. 77.

and Erikson's formulations regarding the contract are sophisticated yet unarticulated assumptions concerning the mutuality that characterizes the process by which therapist and patient agree to work together. It is to this issue that this study addresses itself.

In recent psychotherapeutic literature, particularly in transactional therapy, the contract is given a central role in the beginning treatment relationship. Discussion about mutual expectations begins in the initial interview; the "treatment contract," as it is called in transactional literature, implies a promise of what the therapist will do and what the patient will do. It does not imply a guarantee of a cure. The contract provides an anchoring point for treatment - if either the therapist or the patient departs from the original agreement, the essence of their contractual agreement is reviewed.^{1/}

Because of the absence of any consistent definition of the contract in the casework, group work, or psychotherapeutic literature and because of the ambiguous terminology involved, it is necessary to define the terms precisely for the purpose of this study. Relevant to the conception of the contract as this researcher sees it are the following components:

¹Thomas Harris, I'm O.K.-You're O.K. (New York: Harper and Row, 1967), p. 199.

1. Agreement: Refers to the occurrence of mutual understanding between the parties involved.
2. Explicit: Refers to a distinctly stated and clearly developed statement. Such an agreement would be specific, articulated and definite to those involved.
3. Work: Refers to the specific activity engaged in, and implies the delineation of a focus.
4. Expectations of the client and worker:

- a. Expectations of the client refer to the client's conception of his part in the work; it also refers to the client's conception of what he thinks are the worker's responsibilities in relation to their activity together.

- b. Expectations of the worker refer to the worker's conception of his part in the work; it also refers to the worker's conception of what he thinks are the client's responsibilities in relation to their activity together.

Incorporating these components into a formal definition, the contract is "the explicit agreement between the worker and the client on the work they are currently doing together and their expectations of themselves and each other in relation to this work." According to this definition, the tasks involved in contract negotiation are: (1) to make explicit within the context of a carefully delineated focus what the client wants help with and whether this corresponds to the agency's service;

(2) to explore and clarify what the client will do in the relation to working on his own behalf and (3) to explore and clarify what the worker will do to help the client. The questionnaires developed for this study yield a score on the extent to which these tasks are accomplished and differential areas that are unclear and ambiguous.

This formal definition, developed and utilized consistently in this study, appears to be potentially useful not only in conceptualizing the initial tasks of the caseworker and client in negotiating an agreement about their mutual investment in the process, but also as a systematic approach to beginning work with any targeted population or group. One could raise question about the applicability of this definition to the involuntary client. It is this researcher's position that the tasks implicit to one conceptualization of contracting is not only consistent and compatible within social work theory but also that the definition can be stretched to include the complexities of practice. Naturally, the ultimate merit of this definition hinges on its demonstrated usefulness to a variety of social work models. It is suggested that this definition may clarify some of the ambiguities and inconsistencies of the contract within social work theory and practice.

CHAPTER III

RELEVANT THEORETICAL CONSIDERATIONS IN SOCIAL SCIENCE AND PERSONALITY THEORY

The theoretical framework for the proposed study will draw on concepts from three interrelated bodies of knowledge within the social sciences: (1) systems theory, (2) role theory, and (3) communications theory. The concepts developed within the framework of ego psychology will be utilized with emphasis on Hartmann, Erikson and White along the personality dimension.

General Systems Theory

Systems theory^{1/} shifts our purview of the client-worker-agency constellation as an organization of interactive, interdependent, reciprocal elements. The concepts of boundary, energy, importation, through-put and out-put, tension and steady states, and equifinality provide us with structural properties useful in perceiving the interaction between client and worker as a social system. Boundary properties emphasize the permeable-impermeable dimension of the client-worker system which is impinged upon by input from the client's network of social, occupational and kinship relationships and on the worker's side

¹William Grey, Fred Duhl and Nicolas Rizzo, eds., General Systems Theory and Psychiatry (Boston: Little Brown & Co., 1969).

by agency policies including the clarity of agency service and predominant treatment model, all of which will influence the transactions between client and worker with respect to their behavior in the initial phase of contact and the degree to which mutual expectations are explored. Tension, conflict and dynamic steady state are useful ways to explore the vicissitudes of the searching out and negotiation that characterize the contracting process. A dynamic steady state exists when clients' and workers' expectations are reasonably balanced, complement each other and their work together is characterized by cooperation rather than conflict. The concept of equifinality can be applied to one's understanding of the complex factors which operate to influence the development of the casework relationship.

Social Role Theory

David Mechanic^{1/} argues that the therapeutic situation immerses the participants into a new system of roles which requires re-socialization. From this perspective the concepts from social role theory are relevant to a consideration of the client and worker as a social system. Social role theory offers a way to study and describe the interaction of members of the social group as they relate to each other within a social system.

¹David Mechanic, "Role Expectations and Communication in the Therapist-Patient Relationship," Journal of Health and Human Behavior, Vol. 2, Fall 1961, pp. 190-198.

Spiegel^{1/} defines social role as "a goal directed pattern, or sequence of acts, tailored by the cultural process for the transactions a person may carry out in a social group or situation." Role behavior is thus dependent on the patterned expectations of others. Thus, a fundamental principle in using the concept of role in analyzing social systems is that the behavior of one member influences, effects and determines the transaction with the role partner or partners. As Spiegel emphasizes: "It is conceived that no role exists in isolation but is also patterned to gear in with the complementary or reciprocal role of a role partner."^{2/}

Role complementarity describes the interlocking mechanism of expectations and behavior in a two person system. The therapeutic relationship is a system of mutual expectations between the client and the therapist.^{3/} Complementarity is achieved when there is a reciprocal fit between one's expectations of a role partner's behavior and this partner's perception of and behavior in carrying out this role. An example of role complementarity in the client-worker system we propose to study would be that of a client whose expectations of what he wanted from the agency, what he felt the caseworker

¹John P. Spiegel, "The Resolution of Role Conflict Within the Family," in A Modern Introduction to the Family, Revised Edition, Bell, Norman W. and Ezra F. Vogel, eds., (New York: The Free Press, 1968), p. 393.

²loc. cit.

³Mechanic, op. cit.

would do and the way he went about requesting service fit with the caseworker's understanding of the service, the caseworker's perception of his role and the caseworker's expectations of client behavior. That this is far from an accurate description of client-worker contact provided the impetus for this study. Mayer and Timms^{1/} colorfully describe the "Kafkaesque quality" which characterized interaction between workers and clients in their study. "It is our impression that the social workers were unaware that the clients entered the treatment situation with a different mode of problem-solving...To exaggerate only slightly each of the parties assumed that the others shared certain of his underlying conceptions about behavior and ways in which it might be altered. Then unaware of the inappropriateness of his extrapolation each found special reasons to account for each other's conduct."^{2/}

The concept of role complementarity corresponds with the systems concept of steady state. When there is complementarity in the role system the interpersonal relationship is characterized by harmony and stability.^{3/} When role partners disappoint each other's expectations, the role system moves towards disequilibrium.^{4/} Spiegel describes the erosion process of

¹John E. Mayer and Noel Timms, The Client Speaks: Working Class Impressions of Casework (New York: Atherton Press, 1970).

²Ibid., p. 77.

³Spiegel, op. cit., pp. 394-395.

⁴Loc. cit.

ineffective role complementarity: "The failure of complementarity feeds back into the awareness of the participants in the form of tension, anxiety or hostility and self-consciousness. If the process continues without change it will end in the disruption of the system.^{1/} Could this not be one concise explanation of the recurrent phenomena of client drop-out from service?

One study has been recorded which attempts to deal with this very question. Heine and Trosman^{2/} advanced the hypothesis "that patients and therapists may entertain expectations which are not complementary and hence are particularly disruptive in the early stage of the therapeutic relationship." Their findings isolated the variable of mutuality of expectations between patient and therapist as a crucial determinant in patients continuing in therapy. "Therapists may sometimes not take the patient's initial expectation sufficiently into account in the crucial, early hours of therapy and thereby 'lose' the patient before a pattern of mutual collaboration can be firmly established."^{3/}

In analyzing conditions leading to the breakdown in complementarity, Spiegel^{4/} identifies the following which will

¹Ibid., p. 395.

²Ralph W. Heine, and Harry Trosman, "Initial Expectations of the Doctor-Patient Interaction as a Factor in Continuance in Psychotherapy," Psychiatry, Vol. 23, No. 3, August, 1960, pp. 275-278.

³Loc. cit.

⁴Spiegel, op. cit., pp. 395-402.

be developed with regard to their relevancy for our consideration.

1. Cognitive discrepancy is a potential source of interference with the development of role complementarity when "one or both persons involved in the role system may not know or have sufficient familiarity with the required roles." Merton^{1/} discusses the various social mechanisms for conveying role-sets to individuals in a social system. There is a role-set for the worker which is conveyed to him vis-à-vis the social mechanism of the agency as there is a constellation of role-sets which exist for the client. However, these client role-sets vary in the degree to which they are explicitly articulated for the client. Merton emphasizes that role systems may operate at considerably less than full efficiency when there is inadequate articulation of the role expectations for any member of the role system.

Cognitive discrepancy, due to inarticulation of the client role-set may account for the high rate of client withdrawal reported in the literature.^{2/} There is convincing research data that illustrates that clients approach psychotherapy with anticipation of roles, techniques and events that will occur in therapy that are at variance with the therapist's expectations

¹Robert K. Merton, Social Theory and Social Structure (New York: The Free Press, 1968), pp. 425-434.

²N. Friedman, D. M. Engelhardt, L.D. Haukoff, B.S. Click, H. Kaye, J. Birchwald and P. Stark, "Drop-out from the Out-Patient Psychiatric Treatment," American Medical Association, Archives of Neurology and Psychiatry, 1958, Vol. 80, p. 657.

of them.^{1/} In two reported studies by the collaborators Overall and Aronson,^{2/} lower-class people were found to have an inaccurate cognitive orientation to therapy due to the lack of opportunity to learn about therapy through experience and learning. Heine and Trosman^{3/} point out that a situation is created in which a patient with one set of expectations is regarded by the therapist while another patient is rejected by the therapist. People who continued in psychotherapy apparently conceptualized the experience in a manner more congruent with the therapist's role image and were, therefore, more gratifying to the therapist.

Clients drop out of treatment when their expectations are not fulfilled.^{4/} Overall and Aronson^{5/} suggest that one way of reducing cognitive inaccuracies is to attempt during the initial phase of treatment to explore with the patient both his own and the therapist's role in the treatment. All the data suggests that workers should take responsibility for opening up discussion of the variety of possible conceptions and expectations which clients may bring to a social service

¹Betty Overall and H. Aronson, "Expectations of Psychotherapy in Patients of Lower Socio-Economic Class," American Journal of Orthopsychiatry, Vol. 33, No. 3, April, 1963, p. 657.

²H. Aronson and Betty Overall, "Treatment Expectations of Patients in Two Social Classes," Social Work, Vol. II, No. 1, January 1966.

³Heine and Trosman, op. cit.

⁴Mayer and Timms, op. cit.

⁵Overall and Aronson, op. cit., p. 85.

agency and avoid making any assumptions about client's requests or mode of problem-solving.

2. Discrepancy of goals refers to the fact that when role partners cannot achieve complementarity in their expectations concerning goals disequilibrium results. An inability to shift one's goals in the directions of mutuality can be explained by both cultural and endowment factors. For our purpose, however, the relevant variable would be cultural dimension. Spiegel^{1/} has a separate category for describing differences in culture value orientation which will be incorporated into this discussion. Mayer and Timms^{2/} offer insight into the disparity between worker and client problem-solving styles and treatment goals which produce irreconcilable clashes in perspective which they attribute to cultural factor. Operating from different cultural vantage points clients and workers misinterpret the meaning of each other's behavior. Client behavior which does not conform with the worker's expectations is interpreted in psychodynamic terms, i.e., as evidence of resistance. Worker behavior which is inconsistent with the client's expectation may be interpreted by the client as evidence of the worker's delinquency, lack of interest or powerlessness. Moreover, interviews with dissatisfied working class consumers of social services reveal that client goals tend to be concrete and practical, whereas casework goals

¹Spiegel, op. cit., p. 400.

²Mayer and Timms, op. cit., p. 76.

reflected an emphasis on self-exploration and insight. The cultural sets of cognitive and communicative styles and goal orientation cannot be overlooked as crucial determinents of role complementarity in the casework relationship and give further support to an explicit, non-jargonized exploration of purpose and procedure.

3. Allocative discrepancy refers to the person's right to the role he wishes to occupy. Roles can be allocated in one of four ways. Roles are ascribed, achieved, adopted or assumed. Caseworkers too often assume that a client's application for service presupposes the adoption of a specific, unarticulated client role while the client has waited for allocative clues to decipher a situation which is at best ambiguous.

4. Instrumental discrepancy refers to the fact that a deprivation or insufficiency of resources may interfere with role transactions. Caseworkers are familiar with this source of tension in client-worker systems in that caseworkers cannot materialize money or social delivery systems which do not exist. Mayer and Timms suggest that workers should immediately take cognizance of the client's desire for financial help by bringing his wishes out into the open. Workers will then be able to clarify what resources are available and whether the client is eligible for material aid. On the other hand, clients often need and want specific referrals relating to health, education and child care facilities which are available but which are not sought by the social worker due to inadequate communication

between worker and client. Furthermore, the advocacy role of the worker is underutilized when the needs of clients remain unexpressed.

Having explored within Spiegel's and Merton's framework sources of tension and conflict in role systems we can now look at the ways one can counter disequilibrium and establish mutuality. Spiegel^{1/} proposed the two overall approaches to the establishment of re-equilibrium: in the first group which he calls role induction the method of resolution is achieved by a unilateral decision. Examples of role induction include coercion, coaxing, evaluation, making and postponing.

Related to role induction is Merton's discussion of re-reference group behavior and anticipatory socialization.^{2/} The function of anticipatory socialization is to teach the values and orientation of the group to which one is entering. Anticipatory socialization has been attempted in psychotherapy whereby clients were explicitly told what to expect and how to behave in a preliminary socialization interview.^{3/} In a casework study^{4/} anticipatory socialization was attempted in

¹Spiegel, op. cit., pp. 402-410.

²Merton, op. cit., pp. 438-440.

³Martin T. Ome, and Paul H. Wender, "Anticipatory Socialization for Psychotherapy: Method and Rationale," American Journal of Psychiatry, Vol. 124, March, 1968, p. 1206.

⁴Merton S. Krause, "Comparative Effects on Continuance of Four Experimental Intake Procedures," Social Casework, October 1966, pp. 515-519.

the intake telephone contact by asking about and clarifying the applicant's expectations. That this procedure did not effectively reduce early discontinuance may reflect the didacticism of the method. These inconclusive results support a suspicion that while role induction serves to educate the client and gives him a cognitive grasp of the treatment situation, such an appeal goes counter to the principle of mutual collaboration and therefore creates an artificial and intellectual learning.

Role reversal is denoted as a transitional approach to establish re-equilibrium and exists midway between role induction and role modification.^{1/} Proceeding along the role modification dimension from lesser to greater degree of mutuality in the process of resolving tensions in role-systems are the following: Joking, referral to a third party, exploring, compromising and consolidating.^{2/} For our purposes, exploring, compromising and consolidating represent methods of role modification that can be applied to the initial phase of casework treatment. That role modification is based on mutual struggle and negotiation and involves attitudinal and behavior shifts from both role partners is essential to note.

In summary, we have relied on the theoretical formulations of Spiegel and Merton to present the major ideas of role theory. A central concept is that of role complementarity to describe

¹Spiegel, op. cit., p. 408.

²Ibid., pp. 407-410.

the mutual fit of expectations which produce harmony and stability in the role-system. Major sources of tension and conflict creating disequilibrium which are applicable to our client worker transactions are cognitive, allocative, goal and instrumental discrepancies, all of which are affected by cultural perspective of the role partners. Tension alleviating methods include role induction and role modification procedures. Relevant research data was shown to support the theoretical positions of Spiegel and Merton.

Communication Theory

Communication theory provides additional concepts that are applicable in constructing a framework for our study. Communication theory, like role theory, is based on a systematic view of the field of transactions of the phenomena to be observed. From our vantage point communication theory focuses our attention to the components of the client-worker communication system which we propose to study.

Every communicating entity has receiving or input apparatus, central processes and output functions.^{1/} Input functions include all the sense organs which are used to perceive stimuli. Central processes refer to transmitting, interpreting and evaluating information. The processing of information includes

¹Jurgen Ruesch, "A General Systems Theory Based on Human Communication," in General Systems Theory and Psychiatry, op.cit.

the functions of recognition, thinking and memory which correspond to computer technology to data scanning, data processing and data storage respectively. Verbal expression and/or action consists of output or the response.

Human communication consists of receiving, transmitting and replying to other people's messages. A series of responses is cyclical in that responses reverberate and influence each other. Feedback is the process by which information is received and responded to by adding, subtracting, compensating, attenuating or reinforcing one part of the message or another. Correction or learning takes place as messages are clarified and intent is distinguished from effect. Positive feedback has the effect of increasing the present activity and thereby maintaining progressive communication. Negative feedback has a corrective impact on the sender of a message in that it tells him something about the way his communication was received and may inhibit or alter the content or form of the communication.

Role-sets are conveyed through feedback processes serving to provide information on whether one's present behavior conforms to expectation. Feedback processes describe the reciprocal back and forth movement of exploring, sharing and specifying one's expectations as well as correcting, clarifying and modifying unrealistic expectations. The processing of messages back and forth, delineating areas of agreement and disagreement, is the very essence of the contracting process. A client's premature withdrawal from treatment is an example of negative

feedback. It reflects the need for a corrective mechanism to be installed in the system. Though not a verbal response, it is a response nonetheless and demands an adaptation on the part of the social work delivery system.

Haley^{1/} has concretized the elements of a two person communication system:

I (the sender)
 am saying something (message)
 to you (receiver)
 in this situation (social context)

The receiver in this system becomes the sender as he replies. He cannot not reply. If he remains silent he is still communicating. His response influences the next response and so and so forth. Senders are receivers and receivers are senders. Both are implicated in the nature of the system they create together. Feedback mechanisms in the larger than two person systems explain a spiralling chain of causation in considering a single event, ascribing to the principle of equifinality. The difficulties encountered in the client-worker role systems are interactive. It is inaccurate to label the client who does not conform to the worker's expectations "uncooperative" or "resistive" when there has not been mutual collaboration on the rules of the game.

¹Jay Haley, "An Interactional Description of Schizophrenia," Psychiatry, Vol. 22, No. 4, November, 1959, pp. 321-332.

Humans transmit information by signaling through verbal and non-verbal codes. Information can be conveyed through action or body movement or through symbolic representation which we know as language. When information has been perceived and interpreted by another person it becomes a message.

Messages are transmitted on two levels: the first level contains the literal content or denotative meaning; the second level contains instructions about the message which can be a comment on the literal content as well as on the nature of the relationship between the persons involved.^{1/} Communication theorists refer to the instruction aspect of the message as metacommunication or the message about the message. Both sender and receiver are involved in metacommunication. The sender must bear in mind that it is his task to instruct the receiver, and the receiver in turn has to interpret the instructional message which accompanies the main body of the message. Instructions given by the sender may be explicit or remain implicit in the situation, and the interpretations made by the receiver may or may not correspond to the intentions of the sender. The prototype of the disparity between the literal meaning of the communication and the metacommunication is the double bind phenomena described by Jackson and Bateson^{2/} as

¹Virginia Satir, Conjoint Family Therapy, (Palo Alto, Calif.: Science and Behavior Books, 1967), p. 76.

²Gregory Bateson, Don D. Jackson, Jay Haley and John A. Weakland, "Towards a Theory of Schizophrenia," Behavioral Sciences, Vol. 1, No. 4, October, 1956, pp. 251-264.

central in the etiology of schizophrenia. The double bind refers to the messages sent simultaneously which cannot be reduced into a single entity. The receiver is caught by his inability to satisfy both levels in one response. The client, for example, can be double bound by the worker's giving lip service to the idea of mutual collaboration but making unilateral decisions.

A major part of the research described in this study relies heavily on the theoretical formulations of Don D. Jackson and Gregory Bateson. The initial phase of casework service is assessed with respect to (1) literal or verbal content with respect to worker and client contracting activity and (2) metacommunicational aspects which pertain to verbal and non-verbal signals exchanged between worker and client about the nature of their relationship. The latter as opposed to the former aspect of information exchange between worker and client pairs includes the complex phenomena of relationship negotiation. Thus, the responses between the worker-client pairs are examined from the standpoint of communication theory as containing a primary message and the manner in which it conveys a relationship position between the two involved role partners.

The two major conceptual divisions of communication which convey a relationship position vis-à-vis a reciprocal role partner are "symmetrical" and "complementary" communications.^{1/}

¹Don D. Jackson, Jules Riskin and Virginia Satir, "A Method of Analysis of a Family Interview," A.M.A. Archives of General Psychiatry, Vol. 5, October, 1961, pp. 321-339.

Symmetrical communication refers to messages which convey equality of status or position such as when a worker introduces personal conversation or a client addresses a worker by his first name, both of which relate the message "I am your friend." It is the equivalent of peer-peer, or colleague-colleague communication. Complementary communication stresses the difference between the two role partners such as in parent-child transactions in which the parent assumes more authority and power in the relationship. Complementary communication is hierarchal, conveying unequal status positions. A role partner can place himself in an "up" or "down" complementary position, thus designating a "down" and "up" position for the reciprocal role partner in the dyad.

Complementary communication, as all communication, must be understood or deciphered in relation to the context of the message. In the context of the casework interview explored in this research, communication by the caseworker in which the worker conveys her authority is considered to be a move towards a complementary-up position (example: the worker giving direction or advice); communication by the client which reflects the client's lesser status or dependency on the worker is considered a complementary-down message (example: client requesting direction or advice). Complementary reversal refers to a worker's message which suggests a "down" position vis-à-vis the client (example: worker apologizing for a mistake) and messages indicating complementary reversal on the part of the

client include those which place the client temporarily in an "up" position vis-à-vis the worker (example: client interrupting the worker to disagree or differ).

In addition to a role partner taking a momentary relationship stance by conveying symmetry, complementarity or complementarity in reverse, a role partner may also communicate a contradictory or mixed message in which one relationship communication is disqualified by a different relationship communication. A comment may be disqualified by a simultaneous symmetrical stance as in the example of a worker making an interpretation (complementarity) in the form of a question (symmetry). A symmetrical message can be disqualified by a complementary one as in the example of a worker sharing something personal (symmetry) which highlights the client's inadequacy (complementarity). Thus, the four kinds of metacommunicational messages which are explored in this research by listening to and coding relationship messages on audio tapes of client-worker pairs are symmetry, complementarity, complementarity in reverse and mixed messages. It is assumed that all four relationship stances are possible within any given relationship and that cross-overs between symmetry and complementarity are common, with role reciprocity falling somewhere between pure types. The frequency and patterning of role stances over a three session period highlights the extent of shifting and negotiating that transpires within the first three interviews. Moreover, the underlying assumption in such an analysis, as Jackson points out, is that

"the individual is constantly attempting to define and influence" the nature of his relationship.^{1/} It is one of the hypotheses of this study that the patterning of complementary and symmetrical responses gives a rough and simple index to varying types of communications in interviews, and that these patterns in turn will be correlated with the status of the contract.

Ego Psychology

Moving away from the social sciences and into the sphere of personality development, it is felt that ego psychology offers a view of man progressively striving for growth, adaptation, mastery and control over himself and his environment which is consistent with contract considerations. The contributions of Heinz Hartmann, Erik Erikson and Robert White in developing an expanded concept of the ego as an autonomous, developmental system with independent energy give support to our conception of the client as a self-directing individual.

Hartmann^{2/} has postulated the institution of the ego as a separate, biologically given structure with certain apparatuses which are pre-adapted to the environment and which can develop in the conflict-free sphere. The apparatuses of memory, perception, cognition and mobility have "primary autonomy," that is, they develop independently in their own right. Their

¹ Bateson et. al., op. cit., p. 251.

² Heinz Hartmann, Ego Psychology and the Problem of Adaptation (New York: International Universities Press, 1958).

development need not derive from or be attached to instinctual energy; thus, they emerge out of their own matrix of psychic development. Hartmann postulated that the "average expectable environment" allows for the emergence of these functions since the human being is born with adaptive capacities that insure his survival. His concept of secondary autonomy explains the shift from a drive connected pattern of behavior to behavior that is maintained independent of its original source through energy that is neutralized and for the purposes of initiating and expanding complex systems of behavior. Hartmann consistently credits human beings not only with an adaptive orientation, but with the capacity to organize in a unique way their experience. The "synthetic function of the ego (is) a specific organ of equilibrium at the disposal of the person" operating to unify and assimilate the concept of self. Related to the synthesizing function of the ego and expanding more fully on man's adaptive capacities, Hartmann describes how "ego interests" represent constellations of ideas and personal goals which center "around one's own person (self)," but they are also "among the factors which lead to the change by man of external reality..."^{1/}

Hartmann's analysis of primary and secondary autonomy, the synthetic function of the ego and ego interests correlates to a view of the client as a person capable of self direction whose expectations and personal goals reflect a unique life style.

¹Heinz Hartmann, "Comments on the Psychoanalytic Theory of the Ego," in Essays on Ego Psychology (New York: International Universities Press), p. 136

Erikson^{1/} in his epigenetic formulation of the ego has given additional emphasis to the role of adaptation in personality growth. He depicts personality growth and the achievement of ego identity as occurring through the successful resolution of developmental crises in each stage of the life cycle. The outcome of each normative crisis converges along the biological, psychological and social dimensions.^{2/} Erikson's position takes on relevance for our study as he attempts to integrate individual processes with social role and environmental experiences.

Erikson's theory stresses mutuality between people involved in a reciprocally satisfying relationship. Mutuality as a central Eriksonian idea addresses the collaborative aspects of the emotional and cognitive interchange between people relating satisfactorily to one another. Mutuality emerges therefore, as a circular interactive process in which the emotional needs of the participants are coordinated or "cog-wheeled"^{3/} to the benefit of the participants. The effect is ego progressive or supportive and Erikson regards mutuality as a necessary experience in all stages of the life cycle.

Active choice is an essential characteristic of the concept of mutuality. Erikson states that "only he who approaches an

¹Erik H. Erikson, Identity and the Life Cycle (New York: International Universities Press, 1959).

²Erik H. Erikson, Childhood and Society, Second Edition (New York: W. W. Norton and Co., 1963).

³David H. Rapaport, "Historical Survey of Psychoanalytic Ego Psychology," Psychological Issues, G. S. Klein, ed., (New York: International Universities Press, Inc., 1959), p. 15.

encounter in an active and giving attitude, rather than a demanding and dependent one, will be able to make of that encounter what it can become."^{1/} Moreover, in contrast to psychoanalytic structural theory, the concept of mutuality draws particular attention to the influences on the environment of the ego's ongoing functioning. Mutuality can also be viewed in the ego psychological conception of adaptation as advanced by Hartmann. Adaptation primarily denotes a reciprocal relationship between the organism and its environment - not submissiveness to the goals of society but a collaboration of the goals and attempts to change them.^{2/} In essence, adaptation draws attention to the ongoing support which the environment provides the ego and describes a much more inclusive state than mutuality. However, mutuality can be said to identify an important if not the core issue in adaptation. Mutuality, it seems, is a part of adaptation as well as a force which moves its participants towards adaptation.

The concept of mutuality is at the very heart of this research. Mutual collaboration between the worker and the client is required if they are to achieve an explicit and visible contract and achieve reciprocity in role positions.

¹Erik H. Erikson, Insight and Responsibility (New York: W. W. Norton and Co., Inc., 1964), p. 233.

²Heinz Hartmann, Ego Psychology and the Problem of Adaptation (New York: International Universities Press, Inc., 1958), p. 32.

CHAPTER IV

CHARACTERISTICS OF VETERANS ADMINISTRATION SETTING

This research was carried out under the auspices of the Veterans Administration. The Brooklyn V.A. Outpatient Clinic was the setting in which the research was undertaken. All client-worker pairs were secured from the Social Work Service of the clinic.

Description of the Outpatient Clinic

The Brooklyn V.A. Outpatient Clinic is an independent comprehensive medical setting offering treatment to service-connected veterans with Pulmonary, Orthopedic, Surgical, Eye, ENT, General and Internal Medical, Urological, PM&R, Dental, Neurological and Psychiatric conditions with ancillary services offered by Lab, X-ray, Prosthetics, Pharmacy, Nursing, Dietetics, Day Treatment Center, Curative Workshop, Psychology, Counselling Psychology, and Social Work Services. The Outpatient Clinic serves a geographically defined catchment area. Social Work Service is divided into three programs:

1. Mental Hygiene Program - Casework with veterans with service-connected Neurological or Psychiatric conditions.
2. Post Hospital Care Program - Casework with both service-connected and non-service-connected veterans with

psychiatric conditions who are on post-hospital care status from a veterans' hospital.

3. Medical Social Service Program - Casework with veterans with service-connected medical conditions and brief consultation and referral service for non-service connected veterans.

In addition, a social worker serves as a member of the treatment team in the Day Treatment Center. Casework services are provided as indicated to relatives of veterans. The Chief Social Worker serves as overall administrator of the services and each program has a Program Chief serving in a supervisory capacity.

Characteristics of the Veteran Population
Receiving Service at the Brooklyn V. A. Clinic

The veterans' population being served by the Brooklyn V.A. Out-patient Clinic is defined by a geographic catchment area including Brooklyn, parts of Queens and Staten Island. One could look at the population in terms of predominant age group being served which relates to the veteran's service affiliation (World War I, World War II, Korea, Vietnam), employment status, racial-ethnic characteristics and psychiatric diagnosis. Statistical compilations for the entire Outpatient Clinic are only available on age and service associations since data gathering on socio-economic and racial ethnic composition is illegal and considered potentially discriminatory. However, in a private interview with the Administrative Chief of the

clinic he suggested that approximately 70 percent of the clinic population is Caucasian of varied extraction, and mainly lower to middle class.

Looking at Table 1 and Table 2, one can see that the average age of the patients served at the Outpatient Clinic taken from a random sample of 10 percent of the patient population over a fiscal year is 53.4, and that the average number of visits each patient makes is 21.9 visits per year for all categories of outpatient care.

In terms of service association, 90 percent of the patients are World War II veterans while only 3.7 percent are Vietnam veterans. One explanation for the low percentage of Vietnam veterans attending the clinic is that the clinic, as a medical facility, offers services to that group of veterans with the greatest proportion of physical ailments; thus, World War II veterans utilize the services in greater proportion. However, this researcher does not believe this is the complete explanation, especially since many WW II veterans have been utilizing the facility since their discharge from service thirty years ago. One can't help but wonder what attitudinal and systemic factors are involved in such a low percentage of Vietnam veterans attending the clinic. Some hypotheses are offered in the next section.

TABLE 1

REPORT OF AGE BREAKDOWN OF NUMBER OF PATIENTS RECEIVING
 OUTPATIENT PSYCHIATRIC AND/OR MEDICAL TREATMENT
 AT THE BROOKLYN V. A. OUTPATIENT CLINIC FROM
 JULY 1, 1973 - JUNE 30, 1974*
 (Sample represents 10% of population)

Age Level	Number of Patients	Number of Visits
Under 25	1	22
25 - 34	11	259
35 - 44	10	158
45 - 54	84	1881
55 - 64	83	1751
65 - 74	11	396
75 - 84	2	12
85 - Up	3	11
TOTAL	205	4490

Average Age - 53.4 Average Number of Visits/pt. - 21.9

*Data provided by V.A.

TABLE 2

REPORT OF PATIENT BREAKDOWN BY SERVICE AFFILIATION
 OF THOSE PATIENTS RECEIVING OUTPATIENT
 PSYCHIATRIC OR MEDICAL TREATMENT AT THE
 BROOKLYN V. A. OUTPATIENT CLINIC FROM
 JULY 1, 1973 - JULY 30, 1974*
 (Sample represents 10% of Population)

Conflicts	Average Age of Patients	Percentage of Total Number of Patients
Vietnam Era	28.3	3.7
Korean	43.6	4.9
WW II	55.8	90.0
WW I	78.7	1.4

*Data Provided by V. A.

Special Features of the V.A. Setting
With Respect to the Contracting Process

A special relationship exists between the veteran and the V.A. Clinic that is not, perhaps, characteristics of other out-patient mental hygiene settings. The central concepts of self-determination and agency function, which gives substance to the contract, are particularly relevant to V.A. settings where the agency exists for the purpose of service to a specific population. The themes of client involvement and participation in service are consistent with the nature of the setting in that veterans have, in a sense, earned their right to depend on the facility because their illness originated while they were in the service, or because they served their country at some point in their life. Thus, theoretically, all relevant dimensions of the system perceive the veteran's tie to the agency in terms of the veteran's having earned his right to a facility which is interested in him and what he needs and wants. The veteran is potentially in a consumer-advocate role, though in reality the large proportion of veterans make few demands on the clinic and submit passively to a bureaucratic maze. While some Vietnam veterans may have wanted to personalize service by requesting that bureaucratic procedures be replaced by more humanizing measures, and may have wanted the agency to take a more active part in the community in terms of shaping and creating community based programs related to the educational and occupational needs, these voices have died down and Vietnam veterans, as you can see from the

preceeding statistics, are not a powerful consumer group within the organization.* Not having been at the V.A. Clinic during what is known as the "Vietnam Era", the author will not make any speculations on this process. However, presently the common type of assertion a veteran may make may be his resistance to discharge from in-or-outpatient care or from a day center program on the basis that he retains the right to determine the duration of service. At the same time, the veteran maintains an ongoing relationship to the agency, even in periods when he is inactive with the clinic. Thus, re-application for social service represents a continuous thread of agency availability to the range of the veteran's needs, while at the same time, each renewed contact presents the opportunity for a newly explored focus and partialized goals to emerge.

The whole nature of compensation or service-connected disability payments, is germane to our discussion of contracting within a Veterans Administration setting. The greater the veteran's physical or emotional disability the larger his compensation payments. Therefore, the system both reinforces resistance to making therapeutic gains by financially rewarding a stable or deteriorated condition and also places a premium on compliance to administrative procedures and existing policies.

*This information was gathered through the informal social network at the clinic; informal conversations with experienced professional staff as well as some V. A. literature threw light on this subject.

It is this author's impression that this factor works against contracting in that many workers and clients tend to avoid goal setting for a more open-ended and unfocused treatment encounter. In fact, impressions drawn from formal and informal discussion are that some workers conceptualize social service less in terms of a concrete work-focused enterprise and more in terms of providing veterans with an undemanding, supportive retreat in a familiar atmosphere so that they can re-consolidate ego strengths. The latter theoretical and practice position would be more compatible with the realities of compensation payments, but may work against a truly effective service in which the client's progressive, actualizing and autonomous capacities would be engaged.

To summarize, inherent in the V.A. setting are some fascinating contradictory aspects to the contracting process. On one hand, as consumers of a facility set up to benefit, reward and compensate them for service to their country, veterans are potentially powerful to extract and demand a dynamic service highly relevant to their perceived needs. On the other hand, the structure of the bureaucracy and the nature of compensation payments places a premium on compliance and the maintenance of the status quo, thus becoming a deterrent to the progressive development of autonomous and independent functioning.

CHAPTER V

METHODOLOGY

This is an exploratory study designed to examine the contracting process with respect to specific dependent and antecedent variables that relate to the establishment of a contract. Two main sources of data are used: (1) questionnaires which were devised and distributed to clients and practitioners after the third treatment interview; (2) audio tape recordings of the first three sessions of client-worker contact. The instruments for the study are described in detail in the next chapter.

Questionnaires were devised to reflect the formal definition of the contract as "an explicit agreement between worker and client on the work in progress and their expectations of themselves and each other" after the third interview. Questionnaires were designed to measure the extent of this agreement and are thus conceived of as instruments which operationally define the contract. Questionnaires are conceived of as instruments with content validity in that the items on the questionnaire reflect a conceptual definition of the contract as cited above.

High agreement between the worker and client on the questionnaires' items reflects a relatively "high status" contract. Low

agreement between the worker and client indicates an insufficiently defined contract or "low status" contract. All contract scores are considered relative to one another since there is no pre-determined scale for high and low contract status scores.

The variables (client perception of the relationship, verbal participation, relationship communication patterns, and worker and client characteristics) are to be studied with respect to the status of the contract after three treatment interviews. As indicated, the status of the contract is rendered operational by questionnaires which measure the extent of agreement between worker and client on the work in progress and their expectations of themselves and each other after three interviews. High agreement refers to the establishment of a contract; conversely, low agreement indicates discrepancies between the worker and client on the contracting issues, thus an insufficient contract. The worker and client questionnaires, as one type of data gathering instruments, are devised to yield the contracting score. The worker and client questionnaires are similar on some items, different on others. The variables of client perception of the relationship, worker's professional experience and theoretical orientation, and client characteristics are determined from questionnaire items. Audio tape recordings of the first three sessions yield process material concerning the variables of verbal participation related to contracting content and relationship communication.

The contracting process as an exploration of mutual expectations corresponds to the first phase of client involvement. The boundary of this first phase is not uniformly specified in the practice literature nor is there consistent agreement on what constitutes the first phase of treatment. The ambiguity with respect to defining the outer limit of the number of sessions in which the contract should be completed presents some difficulties in designing the study. This author's professional bias, that contracting should be completed within the first three sessions, corresponds to many of the viewpoints expressed in the literature. While a contract could be renegotiated at a later point in treatment, depending on a reformulation of the areas of work, it would still be necessary at an initial stage to provide focus for the work and to clarify the problem to be dealt with. Therefore, this study limits investigation to initial contract formulation and to activity which takes place within the first three sessions of treatment. At the end of the third session questionnaires distributed to workers and clients determine extent of agreement between the worker and the client on the work engaged in and the mutual expectations of themselves and each other. If a mutual decision is reached between the worker and the client to discontinue treatment before or after the third session this would not constitute a contract since the definition of the contract implies continuing work. Thus, though we would not plan to exclude those client-worker contacts from further examination we would want to study them separately with respect

to the study variables. If there are a substantial number of known client discontinuances after three sessions of contact (which in fact did not happen) a subsidiary aspect of this major study would be to examine the predominant variables relating to client discontinuance.

The client-worker pairs are drawn from the V.A. Outpatient Clinic described in Chapter IV. There were 15 worker-client pairs involved in the study (15 workers, 15 clients). Each worker submitted three forty-five minute tape recordings of their first three interviews with a newly assigned client. This represented in almost all situations the first case assigned to the worker after July 1, 1974 in which there had been a prior intake interview done by another member of the clinic staff. We included only cases where an intake had been done in order to eliminate those cases which were likely to involve only one or two brief contacts on a walk-in or crisis basis. On the other hand, the cases which were assigned to workers after a brief intake procedure represented a wide range of presenting problems such as a request for job counseling and/or placement, serious immobilization due to depression, marital tensions, ongoing psychiatric medication, re-entry into the community due to hospitalization etc.... In order to be eligible for the study, the patient needed to be initiating a new contact at the clinic; the patient could, thus, be a former clinic patient but not an ongoing case that was being transferred to a new worker. No clients were excluded for idiosyncratic reasons

except those patients felt to be in an acute paranoid state.

Workers were told of our interest in the initial contact between caseworkers and clients and were asked to tape record the first three interviews with their next assigned patient. Worker and client questionnaires were prepared in individually sealed envelopes and workers were asked to hand the questionnaire to the client at the end of the third interview and ask that the client fill it out immediately after the interview and return it to the social work receptionist in an enclosed sealed envelope. Workers also completed the questionnaires after the third interview. Social workers were asked to tell their client explicitly that the questionnaires were confidential and that they were to be looked at only by the researcher.

Since the questionnaire relies on the literacy of the client samples, we were prepared to read the questionnaires to clients who might be hampered by limited reading skills. This, however, did not present itself in the course of the study. In all cases questionnaires and tapes were returned to the author in sealed envelopes after the third interview.

Researcher's Entry Into the System

The researcher entered the V.A. clinic with many apprehensions of carrying out a design based on tape recordings of actual interviews. Anticipating the caseworkers' reluctance to expose their work to an unknown person for unknown purposes, she made the initial decision to develop rapport with the staff, familiarize herself with the specifics of the setting, and develop a sensitivity

to the demands of the job. This orienting process took three months, after which the staff was asked to volunteer in the study. The researcher asked for cooperation from the staff and promised in return that all instruments and data would ultimately be shared (at a point when doing so would not jeopardize the research). That the staff would be part of a research process seemed critical in capturing their interest and commitment. It was in the context of trust and mutual responsibilities that the researcher hoped to maximize openness and honesty with respect to questionnaire items and comfort in recording and submitting interviews. Furthermore the range of responses for both clients and workers on the questionnaire items and the variations in worker styles on the tapes indicate that the data is genuinely reflective of these differences.

Characteristics of Professional Social Work
Staff and Clients Participating in the Study

The professional social work staff consists of 18 social workers whose status and positions are described below:

Chief of Social Work Service (excluded from the study)

Assistant Chief of Social Work Service

3 Medical Social Workers

1 Social Work Graduate Student

Supervisor of Post-Hospital Care Program

3 Psychiatric Social Workers

1 Day Center Worker (excluded from the study)

2 Social Work Graduate Students (1 student excluded
from the study)

Supervisor of Mental Hygiene Clinic

4 Psychiatric Social Workers

All paid social workers have acquired Master's Degrees from an accredited school of social work.

The sample of social workers for this study included almost the total professional social work staff (with the exception of the Chief of Social Work Services, one Day Center worker and one social work student) drawn from all three social work services. Looking at Table 3 we see that there are more female staff participants (67 percent) than male staff participants (33 percent). The majority of social workers are highly seasoned practitioners with 80 percent being employed for eight years or more. The majority of workers claim an eclectic theoretical orientation (87 percent); that is, they subscribe to more than one approach of casework treatment from a list of nine (psycho-social, crisis, functional, brief service, task-oriented, problem-solving, family and ecological systems, behavior modification, and socialization). On the other hand, two workers or 13 percent subscribe to the psycho-social model exclusively. In terms of variety of professional experience among staff members, approxi-

mately half the staff (53 percent) has experienced a wide range of professional tasks including long term treatment, crisis or planned short term treatment, intake, group treatment and supervision. On the other hand three workers or 20 percent have experienced only long term treatment including intake procedure and/or supervision.

While an overwhelming majority (93 percent) of workers indicated that they were familiar with contracting concepts in social work theory, and a large majority felt that they tried to clarify the worker's role (93 percent) and expectations of the client role (87 percent), slightly smaller percentages reflect the number of workers who try to reach an explicit agreement with the client on the work (80 percent) as opposed to those who indicate they do not try to reach such an agreement (20 percent).

Workers in this setting indicate differences with regard to whether they perceive the agency as clear and consistent in presenting its function to employees (67 percent say "yes"; 33 percent say "no") and to members of the community (27 percent say "yes"; 73 percent say "no"). Thus, workers are a relatively homogeneous group by virtue of their eclectic orientation, length and breadth of professional experience, and familiarity with social work concepts relating to the contracting process.

TABLE 3

CHARACTERISTICS OF PROFESSIONAL SOCIAL WORK
STAFF PARTICIPATING IN THE STUDY*

Sex Distribution of Staff

Male	6
Female	9
Total	15

Years of Professional Experience

0 - 2	2 (students)
2 - 4	1
4 - 8	0
Over 8	12

Self-Assessed Theoretical Orientation

Eclectic	13
Psychosocial only	2

Variety of Professional Experiences

Only long term treatment, intake and/or supervision	3
Crisis and/or pstt in addition to above	4
Group expeirence in addition to all above	8

Familiarity with Social Work Concepts
Related to Contracting Process

Familiar	14
Not familiar	1

Try to clarify worker's role

Yes	14
No	1

Try to clarify Expectations of Client
Role

Yes	13
No	2

*Information represented on this table was assembled from
the workers' questionnaires.

Table 3 (continued)

Try to Reach Explicit Agreement
With Client on Work

Yes	12
No	3

Clarity of Agency Function as Perceived
by Worker
Feel that Agency is Clear and
Consistent with Employees

Yes	10
No	5

Feel that Agency is Clear and Consistent
with Members of the Community

Yes	4
No	11

The sample of clients (Table 4) for this study included thirteen male veterans and two wives of veterans. Our client sample differs from the population of clients at the clinic in that there were a significantly greater percentage of Vietnam era veterans in our sample (47 percent) than exists for the population of the clinic (3.7 percent). Moreover, though no statistical tabulations have been made at the V.A. clinic, our impressions (which have been substantiated by professional colleagues working at the clinic) are that the percentage of patients diagnosed as psychotic and carried by the social work staff is far greater than the percentage (13 percent) of psychotic patients in our sample of patients. In the way of explanation, it must be remembered that all study clients were screened for

TABLE 4

CHARACTERISTICS OF CLIENTS PARTICIPATING IN STUDY*

Sex Distribution of Clients

Male	13
Female	2
Total	15

Service Affiliation

Korea	1
WW II	5
Vietnam	7
Doesn't apply	2

Diagnostic Appraisal

Psychotic	2
Nonpsychotic	8
Undetermined	6

Employment Status

Employed	5
Unemployed	5
Retired	2
Student	3

Racial Status

Black	4
White	11

*Information represented on this table was assembled from the workers' questionnaires.

one interview prior to being assigned to a worker in order to eliminate those clients who required only a very brief and/or concrete service (such as hospitalization) which would prevent the three session sequence required for inclusion in this study. Moreover, because of the audio equipment used in the study, paranoid clients were not included as subjects for fear of exacerbating their symptoms. Sample clients seem to be characteristic of the larger population with respect to employment status and racial background.

CHAPTER VI
DEVELOPMENT AND UTILIZATION OF THE INSTRUMENTS

Client and Worker Questionnaires*

The worker and client questionnaires consist of several sections which are designed to gather information on the following aspects of the study:

- A. Status of the contract (Sections I, II, III, in both client and worker questionnaires)
- B. Client perception of the relationship (Section IV in the client questionnaire)
- C. Client characteristics (initial section of worker questionnaire only)
- D. Worker's theoretical orientation, practice experience and perception of the clarity of agency function (section IV in worker's questionnaire only).

Each of these aspects of the questionnaire and their relation to the study will be discussed separately.

*Questionnaires are included in appendix. Items 3c, 7, and 12 in Section I of the Client-Worker Questionnaires were eliminated from scoring as they were felt to be redundant.

A. Status of the Contract

The formal definition of the contract as "an explicit agreement between the worker and the client on the work they are presently engaged in and their expectations of themselves and each other" is operationalized in Sections I, II, and III of the worker and client questionnaires. Section I relates to that part of the formal definition which describes the contract as "an explicit agreement between the worker and the client on the work they are presently engaged in..." and includes the following dimensions (which are translated into questions):

- (1) The explicitness of the agreement between worker and client (Questions 1, 2, and 3).
- (2) Flexibility of the agreement (Question 3a)
- (3) Realistic focus (Questions 3b, 3d, 6).
- (4) Agreed-upon focus (Question 4).
- (5) Focus related to client's motivation (Question 5).
- (6) Focus related to client's perception of his needs (Question 8).
- (7) Focus is consistent with agency service (Question 10).
- (8) Client is actively involved in the work (Question 11).
- (9) Expectations relating to attendance, how often, duration of service, which family members are involved (Questions 13, 14, 15, 16, and 17).

The same question appears on the worker's questionnaire as on the client's questionnaire except that the question is phrased so that each respondent in the client-worker pairs answers for

himself. No question is devised to anticipate someone else's response. Scoring is consistent with our definition in that the criteria for contracting relates to the extent of agreement between worker-client pairs; one point is given for each agreed-upon response and no credit is given for disagreement. Worker and client agreement in the "yes" column is considered positive for contracting for items numbered 2, 3, 3a, 5, 6, 8, 10 and 13 and therefore merits one point for each set of "yes" responses. Worker and client agreement in the "no" column is considered positive for contracting for questions 1, 3b, 3d, 9, and 11 thus merits one point for each set of "no" responses." Questions 14, 15, 16 and 17 are neutral in the sense that agreement either in the "yes" or "no" column is considered positive for contracting and credit for item 4 requires a similar statement of the work for each pair of subjects. An optimum score on Section I of the questionnaires is +18, the lowest score is 0. Each worker-client pair has a score on this section.

Section II in the questionnaires is designed to gather information on the extent of agreement between the worker and client pairs on the client role. Thus, there are thirty-six "yes" and "no" items which deal with the worker's and the client's expectations of the client in relation to the work they are doing together. All questions were considered neutral in the sense that credit ($\frac{1}{2}$ point) is given for each question that reflects agreement between the client-worker pair, regardless whether agreement is in the "yes" or "no" column.

Section III is similar to Section II except that this section is developed to gather information on the extent of agreement between the worker and client pairs on the worker role. Thus, there are thirty-six "yes" and "no" type questions which deal with the worker's and the client's expectations of the worker in relation to the work they are doing together. Again, all questions are considered neutral in the sense that credit ($\frac{1}{2}$ point) is given for each question that reflects agreement between the client-worker pair, regardless whether agreement is in the "yes" or "no" column.

The rationale for this design is that the questions in Sections II and III reflect a wide range of client and worker behaviors in the interviewing situation and were checked against a list developed by another researcher.^{1/} Moreover, expectations listed cover a range of theoretical preferences from the psychosocial to the problem-solving to the existential approaches as well as idiosyncratic and stylistic differences between workers and cultural differences between clients. Optimum sub-scores on each of these sections is +18 and the range of scores is 0 to +18.

Having described the three sections of the questionnaire which assess the status of the contract, it is clear that contracting sub-scores, in addition to a total (or status of

¹Florence Lieberman, Client Expectations, Preference and Experiences of Initial Interviews in Voluntary Service Agencies, Unpublished Dissertation, Columbia University, School of Social Work, New York City, New York, June 1968.

contract) score are available: one sub-score reflects extent of agreement on the work presently engaged in; another sub-score reflects extent of agreement between the client's expectations of himself and the worker's expectation of the client in relation to the work; and a third sub-score reflects the extent of agreement between the client's expectations of the worker and the worker's expectations of himself in relation to the work. One might find that clients and workers are in closer agreement and thus clearer about their expectations of the client-role than they are about the worker's responsibility or vice versa. Each sub-score is given equal weight in accordance with our definition; an advantage of the instrument is that one can make comparisons between the three sub-scores and define the area of the contracting process which is under-developed, as well as determine the overall status of the contact.

B. Client Perception of the Relationship (Section IV in Client Questionnaire)

In this study, client perception of the relationship is assessed by the use of a questionnaire that asks the client to note how he actually experiences the worker. Although it is recognized that the client's conscious report represents only a portion of his total experience, the focus of this component of the experience is consistent with the conceptual orientation of the study, emphasizing the realistic aspects of the worker-client relationship. Regardless of distortions based upon transference reactions and other unrealistic expectations, if

the client is to remain in the relationship and continue to work towards constructive change, it is assumed, he must have some conscious awareness of the worker as a person who respects him, cares for him, understands him, and is honest with him.

The use of a paper-and-pencil questionnaire is the traditional method of evaluating the client's perception of the therapeutic relationship in client-centered studies.^{1/} The instrument used in this study is an especially modified version of the Barrett-Lennard Relationship Inventory^{2/} which was developed in the research generated by Carl Roger's client-centered therapy. Carl Rogers hypothesized that the worker's attitudes were a critical aspect of therapy, and that in fact, therapeutic progress was impeded by the absence of empathy, positive regard for the client, unconditional acceptance of the client, and genuine responsiveness of the worker.^{3/} As Rogers suggested, "Unless some communication of these (the worker's) attitudes has been achieved, then such attitudes do not exist in the relationship as far as the client is concerned, and the therapeutic process could not....be initiated."^{4/}

Barrett-Lennard's original inventory was revised by him and in its final form it contained sixty-four items. It provides

¹Barrett-Lennard, "Dimensions of Therapist Response As Factors in Therapeutic Change," Psychological Monographs, Vol. 76, No. 571, 1963.

²Loc. cit.

³Barrett-Lennard, op. cit.

⁴Carl Rogers, On Becoming a Person (Boston: Houghton Mufflin, 1961), p. 185.

four subscores: level of regard, empathic understanding, unconditionality of regard, and genuineness, as well as a total score. The items contained in the questionnaire were derived by Barrett-Lennard from interaction between Rogers' theory and the operational expression of client-centered conditions.^{1/} The Inventory emphasized the client's feeling about his helper's response to him, rather than his objective observations. There are three positive and three negative response categories, as follows: "I feel it is probably true (or "not true"); "I feel it is true" (or "not true"); and "I strongly feel that it is true" (or "not true").

For the purpose of this study a number of revisions were made of the Barrett-Lennard Inventory following a pilot study in which it was observed that subjects found a number of items to be either ambiguous or confusing. Also, a number of items were eliminated because of redundancy. Moreover, the sixteen items measuring the extent to which the client experienced the worker as having "unconditional positive regard" were eliminated because clients found these items confusing and contradictory. For instance, statements like "He likes certain things about me, and there are other things he does not like" and "Depending on my behavior, he has a better opinion of me sometimes than he has at other times" were confusing to clients who perceived their workers as caring about them. Clients expressed confusion about

¹Barrett-Lennard, op. cit., pp. 6-7.

the seeming contradictory nature of these items: "If my worker cares about me, couldn't his feelings about me be affected by what I said or did?" Clients almost unanimously expressed discomfort with the majority of those items assessing the extent to which workers showed "unconditional positive regard" and experienced a positive answer to such items as consistent with negative responses on items measuring "level of regard" and "genuineness." Thus, for the pilot study client group, the demonstration of "unconditional positive regard" was incompatible with the demonstration of positive regard and genuineness, two of the other relationship dimensions in Rogers' framework. These impressions are consistent with another researcher^{1/} who reported similar confusion expressed by clients in relating to these items on the Barrett-Lennard Relationship Inventory. This researcher also eliminated those items that were confusing and/or ambiguous.^{2/} Items which were found deficient were reviewed by two judges, mental health professionals, and consensus was reached on which items were to be eliminated or retained. The final form used in this study contains 30 items, half negative and half positive evaluations of the worker, each rated by the client on a six-point scale of from plus to minus 3. The final score is derived from reversing the sign of the client's answers

¹Martin Green, Client Perception of the Relationship as a Function of Worker-Client Cognitive Styles, Unpublished Doctoral Dissertation, Columbia University School of Social Work, 1972.

²Ibid., p. 97.

to the negative items, yielding sub-scores from plus 30 to minus 30, and a total score with a possible range of plus 90 to minus 90.

A valid question can be raised with regard to whether the use of the Barrett-Lennard Inventory is consistent with the theoretical concepts of contracting which is not an integral or essential part of client-centered therapy. As a matter of fact, it has occurred to this author that contract negotiation may go counter to the basic philosophy of client-centered therapy which places the worker in a relatively passive position, whereas contracting implies an active negotiation process to be initiated by the worker. The question that can be legitimately raised is whether the conceptual framework of this study is consistent with the conceptual framework of one of the instruments used.

It is possible to reconcile such theoretical tension by examining whether the relationship dimensions retained in the study instrument of positive regard, empathy and genuineness are essential aspects of any therapeutic relationship regardless of conceptual framework, and it is believed by this author that they are. It is felt, however, that the Rogerian concept of "unconditional positive regard" is not universally applicable to all therapeutic models, and is in fact inconsistent with contracting in which workers may confirm or disconfirm some role expectations, focus on issues by relying on the techniques of interpretation or confrontation, and point out discrepancies between client expectations and the realities of clinic service. This author also believes that honesty and genuineness are in-

compatible with unconditional positive regard. Therefore, since caring for the client, demonstrating empathy and being honest are seen as essential parts of contracting, and are retained in the instrument while items relating to unconditional positive regard were eliminated, this author feels satisfied with the reconciliation of theoretical tensions arising from the differing conceptual frameworks.

Reliability--On a sample of forty undergraduate students, who reported the perceived response of their parents, Barrett-Lennard obtained test-retest correlations for a two-to-six week period of .86 to .92 for subscores and .92 for the total score.^{1/} Mills and Zytowski obtained correlations ranging from .80 to .86 on the subscores, using a sample of seventy-nine undergraduate women students who gave responses regarding their relationships with their mothers twice during a three-week interval.

Validity--Barrett-Lennard states that the process by which the relationship inventory was developed seems to ensure that it could be regarded as either positive or negative expressions of the variables it was designed to represent. Items were carefully selected as representing the operational expression of client-centered theory. On the original form, a formal content

¹Barrett-Lennard, "Technical Note on the 64-Item Revision of the Relationship Inventory" (Unpublished mimeo., University of Waterloo, December 1969). All references in the text to validity and reliability of this instrument are derived from this mimeo.

validation procedure was performed. Formal directions and definitions were given to five judges, who were all client-centered counselors. The judges classified each item as either a positive or negative indicator of the variable in question. Neutral ratings were given to any item regarded irrelevant or ambiguous, and such items were eliminated. Direct criterion-based checks have not been possible due to the absence of alternative, established measures of theoretically equivalent dimensions. The positive findings reported in research studies support the underlying theory. As of December 1969, the Inventory was used in seventy-two studies. Positive correlations have been reported between Relationship Inventory scores and such variables as judges' ratings and patient outcome. Regarding the correlations between the Inventory and other measures, it is important to bear in mind that the varying perspectives would not coincide since each is a reflection of a different frame of reference.

C. Client Characteristics (Initial Section of Worker's Questionnaire)

Another focus of this study is the extent to which client characteristics are associated with contractual status. Client characteristics such as client age, service affiliation, racial-ethnic background, employment status and psychiatric diagnosis are the four dimensions which appear in the form of the identifying information on the worker's questionnaire and have been summarized for the reader in the section on characteristics of the client

study sample. Workers are expected to copy the information requested for the study from the face sheet of the client's clinic record. Socio-economic data is not part of the fundamental information kept on the client and is thus not available for purposes of study.

D. Worker's Theoretical Orientation, Practice Experience, and Perception of the Clarity of Agency Function

In Section IV of the worker's questionnaire there are a number of items related to the caseworker's theoretical framework, the length and variation of the worker's professional practice experience, familiarity with the concepts in social work theory which relate to the contracting process, and understanding of the agency function which have already been summarized for the reader in the section on characteristics of the worker study sample. All of the items developed in accordance with these dimensions were tapped through the worker's self-scoring and self-assessment. Thus, worker's were asked to check those professional work experiences that were applicable among choices such as intake, long-term casework treatment, crisis or planned short-term treatment, group treatment, and supervision. Nine theoretical models of contemporary casework practice were listed; workers could check as many as they felt were applicable to their practice, thus allowing for the eclecticism which is reflective of most contemporary practitioners who have been exposed to the proliferation of casework models. Workers were asked to write their understanding of the agency function and whether the agency is clear and consistent in presenting its function to employees

and to members of the community. These variables are analyzed with respect to contracting status so as to determine the relation, if any, between these variables and the status of the contract after three interviews.

Audio Tape Recordings: Instruments Used for Coding

Audio tape recordings were made of the first three interviews after case assignment in order to collect data on the variables of verbal participation in the contracting process and patterns of relationship communication (including relationship negotiation). All recordings were submitted to the researcher and coded with respect to the following aspects:

- A. Content relating to verbal contracting activities of worker and client.
- B. Worker and client communication which conveys a relationship message within the client-worker dyad.

The coding devices used to assess the content^{1/} and relationship messages^{2/} were based on two separate research studies (as indicated in footnotes) but each required modification and elaboration due to the preliminary nature of these studies. Therefore, the

¹Adapted from Brown, Leonard, Social Workers Verbal Acts and the Development of Mutual Expectations with Beginning Groups, Unpublished Doctoral Dissertation, Columbia University School of Social Work, 1970.

Adapted from Judith Nelsen, Early Communication Between Field Instructors and Casework Students, Unpublished Doctoral Dissertation, Columbia University School of Social Work, 1973.

coding instruments developed for the purpose of this study are described in detail below, though they inherited substance and form from the work of Brown and Nelsen.

All coding of the tape recordings used the notion of "the unit" to define a message which could be counted: a unit is any statement which taken by itself makes sense. Therefore a traditional sentence with subject and verb qualifies as a "unit"; a declarative sentence, such as a client stated "Right," after a worker makes an interpretative statement, also qualifies as a "unit" and can be coded. Therefore frequencies are marked according to this "unit" dimension.

A. Coding of Content Relating to Verbal Contracting Activity for Workers and Clients

The author listened to each of the 45 forty-five minute audio tapes and counted the frequency of verbal contracting activity for worker and client in each pair. To review, the research design operationalizes verbal participation of the client and the worker in the contracting process by locating statements which fall into one of six categories.^{1/} The coding device which was adapted and utilized in this research is described below with examples extracted from the data.

¹Adapted from Brown, op. cit.

Verbal Activity of the Worker with Respect to Contracting:

1. Social worker's attempt to help clients clarify expectations of the agency. Engages client in a discussion of his reasons for coming to the agency and his understanding of agency service. Seeks expression of the client's perceived needs, problems and interests. Attempts to elicit responses regarding activities that may satisfy the needs and interests or resolve the problems that have been identified by the client. (Example: "What is the problem that you'd like help with?")
2. Social worker's attempt to clarify the agency's function. States or demonstrates how the agency understands its service. Offers clients the opportunity to respond to agency's understanding of its services. (Example: "This clinic provides medical care as well as casework services.")
3. Social worker's attempts to explore and deal with any discrepancy between agency service and client's expectations. Brings to the attention of the client the differences and similarities in expectations between the agency and the client. Worker elicits feedback and discussion including re-statements concerning expectations that are mutual and thus complementary and clearly identifies expectations

that are mutually held. Facilitates the participation of the client at and arriving at the common elements in undertaking work together. (Example: "Your request for job placement is something we can look into together, but the agency does not have an employment service.")

4. Social worker's attempts to clarify his expectations of the client role. Engages the client in a consideration of how he can begin working. Explains and demonstrates by word and act what the social worker expects of the client, such as participation in interviews, scheduling, fees, if any, family members involved, and the extent of client authority and responsibility in making certain decisions. (Example: "I would like you to bring up any subject that comes to mind.")
5. Social worker's attempts to clarify his role. Demonstrates and defines for the client how the social worker can be helpful to the client, such as being a mobilizer of resources, mediator, advocate, therapist, coordinator, or source of information; explores with the client how he perceives the social worker as being helpful. Demonstrates and explains the extent of his authority such as his responsibility for making certain decisions. (Example: "I would like

to get in touch with the welfare department for you.")

6. Social worker's attempt to explore and deal with discrepancy in role expectation between himself and client. Engages client in a discussion of mutual expectations. Brings to focus any differences or similarities of expectations. Invites participation of how social worker and client, each in his own way, can work together. (Example: "I have noticed that you always wait for me to begin.")

Verbal Activity of the Client with Respect to Contracting:

1. Client's attempt to clarify his reasons for associating with the agency (Example: "My wife and I are fighting and I want to do something about it.")
2. Client's attempt to understand agency service. (Example: "Can I get medication here?")
3. Client's attempt to explore and deal with any discrepancy between the agency service and his expectations. (Example: "I thought you could evaluate my daughter; she's failing in school.")
4. Client's attempt to understand his role in relation to the work. (Example: "You mean I should come and talk every week!")

5. Client's attempt to understand worker's role in relation to the work. (Example: "Do you think you could talk to my wife for me?")
6. Client's attempt to explore and deal with any discrepancy in role expectations between himself and the worker. (Example: "I thought you'd give me a solution to my problem but you haven't said much.")

Each time the researcher hears a statement which fits the unit dimension, a worker or client coding sheet is marked (depending on who made the statement) according to one of the above-mentioned categories. At the end of each tape recorded session, the number of units is totaled, yielding subtotals according to categories and total scores reflecting sums of all verbal contracting activity.

B. Worker and Client Communication Which Conveys a Relationship Message Within the Client-Worker Dyad

As discussed in the preceeding chapters, the author is interested in studying communication between worker and client which conveys information about the development of their relationship. More specifically, this study concerns itself with the extent to which workers and clients convey equal, unequal or mixed status positions vis-à-vis one another, how these patterns change and develop over time, and whether certain patterns can be associated with the status of the contract after three interviews. In communication language, the extent to which

equality and authority are conveyed refers to symmetrical and complementary communication messages. Mixed messages refer to communication which conveys both authority and equality in a single message. Complementary reversal refers to the reversal of the traditional status position of the worker -up, client -down. Thus, complementary reversal conveyed by worker would place the worker -down (and thus by implication, the client -up); complementary reversal conveyed by the client would be a statement placing the client -up (and by implication the worker -down).

Though communication theorists claim that every communication conveys a relationship position, the design of this study called for selective listening. Rather than attempting to code relationship implications of every communication between workers and clients, this author elected to note only those statements or "units" in which clients and workers particularly conveyed symmetry or complementarity at a given time. Either member of the dyad could give any of four types of messages: symmetry; complementarity with himself "-up" and his role partner "-down"; complementarity with his role partner "-up" and himself "down"; or mixed message conveying both symmetry and complementarity at the same time. A statement which qualified as a relationship message was taken as indicating a momentary relationship position, not as a permanent stance of the worker or client involved. Thus, pilot study undertakings involved listening to tapes in order to develop and revise a coding instrument which would assess the subtleties of relationship

communication apart from content spoken. The coding instruments include the following criteria for each kind of relationship communication for workers and clients.

I. Communication conveying symmetry

A. Worker Activity:

1. Introducing personal conversation.
2. Volunteering own feelings.
3. Asking for feedback and/or confirmation of interpretation.
4. Asking if client agrees with suggested plans.
5. Giving reasons for directives or explanation about one's reasons for saying something.
6. Using humor or laughter to convey equality in relationship.
7. Asking a question, while stating that client has option to answer.
8. Introducing oneself on a first name basis.

B. Client Activity:

1. Using humor or laughter to convey equality.
2. Using worker's first name.
3. Asking worker personal questions.
4. Spontaneous disagreement or contradiction of the worker.
5. Stated refusal to answer worker's questions.

II. Communication conveying complementarity

A. Worker activity (worker -up)

1. Calling adult client by first name (when worker has introduced herself by surname).
2. Giving a directive, suggesting a plan, making an interpretative comment, giving advice, or giving support - any comment in which the worker tells or suggests something to the client.
3. Interrupting the client when he is talking.
4. Contradicting or correcting the client.

B. Client activity (Client -down)

1. Requesting direction, advice, or solutions.
2. Client addressing worker by his surname when he is being addressed by first name.
3. Client apologizing for his behavior.
4. Agreement with the worker's interpretation.

III. Communication conveying complementary reversal

A. Worker activity (worker -down)

1. Generally any comment by the worker which places the worker "down", thus rendering the client in an "up" position, for example, apologizing for a mistake.

B. Client activity (client -up)

1. Client questioning worker's reasons, motives, purposes or intent.

2. Interrupting the worker while he is talking to disagree or differ.
3. Verbal overtalking of the worker.
4. Bringing up another subject after worker has indicated interview is over.

IV. Communication conveying mixed messages.

A. Worker activity

1. Giving an interpretation or directive in a joking fashion, or in question form (the workers complementary message is disqualified by a symmetrical component).
2. Using humor to assert one's authority (the symmetrical message is disqualified by a complementary one).
3. Asking a question in which there is a hidden answer or implied meaning (the symmetrical message is disqualified by a complementary one).

B. Client activity

1. Seeming agreement with an interpretation while at the same time sounding forced or equivocal.
2. Laughter that expresses discomfort.

Each relationship communication (which meets the requirement of our unit dimension) by a worker or client is counted with a designation as to who made the statement. Thus, in listening individually to each forty-five minute tape recording, the researcher marked the worker or client coding sheet (depending

on who made the statement) according to one of the following four categories. At the end of the tape recorded session, the number of units was totaled for each category (for each participant) yielding sub totals according to coding categories and total scores reflecting the frequency of all relationship messages communicated during each of the three sessions.

It should be pointed out that a limitation of this coding instrument is that "units" of relationship communication are identified for coding without an ongoing consideration of context or sequences of transactions. While this limitation is discussed more freely in Chapter IX, it needs to be mentioned here so that the relationship categories can be examined critically.

Data Organization for Relationship Communication₂

An analysis of communication patterns and relationship negotiations was undertaken by listening to each of the 45 tapes and indicating on a coding sheet when either the client or worker made a comment which corresponded to the criteria developed for symmetrical, complementary, complementary reversal or mixed relationship messages. Thus, the total number of each of the four kinds of communication for each member of the pair could be computed for each of the three interviews. The next step in refining this raw data was to compute the proportion of total relationship communication which conveyed complementary as opposed to non-complementary communication (excluding mixed messages) for each role partner in each interview. Thus, proportions represent the degree to which the worker exerts authority and dominance over the client (complementary -up position) and the degree to which

the client accepts his submissive or unequal position (complementary -down position). Of interest is the extent to which sample pairs achieve role reciprocity. Congruence or the achievement of behavior which "fits" together is reflected by a discrepancy of less than 50 percent between the proportion of worker complementary activity and the proportion of client complementary activity. Incongruence or a failure to achieve role reciprocity is represented by a discrepancy of greater or equal to 50 percent between role partners' proportion of complementary to non-complementary positions, thus indicating that one partner is communicating predominantly complementary while the other is asserting a more equal relationship position within the interview.

The rationale for using proportions as opposed to frequencies is that the former compensates for the variation in absolute number of relationship messages sent which is not meaningful when one considers that some workers are simply more verbally active than others generally. Since this research is interested in exploring dominant forms of relationship stances for workers and clients over a three interview process, it was felt that absolute numbers might obscure the preferred relationship positions by giving excessive weight to frequencies, while proportions of complementary to non-complementary communication would have the advantage of capturing trends. Furthermore, since symmetry and complementarity in reverse can be understood as existing on a continuum of moving towards more equality in the relationship it is conceptually consistent to consolidate these two types of communication as indications of

non-complementary communication. For instance, if a client disagrees with or contradicts a worker he is considered to be asserting a momentary relationship stance of symmetry, but if he interrupts the worker, or questions the worker's reasons, motives or intentions his comment is credited as a move in the direction of complementary reversal. Similarly for the worker a symmetrical comment (example, worker shares personal feelings) conveys a tone of equality, while complementarity in reverse (example, worker apologizes for being late) is a more exaggerated expression of weakening equality in the relationship, sometimes to the excessive point of becoming subservient to the client. Thus, computing the proportion of total relationship messages which convey complementary as opposed to non-complementary communication (excluding mixed messages) for the worker and client for each interview is consistent with the definition of categories and renders the frequencies meaningful in terms of preferences for relationship positions.

Table 19, (p. 144) represents the proportion (in percentages) of complementary communication to non-complementary communication over the three interviews for workers and clients. A 100 percent in any column refers to the fact that the participant conveyed only complementary positions vis-a-vis his role partner consistently during the interview. A 0 percent refers to the fact that the participant moved in the direction of symmetry or complementarity in reverse throughout the interview and made no complementary moves. A 33 percent in any column refers to the fact that the participant conveyed a complementary position in one relationship message out of every three; therefore, in two

out of every three relationship messages sent, this participant conveyed either a symmetrical position and/or a position of complementarity in reverse vis-a-vis his role partner.

Since mixed messages included, by definition, a complementary and a symmetrical component, they were excluded from the analysis of proportions of complementary communication. Mixed messages are represented in Table 20 (p. 145) by the mean number of mixed messages sent for workers and clients over three interviews. Mixed messages were sent less frequently than other relationship messages and they are considered separately. Initially two distinct classes of mixed messages were presented, depending on whether the disqualifier was complementary or symmetrical. However, since these categories were collapsed in the reliability tests and are thus subject to uncertainties in reliability requirements, our comments on these particular findings will be brief.

Reliability of Coding Instruments for Audio Tapes

Reliability tests were accomplished on a sample of five pairs by an independent coder who used the coding instruments discussed in the preceding pages. The independent coder, a colleague in the mental health profession, was introduced to and instructed in the meaning and application of the categories outlined in the instrument which measures contracting content and the instrument which measures relationship communication.

For the content areas, Table 5 and Table 6 show the difference between the author's coding and the independent coding

of the frequency of worker and client total* contracting activity for the reliability sample of five pairs. The Pearson product moment correlation was applied. Coding reliability achieved a correlation of .831, $p < .05$ for worker activity and .948, $p < .01$ for client participation.

The reliability tables for relationship communication include computations for the proportion of complementary communication to non-complementary communication for workers (Table 7) and clients (Table 8) in the reliability sample, as well as computations for the frequency of mixed message communications for workers (Table 9) and clients (Table 10). These categories reflect the categories that are used in later consideration of the findings. The Pearson product moment correlation was also applied here. Coding reliability achieved a correlation of .938, $p < .01$ for worker complementarity; .991, $p < .01$ for client complementarity; coding reliability achieved a reliability of .976, $p < .01$ for the frequency of mixed messages sent by workers, and .921, $p < .01$ for the frequency of mixed messages sent by clients. The literature indicates that reliability for these coding instruments is considerably better than for similar instruments of this type.^{1/}

* Note that reliability tests were not performed for content categories; the six categories of contracting content developed for the study were collapsed for the purposes of reliability. This is discussed in the chapter on Findings.

¹See, Robert Bales, Interaction Process Analysis (Cambridge, Mass.: Addison-Wesley Press, 1950), pp. 100-115 and Judy Nelsen, op. cit., pp. 143-149.

TABLE 5

RELIABILITY TABLE FOR CODING FREQUENCY OF
WORKER'S VERBAL CONTRACTING ACTIVITY

Pair	Coding Score	Independent Coding Score
C	3	3
F	13	9
H	5	3
I	10	13
M	2	3

TABLE 6

RELIABILITY TABLE FOR CODING FREQUENCY OF
CLIENT'S VERBAL CONTRACTING ACTIVITY

Pair	Coding Score	Independent Coding Score
C	0	0
F	11	10
H	1	0
I	1	4
M	0	0

TABLE 7

RELIABILITY TABLE FOR CODING RELATIONSHIP
 COMMUNICATION: PROPORTION OF COMPLEMENTARY
 TO NON-COMPLEMENTARY COMMUNICATION FOR WORKER

Pair	Coding	Independent Coding
C	83%	86%
F	96%	96%
H	100%	100%
I	81%	71%
M	76%	73%

TABLE 8

RELIABILITY TABLE FOR CODING RELATIONSHIP
 COMMUNICATION: PROPORTION OF COMPLEMENTARY
 TO NON-COMPLEMENTARY COMMUNICATION FOR WORKER

Pair	Coding	Independent Coding
C	100%	100%
F	100%	100%
H	0%	0%
I	22%	16%
M	50%	60%

TABLE 9

RELIABILITY TABLE FOR CODING FREQUENCY OF
MIXED MESSAGES OF WORKERS

Pair	Coding	Independent Coding
C	2	2
F	4	10
H	6	6
I	2	2
M	2	1

TABLE 10

RELIABILITY TABLE FOR CODING FREQUENCY OF
MIXED MESSAGES OF CLIENTS

Pair	Coding	Independent Coding
C	0	0
F	4	4
H	1	1
I	2	0
M	7	5

CHAPTER VII

FINDINGS ON CONTRACT NEGOTIATION

All fifteen pairs of social workers and their clients who were involved in the study returned questionnaires pertaining to the extent of contracting achieved. Contract scores achieved for each worker-client pair on each of the three sections of the contracting questionnaire, as well as total scores, were tabulated. Total scores, represented in raw numbers, ranged from a low score of 23.5 to a high score of 39.5. Theoretically, optimal high and low scores ranged from 0 to 54. The mean, standard deviation and the standard error of the mean was computed for each section and is represented in Table 11. A one way analysis of variance on the scores of the three sections was computed showing no significant differences between the scores in each of the three sections of the questionnaire. In order to determine whether scores in the three sections varied together for each pair (i.e., whether a high score on Section I for any pair would related to a high score on Section II and Section III) correlations were computed. Statistically significant correlations were found between Section I and Section III ($r = .517$, $p < .05$) and between Section II and Section III ($r = .597$, $p < .05$). However, a positive correlation was not validated between Section I and Section II, indicating that the delineation of a focus and worker

and client expectations of client role are not related, and thus remain independent of one another. On the other hand, Section III which refers to the worker's role is related on a statistically significant basis to delineation of focus and client role, thus representing commonality for all three aspects of contract negotiation. These findings suggest that the worker's ability to convey what the worker's tasks are in relation to offering help to the client reverberates into the other essential aspects of contract negotiation, and may be pivotal to the contracting process. However, it also suggests that a more conscious effort could be made on the worker's part to develop a focused approach in conjunction with client tasks, since in our sample these two dimensions are unrelated.

Items in Sections I, II and III of the Questionnaires were analyzed from two perspectives: the first analysis extracted those items which were highly vulnerable to disagreement for a majority of sample pairs; the second analysis compared social workers as a group with the clients as a group. The latter approach surveys contracting issues that appear to be potentially hazardous to contract negotiation by considering the study sample as groups representing the social work and client communities, and has perhaps wider applicability to worker-client populations. However, both approaches to the analysis are valid and consistent with the research design. We will now proceed by discussing findings in Sections I, II and III of the Questionnaires with respect to items in which there was disagreement between pairs and then as groups.

TABLE 11
DISTRIBUTION OF CONTRACT SCORES

	Section I	Section II	Section III	Total
Mean	10.714	11.666	11.70	34.166
Standard deviation	3.148	2.425	1.634	5.066
Standard error of mean	.841	.626	.421	1.308

Examining agreement and disagreement between worker-client pairs in each section of the contracting questionnaires highlights those items which are highly vulnerable to worker-client misperceptions. Table 12 ranks the items in Section I of the questionnaires in which there was a high percentage of disagreement between pairs. Studying these tabulations, we can ask, "In what areas relating to problem focus do client-worker pairs fail to come to an understanding?" The table is organized by ranking the items in Section I in terms of percentage of worker-client pairs who did not achieve agreement on the items, and then showing the way these mismatched pairs disagreed in terms of "yes" and "no" responses for workers and clients.

Following the computations in Table 12 suggests that it might be worthwhile and time saving for workers to take responsibility for initiating and clarifying potential areas of misunderstanding, confusion and ambiguity between themselves and their clients with respect to the following dimensions of the problem focus:

TABLE 12

ITEMS FROM SECTION I OF QUESTIONNAIRES RANKED
IN ORDER OF PERCENTAGE OF WORKER-CLIENT PAIRS
DISAGREEING ON ITEM

Item No.	Issue	% of Pairs Dis- agreeing	Worker		Client	
			Yes	No	Yes	No
3B	Guaranteed Results*	87% (13)**	23% (3)	38% (5)	46% (6)	15% (2)
9	Existence of Hidden Agenda	73% (11)	91% (10)	9% (1)	9% (1)	91% (10)
16	Expected Duration of Service	*** 73% (11)				
4	Delineation of focus	**** 67% (10)				
2	Delineation of focus	60% (9)	78% (7)	22% (2)	22% (2)	78% (7)
3	Delineation of focus*	53% (8)	28% (3)	63% (5)	50% (4)	38% (3)
3D	Delineation of focus*	53% (8)	13% (1)	38% (3)	25% (2)	25% (2)
15	Who attends	53% (8)	100% (8)	0	0	100% (8)
1	Delineation of focus	40% (6)	17% (1)	83% (5)	50% (3)	17% (1)
11	Self-determini- nation	20% (3)	0	100% (3)	100% (3)	0

*Five workers and five clients did not answer item 3B; one client did not answer item 3; four clients did not answer item 3D; two clients did not answer item 1.

**This item does not fit the agreement-disagreement formula in that a "yes" response by either one or both role partners yielded no credit for the item.

***The "yes" - "no" formula is not applicable to this item. However, 8 clients (73%) answered that they expected to be receiving counselling for a shorter period of time than their paired caseworker estimated.

****Worker and client pairs did not agree on the present focus of the work they were doing together.

1. Guaranteed Improvement (Item 3B) - This item asks for a "yes" or "no" response from each worker and client on whether the worker is "guaranteeing improvement or changes in those areas that you've agreed to focus on." Thirteen out of fifteen pairs (or 87 percent) of the study sample were mismatched on this item. Of the respondents that answered the Item* three workers and six clients answered affirmatively indicating that they did, in fact, feel that the caseworker was guaranteeing results. A "yes" response by either or both role partners on this item yielded no credit for the item because an affirmative response is unrealistic and goes counter to the notion of contracting. Therefore, three workers and six clients in our study sample were under the false impression that workers had the power and/or authority to guarantee improvement in the client's situation. These findings suggest that some workers and some clients tend to be overly optimistic about outcome or results and/or invest an excessive degree of omnipotence in the worker.

2. Existence of a Hidden Agenda (Item 9) - Do workers have certain ideas about the goals of treatment that they don't tell the client? Seventy-three percent (11 pairs) of the sample pairs disagreed with their role partner on this item. Ten workers in the sample indicated "yes" while their role partners answered "no". Thus, in the ten client-worker pairs the clients were not aware

*Note that 5 workers and 5 clients did not answer the item, and are included in the 87 percent of mismatched pairs.

of the existence of a hidden agenda and, in fact, indicated that they did not think workers had any goals other than those that had been made explicit. Such figures suggest the possibility that workers and clients may be working at cross purposes if workers have objectives in mind which they don't share, and thus fail to enlist the client's commitment to a joint pursuit of these objectives. On the other hand, workers may keep treatment objectives from the client in order to present a more optimistic attitude to the client, which may be purposeful and useful in helping the client get the most out of service.

3. Estimation of Length of Service (Item 16) - When clients and workers were asked the question, "How long do you think ("you" or "the client") will be coming to the agency?", 73% or eleven worker-client pairs answered differentially. Of these eleven, eight clients indicated that they expected to be in treatment for a shorter period of time than their paired case-worker indicated. Three mismatches in paired casework and client responses occurred in the other direction with the case-worker expressing the expectation of a shorter involvement than the client. These findings indicate that in a majority of cases workers overestimate (or clients underestimate) the length of time clients expect to be receiving service. This raises important issues in terms of how workers reconcile this discrepancy. In discussing such findings with workers both at the V.A. clinic and at other mental health facilities in the New York area, this author was struck by the extent to which workers

insisted that the discrepancy was due to the fact that the clients had not yet been seduced into a longer form of treatment and that this goal would be accomplished as the treatment progressed. We suspect that this discrepancy in time perspective relates to the previously discussed issue about the hidden agenda in that workers feel justified in keeping long term treatment objectives to themselves if they are expecting the client to pursue a long term, open ended, and unfocused course of treatment.

4. Delineating a Focus of Service (Items 1, 2, 3, 3D, and 4)

- When workers and clients were asked to write what they believed to be the focus of the work with ("your caseworker" - "your client") at the present time (Item 4) ten pairs (or 67%) of the study sample did not agree on the focus. Since credit was given for paired statements that were rough approximations of each other, this 67% represents a conservative estimate of the extent of unclarity and lack of explicitness between pairs with respect to the focus of the work.

Moreover, when clients and workers were asked if the worker made a "conscious deliberate attempt to engage (the client) in a discussion of the focus of the work you are doing together," (Item 2) nine or 60% of client-worker pairs disagreed with each other. Seven workers answered affirmatively but their role partners answered negatively indicating that workers may overestimate the impact of their attempts to zero in on a problem area as an explicit focus of treatment. Client-worker mismatches on the items related to the deliberate engagement of the client in

delineating a focus of service (Items 1, 2, 3, 3D, and 4) indicate that when misperceptions exist within a pair they exist in the direction of clients missing the worker's attempts to focus. These findings strongly suggest that workers tend to be too subtle and possibly indirect in the aspect of contracting which includes the explicit definition of a focus.

5. Who in the Family is Involved in Counselling (Item 15) -

When workers and clients were asked, "Are other family members besides ("you" - "the client") expected to come to sessions?" eight client-worker pairs indicated a lack of agreement. In each pair the misperception occurred with the worker expecting other family members to attend counselling while the client in the pair maintained that only he was expected to attend sessions. This suggests that clients may be reluctant to include other family members in their treatment while workers are thinking of the "client" in a larger context than the identified patient. This discrepancy may be a reflection of the veteran's perception that the clinic, as a facility for veterans, exists mainly for him and that family members are peripheral to any service offered. These findings imply that eligibility for and desired involvement in service of other family members should be vigorously pursued by workers.

6. Self-determination (Item 11) - When workers and clients were asked whether "the client has an unimportant role to play in determining the course of the service he is receiving", three client-worker pairs were mismatched. In each mismatched pair

the worker, subscribing to the principle of self-determination, answered negatively, indicating that the client did, indeed, have an important role to play in his treatment but the client in each pair answered affirmatively, indicating that the course and evolution of his casework service was not under his influence. While this mismatch occurred in only three (or 20%) of the 15 pairs it is significant that some clients in this setting underestimate or devalue their right to influence the nature and course of the service they are receiving.

Table 13 compares the extent of consensus among social workers in the study sample as a group with the client study sample as a group on Section I of the questionnaires. The table is organized by ranking the items in terms of percentage of worker consensus, and then showing the percentage of client consensus on the same items. A rank order correlation coefficient was computed to determine the relationship between worker consensus scores and client consensus scores on the items in Section I and is .931, $p < .0002$. Thus, the overall consensus of workers and clients on the focus of the work is high. However, this high correlation coefficient was computed without including items 4, 14, and 16; these items were eliminated because they did not fit the format of the "yes" and "no" categories and therefore could not be ranked. In accounting for the high correlation coefficient it is important to emphasize that items 4 and 16 were among those most frequently disagreed upon by worker and client pairs, and if they were able to be included

would have brought the rank order correlation coefficient down.

Pursuing the analysis of how and to what extent the social work community differs from the client community on the focus of the work, we will now highlight those areas in which there is a significant variability in consensus between the social worker group and the client group. To do so, this researcher examined items which showed a discrepancy between consensus scores of greater or equal to 33 percent to reflect items which are vulnerable to disagreement based on total group computations.

The table reveals that on items 9, 2, and 15 of the questionnaires' Section I, the workers as a group were more affirmative in their responses than the clients. Let us look at these items individually. Phrased from the client's point of view they are:

1. Hidden Agenda - (Item 9) - "The caseworker has certain ideas about the goals of treatment that he hasn't told me?" On this item 67 percent of the workers answered "yes" but only 20 percent of the clients did so. Thus, the 47 percent discrepancy reflects the fact that some clients are unaware of the existence of goals which are unspecified. One can speculate on the implications of such a finding. If workers have goals for the client which the client does not know about, are they attainable? How can the client participate in service if he does not share its aims? Is there any advantage to keeping the client in the dark? It is this writer's opinion that goals which do not include the participation and engagement of the client cannot be actively

TABLE 13

ITEMS FROM SECTION I OF QUESTIONNAIRE RANKED IN
ORDER OF PERCENTAGE OF WORKER CONSENSUS COMPARED
WITH CLIENT CONSENSUS*

Item No.	Percentage of Workers Giving "Yes" Response	Percentage of Clients Giving "Yes" Response
8	100%	100%
10	100%	100%
5	93%	93%
6	93%	100%
13	93%	93%
2	87%	40%
3a	67%	100%
9	67%	20%
3	60%	73%
15	53%	20%
3B	20%	40%
1	6%	13%
17	6%	0%
3D	0%	0%
11	9%	6%

*Items 4, 14, and 16 were not "yes" or "no" items and were therefore eliminated from this Table and the related analysis.

pursued and are therefore imposed on a client. This raises ethical as well as practical problems, since goals that are not acknowledged by the client must be achieved through some subtle processes and/or maneuvers on the worker's part.

2. Delineation of a Focus - (Item 2) - "The worker made a conscious, deliberate attempt to engage in a discussion of the focus of the work we are engaged in together?" On this item, 87 percent of the workers answered affirmatively while only 40 percent of the clients did so. This 37 percent discrepancy suggests that workers do not sufficiently engage clients in delineating a focus of work. The lack of clarity and lack of explicitness felt by more clients than workers with respect to the focus of the work implies that workers tend to be too subtle and indirect in the aspect of contracting which includes the explicit definition of a focus.

3. Who is involved in counseling - (Item 15) - "Are other family members besides yourself expected to attend sessions?" Fifty-three percent of the workers answered affirmatively while only 20 percent of the clients did so. These figures suggest that workers are more ready to include relevant family members. One wonders why clients are reluctant to include spouses, grandparents and children, and what part the setting plays in reinforcing their perception that they are "the client". In view of the impact of family and ecological systems on development, this finding suggests the necessity of further exploration of the nature of clients' resistance.

These figures suggest that while there is high degree of consensus on items in Section I of the questionnaires, there are issues relating to focus which are vulnerable to client-worker misperceptions. Note that all the items which showed significant variability in consensus scores were also among those that showed disagreement between client-worker pairs. The fact that these three items are common to both approaches to the analysis confirms their vulnerability to a clash in perspective between workers and clients.

We now turn to an analysis of the second aspect of contracting reflected on Section II of the questionnaires.

Contracting for Agreement on Client Role

Table 14 ranks the items in Section II of the questionnaires in which there is a high percentage of disagreement between pairs. Studying these tabulations we can ask: "In what areas relating to client role do worker-client pairs fail to come to an understanding?", or put differently "What are the areas related to client role which are vulnerable to client-worker misperceptions?" The table is organized by ranking the items in Section II in terms of percentages of worker-client pairs who did not agree on the items and then showing the way these mismatched pairs disagreed in terms of "yes" and "no" responses for workers and clients.

Referring to Item 6 in Table 14, 67 percent of sample pairs (10 pairs) disagreed when asked if the client was expected to relate important dreams. In seven of the mismatched pairs the workers

TABLE 14

ITEMS FROM SECTION II OF QUESTIONNAIRES RANKED IN ORDER
OF PERCENTAGE OF WORKER-CLIENT PAIRS DISAGREEING ON ITEM

No.	Issue: Whether the worker/client expects the client to:	Percentage of Pairs Disagreeing	Worker		Client	
			Yes	No	Yes	No
6	Relate dreams	67% (10)	30% (3)	70% (7)	70% (7)	30% (3)
18	Do what worker tells him to*	67% (10)	10% (1)	90% (9)	80% (8)	10% (1)
10	Depend on worker	60% (9)	22% (2)	78% (7)	78% (7)	22% (2)
27	Depend on Worker*	60% (9)	11% (1)	89% (8)	89% (8)	0
36	Be embarrassed	60% (9)	100%	0	0	100%
31	Share deepest thoughts*	53% (8)	0	100%	88% (7)	0
8	Be careful what he says*	47% (7)	57% (4)	43% (3)	43% (3)	43% (3)
17	Bring out reactions to caseworker	47% (7)	71% (5)	29% (2)	29% (2)	71% (5)
19	Hold back feelings	47% (7)	100%	0	0	100%
35	Tell other family members	47% (7)	100%	0	0	100%
29	Discuss experience with drugs	47% (7)	57% (4)	43% (3)	43% (3)	57% (4)
1	Experience intense feelings	40% (6)	17% (1)	83% (5)	83% (5)	17% (1)
12	Do most of talking	40% (6)	100%	0	0	100%
14	Tell caseworker when I you disagree	40% (6)	17% (1)	83% (5)	83% (5)	17% (1)
26	Prepare for session	40% (6)	33% (2)	67% (4)	67% (4)	33% (2)
30	Client change*	40% (6)	50% (3)	50% (3)	33% (2)	50% (3)

*One client did not answer these items.

indicated that they did not expect the clients to relate dreams while their paired client labored under the false impression that relating dreams was an expected part of their activity in treatment. In three of the mismatched pairs, the workers indicated that they did, in fact, expect the client to relate dreams while their client role partners did not expect to do so.

Other ambiguities, confusions and misunderstandings of expectation of client role occur within pairs with respect to the activity of passivity of the client. Studying the large percentages of disagreement between pairs on Items 18 (67%), 10 (60%), 27 (60%), and 12 (40%) reveals that when there is a disagreement between workers and clients on the extent to which the clients should depend on the caseworker for direction it is usually that clients are expecting more direction than the workers expect to provide. Highly vulnerable to client-worker disagreement include the following: In mismatched pairs 100 percent of the clients do not expect to be embarrassed by what they tell their caseworkers while their caseworkers expect them to be; workers do not expect clients to share their deepest thoughts or to experience intense feelings while their clients expect to do so; a majority of workers in mismatched pairs expect the client to bring forth his reactions to what the worker does or doesn't do but only a minority of clients expect to do so; yet, a majority of clients in mismatched pairs expect to tell workers when they disagree with them while their worker role partner does not expect this from the client; 100 percent of workers in mismatched

pairs expect the client to tell other family members of his involvement in casework counselling while their client role partners do not expect to divulge this information to family members.

Table 15 compares the extent of consensus among social workers in the study sample as a group with the client study sample as a group on Section II. The table is organized by ranking the items in terms of percentage of worker consensus, and then showing the percentage of client consensus on the same item. A rank order correlation coefficient was computed to determine the relationship between worker consensus scores and client consensus scores on the items in Section II and is .526, $p < .05$. Thus, the overall consensus on worker and client expectations of client role between the social work community and the client community in this sample is fairly high. Again, one might highlight those areas in which there is a significant variability in consensus between the social work group and the client group. To do so this researcher examined items which showed a discrepancy between consensus scores of greater or equal to 33 percent to reflect items which are vulnerable to disagreement based on total group computations.

The table reveals that on Item 31 which refers to whether the client intends to "share his deepest thoughts" with the caseworker, there was a 63 percent greater affirmative response for the client group as a whole than for the worker group. Ninety-three percent of the clients as compared with 40 percent of the

TABLE 15

ITEMS FROM SECTION II OF QUESTIONNAIRES RANKED
IN ORDER OF PERCENTAGE OF WORKER CONSENSUS COMPARED
WITH CLIENT CONSENSUS

Item No.	Percentage of Workers Giving "yes" Response	Percentage of Clients Giving "yes" Response
2	100	100
3	100	87
11	100	87
16	100	80
20	100	67
21	93	100
4	93	100
22	93	87
35	87	47
5	80	100
7	80	60
12	80	33
13	80	100
30	80	67
9	73	73
24	73	100
36	73	13
1	67	87
17	67	53
14	67	93
19	67	93
25	67	60
26	60	53
29	60	47
6	53	80
10	53	67
32	53	93
27	47	73
34	47	27
18	40	73
31	40	93
28	33	0
8	27	27
23	27	13
15	20	13
13	0	7

workers answered affirmatively on this item. This discrepancy may be interpreted in terms of workers and clients attaching different meanings to the notion of sharing one's "deepest thoughts", with workers assuming that this is a painful and belaboring process. Pursuing this argument, the workers' perspective, influenced by psychoanalytic theory and equations between deepest thoughts and unconscious ideation, clashes with the clients', who consciously intend to cooperate fully with counselling by sharing all, and do not respect nor understand the existence of unconscious motivation. We might hypothesize that what might happen under such circumstances is that workers do not sufficiently capitalize on what clients are ready to bring to and share in the session because of their prejudice for the underlying and more inaccessible thoughts, and moreover, that their interventions are geared to uncover rather than discover the richness of the client's conscious thoughts, ideas, conflicts, and concerns.

A similar basis for clashing perspective can be hypothesized about Items 36 and 32 which ask, respectively, if the client expects to be embarrassed by some of the things he reveals in the session (73 percent of the workers as compared with 13 percent of the clients answered affirmatively on this item), and if the client expects to feel relaxed during the interview (93 percent of the clients as compared with 53 percent of the workers answered affirmatively on this item).

A greater consensus is found in the social work community with respect to affirmative responses to Item 12, indicating that 47 percent more workers than clients expect the clients to do most of the talking; a greater consensus exists in the client community with respect to affirmative responses to Item 18, with 33 percent more clients than workers expecting clients to do what their workers tell them to; a greater consensus exists in the professional social work community with respect to Item 20, with 33 percent more workers than clients expecting the client to discuss his relationship with his parents. Moreover, a discrepancy exists between clients and workers on Item 28, with no clients (as compared with 33 percent of the workers) expecting the client to get angry with the worker; and a 36 percent discrepancy exists between workers and clients on Item 35 with 93 percent of the workers (as compared with 47 percent of the clients) expecting the client to tell other family members that he is coming for counselling. These findings suggest that while there is on the whole a moderate degree of consensus between the professional community and the client community one can isolate certain areas in which expectations are not only discrepant but which reflect perhaps fundamentally different notions about the purpose and process of counselling.

Contracting for Agreement on Worker Role

Table 16 ranks those items in Section III of the questionnaires on which there is a high percentage of disagreement between pairs. Studying these tabulations we can ask "In what areas relating

TABLE 16

ITEMS FROM SECTION III OF QUESTIONNAIRES RANKED IN ORDER
OF PERCENTAGE OF WORKER-CLIENT PAIRS DISAGREEING ON ITEM

Item No.	Issue: Whether the worker/client expects the worker to:	Percentage of Pairs Disagreeing	Worker		Client	
			Yes	No	Yes	No
18	Be a friend	80% (12)	25% (3)	75% (9)	75% (9)	25% (3)
21	Mostly listen*	80% (12)	50% (6)	50% (6)	50% (6)	40% (5)
7	Give rules to follow	67% (10)	30% (3)	70% (7)	70% (7)	30% (3)
36	Get another family member to clinic	67% (10)	90% (9)	10% (1)	10% (1)	90% (9)
23	Bring up service experience	60% (9)	44% (4)	56% (5)	56% (5)	44% (4)
30	Remind client of past mistakes	60% (9)	22% (2)	77% (7)	78% (7)	22% (2)
3	Cheer client up	53% (8)	38% (3)	63% (5)	63% (5)	38% (3)
6	Tell client what problem is	53% (8)	50% (4)	50% (4)	50% (4)	50% (4)
16	Get client's mind off his troubles	53% (8)	0	100%	100%	0
19	Provide solution	53% (8)	0	100%	100%	0
11	Interrupt client	40% (6)	33% (2)	67% (4)	67% (4)	33% (2)
15	Arrange specific services	40% (6)	83% (5)	17% (1)	17% (1)	83% (5)
28	Get angry	40% (6)	100%	0	0	100%
32	Provide information	40% (6)	100%	0	0	100%
34	Help client feel better	40% (6)	33% (2)	67% (4)	67% (4)	33% (2)

*One client did not answer this item.

to worker role do worker-client pairs fail to come to an understanding?" or "What are these areas related to worker role which are vulnerable to client-worker misconceptions?" Looking at the table the issues which merit clarification in mismatched pairs are:

1. Whether the Worker will be a Friend to the Client (Item 18) - The majority of clients in mismatched pairs expect the worker to be a friend while the worker does not expect to fulfill this role.
2. Whether the Worker will Mostly Listen (Item 21) - Mismatches occurred with equal frequency in both directions, with those workers who said "yes" belonging to a pair where the client said "no" and vice versa.
3. Whether the Worker will give out Definite Rules to Follow (Item 7) - Workers in seven out of the ten mismatched pairs did not expect to give out rules, while their client role partners expected this direction.
4. Whether the Worker Will Get Another Family Member to the Clinic (Item 36) - Workers in nine out of the ten pairs who were mismatched on this item indicated that they expected to involve another family member in treatment, while their clients indicated that they did not expect their workers to do so.
5. Whether the Caseworker will bring up Service Experiences (Item 23) - Mismatches occurred with equal frequency in both directions, with those workers who said "yes" belonging to a pair where the client said "no" and vice versa.

Items 16, 19, 28, and 32 are unique in the sense that where there is disagreement it seems to be in a predictable direction. For instance, 100 percent of those client-worker pairs who disagreed on whether the worker will try to get the client's mind off his troubles (Item 16), disagreed in the direction of the worker saying "no" to this item as compared to 100 percent of the mismatched clients saying "yes". Asked whether the worker will provide a plan to solve clients' problems (Item 19) all eight of the mismatched pairs clashed in that the workers (100 percent) answered negatively while 100 percent of the mismatched clients answered affirmatively. Asked whether the worker will get angry at the client (Item 28) the six workers in the mismatched pairs answered "yes" while the six client-role partners answered "no". The same proportion of affirmative and negative responses exists for Item 32 which addresses the issue of whether the worker will provide information about treatment benefits, housing loans or insurance. The results on this item are particularly interesting in that workers indicate that they are prepared to offer an information and resource service which some clients are not at all aware of. Thus, the six clients in mismatched pairs on this item are clearly unaware of the potentially useful service which is available to them.

Pursuing the analysis of trends comparing the professional social work community with the client community in our study, Table 17 ranks the items in Section II (on expectations of worker role) in terms of percentage of worker consensus as against

TABLE 17

ITEMS FROM SECTION III OF QUESTIONNAIRES RANKED IN
ORDER OF PERCENTAGE OF WORKER CONSENSUS COMPARED WITH
CLIENT CONSENSUS

Item No.	Percentage of Workers Giving "yes" Response	Percentage of Clients Giving "yes" Response
2	100	93
55	100	87
10	100	93
13	100	100
22	100	93
17	93	100
18	93	67
20	93	93
24	93	93
25	93	33
27	93	80
29	93	100
31	93	7
35	80	100
4	73	53
15	73	60
32	73	33
6	67	73
11	67	87
36	67	27
23	53	33
28	53	7
3	47	67
21	47	60
30	40	67
12	33	13
19	33	93
7	27	53
8	20	7
34	20	27
1	13	13
9	13	13
33	13	13
14	13	7
26	13	67
16	7	67

percentage of client consensus on the same item. A rank order correlation coefficient was computed to determine the relationship between worker consensus scores and client consensus scores on the items in Section III and is .6347, $p < .01$. The overall consensus on worker and client expectations of worker role in this sample is thus fairly high. In highlighting those areas in which there is significant variability in the consensus between the social work group and the client group, this researcher examined items which showed a discrepancy between consensus scores of greater or equal to 33 percent.

In showing the outstanding discrepancies between consensus scores for the professional community and the client community with respect to expectations of worker role, an interesting association occurs between those items in which there is a high degree of client consensus coupled with a low degree of worker consensus and vice versa. The high degree consensus items for clients consistently point to an expectation that the worker offer more relief (a 60 percent discrepancy exists for Item 6 - "Do you expect the worker to try to get your mind off your troubles?"), that the worker provide solutions (a 60 percent discrepancy exists for Item 9 - "Do you expect the worker to provide a plan to solve your problem?"), that the worker advise the client in concrete terms (a 34 percent discrepancy exists for Item 26 - "Do you expect the worker to tell you right from wrong?") and that the worker make actual decisions for the client (an 86 percent discrepancy exists on Item 31 - "Do you

expect the worker to make difficult decisions for you?"). On the other hand, on items in which there is a high degree of worker consensus coupled with a low degree of client consensus, the figures show that what the workers are prepared to offer to the client is not well communicated to the client, leaving the client to wish for a kind of service which the worker will not provide, and unable to benefit from what the worker will and can do. For instance, there was a 93 percent worker consensus on the question (Item 25) "Do you expect to help the client realize what his capabilities are?", but only 33 percent consensus in the client community, reflecting a 60 percent discrepancy. Thus, it is interesting that clients who want direction, advice and soothing from their workers (which a large percentage of workers will not give) do not expect workers to point out their strengths. Isn't it possible that workers cheat themselves and their clients by not making this aspect of their interventions more obvious? Another example of a similarly lost opportunity for workers to demonstrate or make explicit their service is reflected in the discrepancy in Item 32 with 40 percent greater consensus in the worker community on whether they expect to provide information about treatment benefits, housing loans or insurance which the client may be lacking as compared with the client community which does not perceive such services to be available to him. Workers are also more willing to help get someone else in the client's family to come to the clinic (Item 36) than clients expect (40 percent discrepancy). Workers

also apparently do not communicate their potential for anger as there exists a 46 percent discrepancy on Item 28 which asks workers and clients if they expect the worker to get angry at the client.

To summarize, the conceptual divisions of the contract into problem focus, expectations of client role and expectations of worker role allow for a close examination of issues which are vulnerable to misperception, ambiguity and clash in perspective between workers and clients. This chapter outlined the distribution of contract scores in the study sample. We also reported on and interpreted the findings in considering consensus and lack of consensus in the sample as worker-client pairs and then as groups representative of the social work community and the client community.

CHAPTER VIII

RELATIONSHIP BETWEEN CONTRACT STATUS AND STUDY VARIABLES

Having presented our findings on contract negotiation, we now focus on the correlates of the contract. The four variables which were thought to be related to the status of the contract are presented in this chapter, and are the following:

1. Client perception of the relationship
2. Verbal participation in the contracting process
3. Relationship communication and negotiation
4. Background characteristics of workers and clients

Findings on the Association Between the Client's Perception of the Relationship and the Status of the Contract

The first dependent variable to be related to the status of the contract is the client's perception of the relationship which was assessed by utilizing a modified version of the Barrett-Lennard Relationship Inventory. Contract Scores for each pair along with the relationship scores achieved were analyzed. A Pearson product moment correlation coefficient was computed but indicated no significant correlation between the two scores ($r = .223$). Thus, a study hypothesis that high contract scores would be positively associated with high relationship inventory scores was not

validated by the findings.*

We also pursued the possibility that high contract scores might be related to middle range relationship scores. This association was explored in order to determine whether a connection exists between a client who can discriminate and perceive the worker realistically rather than idealistically or mainly negatively and success in contract negotiation. However no significant correlations were computed using total scores as well as sub-scores for the analysis.

In interpreting these findings, we wonder whether the Barrett-Lennard Relationship Inventory which in its original form includes 64 items, may have been modified too extensively by this researcher to retain its validity. Our instrument, which was paired down to thirty items may not have offered sufficient opportunity for the client to discriminate plus individualize their perceptions of workers.

On the other hand, there is the possibility that there is no association between the client's perception of the relationship and contract status. The lack of intersection between successful contract negotiation and client perception of the worker as genuine, caring and empathic suggests that the affective dimension of the client-worker relationship cannot be related to contract negotiation.

*These results were also analyzed with respect to separate sub-contract scores (Sections I, II, and III) and were not statistically significant.

In retrospect, we wonder whether a more fruitful approach would be to consider the worker's demonstration of empathy, genuineness and caring in the context of his activity with the client over a period of interviews. From this vantage point one could then assess whether contract negotiation is related to worker effectiveness in conveying these qualities, rather than the client's ability to perceive them.

Findings on Participation of Workers and
Clients in Verbal Contracting Activity

What is the content and patterning of verbal contracting activity in the first three interviews and what, if any, relationship exists between these aspects of participation and contract achievement? This question requires an analysis of content with respect to contracting activity in the three interviews by both workers and clients.

This researcher listened to each of the forty-five tapes representing the first three interviews of the fifteen client-worker sample pairs and indicated on a coding sheet when either client or worker made a comment which corresponded to any one of the six contracting categories described. Thus, each question or comment about the client's reasons for associating with the clinic, his understanding of agency service, the worker's role in relationship to the delivery of the service or the client's role in relation to the service was noted along with the source of the comment (worker or client) and these frequencies were totaled according to category and interview.

Table 18 represents the mean scores achieved on verbal participation with respect to contracting activity for the workers

and clients in the three interviews. A two-way analysis of variance was computed using the two groups (caseworkers and clients) and the three interviews as the two variables. The results indicate that the frequency of total worker participation is significantly different from the frequency of total client participation over the three interviews ($F = 6.101$, $df = 1/28$, $p < .025$); that participation in the three interviews is significantly different from both caseworkers and clients ($F = 12.442$, $df = 2/56$, $p < .001$); and that both caseworkers and clients move in the same direction at the same time (the interaction between groups and interviews is not significant).

TABLE 18

AVERAGE NUMBER OF VERBAL CONTRACTING UNITS FOR
WORKERS AND CLIENTS IN THE FIRST THREE INTERVIEWS

	Interviews			
	I	II	III	TOTAL
Worker	9.2	3.67	4.2	16.87
Client	4.8	.87	2.3	7.8

Let us now examine and interpret each of these findings separately. First, the data confirms the hypothesis that workers carry the major responsibility for verbal contracting as indicated by the consistently higher frequency scores of the workers as a group compared with the clients as a group in each of the three interviews. This also holds true in considering each pair, that is, in each interview for each pair the worker makes at least as many, and usually more, references to the dimensions of the contract as the client does.

Second, the pattern of participation over the three interviews is similar for both groups in that caseworkers and clients move in the same direction and at the same rate. Both caseworkers and clients decrease their contracting participation in the second interview, indicating that though clients made fewer comments in each of the three interviews that they follow the rhythm and pacing of the workers.

Third, there is a definite pattern that emerges for both workers and clients. The first interview is characterized by more frequent contracting activity than is true for the second and third interviews. This confirms one's practice sense or experience that the first interview is devoted to understanding and exploring the client's problem, clarifying his reasons for associating with the clinic and explaining the agency's service. The second interview shows a diminution in contracting activity which is sustained in the third interview except for a slight increase in contracting activity which is more apparent for the clients than for the workers.

When workers and clients pursue the contract, what aspects of the contract do they address most frequently? Using the coding instrument to identify the six categories of contracting activity for workers and clients, the proportion of total activity given to each of the six aspects of the contract for workers and for clients was determined and then compared. However, before reporting the data we should stress that the individual categories were not tested for reliability; reliability figures were based

on collapsing the categories and computing total contracting activity scores for workers and clients for a specific interview. Therefore, the individual categories may not be reliable. Reviewing the categories that are listed below one can see that there is overlap between categories that presents reliability problems; moreover, often a comment or statement relates to two categories simultaneously. However, in spite of these limitations we will report and comment on the findings. The categories referred to are:

Worker Contracting Activity Categories:

1. Worker's attempt to help client clarify expectations of agency.
2. Worker's attempt to clarify agency's service.
3. Worker's attempt to explore and deal with any discrepancy between agency service and client expectations.*
4. Worker's attempt to clarify client's role in relation to the work.
5. Worker's attempt to clarify worker's role in relation to the work.
6. Worker's attempt to explore and deal with discrepancy in role expectations between himself and the client.*

Client Contracting Activity Categories:

1. Client's attempt to clarify his reasons for associating with the agency.
2. Client's attempt to understand agency's service
3. Client's attempt to deal with the relationship between agency service and client expectations.*

*Categories 3 and 6 were eliminated from the analysis because they are overlapping categories.

4. Client's attempt to understand client's role in relation to the work.
5. Client's attempt to understand the worker's role in relation to the work.
6. Client's attempt to explore and deal with any discrepancy in role expectations between himself and the worker.*

Chart 1 presents the proportion of total contracting activity devoted to each of the four categories of verbal participation for workers and clients. (Note that categories 3 and 6 were eliminated for this analysis.) As one can see, clients make more comments about their reasons for associating with the clinic than workers do which stands to reason when one realizes that workers stimulate the client by asking a question and clients respond by explaining their reasons. A similar explanation can be applied to a larger proportion of worker comments devoted to explaining the agency service relative to the smaller proportion of client comments devoted to understanding agency service. Workers appear to pursue more actively a clarification of both client and worker roles (categories 4 and 5), which suggests that workers assume major responsibility for explaining what part each of them plays in their working together. On the other hand, the data suggests that clients may be insufficiently engaged in exploring the worker's role in relation to the work which might explain some of the discrepancies in expectation discussed in Chapter VII. Furthermore, the workers proportionately more frequent use of category 4 which deals with the client's role suggests that workers tell clients what they expect instead

of eliciting the client's ideas about how he can be an active participant on his own behalf. Perhaps this is a basis for some of the fundamental misunderstanding between workers and clients in their expectations of each other.

What is the relationship between the status of the contract and verbal participation in the contracting process? The study hypothesis advanced the notion that balanced activity between worker and client was crucial to contract achievement. The notion of balance in participation refers to whether within any given pair one role partner is monopolizing the contracting activity, which would preclude a mutual or joint involvement which is thought to be essential to the contracting process. Thus, in order to test this hypothesis a Discrepancy Score was computed for each pair by subtracting the total participation score for the client achieved over the three interviews from the total participation score for the worker achieved over the three interviews.* It was expected that low Discrepancy Scores would related to high Contract Scores, but this association was not found with statistical procedures. (Pearson product moment correlation is .0360 which is not significant.) Our impressions are that the notion of balanced activity and mutuality in the verbal aspects of contracting is conceptually sound and should be pursued more explicitly with a larger sample, and with more refined instruments to measure the quality of participation.

*The data was scanned for possible association between worker and/or client participation scores and contract status, but no significant correlations were found.

CHART 1

PROPORTION OF TOTAL CONTRACTING ACTIVITY DEVOTED
TO CATEGORIES OF VERBAL PARTICIPATION FOR
WORKERS AND CLIENTS

However, the notion of balanced participation should not, perhaps, be considered an absolute, but rather relative to a differential assessment of the client's needs. A passive, dependent client who might tend to turn over the treatment to a worker might require the worker to be more active in engaging him around contracting issues, or force the worker to be more concrete and explicit. Similarly, a depressed patient may need to avoid verbal contracting activity initially and require the worker to be directive.

Findings on Relationship Communication

What is the nature, extent and patterning of communication which conveys a relationship position of authority or equality in the three interviews? What, if any, association exists between relationship negotiation and contract status? These questions require an analysis of verbal and (some) non-verbal relationship signals in the three interviews by both workers and clients. The major findings and results of statistical tests on relationship communication will be presented first followed by a separate discussion of qualitative impressions.

Association Between Contract Negotiation and Relationship Negotiation

The major focus of this study was to examine the process of contract negotiation and the extent to which worker-client pairs achieve agreement on the focus of the work they are doing together and their expectations of themselves and each other in relation to the work. Having examined this data in Chapter VII we now turn to question what connection, if any, exists between contract

TABLE 19

PROPORTION OF COMPLEMENTARY TO NON-COMPLEMENTARY
 COMMUNICATION (excluding mixed messages) FOR
 WORKERS AND CLIENTS IN EACH OF THE THREE INTERVIEWS

Pair	Worker Activity			Client Activity			Congruence Discrepancy Score
	First Int.	Second Int.	Third Int.	First Int.	Second Int.	Third Int.	
A	100%	60%	44%	93%	92%	71%	27%
B	33%	53%	37%	0%	0%	0%	37%
C	33%	67%	83%	0%	50%	100%	17%
D	82%	56%	58%	0%	0%	0%	58%
E	27%	52%	79%	0%	0%	0%	79%
F	96%	91%	86%	100%	95%	92%	6%
G	94%	46%	54%	0%	0%	0%	54%
H	93%	100%	92%	0%	0%	14%	78%
I	92%	31%	93%	0%	22%	13%	85%
J	93%	92%	92%	27%	96%	29%	63%
K	89%	36%	87%	90%	57%	25%	62%
L	91%	76%	80%	50%	67%	73%	13%
M	76%	74%	88%	50%	68%	56%	32%
N	57%	81%	61%	0%	0%	0%	61%
O	78%	88%	94%	0%	17%	33%	61%

TABLE 20

AVERAGE NUMBER OF MIXED MESSAGES SENT BY
WORKERS AND CLIENTS IN THE THREE INTERVIEWS

	Interviews			
	I	II	III	TOTAL
Workers	4.67	5.8	4	14.47
Clients	2.8	3.13	3.27	9.2

negotiation and relationship negotiation within the first three interviews. Relationship negotiation has been defined consistently throughout this study within the context of communication theory which distinguishes status positions within a dyad as complementary and symmetrical. Furthermore, pairs who negotiate reciprocal relationship positions either in the direction of complementarity or symmetry are considered congruent; pairs who do not successfully negotiate relationship positions and who demonstrate preferred stances in opposite directions are considered incongruent. Therefore, our interest in the association between contract negotiation and relationship negotiation can be approached by examining the Contract Scores in relation to the achievement of congruence. Achievement of congruence is represented, as discussed earlier, by a Congruence Discrepancy Score which is computed by taking the difference between the proportion of complementary communication for the worker and the client for each pair at the third interview.

(Figures found in Table 19.)

As discussed in Chapter V we predicted that high status contracting would relate to successful relationship negotiation. The rationale for this prediction is that it is assumed that the two processes occur simultaneously but at different levels: contract negotiation requires the explicit setting of a focus and a clear cut understanding of who is to do what about the problem; relationship negotiation, a more subtle process, requires the participants to come to terms with how they are to relate to one another on a peer or hierarchical level. If a pair eventually "gets together" on the focus of the work we suspected that they "get together" on how they are going to go about doing the work. In fact, the two negotiation processes probably feed into and mutually reinforce each other.

We compared the scores achieved on the status of the contract with Congruence Discrepancy Scores for the fifteen sample pairs. Note that discrepancy scores that are equal to or greater than 50 percent reflect incongruence in role positions at the third interview (i.e., a relatively large difference between the proportion of complementary communications from the worker and the client within the pair) while discrepancy scores that are less than 50 percent reflect congruence in role position at the third interview (i.e., a relatively small difference between the proportion of complementary communication for the worker and the client within the pair). Thus, by computing a Pearson product moment correlation coefficient we are looking for an inverse correlation between Contract Scores and

Congruence Discrepancy Scores if our hypothesis is to be confirmed. The correlation coefficient of $-.446$ is statistically significant at the level of $.05$. Thus, the statistical procedure confirms that pairs who negotiate the contract successfully will tend also to achieve reciprocity in role positions or that successful contract negotiation accompanies successful role negotiation.

Complementary vs. Non-Complementary Communication

Continuing our presentation of major findings on relationship communication, we now concern ourselves with the patterning of the relationship communication in the first sessions of client-worker pairs. Does this shift and change over the three interviews? Using the figures represented in Table 19, a two-way analysis of variance for the proportion of complementary to non-complementary communication was computed. The caseworkers and clients represented one variable and the interviews represented the second variable. Statistically significant results verified that caseworkers differ from the clients in the proportion of complementary to non-complementary communication messages they send ($F = 20.40$, $df = 1/28$, $p < .001$). However, a statistically significant difference does not exist for a difference in performance between the three interviews and there is no significant interaction between caseworker's and client's movement over the three interviews; that, is the two groups move in the same direction at the same rate. These findings confirm that over the first three interviews workers as a group

convey relationship positions of traditional authority while clients as a group seek equality in the relationship. However, differences between the caseworkers and clients is not sustained if interviews are analyzed separately.

Mixed Messages

Table 20 represents the mean number of mixed messages for workers and clients in the first, second and third interviews. Using these figures a two-way analysis of variance was performed with the workers and clients representing one variable and the interviews representing a second variable. The results of this statistical procedure did not reveal any difference between the two groups in their reliance on and use of mixed messages in relationship communication, nor did it confirm that frequencies differ with respect to interviews.

Qualitative Impressions Concerning Relationship Communication

Since statistical procedures revealed differences between the caseworkers and clients in terms of role position preferences, we can now examine the data descriptively and in terms of qualitative impressions. The graphs represented in Chart 2 plot the proportion of complementary to non-complementary communication averaged for all workers and all clients over three interviews. In the first interview workers as a group tend to average relationship positions of complementarity 75 percent of the time while clients in the first interview tend

to average relationship positions of complementary only 27 percent of the time; put another way, workers as a group convey relationship positions of dominance over their clients, but clients for about an equal proportion of time, strive for equality in the relationship. The high proportion of complementary communication for the workers compared with the high proportion of non-complementary communication for the clients suggests that in the initial contact workers tend to exert their authority while clients seek equality with their role partners. What happens in the second and third interviews? The graph in Chart 2 reveals that workers tend to maintain their complementary -up position throughout the first three interviews while clients essentially maintain their symmetrical stance. Considered as a group, clients, however, decrease their symmetrical activity over the three interviews a bit to a slightly greater proportion of complementary -down communication in the third interview (from 27.3% to 33.7%) but this shift is not significant by an analysis of variance. Thus, clients demonstrate a slightly greater capacity to shift in the direction of the worker (towards more complementary relationship positions) but not enough to close the gap.

Do workers and clients eventually send congruent messages - whether the agreed upon stance is of complementarity (a pattern showing worker and client role partners as mutually dependent by the worker's tendency to assert more authority and the client's tendency to accept a submissive role relative to the worker) or

CHART 2

PROPORTION OF COMPLEMENTARY TO NON-COMPLEMENTARY
COMMUNICATION AVERAGED FOR ALL WORKERS AND ALL
CLIENTS FOR THREE INTERVIEWS

of symmetry (a pattern showing worker and client role partners communicating symmetrically, thus both are inclined to seek and allow equal status and authority in their relationship)? Do worker-client pairs who achieve congruent or reciprocal role positions by the third interview show patterns of role negotiation characterized by shifts from original role positions to accommodate the other. Comparing the role negotiations that characterize pairs who achieve congruence at some level of symmetry or complementarity by the third interview and those pairs who do not accommodate to congruent role positions by the third interview reveals that the dominant pattern of role reciprocity was established when workers were matched with clients who preferred a complementary-down position. This pattern emerged fairly consistently since all workers, except one, showed rigid adherence to the complementary-up position. Thus, the predominant incongruent pattern showed workers in the complementary-up position and client role partners in the symmetrical position.

Referring to Table 19 once again, those pairs that achieved congruent role positions are A, B, C, F, L, and M as indicated by the fact that the discrepancy (in the proportion of complementary to non-complementary communication) between the worker and client in these pairs by the third interview is less than 50 percent. It is interesting to note that pair B is unique in that the agreed upon stance at the third interview for both role partners is a symmetrical relationship position while for

the five remaining congruent pairs the agreed upon stance at the third interview is complementarity with the worker maintaining a position of authority and the client fitting in by accepting or choosing a position of dependency relative to the worker. In fact, in three of the congruent pairs (A, C, F) the client is slightly more complementary than is the worker as evidenced by a higher proportion of complementary relationship messages sent, while in the remaining two congruent pairs (L, M,) the pattern is that the workers communicate a slightly higher proportion of complementary messages than do their role partners.

There were nine pairs who did not achieve congruence (pairs D, E, G, H, I, J, K, N, O) as indicated by the fact that the discrepancy in the proportion of complementary to non-complementary communication between the worker and the client in these pairs at the third interview is equal to or greater than 50 percent. In all these incongruent pairs the incongruence is characterized by the workers preferring the complementary -up position in the relationship as compared with the clients who avoided a complementary -down position and in fact showed a decided preference for a more symmetrical position in the relationship.

An important dimension along which to compare congruent and incongruent pairs is the extent to which workers and/or clients negotiate relationship positions by shifting their stance from one interview to the next. Since caseworkers and clients as a group start out preferring incongruent role positions we might

suspect that a crucial aspect of achieving congruence may be the ability to shift one's relationship position to accommodate the inclination of one's role partner. However, closer examination of congruent and incongruent pairs does not confirm that shifts or flexibility in the direction of accommodating one's role partner is the critical determinant in achieving role reciprocity. In examining the six pairs who achieved congruence or role reciprocity in the third interview, we discover that in almost every pair congruence was established in all three interviews (the one exception is Pair B who achieved congruence in the first and third interview but not in the second). Comparing this pattern with that existing for the nine incongruent pairs, seven started out incongruent and all but one pair remained fixed in incongruent role positions for the first, second, and third interviews, while the other two pairs who ended up in incongruent role positions in the third interview started out in congruent positions but moved to incongruent role positions by the third interview. Moreover, since congruence in five out of the six pairs was achieved in the direction of complementarity, with both role partners showing mutually dependent behavior of authority (worker) and submissiveness (client), the findings suggest that most clients who achieve congruence with their role partners enter the casework relationship with expectations which conform to the worker's in terms of role positions. And, comparatively, since all incongruent pairs eventually showed relationship patterns indicating the worker's preference to an

authoritative position and the client's opposing tendency to seek equality in the relationship, the findings suggest that pairs who are mismatched from the beginning, remain rigidified into opposing and non-reciprocal relationship positions which contribute to unresolved strain.

Let us now pursue, through the benefit of diagrams, whether patterns emerge in the shifts in role positions during the three session process for workers and/or clients in congruent and incongruent pairs.

Chart 3 represents in graph form a comparison of worker activity in congruent and incongruent pairs with respect to shifts in proportion of complementary communication from the first to the third interview. We might expect that workers in congruent pairs might decrease the proportion of complementary activity to accommodate their role partners while workers in incongruent pairs might show less flexibility. Observing the graphs in Chart 3 the solid line representing workers in congruent pairs dips slightly while the hyphonated line representing workers in incongruent pairs stays about the same. Table 21 translates the data into percentages showing what proportion of workers in incongruent pairs send approximately the same proportion of complementary messages from the first to the third interview ("stayed the same"), sent more complementary messages in the third interview than in the first and sent fewer complementary messages in the third than in the first. The workers who achieved congruence with their role partners show a smaller percentage

CHART 3

COMPARISON OF WORKER ACTIVITY IN CONGRUENT
AND INCONGRUENT PAIRS WITH RESPECT TO SHIFTS
IN PROPORTION OF COMPLEMENTARY COMMUNICATION
FROM THE FIRST TO THE THIRD INTERVIEW

CHART 4

COMPARISON OF CLIENT ACTIVITY IN CONGRUENT
AND INCONGRUENT PAIRS WITH RESPECT TO SHIFTS
IN PROPORTION OF COMPLEMENTARY COMMUNICATION
FROM FIRST TO THE THIRD INTERVIEW

TABLE 21

COMPARISON OF WORKER ACTIVITY IN CONGRUENT
AND INCONGRUENT PAIRS WITH RESPECT TO SHIFTS
IN SENDING COMPLEMENTARY MESSAGES FROM THE
FIRST TO THE THIRD INTERVIEW

Worker Activity in Congruent Pairs (Pairs A, B, C, F, L, M)			Worker Activity in Incongruent Pairs (Pairs D, E, G, H, I, J, K, N, O)		
Stayed Same	More Com- plementary	Less Com- plementary	Stayed Same	More Com- plementary	Less Com- plementary
17% (1)	33% (2)	50% (3)	45% (4)	33% (3)	22% (2)

TABLE 22

COMPARISON OF CLIENT ACTIVITY IN CONGRUENT
AND INCONGRUENT PAIRS WITH RESPECT TO SHIFTS
IN SENDING COMPLEMENTARY MESSAGES FROM THE
FIRST TO THE THIRD INTERVIEW

Client Activity in Congruent Pairs (Pairs A, B, C, F, L, M)			Client Activity in Incongruent Pairs (Pairs D, E, G, H, I, J, K, N, O)		
Stayed Same	More Com- plementary	Less Com- plementary	Stayed Same	More Com- plementary	Less Com- plementary
17%(1)	50% (3)	33% (2)	56%(5)	33% (3)	11% (1)

who "stayed the same" and a larger percentage who made "fewer complementary comments" as compared with the incongruent group.

Chart 4 represents in graph form a comparison of client activity in congruent and incongruent pairs with respects to shifts in proportion of complementary -down communication from the first to the third interview. We might expect that clients in congruent pairs might increase the proportion of complementary activity to accommodate their role partners while clients in incongruent pairs might show less flexibility. However, observing the graphs in Chart 4, we note that clients in congruent pairs start out with a higher proportion of complementary relationship messages than do clients in incongruent pairs. This implies that most clients who achieve congruence with their role partners enter the casework relationship with expectations which conform to the worker's in terms of role positions, and furthermore that these clients become more complementary in the second and eventually in the third interview than do clients who remain part of pairs who do not negotiate role reciprocity. Thus, clients who tend from the beginning to seek a position of lesser authority with their workers and who become accommodating in the direction of their role partners achieve congruence in role positions. (The one pair who achieved role reciprocity in the direction of symmetry is a notable exception to this pattern. In this case both worker and client began and remained symmetrical throughout the three interviews.)

Table 22 shows what proportion of clients in congruent and non-congruent pairs sent approximately the same proportion of complementary messages for the first and the third interview, sent more complementary messages in the third interview than in the first, and sent fewer complementary relationship messages in the third than in the first. One can see that one client who achieved congruence with his role partner "stayed the same" compared with five clients in the incongruent group who did not shift from their original role positions. In considering in what direction clients shifted, 50 percent of the clients belonging to congruent pairs became more complementary -down compared with 33 percent of the clients in incongruent pairs. These patterns imply that clients who achieved congruent relationships with their workers entered the casework relationship with a predisposition towards a complementary -down role position (to complement their role partner's -up position), and shift position more frequently in the direction of accommodation to the worker.

Having considered the data from a statistical and descriptive point of view with respect to the patterning of complementary to non-complementary communication for workers and clients over the three interviews, we can now turn to an aspect of relationship communication that conveys both a position of equality and authority within a single message. In considering the data with respect to mixed messages, research questions focus on the frequency and patterning of mixed messages over the three inter-

views; whether the caseworkers as a group differ from the clients as a group in the use of mixed messages, and lastly, what is the function of mixed messages in the context of relationship negotiation?

Qualitative Impressions of Findings on Mixed Messages

Though statistical procedures did not reveal any differences between the caseworkers and clients in their reliance on and use of mixed messages in relationship communication, graphic representations may raise issues pertinent to a descriptive and qualitative approach to our impressions. The graphs represented in Chart 5 plot the average number of mixed messages sent by all workers and all clients over the three interviews. Workers make slightly more frequent use of mixed messages and tend to slightly increase the number of mixed messages sent in the second interview, decreasing the frequency in the third interview, while clients tend to send approximately the same number of mixed messages in each of the three interviews. All workers and all clients sent at least one mixed message in the three tape recorded interviews. Most of the mixed messages sent by workers contained disqualifiers in the direction of symmetry; that is, the worker disqualified (or softened) a complementary -up message by adding simultaneously a symmetrical dimension. The most prevalent example of a mixed message with a symmetrical disqualifier is when workers assert their authority by making an interpretation (putting themselves in a temporary complementary

AVERAGE NUMBER OF MIXED MESSAGES SENT BY ALL
WORKERS AND ALL CLIENTS FOR THREE INTERVIEWS

-up position) but do so in a joking fashion, adding something personal or putting the interpretation in the form of a question, all of which imply symmetry. Thus, the authority of the worker's position is being asserted, while, at the same time, disqualified by the move towards equality.

Mixed messages that were disqualified in the direction of complementarity occurred in fourteen of the forty-five tape recorded interviews and were sent by five workers. However, in every case, caseworkers used fewer mixed messages which contained a complementary disqualifier than mixed messages with symmetrical disqualifiers. The kinds of mixed messages that included a complementary disqualifier occurred when workers made a statement overtly implying equality with the client while at the same time sending a covert message of authority. For instance, worker D who sent a total of thirty-three mixed messages, fifteen which had a complementary disqualifier (a disproportionately high number of this type of mixed messages relative to other workers), asked the client for feedback (indicating a symmetrical position) in a way which programmed a desired response (complementary). (Example: "Don't you think you are too dependent on your mother?"). This worker also asked questions without waiting for a response. Our impressions are that mixed messages with complementary disqualifiers have a coercive quality which may not always be easily identified by participants in the dyad but nevertheless are not pleasantly received.^{1/} Of the nine pairs of workers and clients who did

^{1/}This impression is also expressed by Nelsen, op. cit.

not achieve congruence by the third interview workers in seven of these pairs sent at least one mixed message with a complementary disqualifier. This implies that workers may tend to exacerbate strains in the relationship by making pseudo-attempts at symmetry to which clients may respond with rigidified symmetrical stances.

This brings us to a discussion of the function and role of mixed messages for workers and clients. Since all clients and all workers sent at least one mixed message, how and when were they used? More explicitly, are mixed messages used primarily as negotiation tools, as is suggested by an earlier study?^{1/} Do clients and workers send mixed messages as a way of testing out how much symmetry or complementarity can be tolerated in the relationship? By way of approaching these questions we return to our framework of whether congruent and incongruent role positions are achieved by the third interview and assess what connection, if any, exists between the frequency of mixed messages and the achievement of congruence in sample pairs. The rationale for this approach is that if the function of mixed messages is to negotiate relationship positions by exploring the role partner's response to different relationship stances, then it would seem that workers and clients who achieved congruence might utilize mixed messages more frequently than workers and clients in non-congruent pairs. Pursuing this argument, Chart 6 compares worker activity in congruent and incongruent pairs with respect to the frequency of sending mixed messages

¹Nelsen, op. cit.

COMPARISON OF WORKER ACTIVITY IN CONGRUENT
AND INCONGRUENT PAIRS WITH RESPECT TO AVERAGE
NUMBER OF MIXED MESSAGES SENT FOR THREE INTERVIEWS

CHART 7

COMPARISON OF CLIENT ACTIVITY IN CONGRUENT
AND INCONGRUENT PAIRS WITH RESPECT TO AVERAGE
NUMBER OF MIXED MESSAGES SENT FOR THREE INTERVIEWS

over the three interviews. Chart 7 compares client activity in congruent and incongruent pairs in the same way. As one can readily see, workers in congruent pairs make slightly more use of mixed messages throughout each of the three interviews than do workers in non-congruent pairs (using average number of mixed messages sent for workers in congruent pairs and incongruent pairs as the figures of comparison). A rank order correlation coefficient was performed to identify the association between the extent of discrepancy in achieving congruence (Congruence Discrepancy Scores of less than 50 percent imply the achievement of congruence; discrepancy scores of equal to or greater than 50 percent imply incongruence in role position) and frequency of mixed messages totaled for the three interviews for each worker. We are thus looking for an inverse correlation between discrepancy score and frequency of mixed message. The rank order correlation coefficient of .214 is not a statistically significant finding which we could anticipate by the fact that there is simply not enough difference between worker activity in the congruent and incongruent pairs to produce statistically significant results.

Turning now to client activity with respect to the sending of mixed messages, there appears in Chart 7 to be a more noticeable difference between client activity in congruent and incongruent pairs. The solid line on the graph representing client activity averages for all client members of congruent pairs indicates that clients who achieve congruence with their

role partners utilized the mixed message more frequently than clients in incongruent pairs, particularly in the second interview, which corresponds to the timing and rhythm of workers who also show an increase in mixed messages at the second interview. A rank order correlation coefficient was performed to identify the association between extent of discrepancy in achieving congruence and frequency of mixed messages totaled for the three interviews for each client. The rank order correlation coefficient of .021 is not significant.

The implications of these results is that both workers and clients rely on relationship messages which convey two status positions which are contradictory within the context of one statement; but that the function, or purpose, of these mixed messages cannot be understood simply as negotiation tools whereby workers and clients test out and explore alternate role positions vis-à-vis one another which eventually help them achieve role reciprocity. In trying to understand the function of the mixed message this author reviewed the tapes to listen for the content of the mixed messages. It is this author's impression that both workers and clients utilized mixed messages to disguise and soften role stances that are unpopular with their role partners. The most frequent use of the mixed message by workers was the worker's talent in making interpretations or making explicit some painful realization to the client by using humor or personal experience to make her point, thereby taking an overt complementary position but negating the authoritative tone with

symmetry. Thus, the worker conveyed some unwillingness to assume a complementary -up position (when it may have been natural to do so) and by inserting symmetry in the relationship made the interpretation more palatable to the client. These kinds of mixed messages were made by skillful and experienced workers who, by softening the complementary position with a mixed message maneuver, indirectly appealed to the client's inclination for symmetry in the relationship.

As for clients, it is the author's impression that clients sent mixed messages when they avoided making an overt symmetrical move. Frequently, this happened in direct response to a complementary -up move by their role partner. For instance, frequent use of mixed messages by clients was made when clients verbally accepted a worker's interpretation (client is complementary -down) showing at the same time a hesitation or reluctance (client reestablishes symmetry). Thus, the resistance to the complementary -down relationship position may be expressed indirectly rather than in a direct statement conveying the desire for symmetry to the worker. This pattern was the most prevalent expression of a client's ambivalence about accepting a complementary -down role position vis-a-vis the worker's complementary -up position. Thus, clients' hesitancy in asserting a more symmetrical stance in the interview was in these instances sequential to the worker's complementary stance. Given the workers' preference for complementary stances that was discussed earlier, clients may find it hard to initiate a shift in role

position. Thus, clients may express a reluctance to fully accept a "down" position by sending a mixed message. Using humor is another way clients may express discomfort in accepting a "down" position dealt by their workers. This kind of humor, as opposed to the humor used by clients and workers sharing a joke or laughing together (symmetry), has the quality of nervousness and it is felt that they may be used to mask, by self-effacement, an inclination to assert authority in this situation. An example is a client, who in response to his worker's persistent complementary -up moves, made self-deprecating remarks in a humorous way trying to engage the worker in the humor of the situation. It is almost as if he were saying "I will agree to a 'down' position if only you will laugh with me." Clients may use mixed messages to mask their symmetrical moves as a reaction to worker's clear preference for clients to fit into the complementary role position. This explanation is supported by the fact that all clients in congruent pairs (with one notable exception) favored the complementary -down position and at the same time made slightly more frequent use of mixed messages than clients in incongruent pairs. We are suggesting that this may be a way that clients assert symmetrical stances without jeopardizing reciprocity with their role partners.

Background Characteristics of Workers and Clients

What are the special characteristics of the worker and client study sample which can be related to the status of the contract? Since our study did not include sampling procedures which would

ensure a heterogeneous study sample, we wondered if findings relating contract status to client and worker characteristics would be conclusive. In considering the findings, it is important to note that background variables are unrelated to contract status. Therefore, they cannot be looked upon as variables which are confounded with other variables, and cannot serve an explanatory function in the findings.

Tables 23 and 24 extract some of the relevant client and worker characteristics and show their relationship to contract status. First looking at Table 23 an ambiguous finding is that the three workers who indicated on their questionnaire that they do not try to reach an explicit agreement with their clients on the work they will be doing together are found to have achieved a relatively high score on contracting, while workers who did not achieve as high scores in contracting with their clients, were affirmative about their trying to reach such an agreement with the clients. This observation suggests that there seems to be a gap between professional goals and actual practice. In fact, adherence to a professional standard of a focused, mutually agreed upon service does not make it so. Second, while a majority of workers answered affirmatively to questions about their professional commitment to contracting, only 53 percent actually achieve a relatively high degree of agreement between themselves and their clients on worker role, expectations of the client role and the work to be engaged in as indicated by the eight workers who achieved a score of 36.0 or better with

their clients on the Contract Status Score. This finding suggests a discrepancy between professional theory, intent, and actual practice; theoretically workers strive for more explicit agreement with their clients on work to be engaged in and their expectations of themselves and each other than may actually be achieved in the first three interviews. Third, there appears to be no apparent relationship between years of professional experience and worker perceived clarity of agency function, as these items are evenly spread over high and low contract pairs. Fourth, observing Table 24, service affiliation, diagnosis and employment status are not significant client characteristics by which relatively high and low status contract pairs can be compared. However, out of the four black clients, three (75 percent) are found with relatively low contracting status. We are not prepared to speculate as to reasons for this due to the small numbers involved. An analysis of male vs female staff members and/or clients with respect to contracting was precluded by the small numbers. For the same reason an analysis of the different social work services with respect to success with contracting was inconclusive. In summary, the lack of relationship between background characteristics and contract status suggests that the relatively homogeneous samples may function as control variables in that they don't have an explanatory role in the findings on contract status.

TABLE 23

WORKER CHARACTERISTICS RELATED TO CONTRACT SCORES

Worker Characteristics	Contract Scores Grouped by High, Medium and Low		
	LOW 23.5-34.5	MEDIUM 34.0-36.0	HIGH 38.5-39.5
Years of professional experience			
0-2	1	0	1
2-4	1	0	0
8+	3	5	4
Try to reach explicit agreement on work			
Yes	5	5	2
No	0	0	3
Feel Agency is clear and consistent about agency function with employees			
Yes	4	4	2
No	1	1	3
Members of community			
Yes	2	1	1
No	3	4	4

TABLE 24

CLIENT CHARACTERISTICS RELATED TO CONTRACT SCORES

Client Characteristics	Contract Scores Grouped by High, Medium and Low		
	LOW 23.5-33.5	MEDIUM 34.0-36.0	HIGH 38.5-39.5
Service Affiliation			
W.W. II	1	4	0
Korea	1	0	0
Vietnam	3	1	3
Doesnt' apply	0	0	2
Diagnosis			
Non-Psychotic	2	4	2
Psychotic	1	1	0
Undetermined	2	0	3
Employment Status			
Employed	1	3	1
Unemployed	3	0	2
Student	1	0	2
Retired	0	2	0
Race			
White	3	4	4
Black	2	1	1

CHAPTER IX

SUMMARY OF THE FINDINGS, LIMITATIONS AND USEFULNESS OF THE STUDY, AND DIRECTIONS FOR FUTURE RESEARCH

Having analyzed and interpreted the data, we must now summarize and integrate the findings, after which we will consider the limitations and usefulness of the study as a whole. This chapter will present study limitations as well as the contributions of the study since these limit the generalizability and applicability of the findings. In considering the potential usefulness of the study, we will address two questions. First, how might study instruments and findings be helpful to those directly involved in practice, supervision and teaching of social work? Second, to what extent and in what direction do study question, instruments and findings suggest further research?

Integrative Discussion of the Findings

In our effort to pull the findings together, several dimensions of the contracting process stand out. First, agreement between worker-client pairs on the worker's role was found to be related on a statistically significant level to the delineation of contract focus and expectations of client role, thus representing a central dimension in contract negotiation. However, the worker's engagement of the client around a con-

sideration of the client's needs and tasks are less well developed in relation to one another. Similarly, in considering worker and client participation in the contracting process, the data confirmed the hypothesis that workers carry the major responsibility for contracting as indicated by the consistently higher participation frequency scores (or activity) of the workers as compared with the clients. The apparent dominance of worker activity over-shadows the determinant of client involvement, and raises the issue of whether striving for more mutual interaction and feedback would be desirable for casework practice.

In the context of social work theory and practice, these findings reflect the historical imbalance of the caseworker's overactivity and control of the treatment process to the exclusion of a more mutual and reciprocal involvement of the client in defining his role and responsibilities in the treatment process. It was pointed out in Chapter II that theoreticians of group work practice have been more consistent with respect to the emphasis on mutuality than have casework theoreticians. Our data suggests that a greater degree of mutuality would be achieved by worker activity which shifts in the direction of pursuing the participation of the client in delineating focus and establishing the parameters of his involvement. This is particularly true in the light of contemporary social work practice which targets a wider client population in preventive and consumer approaches.

A second aspect of the contracting process which was highlighted by this study concerns the patterning of contracting activity. A definite pattern that emerges for both workers and clients is that the major proportion of contracting activity is done in the first interview. This finding raises important questions about the desirability of expanding and elaborating the contracting process as a sequence of interactions involving negotiation between worker-client pairs over time. The loosely defined "initial phase" of service during which contract negotiation should be established remains an ambiguous period in the literature. Our data suggests that contracting may be short circuited and discontinuous if it remains a one session endeavor. A systematic process-oriented approach would seem to be advantageous in maintaining a focused service.

A third contribution of the study indicates a significant relationship between contract status and role reciprocity between workers and clients. Successful contract negotiation is characterized by workers and clients assuming role positions that fit together. However, the predominant pattern of role reciprocity found in this study showed workers to prefer a hierarchical position of authority; when role reciprocity was achieved it was when the workers were matched with clients who tended toward a complementary -down position (or dependence) in relation to his worker. Thus, while mutuality of role positions appears to be a crucial determinant, workers do not

appear to be sufficiently flexible to shift role positions in response to client preferences, particularly when clients indicate a preference for more equality in the relationship. These findings focus our attention on the importance of relationship negotiation as a tool of the caseworker and the necessity for flexibility on the social worker's part if role reciprocity is to be established more consistently with clients. The caseworker's spheres of authority as a professional person need to be redefined so as to allow for more give and take along symmetrical lines when clients indicate this to be their role preference. The data, thus, reflects the historical dilemma of how to achieve authority within the context of professionalism without sacrificing the cooperative aspect of a partnership with the client.

Further consideration of our results highlights some apparent contradictions in worker and client expectations of each other and preferred role positions. Though in this study, worker and client consensus on expectations of each other was fairly high, disagreement, when it did occur, was generally in the direction of clients wanting to lean more on the workers for concrete help and workers hoping clients take more initiative and be more introspective. At the same time, the preferred role position of the majority of clients (10 out of 15) was for equal status with their workers, and an overwhelming majority of workers (14 out of 15) favored a hierarchal position of authority. These findings suggest an inherent contradiction

between consciously held expectations and unarticulated role positions, which do not reconcile each other. The present study suggests that this area needs to be explored in greater depth, but our preliminary findings point to contradictory attitudes and behavior which prevent workers and clients from working collaboratively.

Fifth, we must consider the non-significant findings. The lack of association between the client's perception of the relationship and contract status indicates that clients do not perceive their workers as more or less empathic, caring and genuine in accordance with contract status. One can raise questions about the tendency, both in the literature and in the folklore of practice, to associate a client's positive feelings about the worker with good practice. Thus, the affective dimension may not be a valid one when assessing client-worker interaction. On the other hand, as discussed above, a more productive indication of client-worker interaction may be the nature of their role positions vis-à-vis one another, and the patterning of the transactions between them.

And lastly, this study did not show client and/or worker characteristics to be related to contract scores. These variables remained independent of contract status, and thus, cannot shed any light on the contracting process.

Limitations of Study

The most obvious limitations of this study relate to the fact that all the data was collected in one setting, the Social Work Service of the Brooklyn Veterans Administration Outpatient Clinic, and that sample size was limited to fifteen workers and fifteen clients. Because the study sample was confined to one setting, and to a numerically limited sample, findings may not be representative of the initial phase of casework service in all outpatient mental health settings. Since agency, workers and clients were not chosen randomly we must exercise caution in generalizing the findings.

Aspects of the social work setting (which exists as a part of a complex of Federally organized payments and services to veterans and which is dominated by a basic philosophy and rationale for service) affect the generalizability of the findings. As pointed out in Chapter IV, a special, somewhat ambiguous relationship exists between the veteran and the V.A. Clinic that is not characteristic of other outpatient mental hygiene settings. First, the patients in this setting are primarily veterans (with the exception of two women who are wives of veterans) and therefore do not represent the total population of outpatient mental hygiene patients in the New York area. Second, the major function of the clinic as a whole is medical, with mental hygiene services of which the social work service is a part, as an ancillary facility.

While theoretically veterans are eligible to receive social

work services independent of the medical services offered by the clinic, this is rarely the case, and most clients arrive at social service on referral from a physician who is treating them for a medical problem. Third, and perhaps most important, the nature of compensation payments or service-disability payments clearly affects the process of casework service.

While the first two factors mentioned were, in this researcher's opinion, satisfactorily minimized by a selection of patients which produced a broad scope of presenting problems closely approximating those represented in other outpatient social work facilities, the last factor, that of compensation payments creates some special difficulties in examining contract negotiations. Since compensation payments are awarded and continued on the basis of the extent of disability, a stable or deteriorated condition is financially supported, while progress or therapeutic gains can result in a decrease of allotment. Both workers and clients are well aware of this dilemma. We can only speculate on how this factor skewed our results. Our impressions are that contracting may be more incompatible in this setting than in other mental health settings due in part to the existence of compensation payments, and in part to the fact that casework services are conceived as essentially open-ended. Disability payments, by rewarding the status quo, may work against a clearly focused goal oriented service. Moreover, cases can be divided into two groups: those that receive a very brief referral service (these situations were excluded by design

from the study) or those that are anticipated to require a short or long term service. In both groups the clients may maintain an ongoing relationship to the clinic through re-applications; thus, the agency maintains a continuous thread of availability to this specific population through the recycling of applications, and casework services as with other clinic services, do not have definite beginnings and endings. Thus a study finding that not one sample pair had agreed on a time limit for casework service can be better understood within the context of this setting.

Further consideration of setting and sampling factors brings us to survey characteristics of the worker sample. As noted the workers in this sample did not represent a broad spectrum of variability in terms of years of professional experience, since 80 percent of them had eight years or more of post-Masters casework practice experience. Furthermore, since most were trained in the Northeast their initial theoretical orientation was Diagnostic, and in spite of self-reported eclecticism, our impressions are that they retain a strong affiliation to the psycho-social model of casework treatment.

Another major sampling limitation was that for both the questionnaires and the taping only the three initial counselling sessions were used. This meant that findings were highly specific to this particular period and likely to be atypical of sessions later in the course of treatment. For instance, contract re-negotiation may characterize later sessions.

Moreover, relationship negotiation may take on new or different patterns in the later sessions showing shifts in role positions in a later stage of service. And, as in any study, utilizing tape recordings may bias the findings in an unknown direction by making workers and/or clients overly conscious of their participation.

We must finally consider limitations imposed by the study instruments. The questionnaire items were geared to dimensions of the contract believed to be important by the author on the basis of readings, prior studies, experience and consultation with theoreticians who have expanded the concept of the contract. However, this author concedes that all relevant dimensions of the contract may not have been tapped and that the instrument itself may have held unknown biases. As for the taping, the two instruments for coding content with respect to contracting and relationship stances were developed in accordance with prior studies, readings, experience, consultation and because of the preliminary and pioneering nature of the study may be a crude way to assess interaction. It is certainly hoped that later studies with larger samples will improve on these instruments.

Application to Practice, Supervision and Teaching

It is believed by this author that in spite of the limitations outlined above the study provides a conceptual approach to the first phase of casework treatment which can be utilized by practitioners, supervisors and instructors. An

important impetus to this study was the connection, confirmed by preliminary research studies, between a focused, goal-oriented and time-limited service and successful outcome. It was felt that before outcome studies can be designed to be interpreted meaningfully an organized, theoretical approach to the beginning engagement of the client is necessary. It was felt that the concept of contract lent itself to such an endeavor. Furthermore, the utilization of the contractual agreement is thought of as a way of systematizing an approach to the beginning phase of casework treatment. This researcher believes that the central concepts of this study relating to contract and role negotiation are applicable to many of the emerging models of casework treatment, and provide some theoretical and technical uniformity to otherwise varying approaches.

Evolving from the contract questionnaires, the initial tasks confronting the social worker and the client as they begin work together are:

1. To make explicit within the context of a carefully delineated focus what the client wants help with and whether this corresponds to the agency service.
2. To explore and clarify what the client will do in relation to working on his own behalf.
3. To explore and clarify what the worker will do to help the client.

While such a mere outline minimizes the theoretical background, sensitivity and technical skill necessary to accomplish these tasks they are conceptualized and operationalized in this study as pivotal in beginning stages of the casework encounter.

Furthermore, since the instrument developed for this study yields a score on the extent to which these tasks are accomplished and differentiates areas that are unclear, ambiguous or confusing it might be utilized to assess to what extent the initial phase of contact has resulted in a mutual sharing of goals and expectations and/or what issues require review and reclarification.

This study raises important issues about the nature and extent of a contractual agreement between workers and clients on the process of negotiating this agreement. While our findings reveal that there tends to be a moderately high degree of agreement between workers and clients on each of the above dimensions of the contract, it also suggests that each of these dimensions has areas which are vulnerable to client and worker misperception. The study findings imply that these areas can be located and clarified, resulting in a joint endeavor.

A second potentially useful aspect of this study pertains to the emphasis on relationship negotiation. The development and vicissitudes of the casework-client relationship emerged as a dominant theme in social work theory and practice when Virginia Robinson, using psycho-analytic theory to justify her position, focused the profession's attention on its potential. Since the thirties the profession has been characterized by the psycho-analytic perspective to explain the complexities of relationship phenomenon at the same time that other aspects of traditional social work models are giving way to different conceptual frameworks. It is this author's belief that

communication theory holds a promise to those of us in search of a theory to explain complex levels of interaction between the professional and his clients.

While the notion that communication has both content and form is not a startlingly new contribution, the conceptual divisions of relationship messages into those conveying symmetry and those conveying complementarity is hardly exploited in the social work literature. Furthermore, and perhaps more specifically related to the applicability of the instruments developed for this study, the study demonstrates an approach to listening and coding interaction as a way to examine the casework process. It is this author's experience that often workers and/or supervisors intuitively sense that "something is wrong" with the way treatment is progressing; the client is verbal and seemingly cooperative, the worker active, yet, they do not seem to be getting together. The incongruent role stances between worker and client are forced into a discussion of transference and resistance phenomena because there is no other known conceptual frame of reference from which to lead off a discussion. Furthermore, in listening to tapes with several workers who were part of the study this researcher was struck by the frequency with which experienced workers were unaware of the discrepant role stances between themselves and their clients. In exposing workers to alternate ways of listening to and understanding interaction optimal use of the natural alliance between a client and his worker may be

achieved. While the nature and function of mixed messages need to be more clearly understood, that they exist and influence relationship communication needs to be more explicitly recognized by workers. Conscious use of mixed messages may be desirable to temper a necessarily authoritative stance. Recognizing mixed messages in clients may awaken workers' sensitivity to veiled levels of communication and autonomous striving which, made more explicit and accepted by the worker, may foster client growth.

The worker's authority over the client is a pervasive theme in the professional literature and some definitions of professionalism staunchly defend the necessity of traditional authority in maintaining professional status. This study raises important questions about the nature, extent and consequences of traditional authority exercised in relation to clients. The findings suggest that most workers tend toward rigidified complementary positions which prevent a negotiation of more reciprocal symmetrical positioning; thus, unless workers are matched with clients who seek the position of lesser authority in the relationship, the prognosis for role reciprocity by the third interview is poor. Moreover, while most workers communicate a preference for complementary positions, many clients seek and maintain symmetrical positions in the relationship. This may signify an important trend in attempting to deliver more relevant and acceptable service to larger groups of our population.

Directions for Future Research

The preliminary nature of this study suggests potentially useful directions for future research endeavors. First and foremost, interest in contract negotiation should be considered with larger sampling groups and in a variety of settings. Such changes in sampling procedures may produce contradictory and/or additional insights into factors which influence the contracting process. By expanding sample size one would expect that worker and client characteristics would become more meaningful categories by which to compare the influence of outside factors on contract and relationship negotiation. For example, workers with certain theoretical orientations or professional work experiences might tend to be more or less successful at negotiating the contract. In addition, clients of varying ages from different cultural and racial backgrounds might contribute to our knowledge about how particular age and cultural factors affect expectations and preferences with respect to the delivery of casework services. Findings in these directions would greatly contribute to the main body of social work literature which deals with cultural differences.

Specific attention could also be given to the impact of setting on contract and relationship negotiation. The present study was greatly limited by the confinement to one public outpatient clinic. At an early point in planning for this study ~~this author was~~ interested in whether settings which represented a relatively self-evident service (such as foster and

adoption agencies; travelers aid; rehabilitation centers) might be clearer about contract issues than settings which offered a wider spectrum of services (such as family service agencies, mental hygiene clinics, public assistance agencies). One wonders what potential areas of misperception, confusion and ambiguity between workers and clients are specific to certain settings and client groups, or universally applicable.

This researcher also suggests that future projects might lengthen the time span so that contract and relationship negotiation could be scrutinized along the dimension of a longer process. The whole issue of contract re-negotiation could then be tackled and the interaction between worker and client could be studied in greater depth. For example, what patterns can be identified in pairs who by the third interview show unresolved role strain? What interventions mitigate or exacerbate such role strain and how are patterns of successful and unsuccessful role negotiation related to outcome?

Study instruments might be retested and refined so that the categories for content and relationship participation would be more reliable. This researcher is also aware of two major limitations of the study instruments that would benefit from further examination and research. First, none of the instruments are applicable to situations in which "the client" is more than one person. With the introductions of systems' concepts, the unit of attention has expanded to include all relevant dimensions of the system; as a result relevant social

work modalities include joint, family and group interviews. Naturally this raises havoc from the point of view of developing instruments that relate to multiple clients. One would have to determine the nature and dimensions of a contract for a group or family including issues such as how contradictory and diverse expectations are represented. If one considers that one of the major aspects of contracting with the family is to delineate the focus in terms that capture the reciprocal influence of interaction between family members, then contract negotiation would involve the mutual investment of all family members in changing some specified pattern of relating to one another. This is admittedly a complex task in itself. Moreover, research requires rigorous demands for operationalizing concepts. Because the tasks confronting workers engaging multiple clients tax traditional theory and methods, it behooves us to adopt research strategies which relate to contemporary social work practice. This researcher would very much like to see the instruments used in this study to be adjusted to such complexities of practice.

A second limitation of the instruments which pertains to the coding instruments for the audio-tapes is that they did not account for sequences of transactions. For instance, coding was not done in order of how symmetrical, complementary and mixed responses follow each other so that we could not determine whether a symmetrical move made by a participant was immediately followed by a complementary -up move by the other

participant. Thus, this study was limited to examine patterns based on total figures from which proportions were derived.

Interpretations from such patterning were made more speculatively than would be true if the instrument allowed for direct insight into patterns emerging in the sequence. This researcher believes that studying shorter time sequences (for instance, five minute segments at various intervals on the tape) would be a productive way to directly approach the reciprocal nature of communication feed-back circuits as they emerge in real life. A preliminary study such as the one undertaken can provide help in instrument development and patterns to anticipate. Another study would contribute to our knowledge of negative and positive feedback in relationship negotiation and provide greater understanding of the function of mixed messages.

Finally, this researcher would like to see contract and relationship negotiation studied in relation to outcome. It is suspected that successful encounters between workers and their clients depend on a firm contract and a minimum of role strain. A major criticism of outcome studies is that they are hampered by an inability to operationalize the process they attempt to study. This author believes that contract and relationship negotiation include conceptual and technical tools which might provide an initial focus for outcome studies.

CHAPTER X

SUMMARY AND CONCLUSIONS

The purpose of the present study was to attain greater understanding of the initial stage of casework service, particularly of the process of contract negotiation and to identify several variables which relate to the establishment of the contract during the first three casework interviews. Research questions, related literature from social work, social science and personality theories, methodology, and study findings have been reported in earlier chapters. We will now present a summary of study foundations, research strategy and major findings as well as final conclusions.

Foundations for the Study: Literature from Social Work and Social Science Theory

The review of literature from social work practice and theory included a survey of various models of practice in casework and group work which had relevance for a conceptual approach to the concept of contract negotiation. Traditional and contemporary casework and group work models were examined with respect to their contribution to a systematic approach to contract negotiation. In spite of research being generated in the field of casework pointing to the necessity for clarity of focus and expectations of worker and client role between the caseworkers

and their clients, a survey of social work approaches did not disclose any systematic theoretical approach to contract negotiation. However, this author believes that a conceptual nexus to an overall theoretical orientation to contracting exists in the adherence to the basic social work value of self-determination and in the agency's structure of social service delivery. Self-determination refers to the client's right to be self-directing and active on his own behalf; agency function determines the scope and boundary of the services to be offered. The process of contract negotiation offers a means of translating the concept of self-determination within the context of agency service into a consistent pattern governing interventions in the early stage of casework service.

From social science theory, the concepts of social role theory are particularly relevant in that they offer a way to study and describe the interactions of members of a two-person or social worker-client system. A fundamental principal of role theory is that the behavior of both members of the social system influences, affects and determines the transactions occurring within the role system, and that role reciprocity or role strain can be produced by any number of factors. Role reciprocity is achieved when mutuality and harmony characterize the process of working together. Successful contract negotiation implies role reciprocity in that agreement has been achieved between the worker and client on what they are doing together and what they expect of one another. However, role negotiation can be pursued

on another level having to do with how much authority or equality is preferred and/or can be tolerated by role partners. Communication theorists provide a conceptual approach for the examination of this process which exists within the framework of relationship communication.

Communication theory has provided two major conceptual divisions of relationship communication: "symmetrical" or peer communication and "complementary" or parent-child communication. Theoretically each role partner can place himself in either, an "-up" (social worker) or "-down" (client) complementary position; therefore, two different kinds of complementarity potentially exist for each person in the dyad: a complementary position (worker conveys message which is consistent with her authority; client conveys message which is consistent with his lesser status) and a complementary position in reverse (worker sends message which conveys the lesser status position; client sends message which conveys authority). Moreover, a fourth kind of communication message exists when a person sends a single message in which symmetry and complementarity are conveyed simultaneously which is called a mixed message.

In addition to these conceptual divisions, communication theory also provides a way to assess the achievement or lack of achievement of reciprocity in relationship positions. Congruence of role positions implies that there is a reciprocal "fit" between role partners, either as equals, or as part of the dyad in which one partner characteristically prefers the "-up" position

while the other prefers the "-down" position. Incongruence of role positions refers to the fact that the relationship positions preferred by each of the role partners do not mesh with each other, so that one member of the dyad favors a symmetrical relationship while the other is communicating in a predominantly complementary fashion. To briefly recapitulate, while social role and systems theory provide an overall theoretical framework for this study, communication theory provides additional concepts which give a foundation to this research.

Research Strategy

This was an exploratory study designed to examine the contracting process with respect to specific variables that were thought to be related to contract negotiation. The study was undertaken under the auspices of the Veterans Administration and an outpatient medical and psychiatric facility was chosen as the setting for this study. All fifteen client-worker pairs, which comprised the study sample, were drawn from the social service division of this facility.

Two main sources of data were used:

1. Worker and Client Questionnaires distributed to clients and workers after three interviews.
2. Audio-tape recordings of the first three interviews between caseworker and client pairs.

The Client and Worker Questionnaires were devised as instruments to measure the status of the contract. These

instruments were designed to reflect the formal definition of the contract as "an explicit agreement between the worker and the client on the work presently engaged in and their expectations of themselves and each other in relation to the work." The three sections of the Client and Worker Questionnaires were devoted to measure the extent to which the worker-client pairs agree on:

1. The work presently engaged in.
2. The part that the client plays in working (expectations of client role).
3. The part that the worker plays in working (expectations of worker role).

The extent of the agreement between client and worker pairs on these three dimensions of the contract constituted contract sub-scores and a total score which reflected the status of the contract. Research questions pertaining to contract negotiation included the following: What is the status of the contract after three interviews? How do these contract scores vary among sample pairs? Which dimensions of the contract are vulnerable to disagreement between workers and clients? Which areas reflect consensus on issues pertaining to contract negotiation? Which areas reflect a noticeable lack of consensus between pairs?

Study variables included the following foci and are stated below with the major research questions considered by the study.

(1) Client perception of the relationship.

The Client Questionnaire included a Relationship Inventory Questionnaire, modified from a standardized instrument. It was

used to examine the client's perception of his relationship with the worker along the dimensions of positive regard, empathy and genuineness. It was hypothesized that clients from pairs in which a relatively high status contract was achieved would perceive workers as more caring, empathic and genuine.

2. Verbal Participation in the contracting process - Interest in verbal activity with respect to the contracting process necessitated the development of a coding instrument for the audio-tapes which would define units of participation.^{1/} Research questions relating to the participation variable focused on whether mutual and balanced participation between worker and client pairs related to contract status, whether the worker carried the major responsibility for contracting and whether contracting participation was more frequent in the first interview and diminished in the second and third interview.

3. Relationship communication and negotiation - Interest in relationship communication necessitated the development of a coding instrument for the audio-tapes which specified categories of relationship communication in terms of messages which were judged to be momentary symmetrical, complementary, complementary reversal or mixed messages.^{2/}

Research questions relating to the relationship communication variable focused on the following aspects:

¹Adapted from Brown, op. cit.

²Adapted from Nelsen, op. cit.

- a) Do high status contract pairs tend to achieve role reciprocity (congruence) more often than low status contract pairs? This question attempts to assess the association between contract negotiation and relationship negotiation.
- b) What are the initial role preferences of workers and clients initially and how do these patterns shift over time?
- c) To what extent do clients and workers use mixed messages, and what function do they appear to serve?

4. Background Characteristics of Workers and Clients -

The Worker Questionnaire asked for information about client characteristics (age, service affiliation, employment status, psychiatric diagnosis and race) which as outside or antecedent factors, might be correlated with contract achievement. Secondly, a section in the Worker Questionnaire was devoted to examining the possible relationship of specific worker characteristics to contract achievement. These dimensions, based on workers' self-reports, included the number of years of professional employment, variety of professional work experiences, theoretical orientation, familiarity with contracting concepts from social work theory, and whether workers thought the agency presented its function clearly to employees and to members of the community.

The study sample included fifteen client-worker pairs; both members of each pair submitted questionnaires (a total of thirty questionnaires); each pair submitted three forty-five minute tape recorded interviews of their first three interviews after case assignment (forty-five audio-tapes).

Having discussed research strategy and research questions we can now review in summarized form the major findings on contract negotiation and study variables.

Summary of Findings on Contract Negotiation

Contract Status Scores among the fifteen client-worker pairs varied from a low score of 23.5 to a high score of 39.5. Theoretically optimal low and optimal high scores range from 0 to 54. The mean contract score was 34.166. Contract scores achieved in each of the three sections of the questionnaire were correlated with each other in order to determine their interrelationship. Statistically significant correlations were found between Section I and Section III ($r = .517$, $p < .05$) and between Section II and Section III ($r = .497$, $p < .05$). However, a positive correlation was not found between Section I and Section II, indicating that a delineation of a focus and expectations of client role are not related, and thus remain independent of one another. On the other hand, Section III which refers to the worker's role is related on a statistically significant basis to delineation of focus and client role. This finding suggests that the worker's ability to convey what the worker's tasks are in relation to offering help to the client reverberates into other essential aspects of contract negotiation, and may be pivotal to successful contract negotiation. However, it also suggests that the client's needs

and tasks are underdeveloped aspects of contract negotiation and do not appear to develop in relation to one another. An interpretation of these findings suggests that contract negotiation might benefit from an approach which maximizes the interplay between client-identified needs and clarity of client responsibilities in the treatment process so that these facets of contract negotiation could be interrelated.

Items in Sections II and III of the questionnaires were analyzed from two perspectives: the first analysis extracted those items which were vulnerable to disagreement for a majority of sample pairs; the second analysis compared the social workers as a group with the clients as a group. The latter approach surveys contracting issues that appear to be potentially hazardous to contract negotiation by considering the study sample as groups representing social work and client communities. In summarizing the findings for Sections II and III we have elected to report only this second approach to the analysis because of the wider applicability to worker-client populations. However, for Section I, we will approach the summary from both perspectives. Generally worker and client consensus on the dimensions of contracting was fairly high; however, areas vulnerable to disagreement between pairs concerned the delineation of specific focus and agreement on estimated length of service. Moreover, workers expected clients to take more initiative and to be more introspective than clients anticipated as part of the treatment process; clients sought specific direction and advice

which workers were not prepared to offer, but workers did not make known the specific and concrete kinds of help that they were prepared to offer. These findings present some contradictions with other findings concerning role preferences, with a majority of clients (10 out of 15) favoring equal status in the relationship and an overwhelming majority of workers (14 out of 15) preferring hierarchal positions of authority.

Section I: Focus of Work

The data was analyzed for each section of the contracting questionnaires with respect to those issues that appeared to be vulnerable to worker-client disagreement. A rank order correlation coefficient was computed to determine the relationship between worker consensus scores and client consensus scores on the items in Section I and is .931, $p < .0005$. Thus, the overall consensus of workers and clients on the focus of the work is high. However, this high correlation coefficient was computed without including items 4, 14, and 16; these items were eliminated because they did not fit the format of the "yes" and "no" categories and therefore could not be ranked. With respect to Section I of the questionnaires (agreement on the work presently engaged in) the items most frequently disagreed upon within pairs were the following:

1. Guaranteeing improvement - thirteen pairs were mismatched on the item which asked whether workers were guaranteeing improvement in the client's situation.

More clients than workers answered affirmatively.

2. Existence of hidden agenda. - eleven pairs were mismatched on the item which asked whether the worker had certain ideas about the goals of treatment that they don't tell the client. More workers than clients answered affirmatively.

3. Estimation of length of service - eleven pairs were mismatched when asked to estimate the length of time of service. A majority of clients indicated that they anticipated a shorter period of contact than did their respective workers.

4. Delineation of focus - the constellation of items relating to whether workers successfully engage clients in delineating a focus of work show high percentages of mismatches occurring among sample pairs. Lack of clarity and lack of explicitness between pairs with respect to the focus of the work was sufficiently common (approximately two-thirds of the sample pairs were mismatched on these items) so as to suggest that workers tend to be too subtle and possibly indirect in the aspect of contracting which includes the explicit definition of a focus.

5. Who in the family is involved in counselling - over half of the sample pairs were mismatched on an item asking if other family members, beside the client, are expected to come to sessions. In each pair the misperception occurred with the worker expecting other family members

to attend while the client in the pair maintained that only he was expected to attend sessions.

These findings in Section I exposed various issues which should be pursued in initial sessions between workers and clients in order to achieve clarity of focus and purpose.

Section II: Client Role

A rank order correlation coefficient was computed to determine the relationship between worker consensus scores (proportion of workers who answered "yes" to each item) and client consensus scores (proportion of clients who answered "yes" to each item) on the items in Section II. The rank order correlation of .5264 was statistically significant at the .05 level, and thus reflects, on an overall basis a fairly high degree of worker-client agreement on those issues relating to expectations of client role. However, we can ask what are the areas relating to client role which are characterized by a significant discrepancy in workers and clients consensus scores?

Questions, phrased from the client's point of view, which are potential areas of misperception between workers and clients are the following:

1. Do you expect to share your deepest thoughts with your caseworker? Ninety three percent of the clients as compared with 40 percent of the workers answered affirmatively on this item. This discrepancy was interpreted in terms of workers' prejudice for the more underlying and more

inaccessible thoughts and may imply that workers gear interventions to uncover rather than discover the richness of clients' conscious thoughts, conflicts and concerns.

2. Do you expect to be embarrassed by some of the things you reveal in sessions? Seventy-three percent of the workers as compared with 13 percent of the clients answered affirmatively on this item. Asked if the client expects to feel relaxed during the interview, 93 percent of the clients as compared with 53 percent of the workers answered affirmatively. These discrepancies imply that workers and clients operate from very different cognitive sets about what casework service entails.

3. Do you expect to do most of the talking? Forty-seven percent more workers than clients expect the clients to do most of the talking. Again, clients appeared to be at variance with workers with respect to certain expectations about client role which have not been reconciled by the third interview.

Section III: Worker Role

A rank order correlation was computed to determine the relationship between worker consensus scores and client consensus scores on the items in Section III. The rank order correlation coefficient of .6347 was statistically significant at the .01 level, and thus reflects, on an overall basis, a fairly high degree of worker-client agreement on those issues relating to

expectations of worker role. We can ask again, however, what are the areas relating to worker role which are characterized by a significant discrepancy in workers' and clients' consensus scores?

Questions, phrased from the client's point of view, which are potential areas of misperception between workers and clients on worker role are the following:

1. Do you expect the worker to make difficult decisions for you? Ninety-three percent of the clients as opposed to 7 percent of the workers answered affirmatively on this item.
2. Do you expect the worker to try to get your mind off your troubles? Sixty-seven percent of clients as opposed to 7 percent of workers answered affirmatively on this item.
3. Do you expect the worker to provide a plan to solve your problem? Ninety-three percent of clients as opposed to 33 percent of workers answered affirmatively.

In all of these items the theme emerges that clients expect workers to offer concrete advice, relief and to provide solutions whereas the workers do not plan to do so. On the other hand the following questions are answered positively by the majority of workers and negatively by a majority of clients.

4. Do you expect the worker to help you realize what your capabilities are? Ninety-three percent of the workers as opposed to 33 percent of the clients answered affirmatively.

5. Do you expect the worker to provide information about treatment, benefits, housing loans or insurance which you may be lacking? Seventy-three percent of the workers as opposed to 33 percent of the clients answered affirmatively.

These findings indicate that potential areas of misunderstanding exist when clients expect workers to be more directive and workers fail to demonstrate or make explicit what is within the scope of their role such as pointing out strengths and negotiating payments, loans and insurance. In such instances, clients tend to wish for social work activity that will never be forthcoming and may eventually end up frustrated and dissatisfied, while workers fail to communicate some spheres or aspects of their role which may be helpful to the client.

Summary of Findings on Study Variables

1. Client perception of the relationship - A computation which correlated Contract Status Scores with Relationship Inventory Scores did not prove the predicted positive association between high contract and high relationship scores. Thus, the study did not show any connection between the affective relationship dimension (clients' feelings about workers) and contract status.

2. Verbal participation in contracting - A two-way analysis of variance was performed using the two groups (case-workers and clients) and the three interviews as the two variables.

The results indicate that the frequency of total worker participation in contracting is significantly different than the frequency of total client participation, confirming the hypothesis that workers carry major responsibility for contracting. Second, taking interviews as the variable, a statistically significant difference was found between the frequency of participation for the two groups over the three interviews, with caseworker activity distinguishably more frequent than client activity in each of the three interviews. Third, the interaction between groups and interviews did not indicate that caseworkers and clients move in different directions or at different rates, implying that though clients make fewer comments in each of the three interviews with respect to contracting, they follow the rhythm and pacing of the workers. Fourth, a pattern emerged whereby the first interview is characterized by more frequent contracting activity which diminishes in the second interview and remains approximately the same for the third interview. Finally, our hypothesis that the status of the contract would be related to balanced participation by workers and clients (based on discrepancy scores of total participation within each worker-client pair) was not confirmed.

3. Relationship communication variable - This study attempted to discern an association between contract negotiation and relationship negotiation. With this intention Contract Status Scores were correlated with Congruence Discrepancy Scores (computed by taking the difference between the proportion of

complementary communication for the worker and client in each pair at the third interview). A Pearson product moment correlation coefficient produced an inverse correlation which was significant at the .05 level, confirming that pairs who negotiate the contract successfully will tend also to achieve reciprocity in role positions, or that successful contract negotiation accompanies successful role negotiation. This finding confirmed an association between two levels of negotiation that occur simultaneously: the struggle to achieve collaboration on content (what we are to do together) and form (how we are going to go about it). The parallel processes of mutuality are highlighted by the study.

Concerning our interest in complementary vs. non-complementary communication, a two-way analysis of variance comparing caseworkers and clients with respect to overall relationship position preferences confirmed, on a statistically significant level, that caseworkers differ from clients in the proportion of complementary to non-complementary communication messages they sent. However, a statistical difference does not hold up for difference in performance between the three interviews. We were able to discern a pattern of relationship communication for workers and clients initially and over the three interviews. A high proportion of complementary communication for the worker group compared with the high proportion of non-complementary communication for the client group in each of the three interviews suggests that, on the whole, workers tend to seek authority

in the relationship while clients seek equality with their role partners.

In examining the six pairs who achieved congruence or role reciprocity by the third interview, we discovered that all six pairs who achieved congruence in the third interview began their relationship in congruent role positions, while seven out of the nine incongruent pairs, began and remained in incongruent role positions from the first interview. Since congruence in five out of the six pairs was achieved in the direction of complementarity with both role partners preferring complementary positions, the findings imply that most clients who achieve congruence with their role partners enter the casework relationship with expectations which conform to the workers' in terms of role positions; furthermore, these clients become more complementary in the second and eventually in the third interview than clients that did not achieve role reciprocity. Thus, clients who tend from the beginning to seek a position of lesser authority with their workers and who become more accommodating in the direction of their role partners achieve congruence in role positions. Of the nine pairs who did not achieve role reciprocity a pattern emerged whereby the workers consistently showed preferences for the complementary -up position as compared with the clients who consistently showed preferences for more symmetrical positions in the relationship. These findings and impressions suggest that, whereas some workers and clients are matched in their preference for com-

plementary relationships with the worker in a position of traditional authority, other worker-client pairs are mismatched from the beginning and remain rigidified into opposing and non-reciprocal relationship positions which contribute to unresolved role strain.

A third focus of analysis pertained to the frequency, patterning and function of mixed messages. All workers and all clients in our sample sent at least one mixed message. While workers made slightly more frequent use of mixed messages, there was no significant difference in the frequency of mixed messages sent between the two groups. Examination of a possible association between the achievement of role reciprocity and the use of mixed messages as negotiating tools whereby workers and clients test out and explore alternate role positions^{1/} was not confirmed by statistical procedures. However, it was this author's impression that experienced and skillful workers tended to make good use of mixed messages to soften a complementary position (with a symmetrical disqualifier) as an indirect appeal to clients' inclination for symmetry in the relationship. As for clients, they appeared to rely on mixed messages to assert symmetrical stances in an indirect way, and thus to avoid conflict with their role partners.

4. Background characteristics of workers and clients -
Because of limited sample size and the relatively homogeneous

¹Nelsen, op. cit.

nature of our sample, background characteristics of workers and clients could not be related to contract status.

Conclusions

In spite of the limitations of this study including sample size and restrictions of the setting, this author believes that the study provides concepts, instruments and findings which are applicable to the first phase of casework service. First, the concept of contract negotiation which has achieved widespread support from various theoretical models of social work practice, has not been developed with any systematic rigor. Defining the contract is the first step to developing a consistent theoretical approach to planned interventions in the first phase of service. As is implied by the study, we believe that the tasks of contract negotiation can be specified for workers and clients since by definition, contract negotiation exists as the mutual and active engagement of both role partners to reach agreement on what they will be doing together and how they will go about it. More specifically the three dimensions of the contract translated into client and worker tasks are:

1. To explore within the context of a carefully delineated focus what the client wants help with and whether this corresponds to the agency's service.
2. To explore and clarify what the client will do on his own behalf.
3. To explore and clarify what the worker will do to help the client.

The questionnaire developed for this study may be used to determine the extent to which these tasks have been accomplished and to differentiate areas that are misperceived.

Related to the implementation of the dimensions of the contract are the considerations of relevant verbal participation (or issues relating to the verbal content involved in contracting) and relationship negotiation. These two interrelated process dimensions of content and form can be studied simultaneously via tape recordings of interviews. It is this author's impression that tape recordings are, unfortunately, an under-utilized technical tool to gain direct access to process. Though it is recognized that listening to tape recordings is time consuming their value as a learning and teaching device cannot be underestimated.

Finally, the worker-client relationship which has an exalted position in theory and practice has defied reconceptualization consistent with the newer approaches to service. It is therefore noteworthy that communication theory provided the conceptual tools for the pioneering efforts of Dr. Nelsen to construct an approach to understanding transactional phenomena outside of the clinical normative perspective on which we have heavily relied. That contract negotiation and relationship negotiation exist within the same conceptual framework of role systems emphasizes a major study finding that contract negotiation and relationship negotiation are interrelated and simultaneous processes. It is hoped that though preliminary, this study, like

others that provided direction for this author, will generate additional research which will refine and expand our knowledge of the initial encounter between social workers and their clients.

A P P E N D I X

CODING INSTRUMENTS FOR AUDIO-TAPES.

All coding of the audio-tapes used "the unit" to define a message which could be counted: a unit is any statement which, taken by itself, makes sense. Frequencies were counted according to this "unit" dimension for worker and client respondents during the first three interviews. All recordings were submitted to the researcher and coded with respect to the following:

- A. Content related to Verbal Contracting Activity for Workers and Clients.
- B. Worker and Client Communication which conveys a relationship message within the client-worker dyad.

A. Content

- I. Verbal Activity of the Worker with Respect to Contracting
 - 1. Worker's attempt to help client clarify expectations of the agency (Example: "What is the problem that you'd like help with?")
 - 2. Worker's attempt to clarify agency service (Example: "This clinic provides medical care as well as casework services.")
 - 3. Worker's attempt to explore and deal with any discrepancy between agency service and client expectations (Example: "Your request for job placement is something

we can look into together but the agency does not have an employment service.")

4. Worker's attempt to clarify worker's expectation of client role (Example: "I would like you to bring up any subject that comes to mind.")

5. Worker's attempt to clarify worker's role in relation to the work (Example: "I would like to get in touch with the welfare department for you.")

6. Worker's attempt to explore and deal with any discrepancy in role expectations between himself and the client (Example: "I have noticed that you always wait for me to begin.")

II. Verbal Activity of the Client with Respect to Contracting:

1. Client's attempt to clarify his reasons for associating with the agency (Example: "My wife and I are fighting and I want to do something about it.")

2. Client's attempt to understand agency service (Example: "Can I get medication here?")

3. Client's attempt to explore and deal with any discrepancy between the agency service and his expectations (Example: "I thought you could evaluate my daughter; she's failing in school.")

4. Client's attempt to understand his role in relation to the work (Example: "You mean I should come and talk every week!")

5. Client's attempt to understand worker's role in relation to the work (Example: "Do you think you could talk to my wife for me?")
6. Client's attempt to explore and deal with any discrepancy in role expectations between himself and the worker (Example: "I thought you'd give me a solution to my problem but you haven't said much.")

B. Relationship Communication

I. Communication conveying symmetry

A. Worker Activity:

1. Introducing personal conversation.
2. Volunteering own feelings.
3. Asking for feedback and/or confirmation of interpretation.
4. Asking if client agrees with suggested plans.
5. Giving reasons for directives or explanation about one's reasons for saying something.
6. Using humor or laughter to convey equality in relationship.
7. Asking a question, while stating that client has option to answer.
8. Introducing oneself on a first name basis.

E. Client Activity:

1. Using humor or laughter to convey equality.
2. Using worker's first name.

3. Asking worker personal questions.
4. Spontaneous disagreement or contradiction of the worker.
5. Stated refusal to answer worker's questions.

II. Communication conveying complementarity

A. Worker activity (worker -up):

1. Calling adult client by first name (when worker has introduced herself by surname).
2. Giving a directive, suggesting a plan, making an interpretative comment, giving advice, or giving support - any comment in which the worker tells or suggests something to the client.
3. Interrupting the client when he is talking.
4. Contradicting or correcting the client.

B. Client activity (client -down):

1. Requesting direction, advice, or solution.
2. Client addressing worker by her surname when he is being addressed by first name.
3. Client apologizing for his behavior.
4. Agreement with the worker's interpretation.

III. Communication conveying complementary reversal

A. Worker activity (worker -down):

1. Generally, any comment by the worker which makes the worker -down, thus rendering client in the -up position, such as the worker apologizing for a mistake.

B. Client activity (client -up):

1. Client questioning worker's reasons, motives, purposes or intent.
2. Interrupting the worker while he is talking to disagree or differ.
3. Verbal overtalking of the worker.
4. Bringing up another subject after worker has indicated interview is over.

IV. Communication conveying mixed messages

A. Worker Activity:

1. Giving an interpretation or directive in a joking fashion, or in question form (the workers complementary message is disqualified by a symmetrical component).
2. Using humor to assert one's authority (the symmetrical message is disqualified by a complementary one).
3. Asking a question in which there is a hidden answer or implied meaning (the symmetrical message is disqualified by a complementary one).

E. Client activity:

1. Seeming agreement with an interpretation while at the same time sounding forced or equivocal.
2. Laughter that expresses discomfort.

Each relationship communication (which meets the requirement of our unit dimension) by a worker or client is counted with a designation as to who made the statement. Thus, in listening individually to each forty-five minute tape recording, the researcher marked the worker or client coding sheet (depending on who made the statement) according to one of the preceeding four categories. At the end of the tape recorded session, the number of units were totaled for each category (for each participant) yielding sub-totals according to coding categories and total scores reflecting the frequency of all relationship messages communicated during each of the three sessions.

WORKER QUESTIONNAIRE

THE FOLLOWING QUESTIONNAIRE IS DESIGNED TO EXPLORE CLIENT AND WORKER EXPERIENCES IN THE EARLY PHASES OF SERVICE. ALL QUESTIONNAIRES ARE CONFIDENTIAL AND UPON RETURN TO ME WILL BE CODED TO MAINTAIN CONFIDENTIALITY.

YOU ARE ASKED TO ANSWER ALL QUESTIONS WITH REFERENCE TO YOUR PRESENT RELATIONSHIP WITH YOUR CLIENT (S).

PLEASE RETURN THE QUESTIONNAIRE TO ME IN THE ENCLOSED ENVELOPE.

THANK YOU VERY MUCH FOR YOUR COOPERATION IN FILLING OUT THE QUESTIONNAIRE.

SONYA RHODES, M.S.
RESEARCH STAFF
VETERANS ADMINISTRATION
SOCIAL WORK SERVICE

Please fill in all information requested below:

Agency: _____

Worker's Name: _____

Date of First Interview: _____ No Return: _____

Date of Second Interview: _____ No Return: _____

Date of Third Interview: _____ No Return: _____

Family or Client's First and Last Name(s): _____

Service Affiliation: WW I _____ WW II _____ Korean _____

Sex: _____ Vietnam _____ Doesn't apply _____

Age: _____

Occupation: _____ of husband/wife: _____

Marital Status: Married _____ Divorced _____
Separated _____ Single _____

Any Children: Yes _____

Names and Ages: _____

Annual Gross Family Income: _____

Psychiatric Diagnosis: _____

Education:	Husband	Wife
Less than 8th grade	_____	_____
Less than high school graduate	_____	_____
High School Graduate	_____	_____
Some College	_____	_____
College Graduate	_____	_____
Post College	_____	_____

Race: _____

Religion: _____

American Born: Yes _____ No _____

Country of Birth, if not the United States: _____

Section I

Please read the following questions and circle your answer where a "yes" or "no" response is called for; several questions specifically ask for a written response and there is a space at the end for additional comments if you want to make them.

Yes No 1. There is a vagueness in my mind as to the focus of the work I am doing with the client.

Yes No 2. I made a conscious, deliberate attempt to engage the client in a discussion of the focus of the work we are engaged in together.

Yes No 3. The client and I have come to an agreement on the focus of the work we are doing together.

If you answered "yes" to question #3 (above), please answer the following questions marked 3a, 3b, 3c, and 3d. If you answered "no" to question #3, please go to question #4 and skip 3a, 3b, 3c and 3d.

Yes No 3a The client and I could at some point shift focus - a renegotiation of focus is possible as circumstances change.

Yes No 3b I am guaranteeing improvement or changes in those areas that we've agreed to focus on.

Yes No 3c This focus will provide a central force or thrust to my work with the client(s).

Yes No 3d I expect that the client and I will forget about this focus.

4. In the space provided below please write what you believe to be the focus of your work with the client at the present time.

*Items 3c, 7 and 12 were eliminated from final questionnaire.

Yes No 5. The client wants to work in this direction.

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Yes No 6. I can help the client in this area.

Yes No 7. The service the client is receiving is consistent with his reasons for coming to the social service clinic.

Yes No 8. The client's needs are the determining aspect of the work we are doing together.

Yes No 9. I have certain ideas about the goals of treatment that I haven't told the client.

What? _____

Yes No 10. What the client and I are working on together is consistent with the service that the social service clinic offers.

Yes No 11. The client has an unimportant role to play in determining the course of the service he is receiving.

Yes No 12. The client is actively involved in the work we are doing together.

Yes No 13. I expect him to attend sessions regularly.

14. How often? Once per week _____

Less often _____

Twice per week _____

More often _____

Yes No 15. Are other family members besides the client expected to come to sessions?

16. How long do you think the client will be coming to the agency?

Less than three months _____

Between three and six months _____

Between six months and one year _____

More than one year _____

Yes No 17. Time limits have been established on the length of service.

Additional Comments:

Section II

Do you expect the client to do the following in relation to your present work together? (Please answer yes or no). Please answer in the context of the particular client we have been discussing.

Yes	No	1.	Experience intense feelings which may be painful?
Yes	No	2.	Talk about his future personal plans?
Yes	No	3.	Tell you about his childhood?
Yes	No	4.	Develop some understanding of his problem?
Yes	No	5.	Think about what you say?
Yes	No	6.	Relate important dreams?
Yes	No	7.	Remember things from the past that he had forgotten?
Yes	No	8.	Be careful about what he says?
Yes	No	9.	Bring up anything that is on his mind?
Yes	No	10.	Depend on you for direction?
Yes	No	11.	<u>Respond</u> verbally to your comments?
Yes	No	12.	To do most of the talking?
Yes	No	13.	Tell you his thoughts and feelings honestly?
Yes	No	14.	Tell you when he disagrees with you?
Yes	No	15.	Ask you questions about your personal life?
Yes	No	16.	Discuss his experiences to date at this clinic?
Yes	No	17.	Bring out his reactions to what you do or don't do?
Yes	No	18.	Do what you tell him to do?
Yes	No	19.	Hold back intense feelings about you?
Yes	No	20.	Discuss his relationships with his parents with you?
Yes	No	21.	Continue in treatment until things are better?
Yes	No	22.	Ask your opinion?

Yes	No	23.	Avoid subjects that upset him?
Yes	No	24.	Learn from his mistakes?
Yes	No	25.	Up to him - her - to begin each session with what he thinks is important?
Yes	No	26.	Prepare for each session by thinking ahead of time what he is going to talk about?
Yes	No	27.	Give his side of the story and let you take it from there?
Yes	No	28.	Get angry with you?
Yes	No	29.	Discuss his experiences with drugs?
Yes	No	30.	Change aspects of his behavior?
Yes	No	31.	Share his deepest thoughts with you?
Yes	No	32.	Feel relaxed during his interviews?
Yes	No	33.	Talk mostly about his financial problems?
Yes	No	34.	Talk mostly about someone else in the family?
Yes	No	35.	Tell other family members that he is coming here?
Yes	No	36.	Be embarrassed by some of the things he tells you?

Section III

Do you expect to do the following in relation to your present work with the client. (Please answer yes or no). Please answer in the context of the particular client on the socio-cultural data sheet.

Yes	No	1.	Help him get more money in compensation payments?
Yes	No	2.	Give the client suggestions and/or advice on how to handle certain situations?
Yes	No	3.	Cheer the client up?
Yes	No	4.	Arrange medical exam or care?

Yes	No	5.	Ask questions about the client's personal life and personal feelings?
Yes	No	6.	Tell the client what you think is the matter with him?
Yes	No	7.	Give the client definite rules to follow?
Yes	No	8.	Help the client become eligible for higher disability payments?
Yes	No	9.	Help the client become eligible for social security or welfare?
Yes	No	10.	Listen to the client's problems?
Yes	No	11.	Interrupt the client when you think he's getting off from his point?
Yes	No	12.	Give details for filing applications for G.I. Bill benefits?
Yes	No	13.	Help the client understand himself?
Yes	No	14.	Avoid topics that the client himself does not bring up?
Yes	No	15.	Arrange specific services such as job placement or additional education if necessary?
Yes	No	16.	Try to get the clients's mind off his troubles?
Yes	No	17.	Point out what might be causing his trouble?
Yes	No	18.	Be the client's friend?
Yes	No	19.	Provide a plan to solve the client's problem?
Yes	No	20.	Be forthright and direct in telling the client what you are thinking?
Yes	No	21.	Mostly listen, to encourage the patient to take responsibility for the sessions?
Yes	No	22.	Try to get the client to see his part in his difficulties?
Yes	No	23.	Bring up the client's service experiences?
Yes	No	24.	Encourage the client in those activities that he's interested in?
Yes	No	25.	Help the client realize what his capabilities are?
Yes	No	26.	Tell the client right from wrong?

- Yes No 27. Help the patient change aspects of his personality?
- Yes No 28. Get angry at the client?
- Yes No 29. Try to get your client to confront his problems?
- Yes No 30. Remind the client of past mistakes?
- Yes No 31. Make difficult decisions for him?
- Yes No 32. Provide information about treatment benefits, housing loans or insurance which he may be lacking?
- Yes No 33. Ask questions he can't answer?
- Yes No 34. Help him feel better immediately?
- Yes No 35. Give him practical advice?
- Yes No 36. Help get someone else in his family to come here?

Questions concerning practitioner's professional experience:

1. Last degree held: M.S. M.S.W. D.S.W. Ph.D. Other _____
2. School of Social Work attended: _____
3. Date of degree: _____
4. Years of professional employment: _____
5. Experience: (Check any that are applicable).

Intake _____

Long term _____

Crisis or planned short term treatment _____

Group treatment _____

Supervision _____

6. Theoretical orientation: Check the following practice models which characterize your practice.

I mention theorists associated with the models, but these are in no way inclusive and are included only as reference points.

Psychosocial (Hollis, Hamilton) _____

Crisis (Parad. Rapoport) _____

Functional School (Taft, Smalley) _____

Brief Service (Reid & Shyne) _____

Task-Oriented (Reid & Epstein) _____

Problem-solving (Perlman) _____

Family and Ecological Systems (Satir, Sherz, Auerswald, Germain, Meyer) _____

Behavior Modification (Thomas) _____

Socialization (McBroom) _____

Others: (Name them) _____

7. Have you ever been exposed to the following concepts in social work theory? (Circle yes or no).

Therapeutic contract	Yes	No
Working agreement	Yes	No
Agreement on mutual expectations	Yes	No
Do you conscientiously try to explore the client's expectations of himself in the client-role?	Yes	No
Do you try to clarify your role with the client?	Yes	No
Do you try to clarify your expectations of the client's role?		
Do you try to reach an explicit agreement with the client with respect to the specific work you and the client will be doing together?	Yes	No

8. Agency function

Please state in the space below what you think the agency function is; be as specific as possible:

Do you think the agency is clear and consistent in presenting its function to employees?	Yes	No
To members of the community?	Yes	No

Additional Comments:

CLIENT QUESTIONNAIRE

THE FOLLOWING QUESTIONNAIRE IS DESIGNED TO EXPLORE A
VETERAN'S EXPERIENCES IN THE EARLY PHASES OF CASEWORK SERVICE.
ALL QUESTIONNAIRES ARE CONFIDENTIAL AND UPON RETURN TO ME
WILL BE CODED TO MAINTAIN CONFIDENTIALITY.

THERE ARE NO "RIGHT" OR "WRONG" ANSWERS TO THE QUESTIONS.
YOU ARE ASKED TO ANSWER ALL QUESTIONS WITH REFERENCE TO YOUR
PRESENT RELATIONSHIP WITH YOUR CASEWORKER: PLEASE READ THE
DIRECTIONS WHICH ACCOMPANY EACH SECTION. PLEASE RETURN THE
QUESTIONNAIRE IN THE ENCLOSED ENVELOPE TO THE RECEPTIONIST
IN THE SOCIAL SERVICE DEPARTMENT OF THIS CLINIC.

THANK YOU VERY MUCH FOR TAKING TIME TO FILL OUT THIS
QUESTIONNAIRE. WE HOPE TO BE ABLE TO IMPROVE THE SERVICE
FROM YOUR EFFORTS.

SONYA RHODES, M.S.
RESEARCH STAFF
VETERANS ADMINISTRATION
SOCIAL WORK SERVICE

Name: _____ Date: _____

Section I

Please read the following questions and circle your answer where a "yes" or "no" response is called for; several questions specifically ask for written response, and there is space at the end for additional comments if you want to make them.

- Yes No 1. There is a vagueness in my mind as to the focus of the work I am doing with the caseworker.
- Yes No 2. The caseworker made a conscious or deliberate attempt to engage me in a discussion of the focus of the work we are engaged in together.
- Yes No 3. The caseworker and I have come to an agreement on the focus of the work we are doing together.

If you answered "yes" to question #3 (above) please answer the following questions marked 3a, 3b, 3c, 3d. If you answered "no" to question #3, please go to question #4 and skip #3a, 3b and 3c and 3d.

- Yes No 3a The caseworker and I could at some point shift focus - a renegotiation of focus is possible as circumstances change.
- Yes No 3b The caseworker is guaranteeing improvement or change in those areas that we've agreed to focus on.
- Yes No 3c This focus will provide a central force or thrust to my work with the caseworker.
- Yes No 3d I expect that the caseworker and I will forget about this focus.
4. In the space provided please write what you believe to be the focus of your work with the caseworker at the present time.

*Items 3c, 7 and
12 were eliminated
from final
questionnaire

Yes No 5. I want to work in this direction.

Yes No 6. The caseworker can help me in this area.

Yes No 7. The service I am receiving is consistent with my reasons for coming to the social service clinic.

Yes No 8. My needs are the determining aspect of the work I am doing with the caseworker.

Yes No 9. The caseworker has certain ideas about the goals of treatment that he (she) hasn't told me.

What? _____

Yes No 10. What the caseworker and I are working on together is consistent with the service that the social service clinic offers.

Yes No 11. I have an unimportant role to play in determining the course of the service I am receiving.

Yes No 12. I am actively involved in the work I am doing with the caseworker.

Yes No 13. I expect to attend sessions regularly.

14. How often? Once per week _____

Less often _____

Twice per week _____

More often _____

Yes No 15. Are other family members besides yourself expected to come to sessions?

If yes, please list: _____

16. How long do you think you'll be coming to the agency?

Less than three months _____

Between three and six months _____

Between six months and one year _____

More than one year _____

Yes No 17. Time limits have been established on the length of service.

Additional Comments:

Do you expect to do the following in relation to your work with your present caseworker? (Please circle yes or no).

Yes	No	1.	Experience intense feelings which may be painful?
Yes	No	2.	Talk about your future personal plans?
Yes	No	3.	Tell about your childhood?
Yes	No	4.	Develop some understanding of your problems?
Yes	No	5.	Think about what the caseworker says?
Yes	No	6.	Relate important dreams?
Yes	No	7.	Remember things from your past you had forgotten?
Yes	No	8.	Be careful what you say?
Yes	No	9.	Bring up anything that is on your mind?
Yes	No	10.	Depend on the caseworker for direction?
Yes	No	11.	Respond verbally to comments the caseworker may make?
Yes	No	12.	To do most of the talking?
Yes	No	13.	Tell the caseworker your thoughts and feelings honestly?
Yes	No	14.	Tell the caseworker when you disagree with him?
Yes	No	15.	Ask questions about the caseworker's life?
Yes	No	16.	Discuss experiences to date at this clinic?
Yes	No	17.	Bring out your reactions to what the caseworker does or doesn't do?
Yes	No	18.	Do what the caseworker tells you to?
Yes	No	19.	Hold back intense feelings?
Yes	No	20.	Discuss your relation with your parents with the caseworker?
Yes	No	21.	Continue in treatment until things are better?
Yes	No	22.	Ask your caseworker's opinion?

- Yes No 23. Avoid subjects that upset you?
- Yes No 24. Learn from your mistakes?
- Yes No 25. Up to you to begin each session with what you think is important?
- Yes No 26. Prepare for each session by thinking ahead of time what you are going to talk about?
- Yes No 27. Give your side of the story and let the caseworker take it from there?
- Yes No 28. Get angry with your caseworker?
- Yes No 29. Discuss your experiences with drugs?
- Yes No 30. Change aspects of your behavior?
- Yes No 31. Share your deepest thoughts with the caseworker?
- Yes No 32. Feel relaxed during your interviews?
- Yes No 33. Talk mostly about your financial problems?
- Yes No 34. Talk mostly about someone else in your family?
- Yes No 35. Tell other family members that you are coming here?
- Yes No 36. Be embarrassed by some of the things you tell the caseworker?

SECTION III

Do you expect your caseworker to do the following in relation to his/her work with you? (Please circle yes or no).

- Yes No 1. Help you get more money in compensation payments.
- Yes No 2. Give you suggestions and/or advice on how to handle certain situations?
- Yes No 3. Cheer you up?
- Yes No 4. Arrange medical exam or care?

Yes	No	5.	Ask questions about your personal life and personal feelings?
Yes	No	6.	Tell you what he thinks is the matter with you?
Yes	No	7.	Give you definite rules to follow?
Yes	No	8.	Help you become eligible for higher disability payments?
Yes	No	9.	Help you become eligible for social security or welfare?
Yes	No	10.	Listen to your troubles?
Yes	No	11.	Interrupt you when the caseworker thinks you are going off the point?
Yes	No	12.	Give details for filing application for G.I. Bill benefits.
Yes	No	13.	Help you understand yourself?
Yes	No	14.	Avoid topics that you do not bring up?
Yes	No	15.	Arrange specific services such as job placement or additional education if necessary?
Yes	No	16.	Try to get your mind off your troubles?
Yes	No	17.	Point out what might be causing your trouble?
Yes	No	18.	Be your friend?
Yes	No	19.	Provide plans to solve your problems?
Yes	No	20.	Be forthright and direct in telling you what he is thinking?
Yes	No	21.	Mostly listen, to encourage you to take responsibility for the session?
Yes	No	22.	Try to get you to see your part in your difficulties?
Yes	No	23.	Bring up your service experiences?
Yes	No	24.	Encourage you in those activities in which you have expressed interest?
Yes	No	25.	Help you realize what your capabilities are?
Yes	No	26.	Tell you right from wrong?

- Yes No 27. Help you change aspects of your personality?
- Yes No 28. Get angry with you?
- Yes No 29. Try to get you to confront your problems?
- Yes No 30. Remind you of past mistakes?
- Yes No 31. Make difficult decisions for you?
- Yes No 32. Provide information about treatment benefits, housing loans or insurance which you are lacking?
- Yes No 33. Ask questions you can't answer?
- Yes No 34. Help you feel better immediately?
- Yes No 35. Give you practical advice?
- Yes No 36. Will help get someone else in your family to come here?

RELATIONSHIP QUESTIONNAIRE

Below are a variety of ways that one person may feel or behave in relation to another person.

Please consider each statement with reference to your present relationship with your caseworker.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every statement. Write in +3, +2, +1, or -1, -2, -3 to stand for the following:

- +3: Yes, I strongly feel that it is true.
- +2: Yes, I feel it is true.
- +1: Yes, I feel that it is probably true, or more true than untrue.
- 1: No, I feel that it is probably untrue, or more untrue than true.
- 2: No, I feel that it is not true.
- 3: No, I strongly feel it is not true.

-
- _____ 1. He respects me as a person.
 - _____ 2. He wants to understand how I see things.
 - _____ 3. He is comfortable and at ease in our relationship.
 - _____ 4. He feels a true liking for me.
 - _____ 5. I feel that he puts on a role or front with me.
 - _____ 6. He is impatient with me.
 - _____ 7. I feel that he is real and genuine with me.
 - _____ 8. It makes him uneasy when I ask or talk about certain things.
 - _____ 9. He is indifferent to me.
 - _____ 10. He usually senses or realizes what I am feeling.

- _____ 11. He finds me rather dull and uninteresting.
- _____ 12. His own attitudes toward some of the things I do or say prevent him from understanding me.
- _____ 13. He wants me to think that he likes me or understands me more than he really does.
- _____ 14. He cares for me.
- _____ 15. Sometimes he thinks that I feel a certain way, because that's the way he feels.
- _____ 16. He usually understands the whole of what I mean.
- _____ 17. He expresses his true impressions and feelings with me.
- _____ 18. He is friendly and warm with me.
- _____ 19. He just takes no notice of some things I think or feel.
- _____ 20. He appreciates exactly how the things I experience feel to me.
- _____ 21. He is willing to express whatever is actually in his mind with me, including any feelings about himself or about me.
- _____ 22. At times he thinks I feel a lot more strongly about a particular thing than I really do.
- _____ 23. He is openly himself in our relationship.
- _____ 24. I seem to irritate and bother him.
- _____ 25. He does not realize how sensitive I am about some of the things we discuss.
- _____ 26. There are times when I feel that his outward response to me is quite different from the way he feels underneath.
- _____ 27. He understands me.
- _____ 28. He is truly interested in me.
- _____ 29. What other people think of me does (or would, if he knew) affect the way he feels toward me.
- _____ 30. I believe that he has feelings he does not tell me about that are causing difficulty in our relationship.

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