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Professionals, Bureaucrats, and Radicals: A Study in the Sociology of Social Workers

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PROFESSIONALS, BUREAUCRATS, AND RADICALS: A STUDY IN THE SOCIOLOGY OF SOCIAL WORKERS

by

David Russell Joslyn

A DissertationSubmitted to the Faculty of The Graduate College in partial fulfillment of the requirements for the Degree of Doctor of Philosophy Department of Sociology

Western Michigan University Kalamazoo, Michigan August 15, 1980
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David Russell Joslyn
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CHAPTER I

INTRODUCTION

Social work treatment planning is the focus of this study of the social work helping process. A theoretical model which combines aspects of both a professional and radical perspective provides a framework for assessing social work treatment planning. Ideological, structural, and perceptual based variables are identified as major parts of the theoretical model and are evaluated singly and in combination. A dialectic approach provides a description and explanation of those dynamics and variables of social work which are contradictory or in direct opposition. Three ideal types are reviewed, professional, bureaucratic, and radical, for their impact on the social work treatment planning.

Social work asserts that treatment planning is one formalized procedure which is related to and represents society's helping impulses. To assess the helping process of any of the many human service professions requires attending to these societal sources. Various cultural and societal influences promote a variety of humanitarian perspectives. Literary examples of benevolent human behaviors can be found in modern writings as well as ancient records.

... the tradition has remained inviolate down to our own time. According to it, the world reposes upon thirty-six Just Men, the Lamed-Vov, indistinguishable from simple mortals; often they are
unaware of their station. But if just one of them were lacking, the sufferings of mankind would poison even the souls of the newborn, and humanity would suffocate with a single cry. For the Lamed-Vov are the hearts of the world multiplied, and into them, as into one receptacle, pour all our griefs.

Andre Schwarz-Bart
The Last of the Just

... A man was going from Jerusalem to Jericho and he fell among robbers, who stripped him and beat him and departed, leaving him half dead. ... a Samaritan, as he journeyed, came to where he was; and when he saw him, he had compassion, and went to him and bound up his wounds, ... brought him to an inn, and took care of him. ... gave money to the innkeeper, saying, 'Take care of him; and whatever more you spend, I will repay you when I come back'. ...

Luke 10:29-36
The Holy Bible

The value placed upon self-sacrifice, giving to others, and assisting one's neighbor has a pronounced impact upon human thought and action. Humanitarian activities are often viewed as individual-to-individual interactions; whereas, industrial societies have expansive social welfare policies which are examples of institutionalized helping. Whether the "helping" occurs on an individual or institutional basis, a variety of factors impact upon the process and influence both the quantity and quality of the help given.

Recognizing that modern societies respond in different ways to social welfare needs, Wilensky and Lebeaux (1965) describe two approaches to "helping" at a societal level. These two approaches reflect different value perspectives: (a) the residual, and (b) the institutional. Briefly, the residual approach suggests that the basic social institutions provide the essential human needs and assure continuance and survival of the social system. Within this perspective, social welfare is targeted toward those that fall between the
institutional gaps. Help is seen as short-term, remedial, supportive to the dominant institutions, and never in competition with these institutions. In short, it is residual to the mainstream of life. The institutional stance promotes social welfare as a full partner in the social context and "helping" as a major social dynamic assuring that the rights of individuals, groups, or even organizations to receive an adequate share of available resources is maintained. Perhaps the greatest difference in these two perspectives is the significance attached to the organized forms of assistance provision. The institutional approach promotes social welfare to a position of primacy; whereas, the residual approach sees it as secondary—a necessary evil.

A similar clashing of different perspectives can be seen through a historical review of social welfare efforts in the United States. The pre-depression era saw two major styles of social welfare activity. The COS (Charity Organization Societies) were rooted in American Protestantism and assumed the stance that the poor down-and-outers could be helped through moral argument and rehabilitative efforts. The focus was to change the individual; bringing the poor person up to the level of achievement of the middle class was the goal. The giving of alms, etc., was rigidly restricted and generally viewed as harmful to the person's self concept.

In contrast, the Settlement House movement did not focus upon rehabilitating the poor or providing moral upgrading. This movement strongly endorsed the self-worth of the poor, promoted neighborhood
organizing, and political activity. Further, it was typified by the three R's--residence, reform, and research. The predominantly young people that worked in this movement lived with the poor, actively fought for reform and social change, and used research to support organizing and lobbying efforts.

Given the contrasting approaches to helping found in the residual and institutional explanations, or demonstrated by the Charity Organization Societies in attempting to change the individual, and the Settlement House movement's efforts at changing the social context, the question arises as to the sources of these differences. What promotes a focus upon changing the individual or elicits a social change effort?

Social welfare, because of these and other contrasting expectations, is particularly vulnerable to criticism. Individual humanitarianism is seldom attacked or discouraged, yet organized and formalized philanthropy is a favored target. Some decry the problems which will occur if assistance or help is given without attaching stringent requirements. Others point criticism at the social control functions which programs and practitioners maintain under the auspices of helping.

As modern societies have institutionalized the helping process, specialized helpers have developed and professionalized. These professions claim specific areas of exclusive responsibility. Springing from an assessment of this growth of professional helpers are two prominent and contrasting perspectives. The first is typified
as the traditional professional model. This model stresses a common knowledge base, societal legitimacy, a service commitment, and mutual colleague support and regulation. The second approach is labeled radical in that its major thrust is a basic criticism of the helping professions and calls for greater alignment with client groups.

Social work, as one of the helping professions, comes under attack by both of the outlined perspectives. The professional model matches social work against a set of professional criteria and finds it wanting. An example of this is Toren's classification of social work as a semi-profession (Etzioni, 1969, pp. 141-195). This perspective promotes a professional model which takes medicine as its model.

The radical model attacks the emphasis upon a shared knowledge base and colleague support and regulations, indicating the helping professions as the controlling professions. These attacks note the consistent alignment of professional interests with organizational interests to the disadvantage of clientele.

Considerable argument, practical experience, and historical implementation exist to support either a professional or radical model of explanation. The question can be raised as to the relevance of another study of professionalism, particularly in social work. Two purposes focus upon a need to reassess variables that potentially influence social work practice and to assess the contrasting professional and radical perspectives for their different explanations of social work practice.
These two perspectives have implications for both the social work profession and sociological theory. First, we will look briefly at these implications for social work and, secondly, a review of implications for sociological theory will be provided.

The social work profession struggles with the problem of identity and direction. Considerable material elaborates upon what social work ought to be, or where it falls short of an identified ideal, yet little is available which identifies the state of the art, particularly along lines of unique features as well as those characteristics which are shared with other professions. Perhaps the sense of direction which appears problematic for the social worker can be attributed to the wide disparity of contrasting ideas, beliefs, and values which appear to be part of the professions. Both identity and direction can be clarified through description of the helping process and explanation of the influences on that process. Thus, the implications of this study for social work are both descriptive and explanatory.

The benefits to sociological inquiry are most clearly traced to the evaluation of variables which are common to both the professional and radical models. This study will provide further assessment of variables which will support or refute claims of one model or the other. To illustrate, this study will evaluate ideological orientations which are given legitimacy within both the professional and radical models. Associations which are assumed to exist in each model will be evaluated on a comparative basis.

On the one hand, a good deal of dissatisfaction exists with the
traditional professional model, with some noting the formal medical model basis as inappropriate to use with other occupational groups (Bailey & Brake, 1975; Epstein, 1970; Galper, 1975). Colleague regulation and supervision is viewed as a protective device and client service is challenged as an inoperative public relation ploy. The radical model is firm in a commitment to client service, yet few operational or implementational directives are provided beyond the need for commitment. This study attempts to provide data that will shed light on both the radical and professional perspectives.

In summary, this study seeks to add to the understanding of social work's helping process. By focusing upon the treatment planning process as one indicator of social work's involvement in the helping process, ideological, structural, and perceptual variables are assessed as to their association with the process. Three ideal types are described by use of a dialectical explanation. These types, professional, bureaucratic, and radical, are assessed for alignment with the treatment planning process.
A unified theoretical model is presented which reflects constructs from both the professional and radical perspectives. Included in this model are ideological, organizational structure, and perceptual variables. Particular attention is focused upon the ideological variables. Logical combinations of the ideological variables, are used to construct three ideal types: professional, bureaucratic, and radical. A dialectic approach is used to describe and explain the ideal types and their impact upon social work treatment planning. It is important to recognize the two-pronged nature of this study which assesses a general unified model of social work practice and then focuses attention upon specific social work practice ideal types through a dialectical explanation. Before proceeding further, a brief look at Figure A should prove useful to an understanding of the theoretical model.

Prior to the development of these theoretical efforts, a few general comments regarding social work and the helping process should outline the context for the reader. Need and amelioration of that need is a pillar of legitimacy for most social welfare policy programs. From providing food to the starving to shelter for the homeless, the nature of helping has been claimed by social workers as social work's specialty. Even in institutions where social work's involvement has
provided maintenance for systems which imprison, helping is alluded to as social work's unique humanistic contribution. Similarly, protective custody, milieu therapy and structured care are phrases used to justify and align control processes with the concept of helping.

The legitimacy of social work in the institutionalized helping process appears blurry, indistinct and uncertain when pressed against the present-day reality of lessening resources, a society stressing profit and production and the prying instruments of accountability experts. In concentrating on social work as a major provider of help, it is recognized that many agendas and expectations, both individual and social, are encountered. Further, the helping process is carried out within the confines of organizations of various dimensions and intensities. Finally, helping is viewed as a human process, steeped in human emotion and dependent upon human beliefs, values, and perceptions.

This chapter is organized around the development of a generalized explanatory model and the application of a dialectics framework. The sequence for this chapter will start with a review of theoretical models, then develop the dialectic aspects of the chapter. Following this will be a discussion of the variables which comprise the theoretical model (see Figure A). Topical headings will identify the section which discusses each variable of the model.
Theoretical Review

To assess the interactions of the multitudinous factors involved in the helping process, a guiding perspective is essential. In reviewing social theory, which attempts to explain various social phenomena, two themes appear particularly useful. One perspective stresses the interrelatedness of systems, subsystems, groups, and individuals. A contrasting focus is upon change and the need to view change as continuous and essential to survival of the system. These two perspectives applied to the helping process suggest that it is (a) significantly interrelated with other social processes, and (b) reflective of ongoing dynamics of change. To be more specific, this suggests that the helping process, whether it includes social work, medicine or whatever, needs to be assessed as interdependent with the vastness of its environment. Further, the social work helping process must be assessed relative to ongoing social change.

Systems theory promotes and develops the concept of interrelatedness. To illustrate, Parsonian emphasis stresses the totalistic system, which is further developed by Anderson and Carter in promoting the dual concerns of both subsystems and significant environments (Anderson & Carter, 1974, p. 8). Systems theory provides a complex series of concepts for assessing social phenomena, some of which focus upon social change. Integration, equilibrium, and steady state are often used to provide an explanation of change in systems theory (Anderson & Carter, 1975; Kuhn, 1975; Parsons & Von Bertalanffy in
Demerath & Peterson, 1967). Criticisms of such efforts draw attention to the static rather than dynamic nature of these systems based explanations (Mills in Demerath & Peterson, 1967; Gouldner, 1970; Galper, 1975).

Change is the primary focus of conflict theory; in particular, the concept of the dialectic provides considerable application to understanding social processes (Dahrendorf, Marx & Simmel in Turner, 1978).

A number of efforts which attempt to integrate systems concepts and conflict theory are available (Coser & Van de Berghe in Demerath & Peterson, 1967). Criticisms of such efforts stress an overconcern with maintenance of system sustaining concepts and a lack of readiness to perceive of change as continuous. This criticism notes the tendency to evaluate and describe change in functional terms. Such criticism suggests a need to focus upon change which also promotes the interrelatedness of social processes. This need to combine, theoretically, systems relatedness and systems change, is provided in the dialectics literature.

**Dialectical Procedures**

Georges Gurvitch, in developing a dialectical explanation, goes to great lengths to stress the multidimensional nature of social phenomena. This multidimensional focus is groupings, types of social classes and global societies and their interrelationship (Bosserman, 1968). The similarity of Gurvitch's focus upon interrelated elements
and a systems perspective is important. Coupled with this emphasis on the interrelatedness of systems is a concern for the indeterminateness of social reality (Bosserman, 1968). Developing the dialectic, five procedures are elaborated which clarify the relationships and tensions found within social phenomena. It is being suggested that although dialectics are the major theoretical tool, Gurvitch draws upon a functionalist or systems tradition in various indirect ways.

Gurvitch's descriptions of the dialectic processes provides helpful insight and direction to the focus upon social work helping process. The five procedures include complementarity, mutual implication, ambiguity, polarization and reciprocity of perspectives (Bosserman, 1968, pp. 232-9). Gurvitch stresses the functional aspects of the dialectic as well as the change orientation. He readily rejects the sharply delineated opposites found in the Marxian-Hegel dialectic and suggests that close examination of suspected opposites will produce various degrees of integration and accommodation. This becomes clear in an examination of the dialectic procedures themselves.

**Complementarity**

Complementarity denotes explanations which note the interrelatedness of phenomena which appear to be opposites. This can be illustrated by polar types placed at opposite ends of a continuum. The complementarity is noted through the compensation of one polar type to the other; as one yields the other increases. In social
work, this complementarity is visible in simple phenomena such as bureaucratic paper work and client service contacts. Often these two are viewed as opposites, demanding attention and resources, yet closer scrutiny reveals that both are interrelated and each rely upon the other—paper work describes client contacts and client contacts require documentation. As dialectic procedures, they can be viewed as interrelated opposites in a compensatory relationship. The more time spent in paper work, the less time is available for client contacts. This dialectic interpretation provides an understanding of these phenomena, their interrelationship and difference through the procedure of complementary dialectics.

**Mutual Implication**

In a similar way, mutual implications suggests a dialectic which, at first, appears to include opposites, though a closer assessment reveals an interdependency. Mutual implication suggests or adds to complementarity the idea that two, apparently opposite phenomena, not only balance in a compensatory manner, but have similar implications. Using the example from above, client contact and paper work have similar implications for the client. Again, this dialectic process points out the interrelatedness of phenomena instead of the disharmony. The dialectic of mutual implication adds to the understanding of interdependency of social phenomena found through complementarity.
Ambiguity

The procedure of ambiguity brings to the understanding of complementarity an interdependence of opposites, the presence of uncertainty and potential for change. This process involves ambiguity arising from attempted integration of opposites resulting in swings of allegiance, and love-hate patterns of interactions and feelings. An example of this is readily apparent when observing interactions between employers and employees. Despite theories which stress stratified social classes and interclass allegiances, upon examination of work settings, one will find changing allegiance to first the management, then one's fellow employees—representative of ambiguity. Gurvitch is suggesting that this state of affairs is typical of dialectic interactions. Further support for this can be gained by noting the often expressed frustration by radicals over the failure of the working class to recognize the oppression under which they work—a failure to polarize around class issues. Ambiguity progresses to ambivalence and rigidifies and leads to the dialectic of polarization.

Polarization and Reciprocity of Perspectives

Clear divisions develop around issues, policies, etc. Again, Gurvitch emphasizes that polarization seldom occurs and is only one type of dialectic. With polarization, opposites are clearly identified, issues hardened, and positions firmly taken. This dialectic procedure
is the result of diminished complementarity and increased rigidification. The last dialectic—reciprocity of perspectives—reemphasizes the interrelatedness of apparent opposites and can be understood as a reintegrative procedure.

An example of a polarized process in social work can be seen in the welfare rights movement in the 1960s. Clients and social workers were polarized on a number of issues. A particular issue involved the role of the client in their own treatment services. Although positions were hardened one way or the other on this issue, it quickly resulted in a number of schemes to include clients more directly in their own treatment. One example of this that continues today are advisory boards which include client members.

To use the dialectic, as described by Gurvitch, one needs to be cognizant of both interrelatedness as well as unexpected change. The dialectic approach outlined allows an assessment which considers opposing factors, the relationships and interactions between these opposites and the nature and intensity of the interactions.

Model Review

Evaluations of social work as an occupational category as well as assessments specific to various aspects of social work have tended to contrast a professional model to actual practice (Greenwood, 1957). This professional model, stressing autonomy, decisions based upon expertise, impartiality, and objectivity, has been the basis of many evaluations of social work. At times this model is used to demonstrate
the disparity between a professional orientation and a bureaucratic orientation (Billingsley, 1964; Reisman, 1949). Definitional efforts regarding social work have often taken a similar pattern of analysis as have efforts to demonstrate the level of professionalism obtained by social work.

In contrast, Jorgensen promotes a focus upon competition and conflict as more appropriate issues for understanding social work and the helping process (Jorgensen, 1979). Ideological dimensions are delineated which are most useful in coming to grips with the complexity of this phenomena. Three bipolar ideological positions or debates are isolated and described (see Table 1). The first of these ideological battles involves the "meaning of the field" of social work itself. Two polar types are defined as clientism--prioritizing client concerns, and professionalism--prioritizing expert judgement, neutrality, and autonomy. The second ideological stance involves treatment, practice, and service. Again, two polar types are defined as clinicalism--fixing the individual, and social treatmentism--fixing the society. The final ideological battleground is most relevant and concerns the practitioner-client relationship. The polar types here are described as paternalism--professional expertise and judgement, and self-determinism (Jorgensen, 1979). Jorgensen does develop the polar types into two models of social work. The ideological positions of professionalism, clinicalism and paternalism are typical of the normative model of professionalized medicine; whereas a second model which combines the ideological positions of
clientism, social treatmentism, and self-determinism is presented as a competing alternative (Jorgensen, 1979). To be more specific, the first model is representative of the professional model and the second is representative of the radical model.

To establish and complete the model for this study, Jorgensen's polar types are used extensively. The specific goals of assessing the social work helping process and determinants of that process require some modification of the delineated polar types. These modifications are the basis of the theoretical model used in this dissertation. Table 1 provides a brief listing of the alterations.

**Table 1**

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<th>Jorgensen's Original Variables</th>
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<tr>
<td>1) Treatment, practice and service</td>
<td>1) Treatment planning</td>
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<td>a. Therapy</td>
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<tr>
<td>b. Social Treatmentism</td>
<td>b. Advocacy</td>
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<tr>
<td>2) Meaning of the field</td>
<td>2) Meaning of the field</td>
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<tr>
<td>a. Professionalism</td>
<td>a. Organizationism</td>
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<tr>
<td>b. Clientism</td>
<td>b. Clientism</td>
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<tr>
<td>3) Practitioner-client relationship</td>
<td>3) Practitioner-client relationship</td>
</tr>
<tr>
<td>a. Paternalism</td>
<td>a. Expertise</td>
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<td>b. Self-determinism</td>
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Treatment Planning

A primary task of this research effort is to pinpoint a measure of social work activity which is an integral part of the helping process. To measure ongoing social work practice presents a variety of problems. As noted earlier, the range of activities is broad and complex. Considerable disagreement exists as to the best point of measurement of actual practice operations. To assess the helping process, it is essential to get a measure of social work response to client needs.

Treatment planning, as outlined in the modified model, is selected as the basis for evaluation of social work practice. Two reasons support this selection: (a) treatment planning follows immediately after diagnostic efforts and precedes actual treatment intervention, and (b) it is the first and sometimes the only formalized step where case-relevant material is recorded. In the first case, treatment planning is seen as the formalized link between the social worker's perceptions of the client's problems and the actual attempts at intervention. As such, it provides a measure of the social worker's evaluation and plan of action. In the second case, that treatment planning is an existent formalized step within the helping process, promotes its usefulness and availability to research interests. As a formalized step, treatment planning has been universally operationalized throughout social welfare organizations and social work procedures. Such universality does not deny considerable variation within this process.
To narrow down and classify the expected variation found within treatment plans, Jorgensen provides directions. In considering Jorgensen's description of the ideological position of "treatment, practice and service," two prominent theory orientations are recognizable. Reflected throughout the history of social work is a psychological orientation that emphasizes individual change, and a sociological emphasis promoting environmental change. As pointed out earlier, Jorgensen typifies these two as clinicalism and social treatmentism. Others have recognized these differing approaches (Epstein, 1970; Lubove, 1971; Toren, 1969; Wilensky & Lebeaux, 1958). If various roles social workers perform are reviewed, we would find two which represent these ideological stances. The role of therapist is perceived as individual change oriented and a clear manifestation of the clinicalism perspective. Through this approach, the social worker attempts to assist the client in adapting to the demands of the environment. A second, and contrasting role, is the advocate. Within this role, the social worker, on behalf of the client, attempts to alter the environment, thus improving the client's situation or problem.

In summary, treatment planning is posited as the focus in this study for the social work helping process. Further, therapy and advocacy are developed as social work roles or activities representing variations of the orientation towards helping, emphasizing an individual orientation or a social orientation.
Ideological Stances

To assume that beliefs, values, and ideologies play a major role in human behavior is a long established position, perhaps most clearly visible in sociology, particularly the sociology of knowledge. Prior review of Jorgensen's material suggested two additional ideological stances not covered in the treatment planning discussion. These related to the "practitioner-client relationship" and the "meaning of the social work field."

In the "meaning of the field" Jorgensen has condensed and summarized considerable sociological research focused upon social work. Recall that Jorgensen describes two polar types which elaborate the meaning of the field ideology. These two polar types are professionalism and clientism (see Table 1). The Jorgensen model does not directly incorporate a bureaucratic orientation. This bureaucratic orientation has been the focus of considerable research in social work, particularly in contrast to a professional model. Often the major issue of this prior research has been to understand the match or mismatch between professionalism and a bureaucratic or organizational orientation. A number of these studies demonstrate a substantially strong organizational orientation and a low level of professionalism (Billingsley, 1964; Epstein, 1970; Wilensky, 1964). These studies, in noting the low level of professionalism within social work, go further to point out the importance of service to clients as the relevant issue. To be more specific, the crucial
The dichotomy in social work is not bureaucracy vs. professionalism, but rather bureaucracy vs. service commitment.

Such findings have implications for the ideology "meaning of the field." To accommodate these findings which emphasize the bureaucratic-service split and operationalize the model for research purposes, this ideology is modified to include two polar types: (a) organizationalism, and (b) clientism. These two categories capture the contrasting orientations of organizational orientation vs. client orientation (see Table 1). Again, the use of the dialectic suggests that the interaction between these polar types potentially ranges from complementarity to polarization.

The second ideological stance, "practitioner-client relationship," is described by Jorgensen in a most defendable manner. Recall that Jorgensen stipulates two categories: (a) paternalism, and (b) self-determinism (see Table 1). The modified model stresses expertise instead of paternalism and equalitarianism instead of self-determinism. In the first case, expertise exemplifies a basic characteristic of the traditional professional model. In contrast, the second polar type, equalitarianism, is a substitution for self-determination and embodies essentially the same meaning intended by Jorgensen. This focus upon the practitioner-client relationship ideology could reflect a number of various dimensions. For the purpose of this study, this ideological stance is focused on the source of decision-making within the relationship. Thus, decision-making regarding clients, is seen as either resting upon the expertise of the social worker or based upon mutual
and equal determinations. This dialectic may operate within social work in a polarized matter, but experience suggests that a complementarity relationship is more likely.

Critics, from the radical side, find the possibility of these two coexisting most frustrating. Calling for a strong client commitment and consumer alliance demands a shunning of the expertise position. Yet, even the radical school finds the self-determination position awkward, particularly since clientele groups appear unmotivated toward radical-based change movements. It is not unusual to find strategies dictated "for the best of the client" which become defined as an equalitarian perspective. One suspects that these polar types, expertise and equalitarianism, are complementary. In a dialectic sense, it may be most fruitful to assess these two polar types for the amount of ambiguity within social work swirling around these ideological positions.

In summary, two ideological dichotomies, the meaning of the field and the practitioner-client relationship, are developed. The meaning of social work field is expressed by the two polar ideologies of organizationism and clientism. The practitioner-client relationship focuses upon the basis for decision-making regarding client processing and is noted by the polar positions of expertise and equalitarianism. Each of these polar positions is believed to be associated with the treatment planning process previously described. The model in use stands in agreement with Jorgensen's perspective, suggesting that advocacy is more closely related to equalitarianism and clientism,
whereas therapy is more strongly related to expertise and organizationism. These combinations provide the basis for development of the ideal types.

**Ideal Types—Professional, Bureaucrats, Radicals**

The literature of social work is replete with classifications of the various styles of subvocational perspectives (Billingsley, 1964; Wilensky, 1964; Wilensky & Lebeaux, 1965). Generally, these efforts have aligned social work with a professional or bureaucratic model. Similar efforts have stressed the service orientation and contrasted it with both the professional and bureaucratic models (Epstein, 1970). The radical critique has strongly promoted the service model and the essential need of its implementation as well as indicting social work for its low level of commitment (Epstein, 1970; Galper, 1975).

Since the helping process is the primary focus of this study and each of these types—professional, bureaucratic and radical—has its commentary upon the process of helping. By relating the two ideological perspectives—meaning of the field and practitioner-client relationship—the ideal types of professionalism, radicalism and bureaucratism are delineated. Professionalism can be seen as ranking high on the expertise, low on the equalitarian and because of ambiguity, at moderate levels on both organizationism and clientism. This professional ideological stance is expected to align with a therapy preference.
The bureaucratic type is viewed as ranking high on organizationism, low on clientism and because of ambiguity, moderate on both expertise and equalitarianism. In line with these ideological preferences, the bureaucratic type will be split somewhat between therapy and advocacy, but stronger for therapy. Based upon Epstein's (1970) findings, the bureaucratic type is expected to be relatively close to the professional type on treatment planning.

Radicalism is defined as high on both equalitarianism and clientism and low on both expertise and organizationism. Because of the strong alignment on these two ideological polar types, the model calls for an advocacy preference. These clear ideological positions in the radical type are the result of relatively strong polarization on all variables. The significance of ambiguity in the professional and bureaucratic types results from the lack of polarization on the dichotomous variables. Table 2 summarizes these ideal types relative to the ideological positions and the treatment planning process.

In reviewing the ideal types and considering the dialectic basis of the model, it should be apparent that some of the types of dialectic relationships are apparent. The professional type suggests a complementarity in the expertise-equalitarianism dialectic with a compensatory interaction--as one increases the other decreases. The polar types of organization-clientism are more problematic for the professional. Training for the profession often stresses service and commitment. On the other hand, the realities of the work place and social demands call for compliance and support of the organization.
Table 2

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Meaning of the field</th>
<th>Practitioner-Client relationship</th>
<th>Treatment planning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Moderate on both organizationism and clientism</td>
<td>High on expertise Low on equalitarianism</td>
<td>High on therapy</td>
</tr>
</tbody>
</table>

| Bureaucratic    | High on organizationism Low on clientism | Moderate on both expertise and equalitarianism Tendency towards expertise | Moderate on therapy Moderate to low on advocacy |

| Radical         | High on clientism Low on organizationism | High on equalitarianism Low on expertise | High on advocacy |

Gurvitch's stress upon the ambiguity within some dialectics is clearly the case with professionals on the ideological dichotomy regarding the meaning of the field. In the bureaucratic type we have a similar pattern of ambiguity, but along the ideology of the practitioner-client relationship. Practical experience and the Weberian model both suggest that the bureaucratic trend is towards the expertise position, yet the realities and demands of the consumer and organization tend to bring the position back towards the middle and the equalitarian position. Because of the resulting ambiguity along the practitioner-client relationship ideology, a similar split is expected on treatment planning with therapy and advocacy both receiving considerable emphasis.
The radical position is described at a relatively high level of polarization on all the ideological issues. To be polarized in one's thinking requires strong alignment with the identified polar types, refusal to respond to complementarity definitions, and to be highly desirous of change. This leads to primary support for advocacy strategies by the radical during the treatment planning process.

To summarize, the ideal types reflect significant alignments along ideological perspectives. Aligning with various combinations of ideological categories, the ideal types are assessed as to the dialectical procedures. Professionalism is described as consistently oriented to expertise, ambivalent regarding organizational and client orientation and therapy dominant. Bureaucrats are viewed as ambivalent regarding the expertise-equalitarian continuum, and clearly committed to an organizational stance. The ambiguity around the practitioner-client relationship ideology leads to ambivalence regarding treatment planning. The radical is polarized on all ideologies—high on equalitarianism, clientism, low organizationalism, and advocacy oriented. The theoretical model calls for structural and perceptual determinants as well as the ideological variables discussed to this point.

Organizational Structure

Despite the radical emphasis upon service and commitment to clients, it is readily recognized that social welfare programs and delivery systems are housed in large organizations. Social workers
do practice in private settings, but this is rare in comparison to the involvement in large societal level programs. Historically, the original social security acts of the Roosevelt administration required the training and employment of social workers in numerous federally sponsored programs. This trend has led to a continuous growth of educational institutions for social workers, a National Association of Social Workers, and an expanding market for employment of the educated social worker. These trends emphasize the organizational nature of the context in which social workers are employed.

Formal structural factors come to the forefront when considering organizations and contextual variables which may influence the helping process. Hall (1977) provides a review of the literature on organizations and summarizes research done on four identified formal structural variables: (a) size, (b) complexity, (c) formalization, and (d) centralization. Social work organizations have grown tremendously during the last 40 years. This growth, coupled with an almost indescribable variation of styles and structure, points to the potential role of organizational variables in the helping process. To poll social workers about various ideologies and job performances, is to relate to these very diverse settings; mental health agencies, prisons, drug clinics, aged programs, poverty programs, delinquency institutions, etc., are examples of the wide range of activities included. Organizational size and complexity appear to be particularly important to an assessment of social work operations. Formalization and centralization as variables are also potentially related to delivery of services,
but are not included in this model for two reasons: (a) size and complexity should provide reasonable evidence of a structural constructs impact upon the helping process, and (b) the difficulty in measuring both formalization and centralization. Further, as Hall (1977) notes, formalization serves the same function as professionalization, which is being measured in this study.

Organizational size varies tremendously in social work as can be readily seen in any community. A typical contrast by size might include a large public welfare office employing several hundred social workers and handling a budget in the millions, and one social worker providing coordination and advocacy services for retarded citizens. Although size of the organization does appear to relate directly to the social work context, a continuing problem with this variable is the determination of its limits. The domain or boundaries of an organization are not easily identified. Social agencies are particularly difficult to describe; a major issue, for example, is whether clients should be viewed as part of the organization.

Hall (1977) sees complexity as more significant to understanding the organization than size. Again, like size, complexity varies considerably within social work related agencies. Hall (1977) describes three types of organizational complexity measures which help to assess social work agencies: (a) horizontal complexity, (b) vertical complexity, and (c) spatial dispersion. If treatment planning represents the social worker's response to client problems and needs and is altered by ideological issues, then it seems reasonable to posit that organi-
zational variables are also associated. Further, the ideological polar types are, by definition, closely related to the structural issues of size and complexity. For example, the issue of organizationism versus clientism appears particularly related to organizational size and complexity.

In summary, size and complexity are posited as variables which represent organizational structure. Both are viewed as dominant characteristics in the social work environment and are assumed to influence the helping process.

Organizational Climate

To this point the theoretical model suggests ideological stances of the social worker. According to the model, a relationship is suggested between such ideologies and ongoing treatment planning (social work practice). Going further, analysis of organizational structural factors is established as relating to the ideological stances and the treatment planning strategies. The organizational structure variable attempts to add to the model objective factors found in the social work context. To fully comprehend the social worker's individual performance, an additional variable appears appropriate. This variable attempts to isolate and measure the social worker's subjective impressions of the work place. Organizational climate taps the social worker's individual reactions to a number of crucial dimensions which reflect those subjective feelings.
Litwin and Stringer provide a definition of organizational climate which is useful:

The perceived subjective effects of the formal system, the informal "style" of managers, and other important environmental factors on the attitudes, beliefs, values and motivation of people who work in a particular organization. (Dessler, 1976, p. 186)

This individual "feel" for the organization is viewed by both Litwin and Stringer as intervening between various structural variables and end-result variables, in this case, performance. For our purposes, organizational climate is viewed as an independent variable. Use of climate as an independent variable has focused primarily upon job satisfaction and performance. Our interest is not productivity per se, but quality of service. In using climate as a determinant of treatment planning, it is suggested that the literature provides support for application of this variable to job performance processes.

Descriptive characteristics of organizational climate have been pulled together by Waters and include:

(1) effective organizational structure
(2) work autonomy
(3) close, personal supervision
(4) open, challenging environment
(5) employee centered orientation (Dessler, 1976, p. 187)

Item one is not a structural measure, per se, but a judgement of effectiveness. Moos has developed several detailed and intensively researched instruments to measure organizational climate (Moos, 1974). Moos draws dimensions from three main areas: (a) relationships, (b) personal development, and (c) system maintenance and system change. Relationship focuses upon the dimensions of Involvement, Support, and
Expressiveness. Personal development assesses Autonomy, Practical Orientation, Personal Problem Orientation, Anger and Aggression. System maintenance and system change include: Order and Organization, Clarity, and Staff Control. This dimensionalization of Moos' was developed to measure organizational climate perceptions of both clientele as well as staff personnel. In other words, Moos' operationalization of organizational climate as a variable taps the social worker's perceptions of the total treatment environment--its accompanying structure, personalities and processes. Our model suggests that this variable readily affects the treatment planning decisions. Further, it is related to ideological stances regarding both the organization-client and expertise-equalitarian dialectics.

Summary

The theoretical model outlined in Figure A incorporates ideology, organizational structure, and organizational climate variables as determinants of social work treatment planning. Ideological dichotomous variables are identified in social work and a dialectic explanation is used for model development and interpretation of three ideal types. Organizational characteristics are reviewed and included in the model where potential influence of treatment planning appears possible. Size and complexity are pinpointed as potential determinants of treatment planning, ideological perspectives, and organizational climate. Finally, organizational climate is included to provide an opportunity
to assess the influence of the social worker's "feel" about the organization with the treatment planning process.

**Research Questions**

The following list of research questions was built directly from the model as described in Figure A, with the exception of Question 4, dealing with ideal types. As a point of explanation to facilitate an understanding of the questions, it should be noted that Question 1 deals with the existence of variation within the dependent variable—treatment planning. Question 2 provides the basis for assessing zero order associations between the identified independent variables and treatment planning. Question 3 provides the basis for assessing both zero and first order associations. Associations between various independent variables, as well as linkage between more than one independent variable and the dependent variable, are stated. Also, possible associations between variables within the major constructs are listed. Question 4 is derived from Table 2 and provides a basis of assessment of the dialectic explanation.

1. Is there detectable variation within the social work helping process?

2. Is there an association between social work treatment planning, ideological perspectives, structural characteristics, and the individual social worker's feel about the helping environment?
   a. Are the ideological stances associated with treatment planning?
b. Are the polar types of the ideological perspectives single continuums, or unique individual variables?

c. Are the structural variables of size and complexity associated with treatment planning?

d. Is climate associated with social work treatment planning?

3. Is there a descriptive causal model which ties together the identified variables in an associational network?

a. Within a possible causal linkage, do the structural variables influence the ideologies?

b. Within a possible causal linkage, do the structural variables influence climate?

c. Within a possible causal linkage, do the ideology variables influence climate?

d. Do intervariable associations exist?

(1) Are the ideologies of practitioner-client relationship and meaning of the field associated?

(2) Are size and complexity associated?

e. Do the zero-order associations in the theoretical model lead to first- and second-order associations, thus linking the model?

(1) structural variables, ideologies and treatment planning?

(2) structural variables, climate and treatment planning?

(3) ideologies, climate, and treatment planning?

(4) intervariable second-order associations with treatment planning?

(a) ideologies--practitioner-client relationship with
meaning of the field and then treatment planning?

(b) structure--size, complexity and treatment planning?

4. Do ideal types align with treatment planning as indicated by the theoretical model?
   a. Do professionals align with treatment planning (therapy)?
   b. Do bureaucrats demonstrate ambivalence with treatment planning?
   c. Do radicals align with treatment planning (advocacy)?
Theoretical Model

- **Ideologies**
  1. Practitioner-client relationship
     - Expertise-equalitarian continuum
  2. Meaning of the field
     a. Organizationism
     b. Clientism

- **Structure**
  1. Size
  2. Complexity

- **Perceptions**
  Climate
  a. involvement
  b. support
  c. spontaneity
CHAPTER III

LITERATURE REVIEW

The theoretical model provides an approach to describing and explaining the social work helping process. In this chapter, the literature will be reviewed for commentary, data, and reported findings which relate to various aspects of the model, particularly the research questions. The following review will cover the research questions in the order they are found in the theory chapter, with section headings as abbreviated restatements of each question.

Variations in Social Work Helpiny

The first research question deals with the assumed variation of social work treatment planning. The social work literature appears to be predominately intuitive and descriptive rather than data based and empirical. Despite the intuitive nature of the social work literature, two different perspectives are discernible. The first perspective promotes a social work treatment process, based upon a consistent set of professional values and expressed in practice through a unified approach. The second perspective proposes a wide variation in social work treatment practice as well as in supportive values.

The first perspective is typified by the call for a psycho-social basis of social work treatment practice (Friedlander, 1958; Hamilton,
This combination of both the individual and social change orientation is presented as a unified, single treatment approach. Hollis (1964) provides an example of this by describing the targets of social work treatment. Three targets are listed: (a) infantile needs and drives resulting in inappropriate demands, (b) current life situations exerting pressure upon the individual, and (c) faulty ego and superego functioning. These three exemplify social work's traditional explanation of the focus of the treatment process.

In spite of the combination of both psychological and sociological foci articulated by the traditional perspective, critics have often pointed to the actual practice bias towards an individual change orientation (Cloward & Piven in Bailey & Brake, 1975).

The second perspective is differentiated from the first by its interpretation of the social work treatment process. This second approach assumes a wide range of treatment modalities and supporting values. Further, these treatment strategies and their supporting values are viewed as potentially working at cross-purposes. Grosser (1972), Rein (1972), and Jorgensen (1979) provide examples of this second perspective. Both Grosser and Rein provide listings of social worker's roles which are wide ranging in purpose and activity. Although both authors include roles which are individual and social change oriented, neither purports to suggest these roles are part of a unified treatment approach. Rein (1972), in particular, stresses a radical stance which rejects the traditional individual change orientation. Implicit in both Rein's and Grosser's material is a
diversity of supporting values behind the roles described.

Jorgensen (1979) does provide some data which supports Rein's contention. In his analysis, Jorgensen found substantiation for use of opposite polar types to describe the field of social work and treatment planning. In assessing the tenor of articles written in the professional journal, Social Work, support was recorded. Evaluating articles written in the periods of 1956-61, 1962-67, and 1968-73, both individual and social change orientations were found and they varied across agency affiliation and field of specialization (Jorgensen, 1979).

This dissertation aligns with the second diversity perspective regarding social work practice and in doing so, rejects the unified psychosocial social work treatment approach. The prevailing assumption here is that social work treatment includes a possibility of individual and/or social change orientations, that these orientations are often at cross-purposes, and that the value basis of each orientation is different. Support for this is found in the literature, particularly the radical sources described such as Jorgensen's material.

The theoretical model provides a multi-variable explanation of the social work helping process. Treatment planning variation is assumed to range across a variety of roles. Incorporated in the model is an assumption that social work includes a number of opposing forces which effect the helping process. In this section, the literature will be reviewed for material regarding the various variable linkages
to treatment planning. Again, it is necessary to point out that the social work literature excels in practical application concerns but is relatively barren in empirical data. The literature on ideologies in social work practice is particularly top heavy with political commentary but includes little direct testing of relationships. In contrast to this point, the organizational structure variables, size and complexity, appear to have been more frequently exposed to research efforts as has the organizational climate variable.

**Ideologies and Treatment Planning**

The discussion around the influence of ideologies upon the helping process, whether it be social work or another of the helping professions, is laden with charges and countercharges. The disagreements represented in these stormy exchanges represent differences as to the "how to" of social work, the basic values of the field, as well as ongoing disagreements within the related social sciences.

To assess the issues which surround social work practice accompanying ideologies presents some difficulties. Perhaps the best starting point rests with published social work values. In 1958 a working definition of social work practice included the following statements representative of social work values.

1. The individual is the primary concern of this society.
2. There is interdependence between individuals in the society.
3. They have social responsibility for one another.
4. There are human needs common to each person, yet each person is essentially unique and different from others.
5. An essential attribute of a democratic society is the realization of the full potential of each individual and the assumption of his social responsibility through active participation in society.

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6. Society has a responsibility to provide ways in which obstacles to this self-realization can be overcome or prevented.  
   (National Association of Social Workers, 1958)

These statements served as the background for development of the Social Work Code of Ethics formalized in 1960 and revised in 1967 and again in 1979 (Gross et al., 1979). From these basic statements, a number of value studies were launched. Varley suggests four basic value elements that are part of the socialization experience of social workers. These four include equal rights, service, psychodynamic-mindedness, and universalism (Varley, 1963). Interestingly, during two different applications of these four values to graduate social work students, she found that:

These social work students entered graduate education slightly more committed to the values of service and universalism than experienced social workers, somewhat less committed to psychodynamic-mindedness, and markedly less committed to equal rights. At the completion of their education, the students were as committed as the experts to equal rights, but less committed to other values. (Varley, 1968)

In another values study, Costin developed and administered six value dimensions, which included theoretical, economic, aesthetic, social, political, and religious (Costin, 1964). Following along with Costin's efforts, Hayes and Varley used the same value dimensions and studied incoming graduate social work students, outgoing graduate social work students, and experienced social workers. Again, the findings were most interesting and relate to the model of analysis for this dissertation:

All students showed high scores on social motives and low scores on economic motives and interests. Consistently, the women placed primary emphasis on religious and social values and least
emphasis on theoretical and economic values. The men were less consistent than the women; but they, too, placed major emphasis on social values with either theoretical or religious interests as their other major motive. Economic motives were consistently given a relatively minor place of importance. (Hayes, 1965)

McLeod and Meyer reviewed the social work literature and identified and developed ten value dimensions which they presented as a continuum.

1. individual worth vs. system goals
2. personal liberty vs. societal control
3. group responsibility vs. individual responsibility
4. security satisfaction vs. struggle-suffering and denial
5. relative pragmatism vs. absolutism-sacredness
6. innovation and change vs. traditionalism
7. diversity vs. homogeneity
8. cultural determinism vs. inherent human nature
9. interdependence vs. individual autonomy
10. individualization vs. stereotyping

(McLeod & Meyer, 1967)

These items were used on social workers with varying degrees of experience and education. Seven items were found to be significantly associated with social work training. An exception to this was for those persons who were not committed to a religious faith (McLeod & Meyer, 1967).

Although a number of efforts to study social work values have been attempted, there remains a difficulty in pinpointing with precision these values. Keith-Lucas stresses this difficulty and focuses upon the tensions within social work beliefs as a major barrier (Keith-Lucas, 1971). Elaborating on the same point, Levy notes the stresses upon the professional social work practitioner are caused by tensions or lack of consensus which exists about these values (Levy, 1973, pp. 34-42).

It will be recalled that Jorgensen discusses two major aspects
of social work practice—the meaning of the field and the practitioner-client relationship. The polar types of professionalism vs. clientism and paternalism vs. self-determinism are developed and supporting data provided to demonstrate the applicability of these polar types and indicate social work's variation on each (Jorgensen, 1979). In this article, Jorgensen does indicate that the polar types should cluster. In such an alignment clientism, self-determinism, and social treatmentism are expected to coalesce as are the types of professionalism, paternalism, and clinicalism. Jorgensen (1979) does note that such was the case for Master of Social Work persons within agency affiliations, agencies advocating for a clinical, professional, and paternalism approach, while the person holding a doctorate and academically affiliated, tended towards the alternative model of clientism, self-determinism, and social treatmentism.

These studies do not directly speak to the relationship of social work ideologies and treatment planning—application is implicit in nature. The question of whether social work values effect social work practice remains unanswered. Yet, substantial support is available for the model being used in this study. The delineation of ideologies as a continuum is similar to Costin's scales. The tensions expected between various social work values is argued and supported by Levy and Keith-Lucas. Finally, Jorgensen's discussion supports the use of two major ideological perspectives: the meaning of the field and the practitioner-client relationship.
Ideologies--Polar Types or Unique Variables?

In part, this research issue is discussed in the previous section. Jorgensen's model is modified by using somewhat different continua. For the "meaning of the field," our continuum included: organizationalism vs. clientism and for the "practitioner-client relationship," expertise vs. equalitarianism were used. This research is primarily a conceptual issue. Relying as it does upon Jorgensen's efforts and research source Social Work, the model assumes that practice ideologies do exist. Technically, for this research effort, the study will attempt to identify whether these are individual variables with polar types or multivariable constructs. Of importance here is the difference in conceptualization and interpretation these continua convey.

If, in fact, continua exist, then variations will be high on one polar type and low on the other, but if these variables are not continua, then respondents could be high on both or low on both. Although the model clearly suggests a continuum conceptualization, there are findings which suggest otherwise. Lubove, for one, notes a rather low support within social work for the traditional professional emphasis upon expertise. Similarly, Epstein (1968), using five measures of professionalism, finds that he cannot separate or differentiate social work professionalism from a bureaucratic orientation.

Despite the Jorgensen findings that indicated support for each of the polar types, question does exist as to whether social work practice involves ideology which is best represented by continua or
as unique variables.

Size, Complexity, and Treatment Planning

Organizational literature gives considerable emphasis and effort to the assessment of structural variables. Hall provides a summary of four formal structural variables which are seen as important: size, complexity, formalization, and centralization. There appears to be little disagreement regarding the relevance of these structural variables. Focusing upon only size and complexity, the consensus about relevance or significance disappears. For example, after a detailed assessment, Hall (1977) concludes that size is not an important variable in determining the form of an organization. On the other hand, Blau and Pugh suggest that size is a crucial determinant of organizational form (Azumi & Hage, 1972). Pugh develops the importance of technology within the organization. Elaborating on operational technology, Pugh reports that all structured variables are affected (Azumi & Hage, 1972). To illustrate, Pugh reports that the smaller the organization, the more penetrated the organization's structure with certain aspects of the technology.

Those de-emphasizing size point out that complexity and formalization cannot be determined from size (Azumi & Hage, 1972). Blau argues that increased size generates structural differentiation in organizations (Azumi & Hage, 1972). Hickson concludes that size is more important than technology in determining structure (Hall, 1977, pp. 116-9). Caplow and Grusky note a correlation between size and
complexity while Chapin and Tsonderos see increased size requiring
greater standardization and bureaucratization, thus less complexity
(Hall, 1977, p. 112).

Although most of the argument about size and complexity focuses
upon relevance to organizational form, it does appear that a potential
linkage exists between these structural variables and organizational
processes such as treatment planning. The focus is upon structural
factors which limit, maintain or alter the social work treatment
planning process. Organizational size appears to be potentially
influential, but as the literature indicates, its importance is
questionable. Organizational complexity is not directly discussed
as to its effect upon social work but because of this variable's
relationship to the division of labor and hierarchial arrangements,
its potential appears obvious. (See theory chapter for justification
for using these two structural variables-size and complexity.)

Complexity is developed as a variable represented by three
structural features-horizontal differentiation, vertical differen­
tiation, and spatial dispersion. A number of researchers note that
complexity appears to correlate with the complexity of the organi­
zation's environment (Hall, 1977, p. 141). Aiken and Hage report on
research into joint program efforts taken on by organizations and
environments. They note these joint programs lead to greater organi­
zational complexity and more professionalization and diversity in
occupational structures (Hall, 1977, p. 149). The implications for
this study suggest that those social work agencies forced or voluntarily
involved in joint efforts will tend towards greater complexity; this complexity will impact social work "helping." Aiken and Hage promote increased cooperation as the likely result to a growing shortage of resources and an increasingly complex environment (Hall, 1977, p. 149). This has implications for social work treatment planning, particularly the advocacy role. If intra-agency cooperation is the norm, advocacy for specific clients may be seen as detrimental to agency operations.

In summary, the literature implies structural variables play a vital role in organizational behavior. Social work functioning occurs in an organizational setting and size and complexity are seen as important determinants. There is an existing disagreement over the importance of size as a variable, as noted by various authors. It should be added that radical commentators stress the dominating and oppressive influences of different societal level structures (Marx, C. W. Mills, Veblen). In short, the radical perspective tends to see increased size and complexity as signs of greater control and dehumanization and, as such, are to be criticized and opposed.

Climate Associated with Treatment Planning

Climate, the employee's perception of the organizational environment, is investigated by Morse in a study of four organizations (Dessler, 1976, pp. 196-7). This study assessed climate, structural features, and work performance.

This study of 40 managers in each of the four organizations, assessed the association between climate, structural features, and
work performance. In this study, structural features were described in bureaucratic control terms. Morse reports that climate was associated with the structural features, high climate was associated with low structural control, and high climate and high performance were associated (Dessler, 1976, p. 198). Unfortunately, actual statistical figures are not reported. Similarly, Frederickson's study of 260 middle management personnel found climate positively associated with job satisfaction and job performance (Dessler, 1976, p. 198).

Moos, in studying mental health organization staff, assessed organizational climate, structural program variables, and client characteristics (Moos, 1974, pp. 281-3). Findings indicated that an inverse relationship for all dimensions of climate and the number of clients in the program (size); staff to client ratio produced a positive relationship. Finally, years in operation of the program produced a negative correlation with most dimensions of climate (Moos, 1974, p. 283).

Moos, using climate, assessed various professional group perceptions. He found that social workers were lower on the relationship dimensions (involvement, support, and spontaneity) and were higher on the staff control dimensions within a mental health setting compared to other professional groups. This was in contrast to Cohen's and Struening's mental health occupations profile which showed social workers very low on authoritarianism and social restrictiveness and high on mental hygiene ideology and interpersonal etiology (Moos, 1974). This last finding does suggest a therapy orientation, at the
treatment planning phase, on the part of the social worker—realizing that social workers in these studies were all employed in mental health settings.

Is There a Descriptive Causal Model Which Ties Together the Identified Variables in an Associational Network?

The research questions which are part of this major area list a number of zero and first order potential associations. To answer these questions, linkages between the independent variables are assessed for the combined impact upon the social work helping process. Some of these potential associations are supported within the literature while others are linked by the logic of the model with little or no empirical documentation available. For two reasons the literature review will be limited. The first rationale for limiting the discussion of all these questions involves the shortage of pertinent research. A second limitation involves the duplicative nature of the questions themselves. Many of these questions relate to first order arrangements and are similar to earlier questions, which involve zero order arrangements. Earlier literature related discussions which elaborate the major variables cover the contributions of each to a number of subjects as well as the dependent variable of treatment planning. For example, in discussing the role of the ideologies within social work, sources covered do not focus directly upon the social work helping process. Rather, by implication, ideologies are proclaimed as important aspects of the gestalt of social work. Further, findings which demonstrate variable associations and which appear related to the topical variables
are used to imply support and legitimacy. To be more specific, discussion in this section will avoid repeating material already covered in Question 2. Discussion will be general and will not follow each question but rather, respond to those areas yet to be discussed--specifically organizational structure and perceptions, organizational structure and ideologies, and ideologies and perceptions.

In considering the significance of organizational structural variables interacting with either the ideological or perceptual variables, two trends can be detailed and assessed. First the social worker can be viewed as an individual that has been socialized to professional standards, that approaches the work context with basic skills and values, that assures client service and responsiveness to societal needs. In contrast, a second perspective views the social worker as a social actor aligning with dominant cultural values and beliefs and readily adapting to structural requirements.

These two perspectives are developed and contrasted in detail in the literature. They are most visible in the discussion of professionalism vs. bureaucracy. (This literature will be reviewed in detail when discussing ideal types.) At this point it should be noted that the radical literature of C. W. Mills, Gouldner, Galper, and Cloward and Piven stress the dominance of social structure in determining individual ideology as well as personal perceptions. The alternative perspective which stresses professional values and a measure of independence from environmental constraints, typified by
such writers as Greenwood, Goode, and Billingsley, would maintain minimal influence upon professional practice by structural factors. Similarly, by implication, these same authors would view individual perceptions as being influenced most by professional ideologies and secondarily by structural variables.

To summarize, this brief discussion of the detailed listing of questions which fall under the causal model linking three independent variables suggests that the professional model prioritizes ideologies as the major influence of both social work perceptions and social work practice. The radical sources do not overlook ideologies but place these in a secondary role to dominant structural features. Likewise, the radical perspective views social worker perceptions heavily influenced by structural features.

Do Ideal Types Align with Treatment Planning as Indicated by the Theoretical Model?

The theoretical model indicates that the ideal type—professional—is identifiable by high rankings on the expertise role of the practitioner-client relationship ideology, ambivalence between the polar extremes of the meaning of the field—organizationism and clientism, and high on the therapy style of treatment planning. In the first ideological variable—practitioner-client relationship—the polar types are expertise and equalitarianism. The traditional professional model described by Greenwood, Goode, Wilensky, and others emphasizes the knowledge base and specialized skills. Even the radical critics suggest that expertise or assumed expertise is the basis of
professionalism. Galper attacks this supposed expertise as the myth and points an accusatory finger towards the control function played by the professions (Galper, 1975).

The second ideology--meaning of the field--is less easily typified for the professional ideal type. The traditional perspective promotes a service aspect of the professions as a basis of social legitimation. Following this line of reasoning, Toren labeled social work as a semi-profession because of the apparent lack of consensus for total professional status (Etzioni, 1969). Epstein, Wilensky, and Billingsley report findings from separate studies which indicate social work tends strongly towards an organization identification. To illustrate, Epstein reports that, using five measures of professionalism, social work professionalism cannot be differentiated from the bureaucratic orientation (Epstein, 1968, p. 72). From this Epstein concludes that the organization is the major reference for social workers. Wilensky also found low professional identity within a social work sample, coupled with a strong orientation to the employing agency (Wilensky, 1964, p. 154). Further, Billingsley, studying a sample of social work practitioners, uses four categories, profession, agency, client, and community to measure social worker commitments; the commitment to the organization (the first priority) was 75% (Billingsley, 1964, p. 403). These findings support the professional model, relying upon the organizationism polar category of the "meaning of the field." Yet, in these studies, service and client commitment were not directly measured as the major aspect of professionalism. Where clientism was
measured, significant social work support was found. Wilensky found that social work ranked second to law in client commitment and Billingsley reports client commitment was second to agency commitment. These mixed findings appear to support the model's position that the professional type represents ambivalence in the split between agency orientation and client orientation.

The bureaucratic model, in contrast to the professional model, is clearly aligned with the organizational polar type. Ambiguity comes into this model in the practitioner-client relationship ideology. The basic tendency of the organization towards specialization emphasizes expertise. Yet, environmental demands promote a focus upon consumerism. Thus the bureaucratic typology cannot be firmly positioned on the expertise-equalitarian continuum. The same dynamics work for the bureaucratic type in the treatment planning variable. Both therapy and advocacy play a legitimate role in the bureaucratic model, thus considerable variation.

The radical model includes no ambiguity. The practitioner-client relationship ideology merits a strong equalitarian stance, while the meaning of the field ideology clearly promotes a clientism position. The treatment planning strategy calls for advocacy as the major emphasis. The radical literature goes to considerable lengths to criticize the professional and bureaucratic perspectives, to de-emphasize individual treatment and to promote advocacy and social reform (Bailey & Brake, 1975; Galper, 1975; Statham, 1978).
CHAPTER IV

METHODS

To study the implications of the theoretical model and the social work helping process, a research strategy is required. This chapter will describe in detail the strategy used. In the theory chapter, concepts and variables have been defined; in this chapter these concepts and variables will be operationalized along with a method for assessing each of the research questions.

Sampling

Focusing upon the social work helping process suggests a number of possible sampling sources. Social work incorporates a number of educational, experiential, and contextual variants. A number of human service organizations include employees with educational backgrounds ranging from advanced doctorate levels to indigenous community volunteers. In a number of these settings social workers, as an occupational entity, work alongside numerous other professions; some of these settings have the social work staff as the primary service providers while others employ the social worker in supplemental positions.

A national organization of social workers exists--the National Association of Social Workers. This association has a reasonably long
history and active role in the development of social work professional
interests. The basic membership of this organization is composed of
individuals holding master of social work degrees. Some important
drawbacks exist with using such a source for sampling. Although this
association has an active history of representing social work issues,
it does not include in its membership a majority of the master's level
social workers within the country. Local chapters of the National
Association of Social Workers encourage membership, which is voluntary.
To become a full-fledged member of a local unit one must hold a master's
degree in social work. Social work practice incorporates large numbers
of functionaries with various levels of education.

Certification List

A number of states have licensing or certification procedures
for social workers. In Michigan there exists a certification pro-
cedures which includes three levels. The top level, entitled certified social
worker, includes those holding a master's degree in social work. It
also includes those individuals who have a bachelor's degree and
several years of social work experience, as well as other higher
degrees. In Michigan, to represent oneself as a social worker requires
certification, some have suggested that this certification is really
title protection. In reality this is a loose arrangement, since social
work's parameters are not clearly defined, and many can easily avoid
certification. The certified social work register in Michigan represents
a diverse listing of social workers ranging from individuals with B.A.
degrees and some years of social work experience, to persons holding
degree of social work experience, to persons holding
doctorate degrees with several years of experience.

A number of reasons exist which encourage the use of a diverse
sample rather than a source such as National Association of Social
Workers. As noted earlier, social work is not a tightly defined
occupation. Educational criteria such as the master's degree do not
provide accurate parameters of the profession. For example, researchers
have often used the NASW as a basis for assessment of the profession,
(Epstein, 1970; Wilensky, 1964) yet a majority of master's level social
workers do not belong to this association.

Another reason for sampling from a source other than the NASW,
arises from the radical perspective. A number of challenges aimed at
social work promote a broad-based inclusive definition. These challenges
often accuse social work as moving towards a professional elitism. In
a similar vein, the basic purpose of sociological research is to
generalize from the sample to the population (Loether & McTavish,
1974). In part, the confidence on which the researcher generalizes
is the representativeness of the sample. For the reasons stated, the
certification list is deemed more useful and representative of the
social work treatment planning process.

Because of the wide range of social workers included on the
certification list and its established legitimacy within the state of
Michigan, it was selected as the basis of sampling for this study.
This register includes the names, addresses, and dates of certification
of approximately 4,600 persons, at the time of sample selection.
From this list, obtained upon request and a minimal fee from the Michigan Department of Licensing and Regulation, every 12th name was selected. This selection process resulted in a sample of 431. The sample size of approximately 400 was selected because of its manageability and feasibility.

At least three factors limited the sample size: time, money, and the mailing strategy. The multiple mailing procedure (three mailings) increased the cost of the study. The time frame for the study was constricted for a variety of reasons. Probably the fact that the survey was mailed during the holiday season of late November and early December resulted in lower return rates.

To judge the adequacy of the sample size it is important to consider the phenomena to be measured and the essential characteristics of the phenomena. Criteria of adequacy would be met if the study incorporates representative and measurable amounts of the essential characteristics. Again, the above discussion which led to a rationale for the selection of a broad sample base provides some support to this study's adequacy. The sample selected is roughly 10% of the certified social workers in the state of Michigan. It is argued that ideological, structural, and perceptual variables, the essential components of this study, are adequately represented to assess the treatment planning process.

Selection

The method of selecting the sample used in this study is described
as systematic sampling. Babbie argues that this method is superior to simple random sampling in both practicality and accuracy (Babbie, 1973, pp. 92-3). The argument on the superiority of systematic sampling regarding practicality is reasonable but the accuracy point appears to be an overstatement.

In summary, the sample of 431 was drawn from the register of certified social workers in Michigan. This sample source was selected over a NASW source to broaden the inclusive nature of the sample. As further evidence, this sample is taken from a large industrial northern state which has actively pursued social welfare programming. As an example, Michigan usually ranks in the top eight states as to level of welfare benefits provided to recipients of Aid to Dependent Children. These and other similar factors lead to the conclusion that social workers are concentrated in Michigan and the certification register does tap that occupation group.

**Design**

This research seeks to assess the helping process in human service organizations by focusing upon social work. Further, it attempts to isolate those variables which are related to the social work treatment planning process. Finally, significant variables are combined in a causal model to elaborate upon and detail the helping process. Babbie suggests that the survey provides a scientific tool for description, explanation and exploration (Babbie, 1973, pp. 57-9). These three items cover the specific objectives of this research. To describe the
helping process, to isolate and assess critical variables and relate these variables to the helping process, incorporates the objectives developed to respond to each of the research questions.

The cross-sectional survey design described by Babbie (1973) appears to meet the needs of this study. Such a survey provides a picture of the sample at one point in time. In this study the variables are viewed as relatively stable over time.

In arguing for the usefulness of a survey as a scientific tool, Babbie describes science as incorporating characteristics of logic, determinism, generality, parsimony, empirical verifiability, and inter-subjectivity (Babbie, 1973, pp. 16-20). This last characteristic suggests that two scientists, having different subjectivity positions, can reach a common agreement through the scientific method. These characteristics are outlined as a basis for judging the legitimacy of various designs. Briefly, the following arguments are used by Babbie to emphasize the utility of survey designs. First, surveys promote logical, conceptual development through rigorous step-by-step testing. Second, the clear elaboration of a logical model promotes the deterministic system of cause and effect. Third, the generalizability is promoted through the strength of using large random samples and rigorous procedures which can be replicated. Finally, because of the large number of variables available, parsimony can be furthered through selection of those demonstrating a relationship (Babbie, 1973, pp. 45-50). A variety of resources are available which compare surveys with other methodologies. The point being made here is that surveys provide a
reasonable design which provides data for all three concerns of the study—description, explanation, and exploration.

Practical reasons play a role in choosing a survey design. Surveys provide considerable data for limited cost in both time and money. The ready access to large numbers of subjects available through the survey has to be weighed against the tighter controls of an experimental design. The opportunity to sample individuals at great distances (Detroit to Escanaba) is a practical benefit that more expensive designs may not provide.

Data Collection

A major strength of the survey is the practicality of eliciting responses from large numbers of individuals at a reasonable cost. This factor also presents a major problem—that of obtaining a return rate which is large enough to provide reasonable confidence in the data collected. To go to lengths to simulate random sampling and then receive a low return rate presents major difficulties for generalizing purposes. Students of the mailed survey design have developed a number of strategies for maximizing the return rates. Robin takes an aggressive posture towards the procedures, suggesting a minimum of two and maximum of five mailings (Robin, 1965). This strategy combines a mailing procedure which includes intensive sequential mailings and reminders, with a cover letter which emphasizes the significance of the research and the individual's responsibility, coupled with a questionnaire that is easily and rapidly completed.
Reporting return rates ranging from 66% to 95%, Robin argues that such high rates are necessary and obtainable (Robin, 1965).

Commenting on similar points, several have noted that low return rates are no longer acceptable and that modern mailing strategies can assure high rates of return (Dillman et al., 1974). A number of steps are presented to assure high rates: (a) dress up the questionnaire, (b) cover page should be attractive, (c) clear and simple items on questionnaire, (d) cover letter emphasizes usefulness, (e) personalize letter by using their name in salutation, (f) mail questionnaire first class, (g) postcard follow-up one week after first mailing, (h) second mailing at the end of the third week with replacement questionnaire, and (i) third mailing at the end of the seventh week with replacement questionnaire and by certified mail (Dillman et al., 1974). Return rates are similar to those reported by Robin—ranging from 69% to 75%. These returns were from large "N's" ranging from 2,000 to 7,500.

Mailing Strategy

The mailing strategy followed in this study was based upon the major thrust of both Robin and Dillman as described above. Three mailings were sent to the selected members. In each mailing was a cover letter stressing the importance and utility of the study to social work as well as the need for the individual's participation. The first cover letter also included a means for requesting an abstract of the findings. Each letter was printed on a School of Social Work letterhead from Western Michigan University and noted the involvement

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of both the School of Social Work and the Center for Sociological Research. Further, each cover letter had a personalized, handwritten salutation and signature. The second mailing was sent at the end of three weeks following the first mailing and the third mailing was sent seven weeks after the first mailing. The questionnaire was short and totaled two, double-sided pages and a double-sided half page. Mailing weight considerations led to the double-sided half page instead of a single side full page. Each envelope included a cover letter, questionnaire and self-addressed, stamped envelope. (See Appendix for cover letters and questionnaire.)

The mailings were sent to 431 individuals. Responses to the mailings were: (a) first mailing was 177, (b) second mailing was 58, and (c) the third mailing was 21. These mailing responses combined for the sample total of 256. There were 53 returned mailings with no forwarding address--12%. Also, there were 124 non-respondents.

The response rate was 67%, subtracting the undeliverable returns and 59% without subtraction. The non-respondents are difficult to characterize, yet two factors are identifiable--sex and locale. The non-respondents had a sex breakdown of 40% male and 60% female. The locale breakdown was 20% rural and 80% urban. For comparative purposes, the respondents were 44% male and 56% female, and 13% rural and 87% urban. The similarity of the sex characteristic is close enough to feel comfortable that the respondent sample is representative of the total sample selected. The locale variable does not match as closely. The non-respondent count comes directly from mailing addresses whereas
the respondent count is elicited directly from the subjects, which may account for the variation between respondent and non-respondent groups. Although only minimal information is known about the non-respondent group, these two variables do not suggest the respondent group lacks representativeness.

The response rate falls in line with both Robin's and Dillman's arguments regarding the importance of return rates for generalizational needs. Both of these sources list target return rates of 65% and higher. It was originally hoped that at least a 75% rate would be reached. The third mailing returns were low enough to discourage further mailing efforts. Also, the postal system itself presented problems. It appeared that undeliverable mail was frequently not being returned in the first two mailings. A final problem involved the timing of the survey; the final mailing was sent three weeks prior to Christmas. Given these drawbacks, the return rates do appear acceptable by standards put forth by Robin and Dillman.

Questionnaire

The mailed questionnaire included 48 items. The first 12 questions required a response to four vignette case examples. The respondent was asked to indicate a social work treatment planning preference on three different scales. The first scale asked for a ranking of the therapy preference, the second asked for the ranking of advocacy preference, and the final scale required a choice between therapy or advocacy. These three scales provided a method of reading
the response to each case example. The first case example was structured intentionally to elicit a high advocacy and low therapy response. The third case example was structured intentionally to elicit a high therapy and low advocacy. The second and fourth case examples were structured to elicit a typical social work response. These two vignettes, two and four, provided different client problems but neither was stated to intentionally elicit a therapy or advocacy response.

Items 13 through 20 tested the respondents' orientation to the practitioner-client relationship and included eight Likert-like questions which range from strongly disagree to strongly agree on a 5-point scale. The scoring on all of these questions is in the direction of high scores supportive of the equalitarian perspective. It should be noted that a high score is supportive of equalitarianism and a low score supportive of the expertise perspective. Question 21 involves the client and organizational orientations and the individual is asked to rank four out of the nine categories. From the nine categories, the respondent is to indicate the most important and second most important. Further, the respondent is to rank the two least important of the provided categories. In Question 22, also indicative of the client and organizational orientations, the individual is to rank all of three categories from one—the most important—to three—least important. In these categories, the respondent is ranking whose judgment should count in assessing their social work job performance.
In Items 23 through 31 basic demographic data are sought. Item 31 requires an assessment of the number of employees within the work setting. The nature of this survey, in relying upon the individual social worker, presents a problem of accuracy in this question. An awareness of the agency's boundaries and a good idea of how many persons are employed is not always a reality. This question is left open-ended and later categorizing provides broad enough grouping to compensate for a shortage of accuracy. Similarly, Questions 32, social work specialities, and 33, other specialities, are open-ended and allow categorizing. Question 34 simply asks for the respondent's program specialty, while Question 35 focuses upon the social worker's position in the agency structure. Item 36 requires the respondent to determine the levels of supervision between the front line social worker and the agency's chief administrator.

The last 12 questions relate to the respondent's perceptions or feelings about the agency of employment. Each question calls for either a true or false response.

Pre-testing

The first 12 items which relate to the four case examples were pre-tested with a group of 30 graduate level social work students. Using the same four case examples, these students were asked to rate the treatment planning on the counseling scale, then on an advocacy scale, and then on a preference between counseling or advocacy. As intended, the advocacy biased example resulted in high advocacy and
low counseling, with advocacy being the most preferred plan. Similarly, the counseling biased case resulted high on the counseling scale, low on the advocacy scale and counseling was the leading preference. Finally, the two unstructured cases produced various responses which covered the range of possibilities. The term counseling was confusing to those who took part in the pre-test. After considerable discussion with participants, it was learned that counseling had connotations of both individual and environmental meanings. Most felt therapy would be much more applicable.

Assessment of the students' responses to Questions 13 through 20 suggested four of the questions were supportive of an equalitarian position and four were indicative of an expertise orientation. Factor analyzing these same items for the survey data indicated different clusterings (see Appendix). Questions 15, 18, and 20 hung together while the others were scattered throughout four factors as indicated by equivalent loads on at least two or more of the factors.

Question 21 was factored and the separate parts a through i indicated two distinct factors, suggesting two separate variables (see Appendix). There will be more discussion on this in a later section.

**Dependent and Independent Variables**

**Treatment Planning**

The dependent variable for this study is social work treatment planning. This variable is measured by responses to the case examples.
As explained earlier, social work treatment planning is operationalized by two perspectives: (a) therapy, individual change focus, and (b) advocacy, environmental change focus. The case examples, two of which were biased to elicit responses in line with the two outlined perspectives, provide a basis for assessing the validity of the measure. In the survey, the case example of Mr. Phillips was the advocacy biased vignette (Case 1). The Phillips advocacy case portrayed an individual presenting no psychological problems. The major presenting problem noted an environmental cause--potential eviction from his house. The case example of Mrs. Pool was the therapy biased vignette (Case 3). The Pool case stressed the psychological nature of the presenting problem--depression and alcoholism. These vignettes are based on the assumption that the responding social workers will align with the environmental or psychological nature of the presenting problem. The environmental presenting problem bias is assumed to elicit the advocacy response and the psychological bias to elicit the therapy response. The Johnson and Gillespie vignettes do not provide a presenting problem which is clearly environmental or psychological in nature. See Appendix for a copy of the survey and the vignette case examples.

Figure B provides a comparison of mean scores for all case examples. Comparisons of mean scores are shown first on the therapy scale then on the advocacy scale. On the therapy scale, the Phillips case (the advocacy case) is ranked low and the Pool case (the therapy case) is ranked high. On the advocacy scale, the reverse of these two cases is clearly visible with Phillips becoming the highest score and Pool the lowest. Further, on both scales these two cases remain the extremes as intended.
Mean Scores for Vignettes by Treatment Planning Responses

A. Therapy Responses

<table>
<thead>
<tr>
<th>Therapy Occasional Frequent Intensive</th>
<th>Phillips</th>
<th>Mean therapy response</th>
<th>Gillespie</th>
<th>Pool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unnecessary</td>
<td>3.3</td>
<td>5.08</td>
<td>5.9</td>
<td>7.4</td>
</tr>
<tr>
<td>Therapy</td>
<td>4</td>
<td></td>
<td>8.0</td>
<td></td>
</tr>
</tbody>
</table>

B. Advocacy Responses

<table>
<thead>
<tr>
<th>Advocacy Unnecessary Limited Significant Fully</th>
<th>Pool</th>
<th>Gillespie</th>
<th>Johnson</th>
<th>Phillips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>2.2</td>
<td>5.0</td>
<td>5.0</td>
<td>6.1</td>
</tr>
<tr>
<td>Advocacy Committed</td>
<td>4</td>
<td>7</td>
<td>7.4</td>
<td></td>
</tr>
</tbody>
</table>

The two intermediate cases reverse on the two scales yet, to a smaller degree than the extremes. A major task was to decide what combination or individual scale best measured the dependent variable of treatment planning. Factor analyzing all the scales demonstrated that Questions 3, 6, 9, and 12 each had high loadings on the first factor while the other scales were indicating various loads across four factors (see Appendix).

Factors were identified as representative of treatment planning: (a) a continuum factor, (b) a therapy factor, and (c) an advocacy factor.
factor, in that order. The support for these identifications comes from the loadings for the questions. Those questions, 3, 6, 9, and 12, which measure both therapy and advocacy load highest on the first factor, at a .6 level or higher. The second and third factors which should indicate clustering of therapy and advocacy questions indicate instead, a mixed pattern providing further support for the continuum conclusion for social work treatment planning.

These four questions, 3, 6, 9, and 12, were selected as the measure of the dependent variable for two reasons: (a) they all factored out together high on the first factor, and (b) they include all of the case vignettes used. With therapy being indicated by a score of one and advocacy by a score of two, the combined scores ranged from four to eight. Because of missing data, the range had a low score of three (see Table 3). Since no one opted for advocacy throughout the four vignettes, the high score of the range was seven. To be specific, scores were collapsed and categories assigned, with a total score of three, four, and five being therapy; six being intermediary; and seven being advocacy.

Scoring cutting points was based upon the logic of the combining of the four identified questions. A score of five could only be obtained by selecting the advocacy category once, thus selecting the therapy category three times. A score of six suggests selecting the therapy category twice and the advocacy category twice. The score of seven was obtained by selecting advocacy three times and therapy once. Missing data were scored 1.5 to assure consistency of score totals.
Practitioner-Client Relationship

Questions 13 through 20 are measures of the independent variable described in the theory chapter as the ideological stance on the practitioner-client relationship. This variable includes an equalitarian stance and an expertise stance. As noted earlier, factoring indicated that Questions 15, 18, and 20 combined into one primary factor. From these three a total score is developed by taking the combined scores and subtracting by 3 which provides a final score. Three was subtracted from each question to simplify the calculations of this combined variable. It should be recalled that scoring was in the direction of the equalitarian extreme. Two of the questions, 15 and 20, were expertise oriented in stated form, and Question 18 was equalitarian oriented. The final item scores ranged from one to five, with one being "strongly disagree" and five "strongly agree" with an equalitarian stance.

The final combined score ranged from minus six to plus six, with zero becoming the "unsure" category. The negative numbers are scores which reflect an expertise stance while the positive scores reflect equalitarianism. Scores were collapsed into categories, all negative scores combining in an expertise measure, the zero scores being the unsure, and the positive scores into two categories--intermediate and equalitarianism (see Table 3). The positive scores were split into two categories to allow better interpretation of the equalitarian end of the continuum which garnered the greatest amount of responses. Another reason for this breakdown was the need for considerable
precision in the equalitarian category to construct the ideal types called for in the theoretical model. In short, three categories are designated: expertise, intermediate, and equalitarian.

Cutting points for this variable can best be explained by recalling that each question's score has the value 3 subtracted. This process results in each question's score taking on a negative, zero, or positive value. The summing of these scores will result in the low range, negative values representing the expertise position. The positive values would represent the equalitarian position. Combining scores in this manner does present the possibility of cancelling out of scores through summing, thus resulting in an incorrect interpretation. These scores, which clustered around zero, were in the greatest danger of such a problem, therefore, the intermediate category was developed to allow interpretation which could consider the mixed meaning.

**Meaning of the Field**

The second major independent variable, the ideological stance on the meaning of the social work field, is measured in Question 21 and Question 22. These two questions were taken from strategies used by Wilensky (Question 21) and Billingsley (Question 22) to measure the perspective of the social workers to the employing organization and the target client groups (Billingsley, 1964; Wilensky, 1964). Factoring the items in Question 21 clearly indicates two major factors, with items a, economic security, and d, chance to serve others, standing out as the best indicators of these factors (see Appendix). Each of
the items was matched with the related item in Question 22, job performance judgment. Specifically, this was accomplished by combining item a, economic security (Question 21), with item b, supervisor's judgment (Question 22). Similarly, item d, chance to serve others (Question 21), was matched with item a, client judgment (Question 22). In both cases items a and d of Question 21 were divided by 2 before adding Question 22.

Finally to be exact, the score for the organizational orientation was developed by dividing the score of item "economic security" by 2 and adding the ranking score of item "judgment by administrators and supervisors." The score for the client orientation was determined by dividing the score of item "chance to serve others" by 2 and adding the ranking score item "judgment of clients."

Since the scoring on these questions was such that of the eight possible items—21(a) through 21(i)—only four were to be responded to, for each respondent there were at least four no responses. This missing value problem was dealt with by substituting a value of five, a mean score, for the existing zeros.

Both of the resulting variables, clientism and organizationism, were categorized as low or high. It is important to notice that even though the numerical values range from three to five in the high categories and six to seven in the low, the logic which justifies this apparent reversal rests in the scoring of the original questions. The questions are rated one or two for high ratings and eight or nine as low ratings. The scores three to five represent the highest rating a respondent can give the variables. Similarly, the value of six and
seven represent a low evaluation of the variable.

**Ideal Types**

The theoretical model calls for the two ideological constructs, "practitioner-client relationship" and the "meaning of the field," to produce the basis for the ideal types. (For review see Table 2, theory chapter.) The ideal type of professional is noted by scores which are determined by high expertise and low equalitarianism with moderate measures on both client and organization preference measures. This type is also typified by high scores on therapy and low advocacy scores. The bureaucratic type calls for high scores on organizationalism preference, low client preference, and moderate on expertise and equalitarianism. Preference for this type model on the dependent variable is moderate on both therapy and advocacy. The radical type calls for high scores on equalitarian, low on expertise, high on client preference, and low on organizational preference, with a definite tendency for advocacy as a treatment planning strategy.

**Structural Variables**

Two additional independent variables are included which are drawn from organizational theory. Size and complexity are measured within the questionnaire. Question 31 asks for the number of employees in the agency in which the individual works. Hall argues that although size is not easily determined, the indicators have a high correlation and are therefore interchangeable. Citing Warkov, Hawley, and Boland,
high correlations are found between such indicators as numbers of clients and staff size (Hall, 1977, p. 105).

Four categories are used for coding the size question: (a) 1 through 25, (b) 26 through 60, (c) 61 through 100, and (d) over 100. These categories were collapsed and arbitrarily assigned as small—1 to 60 and large—61 and above.

Questions 32, 33, and 36 are developed as complexity measures. Hall discusses three types of organizational complexity—horizontal, vertical, and spatial dispersion. Horizontal differentiation is defined as the way tasks are performed by the organization. Hage uses the number of occupational specialities and the length of training required, while Blau suggests the number of different positions and different subunits in the organization (Hall, 1977, pp. 132-4). Vertical differentiation is viewed as the hierarchial arrangement with the organization. Pugh suggests that a count of the number of job positions between the chief executive and front line employees working on the output is the best indicator; while Hall recommends the number of levels in the single deepest work division and Meyer uses the number of supervisory levels (Hall, 1977, pp. 135-6).

Survey results indicated that respondents had difficulty in completing both Questions 32, identified social work specialities, and 33, other specialities. Question 36, levels of supervision, provides usable data. Reported levels of supervision ranged from one through nine. This range was collapsed into three categories of one and two in the low category; three, four, and five in the medium category; and six...
through nine in the high category. It needs to be remembered that both size and complexity are measured through self reports which may not reflect the accurate dimensions of the work environment. These categories were arbitrarily assigned and reflect the researcher's impressions of the organizational complexity level in the field of social work.

**Climate**

The last independent variable in this study involves organizational climate. Questions 37 through 48 are all measures of organizational climate. Moos provides 12 scales for assessing climate and combines these into three broad categories: (a) relationship, (b) treatment program, and (c) administrative structure or system maintenance (Moos, 1974, pp. 41-2). For the purpose of this study, the category of "relationship" was selected; it included dimensions of involvement, support, and spontaneity. Questions used in the survey reflect minor modifications upon the instrument developed and used extensively by Moos (Moos, 1974, pp. 371-6).

Questions 37, client self-improvement; 38, clients assist each other; and 42, clients can say what they want, were selected as representative of each of the dimensions of relationship. These three all are aligned in a positive direction with True being interpreted as high climate and False, low climate. High climate means positively oriented to the helping environment. Scoring and coding stipulated one point to true and two to false. In combining these three questions,
the final score ranged from three to six. The collapsing into categories resulted in high climate being labeled two (three through four) and low climate labeled one (five through six).

This scoring resulted in categories based upon the logic of the questions once combined. A total score from three through four represents scoring all items a one or just one item a two and the rest as ones. The scoring of five or six results from item scores of all twos or only a single score of one. In other words, the high climate category can include one low climate response within the three questions. Similarly, the low climate category can include one high climate response within the three questions.

Data Analysis

A review of the questionnaire or the technical procedures used to score results for the various variables will indicate that data generated are predominately ordinal in nature (see Table 3). In some cases the variables appear nominal. Treatment planning appears, at first glance, to be nominal yet the operationalization of this variable indicates a continuum interpretation with clear ordering of responses.

Two basic statistical tools will be used to analyze the research data: (a) the percentage table, and (b) a non-parametric measure of association--gamma. A test of significance will be provided based on gamma.

The usefulness of percentage tables for a study of this nature is clearly evident. The advantage of the percentage table in interpreting
### TABLE 3

**Operationalization and Scoring of Dependent and Independent Variables and Ideal Types**

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Question Combination</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Planning</td>
<td>Questions 3 + 6 + 9 + 12</td>
<td>3 thru 7</td>
</tr>
<tr>
<td>Therapy</td>
<td>3 thru 5</td>
<td></td>
</tr>
<tr>
<td>Intermediate</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Advocacy</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

**Independent Variable**

<table>
<thead>
<tr>
<th>Ideologies</th>
<th>Question Combination</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner-Client Rel.</td>
<td>Questions 15 + 18 + 20</td>
<td>-6 thru 6</td>
</tr>
<tr>
<td>Expertise</td>
<td>-6 thru -1</td>
<td></td>
</tr>
<tr>
<td>Intermediate</td>
<td>1 thru 2</td>
<td></td>
</tr>
<tr>
<td>Equalitarian</td>
<td>3 thru 6</td>
<td></td>
</tr>
<tr>
<td>Meaning of the Field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizationism</td>
<td>#21,item a + #22,item b</td>
<td>3 thru 7</td>
</tr>
<tr>
<td>Clientism</td>
<td>#21,item d + #22,item a</td>
<td>3 thru 7</td>
</tr>
<tr>
<td>Low (1)</td>
<td>6 thru 7</td>
<td></td>
</tr>
<tr>
<td>High (2)</td>
<td>3 thru 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structure</th>
<th>Question 31</th>
<th>1 thru 100+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>1 thru 60</td>
<td></td>
</tr>
<tr>
<td>Large</td>
<td>6 thru 100+</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>Question 36</td>
<td></td>
</tr>
<tr>
<td>Small</td>
<td>1 thru 9</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>1 thru 2</td>
<td></td>
</tr>
<tr>
<td>Large</td>
<td>3 thru 5</td>
<td></td>
</tr>
<tr>
<td>Low (1)</td>
<td>6 thru 9</td>
<td></td>
</tr>
<tr>
<td>High (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>Questions 37 + 38 + 42</td>
<td>3 thru 6</td>
</tr>
<tr>
<td>Low (1)</td>
<td>5 thru 6</td>
<td></td>
</tr>
<tr>
<td>High (2)</td>
<td>3 thru 4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ideal Types</th>
<th>Practitioner-Client Rel.</th>
<th>Meaning of the Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional 1</td>
<td>Expertise</td>
<td>+ Hi &amp; Lo organization &amp; clientism</td>
</tr>
<tr>
<td>Professional 2</td>
<td>Intermediate</td>
<td>+ Hi &amp; Lo organization &amp; clientism</td>
</tr>
<tr>
<td>Bureaucrat</td>
<td>Expertise-Interm.-Equal.</td>
<td>+ Hi organization &amp; Lo clientism</td>
</tr>
<tr>
<td>Radical</td>
<td>Equalitarian</td>
<td>+ Lo organization &amp; Hi clientism</td>
</tr>
</tbody>
</table>
the direction of an association will be used to the fullest. Non-parametrics are not as universally accepted as the percentage table as a statistical tool. In promoting non-parametrics, Siegal (1956) stresses the utility of these statistical tools and their freedom from stringent requirements of more complex measures. Two factors are highlighted as particularly noteworthy: (a) distribution-free analysis, and (b) ranking tests. Distribution-free refers to the freedom from the assumptions that scores under analysis are drawn from a normally distributed population. Secondly, the ranking tests note that non-parametrics need have scores with only a ranking nature; numerical exactness is not essential.

Daniel (1980), in a more recently published book, notes the utility of non-parametrics. Citing such advantages as minimal usage error because of few assumptions regarding the population distribution, relative ease of computation and interpretation, and utility with weak measurement scales, a case is made for the non-parametric statistical tool (Daniel, 1980, p. 16). Following up on these arguments, Loether and McTavish (1980) provide a discussion of three commonly used non-parametric measures which provide an assessment of ordinal data--Tau b, gamma, and Somers' d. Of importance to this study is the limitation of gamma as a statistical tool when ties exist on the dependent or independent variable. This concern stresses the fact that gamma does not consider ties. Costner is cited as indicating that Proportional Reduction in Error interpretations should not consider ties, since ties cannot be counted as correct or erroneous predictions (Loether &
McTavish, 1980, p. 237). Malec, taking a conservative approach to the use of gamma, does advocate the use of a PRE interpretation (Malec, 1977, p. 144). The general caution with the use of gamma is that tables with large numbers of ties will inflate the gamma score.

The data analysis in this study does include many ties. This characteristic of the data would appear to promote a statistical tool which considered the ties; Tau b and Somers' d both provide interpretations which consider ties. If Costner's argument is applied, the PRE interpretation for gamma appears the more appropriate measure. Therefore, with this study gamma is used with the recognition that the statistical findings are potentially inflated. Despite this, gamma will add to the percentage table some insight into both direction and strength of association.

The gamma statistic provides a means to test for significance. It has been argued that this study does sample a diverse social work population. Loether and McTavish (1980) provide a carefully stated position that tests of significance are important to sociological study for the ever present need to generalize. They are quick to note the need for inferential jumps to be based upon the substantive nature of the sample and study rather than the significance test. Further, they stress the dangers of assuming that significance tests can be used in the place of solid descriptive assessment.

Giving full credence to the above warnings, significance findings are used in this study to add to modest inferential jumps. The inferential efforts are based upon the substance of the study, the compositions of
the sample, and then the significance tests.

A final issue needs to be dealt with at this point. A large number of potential associations are assessed. To facilitate decision making regarding the degree of attention given to the potential associations, two statistics are used along with substantive supports. These two statistics are gamma and the gamma test for significance. The magnitude of the gamma provides the basis for pursuing descriptive analysis. The significance test is a stimulus for generalizing or inferential commentary. Arbitrarily, the gamma of a .2 magnitude provides the basis of descriptive efforts and a significance level of .10 is used for inferential efforts.

Summary

This chapter describes a study of 256 certified social workers. The study design relied upon a mailed survey and the data collection process included three mailings to increase responses. The response rate for the study was 69%.

Variable assessment, for the most part, includes combinational calculations of appropriate questions from the survey instrument. Data analysis is designed to assess ordinal data by the use of gamma and percentage tables and test for significance using gamma.
CHAPTER V

FINDINGS

In this chapter, research questions will provide the direction for analysis and discussion. Figure A provides a brief overview of the theoretical model from which the research questions are taken. There are four major question areas, each with several subquestions. The major questions deal first with the dependent variable of social work treatment planning. Second, independent variables are individually evaluated in zero-order associational arrangements with the dependent variable. Third, independent variables are assessed for both zero-order and first-order associations, both between the independent and dependent variables. Fourth, ideal types are developed from the ideology variables and evaluated for both descriptive characteristics and interactional patterns.

This chapter will follow the list of research questions (found in the theory chapter). The organization of material will result in each question being written out, followed by analysis where appropriate, given the magnitude of the findings. Tests for significance will be evaluated for values of gamma. It should be noted that the theoretical model involves potential associations between a number of wide ranging variables.
To add to the substantive bases for generalizability of the sample, basic demographic characteristics of this sample are contrasted with statistics from a national survey of social workers.

Table 4 provides this contrasting data regarding demographic characteristics. The certification requirements in Michigan do not exclusively require the Masters of Social Work degree. This exclusive professional requirement is typical of the national data included in Table 4 (Manpower Bank). From the table, a number of contrasting characteristics are worthy of being mentioned. There is a higher male percentage in the certification sample than the national sample. In part, this can be accounted for by the four-year time span difference. The national figures indicate that the male percentage is increasing (note 1968 and 1975 figures). Further, the Michigan certification figures represent actual practitioners stretching across educational levels typically found in practice. In terms of education, the Michigan dissertation figures are more evenly spread out than the national sample. The category of more than Masters is large in the Michigan sample. It would be inaccurate to assume these were Ph.D. social workers, since the question is vulnerable to those with Masters plus additional graduate work labeling themselves in this "more than" category. Similarly, race provides a breakdown in the Michigan sample closer to the percentage of blacks in the U.S. than does the national survey. Years of experience is unusually high in the Michigan sample, as is age. It appears that the Michigan certification process has attracted the older, more experienced social workers.
Table 4

Percentage Distribution for Respondents From the Michigan Social Worker Sample and National Social Worker Sample

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Dissertation Findings (N=256)</th>
<th>Manpower Bank (N=35,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1979</td>
<td>1975</td>
</tr>
<tr>
<td></td>
<td>(1968)</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>43.8</td>
<td>36.7</td>
</tr>
<tr>
<td>Female</td>
<td>56.3</td>
<td>63.3</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>11.0</td>
<td>7.6</td>
</tr>
<tr>
<td>White</td>
<td>86.7</td>
<td>85.5</td>
</tr>
<tr>
<td>Other</td>
<td>2.0</td>
<td>6.1</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.A.</td>
<td>10.5</td>
<td>13.7</td>
</tr>
<tr>
<td>M.A.</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>M.S.W.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>67.9</td>
<td>82.3</td>
</tr>
<tr>
<td>More than Masters</td>
<td>21.5</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Agency Auspice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>63.3</td>
<td>55.2</td>
</tr>
<tr>
<td>Private</td>
<td>35.5</td>
<td>44.8</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Years'Experience in Social Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 and under</td>
<td>.4</td>
<td>12.6</td>
</tr>
<tr>
<td>over 2 and under 4</td>
<td>.8</td>
<td>13.6</td>
</tr>
<tr>
<td>4 and under 6</td>
<td>9.4</td>
<td>12.2</td>
</tr>
<tr>
<td>6 and under 10</td>
<td>18.4</td>
<td>15.7</td>
</tr>
<tr>
<td>10 and under 15</td>
<td>27.0</td>
<td>14.5</td>
</tr>
<tr>
<td>15 and more</td>
<td>61.5</td>
<td>31.4</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 and less</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>30 to 39</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>40 to 49</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>50 to 59</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>60 and over</td>
<td>9.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Locale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>87.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Caseload</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (20 and less)</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Med (21 to 50)</td>
<td>42.7</td>
<td></td>
</tr>
<tr>
<td>High (51 to 100)</td>
<td>36.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

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The comparison of the Michigan sample and the national sample provides a basis for evaluation. A problem does occur in attempting to draw conclusions from this comparative data. Although similarities can and have been noted, the Michigan data is structured around a different definition of social work than is the national sample. The national group is based upon social work as educationally based, requiring a Masters of Social Work. The Michigan sample is based upon an occupational or job title criteria which allows certification as a social worker without the Masters of Social Work degree. The Michigan sample, in operationalizing a broader definition of social work, can make claim to generalizability to the actual functioning occupation referred to as social work. Of importance is this study's claim to focus upon a broad occupational definition while assessing the social work helping process. Surely, the treatment planning process is carried out by more than just master's level social workers. The scope of the Michigan sample's definition of social work is the major argument for generalizability. The generalization is made to the population of social workers, which functions within parameters which reach beyond the Master of Social Work degree.

1. Is There Detectable Variation Within the Social Work Treatment Planning?

Table 5 provides a listing of marginal percentages for all variables--dependent and independent. Clearly the dependent variable (treatment planning) varies. The therapy category is almost 44% of
### Table 5

Percentage Distribution for Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>Percentage Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Planning Therapy</td>
<td>43.8</td>
</tr>
<tr>
<td>Intermediate</td>
<td>39.5</td>
</tr>
<tr>
<td>Advocacy</td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ideologies</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Meaning of the field</strong></td>
<td></td>
</tr>
<tr>
<td>1. Organizationism</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>54</td>
</tr>
<tr>
<td>Low</td>
<td>46</td>
</tr>
<tr>
<td>100</td>
<td></td>
</tr>
<tr>
<td>2. Clientism</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>70</td>
</tr>
<tr>
<td>Low</td>
<td>30</td>
</tr>
<tr>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Practitioner-Client</td>
<td></td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td></td>
</tr>
<tr>
<td>Expertise</td>
<td>25</td>
</tr>
<tr>
<td>Intermediate</td>
<td>22</td>
</tr>
<tr>
<td>Equalitarian</td>
<td>58</td>
</tr>
<tr>
<td>100</td>
<td></td>
</tr>
<tr>
<td><strong>Structure</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Size</strong></td>
<td></td>
</tr>
<tr>
<td>Large</td>
<td>52</td>
</tr>
<tr>
<td>Small</td>
<td>48</td>
</tr>
<tr>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>7</td>
</tr>
<tr>
<td>Medium</td>
<td>69</td>
</tr>
<tr>
<td>Low</td>
<td>24</td>
</tr>
<tr>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Perception</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>70</td>
</tr>
<tr>
<td>Low</td>
<td>30</td>
</tr>
<tr>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

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the sample's responses. The advocacy category is less than 13%, while the intermediate category is about 40%. The size of the intermediate category suggests that practitioners mix the treatment planning strategies. Yet, the sample does show that social workers tend towards a therapy style or approach. Continued analysis of Table 5 provides useful information.

The statistics for the independent variables provide notable alignments. The construct "meaning of the field" includes two variables, organizationism and clientism, which are separated by high and low categories. Fifty-four per cent of the respondents are highly oriented to the organization, while forty-six per cent are low in their organization orientation. Seventy per cent are high on their client orientation, while thirty per cent are low in client orientation. Of particular importance are the findings which show a majority are high on organization and client. Clearly, the sample is highest on client orientation, but organization orientation is clearly a majority.

The practitioner-client relationship construct is represented by the expertise-equalitarian continuum. Table 5 indicates that the sample is 25% expertise oriented, 22% at an intermediate orientation, and 58% equalitarian oriented. In short, this sample is strongly equalitarian in their orientation towards clients, with only one quarter of the sample opting for an expertise basis to the practitioner-client relationship.

The structural characteristics of size and complexity are reported
in Table 5. Size was almost equally split between large and small organizations, 52% and 48% respectively. Complexity has three categories, low complexity is 24%, medium is 69%, and high complexity is only 7%.

The perception variable represents climate and has high and low categories. The 70% high climate means that a large majority see their helping environment as positive.

2. Is There an Association Between Social Work Treatment Planning, Ideological Perspectives, Structural Characteristics and the Social Worker's Feel About the Helping Environment?

A number of subquestions break this major research focus into more manageable parts. In addressing each of the subquestions, a chart will be referenced to clarify the variable interactions and their relationship to the original theoretical model. Figure C provides a diagram of the variables which are assessed for association with social work treatment planning.

Figure C

Theoretical Model--Zero-Order Associations

- Ideologies
- Structure
- Perceptions
- Treatment Planning

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2-A. Is There an Association Between Ideologies and Social Work Treatment Planning?

The first variable of the ideologies is the continuum of practitioner-client relationship, which ranges from expertise to equalitarianism. In Table 6 we find the following information:

Table 6

Percentage and Frequency Distribution for Treatment Planning by Practitioner-Client Relationship

<table>
<thead>
<tr>
<th>Practitioner-Client Relationship</th>
<th>Therapy</th>
<th>Intermediate</th>
<th>Advocacy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equalitarian</td>
<td>36%</td>
<td>46%</td>
<td>18%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(51)</td>
<td>(65)</td>
<td>(25)</td>
<td>141</td>
</tr>
<tr>
<td>Intermediate</td>
<td>45</td>
<td>47</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(23)</td>
<td>(24)</td>
<td>(4)</td>
<td>51</td>
</tr>
<tr>
<td>Expertise</td>
<td>51</td>
<td>35</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(19)</td>
<td>(13)</td>
<td>(5)</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>93</td>
<td>102</td>
<td>34</td>
<td>229</td>
</tr>
</tbody>
</table>

Gamma = .21
Signif = .024
Table 6 indicates that within this sample of social workers, the respondents varied along the continuum. Recall that this variable involves a continuum ranging from categories of expertise, intermediate, and equalitarianism. The vertical marginals provide the frequencies of the sample which aligns with each of the categories of the practitioner-client relationship. It is clear that equalitarianism is the most important feature for the social workers of this sample.

The gamma statistic in Table 6 suggests a weak positive association between the practitioner-client ideology variable and social work treatment planning. Looking closely at the percentage table, it is important to note that the expertise category includes the largest number of those respondents favoring therapy. Similarly, the intermediate ideology category is largest towards the therapy and intermediate treatment planning category. The equalitarian category concentrates in the intermediate category and is the largest advocacy category and smallest therapy category. This association indicates that the expertise ideology tends towards a therapy style of treatment planning and the equalitarian perspective tends towards a mixed therapy and advocacy style as well as an advocacy strategy.

The second ideology construct is "meaning of the field" represented by two variables--organizationism and clientism. The research question asks about the association of these two variables, organizationism and clientism, with treatment planning. Organizationism and treatment planning have a gamma score of -.04, while clientism and treatment planning have a gamma score of -.07. The amount of variation in
treatment planning explained by clientism and organizationism is too small to be useful. The amount of variation reported on both of these variables with treatment planning appears to present independence.

2-B. Is There an Association Between Structural Variables and Social Work Treatment Planning?

There are two structural variables assessed in this study--size and complexity. Both of these variables are assessed for association with social work treatment planning. Table 7 provides data on size and treatment planning categories.

Table 7

Percentage and Frequency Distribution for Treatment Planning by Size

<table>
<thead>
<tr>
<th>Size</th>
<th>Therapy</th>
<th>Intermediate</th>
<th>Advocacy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Large 2</td>
<td>35%</td>
<td>47%</td>
<td>18%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(42)</td>
<td>(56)</td>
<td>(22)</td>
<td>120</td>
</tr>
<tr>
<td>Small 1</td>
<td>43%</td>
<td>45%</td>
<td>13%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(47)</td>
<td>(49)</td>
<td>(14)</td>
<td>110</td>
</tr>
<tr>
<td>Total</td>
<td>89</td>
<td>105</td>
<td>36</td>
<td>230</td>
</tr>
</tbody>
</table>

\[ \text{Gamma} = .16 \]

\[ \text{Signif.} = .07 \]
The sample provides an almost equal breakdown between the small size organizations and the large organizations. Both small and large size are more frequent in therapy than advocacy. The large size tends to be less on therapy and more on advocacy than does small size. It is clear from the statistics that the association is too weak between size of organization and treatment planning to allow strong conclusive statements.

Complexity is a second structural variable examined in this study. Ranging from simple to the highly complex, this variable indicates some association with social work treatment planning. Table 8 provides data for assessing this association.

<table>
<thead>
<tr>
<th>Complexity</th>
<th>Treatment Planning</th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Therapy</td>
<td>Intermediate</td>
<td>Advocacy</td>
<td></td>
</tr>
<tr>
<td>High 3</td>
<td>57%</td>
<td>21%</td>
<td>21%</td>
<td>100%</td>
</tr>
<tr>
<td>(8)</td>
<td>(3)</td>
<td>(3)</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Med 2</td>
<td></td>
<td>39%</td>
<td>48%</td>
<td>13%</td>
</tr>
<tr>
<td>(50)</td>
<td>(61)</td>
<td>(17)</td>
<td></td>
<td>128</td>
</tr>
<tr>
<td>Low 1</td>
<td>27%</td>
<td>48%</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>(12)</td>
<td>(21)</td>
<td>(11)</td>
<td></td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>85</td>
<td>31</td>
<td>186</td>
</tr>
</tbody>
</table>

Gamma = -.26

Signif. = .018

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The gamma statistic suggests that a negative association exists between complexity and treatment planning. The significance level provides support for concluding that social workers in highly complex organizations tend toward therapy as the style of treatment planning. Social workers in low complexity organizations tend to be highest in applying a mixed therapy and advocacy style to the treatment planning.

2-C. Is There an Association Between the Social Worker's Perception of the Helping Environment and Social Work Treatment Planning?

This variable representing perceptions, is labeled climate and focuses upon the social worker's feelings about the helping environment. Three dimensions are included: involvement, support, and spontaneity, as elaborations upon the social worker's perceptions about the relationship between staff and clients (see methodology chapter for more operationalization procedures). The following table details the association between climate and treatment planning.

From this table it is apparent that the social workers of this sample were predominately positive regarding the helping environment. The gamma statistic indicates a weak negative association between climate and treatment planning. The percentage table clarifies the association which occurs between these two variables. The therapy category is highest on low climate, whereas the advocacy category is essentially the same in both high and low categories of climate. The intermediate category of treatment planning demonstrates a reversal.
Table 9

Percentage and Frequency Distribution For Treatment Planning by Climate

<table>
<thead>
<tr>
<th>Climate</th>
<th>Therapy</th>
<th>Intermediate</th>
<th>Advocacy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 (57)</td>
<td>2 (76)</td>
<td>3 (23)</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>37%</td>
<td>49%</td>
<td>15%</td>
<td>156</td>
</tr>
<tr>
<td>Low</td>
<td>53%</td>
<td>33%</td>
<td>14%</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>98</td>
<td>32</td>
<td>222</td>
</tr>
</tbody>
</table>

Gamma = -.236  
Signif. = .03

of the pattern found in the therapy group. The intermediate group is highest on high climate. In short, therapy is inversely aligned with climate, the intermediate category is directly aligned, and advocacy shows no variation on climate. The significance level of .03 does allow generalizing of these findings. Thus, the concluding statement for these findings suggests that social workers are predominately positive toward the helping environment in which they work. Further, the association which exists between climate and treatment planning, indicates that social workers that are positively oriented
tend to concentrate on a mixed therapy and advocacy style of treatment planning. Those social workers who are negatively oriented to helping environment, tend to concentrate on the therapy style of treatment planning.

Summary Research Question #2

First, social work ideologies are associated with social work treatment planning. This association is weak and stems from the single ideology of practitioner-client relationship. The second ideology, meaning of the field, demonstrates no association with treatment planning. This ideology has two variables—organizationism and clientism. Neither account for variation in the dependent variable of treatment planning. The social workers of this study are egalitarian—high on client orientation and high on organization orientation.

Second, structural characteristics are associated with social work treatment planning. Size showed no association with treatment planning, whereas complexity indicated a weak negative association with treatment planning. Social workers employed in highly complex organizations tended to select therapy as a treatment planning style. Also, these social workers employed in a low complexity organization, tended to select a mixed therapy and advocacy strategy of treatment planning. The advocacy strategy appears to be equally selected between both high and low complexity respondents.

Finally, social worker perceptions are associated with treatment planning.

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planning. This association is a weak negative interaction. This sample's social workers are positively oriented to the helping environment in which they work.

Again, all three variables, ideologies, structural characteristics, and climate, are associated with treatment planning. Respondents are predominately equalitarian, client, and organization oriented—positive towards the helping climate and work in both small and large organizations which tend towards moderate levels of complexity.

3. Is There a Descriptive Causal Model Which Ties Together the Identified Variables In an Association Network?

Figure A details the theoretical model, briefly listing the variables which fall under the major variable categories of ideologies, structural characteristics, and perceptions. This model suggests assessing these independent variables in interaction with each other and treatment planning. To accomplish this task, a number of variable associations must be evaluated. Some of these associations are zero-order association, while others require first- and second-order associational evaluation. To achieve this assessment, research questions will be followed individually.

3-A. Within a Possible Causal Linkage, Do the Structural Variables Influence the Ideologies?

The following variable associations are evaluated: (a) size and
the expertise continuum, (b) size and organizationism, (c) size and clientism, (d) complexity and the expertise continuum, (e) complexity and organizationism, and (f) complexity and clientism. These are evaluated as zero-order associations with the ideologies viewed as the dependent variables, for purposes of this question. In reviewing these variable arrangements, it is clear that no association exists which merits reporting (see gamma matrix, Table 18).

3-B. Within a Possible Causal Linkage, Do the Structural Variables Influence Climate?

To answer this question, two zero-order associations are evaluated: (a) size and climate, and (b) complexity and climate. The assessment of these variables yielded no support for an association. Both size and complexity acting on climate, reveal gammas which are very weak (see Table 18). Again, Rosenberg's (1968) suggestion of attending closely to the low associational findings is appropriate; specifically, organizational structural variables of size and complexity are not associated with the social worker's perception of the helping environment in which they work.

3-C. Within a Possible Causal Linkage, Do the Ideology Variables Influence Climate?

This question requires assessing three zero-order associations: (a) the expertise continuum and climate, (b) organizationism and
climate, and (c) clientism and climate, are these potential variable associations.

The ideology practitioner-client relationship, which is represented by the expertise-equalitarian continuum, is associated with climate. Table 10 provides data on this association.

Table 10

<table>
<thead>
<tr>
<th>Practitioner-Client Relationship</th>
<th>Low 1</th>
<th>High 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equalitarian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(32)</td>
<td>24%</td>
<td>76%</td>
<td>100%</td>
</tr>
<tr>
<td>(103)</td>
<td></td>
<td>(103)</td>
<td>135</td>
</tr>
<tr>
<td>Intermediate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13)</td>
<td>25</td>
<td>75</td>
<td>100%</td>
</tr>
<tr>
<td>(38)</td>
<td></td>
<td>(38)</td>
<td>51</td>
</tr>
<tr>
<td>Expertise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19)</td>
<td>50</td>
<td>50</td>
<td>100%</td>
</tr>
<tr>
<td>(19)</td>
<td></td>
<td>(19)</td>
<td>38</td>
</tr>
</tbody>
</table>

Total 64 160 224

Gamma = .32
Signif. = .005

The gamma statistic reports a positive association which implies that high climate matches with low practitioner-client ideology, or
in this case, equalitarianism. The table itself reveals one major trend and a notable exception. The trend is that both the equalitarian and intermediate categories prevails at a 75% level in both the high climate categories. The notable exception is that climate is evenly split high and low across the expertise category.

The association indicated by these two variables suggests that generalizations to larger populations can be made with confidence. Specifically, these findings indicate that the practitioner-client relationship ideology is associated with the social worker's perception of climate. To be more exact, those social workers which are oriented to the client on an equalitarian or intermediate basis, tend to be likely to be positive in their assessment of the helping environment. Those social workers who are expertise oriented are evenly split between positive and negative assessment of climate.

Two other variables, organizationism and clientism, are evaluated for association with climate. Organizationism is found to have a stronger association with climate. Table 11 provides a basis for analysis of this association. The gamma statistic suggests a weak positive association. The percentage table indicates that to be highly oriented to the client, is to be highly positive in orientation to the helping environment. The same trend is noted for those low on client orientation, yet more of the low clientism respondents are negative on the helping environment evaluation.

In conclusion, organizationism does not account for variation in social worker's perceptions of the work environment. Clientism is
associated with climate and suggests that social workers' beliefs regarding clients are positively associated evaluations of the work climate.

Table 11

Percentage and Frequency Distribution For Climate by Clientism

<table>
<thead>
<tr>
<th>Clientism</th>
<th>Climate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low 1</td>
<td>High 2</td>
</tr>
<tr>
<td>High 2</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td></td>
<td>(43)</td>
<td>(121)</td>
</tr>
<tr>
<td>Low 1</td>
<td>37%</td>
<td>63%</td>
</tr>
<tr>
<td></td>
<td>(27)</td>
<td>(45)</td>
</tr>
<tr>
<td>Total</td>
<td>70%</td>
<td>166%</td>
</tr>
</tbody>
</table>

Gamma = .26
Signif. = .04

3-D. Do Intervariable Associations Exist?

This question focuses upon the multiple variable aspects of parts of the theoretical model. Again, zero-order associations are being assessed. Two subquestions are being assessed to respond to the implications of this question.
3-D (1) Are the Ideologies of Practitioner-Client Relationship and Meaning of the Field Associated?

To answer this question a number of intervariable (within the major variables) potential associations must be evaluated. In this question, the focus is upon the following potential associations: (a) client and the expertise continuum, (b) organizationism and the expertise continuum, and (c) clientism and organizationism. Statistics and percentage tables show no significant associations between the ideology of practitioner-client relationship and organizationism or clientism. Gamma is given a -.04 and -.07, respectively.

Clientism and organizationism indicate a strong negative association. It should be recalled that these two variables were considered as a possible continuum, yet after factoring, two separate variables were developed. Table 12 provides data on this interaction.

Table 12

<table>
<thead>
<tr>
<th>Organizationism</th>
<th>Clientism</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low 1</td>
<td>High 2</td>
</tr>
<tr>
<td>High 2</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td></td>
<td>(53)</td>
<td>(84)</td>
</tr>
<tr>
<td>Low 1</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>(24)</td>
<td>(95)</td>
</tr>
<tr>
<td>Total</td>
<td>77%</td>
<td>179%</td>
</tr>
</tbody>
</table>

Gamma = -.43
Signif. = .0006

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It was reported earlier that respondents were predominately high on organizational orientation and high on client orientation. This table allows further elaboration.

The majority of respondents that are high on organizationism are also high on clientism, and the majority of the respondents low on organizationism, are high on clientism. The association is complicated and suggests several implications. For our purposes here, it is important to note that within the sample there were 24 social workers that responded low on both client and organizational orientation, and 84 that were high on both clientism and organizationism.

In summary, no association exists between the social worker's beliefs about the practitioner-client relationship and either organizationism or clientism. A moderate association does exist between organizationism and clientism. An important finding is that social workers that are highly organization oriented, are most likely to be client oriented. Similarly, social workers which are low in organizational orientation are likely to be high in client orientation.

3-D (2) Are Structural Variables Size and Complexity Associated?

One would expect these two structural variables to show a clear association. Such an association does exist and is detailed in Table 13.

This table and the accompanying statistics provide support for the strong positive association conclusion. Assessing the low and
### Table 13

Percentage and Frequency Distribution For Organizational Complexity by Size

<table>
<thead>
<tr>
<th>Size</th>
<th>Complexity</th>
<th>Low 1</th>
<th>Medium 2</th>
<th>High 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large 2</td>
<td></td>
<td>17%</td>
<td>72%</td>
<td>11%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(18)</td>
<td>(78)</td>
<td>(12)</td>
<td>108</td>
</tr>
<tr>
<td>Small 1</td>
<td></td>
<td>33</td>
<td>65</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(28)</td>
<td>(55)</td>
<td>(1)</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>46</td>
<td>133</td>
<td>13</td>
<td>192</td>
</tr>
</tbody>
</table>

Gamma = .49  
Signif. = .0003

medium complexity categories, it is clear that medium complexity aligns with large size and low complexity with small size. The sample indicates a reasonable number of small sized organizational settings, yet of these 84 small organizations, 28 are low complexity.

The findings suggest that social workers, by a slight majority, work in large organizations. Further, the size of the organization is positively associated with the complexity of the organization. This produces a majority of the respondents employed in large complex organizations, a large number employed in small, less complex organizations, and several work in large, low complexity organizations.
3-E. Do the Zero-Order Associations in the Theoretical Model Lead to First-and Second-Order Associations, Thus Linking the Model?

This question raises a large number of potential variable associations. The model itself limits the number of such possible variable associations. Further, zero-order associations evaluated to this point provide some direction to continued assessment efforts. As a general guide, where zero-order evaluations failed to reveal associations, continued first- and second-order analysis will not be pursued. The exception to this direction in analysis will be made where the potential for suppressor variables exist. As Rosenberg (1968) notes, the suppressor variable can cause an association to appear as no association. This suggests assessing all nonassociations for potential suppressor variables. Needless to say, such testing could be endless. To stay within the parameters of this study, evaluation for suppressor effects will be limited to identified variables and theoretical alignments. To be specific, two variables were expected to relate to social work treatment planning and evaluation indicated no association—clientism and organizationism. At a later point, these two variables will be evaluated for possible suppressor effects.

As a review to this point in covering the findings, the following associations have been established: (a) ideologies weakly associated with social work treatment planning (expertise continuum with treatment planning), (b) structural variables weakly associated with treatment planning (complexity and treatment planning), (c) climate associated
with social work treatment planning, (d) ideologies associated with climate (expertise continuum and clientism with climate), (e) interassociation within ideologies (clientism and organizationism), and (f) interassociation within structural variables (size and complexity).

3-E (1) Structural Variables, Ideologies and Treatment Planning?

3-E (2) Structural Variables, Climate and Treatment Planning?

Evaluation of the structural variables and the ideology variables revealed no association. As noted in an earlier section, a weak association does exist between complexity and treatment planning and the expertise-equalitarian continuum and treatment planning. Assessment of a potential first-order association, controlling for complexity, between expertise-equalitarian continuum and treatment planning, indicates no alteration in the association.

Similarly, structural variables were controlled, while climate and treatment planning was assessed and no significant alteration of the associational pattern was found.

3-E (3) Ideologies, Climate, and Treatment Planning?

In this variable alignment, a first-order association is assessed. The control variable expertise-equalitarian continuum is selected by the alignment found in the theoretical model. Briefly, the model relates ideologies to social worker perceptions to treatment planning.
A weak association exists between the ideology of practitioner-client relationship and treatment planning. Similarly, an association exists between climate and treatment planning. Finally, an association was identified between the ideology of practitioner-client relationship and climate. This question calls for the evaluation of ideology, climate and treatment planning. This first-order association was structured with the ideology variable (practitioner-client) relationship as the control upon the climate-treatment planning association. Since this control variable has three categories, expertise, intermediate, and equalitarian, three tables were developed.

A review of the contingency tables suggests that one of the tables exceeds the zero-order climate to treatment planning statistic and falls below the significance level established as the cutoff for assessment. The percentage tables indicate an interactional pattern that is not apparent from simply observing the gamma and partial gamma differences. Table 14 facilitates a review of the impact of the practitioner-client relationship ideology upon the climate-treatment-planning association.

In Table 14, the third subtable, which controls for equalitarianism, shows a stronger association than the zero-order association. Assessment of the three contingency tables indicates that the control variable alters the association considerably. Moving from expertise to equalitarian, the association goes from positive to negative. Particularly important is the strength of the equalitarian contingency table.
Table 14

Percentage and Frequency Distribution for Treatment Planning by Climate by Practitioner-Client

A. Controlled for Expertise (practitioner-client relationship)

<table>
<thead>
<tr>
<th>Climate</th>
<th>Treatment Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Therapy</td>
</tr>
<tr>
<td>High</td>
<td>59%</td>
</tr>
<tr>
<td>2</td>
<td>(10)</td>
</tr>
<tr>
<td>Low</td>
<td>48%</td>
</tr>
<tr>
<td>1</td>
<td>(9)</td>
</tr>
<tr>
<td>Total</td>
<td>19%</td>
</tr>
</tbody>
</table>

B. Controlled for Intermediate

<table>
<thead>
<tr>
<th>Climate</th>
<th>Treatment Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Therapy</td>
</tr>
<tr>
<td>High</td>
<td>40%</td>
</tr>
<tr>
<td>2</td>
<td>(14)</td>
</tr>
<tr>
<td>Low</td>
<td>55%</td>
</tr>
<tr>
<td>1</td>
<td>(6)</td>
</tr>
<tr>
<td>Total</td>
<td>20%</td>
</tr>
</tbody>
</table>

C. Controlled for Equalitarianism

<table>
<thead>
<tr>
<th>Climate</th>
<th>Treatment Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Therapy</td>
</tr>
<tr>
<td>High</td>
<td>33%</td>
</tr>
<tr>
<td>2</td>
<td>(32)</td>
</tr>
<tr>
<td>Low</td>
<td>53%</td>
</tr>
<tr>
<td>1</td>
<td>(16)</td>
</tr>
<tr>
<td>Total</td>
<td>48%</td>
</tr>
</tbody>
</table>

Zero-Order Gamma = -.21

Partial Gamma = -.29

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If the respondent indicates an expertise preference, he/she is more likely to be therapy oriented and positive on climate. If the expertise oriented respondent is advocacy oriented, he/she is more likely to be negative on climate. In contrast, if the respondent indicates an intermediate ideology stance and a therapy orientation, climate will more than likely be negative. If the respondent is advocacy oriented, he/she is more likely to be negative on climate. If equalitarianism is the respondent's stance, then the therapy oriented is more likely to be negative on climate and advocates are more likely to be positive on climate.

In summary, the association between climate and social work treatment planning, is effected by the ideology variable, practitioner-client relationship. The impact of this ideology variable appears to alter the nature of the association by reversing the alignment of two of the three dependent variable categories—treatment planning and climate. Partial gamma indicates a weak association through the addition of the ideology variable (see Table 14).

3-E (4) Intervariable First-Order Associations With Treatment Planning?--Structure--Size, Complexity, and Treatment Planning?

In this first-order variable, two structural variables are evaluated with treatment planning. Size was selected as the control variable because no association exists with treatment planning, yet size is associated with complexity. The intention of this analysis is to see if the association between complexity and treatment planning
is effected by size. Size has two categories, small and large, thus, two contingency tables resulted.

Table 15

Percentage and Frequency Distribution for Treatment Planning by Complexity by Size

A. Controlled for Small Size

<table>
<thead>
<tr>
<th>Complexity</th>
<th>Therapy 1</th>
<th>Intermediate 2</th>
<th>Advocacy 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>(1)</td>
<td>(0)</td>
<td>(0)</td>
<td>1</td>
</tr>
<tr>
<td>Medium</td>
<td>37</td>
<td>53</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>(19)</td>
<td>(27)</td>
<td>(5)</td>
<td>51</td>
</tr>
<tr>
<td>Low</td>
<td>35</td>
<td>42</td>
<td>23</td>
<td>100%</td>
</tr>
<tr>
<td>1</td>
<td>(9)</td>
<td>(11)</td>
<td>(6)</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>38</td>
<td>11</td>
<td>78</td>
</tr>
</tbody>
</table>

B. Controlled for Large Size

<table>
<thead>
<tr>
<th>Complexity</th>
<th>Therapy 1</th>
<th>Intermediate 2</th>
<th>Advocacy 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>(6)</td>
<td>(3)</td>
<td>(3)</td>
<td>12</td>
</tr>
<tr>
<td>Medium</td>
<td>38</td>
<td>46</td>
<td>16</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>(28)</td>
<td>(34)</td>
<td>(12)</td>
<td>74</td>
</tr>
<tr>
<td>Low</td>
<td>13</td>
<td>56</td>
<td>31</td>
<td>100%</td>
</tr>
<tr>
<td>1</td>
<td>(2)</td>
<td>(9)</td>
<td>(5)</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>46</td>
<td>20</td>
<td>102</td>
</tr>
</tbody>
</table>

Zero-Order Gamma = -.25
Partial Gamma = -.28
Table 15 provides the contingency figures, holding size constant for small and large. The contingency table for large size organizations matches rather closely with the original zero-order association for complexity and treatment planning. Considering the large size-controlled table, therapy appears to increase in percentage magnitude as complexity increases. Whereas, both the intermediate and advocacy categories appear to decrease in percentage magnitude. When size is controlled for small size, therapy tends to even out between low and medium categories, and the intermediate category reverses.

If organizational size is small and complexity is low, the treatment planning shows therapy higher than advocacy. When size is large and complexity is low, advocacy is higher than therapy. Also, with size as large and complexity high, therapy is higher than advocacy.

Suppressor Variables

In an earlier discussion, the implications of potential suppressor variables was mentioned. Rosenberg (1968) stresses the suppressor variable importance for dealing with variables which are not in association as expected. Two variables, clientism and organizationism, stand out as failing most noticeably to influence the treatment planning process. Assessing the ideology variable expertise-equalitarian continuum with these two variables does suggest a suppressor effect. Controlling for both clientism and organizationism, the association between the continuum and treatment planning is altered (see Table 16).
Table 16

Percentage and Frequency Distribution for Treatment Planning by Practitioner-Client Relationship for Respondents Showing High Clientism and Low Organizationism

<table>
<thead>
<tr>
<th>Practitioner-Client Relationship</th>
<th>Treatment Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Therapy 1</td>
</tr>
<tr>
<td>Equalitarian</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>(15)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>(8)</td>
</tr>
<tr>
<td>Expertise</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>(8)</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
</tr>
</tbody>
</table>

Gamma = .38
Signif. = .01

Of the four possible contingency tables, one stands out. When clientism is high and organizationism is low, the expertise-equalitarian and treatment planning association has a gamma of .38 and significance of .01. The gamma of the zero-order association was .21. When the control variables are both high, clientism and organizationism, a positive association continues, but at a lower magnitude—.25 for gamma. When clientism is low and organizationism is high or low, the association falls to very low levels—less than .15 for gamma and the significance levels above .10. These findings suggest that the variables, clientism and organizationism, are associated with the expertise-equalitarian variable and treatment planning. Further,
clientism clearly has the greatest impact upon the expertise-treatment planning association.

In conclusion, the positive relationship between the ideology represented by the expertise-equalitarian variable and treatment planning, is increased despite the failure of zero-order assessment to reveal an association. Specifically, the findings suggest that the social worker that is high in client orientation and low in organization orientation, will most likely select a therapy strategy of treatment planning if he/she is expertise oriented, and an advocacy strategy is more likely to be selected by the equalitarian social worker.

Summary of Question #3 Associations

Two intervariable associations are reported: (a) clientism and organizationism, and (b) size and complexity. Between variables within the model, two are reported as demonstrating an association. The expertise continuum is associated with climate. Pursuing this association to a first-order interaction with treatment planning, reveals that the equalitarian category of the practitioner-client ideology provides additional strength to the climate-treatment planning association. Similar results are obtained when size, complexity, and treatment planning are assessed. This evaluation reveals that there is a slight increase in the negative association with complexity and treatment planning. Table 17 provides a gamma matrix which summarizes
Gamma Matrix for Dependent and Independent Variables

<table>
<thead>
<tr>
<th></th>
<th>Size</th>
<th>Complexity</th>
<th>Practitioner-Client</th>
<th>Organizationism</th>
<th>Clientism</th>
<th>Climate</th>
<th>Treatment Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
<td>--</td>
<td>.49</td>
<td>.09</td>
<td>-.08</td>
<td>-.04</td>
<td>-.01</td>
<td>.16</td>
</tr>
<tr>
<td>Complexity</td>
<td>--</td>
<td>-.03</td>
<td>.07</td>
<td>-.06</td>
<td>.07</td>
<td>-.26</td>
<td></td>
</tr>
<tr>
<td>Practitioner-Client</td>
<td>--</td>
<td>-.04</td>
<td>-.07</td>
<td>-.32</td>
<td>.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizationism</td>
<td>--</td>
<td>-.43</td>
<td>.06</td>
<td>.08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clientism</td>
<td>--</td>
<td>.25</td>
<td>-.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climate</td>
<td>--</td>
<td>-.24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

all zero-order associations.

In other words, social workers in this sample tended to be both high in client and organization orientation, yet, the positive association found many respondents that were high on one of the variables and low on the other. Further, it was found that the social worker's evaluation of the work environment and accompanying treatment planning strategy selection, was influenced by the expertise-equalitarian continuum and the client orientation. The association between the social worker's perception of the work environment and the treatment planning process was reversed, based upon whether the social worker was equality-oriented or expertise oriented. The suppressor variable analysis
suggested that social workers who were high in client orientation and selecting a therapy strategy, were more likely to be expertise oriented. Further, if they were advocates, they would more likely be equalitarian oriented.

4. Do the Ideal Types Align With Treatment Planning as Indicated by the Theoretical Model?

It is important to note that the ideal types are constructed from the ideological variables. Four ideal types arise out of the findings, instead of the three discussed earlier: (a) professional 1, who falls into the expertise category of the practitioner-client ideology and includes both high and low values on both clientism and organizationism (the model proposes high and low clientism and organizationism because of the assumed professional ambivalence on these variables), (b) professional 2, includes the intermediate category of the practitioner-client ideology (allows some hedging, and includes high and low values for both clientism and organizationism), (c) bureaucratic, which includes all categories of the practitioner-client ideology, and only high on organizationism and low clientism (the bureaucrat's ambivalence centers around the first ideology), and (d) radical, which includes only the equalitarian category and low on organizationism and high on clientism.

There are three research questions asked regarding these ideal types.
4-A. Do Professionals Align with Treatment Planning--Therapy?
4-B. Do Bureaucrats Demonstrate Ambivalence with Treatment Planning?
4-C. Do Radicals Align with Treatment Planning--Advocacy?

These three questions all refer to the potential alignment between the ideal types and treatment planning. Table 18 provides the information for these potential alignments.

Table 18

Percentage and Frequency Distribution for Treatment Planning by Ideal Types

<table>
<thead>
<tr>
<th>Ideal Types</th>
<th>Therapy 1</th>
<th>Intermediate 2</th>
<th>Advocacy 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. 1</td>
<td>55%</td>
<td>35%</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>1</td>
<td>(16)</td>
<td>(10)</td>
<td>(3)</td>
<td>29</td>
</tr>
<tr>
<td>Prof. 2</td>
<td>45%</td>
<td>45%</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>(18)</td>
<td>(18)</td>
<td>(4)</td>
<td>40</td>
</tr>
<tr>
<td>Bureau. 3</td>
<td>40%</td>
<td>48%</td>
<td>13%</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>(19)</td>
<td>(23)</td>
<td>(6)</td>
<td>40</td>
</tr>
<tr>
<td>Radical 4</td>
<td>31%</td>
<td>45%</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>4</td>
<td>(15)</td>
<td>(22)</td>
<td>(12)</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>73</td>
<td>25</td>
<td>166</td>
</tr>
</tbody>
</table>

In the first of the three questions listed, professionalism is expected to align with therapy as the primary treatment planning strategy. In Table 18 it is clear that both categories of professionals rank highest in the therapy category. Professional 1 is
concentrated in the therapy category. Further, professional 1 and 2 are both very low in the advocacy category.

The bureaucratic ideal type, which is expected to show ambivalence towards treatment planning with a tendency toward therapy, spreads across the treatment planning categories. The concentration is in the intermediate category with a high percentage in the therapy category and few in the advocacy category. This variation across treatment planning categories demonstrates the expected ambivalence.

The radical ideal type was expected to align clearly with advocacy. The table indicates a concentration in the intermediate category. The expected alignment with advocacy is not supported, yet, the radical type is by far the highest percentage in the advocacy category.

If strict theoretical alignments are imposed, the professional type would include just the therapy category. Similarly, the radical type would include only the advocacy category. Respondent social workers who strictly fit the ideal types, would include 16 professionals and 12 radicals (both are less than 10% of the sample). If a broader inclusive definition were applied and marginal categories assessed, the radicals would be the largest group. Generally speaking, the marginals suggest that the three ideal types are close in the numbers of social workers included. In the broad professional group (professional 2) there are 40 identified, 40 bureaucratic types and 49 radicals. Thus, all three ideal types appear to have a major claim upon social work as a profession.
This chapter is organized around three major topics: 
(a) a summary of the findings, 
(b) a discussion of the limitations of the study, and 
(c) the implications of the study. Each of these areas will contain a discussion of the relevance of the study to sociological 
theory and social work practice.

Summary of Findings

Most of the respondents are female, white, holding a master of social work degree, employed in a public organization, and living in an urban setting. Two additional characteristics which stand out regarding these social workers are age and work experience. The majority of the social workers are over 30 years old, with 50% over 40 years old. Almost all respondents indicated four or more years of work experience. The majority of respondents expressed a preference for therapy as a treatment planning strategy, are primarily equalitarian in orientation, and favor both a strong client and organization orientation. Most respondents are employed in large organizations which are moderately complex. Finally, the respondents are positive in their evaluation of the social work helping climate. The data suggest that this sample is representative of a broadly defined
population of social workers.

The substantive findings of this study are listed below:

1. A weak association exists between the ideology of practitioner-client relationship and social work treatment planning.
   a. This association indicates that social workers that are expertise oriented tend to select a treatment strategy.
   b. Social workers that are equalitarian oriented tend to select a mixed advocacy and therapy strategy.

2. There is no basis to note an association between the ideology "meaning of the field" and social work treatment planning.
   a. The social worker's orientation to the client does not appear to be associated with the style of the treatment planning selected.
   b. The social worker's orientation to the organization does not appear to be associated with the style of treatment planning selected.

3. The two ideology constructs, practitioner-client relationship and meaning of the field, appear to interact in a manner indicative of suppressor variables.
   a. The practitioner-client relationship--treatment planning association increases in strength when controlled for the respondents who indicate high in client orientation and low in organization orientation.
   b. Similarly, the association is slightly increased in strength when both client and organization orientation is high.
c. The original association is weakened when client orientation is low and organization orientation is high or low.

d. In summary, organizationism and clientism act as suppressor variables upon the original practitioner-client relationship--treatment planning association. To illustrate the effect of these variables, high client orientation by the social worker increases the likelihood of the expertise and therapy alignment, and equalitarian and mixed therapy-advocacy alignment. High organization orientation lessens the likelihood of either alignment from occurring.

5. There is no basis to support the claim of an association between organizational size and social work treatment planning. The size of the organization in which the social worker is employed is not a determinant of treatment planning.

6. A weak association does exist between organizational complexity and social work treatment planning.
   a. Social workers in highly complex organizations tend to select a therapy treatment strategy.
   b. Social workers in a low complexity organization are more likely to select a mixed therapy-advocacy strategy.

7. There is no basis to support a claim of an association between the structural variables and the ideology variables. In other words, the organizational features of size and complexity do not influence the social worker's ideological positions.

8. Similarly, there is no basis to note an association between the
structural variables and organizational climate. In other words, the organizational features of size and complexity do not influence the social worker's perception of the helping environment.

9. There is a weak association between the ideology variables and organizational climate.

a. The practitioner-client relationship ideology is associated with climate.

(1) Social workers that evaluate the helping environment positively are more likely to be equalitarian oriented.

(2) Social workers that evaluate the helping environment negatively are equally likely to be expertise or equalitarian oriented.

b. There is a weak association between client orientation and climate. Specifically, the social worker that is high on client orientation is likely to be positive in evaluation of the helping environment, and less likely to be positive in evaluating the helping environment if the client orientation is low.

c. There is no basis to support the claim of an association between organizational orientation and climate. In other words, the social worker's organizational orientation does not effect the evaluation of the helping environment.

10. There is no basis for noting an association between the ideology constructs, practitioner-client relationship, and meaning of the field. It is important to note that zero-order assessments reveal
no association, yet earlier comments regarding suppressor variables need to be considered.

11. There is a negative association between clientism and organizationism. The largest group of social workers are high in client orientation and low in organizational orientation, yet a large group are high on both client and organization orientation.

12. There is a moderate positive association between the structure variables.
   a. Most social workers are in large organizations which are highly complex.
   b. A sizable group of social workers work in small organizations which are low in complexity.
   c. Several social workers are employed in large organizations which are low in complexity.

13. Structural variables do not alter the association between the ideology variables and treatment planning or climate and treatment planning.

14. The ideology construct of practitioner-client relationship is found to influence the climate-treatment planning association.
   a. The association between climate and treatment planning is reversed when controlled for the ideology variable.
   b. If the social workers are expertise oriented and aligned with a therapy strategy, then they are most likely to make a positive climate judgment, and if they are advocacy oriented, a negative judgment is most likely.
c. If the social worker is intermediate on the expertise-equalitarian continuum and therapy oriented, then a negative climate evaluation is likely; mixed advocacy and therapy strategy selection are most likely to make a positive judgment.

d. If the social worker is equalitarian oriented and therapy oriented, then a negative judgment is most likely; mixed therapy and advocacy oriented then a positive judgment is most likely; advocacy oriented then a positive climate judgment is most likely.

15. The variable organizational size does alter the association between organizational complexity and treatment planning. This first order association strengthens the association only a small amount.

16. Ideal types:

a. Professional type aligns, as expected, with therapy. Of the total sample, 40 social workers fit this type.

b. Bureaucratic type aligns, as expected, with a mixed therapy and advocacy strategy. There are 40 social workers of the sample that fit this type.

c. Radical type does not align as expected, yet is the lowest type in the therapy category and highest in the advocacy category. There are 49 social workers who are radical types.

Although the findings are complex and detailed in nature, a summary statement does appear feasible. In general terms, it has been established that the major independent variables, ideologies, structure, and perceptions, are associated with social work treatment planning. The exceptions to the expected association with treatment planning are the ideology
variables, clientism, and organizationism. Further, the structural variable size is not associated with social work treatment planning.

The theoretical model calls for structural variables to influence both the ideology variables and the climate variable in association with treatment planning. Findings do not support this major influential role for structural variables. The model calls for the ideologies to impact the climate-treatment planning association. Such a first order association is identified with two of the three ideology variables.

The ideal types, constructed from the ideology variables, do align with treatment planning as expected, with the radical type being the exception. The approximately equivalent number of social workers aligning with these three types provides a basis of legitimacy to the description of social work as a highly diversified profession.

Limitations

The primary focus in this section are sources of invalidity; special attention will be given to those aspects of the study which are most likely to produce error or leave unexplained variance. To accomplish this review, three elements of the study are reassessed: (a) the purpose of the study and design, (b) the questionnaire, and (c) the sample. Scientific inquiry, in pursuing description, explanation, and prediction, is constantly faced with the ghosts of inaccuracy and misinterpretation. In the following items, these potential haunts will be sought and assessed for impact upon the study and its findings.
Purpose of the Study and Design

The assessment of the social work helping process and elaboration of variables which act as determinants of this process comprise the purpose of this study. Concerns regarding invalidity raise questions about the appropriateness of the theoretical model and variables used to assess this social work process. Of primary concern is the relevance and application of the theoretical model. In response to these general concerns, the theoretical model draws heavily from two prominent and previously used theoretical models. The professional and radical models provide a basis from which the theory is developed. Further, a dialectic approach, which incorporates features from an integrative systems approach as well as the change oriented conflict perspective, adds to the comprehensiveness of the theory model.

Social work, like most practice professions, expresses a tension between theory and practice. A theory must be relevant to practice needs to gain acceptance. Often, such a challenge to theory is based upon the inability of theory to explain and predict change. This theoretical model rests upon a claim to study purpose relevance based upon practice utility and application of traditional and contemporary models which have been used to describe and explain professional behavior, and a theoretical ingredient (dialectic) which stresses the importance of understanding and accounting for change.

Concerns regarding theory prompt an assessment of the design of the study. To use the mailed survey provides a number of obvious advantages as well as limitations. Phillips suggests that survey
research, which has dominated sociological inquiry, may be a major cause for failing to achieve many of sociology's expected successes. He continues by suggesting that little or no attention is given to the effects of the data collection process upon the properties being measured (Phillips, 1971, p. 9). A potential source of invalidity in this study involves the effect of the mailed survey upon the social work respondent. For example, all of the variables are vulnerable to the respondent aligning or intentionally countering what are assumed to be "right" answers. The survey used in this study is vulnerable to social desirability effects.

The dependent variable, social work treatment planning, was carefully structured to avoid design invalidity. The complete explanation is provided in the methods chapter, but for purposes of this section, it should be noted the four vignettes were provided for respondent's reactions. Two were intentionally biased and two were not biased. Responses clearly indicated that respondents aligned with the biased vignettes as expected.

Another procedure which adds to the effects of the design upon the data involves the mailing procedure. The strategy used for developing the cover letters which were part of each mailing, stressed the importance of the respondent's participation, the significance of the research to social work practice, and the role of the Center for Sociological Research and the School of Social Work at Western Michigan University. Not withstanding the importance of these two austere bodies, the point is that a procedure which may increase the
response rate may result in less than accurate responses. It is recognized that survey questionnaires are not overwhelmingly popular with social workers. A strategy which stresses its own significance and importance may result in over-formalized responses. The tenuous balance resulting from tensions which exist between the real and the ideal can be easily shifted to the ideal when professionals are approached in a formal manner. In an attempt to balance or modify the formal aspects of the survey packet, the questionnaire was arranged to involve the respondent immediately in the sample case situations. This probably did not eliminate the formality but the intent was to simulate a social work situation which would focus the respondent's attention upon the vignette rather than the source of the questionnaire.

The Questionnaire

The instrument itself suggests limitations as well as a method of eliciting information. The methods chapter does describe the questionnaire in detail. For the purposes of this section, attention will be given to potential invalidity within the questions which attempted to measure the major variables.

In the questionnaire, Items 13 through 20 are used to measure the ideology constructs of practitioner-client relationship. The combination of questions which produced the variable score for the expertise-equalitarian variable suggested a strong respondent alignment with equalitarianism. This high percentage of alignment needs to be assessed with social desirability considered. The desirability, in
social work, of prioritizing the client's interests is a well-known and shared ideal. On the other hand, the questions were designed from two sources—the traditional social work literature and the radical social worker's code of ethics. These two sources are widely separated in many areas and since both are contrasting well-known perspectives, it is hard to conceive of the way a "right answer" could be projected and responded to exclusively.

The clientism and organizationism questions (21 and 22) are laden with potential for responding in the "expected" manner. Both of these questions were designed from measures used previously, specifically Billingsley and Wilensky (1964). Question 21 (who should judge your work performance) was particularly vulnerable to an "appropriate" answer. To lessen this possibility, each selection required a ranking. Thus, selection was not an "either/or" process but "how much." Secondly, when variable scores were computed, they combined both items from Questions 21 and 22 to promote an accurate score.

The two structural variables, size and complexity, were measured by the individual's perceptions rather than an external or third party evaluation. It is probably accurate to say that many social workers employed in large organizations do not have an accurate idea of how many employees or the levels of supervision which exist. It seems reasonable to conclude that the low association of these two variables may have been the result of the perceptual bases of the data and the location on the questionnaire itself. It should be reported that response rates, per question, dropped considerably towards the last
of the questionnaire.

Two additional questions were designed to measure complexity besides the one used. Because of the complicated nature of the questions and the low response rates, it was not feasible to use them.

The Sample

The sample was taken from the Michigan certified social workers list. A major drawback was the sizable number of returned mailings with addresses unknown. This occurred with all three mailings. It cannot be determined whether this reflects upon the list or the postal system. Receiving returned envelopes after the third mailing suggested that the additional cost of sending three mailings to someone that had moved could be attributed to poor mail service, which failed to return the two earlier, undeliverable letters. Another problem that arises with the use of this sample revolves around a definition of the social worker. Who is included in this definition and what criteria are used, are important questions. Often, these questions are answered by using the criteria of a master of social work degree. Other, less traditional efforts suggest a broad definition which would combine education and occupational experience. The certification list does, in fact, include occupational characteristics in the later definition. The requirements of the certification list are a bachelor's degree and a specified number of years of social work experience. In this case, social work experience has broad inclusive characteristics. The limitation of these characteristics of the sample relate to the comparativeness of
this study's data to the literature on social work as well as a population of social workers. It is argued that this broad definition of social work, represented by the sample criteria, provides a solid basis for generalizing purposes. The original focus upon society's helping process promotes a broad assessment. Social work does have a formalized educational criteria, yet it has a long tradition of involving a wide range of helpers. This study generalizes to that combined population of mixed occupations that perform social work helping functions.

Summary

Phillips raises a basic question of validity in the social sciences by noting the inability to account for more than a small portion of the variance which occurs in social phenomena. As a response to this challenge, Blalock is cited and lists three possible explanations: (a) that the focus is upon the wrong independent variables, (b) that a large number of independent variables are operating more or less simultaneously, and (c) the right variables are being studied but by inadequate measures (Phillips, 1971, p. 9).

The first issue regarding inappropriate independent variables is answered by the argument that this study is based upon a model reflective of both the traditional professional model and the radical model and thereby includes aspects of the major competing schools of thought. The second point concerns multiple variables simultaneously operating upon the dependent variable. The possibility of unknown variables

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affecting the independent-dependent relationship always exists. Reasonable efforts to handle this possibility includes inclusion of logically determined variables and comprehensive alignments. In the case of this study, two variables are included which are not derived from either of the schools of thought mentioned above—structure and perception.

The last issue of inadequate measurement is the most difficult to defend against. It has been argued that the sample is representative of a broadly defined population of social workers. Further, the instrument has been defended, item by item, as being reasonably accurate in measuring the various variables. Ideally, to meet this issue most adequately, a multiple measurement strategy would be proposed, perhaps a survey-field experiment combination.

**Implications**

This study develops and promotes a model for the assessment of social work practice. This social work practice model incorporates aspects of both the professional and radical models. Further, the model uses structural and perceptual variables within its framework. Although the social work practice model relies heavily upon both the professional and radical models, its application yields findings which point out weaknesses in each model.

This study provides data for assessing the bureaucratic-professional dichotomy. Findings do indicate that social workers match up with a professional orientation and a bureaucratic orientation. The constructed
ideal types provided the basis for comparisons. Within social work, there appears to be an equal split in the number of social workers aligning with either a professional or bureaucratic practice style. Further, the study indicates that both practice styles are infrequently found within social work.

The characteristics of expertise, neutrality, and objectivity are not supported as useful indicators of social work treatment planning. The study indicates that social workers do not emphasize expertise in dealing with clients. Equalitarian perspectives towards client helping processes predominate the social work profession. This characteristic of social work, to promote client self-determination, is often interpreted as an indication of a weak orientation to expertise based treatment delivery. Going further, social work is described as lacking the advanced knowledge base found in the dominant professions. Such interpretations of the shortcomings of social work provide some of the incentive for major occupational concerns with advancing the scientific supports for social work practice. As noted earlier, social work incorporates a number of practice styles and strategies. The concern and focus of this study upon treatment planning provides an example of the effect of tremendous occupational pressure towards greater scientific support for social work. Social work treatment planning allows for a measure of an individual or social change strategy. The predominance of therapy as an individual change orientation represents, in part, this eagerness for greater empirical supports. Strategies reflecting a medical practice model, which claims scientific underpinnings, are

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eagerly adopted in social work often to the sacrifice of political based practice styles which emphasize social change.

The conclusion developed here suggests that the professional model promotes an interpretation of social work as lacking a solid scientific base because of the equalitarian emphasis which is clearly pronounced. Coupled with an eagerness to copy the medical model, this assumed deficiency in social work practice leads to a bias towards a therapy emphasis.

Client service remains a problematic feature of the professional model. This characteristic is generally included in a listing of professional attributes. The failure to prioritize this attribute creates a problem of clarifying how it is played out within a profession. Questions are raised regarding professional judgments and client interests. The radical literature is primarily focused upon this particular aspect of the professional model. To be exact, social work professionalism is attacked, along with the other helping professions, as an elite process which functions to control and regulate clients rather than provide services.

The radical model features a priority upon service to clients, an identification with the clientele, and a social change priority as a social work treatment strategy. The findings of this study which indicate a strong equalitarian stance by social workers does appear to align with the radical model. Further, the pronounced emphasis upon a service commitment strengthens the utility of this model. The difficulty arises with the treatment planning findings which do not demonstrate a
social change priority. As discussed earlier, the influence of the professional model may account for some of this individual change emphasis. The findings do indicate that advocacy or social change, does play a role in social work practice.

The radical model, then, does direct attention to two important features of social work practice. Further, comparison of the professional, bureaucratic, and radical orientations does indicate a slight predominance for the radical stance. The weakness of this model in its application to social work appears to be the social change emphasis. This attribute is emphasized to the exclusion of any strategy which does not promote major social change.

The model of social work practice which emerges from this study clarifies a number of unresolved issues between the professional and radical position. The professional model, by itself, is not useful in assessing social work practice. Although attributes of the professional model were observable in the study data, they did not occur in large enough numbers to provide guidance to assessment efforts. Further, the radical model does direct attention to the pertinent variables of social work but is misleading as to the effects upon social work treatment planning.

The social work practice model presents social work as client oriented, equalitarian in the helping process, and individual change oriented. The model promotes variations to the dominant features which describe social work in greater detail. A substantial part of social work prioritizes both a client orientation and an organization orientation.
Further, the treatment planning strategy which combines both an individual and social change emphasis is a notable part of the model. The model also underlines the importance of the social worker's perceptions regarding the helping environment. The practice model is characterized by a positive orientation to the helping environment.

This social work practice model in incorporating features of both the professional and radical models, suggests that supposedly incompatible characteristics do coexist. The use of the dialectic within the social work practice model provides a theoretical explanation and understanding of such attribute coexistence as a client and organization orientation. By practical reality, the social work profession must relate to both an organizational setting and a clientele, yet theoretical elaborations promote these as two incompatibles. The dialectic directs attention to the opposite nature of elements within social phenomena and describes dynamics which occur to produce harmony and change.

In summation, the social work practice model used in this study suggests that the professional model is misleading, at best, and directs attention to variables and constructs which are not relevant to social work. The radical model is found to be more useful by focusing upon relevant aspects of the social work process. The radical model is misleading in focusing exclusively upon social change; an individual change strategy is essential if the radical model is to provide relevant explanations of social work practice. The social work practice model builds upon the strength of the radical model,
includes social work perceptions about the helping environment. The dialectic feature of the practice model promotes acceptance and understanding of diversity of roles, and dynamic forces which are part of social work.

Social work represents a profession continuing to struggle for social legitimacy and power. Some would direct that struggle towards the technical competence and scientific based autonomous practice; others promote a political activity based in client service. Social work incorporates both of these approaches. It tends towards wide diversity, which may be social work's strength rather than its weakness. One finding gleams clearly throughout this study: given organizational regulations and societal constraints, social workers prioritize client service.

Further study will have to determine if, in fact, social workers do prioritize client service throughout the interaction process with the client. Time will have to reveal if social work as a profession moves toward greater technical competence and less client service.

The implications of this study for social work reach beyond the impact of discovering a unique social work practice model and predominant characteristics which explain in part the social work helping process. The theory base itself provides a new perspective for a profession facing conflicting demands and ideologies. The challenge for the social worker is to promote the helping process through an awareness that elements of process which appear opposite, do and can function together in a variety of arrangements producing both stability and change.
TABLE A

FACTOR ANALYSIS

Treatment Planning (Therapy-Advocacy)
(Rotated factor matrix)

<table>
<thead>
<tr>
<th>Question</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Factor 4</th>
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<tbody>
<tr>
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<tr>
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<td>0.00660</td>
<td>0.35222</td>
<td>0.06083</td>
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<tr>
<td>3</td>
<td>0.85386</td>
<td>0.25495</td>
<td>0.10008</td>
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Practitioner-Client Relationship (Expertise-Equalitarian)
(Rotated)

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Practitioner-Client Relationship (Expertise-Equalitarian)
(Principal Factors)

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### TABLE A - Continued

#### Meaning of the Field (Organizationism-Clientism) (Rotated)

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<th>Factor 3</th>
<th>Factor 4</th>
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<tbody>
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#### Climate (Rotated)

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<tr>
<td>48</td>
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<td>-0.26609</td>
</tr>
</tbody>
</table>
In each of the case examples, consider the treatment needs as you perceive them and then indicate, by circling the desired number on each of the two scales provided, the treatment planning strategies you would use. Rate each case example on both scales.

Mr. Phillips is a twenty-seven year old disabled male. This veteran of Viet Nam is paralyzed from the waist down and confined to a wheelchair. He is presently living by himself and receiving V.A. benefits. He is experiencing housing problems. Mr. Phillips' benefits were late two consecutive months leading to late rental payments. Because of this, the landlord is pressuring him to move.

1. **THERAPY**

   | 10 - Intensive therapy | 10 - Fully committed advocacy |
   | 9 -                     | 9 -                           |
   | 8 -                     | 8 -                           |
   | 7 - Frequent therapy    | 7 - Significant advocacy      |
   | 6 -                     | 6 -                           |
   | 5 -                     | 5 -                           |
   | 4 - Occasional therapy  | 4 - Limited advocacy          |
   | 3 -                     | 3 -                           |
   | 2 -                     | 2 -                           |
   | 1 - Therapy unnecessary | 1 - Advocacy unnecessary      |

2. **ADVOCACY**

   | 10 - Fully committed advocacy |
   | 9 -                           |
   | 8 -                           |
   | 7 - Significant advocacy      |
   | 6 -                           |
   | 5 -                           |
   | 4 - Limited advocacy          |
   | 3 -                           |
   | 2 -                           |
   | 1 - Advocacy unnecessary      |

3. If you could use only one treatment planning strategy, which would it be?
   
   __________ Therapy  __________ Advocacy

The Johnson family consists of a divorced mother and five children ranging in ages from five to twelve. Mrs. Johnson is receiving public assistance. The family has moved frequently from one run down apartment to another. Mrs. Johnson is expected to work now that her youngest child is in school. To this point she has been unable to find a job.

4. **THERAPY**

   | 10 - Intensive therapy | 10 - Fully committed advocacy |
   | 9 -                     | 9 -                           |
   | 8 -                     | 8 -                           |
   | 7 - Frequent therapy    | 7 - Significant advocacy      |
   | 6 -                     | 6 -                           |
   | 5 -                     | 5 -                           |
   | 4 - Occasional therapy  | 4 - Limited advocacy          |
   | 3 -                     | 3 -                           |
   | 2 -                     | 2 -                           |
   | 1 - Therapy unnecessary | 1 - Advocacy unnecessary      |

5. **ADVOCACY**

   | 10 - Fully committed advocacy |
   | 9 -                           |
   | 8 -                           |
   | 7 - Significant advocacy      |
   | 6 -                           |
   | 5 -                           |
   | 4 - Limited advocacy          |
   | 3 -                           |
   | 2 -                           |
   | 1 - Advocacy unnecessary      |

6. If you could use only one treatment planning strategy, which would it be?
   
   __________ Therapy  __________ Advocacy
Please continue to rate both scales for each example.

Mrs. Pool is a forty-year-old mother and wife. Her three children are in the late teenage years and are presently leaving home to take jobs and go to college. She indicates that she feels depressed and angry most of the time and is unable to sleep at night. Recently she finds herself drinking a lot.

7. THERAPY

10 - Intensive therapy
9 -
8 -
7 - Frequent therapy
6 -
5 -
4 - Occasional therapy
3 -
2 -
1 - Therapy unnecessary

8. ADVOCACY

10 - Fully committed advocacy
9 -
8 -
7 - Significant advocacy
6 -
5 -
4 - Limited advocacy
3 -
2 -
1 - Advocacy unnecessary

9. If you could use only one treatment planning strategy, which would it be?

_________ Therapy

_________ Advocacy

The Gillespie family is presently receiving assistance from the public welfare office. Mr. Gillespie is unemployed and having difficulties finding a position which will pay enough to support the family. Mrs. Gillespie is upset with her husband and family; arguments are frequent. The older son is often in trouble with the police and is threatening to leave home.

10. THERAPY

10 - Intensive therapy
9 -
8 -
7 - Frequent therapy
6 -
5 -
4 - Occasional therapy
3 -
2 -
1 - Therapy unnecessary

11. ADVOCACY

10 - Fully committed advocacy
9 -
8 -
7 - Significant advocacy
6 -
5 -
4 - Limited advocacy
3 -
2 -
1 - Advocacy unnecessary

12. If you could use only one treatment planning strategy, which would it be?

_________ Therapy

_________ Advocacy

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In the following, please carefully rate your professional response to each. Take care to accurately rate each question by its individual scale. Circle the appropriate number.

13. Prior to being assisted, the client shall be informed of the nature and purpose of all proposed actions and procedures.
   
   

14. All case record information must be provided to the client upon request.
   
   

15. The therapist has the final way as to the best and most appropriate treatment plan.
   
   

16. Information and records regarding the client may not be disclosed in any detail to anyone without the client's written approval.
   
   

17. The therapist must, at times, consult with colleagues regarding clients, whether the client approves or not.
   
   

18. In developing a service plan, there will be full participation and approval of the client.
   
   

19. Treatment diagnosis and planning is complex and beyond the understanding of most clients and therefore great care should be given in sharing.
   
   

20. The therapist is the expert and as such should have the final say in treatment.
   
   

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21. Consider those things which are most important to you in your job. In the following list, rank the two most important and the two least important. (1, 2 - most important; 8, 9 - least important)

a. _____ economic security
b. _____ opportunity to work with clients
c. _____ rapid promotion
d. _____ chance to serve others
e. _____ income
f. _____ opportunity to maintain client contact
g. _____ recognition from co-workers
h. _____ recognition from superiors
i. _____ recognition from clients

22. Whose judgment should count when your overall job performance as a social worker is assessed? Rank from most important (1) to least important (3).

a. _____ clients
b. _____ administrators & supervisors
c. _____ fellow social workers

Please complete the following as accurately as you can. If you are not presently employed, please answer the related questions relative to your last position.

23. Age _____
24. Sex: Male _____ Female _____
25. Race: Black _____ White _____ Mexican-American _____ Other _____
26. Educational experience: Less than Bachelors _____ Bachelors _____
   Masters _____ Masters in Social Work _____
   More than Masters _____
27. Locale of practice: Rural (county under 50,000 pop.) _____
   Urban (county over 50,000 pop.) _____
28. Approximate caseload size ______________
29. Approximate experience in social work (years) __________
30. Agency type: Public _____ Private _____
31. Approximately how many employees are there within the agency in which you work? __________
32. Approximately how many identified social work program specialities are there in your agency? (Such as protective services, marriage counseling, etc.) _______ Please list them. If there are several, list the major categories.

33. Approximately how many other program specialities in your agency? (Example: hospital medical programs, educational setting with academic programs, etc.) _______ Please list them.

34. Your program specialty ______________________________________________

35. Your position in the agency:
   Administrator ______ Supervisor ______
   Caseworker ______ Other ______

36. List the levels of supervision between the front line social worker and the agency's chief administrator at the agency in which you are employed.

In the following questions you are asked to respond True or False to each item. These questions relate to your feelings about the agency in which you are employed and clients you serve. Please answer all the items to the best of your knowledge.

37. T  F  Clients put a lot of energy into improvement efforts.
38. T  F  Clients often assist each other.
39. T  F  Clients tend to hide their feelings about each other.
40. T  F  This is a lively active agency.
41. T  F  Staff have relatively little time to encourage clients.
42. T  F  Clients can and do say anything they want to staff.
43. T  F  Clients are proud of this agency.
44. T  F  Clients seldom help each other.
45. T  F  It is hard to tell how clients are feeling.
46. T  F  There is very little group spirit in this program.
47. T  F  Staff are interested in following up on terminated cases.
48. T  F  Clients are careful about what they say when around staff.
In conjunction with Western Michigan University's Center for Sociological Research and the School of Social Work, this research is being conducted to assess the relationship between social work treatment strategies and social work values.

Your name has been selected, at random, from the list of certified social workers in Michigan. This list was selected because it incorporates the highest level of certified practitioners in Michigan. Your opinions and responses are most crucial to this study of social work professionalism.

The enclosed questionnaire will take approximately twenty minutes to complete. After completion, please use the self-addressed, stamped envelope to return the survey. Your responses will be held in strictest confidence and reported only in the aggregate.

Thank you in advance for your interest and involvement in what we feel is a timely and pertinent topic. If you have any questions please call me collect at 616-383-4998.

Sincerely,

David R. Joslyn, M.S.W.
Assistant Professor
School of Social Work
Western Michigan University

If you desire an abstract of the study, detach and return with survey or mail separately. (Available Spring, 1980)

Name ____________________________________________

Address ________________________________________

______________________________________________

Undergraduate and Graduate Programs Accredited by the Council on Social Work Education
Recently you were mailed a survey questionnaire which was developed to assess the relationship of social work values and social work treatment planning. This questionnaire was mailed to a sample of individuals that are listed as certified social workers in the state of Michigan. The list was selected because of the combination of education and experience of individuals on it. The opinions of those such as yourself are deemed crucially important.

A second questionnaire has been enclosed and it would be very helpful if you could take a few minutes to complete it and return it in the enclosed envelope. If by chance you have already returned the first survey please forgo this second one. I would like to thank you, in advance, for your effort and response. If you have questions, please call me collect at (616) 383-4998.

Sincerely,

David Joslyn, M.S.W.
Assistant Professor
School of Social Work
Western Michigan University

Undergraduate and Graduate Programs Accredited by the Council on Social Work Education

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December 14, 1979

Recently you received a questionnaire which is part of a statewide study of social workers. As you may recall, this study is focused upon social work values and treatment planning. We are enclosing another questionnaire since we have yet to receive your responses.

Let me remind you of the importance of your responses. In a study of this nature individuals are drawn at random from the list of certified social workers for Michigan. Responses by each individual selected are critical to data analysis and hypothesis testing. We feel that your responses would be most helpful and useful. Further, it is recognized that your schedule may be very busy. If you have not yet completed and returned the questionnaire, it would be most appreciated if you would complete the included questionnaire and return it in the self-addressed, stamped envelope.

Thank you very much for your consideration and if you have questions or concerns, please contact me at (616) 383-4998.

Sincerely,

David Joslyn, M.S.W.
Assistant Professor
School of Social Work

Undergraduate and Graduate Programs Accredited by the Council on Social Work Education

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BIBLIOGRAPHY


