



THE USE OF SOCIAL RELATIONSHIPS

in

FAMILY CASEWORK

by

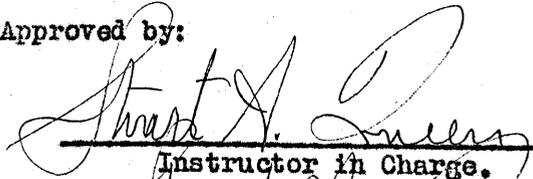
T. Lester Swander

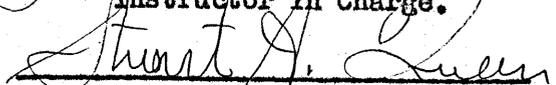
A. B. Degree, Earlham College

1927.

Submitted to the Department of  
Sociology and the Faculty of the  
Graduate School of the University  
of Kansas in partial fulfillment  
of the requirements for the de-  
gree of Master of Arts.

Approved by:

  
\_\_\_\_\_  
Instructor in Charge.

  
\_\_\_\_\_  
Head of Department.

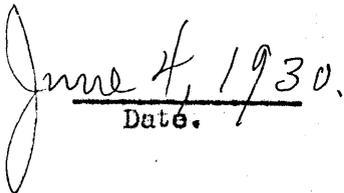
  
\_\_\_\_\_  
Date.

TABLE OF CONTENTS.

	Page
I. Statement of Problem, Background and Hypothesis of Study.....	5
II. Method of Study and Composite Presentation of Data.....	9
A. Method.....	9
B. Composite Presentation of data.....	19
III. A Study of Social Status Changes as a Means of Evaluating the Effectiveness of This Method of Approach and Treatment.....	26
A. Summary and Tabulation of Social Status Scoring of Entire Fifty Cases.....	26
B. Comparison of Two Groups of Cases.....	27
C. Case Illustrative of each Group.....	29
IV. Conclusions.....	41
Tables and Charts .....	42
Appendix .....	i
Bibliography .....	xii

## ABSTRACT.

The theories of social case-work profess an interest in the social relationships of the individual. This study sought to learn the importance actually accorded to social relationships in the investigation, plan and treatment; then to note and to evaluate the trends of change in social status during the period of treatment. This gives a means of checking the use of social relationships in diagnosis and treatment in relation to the success or failure of treatment. Social case-work and social-psychology both emphasize the importance of knowing the groups of which the individual is a part and his status within them as an aid in understanding him and his problem and in devising a treatment plan. The hypothesis of the study then is that: The study of the client's social relationships and the use of such relationships as tools in treatment constitutes a valid and scientific mode of attack upon the problems with which the case-worker must contend. Fifty "typical" family case records were studied intensively as material with which to test this hypothesis and upon which to base the conclusions that: the workers in these fifty case-work situations did try to secure and use social relationship informa-

tion to a very considerable degree, that the probability of successful adjustment of the case-work problem is greater when this method of approach is followed, and that this method is valid and should be more generally used in case-work practise.

## CHAPTER I.

### PROBLEM, BACKGROUND and HYPOTHESIS OF STUDY.

Social case-work in theory recognizes the individual as a member of social groups. The case-worker like the sociologist states the importance of understanding the social relationships which make him a part of the group life about him, and declares the necessity of changing these social relationships in order to change the individual. This paper describes a study of the case-worker's practise in relation to his professed theories. This involved an estimate of learning the amount of interest he manifests in the social relationships of his client and the importance he accords those relationships in diagnosing the situation and devising a plan of treatment.

While social work and sociology unite in emphasizing the importance of understanding social relationships, they reached this point of agreement by different routes. Modern case-work developed as a by-product or outgrowth of the Charity Organization movement which stressed registration, investigation and the proffer of supplementary services as an accompaniment of the

1. It is the practise of case-workers to refer to the persons whom they serve as "clients" rather than as cases. As Mary Richmond has said, "the case" is the social situation and the client is the one in whose interest the case-worker studies and treats the case.

giving of alms to the poor. The pioneers in this movement showed the importance of a thorough investigation in order to determine the worthiness or unworthiness of the applicant for material assistance. The philosophy supporting and prompting this investigation gradually changed as the charity worker began to see that the need of the poor was greater than the mere need of food, clothing or other material relief. It was finally seen that the material needs of the poor were usually symptoms of other needs and deficiencies existing within the individual and between him and his social environment. It was seen that often the material need was but the indication of a "personality" weakness or deficiency; that the applicant for alms needed not only material relief but a "personality" which would give him the necessary ability, health, poise and assurance for him to maintain a harmonious relationship with his fellows and to meet his own needs and the crises which bring them about. This view of social case-work as "those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment" <sup>2.</sup> accords to the investigation a new importance. It is no longer made to determine merely an individual's worthiness to receive alms. The case-worker now investi-

gates in order to gain a more complete understanding of the

2. Mary E. Richmond: What is Social Case Work. pp. 98-99.

Russell Sage Foundation, New York, 1922.

client's personality. An investigation made for this reason must bring the worker into contact with many sources of information, each of which can give an intimate and individual interpretation of the client and his needs; and each of which would indicate a little more clearly his status with his fellows, his participation in the activities about him and the influence of all these relationships in determining his "personality". It was conceived that the worker would then attempt to develop the client's personality by manipulating or adjusting both him and his social relationships. According to the theories of case-work, then, social relationships are of the utmost importance to the case-worker both as an aid to understanding an individual and his social situation and as a force to use in modifying him and his situation.

The sociologist and the social psych-  
ologist concur with the case-worker in em-  
phasizing social relationships as important  
in determining an individual's make-up or personality. Defin-  
ing personality as "the sum and co-ordination of those traits  
which determine the role and status of the individual in the  
social group

3.

E. W. Burgess declares that, "although certain  
traits of the individual -- as physique, mentality and tempera-  
3. E. W. Burgess, "The Delinquent As A Person", Am. Jour. of  
Sociol. 1922-23, XXVIII, pp. 655. (Univ. of Chicago.)

ment -- definitely affect his social standing; primarily, however, his position in the group will be determined by personal relations such as his group participation, his character, his personal behavior patterns and his social type." Charles H. Cooley states even more positively the importance of groups in determining an individual's personality. "A separate individual is an abstraction unknown to experience; and so likewise is society when regarded as something apart from individuals. The real thing is Human Life which may be considered either in an individual aspect or in a social, that is to say a general aspect; but is always as a matter of fact, both individual and general,-- and just as there is no society or group that is not a collective view of persons, so there is no individual who may not be regarded as a particular view of social groups. He has separate existence; through both the hereditary and social factors in his life a man is bound into the whole of which he is a member, and to consider him apart from it is quite as artificial as to consider society apart from individuals".<sup>4.</sup>

And Albion W. Small writes that, "to all intents and purposes the groups which people form are just as distinct and efficient"<sup>4.</sup> C. H. Cooley, "Human Nature and the Social Order", pp. 1-2. New York. Chas. H. Scribners & Sons, 1922.

moulders of the lives of individuals as though they were entities that had existence entirely independent of the individuals -- we are in a large part what our social set, our church, our political party, our business and professional circles are. Whatever social problem we confront, whatever persons come into our field of view, the first question involved will always be: To what groups do the persons belong?"<sup>5.</sup>

The case-worker then has the support of the sociologist and the social-psychologist in believing that an individual's personality grows out of his experiences; that the social environment of which he is a part provides him with a stock of experiences with which to build and that no idea or even thought is possible unless it has this basis of experience. They agree that in order to understand his client the case-worker must study the social relationships and group contacts which constitute his social environment and must make conscious and consistent use of these relationships in order to change his way of living and contribute toward the development of his personality. Case-work is an endeavor to make the clients a participating member of a group which acts and thinks in the way it is desired that he will act and  
5. Albion W. Small, "General Sociology", pp. 495-497, Univ. of Chicago Press.

think; for if he is in continuous contact with persons of certain habit-patterns his habits of action and of thought will slowly become modified accordingly. Although the problem discussed here deals mainly with social work it is also of sociological significance as an effort to ascertain the extent to which a sociological principle is actually applied in present day case-work practise.

Since the theories of social psychology and of social work both emphasize the importance of knowing and using the client's social relationships, the hypothesis upon which this study rests is that the application of this theory is desirable and constitutes a valid and scientific mode of attack upon the problems with which the case-worker must contend. As has already been stated, the problem will be to see to what extent this approach is used in actual case-work practise and to determine the relation between the use of this approach and the accomplishment of a successful adjustment by the client.

## CHAPTER II.

### METHOD OF STUDY AND COMPOSITE PRESENTATION OF DATA.

#### A. Method.

Data Used. The records of fifty typical family case-work situations were used as study material. A record was kept of the persons and groups who were consulted by the case-workers and the time at which they were first seen. The uses made of the information acquired and of the clients' relationships were also noted. An effort was then made to evaluate each family's change in social status during the period of treatment. This produced material with which to check successful family adjustment in relation to the degree to which the worker knew and used the client's social relationships. It is assumed that the contacting of a person or social groups indicates an interest on the part of the worker in the relationship existing between the client and that person or group. From this assumption grows the interest in the number of groups consulted and the time of making the contact. All the records studied were from the files of a family case-working agency which is recognized by the Family Welfare Association of America as doing at least an average grade of case-work.

Only cases held open as "active",  
Selection of Study Cases. i.e., those for which the agency accepts responsibility for some active service and care, for at least six months were studied. As it was felt that the investigation is usually completed and a plan of treatment usually instituted in less than fifteen months time, the study stopped at the end of the fifteenth month of treatment -- except in the evaluational phase of the study where the most recent information in the record was also used. To assure that the project would deal with current work the study covered only the three years from January first, 1925, to December thirty-first, 1927. All cases which were known by the agency prior to this time were rejected. It seemed desirable to limit the study to cases really needing skillful case-work treatment. Consequently, simple cases with only one or two problems appearing in the situation were rejected. For instance, no study was made of situations where relief was given during a period of quarantine, unless problems were indicated other than those of health and the need of relief during the time the wage-earners could not work; no cases of purely health problems were studied,

6. Although these time limits are purely arbitrary and are based mainly upon the experience of the writer, they agree quite closely with the results of a study of 1000 case-work situations studied by M.J. Karpf of the Training School for Jewish Social Work, N.Y. His findings were presented to the National Conference of Social Work (division on the Family) Des Moines, Iowa, 1927, and reprinted in *The Family*, July, 1927, pp. 144-8.

and cases involving work with aged couples were rejected if it seemed that the only problem was the need of help in securing employment for persons of advancing years. To preserve a homogeneity of problems and resources for treatment the study involved only cases of white families served by the family department of the agency.

The first fifty cases which met these qualifications were selected from those cases opened after July first, 1926 -- the mid point of the period covered by the study. They were drawn from the various districts of the city in rough proportion to their usual intake of new cases. As 850 cases were examined in selecting the 50 cases the ratio was about one case selected from every seventeen of intake. The fifty cases selected are typical, not of the agency's entire case-load, but of those cases given recent and relatively long-time continuous care.

#### Schedule Used in Collection of Data.

A schedule was devised to aid in the collection and classification of desired information. (See attached copy). It was divided into two main sections; one pertaining to the worker's interest in social relationship information, and the other to the use which the worker made of such information in diagnosing the situation and devising a plan of treatment. In the

first section is a list of all the more usual sources to which the worker may turn for information with a space provided for checking the number of each seen. The column headed "Ped. Sec." (period secured) is provided for recording the time at which a source was first consulted.

Recording  
Time of Con-                    The immediacy of contact with each  
tacts.                            source was recorded both in relation to the  
                                     number of months following the first open-  
ing of the case and to the number of openings. The whole span  
of fifteen months was divided into three periods of 1-3, 4-9,  
and 10-15 months. The first contact with a source was the one  
recorded and no source was checked more than once regardless  
of the number of contacts <sup>\*7.</sup> made. The column headed "Diag.  
& Plan" is for recording the number of sources first seen be-  
fore and after the situation had been diagnosed and a plan made.

Manner of                        The last column headed "Manner Secured"  
Securing In-                    is for recording the manner used by the work-  
formation.                        er in securing, or attempting to secure, in-  
formation from each individual source. Each contact was checked  
to indicate that it was or was not productive of social relation-  
ship information. Productive and Unproductive are the terms

---

\*7. For the purposes of this study a "contact", by the worker is taken to mean an interview either face to face or by telephone, a letter, telegram or any means by which the work-er might communicate with a source of information.

used to indicate that the worker consciously tried to secure social relationship information. Incidentally meant that although some information was secured it was stumbled upon rather by accident and as something incidental to other data. The information recorded in this column is based entirely upon the student's inferences from reading the record and is admittedly subjective in nature. It was collected and classified to test the validity of the assumption that in consulting a source the case-worker indicates an interest in the relationship existing between the source and the client. To make even this material as objective as possible, the checkings were in most part based upon questions actually asked in letters, or upon statements in the record implying that certain questions had been asked in interviews.

The question "In what period were the Diag. & Plan made", refers to the periods of 1-3, 4-9 and 10-15 months following the first opening of the case.

Statistical Card Described. The question regarding checking statistical cards as to social relationship problems and accomplishments refers to a form used by this agency to aid the worker in the mechanics of the case-work process. Each card carries a long list of problems and possible services that can be rendered. As it is checked

monthly by the visitor it serves both as a source of social statistics and as a graph upon which to chart the ever changing family situation.

The second section of the schedule

Recording Use made of Soc. Relations.	pertains to the use made of relationships in the plan and treatment process. It deals first with the manner in which the worker recorded the information. It seemed important to know whether these rela- tionships were considered sufficiently significant to be in- cluded in the record, and if so whether they were summarized and evaluated in order to show their wholesome or unwholesome influence upon the family and its situation. It seemed of some consequence to know whether such a summary and evaluating state- ment were made in the regularly dictated record entries, in a diagnostic summary or in a confidential report written to some other agency. (A diagnostic summary is a summary of all the fac- tors in a situation along with an evaluation of their relative significance and a statement of the treatment plan to be fol- lowed. Many agencies consider it good practise to write such a summary at regular intervals during the period of active treat- ment.)
---	--

The answers to all the questions regarding the use of social relationships in the plan are based either upon specific statements incorporated in the record, upon the student's

inferences from the wording of record entries, letters and reports, or upon the recorded acts and proposals of the worker. In filling in this section of the schedule an effort was made to be as objective as possible and to base all opinions upon factual material.

Terms Des- criptive of Treatment.	" <u>Persuasion</u> " here implied direct non-coercive means of making or breaking a relationship. Under this head would be included encouragement, suggestion and bargaining. <u>Guile</u> implies direct means such as working through friends and associates or persuading a client to act for some other ostensible purpose when the real end desired is the modification of some social relationship. <u>Force</u> implies the use of some form of coercion such as: withdrawing or threatening to withdraw material relief, instituting court action, or by threatening any action that is feared by the client. (This term was not used to describe those instances where workers made very legitimate use of fear by pointing out in a non-threatening way a feared result as the ultimate consequence of certain acts. This was considered to be more in the nature of persuasion.)
---	--

The last question refers to the statistical card. In addition to other statistical material it carries a list of possible reasons for closing a case. The checking of these reasons for closing was taken as one guide for scoring in the evaluational phase of the study.

### Evaluational Method.

The final phase of the project is an attempt to describe by means of a score the social status of each family at the time of its first contact with the agency and at the time the case was closed. The trend of change in status indicated by these scores should serve as a measure of the agency's success in helping the family members correct their personality deficiencies and effect an adjustment with their social environment. The cases which show a relatively great interest in social relationships and considerable use of them as a means of treatment are compared with those that do not show such an interest and use. Their scores are compared in order to learn the relationship between this method of approach and the success of treatment as indicated by the improvement in social status.

To picture its status each family was  
Scoring.

scored in each of the following respects:  
health, economic status, personal organization of the family members, the nature of the relationships within the family group, and the nature of its community relationships.

Health was taken to include both the  
Health.

physical and mental health of the members of the family. The health score was based upon all relevant information contained in the record. This included such data as:

medical and psychiatric diagnoses, hospital and clinical reports, the client's own statements regarding his state of health, the frequency of illness as indicated by absence from work or school because of illness, and even the worker's statements regarding the appearance and behavior of the client. Of course the medical and psychiatric diagnoses were given precedence when they were available. The other data were used more as indications of a health condition than as direct evidence.

The main factors considered in scoring Economic Status. economic status were: the income of the family as compared with the family needs and budget, the amount of property owned as compared with debts and income, and the ability of the family to maintain itself by the use of its own economic resources. Illustrative of the resources considered as natural are: government pensions awarded for military service or injury in service, workmen's compensation for industrial \*8. The needs of the families were judged according to the minimum budget in use by this family agency. This budget agrees quite closely with the minimum standards used in the budgetary studies of the U.S. Bureau of Labor Statistics (See U.S. Bureau of Labor Statistics: Tentative Quantity and Cost Budget, 1916, p.6) and is based -- with modifications according to time and locality--upon the Chicago Standard Budget for Dependent Families, Council of Social Agencies, Chicago, Illinois.

accidents, industrial pensions for long time service, and occasional assistance from relatives and very intimate social groups. Any public aid which is granted because of a special economic need, assistance from private charity funds, or regular assistance from relatives and intimate social groups were not considered as natural and normal sources of income for a family.

The personal tendencies, behavior-  
**Personal Organization.** patterns, and emotional traits of the various family members were considered and scored under the heading of Personal Organization. This score of personal organization or disorganization was based upon such overt actions and recorded remarks as would indicate extremes and changes in any of the following or similar factors: consistency and rationality of behavior, stability, competence to understand and meet any ordinary situation, emotional poise, honesty, personal force, resourcefulness, cleanliness, and pride in appearance.

Only the relationships existing between  
**Family Relation- ships.** the members of the immediate family group were scored under the heading of family relationships. No near relatives living outside of the home are considered here.

Community relationships included those  
**Community Relationships.** group contacts which are intimate enough to

affect and reflect the personality of the family members. Under this head were scored the relationships existing between the family and relatives, neighbors, friends, fellow-lodge and church members, local tradesmen, landlords and employers.

If the family groups as a whole appeared to present no noticeable problem or strength in one of these phases it was given a score of zero (0) under that heading. If there appeared to be an unusually strong and wholesome condition a score of plus (+) was given, and if there was a problem or unwholesome condition indicated it was scored as negative (-). The variation between the two scores is taken to indicate improvement or retrogression during treatment.

#### B. Composite Presentation of Data.

Tables I to V were compiled by noting each source of information contacted and tabulating the information according to the time and manner of initial consultation. The remaining tables present in tabular form the data which deal with the use of social relationships in record writing, diagnosing and treating the cases.

As shown in Table I, 835 sources were  
Sources  
Consulted. consulted, making an average of 16.7 sources  
consulted about each case. The relatively great number of re-

latives seen may mean that the workers were interested in learning more about the family associations and early influences which helped produce the clients and their present situations, or it may indicate an effort to see each relative as a possible source of material relief. Their accessibility and the importance of their information perhaps explain the high proportion of calls upon physicians and social agencies. These totals were of course increased by many non-investigational calls which were made in carrying out the various steps of treatment. Former employers, present employers, tradesmen and landlords are all sources that must of necessity be consulted frequently by a relief-giving agency. Consequently, it is not surprising to find a relatively great number of contacts with these sources. However, the relief-giving function of this particular agency makes it seem likely that the greater number of calls upon these sources were made for purposes other than the collection of social relationship data.

Immediacy  
of Consulta-  
tion.

Almost exactly one half of the total number of contacts were made in the period of one to three months according to the data tabulated in Table II. Throughout this period the distribution of calls upon the various types of sources corresponds closely to the distribution for the whole period of fifteen months. This high percentage of calls made during the first three months of

of treatment indicates a commendable amount of investigational activity during the earliest period of acquaintance with the case. However, the high proportion of former employers, former neighbors and former landlords seen in the period of four to nine months of treatment seems significant. As such sources are seldom seen for reasons other than to secure social relationship information, one may safely assume that many of the purely investigational, non-treatment visits are postponed until after the first emergency situation has passed. The higher proportion of churches and schools seen in the last two periods of treatment may be interpreted in the same way, or more probably indicates that they were seen in the process of carrying out plans which involved these two sources. The same may be inferred from the constant proportion of calls made upon physicians and social agencies.

The high percentage of calls which  
Relation of  
Consultations  
to Case Openings. Table III indicates were made immediately following the first opening of the case, implies that it is not necessary that a case be opened, closed and re-opened repeatedly before it is considered serious enough for a real investigation and case-work type of treatment. The average of 4.1 new contacts per case following the second opening is scarcely more than enough to acquaint the worker with the new social situation and physical surroundings of the family. Accord-

ing to this showing one should not expect much social relationship information to be collected following the second, third or later openings.

Time of Making Plan. Table IV shows that in 20 of the cases studied a diagnosis was made and a definite plan of treatment evolved during the period of 1-3 months, and in 15 of the cases during the period of 4-9 months. This seems to corroborate the opinion that most of the investigational contacts are made following the first opening of a case and relatively early in the period of treatment. This conclusion is upheld by the facts that plans were made during the period of 10-15 months in only nine of the cases, and that in only 12 of the cases were they made after the second, third or later openings. If the investigational contacts had not been made early in the course of treatment, later plans would probably have been made as the result of later and supplementary information secured.

Consultation in Relation to Time of Diagnosis. The average, shown in Table V, of 11.1 sources consulted per case before a diagnosis and plan were made seems especially good when it is remembered that only 16.7 sources per case were seen during the whole period of fifteen months. It is interesting to note that although 8.2 sources were consulted before the diagnosis and plan were made when they were formulated during the first three months, the number seen did not grow in proportion to the

increased period of time when the diagnosis and plan were made later in the course of treatment.

Consultations Productive Of Social Relationship Information.

The data in Table VI lends support to the assumption that the contacting of a source by the case-worker indicates an interest on the part of the worker in the relationship existing between the client and that source -- or other persons and groups of whom that source can tell. The total of 529 consultations productive of social relationship information seems high considering the number of sources such as social agencies, tradesmen and landlords who must often be consulted for non-investigational, treatment purposes. It detracts somewhat from this good showing to note that but slightly more than half of these contacts yielded such information as the result of the worker's deliberate effort to secure it.

Distribution of Productive Contacts.

It is interesting to compare the distribution of these productive contacts with the general distribution of contacts made. Giving precedence to those types of sources receiving the most contacts in each table, we find them arranging themselves in the order shown in the first column of Table VII. They rank as shown in the second column when arranged according to the productivity of the interview. Some significance must be given

to the change in position of school and church from ninth to sixth and from eleventh to seventh positions respectively. These, apparently, are two of the most accessible groups for use in studying and in changing an individual's social environment.

Findings  
From Statistic-  
al Cards.

In the records of 35 cases the workers had checked the statistical cards to indicate social relationship problems such as "friction between husband and wife", "friction between parent and child" and "no community contacts". In 28 cases they considered this phase of their problem of sufficient importance to check their accomplishments in treating those problems. These relationships were described in a summary in 12 of the records. This summary was found in the regular record entries seven times, in diagnostic summaries six times, and in confidential reports five times. A statement evaluating the wholesomeness of these relationships was made in 24 of the records. These statements were placed in the regular record entries 18 times, in confidential reports 7 times and in diagnostic summaries 5 times.

Social Re-  
lationships in  
The Plan.

Social relationships seem to have been considered in making the plan of treatment in 27 different cases. In 19 instances the worker planned to help create new relationships and in 11 cases

he aimed to break existing ones. The method of modifying these relationships seems to have been by direct treatment through persuasion, suggestion and encouragement, etc., in 18 instances. Indirect means, which were largely ways of working through other persons, were planned in three instances, and coercion or force was planned in six instances. In 42 of the cases it seemed that consistent effort was made to follow the plan as worked out. It should be remembered that these figures all deal with those facts which are most difficult to learn from the usual case record, and are based mainly upon the student's inferences from reading the records.

Number of  
Openings and  
Closings.

Table XI shows that there were 86 openings and only 72 closings because some of the cases were still open at the end of the fifteenth month of treatment. This gives an average of 1.72 openings and 1.44 closings per case during the time period studied. Each case was held open an average of 11.5 months during the time of the study.

### CHAPTER III.

#### A STUDY OF CHANGES IN SOCIAL STATUS AS A MEANS OF EVALUATING THE EFFECTIVENESS OF THIS METHOD OF APPROACH AND TREATMENT.

A. As was described in an earlier section of this paper, a method was devised for evaluating the success of treatment in each case and comparing it with the rest of the cases studied. Of the 50 cases studied:

38 show improvement in status

8 show no change in status

10 show retrogression in status

7 show both improvement and retrogression

Of the 38 cases showing improvement in status:

4 show improvement in 5 phases

6 show improvement in 3 phases

14 show improvement in 2 phases

14 show improvement in 1 phase

Of the 10 cases showing retrogression:

1 shows retrogression in 3 phases

9 show retrogression in 1 phase

A tabular summary of the scoring of the 50 cases is

Scorings for Change in Social Status. presented in Table X. The composite scores on the right hand side of the table have no statistical significance, but should serve as index to the amount of improvement or retrogression with the number of negative, or problem, situations. Out of a possible 250 there are 167 negative scores. Of those 167 problems 78 were given a score indicating improvement during treatment, 15 were scored as having retrograded and 157 possibilities are scored as showing no change.

Two Groups Compared. Two groups of cases were selected for a comparison of scores. These groups were selected by studying the collected data on the study schedules and comparing them with the composite data and averages presented in Tables I to IX. In group I were placed those cases with some or all of the following characteristics:

1. A relatively great number of sources was consulted.
2. A relatively great number, or high percentage, of contacts was made early in the period of treatment.
3. A relatively great number, or high percentage, was made before the making of a diagnosis and plan.
4. A relatively great number, or high percentage, was productive of social relationship information.
5. Social relationships were noted and evaluated in the record.
6. Social relationships were considered and used in making the diagnosis and plan of treatment.

In group II were placed those cases that were noticeable for some or all of these characteristics:

1. A relatively small number of sources was consulted.
2. A relatively small number, or low percentage, of contacts was made early in the period of treatment.
3. A relatively small number, or low percentage, of contacts was made before the making of a diagnosis and plan.
4. A relatively small number or low percentage, of contacts was productive of social relationship information.
5. Social relationships were not noted and evaluated in the record.
6. Social relationships were not considered and used in making the diagnosis and treatment plan.

Twelve cases were selected for each of these groups and their evaluational scores arranged in two tables for comparison. Table XI shows the chart of changing status for group number I and Table XII shows the same chart for group number II. (See appendix A for a supplementary study which was made to determine the comparability of the cases which fell into these two groups.)

A tabular summary of the scoring of the 24 cases in these two groups is given in Table XIII. Although the composite score of negatives, or problems, at the time of opening is greater for those cases in group number I than in group number II, the score for improvement is much greater, the score for retrogression is smaller and the score for no change is less. A comparison of these two tables with Table X shows that these two groups diverge from the scoring of the whole 50 cases in the same directions as they diverge from each other. In other words the change in social status seems

to indicate improvement and more successful treatment for those cases in which the worker studied and used social relationships.

This tendency toward a score denoting an improved status during treatment for those cases in which social relationships were studied and used, and a score denoting less improvement for those cases in which these relationships were not studied and used, seems to justify a belief in this approach to a case work problem.

### C. Illustrative Case Stories.

It has been difficult to present this problem as a study of the actions of real persons who were trying to help other very real, living people out of trouble. So this method of social treatment shall not seem too abstract, we are relating the stories of four families who came to this agency for help. The workers, in dealing with two of these families, studied their social relationships, which, like threads in a multi-figured fabric, wove them into the woof of social life. After finding the breaks in the pattern they strengthened and rebuilt it with new relationships as a weaver mends the damaged cloth with new thread. The other two families presented here did not receive this type of study and care. These four stories tell step by step the methods used in treating four social situations. They also picture the results often reached by the use of the method we have described, and contrast that picture with the result often seen following the failure to apply such

a method.

The first story is that of William and  
Rodgers 9.  
Family. Olive Rodgers and their family. Mr. Rodgers  
was out of a job when the social agency was asked to help feed his  
wife and three small children. He admitted that he had lost this  
job and others before because he stayed on a perpetual spree. Al-  
though both he and his wife had always lived in this city he could  
not secure work because of his record of drunkanness. For the sake  
of his family he promised to reform and start anew. However, his  
reform was of short duration for he became drunk immediately after  
leaving the office. Arriving home, he bounced a kettle off Mrs.  
Rodger's head then threw her and the children into the street for  
the night. The following morning he was fined \$100 and paroled to  
Mrs. Rodgers. All went well for a few days and the case was closed  
by the agency. Six months later his children were reported to be  
needing care. Mr. Rodgers had broken parole and had been drunk for  
a week. This time the court ordered him to live away from home and  
to pay \$10 a week toward the support of his family. As Mrs. Rodgers  
was working, day nursery care was arranged for the children.

At the end of another six months he again applied for help.  
He was again living in the home, still saturated and once more out  
of work. Mrs. Rodgers was working but her earnings were insufficient  
to support the family. This time a real investigation was made. A  
former employer who had known the family for many years reported that  
although Mr. Rodgers was capable and a likeable fellow, he drank so  
9. This family is case number 30 in Group I. See Table XI for a  
chart of its changing social status.

so much that he was unemployable. Mrs. Rodgers was in poor health; she was so nervous and irritable that she would drive even a temperate man to drink. Because she worked, the home was always untidy and the food atrocious. Mr. Rodgers in turn was so abusive that the family could scarcely remain near him. She contemplated reopening non-support proceedings as a step toward final separation. Both, however, seemed fond of the children.

After investigating, the worker succeeded in planning with them for one more effort at a reconciliation. The former employer who had shown interest was persuaded to give him another chance. By helping with the first month's rent, the worker succeeded in moving them into a better home neighborhood, where a cottage was rented next door to a family of whom the Rodgers had once been very fond. They had been neighbors during the early days of their married life but later had drifted apart. Mrs. Rodgers was urged to stay at home, look after the household and secure the medical attention which she needed so badly.

Improvement was made almost immediately. Mr. Rodgers stopped drinking; the income became steady; Mrs. Rodgers grew stronger and gave her house and children better care; the family relationships became more wholesome; the children attended a Sunday School and gradually the family became a participating part of the neighborhood life. Three years later it was learned that they were living

at the same address. The home life was still good and they seemed to constitute a normally functioning family. Although industrial conditions had twice caused Mr. Rodgers to change jobs he had not turned to drink at either time. Apparently they became normally self-sufficient and were now able to successfully meet the crises of normal life.

Although only 13 sources were consulted about this case, seven were seen before a plan was made. It seemed that in six of these consultations a diligent effort was made to secure social relationship information. The plan of treatment was made following the second opening and in the sixth month of active contact with the case.

This is a story of country folk who came Charles and Helen New to the city. During their five weeks residence in the city they had spent almost all of their money before Mr. New called upon the agency for help in finding work. The worker assigned to the case found them -- man, wife and five children -- all occupying three meagerly furnished rooms in a downtown rooming area. Mr. New was suffering with a hernia and a severe cold. Although he was a member of a large family his relatives, who were all laboring or farming people, were very poor and lived in the rural section of the state. For twenty years he had worked as a grocery clerk in the small town where he and his people had always lived. A change in the management of the store had thrown him out of employment two years previous to this time. Because of his rupture he 10. The New family is case number 39 in Group I. See Table XI for a chart of its changing social status.

could find nothing else to do in his home town. After he had sold the home and furniture for living expenses he moved to a nearby town. He failed to find work there and moved into the home of a sister where the whole family remained until they moved to the city in search of work.

Mrs. New was younger and more attractive than her husband. She too was from the country, and had known her husband most of her life. Until they moved to the city all of the children had attended school. James, sixteen, had gone to high school three years; Henrietta, eleven, had just started in high school; and the three younger children were still in the grades. An older daughter was married and still living in the home town.

When the worker found them to be a non-resident family with three unemployed adult members, she offered them temporary institutional care pending an investigation and better planning. She then returned to the office and wrote letters asking relatives for financial aid and for the information with a view to sending the family back to the home town. As the News did not accept the proffered institutional care and made no more calls upon the agency, the case was closed after another visit.

Seven months later Mr. New again asked for aid. With the help of relatives they had remained in the city through the winter and again were unemployed and needing relief. They had

moved into cheaper rooms in a disintegrating and more congested area. Because no relief had been given before, Mr. New followed a neighbor's advice and made the application under an assumed name. Mrs. New had work promised but because of jealousy Mr. New would not permit her to work out of the home. This time they were given a small amount of emergency relief, some obviously needed medical care was arranged and they were directed to temporary jobs.

Within three weeks time 16 different sources of information had been consulted. The worker learned the family's life-story, its past accomplishments and failures and came to understand the limitations and capabilities of each family member. In less than a month she had helped them find employment sufficient to meet their needs, and with them had worked out a family program or plan. This plan involved: medical care which was needed for various family members, Y. M. C. A. membership and night school for James, and Y. W. C. A. membership, night school and free piano lessons for Henrietta. The piano lessons were to be given in a nearby settlement house where Henrietta might find proper friends and recreation. Both Mr. and Mrs. New were introduced into church and settlement groups. Although all of these aims were not accomplished, enough were carried through to give the family a feeling of social and financial security. After four months time the family seemed to be maintaining itself satisfactorily and the case was closed.

Nine months later the agency made a brief contact with

the family when a clinic asked for an investigation prior to performing a tonsillectomy for one of the children. Both Mr. New and James had been out of work for a time but they had been able to survive these times of stress without the help of a social agency. With the exception of this tonsillectomy they had been able to provide for all the health needs of the family. In the 18 months which have elapsed since then no social agency in the city has had a new demand made upon it by any of the New family. After three years of failure and steady retrogression in social status, this family has apparently become self-supporting and successfully integrated with the city environment.

Of the 24 sources of information consulted by the worker, 17 were consulted before a plan was made. Fourteen of these consultations were productive of social relationship information and in six of them the worker had deliberately tried to secure such information. The plan of treatment was made following the second opening and during the fourth month of contact with the case.

11.

Mr. Long was a man who just could not  
Ralph and Anna Long hold a job. He had been "laid off" his regular job with the city water department sometime before Mrs. Long first asked the agency for groceries. She was the mother of four children -- aged two to nine years -- and she was again pregnant. She was urged to accept free medical care in the city hospital instead  
11. This is case number 19 in Group II. See Table XII for chart of changing social status.

of spending her funds for medicine and running into debt for a private physician. Because she refused to accept this plan the case was soon closed. Four months later she again appealed for help - this time in behalf of her five children. The family was given relief for three months before the worker interviewed Mr. Long. It was not until the sixth month of active treatment that the worker discovered Mr. Long to be an habitual drunkard. It was at this time the school complained that Lucille, the oldest girl, was a pathological liar and thief. She was committed to a girls' home by the juvenile court. The court record showed her to be a child of a former husband of Mrs. Long's. Soon after the case was closed because Mr. Long had started work.

During this first period of six months treatment, only a distant relative and a grocer were consulted for information. Although several contacts were made in arranging for medical care and in disbursing material relief, no real investigation was made. The effort to find Mr. Long a job was the only treatment that was attempted or planned.

Mr. Long was again idle when his wife asked for help five months later. They were still living in a disreputable rooming house located in a disintegrating area of the city. Two of the children had scabies. This time a social investigation was started. By the end of this study period, three months later, Mrs. Long had

"remembered" relatives to whom the worker had written. A social agency in Canada referred the worker to correspondence which had been exchanged four years previously in regard to Mrs. Long. Mr. Long's father was found living in the city and was found to have a long history of intemperate, shiftless behaviour. Mrs. Long was found to be an habitual "romantic" sort of liar. She begged assistance from many sources. The worker was unable to verify her marriage to Mr. Long. Perhaps because of this effort to make an investigation and plan Mr. Long found work and soon moved, leaving no address for the worker.

Only ten sources of information were consulted during the ten months time of treatment. Of these, seven were seen in the period of 4 to 9 months and in only one instance did it seem that the worker made a real effort to secure social relationship information. No effort was made to devise a plan of treatment until the changed program was instituted during the sixth month of treatment. The evaluational chart (Table XII) indicates retrogression in three phases of social status.

James and Stella Moss. This is another small town family which moved to the city. Mrs. Moss appeared at the agency asking for groceries after only seven weeks residence in the city. She stated that her husband was unemployed and that their funds were exhausted. When the worker called Mrs. Moss was not at 12. This is case number 58 in Group II. See Table XII for social status at time of opening and of closing the case.

home because she had found a job. Mr. Moss was very antagonistic and did not express a desire for help of any kind. Despite his attitude, groceries were given on the strength of his wife's appeal. It later developed that they were both in their fifties and had been born, reared and married in a rural community. Although he had always been a farmer, they moved to a neighboring city after his wife had inherited a little money, and remained there until their move seven weeks previous to this application. Most of their relatives were farming in the home community; none were wealthy but all were self-supporting -- as he had been before coming to the city.

When a sister of Mr. Moss' was discovered and consulted, the worker learned that Mrs. Moss and the two oldest sons, John and Everett, had police records for minor delinquencies. The case was closed because of her untruthfulness in appealing for help. The worker made no effort to return the family to its former home or to help it become a wholesome part of city life. Four months later John, who was 21 years of age, appealed to the agency for help. During the time that the case was closed, he had married and brought his wife into the home. Both he and his father were unemployed but they refused to accept aid from Mr. Moss' sister, who had previously given the unfavorable report to the agency. This time a letter was written to their former home and it was learned that Mr. Moss and Lola, the ten year old daughter, were both respected there but that

Mrs. Moss and the boys had "bad reputations". There seemed to be a great deal of friction between Mr. and Mrs. Moss and there was much quarreling among all the members of the family. Little material relief was given and the case was soon closed.

Although this case was considered active nine months during a period of thirty months time, only two relatives were consulted and one very inadequate report was secured from a resident of the home town. A total of 19 sources was seen but little effort was made to secure social relationship information and practically nothing was learned of the family's social relationships or tendencies. The case was opened three different times and material relief was given spasmodically. Despite Mr. Moss' evident unwillingness to work, the worker did not try to learn the cause of his attitude. It was only when she threatened to bring non-support action that she learned that he wished to remain in the country where he could farm and earn a living by the only work he knew. He considered the agency to be "siding" with Mrs. Moss and the boys, who insisted that the family remain in the city. Throughout this whole period of treatment little interest was shown in the early social relationships and the early background of the family; no effort was made to understand the friction within it or to control its social environment; and apparently no real diagnosis and plan of treatment were ever made.

Since the end of the study period John has been fined for forgery and has deserted his wife and child. George has contracted

a venereal disease and received a great deal of medical treatment at public expense. Mrs. Moss has been operated upon and given several months care in a public hospital, and the family has been an almost regular recipient of charity in various forms.

These four stories illustrate narratively what is meant by the references to the use of social relationships as aids in diagnosis and as tools in treatment. Although the Rodgers and New families may be said to have made successful adjustments during treatment and the Long and Moss families seem to have failed in making such adjustments, one should not assume that successful adjustment inevitably follows the use of this method or that failure to adjust invariably occurs when it is not used. The findings of the study do indicate however, that such results may reasonably be expected in a fair percentage of the cases so treated.

## CHAPTER IV.

### CONCLUSIONS.

The results of this study seem to justify the conclusion that the case-workers of this particular agency are interested in the social relationships of their clients and that the information regarding those relationships is used to a considerable degree in treating their long-time or chronic cases. This statement can be applied to the general field of family social work only in so far as this agency is typical of all family case-working agencies and these cases studied typical of all family case-work problems. The evaluational phase of the study and the illustrative cases cited do seem to indicate that situations treated in this manner are much more likely to improve during treatment than are those that are treated differently, and that this improvement is greater when many sources are consulted and used early in the period of treatment.

TABLES and CHARTS

TABLE I.

Types and Number of Sources Consulted.

<u>Types</u>	<u>Number</u>	<u>Average per case</u>
Relatives	170	3.4
Present Neighbors	44	.88
Former Neighbors	10	.2
Present Employers	58	1.12
Former Employers	59	1.18
Social Agency	162	3.24
Church	33	.66
School	44	.88
Lodge	4	.08
Clubs & Special	25	.5
Friends	39	.78
Physicians & Clinics	79	1.58
Tradesmen	58	1.16
Present Landlords	47	.94
Former Landlords	5	.10
TOTALS	835	16.7

TABLE 2.

Time of First Consultation.  
(by months of Active Treatment)

Types	0 - 3		4 - 9		10 - 15	
	Total	Average per case	Total	Average per case	Total	Average per case
Relatives	118	2.36	41	.82	11	.22
Present Neighbors	25	.5	15	.3	4	.08
Former Neighbors	3	.06	9	.18		
Present Employers	22	.44	12	.24	22	.44
Former Employers	25	.5	24	.48	10	.2
Social Agency	87	1.74	54	1.08	21	.42
Church	16	.32	11	.22	9	.18
School	15	.30	17	.34	9	.18
Lodge	1	.02	2	.04	2	.04
Clubs & Special	17	.34	5	.1	3	.06
Friends	22	.44	13	.26	4	.08
Physicians & Clinics	34	.68	32	.64	7	.14
Tradesmen	27	.54	16	.32	15	.3
Present Landlords	23	.46	16	.32	9	.18
Former Landlords			4	.08	1	.02
TOTALS	435	8.7	271	5.42	127	2.54

TABLE 3.

Time of First Consultations in Relation to Openings of Case.

Types	First Opening		Second Opening		Third Opening		Fourth Opening	
	Total	Average	Total	Average	Total	Average	Total	Average
Relatives	150	3.	18	.36	1	.02	1	.02
Present Neighbors	28	.56	13	.26	3	.06		
Former Neighbors	8	.16	2	.04				
Present Employers	34	.68	20	.4	2	.04		
Former Employers	30	.6	26	.52	5	.1		
Social Agency	106	2.12	52	1.04	2	.04	2	.04
Church	22	.44	12	.24	2	.04		
School	31	.62	8	.16	2	.04		
Lodge	3	.06	2	.04				
Clubs & Spe- cials	16	.36	9	.18				
Friends	31	.62	8	.16				
Physicians & Clinics	59	1.18	13	.26	6	.12	1	.02
Tradesmen	44	.88	8	.16			6	.12
Present Landlords	28	.56	13	.26	4	.08		
Former Landlords	2	.04	3	.06				
TOTALS	592	11.84	207	4.14	27	.54	10	.2

TABLE 4.

A. Time of Making Diagnosis and Treatment of Plan.  
(by months of Active Treatment)

Period of Months	Number of Cases	Percentage of Cases
0 - 3	20	40
4 - 9	15	50
10 - 15	9	18

#

B. Time of Making Diagnosis and Treatment Plan.  
(In Relation to Openings of Case)

After	Number of Cases	Percentage of Cases
First Opening	32	64
Second Opening	9	18
Third Opening	2	4
Fourth Opening	1	2

#

#Note: In six cases the records did not indicate that diagnoses or plans were ever made.

TABLE 5.

Number of Sources seen before Diagnosis and Plan were Made.

Types	Total Number	Average per case	When Plan was made during months:					
			0 - 5 No. Case	Av. per Case	4 - 9 No. Case	Av. per Case	10 - 15 No. Case	Av. per Case
Relatives	133	2.66	45	2.25	55	3.6	31	3.4
Present Neighbors	33	.66	7	.35	11	.73	15	1.4
Former Neighbors	5	.1	3	.2	2	.22		
Present Employers	33	.64	10	.5	9	.6	11	1.2
Former Employers	41	.83	8	.4	22	1.46	9	.1
Social Agency	106	2.12	30	1.5	47	3.13	27	3.
Church	19	.38	4	.02	8	.53	6	.66
School	22	.44	1	.05	12	.8	6	.66
Lodge	2	.04	1	.05				
Clubs & Special	21	.42	7	3.5	6	.4	8	.83
Friends	28	.56	12	.6	7	.46	7	.77
Physicians	47	.94	20	1.	18	1.2	8	.83
Tradesmen	35	.7	9	.45	8	.53	13	1.4
Present Landlords	29	.58	11	.55	10	.66	3	.33
Former Landlords	3	.06			1	.06	2	.22
Totals	556	11.12	165	8.25	217	14.46	146	16.2

Note: This table does not include 45 sources consulted concerning 6 cases in which apparently no diagnosis and plan were made.

TABLE 6.

Consultations Productive of Social Relationship Information.

Types of Sources	Productive		Unproductive		Manner Soc. Rel. Information was secured.			
	Number	Average	Number	Average	Deliberately	Incidentally	Number	Average
Relatives	141	2.82	27	.54	88	1.76	53	1.06
Present Neighbors	32	.64	13	.26	10	.2	22	.44
Former Neighbors	6	.12	4	.08	3	.06	2	.04
Present Employer	34	.68	27	.54	19	.38	14	.28
Former Employer	42	.84	17	.34	15	.3	23	.46
Social Agency	97	1.94	61	1.22	49	.98	42	.84
Church	28	.56	19	.18	27	.54	9	.18
School	29	.58	14	.28	19	.38	12	.24
Lodge	6	.12	1	.02	3	.06	4	.08
Clubs&Special	6	.12	17	.34	1	.02	5	.1
Friends	27	.54	12	.24	16	.32	11	.22
Physicians	27	.54	57	1.14	12	.24	15	.3
Tradesmen	24	.48	29	.58	7	.14	17	.34
Present Landlords	28	.56	20	.4	14	.28	14	.28
Former Landlords	2	.04	3	.06	2	.04		
TOTALS	529	10.58	311	0.22	285	5.7	243	4.86

Note: The sum of items in columns 5 and 7 does not equal those in column 1 because in some instances it was impossible to determine whether the information was secured deliberately or incidentally.

TABLE 7.

Distribution of Productive Consultations Compared with  
General Distribution.

Types of Sources arranged according to their fre- quency of Consultation		Types of Sources Arranged according to their Productiveness of Social Relationship Information
Relatives	1.	Relatives
Social Agencies	2.	Social Agencies
Physicians	3.	Former Employers
Former Employers	4.	Present Employers
Tradesmen	5.	Present Neighbors
Present Employers	6.	School
Present Landlords	7.	Church
Present Neighbors	8.	Present Landlords
School	9.	Friends
Friends	10.	Physicians
Church	11.	Tradesmen
Clubs	12.	Former Neighbors
Former Neighbors	13.	Lodge
Former Landlords	14.	Clubs
Lodge	15.	Former Landlords

TABLE 10.

Tabular Summary of Scoring for Change in Social Status in 50 Cases.

	Health	Econ.	Pers. Org.	Fam. Relat.	Com. Rel.	Composite Score
Number of _____ 's at Opening	35	47	30	24	31	167
Number of Improvements Scored	22	28	9	11	8	78
Number of Retregressions	0	2	6	4	3	15
Number with no change noted	23	20	35	35	39	157

TABLE 11.

Chart Showing Scoring for Change in Social Status  
in 12 Cases of Group 1.

Case Num- ber	Health		Econom. Status		Personal Org.		Family Relat's		Comm. Relat's	
	Op	Clo	Op	Clo	Op	Clo	Op	Clo	Op	Clo
6	0	0	-	-	-	-	-	0	-	-
14	-	+	-	-	-	0	-	-	0	+
15	-	-	-	-	0	-	-	-	-	-
17	0	0	-	0	-	-	0	0	-	-
22	-	0	-	+	-	0	-	+	0	+
23	0	0	-	+	0	0	-	0	+	+
30	-	+	-	+	-	+	-	+	-	+
35	-	+	-	+	-	+	-	0	-	0
39	-	+	-	+	+	+	+	+	-	+
41	-	+	-	+	-	0	0	0	-	-
42	-	+	0	0	+	+	-	0	0	0
43	0	0	-	-	-	-	-	-	-	-

Summary of Chart:

10 cases show improvement  
 1 case shows no change  
 1 " " retrogression

Of 10 improved cases:

3 improved in 5 phases  
 3 " " 3 "  
 2 " " 2 "  
 2 " " 1 "

TABLE 12.

Chart Showing Scoring for Change in Social Status in  
12 cases of Group 2.

Case Num- ber	Health		Econom. Status		Personal Org.		Family Relat's		Comm. Relat's	
	Op	Clo	Op	Clo	Op	Clo	Op	Clo	Op	Clo
1	-	0	-	0	0	0	+	+	-	-
9	-	0	-	-	0	-	0	-	-	-
11	-	-	-	-	-	-	0	0	-	-
12	-	-	-	-	-	+	-	-	-	-
28	-	-	-	-	-	-	+	+	-	-
31	-	-	-	-	-	-	0	0	-	-
32	-	0	-	+	-	0	-	0	-	0
36	-	-	-	-	+	+	+	+	-	-
38	0	0	0	-	-	-	-	-	-	-
40	0	0	-	+	+	-	-	-	0	0
45	0	0	-	+	-	-	-	-	-	-
19	-	0	-	-	0	-	0	-	0	-

Summary of Chart:

7 cases show improvement  
 4 " " retrogression  
 3 " " both improvement  
 and retrogression  
 1 " shows no change

Of Cases showing retrogression:

1 retrograded in 3 phases  
 1 " " 2 "  
 2 " " 1 "

Of Cases showing improvement:

1 shows improv. in 5 phases  
 1 " " " 2 "  
 5 " " " 1 "

Of Cases showing both:

1 shows 1 Imp. & 3 Retrg.  
 1 " 1 " & 2 "  
 1 " 1 " & 1 "

TABLE 13.

Tabular Summary of Scoring for Change in Social Status in Cases of  
Groups 1 and 2.

Group 1.	Health	Econ.	Pers. Org.	Fam. Relat.	Com. Rel.	Composite Score
Number of ____'s at Opening	8	11	8	9	8	44
Number of Improved Cases	7	7	6	6	5	30
Number of Retrogressions Noted	0	0	1	0	0	1
No Change	5	5	6	6	7	29

Group 2.	Health	Econ.	Pers. Org.	Fam. Relat.	Com. Rel.	Composite Score
Number of ____'s at Opening	9	11	7	5	10	42
Number of Improvements Noted	4	4	2	1	1	12
Number of Retrogressions Noted	0	1	3	2	1	7
Number of No change	8	7	7	9	10	41

SCHEDULE USED IN COLLECTION OF DATA.

WORKER'S INTEREST IN RELATIONSHIP INFORMATION

Source of Information	S's used	Ped. Sec.	Diag. & plan	Manner secured
Client & family	_____	_____	_____	_____
Relatives	_____	_____	_____	_____
Neighbors	_____	_____	_____	_____
a. Present	_____	_____	_____	_____
b. Former	_____	_____	_____	_____
Employers	_____	_____	_____	_____
a. Present	_____	_____	_____	_____
b. Former	_____	_____	_____	_____
Social Agencies	_____	_____	_____	_____
Church	_____	_____	_____	_____
School	_____	_____	_____	_____
Lodge	_____	_____	_____	_____
Clubs & Sp. Groups	_____	_____	_____	_____
Friends	_____	_____	_____	_____
Physicians	_____	_____	_____	_____
Tradesmen	_____	_____	_____	_____
Landlords	_____	_____	_____	_____
a. Present	_____	_____	_____	_____
b. Future	_____	_____	_____	_____

In what period were the diag. & Plan Made? \_\_\_\_\_  
 On statistical card were Soc. Rel. problems checked? Accomp's

USE OF RELATIONSHIPS IN PLAN AND TREATMENT

- A. Method of recording in the record:
1. Were they summarized? \_\_\_\_\_ Where? \_\_\_\_\_
  2. Was evaluating statement made? \_\_\_\_\_ Where? \_\_\_\_\_  
 Diagnostic? \_\_\_\_\_ Confidential? \_\_\_\_\_ Dictation? \_\_\_\_\_
- B. Use in Plan.
1. Were relationships considered in making the plan?
  2. Did the plan aim to:  
 Create new relationships \_\_\_\_\_  
 Break old relationships \_\_\_\_\_
  3. How?  
 a. Persuasion \_\_\_\_\_  
 b. Guile \_\_\_\_\_  
 c. Force \_\_\_\_\_
  4. Was a consistent effort made to follow the plan \_\_\_\_\_

Result of treatment as shown by statistical card \_\_\_\_\_  
 (i.e. why cases closed).

APPENDIX A.

STUDY OF GROUP I AND II.

Reasons for Difference in Their Treat-  
ment.

T. L. Swander.

## APPENDIX A.

### Study of Group I and II

#### Reasons for Difference in Their Treatment

To give meaning to a comparison of the results of the treatment given to the two groups of cases which were discussed in the foregoing paper, it is necessary to inquire further to learn if the cases themselves are similar and comparable. The limitations established as a basis for selecting the original 50 cases for study were designed to provide a fairly homogeneous and comparable group of cases. However, in an effort to satisfy even the "super-quizzical", the following data from the records were secured and analyzed as added assurance that the cases studied were comparable.

Since the cases in Group I were selected on basis of the social relationships used as tools of treatment and while in Group II such tools were absent, it seems pertinent to search out the reasons for this difference in method of treating the two groups. We have conducted such an inquiry by comparing for the two groups:

- a. The continuity of treatment as indicated by the number of openings and closings, and the total period of treatment time.
- b. The seasons when the initial contacts were made.
- c. The frequency of change in case-workers.
- d. The nature of the cases themselves as indicated by the problems checked on the statistical cards, the reasons given for closing the cases and the amount and kind of relief given.

A. It was found that during the period of this study, the cases of:

Group I were opened for service 23 times, or an average of 1.92 times per case.

Group II were opened 25 times, or an average of 2.08 times per case. There were 86 openings, or an average of 1.72 per case for the entire group of 50 cases.

In months of treatment given, the groups compared as follows:

Table Showing Length of Treatment.

<u>No. of Months Active</u>		<u>Average per case</u>
Group I	154	12.8
Group II	132	11
Entire group of 50 cases	604	12.08

Since the limitations imposed in selecting the cases provide that none received less than 6 months treatment nor more than 15, we may feel assured that none of these scores were greatly influenced by one or two widely divergent cases.

Although the cases in Group I were opened less frequently than those of Group II and were accorded an average of one month more time of treatment, this difference in continuity of treatment seems too slight to explain the difference in method of treatment. It does, however, seem sufficiently significant to consider in relation to other factors bearing upon the same problem.

B. The fall and winter months comprise the season of greatest work pressure in this particular agency. During these months the total case load becomes heavier, seasonal unemployment increases the applications for material relief, and of course, the problems accompanying illness and cold weather pile up. As the agency does not employ additional workers for this season, the pressure of work upon the individual worker is considerably increased. One might expect less attention and poorer case-work methods to be applied during this season to those cases coming to the agency for the first time. Consequently, the dates of the initial contacts with the cases are useful data for comparison. The following table shows the opening dates, by season, for the cases in each group and for the entire 50 cases.

Season for First Opening

	Spring (March - August)	Summer (August)	Fall (Sept. - February)	Winter
Group I	6		6	
Group II	3		9	
Entire 50 cases	17		33	

It seems significant that six, or 50% of the cases in Group I were opened during the spring-summer months as compared with 25% for Group II and 33% for the entire 50 cases. It is plausible to assume that the early contacts were less hurried for these six cases, and that when making the initial investigation and treatment the case-workers had time to observe and use the social relationships of their clients. This difference in the seasons of first openings may very well be related both to the variation in the continuity of treatment, and to the nature of the relationship built up between worker and client as indicated by the "Reasons for Closing", and "Problems" checked upon the statistical cards. (These latter points are discussed in a later part of the appendix.

C. The frequency of change in case-workers shows little variation for the two groups. A total of 37 workers, or  $3 \frac{1}{12}$  per case, worked with the cases in Group I; only 33 workers, or  $2 \frac{7}{12}$  per case, worked with the cases in Group II. By relating this frequency of change with the number of months of treatment given cases in each group, we find that the greater total for Group I gives an average of 4 months time per worker devoted to each case as compared to four months time per worker for Group II. One is not justified in attributing any difference in treatment method to so slight a variation in frequency with which the workers changed.

As an added demonstration of this it is interesting to note in individual cases that the frequency of change in workers shows little correlation to the improvement or retrogression of the cases during treatment. In Group I cases 41, 43, and 35 showed the most changes in workers with 6, 5 and 5 changes respectively. As is shown in the chart of changing status: (Table XI)

Case 41 improved in 3 phases, with no changes in 2 phases,  
Case 43 showed no changes,  
Case 35 improved in 5 phases.

In Group II, cases 38, 9 and 1 showed the most changes in workers with 6, 4, and 4 changes respectively. For these cases the chart of changing status (Table XII) shows that:

Case 38 retrogressed in 1 phase with no change in 4 phases,  
Case 9 retrogressed in 2 phases and improved in 1 with 2 unchanged,  
Case 1 improved in 2 phases with no change in 3 phases.

It appears then that with these two groups of cases, the frequency neither explains the difference in method of treatment nor bears a close relationship to the improvement or retrogression of individual cases during the time of treatment.

D. In an effort to see if the nature of the cases themselves differed with the two groups, an analysis was made of the

problems checked on the statistical cards, of the amount and kinds of relief given, and of the statements checked as reasons for closing the cases. In Group I a total of 70 problems was checked. This is an average of almost 6 problems per case. Group II showed a total of 71 problems checked with approximately the same average number per case. In Group I this total was distributed among 41 different problems and in Group II the total was distributed among 33 different problems.

As an aid to analyzing these problems, they were grouped under the four headings:

- Economic Problems
- Health Problems
- Problems of Personal Organization
- Problems of Social Relationships.

The following table shows the distribution of problems among these headings:

Problems Checked on Statistical Cards

<u>Group I</u>		<u>Group II</u>
	<u>Economic Problems</u>	
Total 11 checked		Total 17 checked
5 kinds of problems		5 kinds of problems
	<u>Health Problems</u>	
Total of 12 checked		Total of 15 checked
11 kinds of problems		6 kinds of problems
	<u>Personal Organization</u>	
Total of 16 checked		Total of 17 checked
10 kinds of problems		9 kinds of problems

Social Relationships

Total of 31 checked  
14 kinds of problems

Total of 22 checked  
13 kinds or problems

-----

Grand total of 70 checked  
41 kinds of problems

Grand total of 71 checked  
33 kinds of problems

Although neither group presents an overwhelming preponderance of any one type of problem, it may be significant that Group I which was chosen because of an interest shown in social relationships has a noticeably greater number of problems of Social Relationships. With the data available, it is difficult to tell if this indicates a difference in the nature of the cases, or if it merely indicates a greater interest in such problems on the part of the workers dealing with the particular cases. That there were fewer economic and health problems checked for Group I would lend credence to the suspicion that the nature of the cases may have been slightly different for the two groups.

During the first three months of treatment, temporary relief to the amount of \$415.00 was given in 11 cases of Group I and to the amount of \$412.00 in 10 cases of Group II. Incomplete data were secured on the total amounts of relief given in the cases of Group I, but from the information secured we learned that a total of at least \$959.00 was given to the cases of this group as compared to \$1621.00 given to cases in Group II. This similar-

ity of amount and kind of relief given cases of each group during the early days of treatment is interpreted as an indication that the relief needs of the two groups had little to do with the determination of the method of investigation and treatment to be followed.

It was found that for the 18 closings for Group I, seven different reasons were checked and for the 24 closings for Group II nine different reasons were checked. For purposes of comparison such reasons as, "Services Completed", and "No More Need", were considered good reasons; such as "Lack of Co-operation", "Services Declined", and "Unable to Locate", were considered bad reasons; and such as "Other", "Left City", and "Continued Services Unwise", were considered indefinite reasons. Under those headings, the showing for the two groups was as follows:

	<u>Reasons for Closing</u>		
	<u>Good Reasons</u>	<u>Bad Reasons</u>	<u>Indefinite Reasons</u>
Group I	10	1	7
Group II	10	9	5

These showings seem very inconclusive as a means of explaining a difference in method of treatment. They do perhaps serve to corroborate the original premise that a different type of work was done on the two groups, for the preponderance of Bad

closings in Group II probably indicates that the workers on these cases failed to establish satisfactory contacts for good investigational and treatment relationships with the families. The greater number of closings in Group II may, but does not positively, indicate inferior work on this Group.

This supplementary study is productive of only one conclusion; namely, that a real understanding of the reasons for treating these two groups of cases differently, can be gained only through studying them individually. All of the factors which have been discussed here should be considered in such a study and all of the many less tangible factors which can only be inferred from a careful reading of each record should be weighed and related to the complete pattern of events and conditions which guided the workers in their treatment of each specific case.

Although no strikingly divergent results appeared from any of the phases of this study, the slight variations that do appear tend to indicate that conditions were somewhat more favorable to the use of social relationships in the treatment of the cases in Group I. For this group, the longer time and greater continuity of treatment, the greater number of

first openings, which occurred in spring and summer and the smaller number of economic problems may all be related and interpreted as evidence of conditions slightly more favorable to the use of social relationships in treatment. However, considering the slight degree of variation found, it seems more reasonable to think of this supplementary study as having shown that the cases were generally quite comparable and similar in nature and that the only valid explanation of a difference in treatment must be based upon an intensive and individualized restudy of each case, from which various combinations of factors might be classified and compared.

## BIBLIOGRAPHY.

- Baldwin, James Mark -- Social and Ethical Interpretations in Mental Development. Macmillan & Co. N.Y. (1920).
- Bernard, L. L. -- Introduction to Social Psychology. H. Holt & Co. N.Y. (1926).
- Bosanquet, Helen M. -- The Family. Macmillan (1915). London & New York.
- Cooley, Chas. H. -- Human Nature and the Social Order. Scribners & Sons. (1922).
- Cooley, Chas. H. -- Social Organization. Scribners & Sons. (1909).
- Dewey, John -- Democracy and Education. Macmillan. N.Y. (1920).
- Dewey, John -- Human Nature and Conduct. H. Holt. N.Y. (1922).
- Follette, M. P. -- Creative Experience. Longmans Greene & Co. N.Y. (1924).
- Flügel, J. C. -- The Psycho-Analytic Study of the Family. Hogarth Press. London (1929).
- Groves, E. R. -- Personality and Social Adjustment. Longmans, N.Y. (1923).
- Groves, E. R. Social Problems of the Family. Lippincott, N.Y. (1927).
- Lindeman, E. C. -- Social Discovery. Republican Pub. Co. N.Y. (1924).
- Mowerer, Ernest M. -- Family Disorganization. Univ. of Chicago Press. (1926).
- Domestic Discord. Univ. of Chicago Press. (1929).

- Park, Rob't E. -- Principles of Human Behavior.  
Jolez Corp. (1915). (Quoted in Park & Burgess).
- Park & Burgess -- Introduction to the Science of Sociology.  
University of Chicago Press (1921).
- Queen & Mann -- Social Pathology.  
Crowell & Co. N.Y. (1925).
- Social Work in the Light of History.  
Lippincott, N.Y. (1922)
- Richmond, Mary E. -- Social Diagnosis.  
Russell Sage Foundation, N.Y. (1917).
- What is Social Case-work?  
Russell Sage Foundation, N.Y. (1922).
- Small, Albion W. -- General Sociology.  
University of Chicago Press.
- Watson, F. D. -- Charity Organization Movement in the  
United States. Macmillan. N.Y. (1922).
- Young, Kimball -- Source Book for Social Psychology.  
A. A. Knopf, N.Y. (1927).

Magazine and Pamphlet Material.

- Bogardus, E. S. --"The Occupational Attitude". pp. 175-8.  
VIII Journal of Applied Science. 1924.
- Burgess, E. W. --"The Delinquent as a Person". pp. 665-8.  
Am. Journ. Soc. : XXVIII.
- "The Family as a Unity of Interacting  
Personalities". The Family: VII 1926.
- Chicago Standard Budget for Dependent Families. Council of  
Social Agencies, Chicago, Illinois.
- Karpf, M.J. "Relation of Length of Treatment to Improve-  
ment in Adjustment of Social Case-work Prob-  
lems". The Family: July 1927.

Lee, Porter R. --"An Experiment in the Evaluation of social Case-work". Proceedings of Am. Statistical Assoc. 1928. (Reprinted by A.A.O.F.S.W.).

"A Study of Social Treatment".  
The Family: December 1927.

Lindeman, E. C. --"What is Mal-adjustment?"  
Survey 51:189-90.

Social case-work Generic and Specific.  
Report of the Milford Conference.  
Am. Assoc. of Soc. Workers. N.Y. 1929.

United States Bureau of Labor Statistics.  
Tentative Quantity and Cost Budget. 1916.

Young, Kimball --"The Measurement of Personal and Social Traits". Am. Journal of Soc. XXXIII 1927.

(See also, papers on the family, social-case-work, measurements in casework, etc., in Proceedings of The National Conference of Social Work. The Family, The Survey, Social Forces, and similar periodicals.)