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A PROJECT TO STUDY THE EFFECT OF A WAITING PERIOD
ON THE LENGTH OF TREATMENT OF THE FAMILY
SERVICE AGENCY'S LONG-TERM CASES

by

John Hartman

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INTRODUCTION

General Purpose

The intent of this paper is compatible with the curriculum goals of the Graduate School of Social Work in that this writer will complete ". . . an exercise which combines the research activities and responsibilities on the level at which the beginning practitioner will be expected to function at the time of graduation."¹

To this end the writer will develop a pilot study designed to fit the needs of the smaller community financed Family Service agency which does not have access to sufficient financial and human resources to carry out major research projects.

It is proposed that the carrying out of this pilot study will yield findings that will lead to the Family Service agency improving an area of its treatment approach while guaranteeing that it makes best use of the professionally trained social worker's time.

¹Francis J. Turner, "Major Research Essay," memorandum to social work students of Graduate School of Social Work, Waterloo Lutheran University. (Mimeographed.)

Specific Purpose

The study is focused on the long-term cases of the Family Service agency and attempts to find out if there is a significant relationship between the waiting period for service and the treatment time given to such cases.

Importance and Relevance of Study

Study of long-term cases is relevant to the Family Service agency today because of the necessity to make optimal use of the professionally trained social worker's time. The term 'professionally trained' in this paper refers to the agency worker who holds a Master's degree in social work. The deployment of the professional's time is of great importance today in view of an ever-expanding social welfare field in this country which has created a highly competitive market for the too few social workers available to fill the various positions. Various spokesmen for the Canadian Welfare Council have voiced this problem. In 1961 Mr. Carter commented on the ". . . grave concern as to the inadequate number of social workers to staff effectively our public and voluntary welfare programs".² In 1965 Mr. Ritchie, looking at the problems of the

²K. LeM. Carter, "Welfare in the Canadian Scene 1960-1961," Social Policy in the Sixties, Selected Papers No. 1, 41st Annual Meeting and Conference (Ottawa: Canadian Welfare Council, 1961), p. 2.

voluntary health, welfare, and recreational fields stated that "One [problem] is that there are not enough professionals to go around. Despite the best efforts of the schools to train them and despite the fact that there is a steadily growing number of applicants for entry to schools of social work in Canada, there seems to be a continuing shortage of professionals."³ In short, the manpower shortage in social work has a direct bearing on the extent to which the Family Service agency can adequately fulfill its service commitments to the community.

It is recognized that the long-term case absorbs a comparatively large amount of the professionally trained person's interviewing time. In view of the manpower shortage in social work and the increasing demand for services to the family, any procedure which reduces the amount of interviewing time in long-term cases while sustaining a satisfactory treatment outcome is most desirable. While this paper will only deal with the relationship between the waiting time for service and the treatment time, it would not be difficult to record data describing treatment outcome when this study is being conducted. The recording of such data, however, requires that another study be designed specifically for this purpose. Such a study would be a logical research activity to be undertaken because of the

³Ronald S. Ritchie, "A Hard Look Ahead," Community Funds and Councils Proceedings, Biennial Conference (Ottawa: Canadian Welfare Council, 1965), p. 8.

implications of findings in this area. Careful scrutiny of such findings is required before the agency implements any new practices as a result of the project's findings, with respect to a waiting period for treatment services.

The Family Service agency can no longer afford the luxury of leaving all its direct service commitment to the few professionally trained social workers, in view of the increasing demands for healthy adaptations made on the family today as a result of rapid technological and social changes apparent in society. "In spite of careful screening of applications, the caseloads of family agencies have mounted steadily."⁴ The resultant increase in demands for service along with the advent of significant numbers of social welfare workers trained at the community college and undergraduate levels demands that the Family Service agency define aspects of the work and problem areas that need not necessarily be done by the professionally trained. This study does not propose to find the answers to these problems. It is anticipated, however, that this study will provide an impetus for other related studies which collectively will yield findings that will enable the agency to make intelligent decisions with respect to differentiating work areas according to the agency's staff potential.

⁴Family Service Association of America, Range and Emphases of a Family Service Program, Report of the Committee (New York: Family Service Association of America, 1963), p. 17.

In Ontario, the numbers of Family Service agencies is growing and such agencies are coming into closer relationship with the various Children's Aid Societies of the province. The new Child Welfare Act, 1965 (amended 1966), which has authorized preventive counselling has led to the purchase of considerable amounts of counselling time from the Family Service agencies. In view of the primacy of the protective functions of the Children's Aid Society, the majority of cases referred would be those in which there is no immediate danger of child neglect and where the parents appear well enough motivated to follow through with counselling to strengthen some aspect of family functioning. It is conceivable that these referrals primarily will involve child-centred problems, whether they be parent-child relationship problems or child development problems. This possibility deserves mention because these are the problem areas which require the greatest number of treatment interviews according to Beck's survey sample. The survey findings revealed that "On the average, cases focused on children's problems lasted the longest. This was true whether the principal problem involved the personality adjustment of a child or adolescent or parent-child relationships."⁵ It would be interesting to determine if findings from one agency study would support Beck's survey. If it

⁵Dorothy Fahs Beck, Patterns in Use of Family Agency Service (New York: Family Service Association of America, 1962), p. 21.

does, then the family agency may want to look at the implications this has for the selection of cases as this relates to the numbers of people it serves in the community. Again, data for this and similar studies could be recorded by the agency provided that studies have been designed in advance to determine what will be recorded and under what circumstances.

Study Objective Restated

The primary objective of this project restated; to determine if any relationship exists between the length of the waiting period for service and the length of treatment that follows with respect to long-term cases. In general terms, long-term cases are those which receive a continuing treatment service over a significant period of time. If a direct relationship can be found between the length of a waiting period and the length of treatment in long-term cases, then this becomes an important fact to consider in getting the best use of the professionally trained social worker's interviewing time. If such a relationship exists, then the social worker who treats the case early should conceivably have more time for a greater number of cases over a given period.

Agency Scope and Long-Term Cases

The types of cases handled by the agency cover a

wide range in family functioning as indicated by the statements on the central purpose of the Family Service agency.⁶ It has been observed by a committee of the Family Service Association of America that attempts have been made to group case situations by type of presenting problem, socio-economic status, multiplicity of problems, and degree of motivation.⁷ The scope and nature of the various cases leads one to conclude that some cases will require more treatment time than others. One can assume that greater amounts of interviewing time per case will be used in those cases where the treatment objectives are more difficult to accomplish. In recent years agencies have instituted various treatment approaches in an attempt to give a minimum level of service to all its clientele.⁸ A number of cases do however enter into a long-term treatment contract with the agency. This remains an unavoidable fact and a definite community service need. Duckworth's project, which used a time-limited crisis intervention approach with all new cases coming to the agency,⁹ and other similar projects give

⁶See, for example of a statement on central purpose, Family Service Association of America, Scope and Methods of the Family Service Agency, Report of the Committee (New York: Family Service Association of America, 1953), p. 3.

⁷Family Service Association of America, Range and Emphases of a Family Service Program, p. 16,

⁸Ibid., p. 13.

⁹Grace L. Duckworth, "A Project in Crisis Intervention," Social Casework, XLVIII, No. 4 (1967).

evidence to the fact that a number of cases do carry over for an extended amount of treatment.

Writer's Background Interest In Study

The writer's particular interest in long-term cases is born out of several years of social work practice in a child protection setting. While not participating in any formal agency research, the writer observed that when he became involved at the point of case request or immediately following an independent intake study, the case seemed to be brought to termination with greater certitude and fewer interviews. When there was a considerable delay between the request and first interview or between an independent intake study and the first interview, there seemed to be a need for greater casework activity to engage the clients and an extended number of interviews to bring the case to satisfactory termination.

There are obvious differences between the authority base of the Child Protection agency and the Family Service agency. The writer suspects, however, that there are similarities between them from the point of view of a positive association between a waiting period and the amount of follow-up treatment time with respect to long-term cases.

The writer's interest in this subject was again sparked by a review of studies in crisis theory. Rapoport writes, "We capitalize on the dynamic force for change made

possible by the disequilibrium of the crisis that produces a fluid ego state."¹⁰ Jacobson suggests that, "Some evidence exists that patients who are seen on a walk-in basis are more motivated for longer-term treatment than those who are not."¹¹ He suggests further that new learning is more readily received because of lessening of negative transference. The numerous projects incorporating crisis theory at the point of intake, utilize the time-bound and problem-focused concepts. The writer believes, however, that since contact is carried out early with respect to the client's request, this in itself facilitates more rapid movement in the subsequent interviews. Early treatment takes advantage of the fact that the client still experiences a high level of discomfort and therefore a high degree of motivation to resolve the presenting problem. It is highly probable that the carry over effect of resolutions made at this crucial point in treatment will tend to speed up the treatment process in later interviews. Should this be so, then it is indeed possible that a smaller amount of interviewing time will be required.

¹⁰Lydia Rapoport, "Crisis-Oriented Short-term Casework," Crisis Intervention: Selected Readings, ed. H. Parad (New York: Family Service Association of America, 1965), p. 43.

¹¹Gerald F. Jacobson, "Crisis Theory and Treatment Strategy: Some Sociocultural and Psychodynamic Considerations," Journal of Nervous and Mental Disease, CXLI, No. 2 (1965), 216.

Review of Literature on Continuance

Most of the literature involving continuance seems to be aimed primarily at identifying variables which may have an influence on the great number of cases that discontinue interviews very early in the contact with the agency. Some of these studies will be given attention here for the purpose of getting an estimate of the percentage of cases that discontinue. In doing so, our estimate concerning the numbers of long-term cases becomes clearer. Figures on short-term contact cases include three aspects of the service. The total number of short-term cases is made up of those cases which are referred elsewhere or have the problem resolved with a minimum of interviewing time and are then closed, and those which fail to return to the agency prior to referral or resolution through long-term service. It should be noted that while these are independent studies using various types of designs, a certain similar trend with respect to the number of cases that do continue beyond initial interviews seems to occur.

In one study involving new cases coming to the agency during a one month period of time, 78% of these closed before the fifth interview.¹² This finding implies that during that period of time, 22% of these cases went

¹²Leonard S. Kogan, "The Short-term Case in a Family Agency: Part III. Further Results and Conclusions," Social Casework, XXXVIII, No. 7 (1957), 374.

at least into the fifth interview.

Another study involving adult clients from two Chicago agencies, who had their first interview within a two month sampling period, indicates that around 36% of these clients went on to have at least a fifth interview.¹³

A smaller sampling of twenty cases judged to be motivated to seek help at intake at another agency, showed that around 28% of these were "successfully engaged in contact".¹⁴

Another Family Service agency studied 283 applicants representing 40% of its telephone intake in a twelve week period. One of the findings in this study points out that "By the fourth interview differences among the discontinuance rates of workers did not exceed six percentage points, the average discontinuance rate being 61% at that point of contact."¹⁵ From this, one can conclude that 19% of these 283 cases went into interviews beyond the fourth.

The reliability of a generalization from the

¹³Lillian Ripple, "Factors Associated with Continuance in Casework Service," Social Work, II, No. 1 (1957), 90.

¹⁴Frances B. Stark, "Barriers to Client-Worker Communication at Intake," Social Casework, XL, No. 4 (1959), 178.

¹⁵Merton S. Krause, "Comparative Effects on Continuance of Four Experimental Intake Procedures," Social Casework, XLVII, No. 3 (1966), 518.

preceding four studies is highly tenuous. The following are just a few variables which weaken such reliability; the wide variations in the study designs, and the differing locations of these family agencies (which raises questions as to differences in availability of related services, the varying social needs from one community to another, and so on). If, however, one takes the mean average of the cases which went past the fourth interview in these four studies we get a percentage figure of 22, (i.e. $22\% + 36\% + 11\% + 19\% = 88\% \div 4 = 22\%$). The mean average of 22% is only two percentage points from Beck's nation-wide census figure of 20%, (that is, 20% of the cases studied in Beck's project continued to five or more interviews).¹⁶ It should be noted that the four smaller studies just referred to were picked from the journals at the Waterloo Lutheran University library without previous thought given to comparing the mean average with the national survey average. There seems to be considerable support for saying that slightly less than one quarter of all cases at intake go at least to the fifth interview.

There appears to be very little in the literature to indicate what the fall-off pattern of cases looks like beyond the initial five interviews. Beck states that 2% of the cases in the national survey went to the fiftieth

¹⁶Beck, p. 36.

interview and beyond.¹⁷

Literature on Waiting Lists and Continuance

There is even a greater gap in the literature concerning comparative influences on continuance patterns after the fifth interview with respect to agencies with and without waiting lists. Concerning an agency's waiting list, Bittermann made the observation that "The clients who do come in for service after a waiting period rarely break their contacts with the agency."¹⁸ It is not clear in this article however if this observation holds true beyond the fifth interview in such cases. One reviewer of current research on various aspects of continuance done in a variety of settings mentions only one study concerning the relationship between the waiting period after application and continuance.¹⁹ In the study referred to, no relationship between length of waiting and subsequent continuance patterns was found. Another study which hypothesizes that "continuance is negatively associated with the length of waiting period after application", revealed that the hypothesis was not confirmed at an acceptable level of

¹⁷Beck, p. 36.

¹⁸Catherine M. Bittermann, "Serving Applicants when there is a Waiting List," Social Casework, XXXIX, No. 5 (1958), 359.

¹⁹George Levinger, "Continuance in Casework and Other Helping Relationships: A Review of Current Research," Social Work, V, No. 3 (1960), 48.

significance.²⁰ Both of the studies just mentioned were carried out at a Child Guidance Clinic, and it was noted that there was difficulty in maintaining adequate controls for related variables such as changes in agency policy which affected the length of waiting periods. It is not clear, from the brief write up of these two studies, if the findings on continuance were related to the agency's service beyond the initial interviews. Many in the literature seem to accept a rule of thumb in commenting on the effects of the waiting period on continuance, and this rule expressed in various ways basically states that as the waiting period becomes longer, the discontinuance rate becomes larger. All of these references, however, appear to refer to the initial few interviews. Beck found that "Of those kept waiting less than 5 weeks, 85 percent returned when recalled. Among those waiting 9 weeks or more, only 50 percent returned."²¹ She gives no breakdown of figures on continuance patterns after the second interviews for agencies which have waiting lists and for those which do not.

Long-Term Case and Smaller Agency

There appears to be agreement in the literature

²⁰Martha Lake and George Levinger, "Continuance Beyond Application Interviews at a Child Guidance Clinic," Social Casework, XLI, No. 6 (1960), 307.

²¹Beck, p. 36.

that the term 'long-term cases' implies an extended number of interviews, that is, the number of interviews for these cases is considerably greater than the average number of interviews given to that 75% to 80% of the agency's cases which close before or at the fifth or sixth interview.

There are great demands placed on the interviewing time of the smaller Family Service agencies, especially if they are located in communities experiencing rapid growth. This is certainly true of the family agencies in this area of Ontario. In such centres as Galt, Guelph, Kitchener, and St. Catharines, the number of professionally trained staff ranges from two to four social workers. This is the type of family agency that lacks the personnel and financial resources with which to carry out large scale research activities. The writer estimates that the number of requests made at intake for these agencies ranges from 200 to 400 per year. Certainly it would appear that even a small number of long-term cases being served by such an agency during any one year would have a strong bearing on the total number of cases that the agency could service in that year.

A number of the smaller agencies are advertising in the Canadian journals for professionally trained social workers. Some of these agencies' boards will be particularly interested in hiring staff whose background and qualifications indicate an interest in participating in small scale research activities. It is at this point that a design to

study the effects of agency practices with respect to servicing long-term cases takes on practical importance. A design to determine if a relationship exists between the length of waiting for service and the length of treatment of the family agency's long-term cases is a significant starting point for finding ways of making best use of the professionally trained social worker's interviewing time. To this end, the writer proposes the following hypothesis and study design.

Hypothesis

The length of waiting time after application for service to a Family Service agency is positively associated with the length of treatment time in long-term cases.

DESIGN

Major Variables

'Length of waiting time' is the major Independent variable and is expressed in terms of the number of weeks elapsing between the initial request for service and the first interview.

'Length of treatment time' is the major Dependent variable and is expressed in terms of the number of hours spent in treatment over a specified period of time.

Major Assumptions

It is assumed that any change occurring in the dependent variable is due to the waiting time between the request for service and the actual service. More specifically, it is due to an increase in resistance to treatment brought on by imposing a period of waiting at a time when the motivation which led to the referral was at its peak.

It is further assumed that all cases selected for the study will receive treatment that is appropriate for each particular case and that the treatment will be carried out with at least an average level of professional expertise.

Definitions

'Case' will refer to the family agency applicant and the immediate members of the applicant's family so that in any one interview there may be one or more persons present besides the social worker.

'Long-term' will refer to the family agency case which receives six or more interviews. In the writer's opinion 'six or more interviews' describes a common characteristic of the long-term case. This characteristic is arbitrarily chosen for purposes of identification. A review of the literature has not yielded any significant data on the numbers of interviews given to cases which go beyond the fifth interview and the studies noted used the term

short-term cases to refer to clients who receive five interviews or fewer. The writer anticipates that by the sixth interview, clients will have become engaged in a treatment contract. It is further anticipated that the difficulties experienced in establishing the relationship will have been modified to some extent and that treatment will be focused on the core problems.

'Family Service agency' refers to the many privately financed family agencies primarily providing a voluntary professional casework service in the community. In Ontario, many variations in the agency's name are used, such as Family Service Bureau, Family Counselling Service, and Family Counselling Centre.

Defining and Selecting Study Population

Study population cases will be defined at point of intake. These cases will be selected during a time phase of ongoing agency intake which will be representative of the agency's intake over a longer period of time. All study population cases will be randomly assigned into two groups. These two groups, for purposes of identification will be called Group I and Group II. The cases in Group I will not have a waiting period of any significant length between a brief intake application and the first regular treatment interview. The cases assigned to Group II will have a waiting period of four weeks between a brief intake

application interview and the first regular treatment interview.

All study population cases will meet two basic criteria for random assignment. Firstly, only new requests for service at intake will be selected. By this it is meant that the client or his family will not have had counselling at the Family Service agency at any prior date. This control is placed for the purpose of limiting the influence of some unpredictable variables such as familiarity with the counselling process and with the agency's procedures. It is thought that these variables may tend to influence the client's pattern of using the agency's service and his response to treatment. Secondly, only those requests at intake which have been judged to have the quality of being serviced by both immediate and postponed service will be selected. This particular control is used to eliminate cases of an emergency nature from the study population since waiting as a variable is of least importance to these cases. The agency also may not be in a position to justify postponement of services to this group since alternate sources of help may not be readily available in the community.

Procedure

All cases at intake will be directed to one intake worker who will make a brief assessment either by telephone or face-to-face meeting, depending on how the client presents himself. In this assessment the intake worker

will determine if the client or his family has been to the agency in the past. The worker will also make a professional judgment as to whether or not the case is of an emergency nature. All cases that meet the criteria of being new and non-emergency type, at point of request for service, will be randomly assigned by the intake worker to the two study population groups previously designated as Group I and Group II. Randomizing will be done by following the usual procedure of identifying the group from a statistical table of random numbers. This intake procedure should continue unaltered until a significant and equal number of long-term cases have been identified and accumulated from both Group I and Group II.

Defining and Selecting Study Sample

The study sample will be drawn from Group I and Group II which makes up the total study population. All cases in the study population will be treated by professionally trained social workers hereafter called project workers. Only those cases from the study population which have six or more interviews will be selected for the study sample. The cases in the study sample will all therefore be new, non-emergency cases which have received six or more interviews by the project workers.

Procedure

A quota will be set for an equal number of study

sample cases to be derived from Group I and Group II. This quota will represent a number sufficiently large enough from which to draw valid conclusions. The quota should be large enough so as to be representative of the agency's long-term cases. It should be noted that the quota from Group I and the quota from Group II may not be filled simultaneously. If this happens, the cases falling into the study population group which yields its quota first could be redirected to other agency staff. When the quota is reached from both Group I and Group II, then the study population selection procedures at intake can terminate.

Data Recording and Collection

At point of request the intake worker could take down the brief information requested on the agency's regular application cards in duplicate for those cases selected for the study population. While it is not always possible to complete the application card at this point, it is essential that the case name, date of request, and date for first interview be recorded. One card will be forwarded to the project workers while the other will be filed in a designated place. On this latter card, the intake worker will also record the specific study population group number to which the case has been randomly assigned.

From the application cards the project workers will fill out the agency's regular day sheets. This worker will

be instructed to record the date and number of each interview as well as the length of each interview to the nearest quarter hour. The day sheets are then turned over to the bookkeeping staff at the end of each month. The bookkeeping staff could be given responsibility for filing separately all the project workers' day sheets that show that the sixth interview has been reached. Also one of these staff members could record extra information from the intake worker's cards onto these day sheets. Specifically the person would record the study population group number as well as the date of the initial request for service. By this method, the data concerning the study sample will be kept together and recorded very shortly after case closing or the end of the treatment phase set for the study.

It is important that the project workers not know the specific details of the study in order to safeguard against working consciously or unconsciously with one group differently from the other in treatment. For this same reason the project workers will be given all application cards at an equal length of time preceding all first treatment interviews.

Measurements

To determine if a relationship exists between the waiting period for treatment and the length of treatment, additional variables have to be stated. The study

population is made up of Group I and Group II. The study sample is made up of an equal number of long-term cases from both of these groups.

All cases assigned to Group I will be seen by the project worker as soon as possible and not later than three days after the request. These cases are described as having no waiting period between the intake assignment and the first treatment interview. An allowance of three days has been built into this description for the purpose of facilitating client and worker preparations for a first interview. It must be remembered that an intake request may come in on a Friday afternoon at a time when the project workers have no interviewing time left for that particular week. The study population Group I, would appear to be the agency's ideal group in terms providing early service. The writer chooses to define the study sample quota of long-term cases derived from Group I as being a Control Group.

All cases assigned to Group II will be seen by the project workers for their first interview not less than four weeks and not later than four weeks and three days after their request for service. The study sample quota derived from Group II is seen as an Experimental Group.

The time span of the treatment phase will be the same for each case after the date of the sixth interview. The total number of treatment interview hours measured to the nearest quarter hour beginning with the first interview

will be the measure of the treatment time for each long-term case.

In order to measure relationship between the length of waiting and the length of treatment, a figure representing the Control Group and a figure representing the Experimental Group must be established and by the same method. The writer suggests that N represent the Control Group. N is derived by dividing the total number of treatment interview hours given to the Control Group by the quota number for that group. The writer suggests that N_1 is derived by dividing the total number of treatment interview hours given to the Experimental Group by the quota number for that group. The 't' test for significance of difference between means of independent samples will be employed.²²

CONCLUSIONS

Limitations of Study

Generalization of the findings is limited to the particular agency, the long-term cases identified during the time span of the project, and to some extent to the project workers conducting the study. A finding of a significant relationship between waiting time and treatment time needs to be reproduced many times in a number of

²²Roger R. Miller, "Statistical Analysis of Data," Social Work Research, ed. Norman A. Polansky (Chicago and London: The University of Chicago Press, 1960), p. 180.

Family Service agencies before a quantitative statistical analysis can be made.

This design may present the problem of having a biased study sample. In the study population Group II which waits four weeks for treatment there will be a small number of cases which become emergency types during the waiting time. These cases, by definition of the study population, will be withdrawn from the possibility of entering the study sample called the Experimental Group. Theoretically there will be an equal number of such cases in the study population Group I. These cases in Group I may get into the study sample called the Control Group since they will normally be treated immediately and therefore will not be detected. In the writer's opinion such cases will be more problematic and will require a long period of treatment. While this possibility of bias exists it should be noted that the bias is against the hypothesis rather than in favor of it.

Possible Outcomes

The hypothesis predicts a positive association between a waiting time and treatment time for long-term cases and this may be confirmed. This would indicate that within the limitations of the study that long-term cases which are treated after a waiting period of four weeks do on the average use a greater number of treatment hours than do

those which are treated without a prior waiting period.

The hypothesis may not be supported and there may be no significant relationship found between the two variables. This would indicate that waiting time as a variable is of little significance in the treatment of long-term cases or that there are some basic faults in the study design.

The hypothesis may not be supported and a negative association may be found. This would indicate that a waiting time for service is not a detrimental factor in keeping the number of treatment hours to a minimum. It would also indicate that a further study be done in which a more varied waiting time be used to determine the optimal waiting period.

Some Questions Raised

This study focuses on the 'best use' of time with respect to treatment of long-term cases. This immediately raises important questions concerning the degree of success of the treatment outcome when the waiting time for service is manipulated. It also raises questions concerning the ability of the agency to make effective predictions at intake as to which of the cases will become long-term commitments for the agency. The question concerning the numbers of interviews is another important consideration related

to the best use of time. Perhaps a large number of short interviews is less demanding on the social worker than a small number of long interviews. When there is no waiting period for service to long-term cases there may be a need for a relatively small number of long interviews. The question concerning the spacing of interviews is also related to the best use of time. When there is no waiting period for service there may be a need for a lot of interviews within a short period of time because the client may be at a peak phase of distress. Two or more interviews held with one case within one week places excessive demands on the social worker and may present problems for planning a reasonable interviewing schedule.

These and many other questions raised by this study indicate potential for further research arising out of the present study findings.

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