

**RECORDING PSYCHOSOCIAL ASSESSMENTS  
IN SOCIAL WORK:**

**PROBLEMS AND SOLUTIONS**

**BY**

**JOAN KEEFLER**

**SCHOOL OF SOCIAL WORK  
McGILL UNIVERSITY, MONTREAL**

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## **Abstract**

Social workers experience theoretical and practical problems with recording. This study examined the problems in the recording of initial psychosocial assessments, and evaluated a teaching procedure designed to improve recording. First, the content of 180 initial recordings from three hospitals and a community agency was compared to existing professional guidelines. Findings indicated that professional guidelines were not enough to ensure that the recommended content is recorded; the recording form, rather than the guidelines or literature, predicted the content recorded by workers; and a professional opinion was included in fewer than half the recordings. Second, a generic model, defining the essential elements for an initial recording, was developed from social work literature and taught to 37 BSW students during a university course in casework. Using a quasi-experimental design, assessments written by these students (before and after teaching) were compared to assessments written by students in matched BSW classes who had been taught only in field placements. The assessments were of two videotaped interviews. During a one-day workshop, the generic model was also taught to 22 experienced social workers, who assessed the same two videotapes. Two evaluation videos were used to control for a possible learning effect; four senior practitioners, with a wide range of experience, blind to time and group, rated which of a pair of recordings was better and by how much; a fifth senior practitioner judged the quality of the professional opinions. Judges were interviewed about their judging experience; a qualitative analysis of their responses revealed that they had no clear criteria in common for assessment quality. All four judges rated assessments written by the students who had been taught the generic model as significantly better than those written by students taught only by field supervisors. After teaching, the students also included more professional opinions in their recording. The quality of professional opinions in all assessments was related to years of experience. The generic model, defining the content of an initial recording, can be used to design forms, teach recording and establish criteria for quality—critical steps in the improvement of recording practice in social work.

## Résumé

La rédaction de l'évaluation psychosociale pose des difficultés théoriques et pratiques aux travailleurs sociaux. La présente étude examine les lacunes des rapports d'évaluation psychosociale initiale et évalue une méthode d'enseignement destinée à les améliorer.. En premier lieu, on a comparé le contenu de 180 rapports initiaux provenant de trois hôpitaux et d'un organisme communautaire avec les lignes directrices en vigueur dans la profession, pour constater que celles-ci ne suffisaient pas à assurer la rédaction du contenu recommandé. Le formulaire de rapport, plutôt que les normes ou la littérature spécialisée, déterminait le contenu consigné et moins de la moitié des rapports comportaient une opinion professionnelle. En second lieu, on s'est inspiré de la littérature spécialisée pour élaborer un modèle générique définissant les éléments essentiels d'un rapport initial, modèle qu'on a enseigné à 37 étudiants dans le cadre d'un cours universitaire en service social individuel. Suivant un protocole quasi expérimental, on a ensuite comparé les évaluations rédigées par ces étudiants (avant et après la formation) avec les évaluations rédigées par des pairs formés uniquement en stage pratique. Les évaluations portaient sur deux entrevues vidéo. On a également enseigné le modèle générique à 22 travailleurs sociaux d'expérience durant un atelier d'une journée et on leur a demandé d'évaluer les mêmes entrevues vidéo. On a utilisé deux vidéos d'évaluation pour contrôler l'effet d'apprentissage éventuel. Pour déterminer lesquelles des évaluations préformation ou postformation étaient supérieures et dans quelle mesure, on a demandé à quatre professionnels chevronnés d'évaluer l'ensemble à l'aveugle. Un autre devait juger de la qualité des opinions professionnelles. On a interrogé les juges sur l'exercice; l'analyse qualitative de leurs réponses a révélé qu'ils ne partageaient aucun critère de qualité défini en matière d'évaluation. Les quatre juges ont estimé que les évaluations rédigées par les étudiants auxquels on avait enseigné le modèle générique étaient considérablement supérieures à celles de leurs pairs formés uniquement en stage pratique. De plus, après la formation, elles comportaient un plus grand nombre d'opinions professionnelles. La qualité de ces opinions dans toutes les évaluations était liée aux années d'expérience. Le modèle générique définissant le contenu d'un rapport d'évaluation psychosociale initiale pourra servir à élaborer des formulaires, à enseigner la rédaction de ces rapports et à établir des critères de qualité — étapes essentielles à l'amélioration de la rédaction en travail social.

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## INTRODUCTION

The objective of this study is to improve the recording of an initial psychosocial assessment in social work. The practice and theoretical problems in current recording practice are investigated and a procedure developed to enhance the recording skills of students and practitioners. The effectiveness of social work intervention is ultimately based on the accuracy of the psychosocial assessment (Hepworth & Larsen, 1990). Assessment has been called “the backbone of any profession’s claim to competence” (Mailick, 1991) and constitutes the bedrock of intervention. Assessment is “a time for reflection, enquiry and vigorous analysis. Assessments encourage practitioners to stop and think about what is going on” (Howe, 2002, p. 83). There are, however, several problems associated with its documentation, the recording. It is the recording and particularly, the initial recording of a psychosocial assessment, that is the focus of this study.

A psychosocial assessment is both a process and a product. Over the last hundred years or so most social work interventions have produced at least one result: some kind of written record, usually called a recording, which documents the work of the social worker. When the social worker has explored the client’s problems, reached some tentative goals and, in collaboration with the client, decided upon an intervention plan, the worker generally makes and records a formal written assessment. It is an essential task that all professional social workers must perform and by which their work is usually judged.

There is some general agreement among clinical social workers on the purposes of recording. Social work records are the documentation of the data and practice decisions taken for the well-being of the client. They have important clinical, legal and administrative purposes in the practice of social work. These are:

- 1) The social work record conveys to other professionals an understanding of the client’s psychosocial problems and the basis for social work intervention (Kagle, 1996; (Regehr, 2002; Sheafor, Horejsi, & Horejsi, 1988; Timms, 1972; Wilson, 1980).
- 2) A written record is necessary for case continuity (OPTSQ, 2002; Kagle, 1996).

- 3) Records provide the basis for service and peer reviews (Kagle, 1996).
- 4) Records are necessary for professional accountability under the following circumstances (Ames, 1999; Hall, 1997; Houston-Vega & Nuehring, 1997).
  - To meet the standards established by the professional bodies regulating the profession to ensure quality of service to the client (OPTSQ, 2002).
  - To ensure the client's right to access to information about him, including respect for his privacy and professional secrecy (OPTSQ, 2002; Regehr, 2002).
  - To document the proof of a professional act (OPTSQ, 2002). Social workers are being held responsible for their decisions by the legal system (Houston-Vega & Nuehring, 1997). In certain situations, accurate records are not only important for the protection of the client but equally for the social worker and agency (Gelman, 1992; Timms, 1972).
- 5) Records are used for administrative accountability to funding bodies and to ensure institutional quality (Kagle, 1984).
- 6) Records provide the information for management decisions about allocation of resources (Challis & Chesterman, 1985).
- 7) Records are used to obtain reimbursement from funding sources (Kagle, 1984).
- 8) Records provide data for research and program evaluation (Timms, 1972; Wilson, 1980).
- 9) Clinically, the record provides a structure and focus for the cognitive activity of the social worker through the process of information processing, creative analysis, and heuristic thinking (Howe, 2002; Pare, 1991; Rycus & Hughes, 1998; Siporin, 1975).  
Lee (1932) recognized this purpose very early in the history of social work:

even more important is the likelihood that treatment itself would be more adequate and at times would move more rapidly if the interpretation of the worker benefited more often by the clarity and penetration which precise formulation in writing tends to develop. (p. iii)

This final purpose reflects not only the thinking of social work academia. Practising social workers are aware of this purpose as evidenced by these comments from a study of the writing of social workers in a court setting (Pare, 1991):

One participant said that the PA [psychosocial assessment] allows the workers “to structure [their] thoughts in order to come to a logical conclusion as to which decision is the most appropriate... (p. 180)

It...helps me, after I’ve done an interview or two interviews or three interviews with that client, it also helps me to put down on paper what my thoughts are, what my assumptions are about what’s going on in the family and with the kid. It helps me to crystallize in some ways my assessment of the kid in the family. (p. 180)

So, basically, for me the Psychosocial Assessment is a tool to get my thoughts together in terms of what is, uh, necessary in terms of my intervention, my role, for the youngster, who has been charged with an offence or several offences. (p. 181)

As well as these more traditional purposes of the written record, the psychosocial assessment in social work has become, in some jurisdictions, the basis for the definition of an exclusive legal act for social workers and described as the “...essential function at the heart of the profession, its underlying principles and values” (OPTSQ, 2004).

Although recording is an important professional obligation, there is little agreement among social workers about the definition of a formal written psychosocial assessment, and about its essential elements of content (Mailick, 1991). There is a lack of clarity about the formulation of the professional opinion (Turner, 1994). The teaching of the written psychosocial assessment is heterogeneous and uneven (Kagle, 1996). The form and structure varies from setting to setting (Kagle, 1996; Williams, 1994). And, because of their heterogeneous character, records are a poor source of research data (Williams, 1994). Although many social workers recognize the importance of records in the dissemination of their research and clinical work, they minimize the clinical usefulness of records and consider evaluations as their most difficult task, - a time consuming, boring administrative burden. In fact, they often complete the task long after the social work activity is finished (Debra & Koncel, 1994; Edwards & Reid, 1989; Gelman, 1992; Kagle, 1996 ; Pare, 1991; Prince, 1996; Sinclair, Garnett, & Berridge, 1995).

In this study, there is a clear distinction between assessment and intervention, although this distinction is artificial and impossible to sustain given the fluidity and

dynamics of practice; social workers must often intervene on the basis of incomplete information. As new information emerges, the assessment process is continually intertwined with intervention. The recording of the initial assessment was chosen as the focus as it is the first crucial building block in the intervention process.

Recording is an important issue for a profession. Social workers have not developed a clear professional model of recording nor do they appear to be concerned about the nature, content or teaching of recording. Part I of this study will investigate any problems associated with this benign neglect of a professional skill and the importance of these problems for practice. In particular, it will: 1) review the literature on social work assessment to clarify problems related to recording and 2) study the assessments of social workers – firstly, to determine whether they use a model recommended by professional guidelines and, secondly, whether or not they formulate professional opinions based on the content of their assessments. Part II will propose solutions to problems delineated in the first part of the study through 1) the development of a generic model that reflects the principles outlined in the social work literature and 2) teaching the model to social work students in the classroom and practitioners in a workshop to determine whether or not this procedure will improve the recording of an initial psychosocial assessment.

RECORDING PSYCHOSOCIAL ASSESSMENTS IN SOCIAL WORK

PART I

PROBLEMS

## CHAPTER I

### DEFINING PSYCHOSOCIAL ASSESSMENT

Problems with recording practice begin with the definition of psychosocial assessment. Social workers have not yet agreed upon a common term to describe their assessments, nor are they clear about the definition of a psychosocial assessment. In a large study on assessment procedures from the United Kingdom, Sinclair, Garnett, and Berridge (1995) found that social workers' definitions of assessment varied widely and that there was a great lack of clarity around the concept.

The split in the social work dictionary between the definition of *assessment* and *diagnosis* highlights the difficulty the profession has in clarifying both the language and content. A social work diagnosis was once one of the three major processes of social work, the heart of clinical practice and basic to the teaching of the discipline. The definition has changed as the profession has evolved (Meyer, 1995). For socio-political reasons because the term *diagnosis* sounded too medical and was associated with pathology, social workers substituted the term *assessment* (Timberlake, Farber, & Sabatino, 2002). For a while the two terms were synonymous but there is currently some confusion in the profession between the two terms. Sometimes *assessment* is used to define the process of identifying the problem, its underlying causes and the formulation of solutions. Sometimes it is used to refer only to the analysis of the information. Two recent textbooks on assessment use the term in the broader sense to cover the entire process, (Meyer, 1993; Milner & O'Byrne, 1998). In contrast, other recent textbooks, (Lehmann & Coady, 2001; Timberlake et al., 2002), and the major authority on recording, (Kagle, 1996), use assessment in a more narrow sense to describe the worker's thinking process and basis for decisions.

Turner (1994) who has long advocated retaining the term *diagnosis*, clearly is unhappy with the term assessment and its imprecise definition. He offers the following definition using *diagnosis* as a process:

Diagnosis in social work designates the process in which a professional opinion is formed stemming from the assessment of a situation as it emerges in our interaction with clients and their significant environments, an opinion on which



we based our actions and for which we are prepared to be held professionally accountable (Turner, 2002b, p. 51).

His distinction between the collection of data and its analysis is apt, as is his strong advocacy of an organizing framework for social work judgements. Although his arguments are well reasoned and important for the clarification of assessment judgements, one has the impression that he is fighting a rear-guard action in advocating the use of the term *diagnosis*.

The Social Work Dictionary (Barker, 1991) defines a psychosocial assessment in social work as:

Assessment: The process of determining the nature, cause, progression, and prognosis of a problem and the personalities and situation involved therein; the social work function of acquiring an understanding of a problem, what causes it, and what can be changed to minimize or resolve it. See also *diagnosis*. (p.32)

This definition gives prominence to the understanding of the problem as the purpose of social work assessment and avoids any theoretical perspective.

L'Ordre professionnel des travailleurs sociaux du Québec (OPTSQ) has adopted the following definition of a psychosocial evaluation in order to meet the regulations governing professional practice in the Province of Quebec.

Psychosocial evaluation is a planned, structured, continuous activity during which the social worker makes observations and gathers, analyses and reformulates significant data-both objective and subjective-regarding the situation and psychosocial needs of the individual requiring services.

Psychosocial evaluation covers a range of components related to the way in which individuals interact with their environment, as manifested by the individual concerned, and as observed and noted by the social worker, based on various sources. These components are analysed according to reference frameworks specific to the profession, formulated to express a professional opinion, and organised into an intervention plan or intervention strategies.

Psychosocial evaluation may be comprehensive to a greater or lesser degree, depending on the context in which the services are provided, the seriousness of the situation, and the legislative framework concerned (OPTSQ, 2002).

This is the only definition that actually elaborates specific elements of content.

All these definitions emphasize the process of assessment—essentially data collection and its analysis—as a necessary first step in the helping process. They all encompass the assessment of an individual, couple, family, or community group.

This study utilizes the more concise definition of a psychosocial assessment suggested by Irvy in 1992 as:

“Gathering, synthesizing and evaluating pertinent information to design an appropriate and effective intervention strategy. (p.3)”

The term *psychosocial assessment* is used in the broader sense and the term *professional opinion* is used to describe the synthesis and evaluation of the data reflecting an understanding of the problem as a component of the psychosocial assessment. This is in the tradition established by Carol Meyer for assessment as a professional process (Meyer, 1993) and by Turner (2002b) in his distinction between the collection of data and its analysis.

## CHAPTER 2

### PROBLEMS IN RECORDING PRACTICE

Psychosocial assessment and especially in its product, the recording of the assessment, has generally suffered from benign neglect in the social work literature (Ames, 1999, Kagle, 1996; Meyer, 1993; Simon & Soven, 1989). Most of the literature has addressed the problems associated with recording in general and not specifically the content of recordings nor the teaching of recording techniques. The two most recent books on assessment, Meyer (1993) and Milner & O'Byrne (1998), describe the process of assessment rather than the content. The literature has been primarily concerned with questions of accountability (Challis & Chesterman, 1985; Gelman, 1992; Wilson, 1980), the structure of the case record (Edwards & Reid, 1989; Regehr, 2002; Streat, 1987), confidentiality (Doel & Lawson, 1986; Regehr, 2002; Schrier, 1980), recording as an instrument of social control (Holbrook, 1983), and recording as a participatory intervention tool (Shemings, 1991). For the sake of brevity, the important issue of confidentiality in the social work record will not be discussed as it is already very well covered in the literature (Doel & Lawson, 1986; Regehr, 2002; Schrier, 1980).

#### 2.1 Evolution of Recording

Early social workers gave the psychosocial written assessment more importance. Richmond (1917) understood the written case history as necessary for advancing professional standards and social discovery. Sheffield (1920), who wrote the first book dedicated to social work recording, made the direct link to clinical practice in her statement that

Memory is deceptive, it is not too much to say that a case work agency that keeps poor records is giving ineffective or superficial treatment to its clients. (p.13)

Bristol (1936) stressed its importance in the training of students and educating the community about social needs and the role of the social worker.

One influential text devoted exclusively to recording practice was Gordon Hamilton's classic *Principles of Social Case Recording*, first published in 1946 (Hamilton, 1951). Her emphasis was on the individualization of the case record. She

worked from the process recording to the final diagnosis and did not believe in any prototype, guide or theoretical pattern. Because of her influence, the case record became more of a teaching and supervision tool than a documentation of service activities and their impact on the client (Kagle, 1996). The lack of interest in a standardized generic case record can be in part directly attributed to Hamilton's concept of a good record.

Developments during the 1960s and 1970s had a direct impact on the rambling narratives based on process. The United States had passed the Freedom of Information Act in 1966, and the social work profession began to develop confidentiality guidelines in response to clients' new-found access to their own files (Kagle, 1996). There were fresh demands from governments and institutions for accountability with documentation of client change post social work intervention (Meyer, 1993). Resources for social workers in the United States had begun to dwindle, reducing time available for recording. Ecological system theory had become an important meta-theory for practice, replacing psychodynamic theory with its emphasis on the individual.

In the popular press and in government circles, social workers in the United States and the United Kingdom were being severely criticized for the ineffectiveness of their interventions (Reid, 1994). In the United Kingdom, for instance, workers' assessments and decision making in the field of child welfare were severely censured. A report from the Department of Health and Social Security in 1985 described the state of social work assessments as a situation in which:

too many social workers are not enabled to acquire and not encouraged to use the necessary skills. The result is that the whole basis for planning is shaky. Decisions are made on inadequate evidence and it is not surprising if goals are unclear or if there is a lack of congruence between goals and what is actually done – or not done. (p. 26)

The report also noted that social workers lacked assessment skills compared to other professionals.

Although four texts published during the 1980s (Compton & Galaway, 1989; Hepworth & Larsen, 1990; O'Neil, 1984; Sheafor et al., 1988), devoted considerable space to the process of assessment and even to the content, psychosocial assessment lost its central place in practice and the administrative function of the record overrode its historical clinical function as a documentation of treatment (Ames, 1999; Holbrook,

1983; Kagle, 1996; Tebb, 1991). Social work values were lost in the process of developing records to meet accountability and outcome standards. Social workers started to record in a style that either protected themselves personally or the agency; records became vague, neither clinically useful nor fulfilling accountability standards (Gelman, 1992; Tebb, 1991).

## **2.2 Current Issues in the Nature and Content of Recording**

Current issues in the nature and content of recording revolve around three major themes: 1) the influence of the guidelines, forms and structure governing practice, 2) the research that has illuminated the problems with recording practice, and 3) the controversy surrounding the analysis and synthesis of the data collection called the professional opinion in this study.

### **2.2.1 Guidelines, Forms and Structure**

The quality of written documentation in social work is currently the prerogative of the agencies and professional corporations. Professional regulatory bodies produce guidelines for recording and most agencies provide their staff with forms and extensive guidelines for their use. Although there is no specific research on the effect of these guidelines on the quality of recording, the literature does demonstrate problems with their structure and content.

Narrative reports, still the predominant style, can be well organized or long and rambling but the content and structure of the recording is usually left to the discretion of the worker (Kagle, 1996). There was a reaction in the 1980's to long narrative recordings. This structure was difficult to adapt to the computer technology increasingly in use in agencies, universities and other organizations. The narrative structure also made it difficult to distinguish between the content of an interview and the professional's assessment of this information.

Other structures were recommended by some social workers as alternatives to long narrative recordings (Beinecke, 1984). The Problem-Oriented Record Keeping (PORK) and its companion, the Subjective, Objective, Assessment Plan (SOAP) had been introduced in medicine to meet accountability and clarity standards allowing a

distinction to be made between data, analysis and planning. These models were never generally adopted by the social work profession, probably because they were too medical in format (Kagle, 1996) and said little about content. There has, however, been a trend to the more topical structure of these models for social work assessments. Cohen (1986), for instance, proposed that a topical rather than chronological organization is a better framework for systematically presenting observations and data. Kagle (1996) also stated that poor reports confuse data with the worker's opinion, suggesting that the two be separated topically.

Other structural features of professional discourse have an impact on the writer and the reader of social work records. The proscription in the American Psychological Association's guide to scientific writing against the use of the first person pronoun has often been adopted in professional reports by social workers. Writing in the passive tense or third person often gives a quasi-scientific tone to statements that are actually the writer's opinions. As Pare (1991) points out, this results in passive constructions that sound like someone else's knowledge. Hatfield (1986) points out that the technical language of the profession is a language of control and exclusion, and quotes G.B. Shaw's acerbic comment that "all professions are a conspiracy against the laity."

Forms and guidelines also have a direct influence on both the content of the documentation and clinical practice. In the United States, Kagle (1996) found recording forms were redundant and guidelines out of date or unrealistic. The court social workers in Pare's research (1991) were given detailed seven-page guidelines to the content and organization of their psychosocial assessments. The workers complained that the guidelines contained redundancies and requests for too much information; an obligation they felt affected their clinical work and was intrusive when interviewing clients. "This is too extensive, in some cases. As a social worker, I would not go into all this stuff, depending on the case, depending on how serious the charge is, and the dynamics in the family" (p. 152). In the United Kingdom, Sinclair and her colleagues (1995) found that social workers were not aware of assessment guidelines and did not use the assessment tools recommended by governing agencies.

Pare (1991) found in his research that the guidelines were flexible and social workers took advantage of this flexibility to ignore certain questions or disguise

information. Also, as members of committees to revise guidelines, social workers had influence in changing the guidelines to meet new realities. Pare suggests, therefore, that there is little value in teaching the form of an assessment to social work students since these forms are embedded in the context of the agency and the guidelines to their use are constantly being revised.

In some settings, it is government bureaucrats or agency managers rather than social workers who are establishing the content of assessments. In the United Kingdom, in response to the criticisms levelled at social work decisions in the mid 1980s, subsequent government legislation began to dictate the content of social work reports. One department produced a 90-page guide to child-abuse assessment that contained 167 questions, and a series of checklists for different service users (Sheppard, 1995; Tolson, Reid, & Garvin, 1994). Assessment activity was defined with a different emphasis on function in each new piece of legislation, leading to problems for social workers in developing a generic framework for their assessments (Milner & O'Byrne, 1998). Sheppard (1995) has deplored this use of structured assessment forms that are derived from an obscure knowledge base and that required minimal training for use. David Howe (1992) calls this practice a part of the bureaucratisation of social work.

In the United States, the structure and content of assessment forms are often dictated by insurance companies who require a description of the problem according to the Diagnostic Statistical Manual (Graybet, 2001). The same trend may be seen in Quebec, especially in multidisciplinary settings. Forms are designed by bureaucratic committees for the assessment of competency, eligibility for institutional placement and for community health and social services. The content of these forms is often decided by committees whose composition does not always include professional social workers, and in the forms, the component(s) specific to social work is not always evident. As each discipline is subject to its own standards of confidentiality and client accessibility, this is a practice that is often confusing, clinically and administratively (Prince, 1996). The social workers involved in the design of these forms must be clear about the unique social work content of such forms. It is difficult to find that clarity in the proliferation of assessment models.

Forms can also influence the construction of social work knowledge. Pare (1991) makes this link very clear. “A community’s generic forms guarantee repetition of social action, but they also regulate perception and, therefore, cognition...The writer may be unwittingly manipulated by the community, via the generic features of text and context” (p. 286). Restrictions on discourse can limit knowledge, and guidelines governing what must be said can create what Pare refers to as “mandatory knowledge”.

Coe (1987), in his discussion of the utility and influence of forms on knowledge and practice, pointed out that:

A form may be generative insofar as it motivates a search for more information; but any form also biases the direction of the searching and constrains against the discovery of information that does not fit the form....Form can, in this sense, be ideological: when a particular form constrains against the communication of a message contrary to the interests of some power elite, it serves an ideological function. Insofar as form guides function, formal values may carry implicit moral/political values. (p. 20)

Chris Jones (1996) has underlined the growing influence of agencies in the United Kingdom in establishing standards for social work education. Part of this influence may be due to the construction of knowledge in agencies through the design and redesign of forms in response to demands of practice. This is knowledge that becomes part of practice wisdom.

The structure, form and content of assessment is also being driven by adaptation to modern technology. The development of computerized information systems incorporating assessment data will have an immediate practical impact on the decision made about the recording of the psychosocial assessment. Most agencies are now trying to simplify recording practices and many, especially in the hospital and child welfare sectors, must respond to demands from the institutional settings or governments that all records be electronically based. Social workers have a choice of many computer assessment tools to assist them with assessment and decision making (Hudson & McMurtry, 1997; Mattaini & Kirk, 1991). Most of these computerized assessment tools are based on the individual client, rather than on the problem, are unidimensional with a narrow focus, have a wide variety of scoring procedures, and are only as reliable as the information that is fed them. They do not encompass the ecological requirements of



social work practice. They take far too long to administer to be practical in the ordinary activity of a social worker's life. In certain specialized situations, of course, they can be an important adjunct to the written assessment.

These decisions about assessment content are being made outside the academic community, certainly in Quebec and Ontario, and probably elsewhere throughout the technology-driven world. They are decisions, however, that will affect the assessment practice of the profession, positively or negatively. This is not a new concern for social work. Helen Pinkus (1977) pointed out that funding sources and organizations outside the profession were mandating recording requirements. Somehow, despite these warnings, much of this regulatory activity has escaped the notice of academics in social work.

### *2.2.2 Recording Practice and Content*

There are two major contemporary studies of recording practice, one from the United States and one from the United Kingdom. The latter was in response to the continuing criticism from the Department of Health in that country about the lack of decision making and deficiencies in the decision making process in child welfare cases. Both studies found many shortcomings in recording practice.

The most thorough study comes from the United States, a national study on recording policies and procedures in more than 200 agencies. The study was supervised by Kagle (1996) and conducted from 1979-1983 and from 1987-1988. The researchers interviewed over 300 social workers, supervisors and administrators. According to this study, the most frequent problems with recording assessments during the 1980s in the U.S. were;

- 1) There was a lack of time allotted to recording.
- 2) Recording took too much time.
- 3) Workers resisted or resented recording.
- 4) Records were not up-to-date.
- 5) Records were poorly written.
- 6) Funding and accreditation reporting demands were unrealistic.

Additional problems were also identified: records were neither useful nor used, important information was missing, insignificant information was included, and information was difficult to retrieve.

In response to criticism in the United Kingdom, a large study was initiated on assessment in the field of child welfare, a study that, among other variables, did consider the documentation of assessment (Sinclair, Garnett, & Berridge, 1995). As well as the lack of clarity around the concept of assessment among social workers, Sinclair and her colleagues found that assessment was defined only in terms of its purpose, i.e. placement, risk, special educational needs, or care plans. Standards of record keeping varied considerably. Social workers were not aware of assessment guidelines and did not use the assessment tools recommended by governing agencies. Summaries were rare. Some agencies did prepare assessment reports but this was not standard practice and tended to be done only in those cases that were due to be presented in court. Previous records were of little use. In only one third of cases where an assessment was said to have taken place, were all of the relevant reports available. Although it was government policy that agencies should share the objectives and process of assessment with the parents of the children, this intervention was not documented. Only one in five of the assessments were completed within the three-month assessment period. Tasks identified in the plan were usually quite specific but time frames were vague. Major gaps were identified in assessment plans. The form of the assessment had little impact on decision making. Workers seemed unaware of how other professionals viewed or used their assessments.

Although he did not base his observations on empirical research, Horejsi (1996) drew on his experience in the United States during 20 years of supervision and in-service training with social workers in child welfare to isolate four difficulties social workers experienced with the tasks related to writing assessment reports, case plans and reports to the court:

- 1) Social workers did not gather enough factual information to draw conclusions and to formulate a plan.
- 2) In cases where the workers had gathered sufficient information, they were

unable to classify, organize or arrange these facts to facilitate inferences and conclusions.

- 3) Many workers were unclear about what they wanted to communicate and were unable to focus on the most important information.
- 4) If the workers did have a general idea of what to communicate, they found it difficult to find the language to begin writing.

These comments are echoed by Tallent (1993), a psychologist, who studied the recording practices of psychologist, psychiatrist and social workers. He isolated five pitfalls in recording practice; 1) problems of content, including omission of essential information, inclusion of irrelevant data, and unnecessary duplication, 2) problems of interpretation, 3) problems of attitude and orientation, 4) problems of communication, including vagueness, wordiness, organization and style, 5) problems with professional disagreements about the theory and research upon which opinions are based.

Some elements of content in social work recording have been specifically discussed in the literature. Kagle (1996) found most records contained identifying information, a social history, an opening summary including a statement of the presenting problem, the reason for referral and the purpose of service, the worker's assessment of the client-situation, goals, plans, progress notes and a closing summary. Many records also contained a psychosocial diagnosis based on the DSM (usually in medical, health and substance-abuse settings but in others when pertinent), a worker-client contract and follow-up information. In general, she found that most agencies had established minimum recording guidelines but left the decision of additional content to the worker. Contracts might or might not be routinely included.

Scott (1998) in her study of child protection records in Australia, isolated elements that were missing in the assessments - and presumably from the thinking of the social worker. Examples are situational stressors (poor health), unemployment or financial difficulties, family relationships, the meaning of abuse for the child, and the significance of the child's relationship to the alleged abuser.

As well as failing to record important content data, social workers record data that is inaccurate, contradictory or labels the clients pejoratively (Gelman, 1992; Timms, 1972). Gambrill (1997) has listed several errors: gathering only data that fits a

preconceived theory (confirmation bias), gathering irrelevant data, vagueness, overlooking significant others in data collection, relying on the unsupported opinion of other professionals, ignoring the context in which information is collected. Nurius and Gibson (1990) in their excellent discussion of the reasoning processes of social workers point to evidence from psychiatry that clinicians, regardless of experience or theoretical orientation, tend to conceptualize, make evaluations and decide on interventions very quickly, in some cases within minutes. These opinions are obviously based on very little information and drawn primarily from inference. This can become problematic if combined with “anchoring”, a process in which initial data is given excessive weight and against which subsequent data is judged (Nisbett & Ross, 1980; Orcutt, 1964). They describe anchoring, as well as availability and representativeness heuristics, fundamental attribution errors and the effects of the worker’s mood on memory and judgement as important factors influencing a worker’s judgement and decision making.

Other researchers have also found strong links between the theoretical or practice bias of the worker on the one hand, and, on the other hand, the data they would collect and the hypothesis they would generate about the client’s situation. Scott (1998) found child welfare workers tended to seek data that confirmed their initial hypotheses rather than seeking contradictory data. It was unusual for social workers to generate multiple hypotheses and, when they did, they did not pursue them (Sheppard, Newstead, DiCaccavo, & Ryan, 2001). Sheppard and his colleagues found a wide variation in the number and range of hypotheses generated when workers were asked to analyze ambiguous case data. These authors pointed out the danger of confirmation bias in which the worker seeks information to confirm his or her original bias. This is a greater danger when a worker generates only one hypothesis.

Once content data is collected and hypotheses are noted, workers then show little inclination to change their minds. In the child welfare field in the U.K., Kelly & Milner (1996) found there was little evidence that workers re-evaluated their assessment in the light of new information even though lip service was paid to assessment as a continuous process. The worker’s initial assessment became the ideal standard for future action.

Only one researcher has studied the link that workers make between their decisions and social work knowledge. Rosen (1994) found that social workers in Israel

made their decisions most frequently on the basis of value-based normative assertions (common assumptions or convictions as distinct from social work values). They only based 24% of their decisions on theoretical conceptions and made almost no use of research-based knowledge.

Most of the studies on the decisions of social workers are from the field of child welfare probably because of the importance of those decisions on the lives of their clients. Furthermore, many of the studies have been conducted by researchers who are not social workers (Scott, 1998). Howitt (1992), a British social psychologist, criticized the reasoning of social workers in cases where a misdiagnosis of abuse was made. He pointed out that workers adhered to a particular point of view despite evidence it was wrong (ratcheting) and inappropriately applied correlational data to individual clients (templating).

In a personal analysis (2001) of the written assessments of social workers in the Beaumont case from the field of child welfare in Quebec during the 1980s, this author confirmed the findings reported in the research literature. Although there were 15 signalements or reports of abuse to a youth protection agency over a period of 10 years, the protection workers found no evidence of abuse despite the fact that the father had consistently sexually and physically abused his two sons during this period. Decisions were made on inadequate evidence, there was no congruence between the intervention plan and what was actually done, adequate summaries were rare, and the criteria for decisions were not stated. Workers demonstrated confirmation bias in that they did not generate multiple hypotheses, but rather sought data that confirmed the initial assessment. There were examples of both ratcheting and templating. The report investigating the case severely criticized the social work assessments and the assessment skills of the workers (Commission des droits de la personne et des droits de la jeunesse, 1998).

The purposes behind agency practices and their resources also have an influence on content and data collection (Gold, 2002). It is the agencies who determine content (Tebb, 1991). If decisions in social work are to be adequate, they must be based on solid data (Gambrill, 1997) The specialized nature of the agency can have an inhibiting effect on the type of data collected and ultimately on decision making. In the field of child welfare, for example, workers often will collect data with a focus on proving a case rather

than on the welfare of the child (Scott, 1998). The pet theories of the worker and other professional colleagues can also affect data collection. These problems become exaggerated when the teaching of recording is not standardized.

Recording takes time and is an activity for which social workers have shown very little enthusiasm (Carney & Koncel, 1994). British social workers labelled the activity “boring” (Prince, 1996). Research estimates for recording activity have ranged between 10% and 60% (Ames, 1999; Carney & Koncel, 1994; Edwards & Reid, 1989; Gelman, 1992; Kagle, 1996; Pare, 1991; Streat, 1987). Although these data are based on rather old studies, it could be assumed that, given the time pressures of contemporary social work practice, current recording consumes a great deal of time although it has remained low on the priority list of the clinical social worker.

### *2.2.3 The Professional Opinion*

Despite the confusion of terminology, all the definitions of psychosocial assessment examined for this study contained some reference to the synthesis and analysis of data, a professional judgement on which intervention is based. This is the core of the professional psychosocial assessment (Turner, 2002a). Technicians can gather data, but professionals must derive meaning from that data (Sheppard, 1995). It is essential in communicating our professional decisions to others.

The professional opinion has been recognized as the most difficult part of the written psychosocial assessment (Overtveit, 1985).

The summary and assessment part of the record demands that the worker think about the case, what they are doing and the way they are doing it. This is hard work and sometimes avoided, especially in an atmosphere where only frenzied activity is viewed as real work. (p. 49).

The summary and assessment part of the record exposes the thinking of the practitioner. Nurius and Gibson (1990) have described its vulnerability well:

These processes are also among the most vulnerable to unintended biasing influence and to under recognized fallacies, constituting an insidious Achilles’ heel. (p. 18)

Social workers themselves are concerned about their professional formulations. A quarter of the social workers who responded to a large survey of over 1,400

psychologists, psychiatrists and social workers about clinical reporting felt that their records contained irresponsible interpretations and unlabeled speculation (Tallent, 1993).

The earlier social workers devoted a great deal of attention to the construction of a diagnosis. Mary Richmond introduced the term in 1917 as the basis of social work activity (Richmond, 1917). Fern Lowry (1938) wrote one of the finest and clearest discussions of the diagnostic process. She called it the process of deriving meanings and laid out a step-by-step process of thinking about material that is as relevant today as it was more than sixty years ago.

Hamilton (1951) called the diagnostic process a thinking process and ascribed difficulties in recording to difficulties in thinking. She restricted the use of the term ‘diagnosis’ to the understanding of the problem, an understanding that implied some sense of causality and introduced the term ‘evaluation’ to describe an understanding of the functioning of the client in relationship to the problem. She used the term ‘professional opinion’ to cover both diagnosis and evaluation. Her contemporary, Perlman (1957), continued to use the term diagnosis to describe the thinking necessary to problem solving.

Siporin (1975) devoted a good portion of his text to assessment—elaborating six different types of judgements—that built upon the ideas of diagnostic thinking developed by Richmond (1917), Lowry (1938), and Hamilton (1951). He used the term “integrative formulation” to describe the professional opinion, defined it as the combination of inference and judgements derived by the social worker from the analysis of the data and observations. He elaborated four guidelines for composing an assessment. It should:

- 1) have high distinguishing power and not apply to everyone’s “Aunt Fanny”, a term often used in the recording literature to describe an assessment that is so general that it could apply to anyone.
- 2) present a number of classifications for a problem, not stereotypes of cases or issues,
- 3) be dated with indication of the validity for a specific time frame,
- 4) combine the interrelation of the client’s problem and the client’s environment.

During the next twenty years, the profession began to be preoccupied with issues that were detrimental to the development of a professional opinion in recording. The first issue revolved around labelling as a form of social control. Labelling became confused with professional judgments and judgment became a dirty word in the profession (Milner & O'Byrne, 1998). Case recording principles developed for child welfare case recording by Rycus and Hughes (1998) specifically start with "...Principle #1: Record Facts, Not Judgments" although they indicate the worker can summarize 'conclusions'. The literature abounds with criticisms of social workers' use of the nomenclature of the Diagnostic Statistical Manual while they ignored the environmental context. These labelling criticisms even extended to the PIE classification system developed by the profession itself (Kirk, Siporin, & Kutchins, 1989).

The emergence of task-centered social work practice also contributed to the lack of interest in a professional opinion. In an era when social workers were under pressure to demonstrate successful outcomes, task-centered practice was developed by Reid and Epstein (1971) as an eclectic model that could be empirically tested for effectiveness. It was more important in this model to define and intervene with client problems than to search for theoretical explanations of their cause. Problem specification allowed the professional intervention to be evaluated, and replaced any search for causality. A professional opinion that synthesizes and analyzes data and contains theoretical hypotheses about causes of client behaviours had no place in this model probably because of the difficulty of evaluating such hypotheses using quantitative methods (Bisman & Hardcastle, 1999).

After Siporin, the notion of a professional opinion or diagnosis went out of favour in the profession. The major textbooks on practice with a few notable exceptions (Gambrill, 1997; O'Neil, 1984) would mention this component of assessment but rarely devote more than a few lines to describing it and then only in very general terms (Turner, 2002). Nonetheless, the concept was kept alive in the literature in three books on assessment: one from the U.S. (Meyer, 1993), one from the U.K. (Milner & O'Byrne, 1998), and one from Canada (Turner, 2002b) as well as one on recording (Kagle, 1996), in two texts on social work practice (Gambrill, 1997, O'Neil, 1984) and in an article on recording (Cohen, 1986).



In his most recent book, Turner (2002b) addresses the labelling issue and argues persuasively *for* the importance of critical judgment in the process of diagnosis leading to a professional opinion. He laments many social workers' confusion of judgment with being judgmental. He distinguishes between "judgment" and "judgmental", defining judgment as based on the critical mental faculty of discernment and judgmental as the measurement of people or actions against some moral standard. Furthermore, he is of the opinion that discomfort with making a critical judgment of a client has been detrimental to the formulation of diagnoses in social work. He feels it is the responsibility of the social worker as a professional to be conscious of the decisions that he or she is making.

Even in the most informal or open type of interviewing, we are responsible for seeking to be aware of the conclusions or judgments we are making that lead us to respond in particular ways, seek particular information, move in particular directions, involve the clients in particular resources, connect with selected aspects of a client's life, or suggest particular methodologies. If we do not do this, we really are acting on impulse, routine, chance or 'gut reaction'. (p. 53)

Turner argues that the precise and responsible use of categories and labels benefits the client. In his 30 years of experience with reading social work recordings, he has found that workers make important judgments about clients, with no indication that they are aware of those judgments.

Even among the social work academics who do favour the development of a professional opinion, there are various perspectives on the concept of causality. In the literature, authors call for a clear statement of causality (Gambrill, 1997; O'Neil, 1984), a significant causal connection (Meyer, 1993), an explanation (Cohen, 1986), the development of multiple hypotheses about causal connections (Milner & O'Bryne, 1998; Sheppard, 2001), and a diagnosis involving the worker's judgment (Turner, 2002b). There are difficulties associated with the concept of causality for the practicing social worker. Causality in its purest sense is directly linked to the positivist tradition and would not be accepted as pertinent by practitioners working in a post modern approach or necessary by those taking a task-centered approach. In clinical practice, an initial interview with a client may not be sufficient to develop a clear idea of causality and a social worker cannot refuse help in its absence. The development of multiple hypotheses that could be verified may help with problems of confirmation bias, selective attention

and attributional bias but may be time-consuming, not conducive to developing a rapid plan of action, and the verification of hypotheses subject to problems of ‘groupthink’ (Milner & O’Byrne, 1998).

Milner and O’Byrne (1998) have provided one useful guide to the teacher of data analysis. They recommend the identification of theoretical perspectives, development of hypotheses, causal connections and the use of the reflexivity concepts from qualitative research as a useful way of checking assumptions and interpretation of data. Gold (2002) also emphasizes both the importance of a theoretical framework and social work values in data analysis.

Still currently discussed in the literature is the couching of a vague opinion in profession jargon that is applicable to anyone, dubbed the “Aunt Fanny” statement by (Kadushin, 1963) and reiterated by Siporin (1975). The professional opinion thus becomes an almost useless incident in the recording with little clinical applicability. This remains a problem for the social work profession (Davies & Collings, 2004; McMahon, 1990) although not exclusive to it (Tallent, 1993).

Other recent textbooks discussing the professional opinion have described the factors that can distort thinking and writing. Meyer (1993) discussed the problems of bias, of intuition in making inferences and judgments, and of evaluation. Milner & O’Byrne (1998) and Gambrill (1997) isolated possible factors causing distortions of judgment: selective attention, stereotyping, attributional bias, and sensory bias. O’Neil (1984) insisted on the importance of reliable data, advising the worker to tap into a variety of sources and consider the validity of each piece of information. Kagle (1996), and particularly Gambrill, stressed critical thinking about causes, descriptions, causal analysis and predictions supported by evidence. Although most of these authors are products of a positivist tradition, their ideas are compatible with the post modern ideas of the construction of text and the importance of the writer's reflexivity i.e. the careful consideration of his or her own bias and assumptions before writing professional opinions.

#### Facts and Assumptions

A ubiquitous theme that runs through all these comments about writing a professional opinion is the thorny distinction between opinion and fact. In her textbook,

O'Neil (1984) stresses the importance and difficulty of separating facts from assumptions and the influence of the worker's own frame of reference, values, and needs. For O'Neil a fact can be answered by the question "true" or "false", whereas an assumption implies missing information. Hatfield (1986) found from her review of the mental health literature that professionals often made statements of inference, belief and opinion that they offered as fact, with no verifiable data to support these assertions. She maintains that there should be no doubt in the reader's mind about the difference. "Facts are a precise report of what we have seen and done. They must be capable of verification" (p. 326). Communication suffers from a lack of credibility when opinion and belief are presented as facts and intervention work with clients inhibited or distorted. Both O'Neil and Hatfield are clearly arguing from a positivist position that is predisposed to the possibility of objectivity. Milner and O'Bryne (1998) use the word "data" to signify factual information but point out that there is always an element of subjective interpretation in information gathering.

From a post modern position, however, social constructionists would argue that facts, like knowledge, are not absolutes but rather constructs generated by communities with the professions considered as specialized communities. Hall (1997) considers social work records as rhetorical socially-constructed narratives. As he points out, "One of the problems of investigating fact construction is that something becomes a fact when its construction is no longer debated" (p. 118). He does acknowledge that the social worker does need facts – the capacity to describe events and make descriptions- in order to establish the account as authoritative. Even in the scientific world, facts are considered to lie along a continuum, from facts at one end that need no comment and are taken for granted, to opinion on the other end, depending upon the extent to which they are constructs agreed upon by the scientific community (Latour & Woolgar, 1986).

Reynolds, Mair, and Fischer (1995), in their review of mental health records in the United States have clearly stated the dilemma:

Some of the writers and readers of mental health records believe they are writing and reading truth, whereas others believe they are writing and reading interpretation. Some believe that in writing a record they are reporting a reality, whereas others believe they are constructing one. Some believe that in reading a record they are accessing a fact, whereas others believe they are accessing one version of it. Most, however, are unaware of these differences and the conflict between them. (p. 49)

Reynolds, Mair, and Fischer believe that we greatly underestimate the influence of the personal, scientific, academic, and disciplinary biases that we bring to the writing and reading of records, the lens or filter through which we see our work and the world; that records intended to be only versions of reality, are read by others as truth.

This notion of the socially constructed text has been explored by researchers of social work assessments in child protection in qualitative analysis of records from Canada and the United Kingdom. These researchers have highlighted the complex nature of writing social work assessments and the primacy of context. The importance of an objective professional opinion separate from assessment data would have little meaning for them because, working from the viewpoint of a social constructionist, text is written and read as only one constructed version of reality. Hall (1997) read the records and interviewed social workers from west London, U.K. His work demonstrated how social work can be approached through its written and spoken texts as narrative, suggesting that social work is constructed through language.

In order to justify and display their work as legitimate and authoritative, social workers produce accounts which do not merely lay out facts, assessments and recommendations, but are made available as persuasive, surprising and crafted narrative performance for critical audiences on specific occasions. (p. 233)

Pare (1991), a composition theorist in academic education, examined the writing protocols of seven social workers attached to court services in Montreal. In his analysis, writing is seen as a social act, based on the interactions between the writer, the text, the reader, and the context. The social workers wrote their psychosocial assessments and reports for court within a wide range of roles and their relationships with their clients, judges, and lawyers. They were constrained by legal formalities and other formal aspects of each of these roles; e.g. advisor to the judge, ally to the Crown, adversary to the defence lawyer, assessor to the family probation officer to the adolescent, and collaborator to any colleagues who might use the report.

Both Pare and Hall emphasized the persuasive nature and context of recording, that workers would deliberately choose language and focus depending on the audience for which their reports were intended. These workers always wrote with their audience in mind. Their findings directly contradict the research of Sinclair and her colleagues

(1995) in the United Kingdom who found that social workers, also from the field of child protection, appeared unaware of how other professionals viewed or used their assessments.

### **2.3 Research and Recording**

The current social work records are not a reliable source of research data. Scott, (1998) in Australia rejected case records as a data base because they contained serious shortcomings. Williams (1994) noted that as the determination of content in a social work record is the prerogative of the agency, the content of records varies widely from setting to setting. As a result, it is not easy to compare practice models and interventions in various settings, share clinical knowledge, and gather assessment data for the design and implementation of new services. Social work research and program evaluation are severely compromised.

There is no research demonstrating the reliability and validity of the social work record, its content or its effectiveness. Since recording is the documentation of practice, records should be an important source of data for the evaluation of practice. Social workers tend to be ambivalent about research itself and some disagree with the use of records in research (Prince, 1996). Researchers have probably eschewed their use because of the difficulty in controlling variables when the format, content and language of the written assessment are so diverse. Furthermore, because workers usually must act on the basis of incomplete information, there is a potential gap between the practice and the recording of that practice (Klein & Bloom, 1995). Until there is some hard data about the product of psychosocial assessment, its significance as a professional activity is in question.

### **2.4 Teaching Recording**

Not only have social work educators published very little about recording in social work, they have published even less about its teaching. Those that have done so universally deplore the lack of interest in the subject (Ames, 1999; Carney & Koncel, 1994; Kagle, 1996; Simon & Soven, 1989) and complain about the lack of texts and curricula on recording (Ames, 1999).

Although the written product is the most effective demonstration of a link between theory and practice, it is not usually taught in the classroom (Kagle, 1996; Tebb, 1991). The recording of a psychosocial assessment is primarily taught in agencies by supervisors in the field, and thus the practice experience available to students varies from agency to agency. The students only learn the practice style of one agency which may or may not be applicable to another agency, and may or may not be congruent with the latest social work theory and knowledge. Kagle has described the problem well:

Without the classroom element the student is unlikely to perceive a connection between practice and its documentation. Students who learn about recording for the first time in the field will always identify the task with its roots in the organization rather than with its roots in practice. For their part, students and entry-level practitioners are often surprised and dismayed by the attention directed toward their records; they frequently feel they have not been adequately equipped in knowledge, skill or expectation for the central role that recordkeeping plays in their day-to-day practice. (p. 85)

Kagle's comments were based on her research during the 1980's in the United States but little seems to have changed during the last twenty years. Recently, students in a social work post graduate course in child protection, students who have had some experience with the demands of recording in practice, showered their instructor with negative comments about their learning experience. At the request of their instructor, they agreed to share their comments with this author. They talked about their struggles and frustrations with learning social work writing from reading old files and records, the lack of attention given by supervisors or teachers to acquiring the skill, records full of assumptions stated as facts and redundancies. They unanimously stated that recording was an important aspect of their professional life and advocated for its inclusion in the social work curriculum. (See Appendix A for a sample of their comments)

One of the obvious advantages of teaching assessment in an agency is the context, since assessments are firmly embedded in agency practice. Pare (1991) clearly recommended that the teaching of social work assessment in the classroom is most effective when the social context of the assessment is fully explicit. Students need to

practice writing and shaping assessments for specific audiences as this will be the reality of their practice as a professional.

The main emphasis in most textbooks for classroom use is on the process of assessment rather than the product. Even when academia recently produced a guide to the social work practicum, the authors completely ignored recording assessment despite the interest of the principle author in assessment (Horejsi & Garthwait, 1999). Gibbs and Gambrill (1996) produced an excellent workbook on critical thinking in social work but did not include any teaching exercises related to recording. Some text books do provide organizational outlines for recording or for a social history (Germain & Gitterman, 1996; Regehr, 2002; Sheafor, Horejsi & Horejsi, 1988; Siporin, 1975). The two major texts on the process of assessment, Meyer (1993) and Milner and O'Byrne (1998), have also presented formats and ideas for the content of recording. Meyer has collected several graphic tools for data collection in assessment, for example, genograms, eco-maps, the dimensions of complete ecosystems developed by Allen-Meares and Garvin, 1987, the development assessment wheel from Vigilante and Mailick (1985), and the social network support map from Tracy and Whittaker (1990). Milner and O'Byrne have produced a simple grid of data collection, an adaptation of the ecosystems model of Allen-Meares and Lane. These sources all vary in their theoretical perspective, focus, and structure. They tend to be all-encompassing, covering all possibilities, in suggestions for content, which is confusing for the social work instructor and student. No textbook has delineated the elements of content necessary for all initial assessments.

There has only been one book published specifically on the documentation of the psychosocial work in the last twenty years, that written by Kagle (1996) - and first published in 1991. Her outline for content is called a social history, arranged topically with very detailed suggestions for the elements of content. Two other books, Lukas (1993) and Turner (2002b), treat psychosocial assessment holistically but provide some guidance to content and structure. They suggest recording formats and content based on an assessment of the client rather than an assessment based on the problem of the client, a disadvantage when trying to exclude extraneous information from a recording.

The problems arising from the piecemeal tradition of teaching social work recording have been recognized by professional orders, some of whom have initiated

workshops and provided guidelines for the teaching of psychosocial assessment in order to fill the teaching vacuum between the schools of social work and the agencies (OPTSQ, 2004). It is clearly within the mandate of a professional order to promote professional activity for the protection of the public, and the professional record is the concrete indicator of accountability. It becomes problematic, however, when the teaching of a skill so fundamental to the purpose of social work is left exclusively to agencies and professional regulatory bodies.

The documentation of a psychosocial assessment is a practical and effective method of concretely demonstrating the link between theory and practice. It merits greater interest on the part of academics (Garton & Otto, 1964). Schools of social work, however, have been preoccupied with theoretical debates about practice and social policy. There are powerful fiefdoms that compete with each other for a constituency rather than collaborate on generic models (Tornatzky, 1974).

Other factors perpetuate the lack of academic interest in assessment. Assessment is much more important for the practitioner than for the academic. Most doctoral students have pursued an academic career in teaching and research rather than a clinical course and have not lived with the problem of recording weekly assessments (Garvin & Tropman, 1992). Often practice courses are taught by independents while tenured faculty concentrate on the analysis of social policy (Rose, 1974). Independents do not have much status in a school of social work. They have little impact on curriculum planning even though they may be more aware of the practical problems in the field, including that of social work recording.

Nevertheless, some social workers in academia remain concerned about the quality of recording. Cohen (1986) has suggested five succinct and useful principles for documentation (p. 407):

- 1) Organize a professional report according to topic, not chronologically
- 2) Think and write in the present tense
- 3) Use observations, comparisons and generalizations to describe and explain
- 4) Be honest about uncertainty and about the sources of information
- 5) State the goal of the report explicitly and use it to develop a persuasive presentation.



He has less to say about content, except to point out that it should be relevant to the needs of the particular case. These very practical principles reflect the thinking of his contemporaries: Turner (2002b) in his advocacy of stating the degree of certainty in sources of information; Hall (1997) in his reminder that recordings are persuasive narratives; and Gambrill, (1997), Kagle, (1996), Milner and O'Bryne (1998), Timberlake, (2002), and Turner (2002a), in supporting the importance of stating an opinion about the descriptions and observations in the recording.

## **2.5 Conclusion**

Social work intervention is usually based on the data gathered and interpreted in an initial recording. The literature shows that the recording of a psychosocial assessment can have a major impact on practice and the construction of social work knowledge and demonstrates many issues in its practice, issues that can directly affect decisions for intervention. There are problems with the guidelines, forms and structure for recording. There are problems with content, including the omission of essential information, inclusion of irrelevant data, and unnecessary duplication. There are problems with the interpretation of that content in the formulation of a professional opinion. There are problems with the attitude and orientation of workers and academics. There are problems with its use in research. Finally, there are problems with its teaching. There are, however, not only practical issues surrounding recording practice, there are also theoretical issues which will be considered in the following chapter.

## CHAPTER 3

### THEORETICAL CONCERNS

Theories potentially guide the worker both in the collection of data and its analysis, the process that is made explicit in the written recording. As there is little agreement in the profession about what 'theory' or social work practice theory is (Payne, 1997), so it becomes difficult to decide on the essential elements of an initial recording. Any practice procedure that would benefit from a more generic approach becomes problematic. The major debate in the field currently is between positivist and postmodern views of theory.

#### **3.1 Positivist Thinking**

Positivism or modernism views knowledge as anchored in evidence of experience or observations that can be verified through the scientific method. This evidence-based practice or empirical clinical approach in social work emphasizes research as a guide to effective practice. During the 1970's, there was a search within social work for a comprehensive practice theory based on this empirical view, a search which led to competing theory wars with no satisfactory resolution (Payne, 1997). There are problems with a purely empirical approach for social work practice because of the diversity of the client population that inhibits the development of a comprehensive theory of practice. The empirical approach also ignores values that are difficult to test. It remains an important perspective, especially in universities which often favour research based on the empirical approach to the development of knowledge, usually through a quantitative methodology.

#### **3.2 Postmodern Thinking**

Postmodern thinking offers a more complex understanding of reality. Knowledge is a human representation of reality, constructed by human beings through ideas and language. There are no hierarchies of meaning or values. Knowledge is connected to power. If we can get others to accept our ideas, we have power. Professionalism itself is suspect through its control of specific knowledge. No knowledge is accepted at face value but rather deconstructed, usually through qualitative research

methodology, to discover the social relations that have influenced its construction. Dean, (1993) has defined the difference between two postmodern views, constructivism and social constructionism: "*Constructivism* is the belief that we cannot know an objective reality apart from our view of it....*Social constructionism*....stresses the social aspects of knowing and the influence of cultural, historical, political and economic conditions" (p. 57). Both constructivist and social construction views argued that no one view of reality is comprehensive enough for the knowledge needed for social work practice. This created a potential for uncertainty, ambivalence and fragmentation as it opened the door to a unlimited number of practice models each of which makes sense depending on the nature of the psychosocial problem (Tuson, 1996). Uncertainty, rather than theoretical wars of the empirical approach, became the central feature of postmodern perceptions.

An integral part of postmodern thinking is the concept of reflexivity. The postmodern thinker is critical and self-reflexive. "Social problems which professionals address need to be understood as social constructions, 'built' jointly by users, professionals and others through processes of reflexive communication." (Tuson, 1996, p. 68). The concept of countertransference from the psychodynamic tradition is one illustration of reflexive thinking that has long been a part of social work tradition in individual casework. Postmodern thinking extends the notion of reflexivity to the partnerships that social workers develop with clients and other organizations in the construction of social problem solving.

### **3.3 The Theory Debate in Social Work**

There is a debate between positivist and postmodern conceptions about the nature of theory. A strictly positivist concept would argue that a theory based on the scientific method must explain the cause of a phenomena and not just describe it or provide a way of thinking about the world. A postmodern concept is less restrictive. Clark (1995) has given social workers a useful guide to a postmodern approach to theoretical possibilities: 1) Models that extract certain principles and patterns of activity which give the practice consistency, would include a system of classification ; 2) Perspectives on human activity that provide a framework or academic discipline and 3) Explanatory theory based on causality. Neither the empirical nor the postmodern approaches foster

the development of a foundational grand theory for social work or even an integrated professional identity (Tuson, 1996).

Berlin (1990) proposed another reason for the difficulty the profession has had in developing unifying theories. She believes that the profession of social work is built on a foundation of dualities due to our dichotomous thinking common in Western cultures; that is, our tendency to construct meaning according to similarities and contrasts, and that the changes in the schemata or classification categories we use to understand arise from the dynamic tension between the contrasts. Our preference for dichotomous thinking may be inhibiting the application of certain social work practice theory to other cultures whose religious and social philosophies are incompatible with notions of individualism and competitiveness (Payne, 1997).

### ***3.3.1 The Postmodern View and Social Work***

Postmodern approaches have been more popular in the United Kingdom and Europe where social work literature has been preoccupied with the anti-oppressive practice and has disregarded the generalist-eclectic problem solving perspective prevalent in North America (Payne, 1992). In the United Kingdom social work education was transformed during the 1980's with a focus on the development of anti-racism and the application of theories of oppression to social work with its tradition of concern for and respect for persons (Ford & Hayes, 1996). Academia, however, has had some difficulty in translating postmodern thinking into practice. A concept of oppression that is founded in structured social relations is at odds with an individualistic focus in social work (Harlow & Hearn, 1996).

Social workers in the United Kingdom also became preoccupied with meeting competency standards which required them to demonstrate anti-racist and anti-oppressive practice. They were severely criticized in the tabloid press for practice which suggested that workers were basing decisions and interventions on crude notions of political correctness, especially with regard to racism (Jones, 1996). Because of these problems, Harlow and Hearn (1996) have suggested that more attention needs to be paid to how anti-oppressive practice can be assessed.

There has been much tension in the United Kingdom between academia and agencies (Orme, 1996). Radical social work as espoused in the universities was primarily concerned with the theoretical and ideological terrain of social work and very critical of individualized, piecemeal methods of casework and its knowledge base. It, therefore, remained based in social work academia while the agencies gained more influence over actual practice characterized by short term, task centered, and measurable intervention (Jones, 1996). Theories or perspectives are only useful if they are linked to practice. As Payne (1997) has remarked “Because social work is practical action in a complex world, an effective 'theory' or perspective must offer a model of explicit guidance” (p. 36). He believes that radical theory was weakened for its lack of focus on practice models.

### ***3.3.2 Generalist Perspective in Social Work***

The generalist approach to practice had been adopted in North America. The concept of *general* or *generalist* is used to describe practice that is not confined by specialization or careful limitation (Timberlake, 2002). Adopted by the Council on Social Work Education (CSWE) in 1987, the approach is based on a foundation of sanction, values, knowledge, skills and the person-in-environment perspective. It integrates the following six practice elements; 1) an ecological-systems perspective, 2) a problem focus, 3) a strength/needs orientation, 4) a multilevel approach, 5) an open selection of theories and interventions and 6) a problem-solving process (Timberlake, 2002). It considers the major theories of practice as the meta-theories of ecological systems and individual and family development with the following mid-level theories for practice; psychodynamic theories, cognitive-behavioural theories, humanistic and feminist theories, and post-modern theories (Lehmann & Coady, 2001).

Although it claims to encompass postmodern models, the generalist approach to practice, because of its emphasis on the problem-solving model, is more grounded in the empirical tradition. The problem-solving model was first suggested by Perlman in 1957 in an attempt to bridge the differences between the humanistic Functional school and scientific Freudian diagnostic school of social casework. Perlman based her model on the pragmatic philosophy of John Dewey who postulated that all human living is

effective problem solving and described the thought processes of a human being when confronted with a problem. His philosophy is firmly rooted in the empirical tradition.

One of the most elegant formulations for problem definition is the person-in-situation perspective of Florence Hollis (1972), often now referred to as the person-in-environment perspective and further elaborated by Harriet Bartlett (1970). This perspective has remained a solid unifying force in directing practice. Coady and Lehmann (2001b) have recently used the problem-solving perspective as an integrating framework for deductive eclectic use of theory and artistic, intuitive-inductive practice. In social work, problem-solving is not just a purely cognitive process, but built on the relationship with the client and a mutual problem solving process.

The profession in the United States has accepted the idea of a generalist-eclectic approach to practice, and not without considerable struggle (Lehmann & Coady, 2001). Generalist approach to practice has been criticized as too simplistic, diverting the profession from defining and evaluating the knowledge and skill bases required for effective social work practice (Kolevzon & Maykranz, 1982). Others wondered whether the proliferation of theories in generalist practice might destroy social work as a coherent profession (Scott, 1989). The perspective has been criticised as too derivative of a medical model (Graybet, 2001). In the United States in particular, the problem solving perspective became suspect as a generic model because of its association with the medical model and extensive use of the Diagnostic Statistical Manual by social workers to classify the social work problem. Social workers have become one of the major professions in the field of mental health in that country and a DSM diagnosis is a common requirement for funding purposes (Kirk et al., 1989). These critics of the generalist model and problem-solving perspective were all, of course, arguing for their own preferred theories or perspectives as generic models, and they all differed from one another.

### **3.4 The Opposition to Generic Models**

Theories that compete with one another do not produce the knowledge needed to develop a generic standard for the content of an initial recording. This is not a new observation. Thirty years ago Timms (1972) remarked that:

As in casework, so in other methods there appears to be a reluctance to support any particular kind of recording or to suggest that there is any limit to the influence various factors may legitimately exert on the form of recording. (p. 59)

He also believes that a consensus about any generic model is probably still an idealistic fantasy and the adoption of a generic model governing the content of the written record is likely, in practice, to meet stiff opposition from academics (Timms, 1972). This problem is not idiosyncratic to social work. Tallent (1993), the psychologist who studied recording practices of several disciplines (social workers included), noted that one of the five pitfalls in recording practice was the professional disagreements about theory on which professional opinions are based.

Generalizations about the content of recording are also difficult because of the diversity of fields of practice coupled with different theoretical and methodological approaches to practice. As they propose generic *process* models of assessment, two textbooks devoted to assessment, Meyer (1993) from the United States and Milner & O'Byrne (1998) from the United Kingdom, do not give very many specific details about content. Turner (2002b) from Canada, however, does argue for some agreement about content.

In addition, there is the human factor in the development of any generic model. In practice, social workers, practitioners and academics alike, are reluctant to change. Like most individuals, they all tend to stick to their familiar ideas rather stubbornly even in the face of contradictory information (Brower, 1988; Nisbett & Ross, 1980).

The concept of a generic model, however, gets some support from both the postmodern and empirical schools of thinking. From the postmodern school, Michael Payne (1997) argues for the social construction of social work theory. He conceives of social work as influenced by three views that are being constantly modified and debated and into which all current theory and practice may be fitted: the reflexive-therapeutic views (existentialist, humanist and social psychological), socialist-collectivist views (radical, anti-oppressive and empowerment perspectives) and individualist-reformist views (task-centered and systems theories). For Payne, theories in social work are constantly being socially constructed by the social forces that are influencing practice activity. He maintains that the struggle between competing theories is politics and

unhelpful to practice as practical action requires perspective, theory and models: in effect, a generic approach.

### **3.4.1 *The Person-in-Environment System: A Debate Surrounding a Generic Model***

The difficulties in the application of any generic model to practice are well illustrated by the slow and rocky course in the adoption of the Person-in-Environment classification system for psychosocial problems (Karls & Wandrei, 1994). The PIE classification system was developed as a generic classification system by practitioners in the United States during the 1980's, with the support of the National Association of Social Workers in response to the increasing economic and professional power of the DSM III and the arrival of computer technology. PIE was based on the problem-solving perspective and classified the psychosocial problems of clients in their social functioning roles and in the environment using a common language permitting translation to computers.

Although a classification system was long recommended in the literature (Kirk et al., 1989; Lewis, 1982; Meyer, 1993; Peterson, 1979; Siporin, 1975), the PIE system, for several reasons, only met with qualified approval by the profession and has yet to be used widely. There has been a general prejudice against the use of classification systems in the profession starting with Richmond in 1917 who opposed an individual diagnostic classification and later, Hamilton who insisted that the social work record focus on the individual quality of each client. The use of a classification system raised the spectre of pejorative labelling. As some authors reviewing PIE stated, "social workers do not need a new jargon that stereotypes clients" (Kirk et al., 1989, p. 304).

The PIE system grew out of practice and was tested in practice settings rather than in academia. It was either ignored by schools of social work or criticized by academics more interested in issues pertaining to theory or the development of more elaborate computer models than the practical problems of writing assessments. Kirk et al. (1989) disagreed with the arbitrary choice of the social role typology, preferring a dimensional measure. Unfortunately, these authors had nothing better to suggest except more research into the information that social workers need for an assessment before developing a classification system. Considering the antipathy of social workers to research, this



recommendation suggested that social workers might well find themselves “Waiting for Godot”.

As well as the criticism PIE has received from academics, the difficulties in its adoption by workers in the US are probably mainly due to the economic dominance of the DSM diagnosis, the basis of third party payments in the mental health field. The PIE system received more acceptance outside the United States and has been officially translated into seven, and unofficially into four other languages. The PIE system has been gradually introduced to practitioners in Quebec by the OPTSQ in a series of workshops over the past ten years. However, only one large agency in Montreal, a hospital setting comprising two hospitals, has adopted the system as part of its recording. One of these hospitals had instituted a two year learning process as a pilot project during which it became clear that workers would be unlikely to adopt the system until it was universally mandated for the agency. Its actual adoption was finally established by administrative decree.

In its present form, the PIE is probably most useful in hospital settings. It is not yet fully generic. It only classifies the problems of adults, limiting its usefulness in the field of child welfare and work with couples and families. It is helpful in defining the content but does not cover the analysis and synthesis of the data necessary in making an intervention decision. It remains a classification system only and does not replace a professional opinion.

### **3.5 Practice Wisdom**

It would not be unusual if the impetus for a generic model would arise from problems encountered in professional practice as it adapts to new realities of clientele and technology. Despite theoretical battles, social work practitioners are practical. They simply keep on doing what they are doing and their work is more defined by function than by theory.

Social work is just a relatively straightforward, pragmatic set of social problem solving activities developed in modern Western industrial societies, and currently being exported more widely, about which sophisticated social theorizing seems largely redundant (Tuson, 1996, p. 74).

There is some evidence in the literature that social work in practice has ignored theory. In her unpublished doctoral dissertation, Field (1979) studied the records of a US placement agency from 1921-1949, an era when the social work literature was heavily dominated by psychoanalytic theory. She found little evidence that this theory affected either the content or practice of the agency. Practice wisdom linked to function prevailed in the agency. In his study of strengths case management, Floersch (2002) found evidence that social workers used knowledge grounded in every day action, practice wisdom that was not mediated by any dominant theory or ideology.

To fill the void in recording practice left by academic social work, it is agency and professional guidelines that are the source of practice wisdom in recording. Recording practice has traditionally been shaped by the agency. It is the agencies that have had to cope with the many problems in that practice arising from theoretical difficulties impeding a consensus about the definition of the parameters in the content of the written assessment. The agencies, however, lack a standardized guide governing the specific content of an initial recording required for a competent practice decision. In the absence of a generic model, it is the agencies and professional regulatory bodies that must struggle to define and teach the content of the recording. Through their guidelines they blend theory and practice in response to the realities of practice - a method of defining and teaching recording that has met with mixed results. The following study will investigate whether this method actually does improve current recording practice.

## CHAPTER 4

### CONTENT OF INITIAL RECORDINGS IN CURRENT PRACTICE

#### 4.1 Rationale for Study

Currently, it is professional guidelines that establish the content and ensure the quality of recording in social work. The data from the research examining recording guidelines and their content is now twenty years old (Kagle, 1996; Pare, 1991; Sinclair et al., 1995) and there is no research on whether these guidelines ensure the content of a recording. This preliminary study was designed to determine whether the content of initial recordings in current practice corresponds to professional standards by 1) analyzing the frequency with which social workers record the elements of recording content suggested by the guidelines from a professional corporation and 2) comparing these frequencies with their importance for inclusion in any initial recording. In view of the lack of consensus in the literature or social work theory, standards developed by a professional corporation were considered a reasonable baseline for quality practice. Because professional guidelines tend to be all inclusive and recording content may vary depending on the difficulty of the clinical problem, it was crucial to know which elements of content would be important to include in any initial recording regardless of clinical complexity.

The initial recording was chosen to examine as it is the first crucial building block of recording and the literature indicates that social workers often do not change their minds (or recordings) in light of subsequent information (Commission des droits de la personne et des droits de la jeunesse, 1998; Howitt, 1992; Kelly & Milner, 1996). A review was done of the initial recordings in a number of files across several sites that deliver health and social services in a large urban multicultural environment.

#### 4.2 Sites and Settings

Hospital 1 and Hospital 2 were large urban general hospitals serving both adult inpatients and outpatients. Hospital 2 had a child and adolescent unit that formed part of the department of psychiatry and a specialty hospital for neurological disorders. Social

service departments of both these sites were administered by one department head and had the same administrative requirements. This social work department consisted of 57.6 social work positions divided almost equally between the two sites and had two major settings based on the medical problem of the client: medical/surgery and psychiatry.

Assessments were recorded on a separate social work consultation sheet that formed part of the medical record. All the workers were required to classify problems according to the Person-in-Environment classification system as part of their recording. This system had originated in Hospital 1 and the workers had had more training in its use than workers in Hospital 2. The form used by both the workers in Hospital 1 and Hospital 2, specifically asked for ten elements.

Hospital 3 was a smaller general hospital delivering adult services to both in-patient and outpatient clients. The social work department, consisting of 14 workers, also divided its workers into two major settings based on clientele: medical/surgery and psychiatry. The form used by the workers specifically asked for five elements.

Site 4 was a local community centre (CLSC) that delivered health and social services to the community. The social work department also had two major settings based on type of client: home care to the aged and families/children. There were 17 workers in the home care setting and 12 workers in the families/children setting. Social work assessments for the families/children division were recorded on a form that specifically asked for six elements. Social work assessments for the home care clientele were recorded on an interdisciplinary assessment form designed by the Quebec Regional Council for Health and Social Services. This form specifically asked for 15 elements.

## **4.3 Procedure**

### **4.3.1 *Assessment Elements***

The assessment elements chosen for this study were based on the professional guide to assessment developed by the Order of Professional Social Workers of Quebec, the professional order governing professional practice for social workers in the province and on a chapter on multidimensional assessment from a standard textbook (Hepworth &

Larsen, 1990). A list was made of all the elements of content suggested in these two sources and was edited using two criteria:

- An element must meet the principles of relevance and salience (Germain, 1968; McMahon, 1996; Rycus & Hughes, 1998).
- Each element must be mutually exclusive to eliminate redundancies. Workers complain about redundancies in recording guidelines (Kagle, 1996; Pare, 1991).

This list was submitted for review to one of the authors of the PIE system, three social work managers in hospital, family and community home care, and lastly, a professor of social work in Alberta and his class in social work assessment. One new element was suggested through this process – “major illness”. The process produced a list of 23 elements that had some measure of content and face validity. These elements are listed in Table 1.

This list was submitted to six senior social work experts: namely, two managers, two workers, a professor of social work at McGill University and the head of professional services for the Quebec Order of Professional Social Workers. They were all asked to consider how important each element was for inclusion in the recording of a psychosocial assessment and then rate that importance for each element on a scale from 1, least important to 5, most important.

#### **4.3.2 Sample**

The sample consisted of 180 social work initial assessments chosen by the following procedure:

- Hospitals 1 and 2

From the list of 59 social workers in Hospital 1 and 2, six social workers from psychiatry (14 workers) and six social workers from medical/surgery (45 workers) were chosen randomly. Five cases per worker were then chosen randomly from a list of active cases during the last three months of 2000. Initially the charts were requested from the medical records department of both hospitals.

Not all the charts were available from medical records and some did not contain any social work assessments. For Hospital 1, of the missing 8 assessments, one was found in the duplicate social work files and the 7 remaining cases were selected randomly from the list of closed cases for the social worker during the same period.

For Hospital 2, of the missing 27 assessments, 5 were found in the duplicate social work files and the 21 remaining cases were selected randomly from the list of closed cases for the social workers during the same period.

- Hospital 3

From the list of 14 social workers working at Hospital 3, six workers were chosen randomly from psychiatry and six workers from the medical/surgery divisions. Five cases were then chosen randomly from the active cases of each worker dated between November 5<sup>th</sup> and December 2<sup>nd</sup>, 2000. There were three assessments randomly selected as medical/surgery cases that had been initially assessed in psychiatry and were considered part of the psychiatry sample.

- Site 4 (CLSC)

From a list of 10 social workers in the Family/Child division of the CLSC, the names of six social workers were chosen randomly. From a list of 19 workers in the Home Care division of the CLSC, the names of six social workers were chosen randomly. Five cases were chosen randomly from the active cases of each worker between October and December, 2000.

In each case, the initial assessment in the file was chosen as representative of the most complete psychosocial assessment. The initial assessment was not necessarily that of the worker originally chosen as part of the random sample, an occurrence which gave a final sample of assessments from a larger number of workers than had been first planned. The final sample from Hospitals 1 and 2 consisted of 60 assessments from 25 workers in psychiatry and 22 workers in medical/surgery; that from Hospital 3 of 60 assessments from 13 workers in psychiatry and 13 in medical/surgery and that from the community agency of 60 assessments from 14 workers in Family/Child and 15 workers in Home Care.

All 180 assessments were examined and the presence or absence of each element noted on a check list (See Table 1). For two of the elements, “children” and “coping skills of the client”, there were situations in which the element was judged to be non-applicable. For “children”, the element was considered non-applicable if the client was unmarried and under 18. For “coping skills of the client”, the element was considered non-applicable if the problem identified was a problem in the environment; for example,

scarcity of medical resources in the province to treat breast cancer. The most subjective judgment about the presence of a particular element pertained to the element “professional opinion”. Any statement made in the assessment that made a judgment about the facts of the assessment was considered to be a “professional opinion”. The reiteration of the presenting problem as stated by the client was not considered to be a “professional opinion”.

#### 4.4 Analysis

Age and client gender were dropped from the analysis of the assessment elements as they were simple descriptions present in all assessments. This left 21 elements.

- The number of elements present in the assessments was considered the dependent variable
- Site, setting and form were considered the independent variables
- The frequency of elements recorded by workers in the assessments was compared with the order of importance given them by the six senior social work experts.
- The total number of elements in each assessment was cross tabulated by form and site and the value of chi-square calculated.
- The average number of elements for each assessment from Hospital 1 and 2, sites that use the same form, was compared for site and setting using a two-way Analysis of Variance (ANOVA)

#### 4.5 Findings

Table 1 is a summary of the findings and compares the assessment elements with the experts’ opinions and the form requirements across sites and settings. Figure 1 illustrates the comparison between the assessment elements actually present on the form (in percentages on the right) and expert opinions concerning the important elements to record (in means on the left). Experts generally rated all the elements as very important. The right of the graph clearly illustrates the elements considered important by the experts but recorded infrequently by the workers.

**Table 1** Assessment Elements Recorded by Form, Site and Setting

ELEMENTS	EXPERTS	FORM A				FORM B		FORM C		FORM D		Totals
		Hospital 1		Hospital 2		Hospital 3		CLSC		HomeCare		
		Med/Surg n = 19 %	Psych n = 11 %	Med/Surg n = 11 %	Psych n = 19 %	Med/Surg n = 27 %	Psych n = 33 %	Family n = 30 %	HomeCare n = 30 %			
Client Functioning	5	84.2	81.8	100	68.4	6.3	93.9	90	<b>100</b>		90.6	
Support System	5	78.9	90.9	81.8	73.7	81.5	75.8	76.7	<b>90</b>		80.6	
Psychosocial Problem	5	<b>100</b>	<b>90.9</b>	<b>90.9</b>	<b>100</b>	63	78.8	86.7	73.3		82.8	
Client Coping Skills	5	<b>73.7</b>	<b>100</b>	<b>36.4</b>	<b>68.4</b>	29.6	36.4	53.3	<b>63.3</b>		52.2	
Problem Duration	4.83	<b>94.7</b>	<b>90.9</b>	<b>45.5</b>	<b>94.7</b>	29.6	36.4		30		55	
Problem Severity	4.83	<b>84.2</b>	<b>90.9</b>	<b>36.4</b>	<b>84.2</b>	14.8	9.1	10	13.3		33.3	
Client Collaboration	4.83	63.2	18.2	9.1	26.3	51.9	51.5	43.3	<b>80</b>		48.9	
Referral Reason	4.67	<b>94.7</b>	<b>90</b>	<b>81.8</b>	<b>100</b>	<b>92.6</b>	<b>100</b>	100	43.3		87.2	
Major Illness	4.67	<b>100</b>	<b>100</b>	<b>90.9</b>	<b>100</b>	<b>96.3</b>	<b>87.9</b>	80	<b>96.6</b>		92.2	
Information Sources	4.67	84.2	27.3	36.4	57.9	88.9	60.6	<b>66.7</b>	<b>60</b>		64.4	
Professional Opinion	4.67	36.8	45.5	9.1	26.3	40.7	48.5	<b>80</b>	<b>66.7</b>		49.4	
Children	4.5	68.4	72.7	90.9	60	76.9	47.1	<b>100</b>	<b>93.3</b>		80.7	
Financial Resources	4.5	57.9	72.7	45.5	57.9	40.7	60.6	63.3	<b>83.3</b>		61.1	
Language/Culture	4.33	<b>21.1</b>	<b>36.4</b>	<b>36.4</b>	<b>47.4</b>	<b>37</b>	<b>24.2</b>	36.7	<b>46.7</b>		35.6	
Work Status	4.33	52.6	90.9	54.5	63.2	59.3	42.4	73.3	<b>66.7</b>		61.1	
Living Arrangements	4.33	78.9	90	81.8	78.9	96.3	84.8	90	<b>76.6</b>		85	
Discrimination	4.33	5.3	9.1	0	0	3.7	0	0	0		1.7	
Marital Status	4.17	73.7	63.6	72.7	68.4	74.1	57.6	86.7	<b>93.3</b>		75	
Intervention Plan	4.17	<b>100</b>	<b>100</b>	<b>72.7</b>	<b>100</b>	96.3	100	<b>100</b>	<b>83.3</b>		95	
Date	4.17	<b>100</b>	<b>90.9</b>	<b>90.9</b>	<b>100</b>	<b>92.6</b>	<b>97</b>	<b>96.7</b>	<b>86.7</b>		94.4	
Referral Source	3.83	<b>100</b>	<b>63.6</b>	<b>72.7</b>	<b>94.7</b>	<b>96.3</b>	<b>93.9</b>	86.7	46.7		82.2	

NOTE: Figures in **bold italics** indicate that the element was a requirement on the form



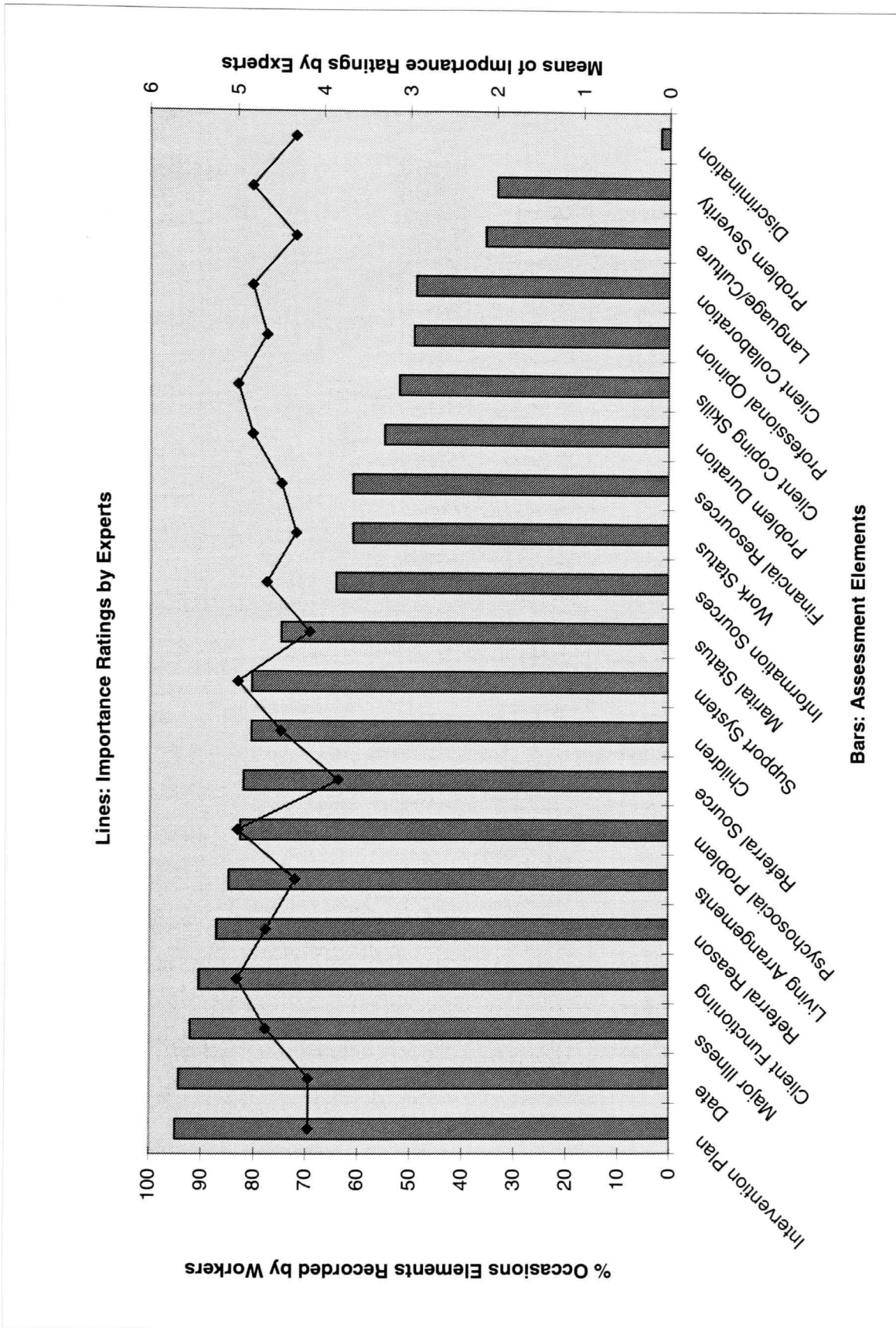


Figure 1. Elements: Frequency Recorded by Workers with Importance Ratings by Experts

Table 2 shows that when an element was required by the form, the workers were significantly more likely to record that element in the assessments.

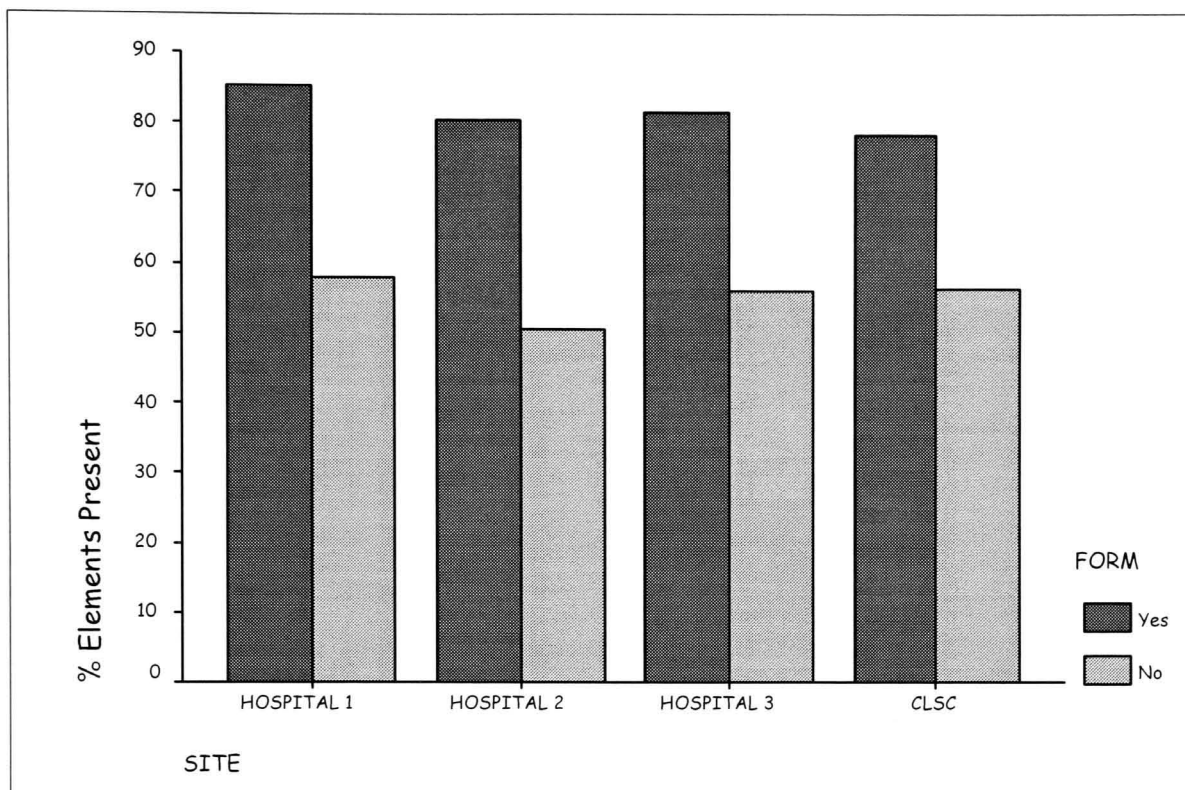
**Table 2. Cross tabulation: Elements Present by Form**

		FORM			
		Yes	No	Total	
PRESENT	Yes	Count	1236	1251	2487
		% within PRESENT	49.7%	50.3%	100.0%
	No	Count	294	999	1293
		% within PRESENT	22.7%	77.3%	100.0%
Total		Count	1530	2250	3780
		% within PRESENT	40.5%	59.5%	100.0%

Chi-square (1,  $N = 3780$ ) = 256.65,  $p < .001$ .

The effect of the forms on the number of elements recorded by the workers was significant across the four sites. Figure 2 illustrates this relationship. Controlling for form requirements, there was no significant effect of site on the number of elements present.

There were significant differences between Hospital 1 and 2 whose workers use the same form and are grouped into the same settings. Table 3 shows that the mean number of elements for psychiatry is almost the same in both sites whereas the mean number of elements for medical/surgery is significantly less in Hospital 2 than 1.



**Figure 2. Elements Present by Form and Site**

**Table 3. Elements Present in Assessments for Sites 1 & 2 in Means**

Total Elements				
Site	Setting	Mean	N	Std. Deviation
Site 1	Medical/Surgical	15.00	19.00	1.94
	Psychiatry	14.73	11.00	2.20
	Total	14.90	30.00	2.01
Site 2	Medical/Surgical	12.18	11.00	2.36
	Psychiatry	14.42	19.00	2.55
	Total	13.60	30.00	2.67
Total	Medical/Surgical	13.97	30.00	2.48
	Psychiatry	14.53	30.00	2.39
	Total	14.25	60.00	2.43

There was a significant difference between the two sites.  $F(1,56) = 6.60, p < .02$ . The effect of setting was not significant but the interaction between the sites and settings was significant.  $F(1,56) = 4.27, p < .05$ . Table 1 shows the elements that were responsible for the differences between the two sites: client coping skills, problem duration and problem severity. Workers in the medical/surgery setting of Site 2 recorded these elements significantly less often.

## **4.6 Discussion**

### **4.6.1 Key Findings**

- It was form requirements rather than professional guidelines that were a significant predictor of the elements that the workers included in the recordings.
- There was little congruence between the opinions of the experts about which elements were important to record and the elements that were actually present in the recordings written by the workers.
- There was no professional opinion in more than half of the recordings.
- Not all the differences could be explained by form requirements. Between Hospital 1 and Hospital 2, who use the same form and are grouped into the same settings, there were significant differences mainly on certain specific elements: coping skills, problem duration and problem severity.

### **4.6.2 Limitations**

- Recording content data is only one measure of quality. The quality of the professional opinion—the analysis and synthesis of the data—was not measured.
- The list of the elements used for this study was based on a limited number of sources and may not be applicable to all major fields, methods and theories of social work practice. Construct validity - the degree to which the list was truly generic - was not established.
- The research was not designed to investigate elements of content that were recorded by the workers but not present in the guidelines.

- The recordings were written by social workers practicing in medical and mental health settings only, limiting the applicability of the results to all social work settings.
- Random sampling procedures were contaminated. Some assessments were missing from the medical dossiers and had to be chosen randomly from the social service dossiers. Many initial assessments in the dossiers were not made by the original worker from the random selection and might have been written when the present form requirements were not in place.
- This study did not test redundancies in guidelines, about which workers complained in the United Kingdom and in Pare's study (1991) in Montreal, as the elements were specifically chosen to be mutually exclusive.

### **4.6.3 Implications for Practice**

#### **4.6.3.1 Guidelines**

Workers did not often record the content established by the guidelines of their professional regulatory body, the basis of the check list used for this study. They may be unaware of these guidelines, ignore them or be non-compliant. This result is similar to those of Sinclair and her colleagues (1995) who found that social workers were not aware of assessment guidelines and did not use assessment tools recommended by governing agencies. Although this study was based on only one set of professional guidelines, the results suggest that guidelines may not be sufficient to ensure recording quality. They do not specify the essential content of an initial assessment required to make a practice decision.

#### **4.6.3.2 Forms**

- The requirements of the form were a powerful influence on the workers, suggesting that social work administrators should pay particular attention to the design of the recording form if they wish to ensure that certain content is recorded. This research supports the decision by the NASW to initiate the development of a classification system for social workers, the Person-in-Environment System (PIE), a system that requires that specific data be recorded in order to classify a psychosocial problem;

that is, problem duration, problem severity and client coping skills, and major illness. PIE could be a useful instrument for managers interested in raising the standards of assessment evaluation.

- Although the requirements of forms are a predictor of the inclusion of elements in the actual recording, not all workers were influenced by these requirements. Some workers complied; some did not. Although coping skills, problem duration and severity are requirements of the form for Hospital 1 and 2, the workers from the medical/surgical setting in Hospital 2 often omitted these elements from their assessments. These results may be a result of the less intensive training in the PIE system for the workers in Hospital 2 compared to the workers from Hospital 1. Although some of the effect may also have been due to non-compliance or lack of supervision, the on-going training of workers in recording procedures would promote better compliance with assessment guidelines.

#### **4.6.3.3 Content Elements**

- The workers routinely recorded some elements of content that the experts and the literature also considered important: that is, the definition of the problem (Coady, 2001b; Cohen & Wills, 1985) the client support system (Cohen & Wills, 1985; Stewart, 2000; Thoits, 1986; Whittaker & Garbarino, 1983), and one demographic variable, marital status (Dawes, 1994; Mischel, 1968). The routine recording of the problem adds some support to the importance of the problem-solving approach in today's generalist practice.
- There was a lack of congruence between the workers, experts and literature on other elements:
  - The workers did not routinely record the client's work record, predictive of client behaviour (Dawes, 1994; Mischel, 1968).
  - The severity of the psychosocial problem was only present in one-third of the assessments although this is one assessment component that has been demonstrated in research to have a direct connection to practice in hospitals, the setting for three of the four sites (Keefler, Duder, & Lechman, 2001). There is a very strong connection between the severity of a psychosocial problem and length

of stay; the more severe the problem, the longer the client's hospital stay. It is surprising that workers did not routinely assess the severity of the psychosocial problem as a high risk factor and a guide to the speed of their interventions. This element is also important in establishing problem priority, considered fundamental by O'Neil (1984) in her basic textbook on generalist practice, and is essential to the PIE classification system in use in two of the sites.

- The workers did not often record evidence of client collaboration although this element is rated quite highly by the experts and emphasized in the textbook. The social workers in this study did not consider it as important in actual practice.
- The element of discrimination was recorded very rarely although this is an important focus of anti-oppressive practice currently taught in schools of social work (Thompson, 2002). The workers may not have found any problems of discrimination among their clients or they may not have understood how to operationize anti-oppressive practice, a problem identified by Harlow & Hearn (1996) in the United Kingdom.
- The client's language and culture was also recorded infrequently even though the cultural context of the client is an important standard for schools of social work and these assessments were done in a multicultural urban environment.
- The absence of a professional opinion in more than half of the recordings is disturbing if social workers are interested in demonstrating the basis of a social work decision to other professions. All of these assessments were written within a multidisciplinary setting and this element is probably the most important element in distinguishing a social work assessment from those of other professions. Either social workers are not trained to give a professional opinion because it is not given much importance in their training or they believe that a problem definition is synonymous with a professional opinion.

The experts rated a professional opinion as less important than seven other assessment elements. This rating may well reflect the general lack of interest in professional opinion in the social work literature on assessment. If neither senior social work professionals nor the literature consider the recording of a

professional opinion to be of prime importance, it is not surprising that the workers also did not record their opinions very often.

#### **4.6.3.4 Conclusion**

The results of this study indicated that there is a gap between professional standards, administrative requirements, and the content of recordings actually written by social workers, a gap that must be addressed by the profession, professional schools and managers in order to ensure recording quality. It was the form, rather than the guidelines from the professional order, that predicted the content of these recordings. This gap between professional standards and the present recording practice may partially reflect the lack of agreement in the professional literature about the generic content basic to any social work recording. The sources for the list of elements defined for this preliminary study were limited. The list, therefore, may lack construct validity; that is, the degree to which the model is truly generic. The literature and the profession, however, have established some standards for recording quality that either are not considered important by the workers in their day to day life or there are many workers who have never been trained how to write a psychosocial assessment.

The development of a generic model for the essential content of an initial recording, a model based on a greater variety of sources, and using it to train social workers to write better recordings is a partial solution to the problem of ensuring quality recording. Part II of this study will describe the construction of this model and its use in a teaching procedure to improve initial recordings.



RECORDING PSYCHOSOCIAL ASSESSMENTS IN SOCIAL WORK

PART II

SOLUTIONS

## CHAPTER 5

### THE DEVELOPMENT OF A GENERIC MODEL OF RECORDING

#### 5.1 The Case for a Generic Model of Content

Another route to guaranteeing quality in recording is through teaching. The results from the preliminary study demonstrate that guidelines are not a reliable guarantee of the content that is recorded, results echoed in the literature that indicates that guidelines have a variable impact on the quality of recording. (Kagle, 1995; Pare, 1991, Sinclair et. al., 1995). This raises the issue of how recording is taught and, specifically, what is taught about the basic content that is essential to an initial recording regardless of the difficulty of the problem. Because professional guidelines are usually written to be all-inclusive to cover the complexity of practice and respond to the idiosyncratic needs of the agency, they are not always a reliable guide to the content that is basic to any initial assessment in social work, regardless of its complexity.

Teachers of recording, academics or field supervisors, are also hampered by the theoretical battles raging in the literature and schools of social work that have inhibited the development of a consensus on the definition or the basic elements of a psychosocial assessment, a lack of agreement noted by Mailick (1991). It is this lack of consensus which may have contributed to the heterogeneous and uneven teaching of the written psychosocial assessment noted by Kagle (1996). Teaching of assessment, either in the classroom or agency, is not standardized. Development of a generic model for the essential content of an initial recording, a model based on a greater variety of sources, and using it to train social workers to write better recordings is an obvious alternative method to solve the problem of ensuring quality recording.

Another teaching impediment is the current attitude and orientation of academics. Academia does not favour the development or teaching of generic practice and skills. A generalist course on psychosocial assessment would presumably include an introduction to a variety of models to help prepare students for all settings and eventualities - the teaching format suggested by Franklin and Jordan (1992) - and would therefore be even more subject to an all-inclusive approach to data collection than would recording guidelines. Furthermore, instructors are often caught up in and preoccupied with their

specific domain of research and the theoretical debates about practice and policy (Tornatzky, 1974). They are therefore probably best prepared to teach the links to practice based on their particular domain of expertise. But the information overload implied by all this can be bewildering to students trying to decide which information is important to include in assessments in order to make the appropriate links to knowledge and intervention (See Appendix A).

Despite the theoretical difficulties, a generic model for the basic content expected in any initial social work recording, regardless of the complexity of the problem, is a rather simple and practical concept with a variety of functions: as a teaching tool in schools of social work, in the establishment of criteria for recording quality, as a guide to facilitate a legal definition of psychosocial assessment, a language for the development of assessment software for new technology and finally, for research and evaluation of practice. Both students and busy practitioners would have a template to improve their skills and help improve their recording practice.

The preliminary study which investigated the elements of content presently recorded by social workers in their initial assessments, suffered from a significant limitation: content validity – the check list of elements was based on a limited number of sources and, therefore, may or may not have been truly generic. This list had been submitted for review to one of the authors of the PIE system, three social work managers in hospital, family and community home care, and lastly, a professor of social work in Alberta and his class in social work assessment for their comments. This procedure established face validity but only to some extent content validity. In order to rectify problems with content validity, it was necessary to adopt a more comprehensive approach by expanding the number of sources, analyzing their content and comparing them to each other.

## **5.2 Theoretical Framework**

It is the problem-solving perspective that guides the development of this generic model. From the empirical school, the problem-solving perspective allows for an integrative framework for an analysis encompassing the diversity of theories and practice

models that have been utilized in social work, and is now generally accepted as central to most generalist models of social work practice (Coady & Lehmann, 2001a).

The problem-solving process combines the best available information with the social worker's knowledge base in order to begin the helping process (Klein & Bloom, 1995). Problem definition is not only important to the appropriate choice of clinical interventions, but also acts as a bridge between social work clinicians and researchers (Meyer, 1993). This perspective is also important to social workers who must often act on the basis of incomplete information (Sinclair et al., 1995). A social worker cannot refuse help even in the absence of a solid idea of causality or outcomes. A focus on the problem helps in defining generic components as it contains no assumptions about the causes or solutions to problems. It results in a more focused, concisely written assessment, and discourages long rambling discourses, a potential boon to busy social workers, not to mention its readers (Tebb, 1991). A generic model based on this perspective potentially could contribute to solving some of the problems in contemporary recording.

The problem-solving perspective is, of course, subject to criticism from social workers who might consider it too close to the medical model with its focus on pathology. As Tuson (1996) has pointed out, however, social work is a practical profession that has evolved to deal with social problems. The problem-solving perspective, with its philosophical roots in the pragmatic concepts of John Dewey (Compton & Galaway, 1989), remains widely accepted in the profession and is the most available practical solution to recording problems. To equate the existence of social problems with pathology is spurious.

Although theoretical concerns impede consensus about the content of recording, these concerns should not hamper efforts to improve recording practice. A generic model of the basic content in a psychosocial assessment can complement professional and agency guidelines in improving the quality of practice.

### **5.3 The Method**

In developing the model, attention was paid to establishing content validity through sampling a greater variety of sources than those used in the preliminary study.

Sources published in the United States, Canada and the United Kingdom during the past 25 years were reviewed through a library search for textbooks and through consultations with senior social work academics for appropriate titles. The following sources were identified:

- The major textbooks in social work that discuss the content and organization of the written social work, choosing those textbooks that contained at least one chapter devoted to assessment and that were cited in the literature of psychosocial assessment.
- A major textbook on social work recording (Kagle, 1996).
- Journal articles that discussed the content and organization of the written social work assessment, identified through a computer search of the literature.
- The most recent guidelines for recording developed by the L'Ordre professionnel des travailleurs sociaux (2002).

Over the past twenty-five years, the following sources have discussed the content and organization of written assessment product and provided some models and guidance for teachers: two journal articles on teaching assessment, (Franklin & Jordan, 1992; Ames, 1999), some texts in social work (Compton & Galaway, 1989; Gambrill, 1997; Germain & Gitterman, 1996; Hepworth & Larsen, 1990; O'Neil, 1984; Sheafor, Horejsi, & Horejsi, 1988; Siporin, 1975; Tolson, Reid, & Garvin, 1994; Turner, 2002a), and three books on assessment, (Kagle, 1996; Lukas, 1993; Turner, 2002b).

### **5.3.1 Journal Articles**

In their suggested teaching format, Franklin and Jordan (1992) undertake the formidable task of integrating assessment concepts and content from three different contemporary practice models: the psychosocial assessment model, the cognitive-behavioural assessment models, and the systems assessment model. They produce an assessment outline for content that is complete and comprehensive in order to expose students to the widest range of assessment methods. The presenting problem is very carefully defined, information on client characteristics, both intrapersonal and interpersonal, is very detailed, and the environment and support system well described. They also include in the course the teaching of the latest computer based assessment tools

at that time and the DSM III. The latter had become an important part of the knowledge base of the social worker during the 1980s in the United States, as it was required of many agencies in order to obtain third party payment.

Their model integrates the classic social history by including most of its elements. The assessment summary, however, does not include a formal professional opinion, nor any hypotheses related to causality but rather summarizes the details of the targeted problem(s). Their model is based upon selecting the most effective treatment plan depending on the nature of the problem. They believe this model to be a sound foundation for teaching decision-making in social work although they are well aware that it is less helpful in teaching students how to perform rapid assessments. Since their intent is to introduce students to the widest range of assessment strategies, they do not discuss the problems in the application of the model to the written assessment. Presumably it is left up to the discretion of the worker to decide which of the components should be included in the recording.

Although she does not discuss the teaching of recording as a separate subject, Ames (1999) suggests specific methods of integrating recording into the curriculum; improvement of basic writing skills, learning data collection techniques, helping students recognize the importance of recording, familiarizing them with forms and formats, ethical issues surrounding computerization, and applying recording skills. She emphasizes the traditional social history rather than suggesting any specific elements of content.

### ***5.3.2 Textbooks***

In an early text, Siporin (1975), devotes an entire chapter to assessment. He uses the term “social study” and traces its roots back to the beginnings of social work to Richmond (1917) and the Webbs in the field of sociology. His conception of assessment reveals the influence of the classic Richmond social diagnostic schema containing voluminous social details about every aspect of the client's life, of the psychoanalytic movement, and of classic behaviourism from psychology. His suggested outline for a social study is very detailed, comprehensive, lengthy, and often redundant. It includes an analysis of the client's personality structure as well as social roles and the environment.

He never addresses issues of confidentiality. The outline itself is ten pages long but is intended as a guide to thinking rather than a template for the actual written product. He advocates that the actual written report be tailored to the nature of the problem, to the purpose of the report and to agency requirements. The strength of Siporin's text is his detailed analysis of the construction of a professional opinion in social work, what he calls the *integrative formulation*, and his emphasis on the importance of judgments based on professional standards and criteria.

O'Neil's text (1984), based a generalist perspective in the practice of social work with a focus on problem solving, has been revised twice (McMahon, 1990 and Timberlake, 2002) and each time devotes considerable attention to both the process and content of assessment. It clearly separates data collection from data synthesis, outlining data collection procedures for individuals, groups and macro systems. In addition to her admonitions about facts and assumptions, O'Neil's guide to data collection for the client or client group includes a very detailed list of questions focusing on content. She allots a section to the formulation and content of a professional opinion (in her words, "an assessment statement") and suggests a simple formula for each problem, one based on causality, an appraisal of the change potential for each problem and a judgment as to its severity, the latter a guide to the urgency of social work intervention. Along with an exercise to help the student separate facts from assumptions, O'Neil's formula is the clearest guide to the teaching of a professional opinion in the textbook literature.

Sheafor and his colleagues (1988) are concerned with defining the social work domain and devote their text to general social work techniques, strategies and procedures rather than presenting any particular model of practice. Responding to the new demands placed on social workers, they advocate that a social work report be short, simple and useful, organized, confidential, objective, and relevant, with a focus on client strengths. These are useful principles for front-line social workers whose practice has become increasingly constrained by time. Sheafor et al. provide an outline for a social history, that is classic in its format, less detailed, less redundant, and better organized than that of Siporin. They also include eco-maps and genograms as helpful assessment tools for the social worker. Sheafor, Horejsi and Horejsi base most of their content recommendations on the work on recording done by Wilson (1980) and Kagle (1996). For these authors, a

social assessment report is synonymous with a social history. Apart from stating the need for a professional opinion, they have nothing to say about its content.

Compton and Galaway (1989) focus their text on the problem-solving model first introduced by Perlman in the 1950s, and link it to the meta-theory of ecological systems. Their text devotes considerable time to the process of assessment but very little to the product. They suggest an outline for a problem-solving model that contains a detailed analysis of the problem, the identification of goals, and contracting. They give prominence to contracting for the first time, probably in response to the profession's preoccupation with accountability, outcomes and collaboration with the client. Compton and Galaway also recommend eco-maps and genograms. They do not identify the professional opinion as such but subsume it under contracting as 'assessment and evaluation,' with some suggestions about the content.

Hepworth and Larsen (1990) adopt the notion of a generalist practice developed during the 1970s in the United States and use a theoretical orientation based on a systematic-eclectic perspective. A considerable portion of their text is devoted to the process of assessment but only one paragraph to assessment as a product. Their concept of a professional opinion involves the analysis and synthesis of the relevant data into the definition of the problem. Like Compton and Galaway (1989), they emphasized the definition of the problem, the goals and contracting phases of assessment and assessment of client strengths.

Tolson, Reid and Garvin (1994) integrate task-centered practice as a category of the problem-solving model within the generalist perspective. Although their focus is on defining the specifics of the client problem, they are clear about the dimensions of human functioning that must be explored during assessment as necessary to understanding clients. The focus is on the consequences rather than the causes of behaviour. This model is not appropriate for clients who deny, or are unable to define, problems and, therefore, is not a generic model. Its strength lies in the focused nature of the assessment and the ease of evaluating social work interventions. A professional opinion that synthesizes and analyzes data and contains theoretical hypotheses about causes of client behaviours is not relevant to their model.



Germain and Gitterman (1996) place their life-model of social work practice firmly within an ecological perspective and the reciprocity of person-environment exchanges. Their recommended practice focuses on (a) painful life transitions and traumatic life events; (b) poverty, oppression and unresponsive environments; and (c) dysfunctional interpersonal processes in families or groups. In their model too, causes of problems are less important than consequences. There is an emphasis on assessment of “life stressors” rather than the definition of the problem. For the purposes of this review, the “life stressors” in this model have been considered as synonymous with “problems” addressed in other texts. Germain and Gitterman believe in an analysis and synthesis of the data, but in the organization of the written assessment they suggest an analysis be done separately for each section of the assessment. There is no separate section for a professional opinion; the worker’s comments are instead spread throughout the assessment which was organized to reveal significant patterns. They suggest a slightly different organization than that employed in the classic social history: background data (demographics, referral reason and source), definition of life stressors, client expectations of agency and worker, client strengths and limitations, environmental supports and obstacles, physical environment and plan.

In her text aptly subtitled, *A Critical Thinkers Guide*, Gambrill (1997) uses three principles to guide social workers in selecting the content of an assessment: professional responsibility for decisions, enhancing the personal welfare, and avoiding harm to the client. She devotes several chapters of her book to the process of assessment. Her guidelines are based on the problem-solving model and, following her own principles, are supported by research findings rather than theory. She believes in gathering baseline data about the problem(s) if possible and encourages a focus on outcomes. Her assessments allow the same evaluation procedures advocated by Tolson, Reid and Garvin (1994). She has an excellent chapter on data collection, with guidelines to, and critical appraisals of, sources of information.

Gambrill’s text discusses in depth the organization and interpretation of data, and how to apply critical thinking to the analysis of data and the development of causal hypotheses. She advocates inferences based on empirical knowledge, descriptions, analysis and predictions supported by evidence and the choice of outcome(s) most

relevant to clients. Her text focuses on the thinking process necessary to the construction of a professional opinion, suggesting that despite the scant attention paid to this component of assessment in other texts, it is still an important aspect of social work practice.

The Canadian textbook among the sources, *Social Work Practice: A Canadian Perspective*, influenced by Turner, its editor, also paid attention to assessment (Turner, 2002a) with five chapters on assessment: diagnosis, psychosocial history, contracting, and assessment as a process and as a product. In this text, Turner still uses the term “diagnosis” and writes eloquently about the need for the social worker to accurately describe her judgments and the basis of her decisions in a professional opinion. In her chapter on recording, Regehr (2002) lays out a clear brief framework generally based on Kagle (1996) and guidelines from the Ontario professional corporation. Most of her discussion is devoted to issues of confidentiality.

Other contemporary textbooks for social work practice devote minimal space to assessment (Allen-Meares & Garvin, 2000; Lehmann & Coady, 2001; Miley, O'Melia, & DuBois, 1998). Lehmann and Coady include a chapter in their generalist-eclectic text integrating assessment into the problem-solving perspective. Coady, like Kagle (1996) defines assessment in the narrow sense, as a professional opinion, the culmination of data collection and the distillation of these into a coherent summary of the client's problem situation. Miley, O'Melia and DuBois produce a generalist text with an empowerment rather than problem-focused perspective. When they do discuss assessment, their focus is almost entirely on the process, and their suggested outline for the written recording is based on Kagle (1996). Allen-Meares and Garvin include a chapter on assessment with a focus on evaluation as an important part of ethical practice. One of the guiding principles of their text was the importance of evidence-based practice; that is, that social work should be grounded in scientific evidence. They devote some space to risk factors in assessment, something notably missing from many other American texts.

### **5.3.3 Recording Texts**

Kagle's text on recording is the only comprehensive and scholarly text on recording which is based on solid research. She advocates the establishment of clear and

specific criteria for the clinical record as a professional responsibility (Kagle, 1996). Her outline for recording is long, very comprehensive and includes a social history. She believes firmly that a social work record must be service-centered, including means and reasons for initiating service to clearly delineate the eligibility from the client's presenting problem. Her interest in eligibility issues is practical but also evokes the tradition of the functional school of social work in which eligibility for service was a focus of social work intervention. She includes the analysis and synthesis of the data throughout the record, but advocates using labels to separate clearly the descriptive data from the worker's opinions or hypotheses. When discussing the decisions affecting service, she mentions contracts but suggests their inclusion in the record only when applicable. She is a strong promoter of teaching assessment and recording in schools of social work as she believes that the student who learns recording in an agency will always identify the task with that agency and be ill-equipped for generic practice.

She is firmly embedded in agency procedures of the 1970s and 1980s and does not use the problem-solving model that contemporary textbooks propose for recording formats, adhering to the classic model of the social history. The social work profession has tended to ignore Kagle's work by and large and has neither incorporated it nor built upon her recommendations, probably because of the influence of agency procedures on recording.

Susan Lukas (1993) has written an excellent guide to the clinical assessment of different populations. Her roots in the psychoanalytic and medical models are evident and she even includes a chapter on conducting a mental status exam, the basis of a psychiatric assessment. Her guide to the content of the written assessment is based on a detailed description of the client, much in the tradition of a social history. Although it provides examples of a written assessment for each type of clientele, its focus is principally clinical and the organization of its documentation based on a chronological narrative.

All these sources, whether general textbooks or specialized assessment texts, contain helpful information for the social work student and teacher. There is, however, a wide diversity of models, with authors giving emphasis to a particular aspect of social work depending on their theoretical orientation. As they are textbooks, their suggestions

about content tend to be detailed in order to cover every eventuality. Structure of the assessment also varies: some emphasize assessment of the client, others, of the problem. The teacher of documentation then, has the choice of a wide variety of models. If the standardization of teaching is a laudable objective, it follows that the distillation of all this knowledge into a simple generic model of essential content would facilitate the process.

#### ***5.3.4 Development of the Generic Model***

In this study a model is developed containing the basic elements that a social worker must record in order to come to a reasonable decision about an intervention plan (Horejsi, 1996), a model that would fulfill the definition of a psychosocial assessment suggested by Irvy in 1992 as:

“Gathering, synthesizing and evaluating pertinent information to design an appropriate and effective intervention strategy. (p.3)”

The model is designed for the initial assessment as this assessment is usually the most important assessment in a client’s record. As has been noted in the literature, social workers may often fail to revise their initial assessment even though lip service is paid to assessment as a continuous process (Kelly & Milner, 1996; Commission des droits de la personne et des droits de la jeunesse, 1998).

The elements of the assessment content suggested in these sources are compared using the following three criteria:

1. A generic element must be applicable to all major fields, methods and theories of generalist social work practice in order to establish some construct validity.
  - Major fields of practice include health (physical and mental), family and child welfare, protection, ageing, corrections, the workplace and disabilities.
  - Major methods of practice include individual, couple/family, group and community.
  - Major theories of generalist practice include meta-theories of ecological systems and individual and family development with the following mid-level theories for

practice: psychodynamic theories, cognitive-behavioural theories, humanistic and feminist theories, and the post-modern perspectives (Lehman & Coady, 2001).

2. A generic element must meet the principles of relevance and salience (Germain, 1968; McMahon, 1996; Rycus & Hughes, 1998).
3. All generic elements must be mutually exclusive to eliminate redundancies. Workers complain about redundancies in recording guidelines (Kagle, 1996; Pare, 1991).

The model is initially based on the list of assessment elements used in the preliminary study described in Chapter 3:

- the elements derived from the professional guide to assessment developed by the L'Ordre professionnel des travailleurs sociaux du Québec (1996), the professional order governing professional practice for social workers in the province,
- on a standard textbook (Hepworth & Larsen, 1990),
- a list that had been submitted for review to 1) one of the authors of the PIE system, 2) three social work managers in hospital, family and community home care, and 3) a professor of social work in Alberta and his class in social work assessment for their comments.

This procedure had established reasonable face validity but not content validity.

Elements are then added from any of the textbook sources if they are mentioned by at least one other source and are clearly described. A standard language and definition for each element is formulated in order to compare content. As a result of the preliminary study, particular attention is given here to the inclusion and definition of a professional opinion as a separate element in the model.

The topical organization of the list is based on the principle suggested by Cohen (1986) using the problem-solving perspective model as a framework. The topical order is a departure from the traditional chronological style but is better suited to the problem-solving perspective. This organization of data also helps the worker to classify, organize or arrange these facts to facilitate inferences and conclusions, a problem identified by Horejsi (1996). Organized in this way, only one element, the professional opinion,

contains the impression, judgments and opinions of the worker; the others contain descriptive facts and observations. This is a structure suggested by Gambrill (1997), Kagle (1996), Meyer (1993) and Siporin (1975). The problem-solving perspective encourages a more succinct recording since only information relevant to the problem is recorded.

## **5.4 Elements of the Generic Model**

Twenty-seven generic elements in ten categories are developed from this process (See Appendix B). The elements are clearly applicable to the individual client. Although most social work records are kept on individuals, the elements are designed to be useful in any written assessment, despite the modality of practice. 'Client' is used in the generic sense to encompass an individual, a couple, or a group. The elements are as follows:

### **5.4.1 *Client Identification:***

#### Demographics

Demographics include the client's age(s), gender, marital/parental status, ethnicity, language, and family composition. These are an important source of information. As Gambrill (1997) notes, research has shown that demographic indicators describing past behaviours such as education, marital status and employment can be better predictors of future functioning than personality tests or clinical judgments (Dawes, 1994; Mischel, 1968). When working with a community group, data about marital/parental status and family composition may not be necessary.

#### Employment/Education

Many of the text sources specifically recommend noting employment status. An individual's work and education is an essential source of data, not only to socioeconomic status but also to the client's functioning and self-concept.

#### Income and Source

Three texts suggest recording the client's actual income, and two texts, the source of income. Kagle (1996), in particular, suggests a very comprehensive financial

accounting. Historically, one of the important functions of social workers was to determine eligibility for financial resources and this still may be a factor in the delivery of social services in the United States, the source of most of the texts that were analyzed. Determining the actual income of clients is a sensitive process. It is often not an essential function of the social worker in Canada or the United Kingdom where social services are an integral part of the welfare entitlement. Determining the actual income of the client, therefore, would not be an important generic element in these countries. The source of the client's income would only be necessary in a social work assessment if it were relevant to the presenting problem.

### Living Environment

This element describes the physical environment of the client; housing, neighbourhood, transportation, and work environment - important data in determining a client's needs and in planning intervention. Only data pertinent to the problem need be recorded.

### **5.4.2 Referral Reason**

The referral reason is important for both the social work clinician and administrator. It is the clinical point of departure for engaging the client and directing the focus of the assessment. It provides information for the administrator about the community's perception of the agency, and about gaps or redundancies in service. Most source texts recommend its inclusion and the two that do not mention this element are more focused on the process rather than product of assessment. Kagle (1996) complains that this element was often either missing from the record or was stated in vague terms or process language.

### **5.4.3 Referral Source:**

A client may either voluntarily seek help or be referred by a third party. An involuntary client requires a very different type of clinical engagement than that required by a client who voluntarily seeks the help of a social worker. Understanding the initial motivation for social work intervention gives an important context to the written record. Administrators are also interested in this element for the information it provides. Like

the referral reason, the referral source provides evidence about the community's perception of the agency and service-delivery issues.

#### ***5.4.4 Sources of Information:***

Sources of information about the client and the problem are varied in their knowledge and objectivity. This has important clinical and legal connotations since the objectivity and credibility of the information gathered by the worker is crucial to the accuracy and validity of the final recording. The context in which the information is gathered from a source is also an important variable when judging the reliability of the information. This subject is discussed at great length in most social work texts. Gambrill (1997) in particular has an excellent, research-based chapter on the importance of critically assessing the data sources.

#### ***5.4.5 Problem Definition***

All text sources agreed on the primacy of problem definition in assessment. The major source of the client's motivation, it is clearly an element of primary importance in the helping process. The problem-solving model is the integrative framework for contemporary generalist social work practice (Lehman & Coady, 2001) and the basis of the only classification system developed in the 1980s for social workers, the PIE System (Karls & Wandrei, 1994a). Although problem definition is a useful and practical guide, the social worker must always be aware that the definition of the problem is only a working approximation of reality (Mailick, 1991). The definition of the problem is further broken down into sub-components in many of the textbooks.

#### **History/antecedents of Problem**

Although history-taking has gone out of fashion as social workers seek to distance themselves from the psychodynamic model, most of the text sources agree that the history or antecedents to the problem is significant to its understanding.



### Severity

Approximately one-third of the source texts mention the severity of the problem. Assessing the severity of the problem can help the clinician differentiate between change that has been rapid and extensive, and change that is less problematic for the client. The developers of the PIE system describe a useful method of assessing severity on a continuum from one to six. It is one of the few elements whose importance, at least in one field of practice, has been established by research that demonstrated that the severity of a patient's social role problem was found to be a significant predictor of length of hospital stay, and was a more powerful indicator than the patient's medical condition (Keefler, Duder, & Lechman, 2001). This is one element that can be quantified and used in research, an asset for a profession that has a less than admirable record in substantiating its work through empirical evidence.

### Duration/Frequency

Many source texts discuss this element. The duration of a problem can help determine the urgency of intervention and issues related to the client's motivation. The frequency of a problem can help with the judgment of its magnitude. It is a component of the PIE system. As a time variable, it also can be quantified and used in research.

### Context/Location

For the purpose of this analysis, context is used in a very restricted sense to mean the geographical location of the problem. The majority of the text sources emphasize the importance of the context/location for the understanding of a problem. The problem may occur in one context or location but not in another.

### Meaning

Most texts also attach importance to the meaning that the client attached to the problem. This component also includes the client's perception of the impact of the problem. The exploration of the client's belief system is crucial to many theoretical models, especially those based on postmodern theories. Hepworth and Larsen (1990) have a substantial section on this component.

### Past Solutions

Many sources consider this component as part of the history of the problem although approximately one third of the sources focus quite precisely on past solutions as distinct from the history. There is some logic in isolating past solutions from history as a reminder to the clinician to give special consideration. As an assessment element, it is a very good guide to planning interventions.

### Contributing Factors

This component includes any current factors, excluding client characteristics, that contribute to the problem. The scope of content can be very broad and might include cultural, environmental, life cycle, or systemic variables including any evidence of discrimination that specifically relates to the perpetuation of the problem. Thompson (2002) argues that recording patterns of discrimination is an essential component to anti-oppressive practice. The guidelines from the OPTSQ describe this component in detail.

### Priority

Although recording the priority of problems is only mentioned by three of the sources, it is practical and useful information for the reader of an assessment. This may be considered a generic variable as most clients present with several problems and some priorities must be established by both parties about the change potential of the problem. O'Neil (1984), in particular, emphasizes this component.

### Motivation

Many but not all of the sources suggest that some data be included about the client's motivation. This is somewhat surprising since so many social work clients are involuntary and some indication about the motivation of the client would be crucial in planning intervention with such clients. O'Neil (1984) subsumes this element under a judgment about the priority of the problem.

### **5.4.6 Client Characteristics**

#### Behaviour

Most sources agree that the client's behaviour should be noted. Many elaborate on this element, including detailed observational data. These are important data in evaluating the validity of the client's self-report. Social work has evolved over the past twenty years to incorporate ideas from behavioural psychology and the understanding that behaviour is not necessarily functionally equivalent across situations or social roles.

#### Functioning

There is almost unanimous agreement that a social work assessment should include some data about the client's physical and/or mental health, intellectual/cognitive capacities and emotional functioning. Some of the sources also mention functioning in social roles. The latter dimension is an important aspect of the PIE classification system.

#### Strengths/Coping Skills

With only one exception, all the sources recommend the assessment of client strengths and coping skills, a component essential to strengths-based practice. The PIE system classifies the client's coping skills on a five-point scale.

#### Developmental Factors

This component is comprised of the broad developmental factors in the life of the client that influence his or her problem-solving capacities. These factors historically were the preoccupation of social workers working within a psychodynamic framework but also belong to the theoretical orientations of cognitive, humanistic and learning theorists. They would include any issues related to the client's life cycle or transitional stage. Developmental factors may or not be applicable to the problem as defined by the client and worker. Inclusion in the written assessment should be optional.

### ***5.4.7 Client System***

#### Relationships

Most sources agree on the importance of the client's interpersonal relationships to the understanding of the problem, including the relationship with the worker and agency. The more research-oriented authors, Gambrill (1997) and Tolson, Reid and Garvin (1994), do not emphasize this element, possibly because of the difficulty in measuring the quality of relationships. Inclusion of this component is partially based on research since the quality of the client's relationship with the worker has been shown to be an excellent predictor of positive outcomes (Gurman, 1977; Lambert & Bergin, 1994; Luborsky, McClellan, & Woody, 1985).

#### Social Support System

The client's support system is an integral part of any social work assessment and its importance is recognized by most of the text sources. This component would include an assessment of the significant others in the client's life, both those in the extended family and in the community, who are the source of affective and instrumental help. This component is supported by research that correlates social supports with successful service outcomes (Cohen & Wills, 1985; Stewart, 2000; Thoits, 1986; Whittaker & Garbarino, 1983). In addition, this is the only component that has been isolated in the literature as the focus of teaching (Streeter & Franklin, 1992).

#### Resources/Obstacles

In social work texts, "client resources" is a term with a broad scope, used often as a synonym for the social support system. It can also include financial stability, personal characteristics, strengths and coping skills as well as community supports. In this organization of elements, most of these variables have already been considered. To avoid redundancy, this element is restricted to those concrete resources needed to resolve the problem. As such, this element is useful in developing an intervention plan and would include both formal and informal resources available to the client encountering any obstacles to access. Social work administrators can also use this component to identify gaps in resources and services.

#### **5.4.8 Professional Opinion**

In social work, defining the professional opinion remains problematic. It is this element, above all, that distinguishes a social work assessment from those of other professions. Most authors agree that the assessment should contain some form of professional analysis and synthesis of the data that reflects an understanding of the problem. Suggestions in the literature about the actual content of a professional opinion are varied, diverse and non-specific. Compton and Galaway (1989) ignore this component of assessment entirely. The task-centred practitioners recommend only that a problem specification be developed for each target problem, a specification that contains the specific conditions that must be changed in order to help the client. Social workers, however, must still make judgements about the nature and the quality of the information they have gathered. It is clearly the most difficult element of a psychosocial assessment (Nurius & Gibson, 1990; Overtveit, 1985). The workers in the preliminary study (See Chapter 3), for instance, only included some opinion statement in less than half of their assessments.

Gambrill (1997), Kagle (1996), Meyer (1993) and Siporin (1975) who have written most extensively on this element all agree that the worker's opinions should be clearly labelled and separate from descriptive data and observations. Meyer specifically links inferential thinking to the analysis of the problem. In the recording guidelines from Germain & Gitterman (1996), Kagle (1996) the OPTSQ (2002) and Turner (2002b), the workers' opinions are scattered throughout the assessment but clearly separated from the objective facts.

In the organization of this generic model, a separate element is devoted exclusively to the opinion and professional judgments of workers in order to help with clarity, avoid redundancies and produce a more succinct record. It is, of course, an arbitrary decision since workers are clearly making some kind of judgment when recording many of the components; for example, the credibility of a source, the severity of the problem, the meaning and belief system of the client, some contributing factors, coping skills, the client's motivation, and the quality of the client's relationships. This organization does, however, require the worker to make an effort to distinguish between a fact and an assumption.

In formulating a professional opinion, the social worker should treat the client as a unique individual and avoid generalizations that could apply to anyone's "Aunt Fanny" (Kadushin, 1963; Siporin, 1975). Any statement must have the power to discriminate and differentiate one client from another. Any statement in the opinion must be linked to other information about the client contained in the assessment.

This element should also contain the worker's judgement of any risk factors, from the client, for the client, or in the environment. This component is not generic since risk factors do not apply to every case; if risk factors are present after an analysis of the data, however, their inclusion is mandatory. For workers in child protection and mental health particularly, the assessment of harm is an essential aspect of practice. In the literature as a whole, entire texts are devoted to the assessment of risk although it is rarely mentioned in the social work texts chosen for this analysis. Risk assessment has been severely criticized lately for having spawned over-zealous bureaucratic protocols advocating intrusive data collection and ineffective defensive practice that is detrimental to the client (Davies & Collings; Howe, 1992). Assessment practice based on these models, however, should not blind us to the needs of clients who require protection measures or who could endanger the social worker (Payne, 1997; Turner, 2002b).

### Classification

The classification of the problem(s) helps to clarify the specific problems in social functioning in order to target them for change. The few authors who suggest the classification of the problem are usually referring to classification systems from other professions, usually the DSM, which are not specific to social work. This difficulty was resolved in 1994 with the publication of the Person-in-Environment (PIE) Classification System (Karls & Wandrei, 1994) which classifies the problems of the client in social role functioning and problems in the environment. Each social- role problem is classified by type, severity, duration, and the coping skills of the client specific to that problem role. Problems in the environment are classified by type, severity, duration and by a discrimination index, if applicable. This system, which produces concise and uniform problem descriptions, is useful for clinical, evaluation and administrative purposes. By integrating much of the data that must be analyzed in order to produce a professional

opinion, the PIE system helps structure the thinking of the workers in respect to any problem in the collection of data and the analysis of that problem. As the results can be easily computerized, the PIE Classification System helps the administrator identify the scope of agency activity and easily identify gaps in service.

There are still major problems with the PIE system. It is only applicable to the problems of adults, and thus has limited application in the large field of child welfare, in the assessment of family or couple interactions, or groups. With the exception of the client's individual coping skills, it does not code the protective factors related to the problem such as resources or social-support systems. It is simply a classification system that targets specific problems for intervention and does not replace the professional opinion of the social worker.

There have been several attempts over the past twenty years to develop classification systems for couples and families (Epstein, Baldwin, & Bishop, 1983). Many attempts have been based on the search for a relational diagnosis, so far without success (Kaslow, 1996). No generally accepted generic classification system for families has been developed.

### Causality

Problem solving usually requires making some inferences about cause (Gambrill, 1997). Hepworth and Larsen (1990) talk about assessment as a complex working hypotheses. Germain and Gitterman (1996) stop short of suggesting that the worker develop hypotheses, rather preferring to have the worker organize data in such a way as to clarify its meaning and reveal significant patterns. Both texts on assessment endorse a professional opinion in the assessment process and recommend that, after the data have been collected, the social worker then analyze the information to make inferences, and develop causal connections and hypotheses based on theoretical knowledge (Meyer, 1993; Milner & O'Bryne, 1998).

O'Neil (1984) suggests a simple formula for each problem based on causality—“\_\_\_\_(who)\_\_\_\_\_ has \_\_\_\_ (what problem)\_\_\_\_\_ because \_\_\_\_ (why)\_\_\_\_\_” ( p.152). This formula encourages the worker to generate a hypothesis in an initial assessment. The worker may, however, feel obliged to do so even if the hypothesis must be based on

incomplete or inaccurate information. Germain and Gitterman's (1996) recommendation to derive meaning and illuminate significant patterns from the assessment data is probably a wiser guide for the worker.

#### Assessment Criteria

In a professional assessment, the observations and criteria upon which assessment is based must be made explicit if the assessment is to be meaningful and fulfill the goal of professional accountability (Kagle, 1996; OPTSQ, 2002). In the professional opinion, the basis for the hypotheses, inferences and judgments should be stated. Criteria may be based on the worker's observations, on empirical evidence, on a particular theoretical model of practice chosen for its specificity to the problem (Gold, 2002), on agency procedures and requirements, on specialized assessment tools, or on other social work knowledge and values. This is the element that links general social work knowledge to the particular case. This element gives validity to the assessment and supports evidence-based practice.

#### **5.4.9 Plan**

The purpose of the assessment is to decide on a plan for intervention. Although some social work texts separate this component plan from the assessment (Gambrill, 1997), this model follows the recommendations of Meyer (1993) who clearly describes the plan, based on the assessment data, as an integral component of a written social work assessment. Practically, it is essential for continuity of service. It contains the goals and/or outcomes of intervention.

#### Contract

Most textbook sources now recommend that the intervention plan be contained in a formal contract with the client that would detail the goals or desired outcomes, the responsibilities of the worker and client, any other systems involved in the problem resolution and a time frame for intervention. Even if the contract is a verbal one, the details should be recorded.



### Evaluation Criteria

Both Gambrill (1997) and Tolson, Reid and Garvin (1994) emphasize research as important in the contemporary movement towards evidence-based practice, and both recommend that evaluation criteria be clearly stated in the intervention plan. A researcher, of course, would consider this element essential to a generic assessment. There has been considerable debate in the profession about the use of the single-case design from research as an assessment model, a debate that is not yet resolved (Ivanoff, Blythe, & Briar, 1987). Evaluation elements are, of course, an integral part of such a model but most social workers who write assessments are clinicians, not researchers. Unless the agency for which they work has integrated research into agency procedures with clear guidelines for evaluation, it is unlikely that this element would be respected in practice. The problem-solving model of assessment, however, does, as a first step, provide the researcher with some useful general data to analyze: a clear description of the problem, a problem classification system, stated goals and outcomes and contracts. This was *not* true of the lengthy narrative assessments of the past that made the collection of data by the researcher a muddle at best.

#### **5.4.10 Client Collaboration**

Without exception, all sources recommended that this element be an essential part of the process of assessment. If the client and worker disagree on any element of the assessment, that disagreement must be recorded. There should be some statement indicating that the positive and negative consequences of the plan have been explored with the client. The final assessment is a joint product of collaboration between the client and the worker. This is a fundamental principle of social work. A great deal of social work activity especially in the field of child welfare and mental health is centered on the involuntary client. In many of these instances, conflict and resistance often characterize the client-worker relationship.

As part of the present study, the author prepared a final list of generic elements to be used in the teaching of psychosocial assessment to social work students and practitioners (See Appendix B). Table 4 shows a breakdown of the components by source.



### **5.5 Subsequent Source for Generic Elements**

Turner (2002b) has devoted a book specifically to assessment which was received subsequent to developing the generic model described in this paper. Like Lowry (1938) and Gambrill (1997), Turner elaborates a guide for the specific thinking process necessary to formulate and write a professional opinion, an opinion in which he would include a statement about prognosis. He has developed an aide-memoire for social workers, a diagnostic checklist based on the judgments that a worker must make throughout the process of assessment and diagnosis. His checklist is focused on an assessment of the client before the problem is described. His organization for content is divided into three major sections describing: 1) the personality and credibility of the client, 2) factors concerning physical health, role, cultural, significant others, support systems, strengths and problems of the client, and 3) the clients needs, expectations, level of motivation and prognosis. He suggests dividing the strengths of the client into three areas: persons, significant environments and resources. Although the organization and emphasis of his diagnostic checklist differs from that of the generic model, the essential elements of data to be collected about the client are similar. His model is more all encompassing as it requires gathering data about the client (whether an individual, dyad, family or group) and he puts more emphasis on risk factors, i.e. the safety of the client, the social worker and others. The generic model, on the other hand, restricts the data collection to the problem or problem(s) presented by the client and puts more emphasis on client coping skills.

Of particular interest in Turner's outline, is the inclusion of some judgment about the credibility of the client and an estimate of the overall confidence that the worker has in this judgment. He does not distinguish between opinion and judgment in the written record, because he believes that the worker, as in the normal course of daily life, is continually making judgments about the client throughout the assessment process. For Turner, it is critical that these judgments be conscious and that the worker gives some indication of the overall degree of certainty that the worker has in his or her opinion.

## 5.6 Pilot Tests of the Generic Model

A draft list was tested by the author for its usefulness in two different settings:

- a) A third year undergraduate course in generalist social work practice. Students were asked to fill out a questionnaire on which they were asked to rate on a five-point Likert scale, those teaching aids they felt were most useful in learning the documentation of psychosocial assessment. They were asked to rate certain videos, role plays, case studies, journal articles, recording examples and the list of generic elements, all of which had been previously used during the course to teach assessment and recording. The list of generic elements was the only teaching aid that received the approval of over 80% of the class
- b) Eight senior social workers from a group of rehabilitation hospitals in Toronto who were adapting their recording procedures to electronic multidisciplinary form. The list of generic components was used to focus the discussion of psychosocial assessment documentation. The group reported that they had found the generic list of components very useful and would be using it in the development of their procedures.

These were not formal tests of validation but they did indicate that students and experienced social workers alike found that the list has relevance and coherence.

## 5.7 Conclusion

The majority of the elements reviewed above could be considered essential to the initial recording of a psychosocial assessment regardless of the complexity of the case – the elements necessary for a competent decision about intervention. There are certain elements that may be recommended but not mandatory. Until the profession develops closer relationships between its clinicians and researchers, it is unlikely that the inclusion of specific evaluation criteria is possible. Both developmental factors and income sources need be included only if pertinent to the problem(s) chosen for intervention or, in

the case of income sources, if required for agency eligibility standards. Risk factors, although not applicable to every case, must be considered and included in the assessment.

In the model proposed in this study, the focus on the problem, rather than the client, makes a detailed social history redundant. The social history, a classic assessment tool for social work, puts the focus on the client and not on the problem. As the problem solving perspective has become more important to the profession, the social history has become outdated and does not belong in a generic problem-solving model of assessment. From the problem-solving perspective, information about the individual client is still gathered but it is more restricted in scope and is not recorded unless it has some relevance to the problem. The exclusion of a social history makes the assessment more concise and less intrusive in the life of the client.

The elements generated in this analysis meet the checklists of criteria for assessments developed by Gambrill (1997, p. 438), Tolson, Reid and Garvin, (1994, p. 71) and Turner (2002a). They are more elaborate than the initial list of elements used to analyze the assessments in the study of current content in recording practice outlined in the previous chapter. They include educational status in the demographics, a more complete description of the problem (its history, context, meaning, past solutions, contributing factors, problem priority and meaning), a clearer description of the client by separating behaviour from functioning and of the client system that separates client relationships from the support system and resources/obstacles.

Although the elements are clearly applicable to the individual client, and despite the modality of treatment, the elements would be useful in most written assessments. This would include the client who is being seen in a group for an individual problem. In the case of a couple assessment, the section on client characteristics would be completed for both members of the couple. The components would be easily adaptable to a any group or community assessment that is based on the generic process of assessment that has been developed by Meyer(1993) for group or community collective problem(s) (Kirst-Ashman & Hull, 2001) .

The written assessment for a family presents the most problems. The recording of family assessments is a perennial problem in any setting, public or private, in which registration record-keeping is based on the individual. If the records were based on the

family, the problem definition from the point of view of each family member should be recorded and client characteristics applied to the family as a group with the characteristics of the individual members recorded only if pertinent to the problem. The latter mode of assessment is quite compatible with the McMaster Model of Family Assessment (Epstein et al., 1983).

Many of these elements of content would be found in any comprehensive report written by a professional in a helping profession. Nevertheless, the profession of social work has developed perspectives that are unique and specific, perspectives that are reflected in some of the elements of the model. Specific to social work, are be the focus on the client's living environment, functioning in social roles, strengths and coping skills, social support system, resources and obstacles, and collaboration of the client with the assessment. Many of the factors considered as contributing factors, most of which are based in ecological- systems thinking and anti-oppressive practice, are also quite specific to a social work recording. The classification of the problem according to the PIE system is also unique to the social work profession since that system places the focus of attention on functioning in social roles. The heart of the social work assessment is the professional opinion. In its formulation social workers present their singular contribution to the helping professions, the consideration of the problems of a client at the interface between the client and his environment.

The final model (See Appendix B) has face validity, reasonable content validity and some construct validity. No further empirical procedures were utilized to ensure validity or reliability. As it is specific and generic to social work, this model does provide a guide to the standardization of teaching of psychosocial assessment. The next study - as described in the following chapter - will explore its use in teaching procedures to improve the recording of initial assessments for students and experienced social workers.

## CHAPTER 6

### EVALUATION OF A TEACHING PROCEDURE

#### **6.1 Rationale for Study**

As the literature and the preliminary study have demonstrated, professional guidelines derived from the literature are only a partial solution to ensuring the quality of recording. Another path to improving recording skills is through teaching. In current practice, the recording of a psychosocial assessment is primarily taught in agencies by supervisors in the field. Practice experience is agency specific so students and practitioners only learn the recording practice of one agency which may or may not be applicable to another agency, and may or may not be linked to the latest social work theory and knowledge. The heterogeneity and uneven teaching of psychosocial assessment has been defined as a problem for the profession (Kagle, 1996). The inadequacy of the present method of teaching recording noted in the literature is vividly underlined by the comments from students who are floundering with the task of recording despite their access to supervisors and professional and agency guidelines (See Appendix A).

This study was designed to test a teaching procedure incorporating the generic model developed in the previous chapter. The objective was to examine its effectiveness in helping 1) students, taught in an academic classroom as an adjunct to the usual procedure of teaching recording in the field, and 2) practitioners, taught in a workshop, write better initial recordings.

#### **6.2 Method**

##### ***6.2.1 Student Group***

##### **The Teaching Procedure**

- Recording of psychosocial assessment was taught to students in a university course that the author taught on a generalist model of social work practice, three hours per week for thirteen weeks. The teaching of problem classification, recording and the

formulation of a professional opinion were made an integral part of the course content. The course outline and concept map are attached in Appendix C.

- Three videos of initial social work assessment interviews were used to teach the generic model. The videos, each approximately twenty minutes in length, were designed by the author to illustrate the majority of the elements from the generic model in a variety of settings; 1) a hospital setting: the client, played by an actor, was a young father whose wife was dying of cancer; 2) actual client: a woman in an HIV clinic and 3) a community health setting: a young mother, played by an actor, who needed financial aid as her husband was in drug rehabilitation.. The first two were made with the technical assistance of a hospital department; both clients and social workers were volunteers. The last video was financed through a teaching grant from the Royal Bank of Canada and used a professional actor to play the client.

All three interviewers were practicing professional social workers. In the interviews using the actors, every effort was made to duplicate an actual initial social work assessment as closely as possible. This effort was generally successful, as social work students who viewed these videos in previous classes often could not tell the difference between the assessment of an actual client (i.e. video #2) and the simulated assessments in which the clients were played by actors.

- One three hour class was devoted to teaching the classification of psychosocial problems using the Person-in-Environment Classification system (PIE). Instructional methods for PIE included lecturing, readings, class exercises in classification using videos, and small group discussion.
- Two three-hour classes were devoted specifically to teaching recording and the formulation of a professional opinion. Methods for teaching recording and the formulation of a professional opinion were lecturing, readings, class discussions and class exercises using case studies and the videos. Students were asked to practice writing assessments from the videos using the generic model developed in Part II as a guide. Clinical examples from the students' practice were generated to illustrate the elements of assessment whenever possible. The teaching of the generic model of



recording was thus firmly embedded in the context of casework as suggested by Pare (1991).

- In the teaching of the professional opinion, the author was clear about the importance of separating opinion from descriptive statements, discussed the difference between inference and deduction, causal attributions, the evaluation of behaviour, guidelines for discovering causes (Gambrill, 1997), overgeneralizations, personal bias, anchoring effects, and the predisposing, precipitating, perpetuating and protective factors related to theoretical perspectives (Coady & Lehmann, 2001b). She modeled and discussed the formulation of a professional opinion from two training videos although there was only enough time for the students to practice writing one professional opinion.
- In addition to class work, a discussion on WebCT, an on-line course management system, was developed to promote thinking about assessment in social work. A discussion question was posted each week based on a functional approach to critical thinking developed by Zechmeister and Johnson (1992). Students were given 5 marks for participation and 5 marks for content, a total of 10% of their final mark. The majority of the students chose to participate only once in the on-line discussion.
- The generic model was posted on WebCT and the students were asked to use it as an outline for their final paper, the latter worth 60% of their final mark. They were asked to write an assessment of one of their clinical cases within the framework of the generic model.

### **The Research Procedure**

A quasi-experimental design was used to evaluate this method of teaching recording using two groups of students who were following courses in the final year of an undergraduate degree in social work. One group was taught recording in the academic course described above as well as in their field placement; the other was taught recording only during their field placement, the usual procedure for acquisition of this skill.

*Experimental Group:* The students were recruited from the course described above (the generalist model of social work practice) in the fall term (50 students).

*Comparison Group:* The students for the comparison group were recruited from two other social work courses also given in the fall term.

*Recruitment Procedures:* At the beginning of September, the purpose of the research was explained to these three classes.

- They were told they would be asked to view a 20 minute assessment video, write a psychosocial assessment and complete a short data form on two different occasions: during the second class of the course in September and on the last day of class in December.
- They were told assessments would be coded anonymously, submitted to five senior social work experts for evaluation and the data used for a doctoral thesis.
- They were offered a stipend of \$40 for their participation in the project to be paid after they wrote the second assessment. Both groups of students were informed that they could withdraw from the study at any time but would not be paid a stipend for their participation unless they completed the procedures. The stipend was financed through a special grant given for this project.
- The students in the experimental group were told that their participation in the experimental group would be voluntary and not related to the evaluation system of the course. To ensure their anonymity, a research assistant would oversee both procedures.
- All recruitment procedures met the Research Ethics Guidelines of McGill University.

#### *Production of Evaluation Videos*

Two twenty minute videos of standard initial assessment in social work were produced by the author for this study; one with the mother of an adolescent (Video 1 'Mother') and one with a geriatric client from a medical setting (Video 2 'Senior'). Two case vignettes were developed to illustrate a typical problem for each client. They were also designed to reflect problems from different settings; the problems of the 'mother' was more typical of a community or child protection agency and those of the 'senior', a health or rehabilitation setting. As with the three teaching videos, every effort was made to closely replicate an actual initial social work assessment interview and achieve clinical veracity. Case vignettes were given to the actors chosen to play the two clients and they

were asked to improvise on the material. The actor who played the 'mother' was a competent professional actor; the actor who played the 'senior', a professional colleague whose life story was very close to the vignette in question. Two senior social workers were chosen to conduct the interviews, neither of whom was familiar with the generic model.

The university video production facilities, which included both a director and a technician, were used. The author watched the filming procedure using a check list of components from the generic model. The last five minutes of the 'mother' video had to be repeated to include questions about the social support system of the client. The videos were edited by the director and the author and when completed, they illustrated the majority of the elements from the generic model that had been developed with two minor exceptions: details of income in the 'senior' video and 'resources' in the 'mother' video. Both the actors and the social workers were paid through the author's personal fund raising efforts. Copies of both videos, one entitled "Interview with a Single Mother" and the other, "Interview with a Senior Client" have been deposited in and are available from the McLennan Library, McGill University.

#### *Data Collection*

- All student subjects were asked to write two assessments after viewing the stimulus videos; the Time 1 assessment during the middle two weeks in September and the Time 2 assessment in mid December. They were given an hour for this process.
- A cross-over design was used to control for the quality and minimize the learning effect of the videos. If a subject viewed Video 1 at Time 1, she or he was asked to view Video 2 at Time 2, and vice versa. Efforts were made to divide the groups as evenly as possible at Time 1.
- All subjects were asked to complete a fact sheet at Time 1 (See Appendix D) to allow for statistical control of certain demographic variables; gender, years of practice, academic year and field placement setting. At Time 2, students in the experimental group were asked to complete a second fact sheet asking them whether they had attended the class on recording and on professional opinion. (See Appendix E)

- In order to match their assessments, subjects were asked to give their assessments a personal nickname code at Time 1 and use it again for their Time 2 assessment. They were given a list of nicknames at Time 2 to prompt their memory.

### ***6.2.2 The Social Worker Group***

#### **Teaching Procedure**

The same generic model was also taught during an all day workshop to a group of experienced social workers. These workers were in the process of adapting their recording system to a multidisciplinary electronic format. The major focus of this workshop was on the Person-in-Environment Classification System but it was taught within the framework of the generic model of assessment. Instructional methods included lecturing, class exercises in classification from case studies, the teaching videos and the analysis and discussion of clinical case examples generated from the participants' practice. The workers were not given any specific exercises in the use of the generic model and there was no specific teaching on the formulation of a professional opinion, although its inclusion as an element was clearly part of the generic model.

#### **The Research Procedure**

##### ***Recruitment of Social Workers***

The experienced social work subjects were recruited in advance from a workshop the author was asked to give on psychosocial assessment to the group of 22 workers from the Toronto Rehabilitation Institute. The purpose and procedures were explained to the senior social work clinician who organized the workshop and she obtained the consent of the participants. Three of the participants were not professional social workers but were employed in the agency as social aides.

##### ***Data Collection***

- All social work subjects were asked to write two assessments after viewing the stimulus videos; the Time 1 assessment at the beginning of the day and the Time 2 assessment, at the end of the day. They were given an hour each time period for this process.

- As with the student group, a cross-over design was used to control for the quality and minimize the learning effect of the videos. If a subject viewed Video 1 at Time 1, he or she was asked to view Video 2 at Time 2, and vice versa. Efforts were made to divide the groups as evenly as possible at Time 1.
- Social workers were also asked to complete a fact sheet at Time 1 (See Appendix F) to allow for statistical control of certain demographic variables; gender, years of practice, and their years in a rehabilitation setting.
- To match their assessments, while maintaining anonymity, these subjects were also asked to code their assessments with personal 'nickname' code at Time 1 and use it again at Time 2. They were given a list of nicknames at Time 2 to promote their memory.

### ***6.2.3 The Judging Method.***

#### **Selection of Judges**

Evaluation of the assessments was based on blind ratings by a group of senior social work professionals who had no connection with the school of social work, the professional social workers or the teaching project. Judges were chosen, in a purposeful sampling procedure, to be representative of a wide range of experience in the recording of psychosocial assessments from variety of settings, with experience with a heterogeneous social work clientele and with the teaching of psychosocial assessment and its various purposes in the professional world, as follows:

- The 'inspector', a woman, was senior manager in youth protection and an inspector for the L'Ordre professionnel des travailleurs sociaux du Québec.
- The 'clinician', a woman, was a senior clinician and supervisor working in disabilities and private practice with prior experience in mental health and troubled youth.
- The 'professor' a man, was a retired university professor working in family mediation who taught basic courses in social work methodology and intervention, after a clinical career working with families.
- The 'director', a woman, was the director of a major social work department with several years of experience as a clinician and supervisor in psychiatry.

- The 'teacher', a man and doctoral student, with expertise in geriatric social work and background in community organization and who taught the course on psychosocial evaluation given by the L'Ordre professionnel des travailleurs sociaux du Québec.
- The actor, a woman, was a professional therapist and had played the senior client in Video 2, experience that best prepared her to judge the clinical veracity of the assessments. She was personally well acquainted with the problems of the senior client and had helped prepared the vignette for the video.

### **Creation of Pairs**

- As no standardized criteria have been established for the quality of the initial recording in social work, in order to make it easier for the judges to make fine distinctions between the assessments, assessments for each video were sorted into pairs, one from Time 1 and one from Time 2
- Because of the use of two different videos, it was impossible to compare the before and after assessment for any individual student or worker.
- For each video, an assessment from the experimental student group at Time 1 was paired with an assessment from the comparison video at Time 2; and vice versa - an assessment from the comparison group at Time 1, with one from the experimental group at Time 2. Assessments from the small group of students from the experimental group who had not attended the lectures on recording and professional opinion were paired with each other at Time 1 and 2.
- Assessments from the worker group were paired with each other at Time 1 and 2. As this group had been divided unevenly into one group of 12 and one of 7 at Time 1, five random duplicates of the 'senior' video were made at Time 1 and of the 'mother' video at Time 2 to permit the formation of an even number of pairs.
- This procedure permitted the judges to compare an assessment from Time 1 to an assessment from Time 2, always from the same video.

Table 5 illustrates the results of the pairing process.

**Table 5. Pairing of Assessments**

	Time 1 <i>N</i>	Time 2 <i>N</i>
<b>Video "Mother"</b>		
<b>Students</b>		
Experimental	18	6
Comparison	6	18
Experimental 2	3	3
<b>Workers</b>	12	12 *
<b>Video "Senior"</b>		
<b>Students</b>		
Experimental	6	18
Comparison	18	6
Experimental 2	3	3
<b>Workers</b>	12 *	12
<b>TOTAL</b>	<b>78 *</b>	<b>78 *</b>

\*5 were duplicates

### **Judging Process**

- Four judges: the inspector, the clinician, the professor and the director, were given a package of assessments for each video for a total of 78 pairs per judge consisting of 54 pairs for the student group (27 x 2 videos) and 24 pairs for the worker group (12 x 2 videos). They were asked to judge whether there was a difference between the assessments and if so, rate the difference on a five-point Likert scale from slightly better to significantly better. (See Appendix G )
  - The fifth judge, the teacher, was given a package of 73 assessments for each video (no duplicates included) and only identified by a random number. He was asked to judge whether the assessment contained a professional opinion and, if so, rate the opinion on a 5 point Likert scale from very poor to excellent. (See Appendix H)
- The sixth judge, the senior client, was given a package of the 39 pairs of assessments from the senior video in which she played the client and was asked to rate them for their clinical accuracy, also on a five-point Likert scale.

## **Debriefing of Judges**

Shortly after the judging process, the author interviewed all the social work judges in order to understand better the hermeneutic process behind the judgments of the judges, the criteria they used and their understanding of the recording of a social work assessment. Each interview lasted approximately an hour and included questions about the judging process, their theoretical orientation to assessment, their perception of the essential elements of content, structure and style, the impact and purpose of a psychosocial assessment, how they were taught recording and how they teach recording. A copy of the interview guide is in Appendix J. The interviews were recorded and transcribed within a few weeks of the interview.

### **6.3 Analysis**

#### **6.3.1. *Quantitative***

##### **Data Processing**

- Each of the assessments was given a random number code and identified in a data base as experimental, comparison, or social worker group and as either Time 1 or Time 2.
- The data were organized into two files; one, by individual ratings and the other, by the judges' pair ratings.

##### ***Individual Data Set***

- The following variables were coded for each assessment: video, time, setting, the writer's gender, setting and years of practice, the presence and quality of the professional opinion.
- Assessments from the student experimental group who had not attended the lectures on recording or professional opinion were coded in a separate group, Experimental 2.



### *Pairs Data set*

- The following variables were initially coded: the pair number, the judge, the random number of each pair, the random number of the better assessment, the time of the better assessment, and the amount of the difference.
- A variable was constructed for the teaching effect: if the better assessment belonged to Time 1, the amount of the difference was coded as a negative number; to Time 2, as a positive number.
- Another variable was constructed to establish which random number was the Time 2 assessment and to which group it belonged.
- Pairs from the experimental group belonging to students who had not attended the lecture on recording and/or professional opinion were kept in the experimental group. These students had had full access to written material on the model, some teaching in other lectures, and had used the model for their final paper.

### Statistical Analysis

#### *Individual Data Set*

- Cross tabulations and Chi Squares were performed to test for differences in the final sample of subjects on demographic variables; gender, years of practice, academic year and field placement setting.
- Cross tabulations and Chi Squares were performed to test for differences in the presence or absence of a professional opinion by time and by group,
- As the variable for years of practice was not normally distributed, a non-parametric statistic, Spearman's rho was used to test the correlations between the years of practice, and the presence and the quality of the professional opinions.

#### *Pairs Data Set*

- The frequency distribution of the teaching effect was plotted to test for normal distribution.

- Three way analysis of variance was performed to analyze the teaching effect by group, video and judge for the student sample. A two way analysis of variance was performed to analyze the teaching effect by video and judge for the social worker group.
- A one-sample t-test was performed to determine whether the mean teaching effect for the social worker group was significantly different from zero.
- Another one-sample t-test was performed to determine whether the mean teaching effect for the clinical accuracy of the assessments of the “senior” video was significantly different from zero.

### **6.3.2 Qualitative Analysis**

The interviews with the judges were copied into Nvivo, a computer program, and each sentence coded using a process of open coding (Strauss and Corbin, 1998). A modified content analysis was used to find data in the interviews with the judges that described the criteria by which they evaluated the recordings and their content. Both manifest and latent content were considered. Each interview was read and comments inserted into the text. The computer program then produced a report for each theme or concept with interview data that had been coded.

## **6.4 Findings**

### **6.4.1 Quantitative**

#### Description of Final Sample

Table 6 shows the sample of the groups of subjects who wrote the recordings by time.

**Table 6. Final Sample of Subjects by Group and Time**

<b>Group</b>	<b>Time 1</b>	<b>Time 2</b>
Experimental	37	30
Comparison	33	24
Worker	22	19
<b>Total</b>	<b>92</b>	<b>73</b>

- Although every effort was made to contact students to write the assessments at Time 2, there was a considerable drop out rate in the student group despite the \$40 stipend: seven in the experimental group and eight in the comparison group. The three drop-outs in the social worker group were those participants who did not have a social work degree.
- From the final sample, 19 subjects were eliminated; the 18 subjects who had not written an assessment at Time 2, and one subject from the comparison group at Time 1 and Time 2 who could not be identified by nickname giving a total of 146 assessments written by 73 subjects.
- There were no significant differences between the two student groups for academic year, placement setting, or years of practice. There was no significant difference between the three groups on gender. The social workers unsurprisingly had significantly more years of practice than the two student groups.  $\chi^2 (6, N = 74) = 48.125, p = .00$ .

Table 7 shows a comparison of the final sample of subjects by gender, years of practice, academic year, field placement, and years in rehabilitation setting.

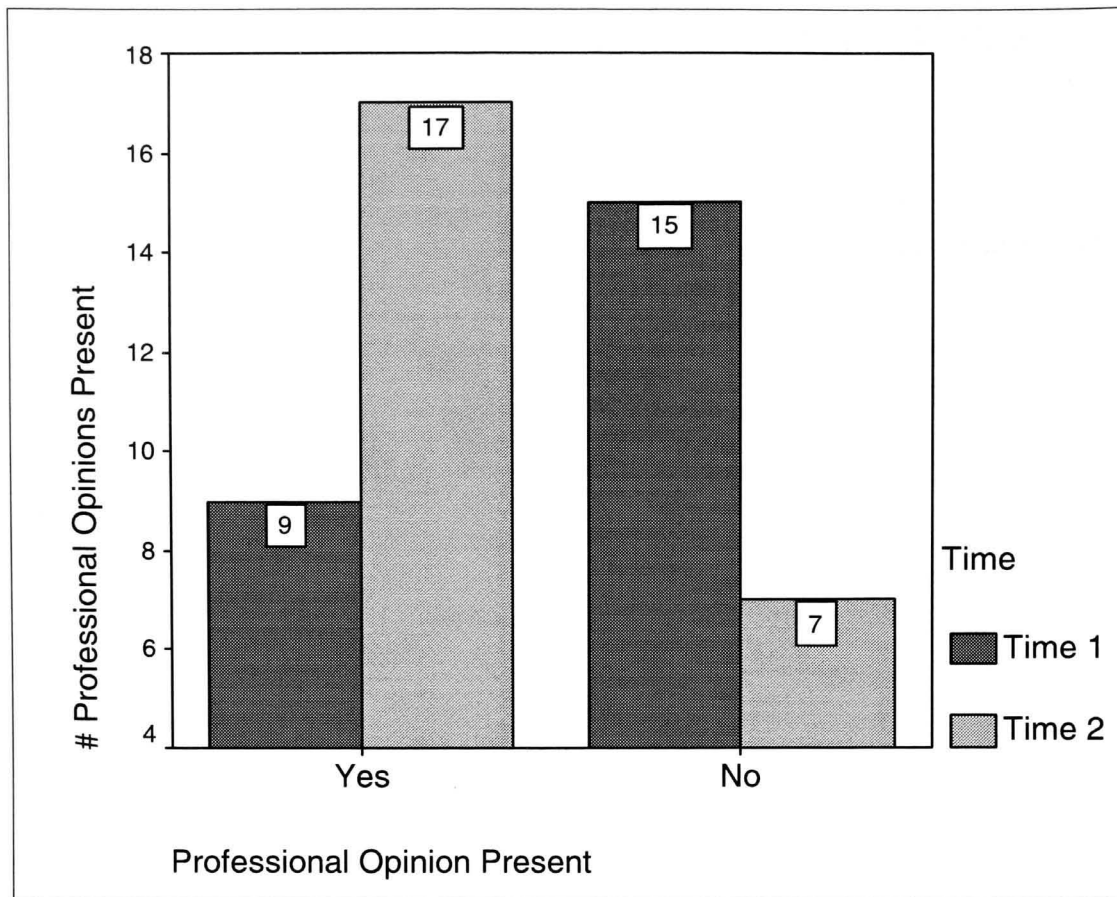
Table 7. Description of Final Sample of Subjects

	Group						Total (N=73) N
	Experimental (N=30)		Comparison (N=24)		Worker (N=19)		
	N	%	N	%	N	%	
<b>Gender:</b>							
Female	29	97.7	21	87.5	18	94.7	68
Male	1	3.3	3	12.5	1	5.3	5
<b>Years of Practice</b>							
None	22	73.3	18	75	-	-	40
4-6	6	20	5	20.8	3	15.8	14
5-9	2	6.7	0	0	3	15.8	5
10-19	0	0	0	0	6	31.8	6
20 Plus	0	0	1	4.2	7	36.8	8
<b>Academic Year:</b>							
Regular BSW	10	33.3	5	20.8	-	-	15
Special BSW	20	66.7	19	79.2	-	-	39
<b>Field Placement:</b>							
Hospitals	14	48.3	7	29.2	-	-	21
Child Protection	5	17.2	9	37.5	-	-	14
Community Health	1	3.4	3	12.5	-	-	4
Rehabilitation	3	10.3	1	4.2	-	-	4
Other	6	20.7	4	16.7	-	-	10
Missing	1	-	-	-	-	-	1
<b>Years in Rehabilitation</b>							
1-5	-	-	-	-	8	36.8	8
6-9	-	-	-	-	0	0	0
10-19	-	-	-	-	7	31.8	7
20 plus	-	-	-	-	4	18.2	4

## Professional Opinion

### *Presence of a Professional Opinion*

- A professional opinion was present in 31 (42.5%) of all the assessments at Time 1 and 44 (60.3%) at Time 2 and this difference was significant.  $\chi^2(1, N = 146) = 4.63, p = .03$ .
- In the experimental group, a professional opinion was present in 9 (37.5%) of the assessments at Time 1 and in 17 (70.8%), at Time 2. Only the assessments written by the students who attended the two lectures on recording were included in this analysis. As Figure 3 illustrates, this effect was significant.  $\chi^2(1, N = 48) = 5.37, p = .02$ .
- When the analysis of the experimental group included the assessments (N= 12) written by students who had not attended the two lectures on recording, no significant difference was found between the experimental and other groups.  $\chi^2(1, N=60) = 2.40, p = .09$ . The number of assessments that contained professional opinions in the small group of students who did not attend the lectures, fell from three, at Time 1 to one, at Time 2.
- In the comparison group, a professional opinion was present in 9 (37.5%) of the sample at Time 1 and in 13 (54.2%) at Time 2; in the social worker group, it was present 10 (52.6%) at Time 1 and in 13 (68.4%) at Time 2 but neither of these differences reached significance.

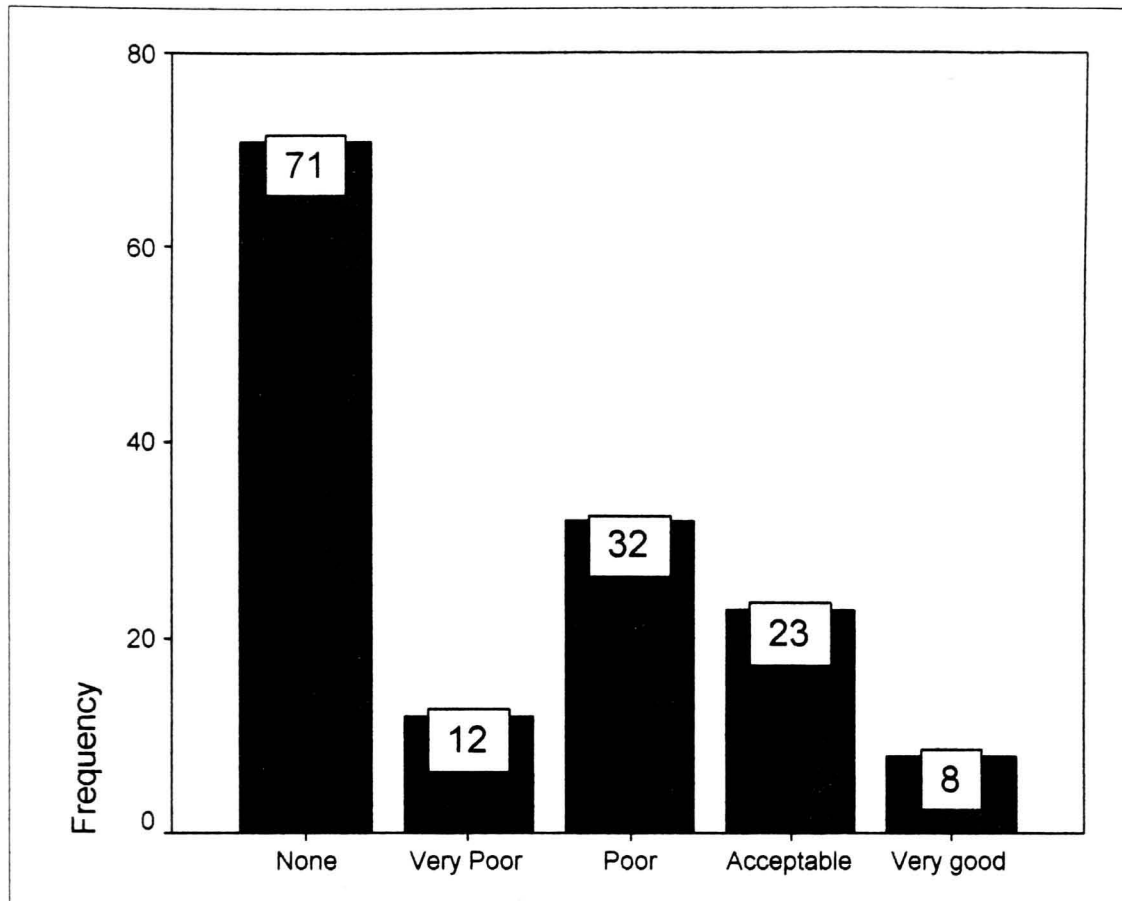


**Figure 3. Experimental Group: Presence of Professional Opinion**

#### *Quality of Professional Opinions*

There were no significant differences found between Time 1 and Time 2 in the quality of the professional opinions for any group.

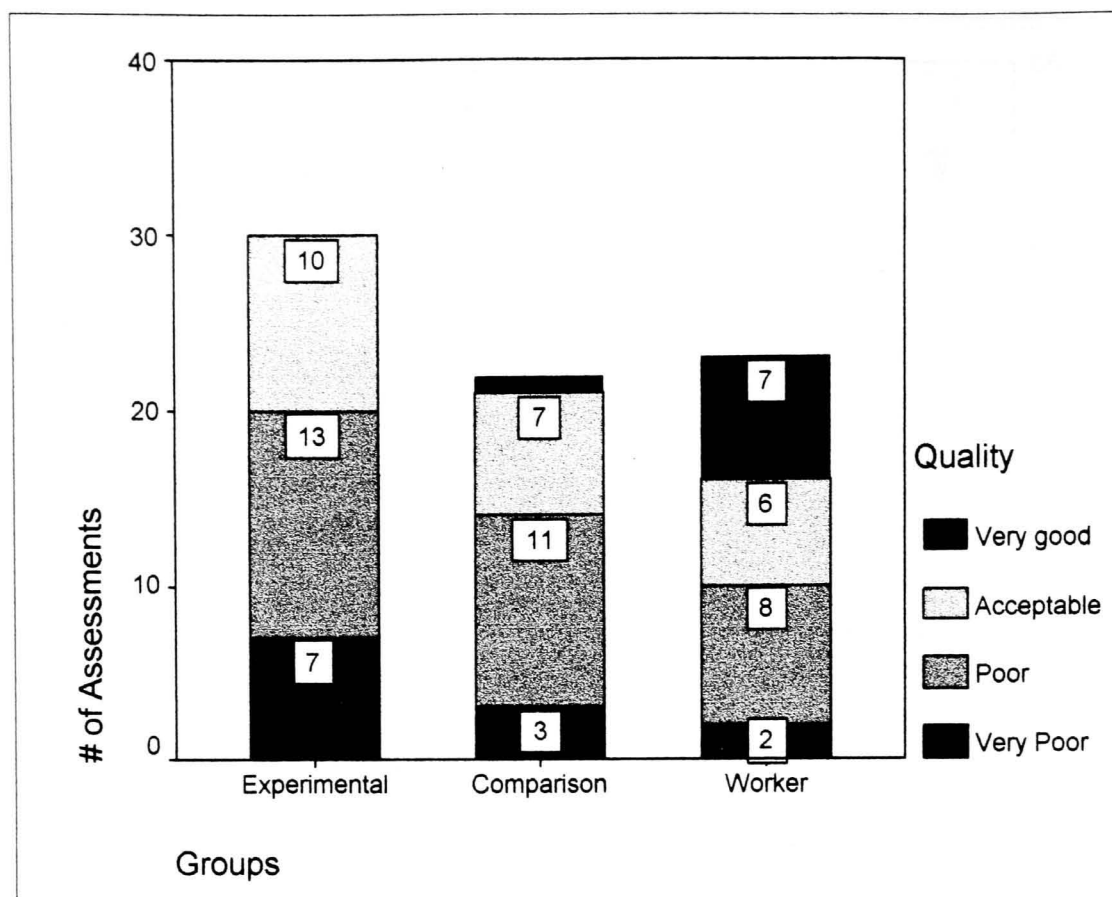
Figure 4 illustrates the quality of the professional opinions in the assessments as rated by the judge. Of these assessment 74% (N=54) of these assessments were written by beginning students.



**Figure 4. Quality of Professional Opinions**

As Figure 5 shows, the quality of the professional opinion when it was actually present in the assessments was significantly better for the worker group,  $\chi^2(6, N=75) = 15.10, p = .019$

The quality of a professional opinion was significantly correlated with years of practice  $N=146, r_s = 0.186, p = .05$  (1-tailed). Samples of the professional opinions rated “very good” and “poor” for both videos can be found in Appendix J.



**Figure 5. Quality of Professional Opinion by Group**

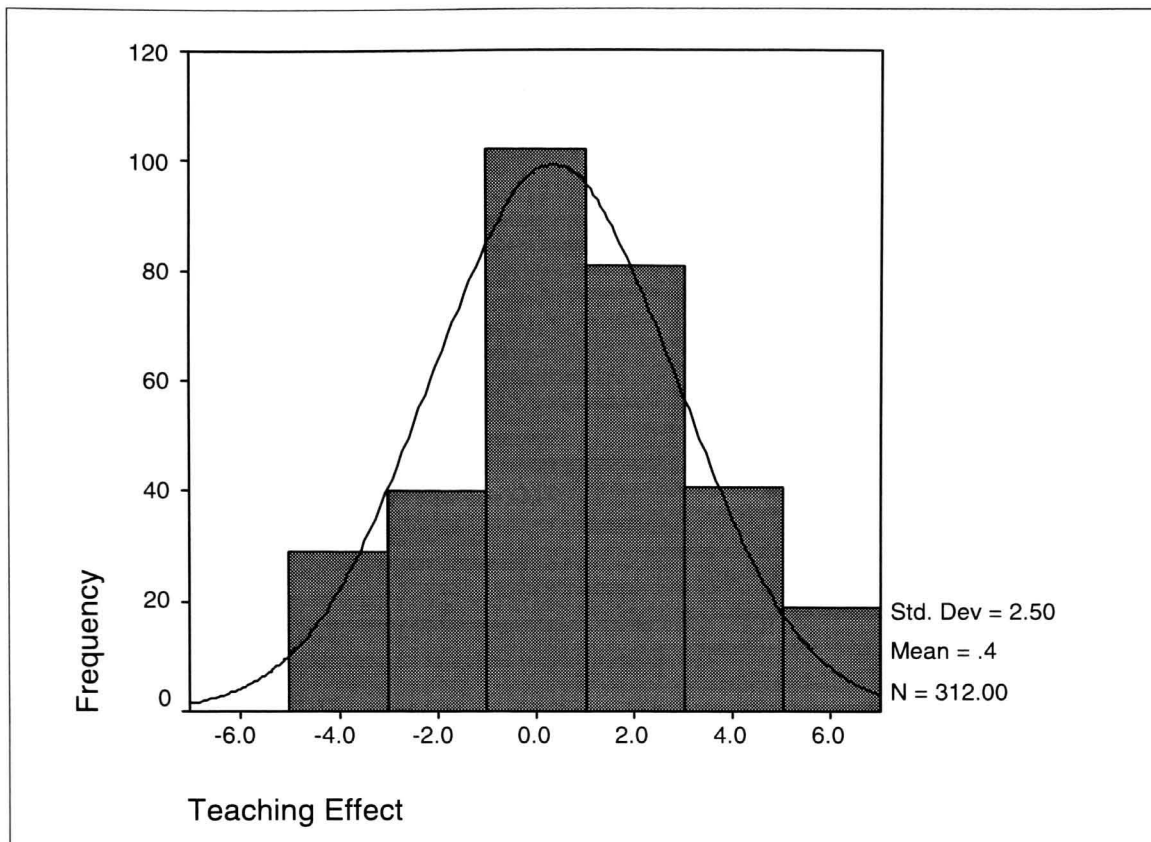
### The Teaching Effect

For the pairs data set, the pairing procedure for the 146 assessments resulted in 216 pairs for the student group (27 pairs x 2 videos = 54 pairs per judge) and 96 pairs (12 pairs x 2 videos = 24 pairs per judge) for the worker group, for a total of 312 pairs rated by the four social work judges ( the inspector, the clinician, the professor and the director), and 39 pairs for the senior client judge.

### *Frequency Distribution: Teaching Effect*

- Figure 6 shows that the frequency distribution of the teaching effect for the assessments was close to normal, which permitted the use of parametric statistics.

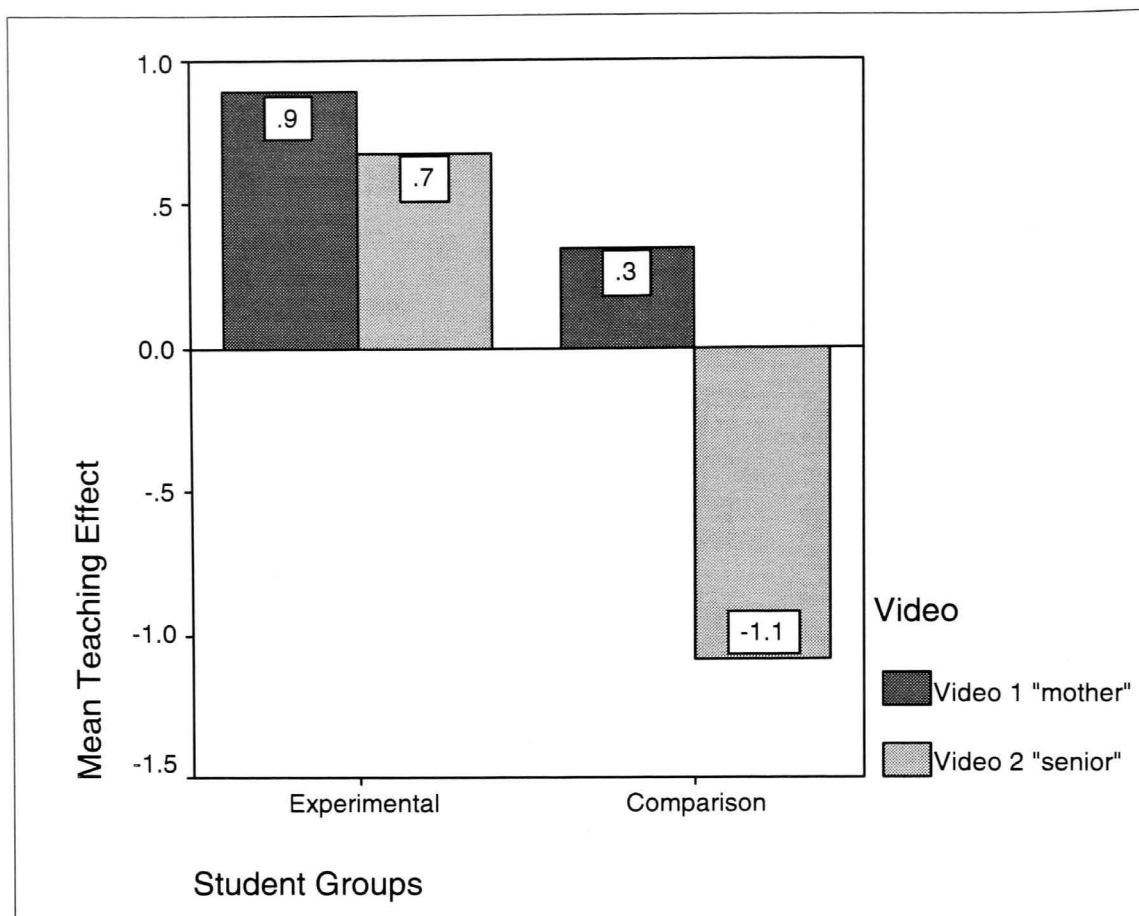




**Figure 6. Frequency Distribution: Teaching Effect**

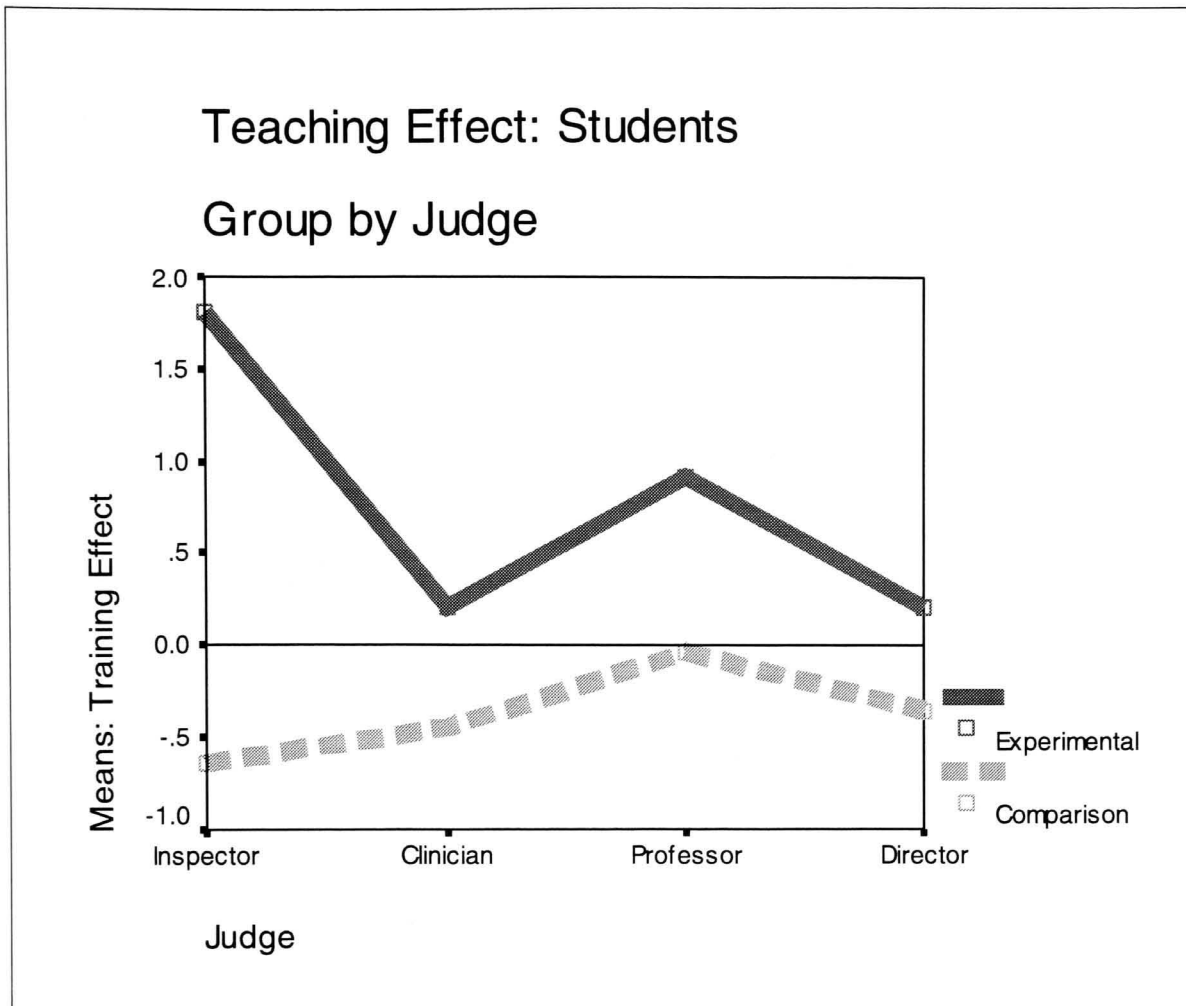
#### *Teaching Effects for Student Group*

- In a three-way analysis of variance, teaching effect by group, video and judge, the effect was highly significant for group [ $F(1,203) = 10.3, p = .002$ ] and video [ $F(1,203) = 5.23, p = .023$ ]. The assessments written by experimental group were judged significantly better than the comparison group for both videos. The assessments written by the comparison group actually showed a negative effect for the senior video. These effects are illustrated in Figure 7. Each bar in this chart represents 54 assessments ( $N=216$ ). The breakdown of the teaching effects by group, video and judge is shown in Table A1.



**Figure 7 Teaching Effect by Group and Video: Students**

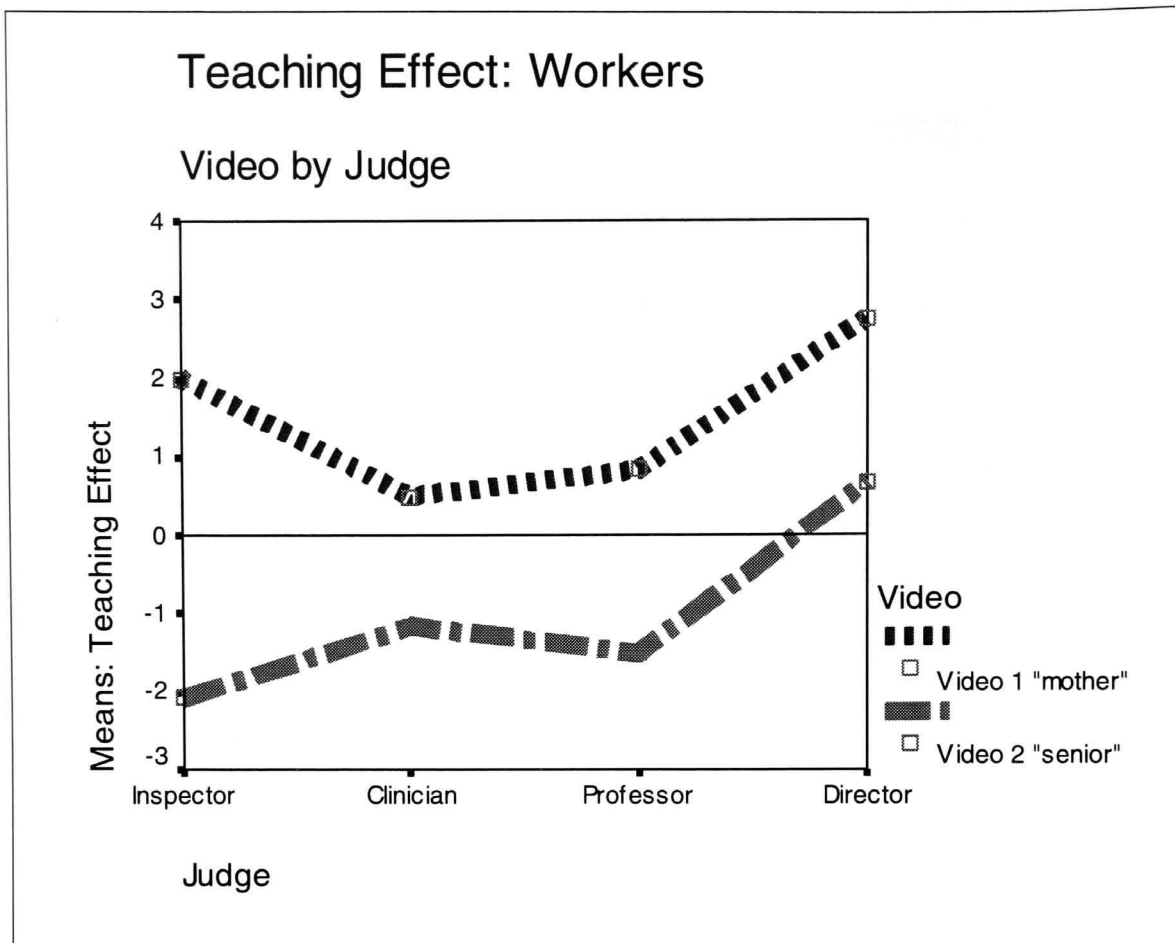
- There was an interaction between group and video that approached significance; group by video:  $F(1,203) = 12.8, p < .09$ . There were no significant differences between the judges.
- The teaching effect for the experimental group was rated significantly better than for the comparison group at Time 2 by all four judges ( $N=216$ ). This effect is shown in Figure 8.



**Figure 8. Teaching Effect by Group and Judge: Students**

*Teaching Effects in Worker Group*

- For this group, the overall effect of the teaching was negligible (.25) which was not significantly different from zero (one sample t-test).
- There was a teaching effect between the videos. In a two-way analysis of variance, teaching effect by video and judge, the video difference was statistically significant [ $F(1,88) = 155.04, p < .001$ ] as was the judge effect [ $F(1,88) = 4.21, p = .001$ ]. Figure 9 illustrates this effect. The teaching effect was consistently higher for the “mother” video for all judges ( $N=96$ ). The director rated the teaching effect higher for both videos. Table A2 shows a breakdown of teaching effect for the worker group by video and judge.



**Figure 9. Teaching Effect by Video and Judge: Workers**

*Clinical Quality of Assessments: 'Senior Video'*

The judge who played the client in the 'senior' videos did not report any differences between Time 1 and Time 2 on the clinical quality of the recordings for any group.

**6.4.2 Qualitative Theme Analysis**

None of the judges had a clear list of criteria by which they judged the assessments and, although the ideas that guided their judging process gradually emerged during our discussions, no clear commonality about criteria became apparent. These ideas revolved around their theoretical perspectives, their own training in recording, elements of content, structure and style. They also discussed the teaching of recording and their general perspectives on psychosocial assessment, especially the influence of the recording form.

They all found the assessments they read in this study to be weak, lacking in analytic content and containing too much extraneous information. Although they gave a variety of purposes for assessment, purposes generally determined by their professional role, they all concurred that the writing of a psychosocial assessment was valuable as an opportunity for reflection on the work and a guide to intervention. The clinician found the assessments from the senior video clearer and easier to judge. Although the teacher was asked specifically to judge the professional opinion element, he had read the assessments so his general comments are included with those of the other judges.

### **Content**

The director, the professor and teacher stressed the importance of parsimony in the content that should be recorded; the director stating that only content that related directly to the problem should be recorded, the professor and teacher complaining that the assessments they had read generally contained too much extraneous information, a tendency the latter described as *curiosité mesquine* (unhealthy curiosity).

#### *Elements of Content*

The judges, between them, mentioned they were looking for nearly all the elements of content that had been included in the generic model used for teaching. There was unanimity among them on six elements: a definition of the problem, evidence of the client's strengths and coping skills, the support system and relationships in the client system, a professional opinion and a plan.

No one mentioned that they were looking for the source of referral, any concrete resources in the client system nor a general category in the model called 'contributing factors', described as any factors that contribute to the perpetuation of the problem: cultural, environmental, life cycle, discrimination or systemic variable related to the problem.

#### *Professional Opinion*

Although they used a variety of terminology to describe the analysis and synthesis of the data - diagnosis, assessment, impression, analysis and synthesis, professional judgment and professional opinion - the judges all agreed that a professional opinion was the core of a psychosocial assessment.

Inspector: *To me, if it doesn't have a professional opinion that means that anyone else can do it. I can ask a secretary to ask these specific questions of the client and give them to me.... Yes, it is the psychosocial assessment.*

The inspector and the professor were not pleased with assessments that contained conclusions and judgments that were not supported by evidence. Both the teacher and the director also felt that social workers were often impeded in their formulation of a professional opinion by fear of being criticized or being judgmental about the client and offending social work values, the director musing *...I think that there is this whole issue of social work values which must put the fear of God into them.* The teacher commented that social workers often do not write a professional opinion because they are afraid of criticisms from their peers and other professionals and that sometimes supervisors discourage opinion and advise just recording facts.

There were clear differences of opinion about the separation of facts from the professional opinion in the structure of an assessment. The teacher and inspector preferred the separation of facts from the worker's interpretation of the facts, with the judgment of the worker in a separate section. The director did not mind the worker's expression of opinion in the body of the report but would have a separate summary section at the end for the worker's impression of the situation. The clinician and the professor would include judgments about the facts throughout the body of the assessment.

The teacher, the judge of the quality of the professional opinions, had the clearest concept of his judging criteria. He defined a good professional opinion as one which was not judgmental of the client but rather based on an empathic understanding of the situation and the context was linked directly to the purpose of the assessment, and that included the strengths and coping skills of the client and any element of risk for the client. The recordings in which the professional opinions were judged as 'very poor' were generally long, wordy and rambling with the occasional opinion scattered throughout. (See Appendix J for samples of professional opinions)

## **Teaching**

All the judges thought a generic model for content would be helpful in teaching assessment as long as it was flexible, adaptable to the setting and did not interfere with the development of the relationship with the client. They were unanimous in their opinion that recording should be taught in an academic setting as well as in the agency. The inspector: ... *this is what we should teach first and foremost. Then you teach the family therapy, then you teach the intervention, then you teach the community work.* The director commented that in the socialization of social workers to their profession, the writing of an assessment is not seen as important, and that the profession lacks rigor in the teaching of social work opinion or diagnosis. She suggested that PIE, a classification system for psychosocial problems, was helpful to social workers in formulating the professional opinion and that the process of classification helped clarify the situation. The teacher pointed out that under the new system of program management in the health sector, many young professionals do not have social work supervision, traditionally so important in the teaching of recording.

## **Recording Form.**

The influence of the agency form on assessment was a common thread in the discussions. The inspector clearly stated that the youth protection agency considered the perspective of each person involved in a family problem as important and the form was designed accordingly. The clinician remarked that the assessment form that she used in the settings in which she had worked usually dictated the content of her assessment. She even thought that the form dictated the questions that she would ask during the assessment. The professor pointed out that in Youth Protection agencies, people are hired only to devise forms, an indication of their importance to the agency. The director was well aware of the influence of the form. ... *it's critical because if you don't have the heading there, people aren't going to necessarily put it in.* The teacher commented on the inadequacy of many forms devised for use in psychiatric institutional placement, that social workers would often supplement the form with their own recordings in order to clarify the client's psychosocial situation. He also stated that the administrative interests predominated in the development of many assessment forms. In a recent committee on

the development of the competency (public curator) form in Quebec, the two social workers on the committee had to work hard to include pertinent psychosocial information.

### **Distinctiveness of Social Work Assessments**

All the judges agreed that the person-in-environment perspective distinguished the social work profession from other professions; that social workers would consistently and invariably gather data about the social system surrounding the client and a social work analysis of the data would reflect this perspective. The clinician and the teacher stressed the social work focus on the strengths and coping skills of the client as distinctive. The clinician also felt that other professions would not consider the meaning of the problem and any past solutions to its resolution as important data in an assessment, whereas social workers would.



## CHAPTER 7

### DISCUSSION

#### 7.1 Key Findings

- The requirements of the recording form rather than guidelines from a professional order and the literature were the significant predictor of the content that experienced workers included in their initial recordings.
- The judges consistently considered the initial assessments written by the students taught in an academic setting with a teaching procedure that integrated a generic model for content, were better at Time 2 than those of students taught by field supervisors only. This was true for both videos. They also consistently rated the initial assessments of the workers taught in a workshop using the same teaching procedure as better at Time 2 for the “mother” video that had presented these workers with an unfamiliar clinical problem. All judges agreed that these improvements were significant.
- Professional Opinion:
  - There was no professional opinion present in more than half of the recordings of the experienced workers in the preliminary study.
  - After teaching, a professional opinion was present significantly more often in the recordings of students who had attended lectures on recording and the professional opinion.
  - After teaching, the quality of the professional opinions did *not* improve for either the students or the experienced workers.
  - When a professional opinion was present in the assessments, the quality was significantly better for the experienced group of workers and significantly related to years of practice.

#### 7.2 Limitations

The preliminary study was designed to evaluate the congruence between professional guidelines for recording content and current practice. A check list of

elements recommended for an initial assessment was developed from professional guidelines, submitted for review to social work academics, modified and the final elements rated for their importance by six senior social work professionals. Initial assessments were randomly selected from the files of several sites that deliver health and social services in a multicultural urban city. The number of elements recorded by workers were calculated and compared to the standards established by guidelines, the agency recording forms and the importance ratings of the experts. The results helped in the development of a generic model that could be used to teach the basic elements of content for an initial recording.

The teaching study was designed to evaluate the effectiveness of a teaching procedure using the generic model in helping students and practitioners write better initial recordings. The design included both quantitative and qualitative measures in order to tap the richness of the research possibilities. The student classes were chosen to be as similar as possible, the demographics were analyzed for significant differences, two evaluation videos were used to control for a possible learning effect, and five independent judges were chosen for their wide range of experience and their lack of knowledge of this specific project. When reading any assessment, the judges were aware of neither its writer's group nor the time when it was written. The judges were then interviewed to determine the concepts that guided their judging process and their perspectives on social work assessment and its teaching.

Although every attempt was made to ensure the validity of the results, there remain limitations to the research as follows:

- Preliminary Study:
  - Samples of social work assessments were drawn mainly from the health field. No assessments from a youth protection setting were included in the sample.
  - The professional guidelines were drawn from a limited number of sources compromising content validity.
- Teaching study:
  - The student drop-out rate was high considering the adequate stipend for participation.

- The research was not designed to control for the effect of the separate components of the teaching procedure; in particular, the generic model for recording content and the quality of the teaching.
- There was no control for the time spent teaching recording to students in the field.
- Assessment videos were of individuals only. This limited any applicability of the research results to the assessment of couples, families or community organizations.
- Despite written instructions to the research assistants, they did not divide the student experimental group into two equal groups and the researcher had difficulty in controlling equality of groups due to latecomers for the worker group. This lapse in procedure resulted in an unequal distribution of groups for each video, complicating the pairing of assessment for judging and affecting statistical analysis.
- The criterion for judging the quality of the recordings was not explicit.
- There was only one judge for the quality of the professional opinion.
- Neither study was designed to investigate the quality or content of recording subsequent to the initial recording, variables that also may affect intervention and clinical outcomes.

### **7.3 Implications for Practice**

As they document the practice decisions taken for the welfare of the client, social work records have important purposes for practice - clinical, legal and administrative. Recording standards and the improvement of decision making are crucial in ensuring that decisions made for and with the client are sound and beneficial, based on the latest professional knowledge and values. The literature has documented many problems in current practice that affect the quality of recording but has proposed few solutions to assure its quality. The objective of this research, therefore, was to help students and workers write better initial recordings. The results from the preliminary study suggest that professional guidelines are not enough to ensure that the content needed for a sound practice decision is recorded. The results from the teaching study indicate that teaching

students in an academic setting and experienced workers in a workshop setting, using a teaching procedure incorporating a generic model for content can help them write better initial recordings. These findings are important for both social work administrators and academics in the development of social work standards and criteria for recording in order to promote the refinement of social work decision making.

### **7.3.1 Professional Guidelines**

In current social work practice, it is the guidelines in agencies and from professional corporations that are used to develop recording standards for recording content. The results of the preliminary study demonstrated that experienced workers did not necessarily record the elements of content established by the guidelines issued by their professional regulatory body or senior social work clinicians, results that confirm the literature indicating that social workers tend to disregard or ignore guidelines either from the agency, professional associations or the government (Pare, 1991; Sinclair et al. 1995).

Social workers may be partially justified in ignoring guidelines. The content problems in professional recording noted by Tallent (1993) - omission of essential information, inclusion of irrelevant data and unnecessary duplication – do not appear to be addressed by professional guidelines in social work recording. Guidelines are often out-of date and unrealistic (Kagle, 1996) and there are no professional standards for their revision. They tend to be all-inclusive in order to cover all eventualities and therefore may suffer from the redundancies noted by the workers in Pare's (1991) study. At best, they are flexible and contain important elements of content specific to the setting especially when workers have input into the revision of guidelines and can use them to shape their assessments (Pare, 1991). At worst, guidelines interfere with the establishment of the client-worker relationship and distort the process of information gathering and recording. Workers are caught between fulfilling the demands of the all-inclusive guidelines while seeking to preserve effective clinical practice. The results of this study demonstrated that these guidelines are also not a sufficient guarantee of quality recording. They do not provide a guide to the basic content that the worker should record

in an initial recording to ensure a competent practice decision regardless of case complexity.

The professionals who develop guidelines can hardly be faulted for their inadequacy. They have little guidance from the professional academic literature which has by and large ignored recording as a serious topic of study and remains preoccupied with various theoretical battles that inhibit the development of any generic model. These professionals, charged with the task of writing guidelines, must therefore rely on practice wisdom and/or consult a wide variety of textbooks whose recommendations are heterogeneous and often contradictory. They also must respond to the particular needs of the agency and their guidelines reflect this limitation. They would benefit from the generic model of the basic content of an initial recording developed for this study and find it a useful complement to professional guidelines in ensuring the development of criteria for quality recording.

### ***7.3.2 Recording Form***

An unexpected result of the preliminary study was the importance of the form in predicting the content that was actually recorded by social workers. This research provides clear empirical evidence to support the attempts by several authors who have tried to draw the attention of social workers to the importance of the form (Coe, 1987; Howe, 1992; Jones, 1996; Pare, 1991; Sheppard, 1995). The judges in the teaching study also echoed this important influence of the form on assessment content, with their comments about the hiring of experts to devise forms in protection work, their own tendency to record according to form requirements, the inadequacy of forms in multidisciplinary settings and the dominance of administrative interests rather than psychosocial data in the development of multidisciplinary forms.

Although forms can ensure that the data that are necessary for effective intervention is recorded, they are also open to bias and can limit the data recorded. The workers in the preliminary study clearly limited their recording content to the form requirements. This study was not designed to investigate the influence of the recording on the workers' practice but forms can also guide function. The constraints on

knowledge exhibited in these recordings may well have signalled limited practice interventions, either biased or restricted because of a lack of pertinent information.

Social workers in multidisciplinary settings, like the workers who participated in the teaching study workshop, are increasingly called upon to participate in the development of multidisciplinary recording forms. They therefore must be very clear about the content reflecting knowledge that is specific to social work in order to ensure its inclusion on forms. Otherwise the recording practices of other disciplines will dominate recording and influence social work practice possibly deleteriously. The teacher gave an excellent example of the difficulties that social workers can encounter in the development of multidisciplinary forms; in this case, the struggle of social workers to include psychosocial content in forms for public curatorship.

The importance of forms becomes even more pertinent today as more and more agencies adapt their recording to electronic forms. Software programs tend to demand clear language that is well defined, eschewing foggy or ambivalent meaning. Social workers involved in the development of such programs need a standardized professional language to ensure the quality of their recording.

Through control of the form, administrators, managers and even insurance companies have a powerful influence on the content that social workers record. Control of information flow is a powerful tool. If these administrators, managers or insurance companies are not social workers or, if social workers, not cognizant with the latest professional knowledge, then at a practical level, social work practice is stifled and the quality of service compromised. Social work administrators, academics and practitioners must pay particular attention to the design of the assessment form, either the paper or electronic variety, if they wish to ensure the pertinence of assessment content, a link to social work knowledge and outcome evaluation.

The proliferation of assessment models in the literature has made their task difficult. The development of the Person-in-Environment (PIE) System by the National Association of Social Workers in the United States partially addressed this need for a generic content guide by requiring that certain specific data be recorded in order to classify a psychosocial problem. The PIE system is, however, limited because it was designed as a classification system, can only be used for the assessment of an individual,

and it is not a complete guide to the generic elements of content nor to the analysis and synthesis of the data that reflects the worker's understanding of the problem.

In general, forms contain only requests for the minimum information needed to formulate an appropriate plan and in that sense they should reflect content that is generic to a social work assessment. Although susceptible to ideological or practical constraints on data collection, some standardization of forms can ensure that the pertinent information is recorded and easier to access, thus facilitating the evaluation of outcomes. The simple generic model developed in this research, a model that defines the essential elements of content needed to collect and analyze data for social work intervention plan, is a useful guide to the development of forms for the profession.

## **7.4 Implications for Teaching**

### **7.4.1. *Students***

The initial recordings of students were judged better when they were taught recording in the classroom using the generic model as a teaching tool when compared to a group of students taught recording by supervisors in agencies. It is not clear from the design of this research whether these judgements were due to the extra teaching time or attention given to recording in an academic setting for the students, the calibre of the instruction, the use of the generic model of content as a teaching tool, or a combination of all these variables. It is difficult to evaluate the contribution of the extra time spent on the topic either for the students or the workers as there was no control in the research design for the time spent teaching in the field or workplace.

#### Contribution of Academic Setting

The student results may be partially a consequence of the simple fact that recording was the focus of two three-hour university classes. This gave an academic importance to the skill. The students were introduced to the concept of recording as an important academic exercise, worthy of their intellectual consideration, rather than a boring administrative task (Prince, 1996). Their attitude towards recording, a problem in all professional recording practice noted by Tallent (1993), may have been modified and this change subsequently reflected in a more conscientious attention to the task.

### Contribution of the Calibre of Instruction

The instructor in the teaching study (the author of this study) had taught recording to students as a supervisor in the field for twenty-five years and was quite comfortable with the generic model she had developed. The teaching, therefore, was probably of a reasonable quality and was at least equivalent and possibly superior to the individual teaching the students received by their supervisors in the field. It is difficult from the design of this study to separate her teaching abilities from the use of the generic model as a tool since she was clearly invested in its efficacy, and this investment reflected in her teaching.

### Contribution of the Generic Model

Both the quantitative and qualitative data in this study support the contribution of the generic model as a teaching tool in helping students write better initial recordings. The quantitative data demonstrated that the assessments written by the experimental group of students were better for both videos. Although their recording experience was limited to one setting, the students were able to apply the model to at least two different settings since the problems presented by the 'mother' in one video are more typically encountered in a community or youth protection setting while those problems presented by the 'senior' are more often encountered in a health or rehabilitation setting.

The students in the experimental group were taught to use the generic model, a model that was topically organized and planned specifically to eliminate redundancies and encourage parsimony in recording, carefully designed to address the problems of vagueness, wordiness, organization and style noted in professional recording by Tallent (1993), and meet the complaints of social workers (Kagle, 1995; Pare, 1991). The judges of the recordings were also concerned with these problems, a concern which was probably reflected in their ratings. They all complained about the extraneous information that was recorded in the assessments. Since they preferred a topical organization with headings, they presumably rated the more succinct, topically organized and less redundant recordings more favourably.



### Other Effects

The drop-out rate for both the experimental and comparison group was high considering the reasonable stipend that they had been offered. This may reflect a lack of enthusiasm for a task they find difficult. Furthermore, both groups were writing the second assessments at the end of the fall term in December and some may not have taken the task as seriously as in the fall, only turning up to fulfill the requirement for their stipend. They were not writing assessments for a supervisor who was directly evaluating their work in the field for their academic record. An antipathy for the task, coupled with the small number of students (six) in the comparison group who, due to the unequal group distribution, wrote the assessments for the 'senior' video, may explain the puzzling decrease in the quality of the assessments of that video that were produced by this group video at Time 2. Nevertheless, the students in the experimental group who were taught in a teaching procedure featuring a generic model for content *did* produce recordings that were of better quality than the comparison group.

These results indicate that students can benefit from formal academic training in recording skills and offer empirical support to its advocates. There have been many recommendations in the literature that the social work academics should pay more attention to teaching recording (Ames, 1999; Carney, 1994; Kagle, 1996; Simon, 1989; Tebb, 1991). The judges of the assessments in this study were no exception as they all recommended that recording be taught in a university setting. Students themselves are aware of their lack of training in recording skills when this training is exclusively the prerogative of the agency (See Appendix A). The fact that there was an improvement in quality of the recordings after two three-hour lectures, suggests that more time, even an entire course, might profitably be devoted to teaching the recording of psychosocial assessment in an academic setting. One of the principal roles of the university is to develop and generate professional knowledge, and the documentation of a psychosocial assessment is a practical and effective method of concretely demonstrating the link between this knowledge and practice. The results of this study lend more weight to those who have recommended the teaching of recording in schools of social work.

### **7.4.2 Workers**

The assessments written by the experienced social workers for the ‘mother’ video were better after a workshop in which they were taught in a teaching procedure using the generic model for content. The teaching procedure proved less useful in improving the recordings they wrote for the ‘senior’ video, an effect which may possibly be due to the specificity of the setting. These workers, from a rehabilitation hospital, were very experienced in the problems presented by the client in the ‘senior’ video and would, presumably, already know the pertinent data to record and analyze when helping a client with similar problems.

Although these results were compromised by a lack of control for the specificity of the setting, there was a control for the quality of teaching for both videos. As the instructor was the same for both videos, the significant improvement in the quality of their recordings for a client with an unfamiliar problem does suggest that the generic model for content may have been the salient factor in helping them with the recording task. The model may have alerted the workers to the basic content that must be included in any social work recording regardless of the clinical problems presented by the client.

Practitioners now depend on agency guidelines to recording and these guidelines have been shown both in the literature and this research to be inadequate in ensuring the quality of recording. Furthermore, as the teacher pointed out, novice workers in some settings that are organized by program management are without social work supervision, and are, therefore, without anyone either to teach them the recording skills specific to their profession or to help them develop guidelines. The simple generic model developed for the teaching procedure in this study could be useful for practitioners as a basic guide to the essential information that should be gathered and can be used as the foundation for recording, in developing criteria for quality and a complement to the guidelines specific to the practice context.

### **7.4.3. *The Professional Opinion in Recording***

It is through the professional opinion that the social work recording reflects the unique story of the client, and avoids the imprecision of the “Aunt Fanny” assessment.

The professional opinion allows workers to communicate the bases for their decisions and differentiate themselves from other professionals. The judges of the assessments in the teaching study concurred with the major writers who address social work assessment (Meyer, 1993; Milner & Bryne, 1998; Turner, 2002a), recording (Cohen, 1986; Kagle, 1996), and research (Sheppard, 1995) that some form of analysis, evaluation, judgment or opinion is an essential element in a social work assessment and were looking for this element in judging the quality of the recordings.

Results from both the studies indicate that it is this interpretation of the data, defined as “professional opinion” in the generic model, which is the most problematic element in an initial recording. In the preliminary study, experienced workers included a professional opinion less than half of the time. These results were echoed in the teaching study in which, prior to the training, only 53% of experienced workers included a professional opinion and this percentage only increased to 68% after training. This absence of a professional opinion from more than half the social work recordings written in current practice is disquieting considering the professional and clinical importance of analysis and synthesis of the data to the decision making of the worker.

Teaching using the generic model which emphasized this element appears to have alerted both the experienced workers and students in the experimental group to the importance of at least including a professional opinion in their recordings. Both groups did include a professional opinion in their recordings significantly more often after training.

The quality of the professional opinions in the teaching study was low even given the fact that 74% of the assessments that contained no professional opinion were written by students who had received no formal training in recording. The judge did not rate any assessments as ‘excellent’ and only rated eight assessments as ‘very good’ in the entire sample of 146 assessments that he read (See Figure 4). These eight assessments were written by five people; four of whom were from the workers’ group, three of whom had more than 20 years experience. Unsurprisingly, when workers did include an opinion, it was experience that appears to have dictated the quality; the experienced social workers wrote the best assessments.

The opinions rated 'poor' lack the analysis and synthesis of the data present in those judged 'very good' and often confuse opinion with intervention (See Appendix J). The first 'poor' recording of the 'mother' video from the Worker Group is a good example of the Aunt Fanny statement applicable to anyone. This hardly meets the standard established by Hamilton (1951) and from academics who work from both the positivist and post modern perspectives, that the recording must reflect the uniqueness of the client. The 'poor' opinions clearly illustrate problems with content, style, vagueness and interpretation of the data.

None of the 'very good' opinions states a specific link to social work knowledge or theory. A careful reading, however, suggests the workers' familiarity with some bases of social work knowledge - family systems theory, family life cycle, loss and bereavement, attachment theory and DSM diagnosis. These examples all consider the support system of the client, an important person-in-environment perspective, and the coping skills of the client, an important empowerment perspective.

The judge found no differences in the quality of the professional opinion after teaching in any of the groups, a finding complemented by that of the judge who found no differences in the clinical quality of the 'senior' video. These results may be compromised by the research design which only designated one judge - the 'teacher' - to assess the quality of a professional opinion. This judge had a definite theoretical orientation - empowerment - and, as a trainer for the professional order of social workers, he had high professional standards that the students, with the minimal training they received, were unable to achieve. Nevertheless, in this study, the ability to analyze and synthesize data and acquisition of judgment appears to be acquired with time and experience.

There are, however, other variables that may affect the teaching of a professional opinion.

#### Problems in the Teaching Procedure

The results may be due partially to the inexperience of this author (the instructor) coupled with her lack of a clear guide to the teaching of the critical thinking necessary for the formulation of a professional opinion. It is possible that her

instructional method, which was chiefly based on her generic model that emphasized essential content and relevance, may have contributed to the general improvement in the quality of the recordings but fell short when teaching interpretation of that content - thus the lack of improvement in the quality of the professional opinions.

Lack of time and practice in the integration of difficult concepts may also have been a salient factor for both students and workers. The instructor lectured them on the principle of separating opinion from descriptive statements, the difference between inference and deduction, causal attributions, the evaluation of behaviour, guidelines for discovering causes (Gambrill, 1997), overgeneralizations, personal bias, anchoring effects, and the predisposing and precipitating factors related to theoretical perspectives (Coady, 2001b) but could not provide pertinent exercises or very much time to practice these concepts. The formulation of a professional opinion, for example, was modelled and discussed using the training videos depicting two different settings; there was, however, only enough time for the students to practice writing one professional opinion. One lecture for the students and one discussion lasting a half- hour during a workshop for the experienced workers does not appear to be sufficient time for the teaching of a professional opinion. This is a topic that requires the devotion of considerably more academic time to develop the beginnings of competency in social workers in the early stages of their careers.

The mind-set of the students may also have played a role in their integration of concepts pertaining to the analysis and synthesis of assessment data. The instructor did make an effort to help the students with their judgements through the WebCT online discussion of a functional approach to critical thinking developed by Zechmeister and Johnson, (1992). Although a different discussion subject and exercise involving critical thinking was posted each week, these were not integrated into class discussions and the majority of the students only participated in the discussion once in order to be allotted the five marks for this assignment. Critical thinking was obviously not a popular topic for discussion.

As useful as a generic model might be in clarifying the content needed for an assessment, it appears to have been limited in teaching the student or worker how to think given the limited time of the teaching procedure. As the professional opinion is the basis

of social work intervention, more attention clearly needs to be given to the teaching of the analytic thinking and decision-making necessary for its formulation. This is, of course, not a new concern for social workers (Cohen, 1986; Gambrill, 1997; Hamilton, 1951; Lowry, 1938; Meyer, 1993; Milner & O'Byrne, 1998; Nurius, 1990; Overtveit, 1985; Richmond, 1917; Sheppard, 1995; Siporin, 1975; Turner, 2002). Neither social work academics nor supervisors currently receive much preparation or guidance to its formulation. The instructor in this study was no exception. As a profession, social workers have tended to criticize and complain about their deficits in professional judgments and decision making rather than develop teaching tools that can be used to foster and promote critical thinking. This generic model for initial content is one answer to improving recording quality but academics and field supervisors alike would probably welcome the development of teaching procedures and practice exercises specific to the formulation of a professional opinion.

#### Problems in Terminology

The importance to the social worker of the professional opinion component in a recording is diminished by the confusion of terminology describing this component of a recording. Several authors use 'assessment' rather than 'professional opinion' to cover the analytic process leading to the understanding of the problem (Barker, 1991; Kagle, 1996; Meyer, 1993; Lehmann & Coady, 2001; Timberlake et al., 2002). Turner (2002a) uses the term 'diagnosis' rather than assessment for the same process but suggests that the process leads to a 'professional opinion'. The judges in the teaching study echoed the literature. They did not object to the term 'professional opinion', but used a variety of other expressions as well: diagnosis, assessment, impression, analysis and synthesis, and professional judgment. Despite the lip service paid to the importance of a professional opinion, this lack of precision in the description and definition for this component may be related to the difficulty that social work academics have in agreeing on any generic terminology, reflective of a general distaste for generic theory or models of practice in the profession. Teachers of the formulation of a professional opinion need to agree on some common understanding of its definition, purpose and content, one that would encompass respect for several theoretical perspectives and models.

### Problems in Content

The formulation of a professional opinion is also affected by the lack of agreement in the profession about its content. In this study, for instance, the judge of the preliminary study of the workers' assessments (the author of this study) accepted as a professional opinion any statement that made a judgment about the data in that assessment. On the other hand, the judge in the teaching study used a clearly higher standard. He defined a good professional opinion as one which was not judgmental of the client but rather based on an empathic understanding of the situation and the context, was linked directly to the purpose of the assessment, and that included the strengths and coping skills of the client and any element of risk for the client.

None of the judges mentioned that they were specifically looking for the link to social work knowledge and theory, a divergence from the recommendation of most authors in the literature (Kagle, 1996; Meyer, 1993, Milner & O'Bryne, 1998; Sheppard, 1995). The opinions (see Appendix J) rated 'very good' from this study also suggest that workers do not specifically state the knowledge base for their decisions although a careful reading reveals a familiarity with theory and knowledge. This variance suggests that this link may be more a preoccupation of academics than practitioners. It also may reflect problems with professional disagreements about theory and research upon which opinions are based - problems that Tallent (1993) has noted are typical of all professional recordings and not necessarily specific to social work.

This link, however, does make the knowledge base of the worker explicit and adds to the credibility of the professional opinion of any assessment. In the teaching procedure, the instructor tried to help the students make this link between social work knowledge and theory by briefly introducing the students in the experimental group to the predisposing and precipitating factors related to theoretical perspectives and models proposed by Coady (2001b). It was clear, however, that many of these students had never been exposed to many of these models and would consequently find it very difficult to make the appropriate links. It may be that the better quality of the

professional opinions written by the experienced practitioners was a result of their long exposure to social work knowledge.

Although the judges did not clearly describe the content of a professional opinion, they were all looking for its link to the intervention plan. The 'professor', in particular, was interested in the ability of the worker to structure analytic thinking in developing a plan. They would then have presumably judged the recordings containing this link as superior in quality. The poor quality of the professional opinions written by both students and experienced workers would indicate that both groups need more practice with this aspect of a professional opinion.

#### Problems with Facts, Assumptions and Opinions:

The structure of an assessment also affects the content of a professional opinion. The generic model was organized to separate worker's opinions from descriptive data and observations and labelled as such - a structure favoured by some authors in the literature (Gambrill,1997; Kagle,1996; Meyer, 1993; O'Neil, 1984; Siporin, 1975) and three of the judges (the inspector, the teacher and the director) . In other recording guidelines from the literature (Germain & Gitterman;1996; Kagle,1996; OPTSQ, 2002; Turner, 2002b), the workers' opinions were scattered throughout the assessment but clearly separated from the objective facts, an organization favoured by the 'clinician' and 'professor' and considered acceptable by the 'director'. It was the 'inspector' who was the clearest advocate of the worker's separation of facts from their interpretation with a separate section for interpretation. Her views probably reflect her long training in writing reports for court, a context that stresses the differentiation of fact from opinion. Her strong standpoint may explain her clear preference for the assessments of students in the experimental group (See Figure 8) who were taught with the generic model.

The separation of fact from opinions in the structure of the generic model raises the thorny problem of distinguishing between the two. O'Neil (1984)'s true-or-false test, in which missing information is the hallmark of the assumption, is a simple guide but does not capture the complexity of this distinction. The pure post modern thinker would consider it nonsensical to try making a distinction between a fact and an assumption; postmodern thinkers consider all the assessments as just one version of



reality. Unfortunately, as Reynolds (1995) has pointed out, not everyone reads assessments from a post modern perspective and many readers believe that they are accessing the truth or some version thereof.

One solution to this dilemma is the application of the concepts from research - both qualitative and quantitative. No data are free from subjective interpretation (Milner and O'Byne, 1998). The concept of reflexivity from qualitative research can help the worker make her own position explicit to the reader. This is congruent with the literature that abounds with sound advice for the worker to carefully consider and note their personal and disciplinary bias in their recording (Cohen, 1986; Gambrill, 1997; Kagle, 1996; Meyer, 1993, Milner & O'Bryne, 1998; O'Neil, 1984; Turner, 2002b).

From quantitative research comes the notion that hypothesis, opinions and judgments be based on solid evidence, a notion clearly espoused by the judges in this study. Since facts are always seen and presented through the eyes of the beholder, Turner (2002b) and Cohen (1986) have also emphasized the importance of being honest about uncertainty and sources of information. The worker needs to be clear in the recording about the evidence upon which any judgment is based. Assessments are no different from any sound research report, whether quantitative or qualitative, and the same critical thinking should be applied to their construction. The organization proposed in the generic model does force the worker to pause and reflect before making a statement that might be construed as pure opinion.

### Summary

It is obvious from this research that social workers have a great deal of difficulty in the formulation of a professional opinion, a finding supported by the literature that indicates that the formulation of a professional opinion is the most difficult part of the assessment (Nurius & Gibson, 1990; Overtveit, 1985). The principal reason for this difficulty may lie in the nature of the task itself. Social workers, cognizant of data from the person and from the environment, must often analyze a multitude of variables. Workers are not helped by the lack of clarity about opinion formulation in the literature, its relegation to a few specialty texts and absence from mainstream teaching programs in schools of social work. Not only is the process of critical thinking difficult, but social

workers, both practitioners and social work students are afraid both of criticizing and being criticized. As Turner (2002b) has remarked, because of their preoccupation with labelling theory, social workers confuse making judgments with being judgmental. In this study, the director commented on this fear that social workers may have about making judgments "... social work values have put the fear of God into them". The 'teacher', on the other hand, pointed out that workers are also afraid of criticism; that sometimes even supervisors will discourage opinion and advise just recording facts. Although never explicitly stated, it appears that many of the major writers addressing social work practice steer away from the Charybdis of being politically incorrect and the Scylla of non-scientific thinking by simply avoiding the professional opinion component of assessment. One could hazard a guess that this avoidance of the importance of the professional opinion during the past twenty-five years has been welcomed by social workers who, poorly trained in its formulation, were only too happy to escape the onerous task of committing their professional thinking to paper.

#### ***7.4.4 The Generic Model as a Teaching Tool***

From the results of this study, it would appear that the generic model may be useful in teaching the content necessary for an initial recording as a complement to professional guidelines. Like the Person-in-Environment System it may help to structure the thinking of the social worker but is limited in its ability to influence the critical thinking necessary for the analysis and synthesis of that content leading to a professional opinion. The judges all thought a generic model would be helpful in teaching as long as it was flexible, adaptable to the setting and did not interfere with the client-worker relationship. The professor and teacher went further: the former commented that such a model would be a useful guide to structured thinking and the latter felt that such a model would be stimulation to the craft.

#### Content Validity

The content validity of the model was supported by the data from both studies. Although the judges all had different theoretical perspectives and were not familiar with the generic model, between them all they mentioned that they were looking for nearly all

the elements of content that had been included in the model. These results must be interpreted with some caution since many of the components of the generic model would be found in any comprehensive report written by a professional from a helping profession, and neither the preliminary nor the teaching study were designed to isolate generic elements of content specific to social work. The generic model developed for this study contained many elements that would be considered essential for a recording written by any professional from a helping profession, for example; demographic data, problem definition, referral sources, sources of information, client characteristics, a professional opinion and a plan.

There is some evidence from both the studies, nevertheless, that social workers may agree on a combination of elements of a psychosocial assessment that may be specific to a social work recording. The workers in the preliminary study, the experts in the preliminary study and the judges all agreed on the following elements:

- a definition of the problem,
- evidence of the client's strengths and coping skills,
- the client's support system
- the quality of the relationships in the client system, (subsumed under support system in preliminary study)
- a professional opinion
- a plan.

All these elements are integrated by the person-in-environment framework and it is this framework which all the assessment judges considered unique to the profession. These agreements would be an important base for a truly generic definition of psychosocial assessments for legal purposes and in defining the specificity of social work professional acts, purposes that complement its use in teaching procedures to improve recording quality.

The workers in the preliminary study neither recorded, nor did the judges from the teaching study mention, looking for content about one particular element in the generic model; that is, the factors that contribute to the problem—cultural, life-cycle, discrimination, structural or systemic variables. These variables are all reflective of content important to anti-oppressive practice. In the preliminary study, only two of these

factors were noted and they were the least frequently recorded: culture (35%) and discrimination (1.7 %). This may reflect the difficulty in adapting the principles from some theoretical social work perspectives, especially anti-oppressive concepts, to everyday practice, a difficulty already noted in the literature. A concept of oppression that is founded in structured social relations is at odds with an individualistic focus in social work (Harlow, 1996). All of the assessments for this research were made of individuals and based on individual case work practice.

This finding may also indicate that workers in practice will ignore theoretical orientations if they are not suited to their practice. Social work is a pragmatic profession that does not lend itself to extensive theorizing (Tuson, 1996). This has been true of psychoanalytic theory (Field, 1979), empowerment perspectives (Floersch, 2002) and further demonstrated in this research. In the preliminary study, the workers routinely recorded current functioning, an element rarely mentioned in the literature. Practice trumped theory. Furthermore, elements of content which are too specifically reflective of a particular theoretical model can not be considered generic. There is no indication from this research that contributing factors such as cultural, life cycle, discrimination, structural or systemic variables yet meet the generic criteria.

No generic model is truly free of bias. This model is no exception based as it is on the problem-solving model, a perspective not accepted by all practitioners or academics. Its focus on the problem, however, helps in the definition of the generic elements as it contains no assumptions about causality. Furthermore, the focus on the problem discourages both digressions and the inclusion of non-essential information that can be intrusive for the client. Like any new model, it needs more testing especially for its construct validity, predictive validity and reliability. Its construction and testing in this research now await further testing in practice, followed by refinement and modification or deconstruction in response to new realities of practice. The results of this study suggest that it may be immediately useful as a teaching tool in improving the quality of recording, results which warrant further investigation.

## 7.5 Implications for Research

Research using social work records is inhibited by the lack of reliable standardized records that can be a source of data for program evaluation and the generation and comparison of practice knowledge for the profession. Researchers have avoided their use because of the difficulty in controlling variables when the format, content and language of the written assessment are so varied. This study developed a model that could bring some standardization to the keeping of social work records and facilitate research based on their data. The validity of the model, however, needs to be more solidly established through longitudinal studies:

- Its construct validity through testing its use with a greater variety of clients, and different modalities of practice: with couples, families and groups. It would be useful to develop a stable of training videos for a greater variety of initial assessments, videos that could be used in further longitudinal studies.
- Its predictive validity through investigating whether all or only some of the elements are essential in determining the quality of an initial recording.
- Its reliability in ensuring quality recording.
- For adaptation to electronic recording systems and computer based recording.
- Its specificity to the content of a social work recording by comparing it to the recording of other helping professions, for example; counselling, psychology and psychiatry. Its specificity must be established in order to usefully use records to compare social work intervention outcomes to those of other professions.

This study has begun a process investigating one pathway to improving the teaching of recording, a process that needs to be further elaborated and refined. The usefulness of the generic model as teaching tool might be tested further:

- in the development of criteria for the quality of a psychosocial assessment
- in academia using defined criteria for quality, a larger number of judges and controlling for the effects of time devoted to teaching recording and the quality of the teaching;

- for field supervisors for its effectiveness in teaching initial recording using defined criteria for quality and controlling for the effects of time devoted to teaching recording and the quality of the teaching.

One of the limitations of this study was its focus on the initial recording.

Although social workers must often act on the basis of incomplete information, there are problems with an overemphasis on the initial recording. Often this initial data is given excessive weight, the process known as “anchoring” (Nisbett & Ross, 1980; Orcutt, 1964). In addition, research has shown that there was little evidence that workers re-evaluate assessments in light of new information (Kelly & Milner, 1996). I also found that reluctance to record new information and modify intervention procedures was a major factor in the clinical mismanagement of the Beaumont case (Commission des droits de la personne et des droits de la jeunesse, 1998). The incorporation of new information into the social work record, and the modification of the professional opinion and intervention plan is an important field for further research.

Ultimately, the purpose of improving the quality of recording is the improvement of service to clients. The link between the quality of an initial recording and intervention outcomes needs to be empirically tested using clearly defined criteria for quality. The generic model developed in this study would be a useful tool in defining those criteria once its construct validity is further demonstrated in research.

## **7.6. Conclusion**

It is through the formulation of a psychosocial assessment that social workers present their singular contribution to the helping professions, the consideration of the problems of a client at the interface between the client and his environment. The product of a psychosocial assessment is the recording. This recording has important legal, administrative and clinical purposes for the profession. The objectives of this study were to examine the practice and theoretical problems surrounding the content of the recording of an initial psychosocial assessment and a teaching procedure to help students and worker write better recordings. The initial recording was chosen as the focus for study as it is the first basic building block determining clinical intervention.

The literature demonstrates that there are practical problems: with the guidelines, forms and structure for recording; with content, including the omission of essential information, inclusion of irrelevant data, and unnecessary duplication; with the formulation of a professional opinion; with the attitude and orientation of workers and academics; with its use in research; with its definition and with its teaching. Furthermore, there are problems with the theoretical perspectives that guide practice. As there is little agreement about social work practice theory, it becomes difficult to decide on the essential elements of an initial recording. Any practice procedure, such as recording, that would benefit from a more standardized generic approach becomes problematic.

The results of the preliminary study demonstrate that professional guidelines are not adequate to ensure that the recommended content is recorded; that it is the recording form, rather than the guidelines or literature, which predicts the content recorded by social workers. This suggests that social work administrators, managers, and practitioners who develop guidelines and forms pay particular attention to their formulation in order to ensure quality recording. They do not to date, however, have a standardized guide to the content of an initial recording that can be used in the development of forms, either in paper form or, as is increasingly the case, an electronic form.

After developing a generic model for the content of an initial recording from a wide variety of sources, the author integrated it into a teaching procedure which she found in a further study improved the recording of students and practitioners. This suggests that both workers and students can be taught to write better quality recordings. Workers would benefit from learning a simple guide to the content of their recordings and students from learning the basic elements of recording in an academic setting. As the documentation of a psychosocial assessment is a practical and efficient way of concretely integrating the link between knowledge and practice, it is recommended that social work academics pay much more attention to its formal teaching in a classroom.

Both workers and students included more professional opinions in their recording after teaching but their ability to analyze and synthesize the data was more strongly determined by their years of experience. Teaching students how to formulate a professional opinion in a social work recording still remains problematic and the link

between social work knowledge and practice remains compromised. The profession needs to develop teaching procedures and practice exercises specific to the formulation of a professional opinion. The separation of assessment facts from opinion in the structure of the generic model is a beginning procedure, one which challenges workers and students to distinguish between the two or, at the very least, be clear about different versions of reality.

From the results of this study, it would appear that the generic model may be a useful complement to professional guidelines in the teaching, development and quality of professional social work recording practice as it provides a guide to the content necessary for an initial recording, regardless of case complexity. There are limitations to this study which require further investigation. The generic model 1) is limited in its ability to help the worker with the critical thinking necessary for the analysis and synthesis in the formulation of a professional opinion; 2) needs more testing especially for its construct validity, predictive validity and reliability. Its construction and testing in this research now await further testing in practice, followed by refinement and modification or deconstruction in response to new realities of practice. It is not written in stone.

Clearly more academic and professional time and resources need to be devoted to improving the quality of recording a psychosocial assessment. It is an important professional skill that has been neglected for far too long. The development of this generic model that can be used to teach recording, develop criteria for quality recordings and design forms and guidelines for the profession is a critical first step.



## APPENDIX A

**Students' Replies to Pare and Hall: A Sample**

*Masters Students in Social Work McGill 2004:  
Course on Child Protection*

Megan: I spend this past year discussing and struggling with the task of writing assessments, records and referrals. Actually, the problem is that I still do not have a clear idea of how I am "supposed" to write and what the culture is in my institution with regards to the written work. Part of my difficulties I can ascribe to my inexperience- I never thought I would work clinically, so I did not choose a clinical placement or any clinical classes. In the beginning I was given recent files to read in order to acculturate myself to the type of writing. However, it was difficult due to the fact that we work as multidisciplinary teams with one shared file for each client. So as I was reading the social worker's notes, I would also peruse those written by the family physician, psychiatrist, nurse, and perhaps the occupational therapist. What I decided fairly quickly, was that the social worker's notes were the longest and most complicated to read. This was the way I was introduced to writing in our profession.

Amanda: Learning to keep appropriate and accurate records (which could almost be labelled an oxymoron) continues to be one of the more frustrating experiences of my field placement career. ...it's mid-February and my supervisor has yet to instruct me on proper progress-noting for the agency. As neurotic as I am about my writing abilities, it causes me serious heart-burn to think that while I take pains to remain objective and factual, no one else is evaluating my work.

Katherine: Pare and Allen's piece on social work writing highlights the reality that despite social work writings [having] far-reaching implications for clients, it is assigned little importance by professionals. In the agency within which I worked, I, like the students referred to in the article, had not the slightest clue as to where to begin with my assessments. My supervisor and others referred me to the extensive files full of past assessments. ...It is unfortunate that neither social work schools, nor social work professions grant this issue the value it merits.

Cindy: ...Sadly the field of child welfare, very often clients files are filled with opinions and assumptions, and not just the facts. A clients file follows them for the rest of their lives, and all it takes is one social worker to write up a bad or slanted report on a client, and this can have a devastating effect on the client. Although I have a case example where the exact opposite occurred. A couple years ago I got a case that dealt with a mother's mental health. This woman had been involved with us about 3 months earlier, and the ongoing worker wrote up her risk assessment, giving a glowing report. We

decided to check it out, and long story short, the child eventually had to be apprehended because her mother was so delusional this child was not getting the proper care she needed. I remember being quite angry at the previous worker (who had since left our agency) and feeling as though she wrote the glowing report so she could close out her case. This case is still open to our agency and the child is still living with her grandparents.

I agree that there is a severe lack of education when it comes to teaching social workers how to write reports. When I started at CAS, I found it quite frustrating, not having any clue what goes into a report. I remember reading old files, old assessments, and trying to replicate what I had read. Unlike Debbie, my supervisors have not been as forthcoming in teaching about proper writing skills.

Guisseppina: ..in spite of how critical this process is, there appears to be little time given , be it in the academic field/work arena for various reasons. Most often we are given a format but content is not necessarily challenged/critiqued. It is also surprising how much redundancy can be found in documentation systems.

Grace: I agree with the authors regarding the major role that writing plays in the professional practice of social work. ...The authors concern for the frustration of beginners regarding record keeping is something I worry about myself. I find from experience that, even in the same department there is no standardized form of writing. Each beginner learns from the supervisor who will hand down some of her own writings. Thus the beginner ends up becoming the "cloned" supervisor in terms of record keeping. If you are unfortunate to get a lousy supervisor then you are doomed. Plus the power politics at the work place which compels beginners to toe the line of supervisors without often exercising their own judgment.

Melinda: ...report writing is a task in which I take very seriously and always try to write them as though the client were reading the final report. ...we, as workers, would definitely merit from receiving training in report writing and it really is a shame that this is not a type of course offered within our social work training. Whether it would be in child welfare, the health field or school settings, report writing should be a task that, in my opinion, should be taken extremely seriously, for at times, it is almost as though the information in the reports are written in stone.

Judith: Pare and Allen's article outlined what I think is a serious problem in social work education...As indicated in the article, we often have to rely on reading old reports which is not a constructive way of learning. This method can be dangerous...New workers may not be aware of this while they try desperately to learn how to write good reports. In child welfare, it is especially difficult considering that supervisors are often too busy to spend time training and teaching students despite the fact that report writing is an integral part of the job.

## APPENDIX B

### PSYCHOSOCIAL ASSESSMENT ELEMENTS: INITIAL ASSESSMENT

#### Client Identification

**Demographics:**

Client age, gender, marital/parental status, ethnicity\*, language, and family composition.

**Employment/Education:**

Type and status of the client's employment or education if the client is a child or adolescent

**Income and Source\*:** the actual income of the client and/or its source

**Living Environment:**

The client's housing. Would include neighbourhood, transportation and work environment if applicable

#### Referral Reason:

Nature and motive for service request

#### Referral Source:

Person or persons making request for service

#### Sources of Information:

All sources of information, an estimate of their credibility and the context in which that information is gathered

#### Problem Definition:

Description of the problem and/or needs as mutually described by client and worker.

**History/Antecedents:**

Includes the history and antecedents to the problem, predisposing factors and precipitating events.

**Severity:**

A measure of the disruption in the client's functioning and degree of distress. Refer to PIE manual for Severity index.

**Duration/Frequency:**

A measure of the frequency of the problem and its duration

**Context/Location\*:**

The geographical location of the problem

**Meaning:** Includes the meanings and beliefs that the client attaches to the problem that may perpetuate the problem. Would include perception of impact of problem.

**Past Solutions:**

Solutions client has already tried in resolving the problem

**Contributing Factors:**

Any current factors that contribute to the perpetuation of problem; cultural, environmental, life cycle, discrimination or systemic variables related to the problem

**Priority:**

The priority the client and worker give to the solution of the problem

**Motivation:**

The client's motivation to solve the problem(s) according to client and worker

**Client Characteristics**

**Behaviour:**

The behaviour of the client as observed by the worker and others.

**Functioning:**

Includes the client's physical and mental health, intellectual/cognitive (including problem solving) abilities, emotional functioning, and performance in social roles, activities of daily living.

**Strengths/Coping Skills:**

Includes the client strengths and coping skills according to client and worker. Related to client self-esteem and competencies.

**Developmental Factors:\***

Relate to client's developmental history and stressors

**Client System**

**Relationships:**

A description of the quality of the client's current interpersonal relationships including those with the worker and the agency.

**Social Support System:**

Includes any significant others in the extended family or community who are the source of affective or instrumental support for the client.

**Resources/Obstacles:**

Concrete resources, formal and informal, needed to resolve problem and obstacles to their access.

**Professional Opinion:**

The worker's analysis and synthesis of information reflecting an understanding of the problem, its **classification (PIE)** if client is an individual, any hypotheses related to understanding the problem including the **criteria** on which these is based. Assessment criteria based on social work knowledge, agency requirements. Would include a judgement of risk factors.

**Plan**

Includes the planned intervention activities, the goals or desired outcomes and the details of the working contract with the client.

**Collaboration:**

A statement of the collaboration of the client with the assessment, and any differences with the worker. Contains a statement indicating that positive and negative consequences of the plan have been explored with the client.

- **Optional depending on nature of the problem**

**APPENDIX C**

**McGill University  
School of Social Work  
407-481A**

**GOAL DIRECTED CASEWORK****COURSE OUTLINE**

**Instructor**  
Joan Keebler, MSW

**Course Description**

This course develops a framework for casework practice based on the problem-solving model of time limited goal directed practice. It will consist of 13 three hours lectures, Wednesdays from 8:30 to 11.30 am.

It includes discussion of problem specification, assessment, the PIE classification system, goal development, contracting, the formulation of a professional opinion, recording, the use of tasks, termination, and evaluation. The development of a collaborative working relationship with the client(s) will be emphasized. Some consideration will be given to the differences when working with voluntary and involuntary clients. The model is generic and may be used with individuals, couples, and families from diverse communities.

Students will be encouraged to bring examples from the field. Class and WEB CT participation is expected. Role play will be used to illustrate clinical issues.

**Course Objectives**

At the end of the course, the student should be able to:

- Apply methods of Goal Directed Casework model to direct practice
- Identify psychosocial problems of clients
- Categorize psychosocial problems according to Person-in-Environment System
- Distinguish assessment facts from assumptions
- Formulate a professional opinion
- Develop an intervention plan: Goals, Tasks, Contract
- Evaluate interventions
- Write a comprehensive psychosocial assessment

## **Course Content**

The course is divided into eight sections , roughly corresponding to the actual process of casework practice. It is designed to help you integrate the model into your clinical practice.

1. Assessment: Problem Definition and Specification (2 lectures)
2. Assessment: Problem Classification (2 lectures)
3. Assessment: Issues and Tools (1 lecture)
4. Goal Development and Contracting (2 lectures)
5. Professional Opinion and Recording (2 lectures)
6. Task Development and Use (1 lecture)
7. Termination and Evaluation (1 lecture)
8. Models of brief, time-limited therapies (2 lectures)

## **Instructional Methods**

1. Problem Definition: Lectures, Readings, Role Play and Case Studies
2. PIE: Lecture, Readings, Video Exercises, Small Group Discussion and Class Debate
3. Professional Opinion: Lecture, Case Studies, WEB CT Discussion
4. Goals, Contracting, Task: Role Play, Lectures, Readings
5. Termination and Evaluation: Lecture, Role Play, Readings
6. Recording: Video Exercises, Case Studies
7. Models: Lecture, readings.

NOTE: All lectures and supplementary instructional materials will be posted on WEB CT

## **Course Texts**

Lukas, Susan, Where to Start and What to Ask: An Assessment Handbook, New York: W.W. Norton & Co., 1993

Karls, James M. and Wandrei, Karin E. PIE Manuel, Person-In-Environment System: The PIE Classification System for Social Functioning Problems, Washington, DC: NASW Press, 1994.

A compulsory package of readings will be available for purchase at the Bookstore. Readings for course sections are delineated in this course pack.

## **Course Evaluation**

1. One six to ten page **log** commenting on readings on Sections 1 through 3 (Problem Definition and Specification, Problem Classification and Assessment issues and Tools) including some integration with your practice.

Due Session 6.

15 marks

2. One six to ten page **log** commenting on readings on Sections 4 through 7 (Goal Development, Contracting, Professional Opinion and Recording, Task Development and Use, Termination and Evaluation).

Due Session 13

15 marks

3. **WEB CT Discussion:**

Participation: 5 marks

Content: 5 marks

4. **Term Paper:** Outline for Paper

With a case that you are either working on or have worked on, follow the following outline:

- I Assessment
  - a) Problem Definition and Specification
  - b) Problem Classification: PIE
  - c) Professional Opinion
- II Goal Development and Contracting
- III Task Development
- IV Termination and Evaluation.

### **APA Reference Style**

#### Marking:

Problem Definition and Specification: .....	5
PIE:.....	10
Professional Opinion.....	10
Contract.....	5
Goal Development.....	5
Tasks.....	5
Termination and Evaluation.....	5
Integration of Literature.....	5
Organization and Style.....	10

---

60 marks

**Due Date** 14 days after the end of Session 13. Students who wish feedback on a draft of this assignment may submit the assignment to the instructor two weeks before the end of classes. i.e. Lecture 11

NOTE: 5 marks per day will be deducted for late logs and papers unless accompanied by a physician's note.

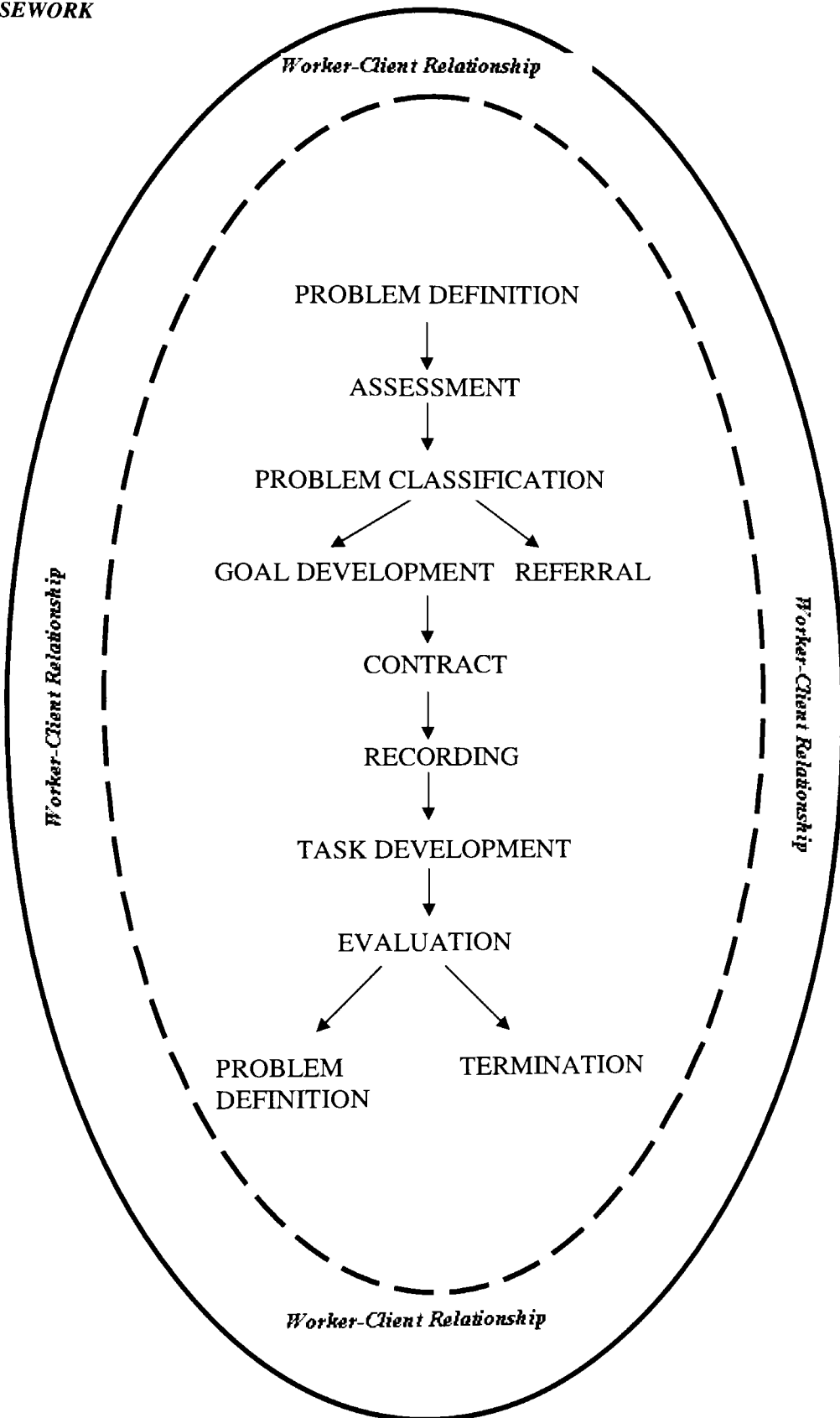
NOTE: For any academic writing, students are encouraged to consult the McGill Website: McGill/academic integrity/students guide to avoid plagiarism.

NOTE: Students are encouraged to communicate in class or in written assignments in either English or French.



**GOAL DIRECTED  
CASEWORK**

**CONCEPT MAP**



## APPENDIX D

**Fact Sheet Time 1: Students**

**McGill University School of Social Work  
Psychosocial Assessment  
RESEARCH PROJECT**

Your Code Name: \_\_\_\_\_\*

---

Please complete the following questionnaire with a check in the appropriate box:

- |   |  |      |
|---|--|------|
| 1, Gender                                   | Female   | Male |
| 2. Academic Year                            | U3<br>Special BSW<br>Other (Please State) _____  |      |
| 3. Placement: Fall 2003                     | Hospitals: Medical Short-term<br>Hospitals: Psychiatry<br>Hospitals: Long-term<br>CLSC: Geriatric<br>CLSC: Family/Children<br>CLSC: Mental Health<br>Youth Protection/Courts/Foster Care<br>Rehabilitation<br>Schools<br>Community Organization<br>Immigration<br>Women's Shelters |      |
| 4. Number of years in social work practice: | None<br>Less that one year<br>More than one year (Please state number) _____   |      |
- 

\* This anonymous code will let us match your Time 1 and Time 2 assessments. We suggest something you will be sure to remember: day and month of your birth and first three letters of your mother's maiden name.

EXAMPLE: February 16<sup>th</sup>/Arbuckle = 0216/ARB

**APPENDIX E****Fact Sheet Time 2: Students**

**McGill University School of Social Work  
 Psychosocial Assessment  
 RESEARCH PROJECT  
 Time 2**

Your Code Name: \_\_\_\_\_ \*

---

Please complete the following questionnaire with a check in the appropriate box:

1. Academic Year                      U3  
   Special BSW  
   Other (Please State) \_\_\_\_\_
4. Did you attend the lecture on recording given in Goal Directed Casework this fall?
- Yes  
 No
5. Did you attend the lecture on professional opinion given in Goal Directed Casework this fall?
- Yes  
 No
- 

\* Please use the code that you used at Time 1. This anonymous code will let us match your Time 1 and Time 2 assessments. We had suggested something that you would be sure to remember: day and month of your birth and first three letters of your mother's maiden name.

EXAMPLE: February 16<sup>th</sup>/Arbuckle = 0216/ARB

We have supplied you with a list of Time 1 codes to refresh your memory.

**APPENDIX F****Fact Sheet Time 1: Workers****McGill University School of Social Work  
Psychosocial Assessment  
RESEARCH PROJECT**

Your Code Name: \_\_\_\_\_\*

Please complete the following questionnaire with a check in the appropriate box:

1, Gender                                      Female                                      Male

2. Number of years in social work practice:

None

Less than one year

More than one year (Please state number) \_\_\_\_\_

In a Rehabilitation Setting (Please state number) \_\_\_\_\_

\* This anonymous code will let us match your Time 1 and Time 2 assessments. We suggest something you will be sure to remember: day and month of your birth and first three letters of your mother's maiden name.

EXAMPLE: February 16<sup>th</sup>/Arbuckle = 0216/ARB



**APPENDIX H****Coding Sheet: Professional Opinion****Assessment Number** \_\_\_\_\_Does the assessment contain a professional opinion?      Yes      No      

If yes, please indicate the quality of the professional opinion by circling a number on the following scale:

Very Poor      1

Poor      2

Acceptable      3

Very good      4

Excellent      5

**APPENDIX I****Interview Guide: Judges**

- The setting and context of the judge's social work practice, years in practice etc.
- What are the main practice models, theoretical orientation that you used in judging these assessments?
- What structure do you prefer: Chronological? Topical (headings)?
- Is there any particular tense that you prefer? Present? Past?
- Do you prefer an assessment be written in the first personal singular or the third person singular?
- So you think a psychosocial assessment should contain a professional opinion? Why?
- Do you have any concerns about social workers making judgment about clients: If so, what are they?
- Do you think that a psychosocial assessment has any impact on the intervention with the client? How?
- Do you think that the writing of a psychosocial assessment has any impact on the practice of the social worker? If so, what?
- What data are necessary to gather before making a plan?
- What elements do you think are essential to a psychosocial assessment (show list)
- How do you think the recording of a psychosocial assessment can reflect or tell the client's story?
- What do you teach social work students about writing a psychosocial assessment? A professional opinion?
- Should the recording of a psychosocial assessment be taught in schools of social work? Why? Why not? If yes, what model should be taught?
- Is a generic model desirable? If so, Why?
- Is a generic model feasible for the profession?

## APPENDIX J

**Samples of Professional Opinions**

Following are samples of professional opinions judged “very good” and “poor” for each video, with the group, time and years of experience indicated for the experienced workers:

*Mother Video*Very Good**Worker Group/Time 2/23 years**

**Professional Opinion:** Based on client’s report, her son is displaying more anger, aggression and declining school performance since his father left their home 1 ½ years ago. Son appears to be taking out his anger at father on his mother, and the two are not able to communicate directly or share feelings of mutual loss. Client shows readiness for intervention in that she followed up on school recommendation to seek help. Shows ability to problem-solve and willingness to encourage son, indirectly, to meet with counsellor first individual and then with her. Despite conflict she is able to continue to work full-time and manage her home.

**Worker Group/Time 1/28 years**Impressions

Mrs. A. appears very concerned about her son’s well being. Her recent marital separation has created numerous adjustment issues for she [sic] and her children. They appear to have limited support with these problem to date and appear isolated.

Mrs. X. has maintained her job and her home during this challenging period but appears not to recognize her apparent strengths. Nor does she have connections to other people experiencing similar marital and parenting problems.

Poor**Worker Group/Time 1/3 years**

Impression: Need to talk to Sam to see his version and impressions and as well to see her (Mrs. X.) with and without Sam to offer support, education and problem solving around how to assist in the situation.

**Student Comparison/Time 2**

Jane finds it difficult to communicate with Sam because he has been shutting her out. She has been trying hard to stabilize the family environment with her job as a legal clerk and trying to follow-up with son.



*Senior Video*Very Good**Worker Group/Time 2/28 years**

Professional Opinion: Mrs. Elder has been coping with the challenge of being caregiver to her confused husband and the loss of her daughter about 1 ½ years ago. With the support of her therapist and her activities, she has established a life which she found meaningful. Her recent heart attack has disrupted her equilibrium and she appears to require support to sort out the numerous life issues which are troubling her. She may also have experienced mood changes intensified by her heart attack..

**Worker Group/Time 2/13 years**

“PIE: Spousal Role; Mixed type (Loss and Responsibility), Very high severity, for 2 years, inadequate coping skills.

Parental Role: Loss, very high severity, duration 6 months to one year,

Inadequate affectional support system, high severity, duration: 6 months to one year.

Opinion: Mrs. Elder is struggling to adapt and cope with changes in her own physical health status which have significant implications for her desired return to [her] role in providing primary care to her husband. The stress of these changes is creating worry, a sense of hopelessness and helplessness are compounded by the pre-existing loss of her daughter and relationship with her spouse through his progressive illness.

Very Poor**Student Experimental Group/Time 2**

“Professional Opinion: Mrs. X. requires immediate help with dealing with the practical aspects of going home from the hospital. She could also benefit from support in taking care of her ailing husband

**Student Experimental Group/Time 2**

“Professional Opinion: Pt. seems overwhelmed by the situation and seems to be losing her capacity to cope with the situation alone. These losses may be implementing depression because pt. seems in despair. P. will not be able to take her husband under her responsibility...losing own autonomy. Can't go up the stairs or cook and shop alone.

## APPENDIX A1

Table A1. Students: Training Effect by Group, Video,&amp; Judge

Dependent Variable: Experimental effect

Judge	Video	GroupT2	Mean	Std. Deviation	N	
Inspector	Video 1 "mother"	Experimental	2.11	2.205	9	
		Comparison	.44	3.468	18	
		Total	1.00	3.162	27	
	Video 2 "senior"	Experimental	1.43	3.043	21	
		Comparison	-1.83	3.251	6	
		Total	.70	3.326	27	
	Total	Experimental	1.63	2.798	30	
		Comparison	-.12	3.493	24	
		Total	.85	3.218	54	
	Clinician	Video 1 "mother"	Experimental	.56	1.810	9
			Comparison	-.33	1.680	18
			Total	-.04	1.743	27
Video 2 "senior"		Experimental	.19	1.662	21	
		Comparison	.00	1.414	6	
		Total	.15	1.586	27	
Total		Experimental	.30	1.685	30	
		Comparison	-.25	1.595	24	
		Total	.06	1.653	54	
Professor		Video 1 "mother"	Experimental	.44	2.297	9
			Comparison	1.00	2.086	18
			Total	.81	2.131	27
	Video 2 "senior"	Experimental	1.05	2.617	21	
		Comparison	-1.67	2.160	6	
		Total	.44	2.736	27	
	Total	Experimental	.87	2.501	30	
		Comparison	.33	2.371	24	
		Total	.63	2.436	54	
	Director	Video 1 "mother"	Experimental	.44	2.007	9
			Comparison	.28	1.776	18
			Total	.33	1.819	27
Video 2 "senior"		Experimental	.05	2.085	21	
		Comparison	-.83	.983	6	
		Total	-.15	1.916	27	
Total		Experimental	.17	2.036	30	
		Comparison	.00	1.668	24	
		Total	.09	1.866	54	
Total		Video 1 "mother"	Experimental	.89	2.122	36
			Comparison	.35	2.363	72
			Total	.53	2.290	108
	Video 2 "senior"	Experimental	.68	2.435	84	
		Comparison	-1.08	2.125	24	
		Total	.29	2.472	108	
	Total	Experimental	.74	2.339	120	
		Comparison	-.01	2.378	96	
		Total	.41	2.380	216	

## APPENDIX A2

**Table A2. Workers: Teaching Effect by Video & Judge**

Dependent Variable: Experimental effect

Video	Judge	Mean	Std. Deviation	N
Video 1 "mother"	Inspector	2.00	1.954	12
	Clinician	.50	2.541	12
	Professor	.83	1.528	12
	Director	2.75	1.603	12
	Total	1.52	2.093	48
Video 2 "senior"	Inspector	-2.08	3.370	12
	Clinician	-1.17	1.586	12
	Professor	-1.50	2.355	12
	Director	.67	3.055	12
	Total	-1.02	2.794	48
Total	Inspector	-.04	3.407	24
	Clinician	-.33	2.239	24
	Professor	-.33	2.278	24
	Director	1.71	2.612	24
	Total	.25	2.768	96

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