

Personal versus Environmental Emphases in Social Workers' Perceptions of Client Problems

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Differential emphases in social workers' formulation of the locus of client problems that favor personal over interpersonal or environmental conception was investigated with 176 social workers from 12 agencies. Workers' responses to a standardized client intake summary were found to markedly favor personal problems at the expense of interpersonal and environmental. Workers also identified more personal and fewer interpersonal and environmental problems compared to the responses of an expert panel to the same case summary. Overemphasis on personal problems by workers was positively related to a psychodynamic orientation to treatment and negatively related to a planned and purposeful approach to treatment. The claim that it is a manifestation of "blaming the client" was examined and rejected. Instead, it was hypothesized that the overemphasis on personal problems shows workers' preferences for theoretically based and inferential diagnostic reasoning rather than for empirically grounded, clinical judgments.

In this article, we shall address the issues of variability and differential emphases in social workers' formulations of client problems. We test the hypothesis that social workers favor personal, rather than environmental, formulations of client problems. We also explore social worker and client characteristics as possible contributors to such emphasis.

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Clients who enter treatment voluntarily have some conception of the problems for which they seek help. If the problems are not well articulated, clients at least have a generalized sense of some discomfort. The initial task of the social worker is usually to obtain information and to formulate the problems that are to be addressed in treatment. Based on their formulations of the problems and the conditions contributing to them, social workers characteristically are in the position to outline a treatment plan. They decide on the desired outcomes and the interventions through which those outcomes can be attained.¹ Thus, a social worker's formulation of a client's problems is the foundation for, and a major influence on, the process of treatment and its outcomes.

Despite the critical role that problem formulation plays in treatment, repeated investigations have demonstrated that the process of formulating problems varies greatly among social workers and mental health practitioners in general. Enola Proctor and Aaron Rosen studied a sample of field instructors who were asked to identify a client's problems in a standardized case. Their responses ranged from a low of four problems to a high of 19, with an average of 10 problems, all for the same client. Not only did the social workers vary greatly in identifying the problems, but they also varied greatly in viewing the problems as personal, interpersonal, or environmental. In the same study, Proctor and Rosen showed that these differences were related to social workers' planning of outcomes and interventions.²

High variability among social workers in the way they perceive and formulate client problems may reduce the likelihood that the client's and social worker's conceptions of the problem will agree. In a study of family and children service agencies, Elizabeth Mutschler and Rosen found significant differences between clients and their social workers in their conception of the problem.³ Mutschler and Rosen suggested that differences between a client's and a social worker's evaluations of improvement in treatment may be associated with divergent conceptions of the problems.

To study problems and their relationship to treatment, problems must be classified into broad categories that are conceptually meaningful. The categories of personal, interpersonal, and environmental have been shown to be heuristically valuable and conceptually significant in studying problem formulation in relation to client and practitioner factors and in relation to treatment process and outcome.⁴ These categories have also been found to have high interobserver and high test-retest reliability.⁵

Increasingly, the attention of practitioners and researchers alike has turned to the possible presence of systematic bias in practitioner formulation of client problems on the personal-environmental dimension. It was found that some practitioners consistently view problems as

personal as compared to either interpersonal or environmental. For example, Mutschler and Rosen found that, whereas 38 percent of the problems that clients presented in a family and children service agency were personal and 53 percent of the problems were interpersonal, their social workers thought that 52 percent of the problems were personal and only 39 percent were interpersonal.⁶

Such apparent biases in social workers' conceptions of the origins of client problems were labeled as "diagnostic overshadowing," which is defined as "a bias in which one diagnostic category unduly obscures or overshadows the importance of another diagnosis." Diagnostic overshadowing has been demonstrated by Steven Reiss, Grant Levitan, and Joseph Szysko in counselors who work with the mentally retarded and by Paul Spengler, David Blustein, and Douglas Strohmer in the preferences of vocational counselors for formulating personal problems as compared to vocational ones.⁷

A variety of factors has been investigated in efforts to explain the observed bias in problem attribution. The evaluation of the severity of problems and whether problems are perceived as typical were investigated in two studies.⁸ In both studies, the researchers found that problems viewed as more severe and more atypical were more likely to be attributed to a personal, rather than an environmental, origin. In an earlier study, Lawrence Calhoun, J. R. Pierce, and Stephen Dawes found that more severe problems were perceived as being personal rather than environmental, but they did not find an association between the typicalness of the problem and its attributed origin.⁹

Practitioner personal preferences and theoretical orientations have been identified as factors in problem attribution. In studying psychoanalysts and behavior therapists, S. Plous and Phillip Zimbardo found that psychoanalysts attributed a significantly higher percentage of client problems to personal than to situational origins. This relationship was reversed for behavior therapists.¹⁰ Spengler, Blustein, and Strohmer found that counselors' preference for working with personal problems over vocational problems was responsible for the extent to which vocational problems were overshadowed by personal problems.¹¹

Proctor and Rosen conjectured that a personal, compared to an environmental, preference in problem attribution could be related to practitioners' theoretically derived beliefs regarding the nature of personality and the nature of the change process.¹² They suggested that a belief in the personality as a basic unified structure responsible for all human behavior gives rise to a theoretical assumption regarding the "permeability of change." This assumption asserts that "Change in one type or domain of behavior will lead to other changes in behavior. As a consequence, therapeutic interventions are often directed at what is viewed by the practitioner as the covert, basic, or core elements of

the person, with the assumption that such changes will permeate to or result in overt and observable changes in everyday behavior."¹³ Practitioners with psychodynamic theoretical orientations were thought to be appreciably more likely to base their practice decision on a permeability of change assumption than were practitioners with behavioral or eclectic orientations.

The aim of the present study was to investigate in a more direct manner social worker preference in problem attribution and to explore some of its correlates. Specifically, the following hypotheses were investigated:

1. An attributional overemphasis on viewing the locus of client problems as personal as opposed to extrapersonal (interpersonal and environmental) will be evidenced by social workers.

2. Social workers' assessment of client problems as more severe or more atypical will be more positively associated with attributing the problem to a personal rather than to an extrapersonal origin.

3. The greater the adherence by social workers to the permeability of change assumption, the greater the likelihood that the social worker will attribute a client's problems to a personal rather than extrapersonal origin.

Method

The study was carried out as part of a large-scale investigation of the components of treatment planning by social workers.¹⁴ Participants in the study were 176 social workers drawn through cluster sampling of agencies from four practice settings in large urban areas. Each agency employed at least 10 professional social workers. All social workers present in the agency at the time of the study were asked to participate, and practically all did. The participating organizations included six community family service agencies ($N = 100$), two outpatient mental health clinics ($N = 28$), two rehabilitation services ($N = 24$), and two general hospital social service departments ($N = 14$).

Procedure

Data regarding social workers' formulation of client problems were obtained from social workers' written responses to a standardized client intake summary, which was presented to them in written form. The intake case summary and procedures employed were the same as those used by Proctor and Rosen.¹⁵ The case concerned a 25-year-old married woman with a 1-year-old daughter. Mother and daughter lived with the woman's father and stepmother. The husband worked overseas and had sent no money to support his family. The woman presents

to the social worker a variety of problems relating to housing and financial needs; relationships with her parents, husband, child, and friends; and to her self-concept and affective states. Social workers were asked to draw up a treatment plan for the client, specifically addressing the client's problems, desired outcomes, and interventions. Social workers were then asked to assess the severity of the constellation of the client's problems and to indicate the extent to which that client's problems were typical of those they usually encountered. After completing the client-related tasks, social workers responded to a structured questionnaire designed to assess their theoretical orientation to treatment, their attitudes regarding the use of the scientific method in practice, their intervention style, and their preferences for interventive techniques.

Variables

Client problems.—Social workers' perceptions of client problems were obtained through a content analysis of their responses to the standardized intake summary. In the coding process, all the client's problems as perceived by a social worker were identified first. These problems were then coded into three mutually exclusive categories—personal problems, interpersonal problems, and environmental problems. Social workers were assigned scores denoting the total number of client problems identified and the number and proportion of problems that fell into each of the three categories.

The following definitions were used in the coding: A "problem" was any explicit written indication by the social worker of the presence of a condition, situation, or state that is undesirable to the client or that interferes with the client's functioning. "Personal problems" were those problems that singularly referred to the client's own behavior, cognitions, or affect. "Interpersonal problems" were those that referred to the client's relationship or interaction with others. "Environmental problems" were those that referred to an undesirable condition in the client's physical or social environment.

The coding procedures used were the same as those employed in previous studies.¹⁶ In all these studies, a very high intercoder reliability was achieved. John Orme and David Gillespie also found a very high test-retest reliability.¹⁷ In the current study, four social workers coded the social workers' responses. The coders had been specifically trained, and an intercoder agreement of better than 90 percent was achieved for all pairs in a coding pretest. Ongoing reliability checks indicated that the high level of reliability was maintained throughout the process.

After the social workers responded in narrative form to the intake case summary, they were asked to rate their overall impression of the

severity and typicalness of the client's problems. Responses were rated on a 5-point, Likert-type scale and ranged from "not at all severe" or "not at all typical" to "very severe" or "very typical."

The social workers' problem attributions (personal, interpersonal, and environmental) were compared with those of an expert panel. The panel consisted of six highly respected and experienced social workers. Three of the panel members were directors of social work services reputed for their high quality of practice (a community family agency, a psychiatric services center, and a social work service of a general hospital). The other three members of the panel were senior social work faculty teaching practice methods at a school of social work with a generic orientation. The members of the panel were individually given the intake summary and our definition of a client's problem. They were asked to list all the problems they judged the client to have. Each panel member's list was then categorized as personal, interpersonal, or environmental by the study's coders. The average proportion of personal, interpersonal, and environmental problems among the six panel members was used as the standard for comparison with social workers' problem perception.

Orientations to treatment.—Social workers' orientations and approaches to treatment were assessed through responses to a questionnaire containing queries on four dimensions. To further validate these dimensions and to reduce the number of items measuring each of the dimensions into fewer conceptually meaningful variables, four factor analyses were performed, as summarized by the following.

Theoretical orientation.—Seventeen statements, based on worker's responses on a 6-point, Likert-type scale from "strongly disagree" to "strongly agree," described different theoretical positions regarding the nature of personality and the treatment process. Four conceptually distinct factors were obtained: cognitive-behavioral, existential-humanistic, psychodynamic (unity of personality), and psychodynamic (symptom substitution).

Attitudes toward treatment.—This dimension consisted of 22 statements compiled from Douglas McNair and Maurice Lorr's Therapeutic Attitudes Scale and from Stuart Kirk and Aaron Rosenblatt's Attitudes Toward Research and Practice Scale.¹⁸ Social workers indicated the extent of their agreement with each of the items on a 6-point scale. The factor analysis yielded three independent factors: use of systematic knowledge and evaluation, importance of worker spontaneity and personality, and nondirective approach to treatment.

Therapeutic style.—This dimension was assessed using David Rice, William Fey, and Joseph Kepecs's 23-item scale of therapist behaviors.¹⁹ It yielded four independent factors: planned and purposeful, verbally active, emphasis on relationship, and anonymous and distant.

Use of treatment techniques.—This dimension was measured through responses to a 27-item inventory of treatment techniques used by Rosen and Mutschler.²⁰ It yielded five technique clusters: traditional social work techniques, classic behavioral techniques, cognitive behavioral techniques, dynamic techniques, and environmental techniques.

Factor scores were computed for each of the variables on the four dimensions, based on the average of social workers' responses to the items that loaded above .40 on the factors.

Results

The distribution of client problems that were perceived as personal, interpersonal, and environmental is presented in table 1. For social workers, the average number of problems identified was 6.5 (the range was from zero to 19) and for the panel, the average number identified was 14.5 (range: 11–17). As can be seen from the table, social workers perceived the large majority of problems as personal (almost 70%), with about 19 percent and 11 percent perceived as interpersonal and environmental, respectively. A goodness-of-fit test, using relative frequencies of problems in the three categories (see table 1) with the panel's serving as expected values, indicated that the differences between the social workers and the panel were highly significant ($\chi^2 = 17.41$, 2 df, $p < .001$). These findings suggest that in social workers' problem formulations, interpersonal and environmental problems may have been overshadowed by personal problems.

The possibility that personal versus environmental overemphasis in problem formulation was related to social workers' service setting was investigated by a one-way analysis of variance, with the four service settings as levels. No significant differences between settings were found.

The hypothesis that the more severe and atypical problems are, the more likely workers will be to perceive them as personal was investigated.

Table 1

CLIENT PROBLEMS PERCEIVED AS PERSONAL, INTERPERSONAL, AND ENVIRONMENTAL BY SOCIAL WORKERS AND BY PANEL

PROBLEMS	SOCIAL WORKERS		PANEL		% DIFFERENCE
	N	%	N	%	
Personal	794	69.4	42	48.6	20.8
Interpersonal	221	19.3	27	30.5	-11.2
Environmental	129	11.3	18	20.9	-9.6
Total problems	1,144	100	87	100	

Social workers' ratings of problem severity and problem typicalness were correlated with the proportions of perceived personal, interpersonal, and environmental problems. A statistically significant, though low, positive correlation was found between severity and proportion of personal problems. Also consistent with the prediction, a negative correlation was found between severity and proportion of interpersonal problems ($r = .15, p = .03$ and $r = -.17, p = .02$, respectively). No significant relationship was found between severity and proportion of environmental problems. The correlations between typicalness of problems and proportions of personal, interpersonal, and environmental problems were not statistically significant.

The relation of social workers' theoretical orientation to their emphasis on personal, as compared to interpersonal and environmental, problems was investigated through a stepwise multiple regression analysis. The criterion (dependent) variable was a composite score expressing the proportion of environmental and interpersonal problems versus personal problems (Environmental + Interpersonal - Personal) for each social worker. The predictors, or independent variables, in the multiple regression analysis were 11 of the 16 factor scores derived from the factor analysis of the four dimensions of social workers' theoretical orientations to treatment. Five factors were not used in the analysis in order to minimize possible multicollinearity effects and to limit the number of independent variables in the regressions. Because both the number of years of professional experience and whether social workers had ever held supervisory responsibilities could relate to their problem perception, these were entered into the regression also.

The regression analysis revealed three significant independent variables. Table 2 summarizes these results. As can be seen from table 2, all three independent variables related to the criterion in the predicted direction. The more the social workers viewed personality as a unit (a dynamic theoretical orientation) and considered their clients' personality

Table 2

SUMMARY OF MULTIPLE REGRESSION ANALYSIS: SIGNIFICANT PREDICTORS OF ENVIRONMENTAL VERSUS PERSONAL PROBLEM PERCEPTION

Predictors	Beta
Psychodynamic orientation:	
unity of personality	-.245
Emphasis on social worker's personality and spontaneity	-.178
Planned and purposeful approach to treatment	.208
<i>R</i>	.314
<i>F</i>	4.72*

* $p < .005$.

and spontaneity as important factors in treatment, the less likely they were to perceive client problems as environmental and interpersonal and the more likely they were to perceive them as personal. Also, the more social workers endorsed a planned and purposeful treatment approach, the more likely they were to view clients' problems as environmental and interpersonal and less likely to view them as personal. Social workers' professional experience and whether they had supervisory responsibilities were unrelated to their perceptions of client problems.

Discussion

The findings of the study show differential emphases in social workers' formulation of client problems. Social workers perceived a significantly larger proportion of the client's problems as personal and a significantly smaller proportion of problems as interpersonal and environmental. The findings support the hypothesized personal versus environmental overemphasis in attributing the source of the problem.

The finding of a preference for personal origins in social workers' formulations of client problems is consistent with the results of prior research and suggests a bias in problem perception. But, whereas in prior work the presence of a bias was inferred without comparing it to a standard or was based on comparisons between client and social worker problem perceptions, the present study used an expert panel to set a professionally explicit standard for comparison.²¹

Some support was also found for the hypothesis that the severity of client's problems is positively associated with a tendency toward personal rather than environmental attribution. However, contrary to prediction, the extent to which social workers viewed client problems as typical for their practice setting was not related to the locus of problem attribution.

Social workers' theoretical orientation was found to relate to problem attribution in the manner predicted. The more social workers subscribed to a psychodynamic theoretical orientation that emphasized the unity of personality and the more they viewed their own personality, intuition, and spontaneity as critical in treatment, the more likely they were to see problems as personal rather than environmental. In contrast, social workers who adopted a more planned, systematic, and research-oriented approach to treatment were less likely to formulate client problems in such a way.

In view of the modest correlation of problem severity with problem perception and of the null relationship found for problem typicalness with problem perception, social worker variables rather than client-related factors should perhaps be focused on in an attempt to understand better the personal versus environmental overemphasis in problem

perception. Indeed, practitioner-related factors seem to dominate recent attempts to understand problem formulation. In documenting the overshadowing of nonpersonal problems by counseling psychologists, Spengler, Blustein, and Strohmer found that counselor preferences for working with personal problems were a significant factor explaining the overshadowing phenomenon. They suggest that the greater prestige value attributed by counselors to working with personal problems may have been responsible for these preferences.²²

The findings of the present research show that it is the social worker's theoretical orientation to human behavior and to the process of treatment that relates significantly to a personal overemphasis in problem perception. It is understandable that a psychodynamic theoretical orientation to practice that focuses on the importance of personality is related to perceiving problems as personal. An important function of professional knowledge and theory is to direct attention, guide perception, and provide concepts to be used in description and interpretation. Such an association between social workers' theoretical orientation and their perception of client problems could be seen even as professionally responsible in that the social workers are using what they assume to be relevant and valid professional knowledge. The problem is that such an orientation may conflict with the professional value of "starting where the client is." A biased attribution of the locus of client problems could endanger the extent to which social workers can address the reality of a client's needs and formulate ultimate treatment outcomes that are consistent with such needs.²³

Lest our findings of social workers' overemphasis on personal problems are viewed as support for Jill Kagle and Charles Cowger's claim of placing blame on the client²⁴ (a claim unsupported by data), a distinction must be drawn between attributing the problem's origin (as is the case in our study) and attributing to the client responsibility for the problem's determinants. Blaming the client is conceptually unrelated to seeing the problem as one of personal origin. As Mark McGovern, Frederick Newman, and Stephen Kopta found, even when practitioners were formulating problems as personal in origin, they tended to place responsibility for the problems on external causes.²⁵

Our findings, that social workers' positive attitudes toward systematic, planned practice and evaluation were negatively related to an emphasis on personal origins of problems, merit further study. A more planned and systematic approach to practice is often viewed as incompatible with a psychodynamic theoretical approach. We do not accept such a view and have suggested elsewhere that these two approaches are fully compatible in principle, although they may not be perceived as such.²⁶ As a direction for further inquiry, it is suggested that inherent in the systematic approach to practice is a preference for empirical and ecological validity in clinical judgments and a corresponding reluctance

to use too much inferential reasoning, even if theoretically appealing. Such preferences may reduce social workers' overemphasis on client personal problems.

Conclusion

In the present study, we demonstrated the existence of an overemphasis in social workers' formulations of client problems that favors personal problems over interpersonal and environmental, and we showed that social workers' adoption of a psychodynamic theoretical orientation related positively to that bias. A systematic, planned, and evaluative approach to practice, in contrast, tended to be negatively associated with such overemphasis. There is little doubt that efforts should be made to minimize practitioner bias in problem perception regardless of the source or direction of that bias.

Based on the present findings, it is hypothesized that an orientation to practice that is systematic, planned, and evaluative discourages inferential reasoning that may lead to such bias. Future studies should investigate this hypothesis directly as part of a concerted professional effort to enhance the responsiveness of social work to the needs of its clients.

Notes

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