PARENTAL RESISTANCE IN CHILD GUIDANCE CASEWORK

An analysis of initial resistance manifested by parents and the relation to casework services for disturbed children, based on Child Guidance Clinic cases, Greater Vancouver, 1954.

by

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Abstract

A pertinent problem in child guidance settings is the apparent inability of a considerable number of parents to involve themselves in treatment. This results in seriously limiting the amount of help that can be given to the child, or results in the parents withdrawing from the agency leaving the problem untouched. It was therefore considered important to attempt to isolate resistance, as manifested by parents, to casework services during the intake study.

Some of the causative factors in resistance are discussed in general terms, as background. A small group of cases (6) were then chosen for detailed examination. In all of these, a high degree of resistance was manifested. The defense mechanisms used to manifest resistance are described in general, and analysed in the specific cases. Skills and techniques which the social worker used to decrease initial resistance were then tabulated; and from these certain common denominators became evident.

The findings indicate a need for some refinement of intake procedures. There is evidently need also for greater effort on the part of social workers to decrease initial resistance, since the capacity of parents to involve themselves in treatment appears to be dependent upon the favorable conditions created for them by the intake worker. Resistance is a complex phenomenon however, and demands further research.

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CHAPTER I

RESISTANCE AND THE CHILD GUIDANCE SETTING

On this continent, psychiatric clinics have developed in three major stages. The first of these was the establishment of clinics connected with mental hospitals or institutions for the feebleminded. The second development occurred as a multi-disciplined approach was taken to the causation and treatment of juvenile delinquency. The final phase came when it was recognized that predominantly normal children can benefit from psychiatric services.[1] We now have clinics that give out-patient services to disturbed children and these clinics are described as "a community agency in which specialized professions combine their knowledge in an attempt to employ the resources of a community to meet the problems of children who are poorly adjusted to their environment or have unsatisfied inner needs."[2]

The child guidance movement created and encouraged the team approach to problems. At first, the team members: the psychiatrist, the psychologist, the public health nurse, and the social worker proceeded independently; later they merged their thinking into a coordinated approach to treatment. At first, treatment consisted of effecting changes in the child's environment, such as changing his school or neighbour-

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[1] Fogarty, Patrick, M.S.W. Thesis, University of British Columbia, 1954, Relation of Children's Disorders to Limiting Parental Influences. Ch. 1, p.1.

[2] Recording Committee Notes, 1956, Child Guidance Clinic, Burnaby, British Columbia. (June) p.1.

hood, and the use of such methods as advice-giving, and remedial educational help. As it was realized that a great part of behavior has its origin in unconscious feelings, it became clear why so much of the advice given failed to bring success in clinic cases. Advances in psycho-analytic thinking made a deep imprint on child guidance methods.

The inspired leadership of Adolf Meyer had already encouraged a dynamic approach to problems, that is, an examination of all the factors in the situation, which might be contributing to the problem. The primary focus was changed from the child to his family, particularly the interaction of family members upon each other and in their community.

Child Guidance clinics in British Columbia

The provincial Child Guidance Clinic in British Columbia was opened in 1932 in Vancouver. There had been an evident community need for such a clinic and it came into being through the stimulus of the National Committee for Mental Hygiene. At first the clinic provided mainly a diagnostic service for other social agencies. Later, other functions were added such as training of professional staff, education of community and research.[1] The increasing need for the services of the clinic made the expansion of staff and facilities necessary. The present stationary clinic on the

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[1] Roberts, E.M., M.S.W. Thesis, University of British Columbia, 1949, Mental Health Clinical Services describes the history and function of this clinic in detail.

Coyle, Phyllis, M.S.W. Thesis, University of British Columbia, Travelling Psychiatric Services, describes travelling clinics in detail.

mainland is located in a new building in Burnaby. Its professional staff has been expanded until there are now three psychiatrists, three nurses, five psychologists, thirteen social workers, and one speech therapist. The travelling clinic has a team consisting of a psychiatrist and a social worker, and obtains the services of a nurse and psychologist from the stationary clinic. This travelling clinic team visits towns in outlying areas of the province. Victoria also has a stationary and a travelling clinic, which serve clients on Vancouver Island.

Description of referrals and service [1]

Cases are referred to these clinics from many sources: social agencies, schools, courts, public health nurses, doctors; alternately, the parent may come directly to the clinic to ask for help. In the latter instance, the initial contact is most frequently a telephone call at which time statistical information is taken by a social worker. Later, a worker from the intake section in the agency arranges an office interview at the convenience of the client. In this interview, parents are encouraged to present the problem and its causes as they see them and indicate in what way they expect the agency to help. The function of the agency is explained, and if the case comes within the scope of agency function, the case is opened and the intake study begun. Cases in which the problem is not

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[1] Beck, Dorothy, M.S.W. Thesis, University of British Columbia, 1954, Resistance of the Adolescent to Casework Services, describes these services in detail.

located in the parent-child relationship are referred to other agencies.

During the intake study, the social worker sees each parent at least once, sometimes more. The case is then presented at an intake conference and officially accepted for service by the clinic team when this is appropriate. A planning conference follows and appointments are scheduled a month or more in advance, for the child to see the psychologist for psychometric testing and personality evaluation, and for both parents and child to see the psychiatrist and nurse. A physical examination of the child is completed, and the psychiatrist and nurse make a psycho-social evaluation of the child and the family, and as much of the family inter-action as can be assessed at that time. When there is a speech difficulty, the child may also be referred to the speech therapist for assessment. In the meantime, the social worker carries on a series of interviews, mainly with the parents, but also with such collateral sources as the school and the doctor, when permission to make such contacts has been given by the clients. A home visit is made routinely in order to observe family interaction in a familiar setting. All these findings are part of a diagnostic evaluation which the clinic team shares at the diagnostic conference. Here it is decided who will work with the family and treatment focus and goals are established. This completes the intake study.

Diagnostic findings are interpreted to the parents, and certain recommendations are made. Many cases require that

the child be seen in a series of play interviews[1] which are designed to release feelings, clear up confusions the child may have, resolve guilt feelings, and in general, enable him to experience the healing qualities of a relationship with the social worker who accepts the child as he is and provides as permissive an atmosphere as realistically possible. In those cases where it is considered that a change in the attitude of the parents would bring an almost immediate change in the child's behaviour, play interviews are not required and the parents are seen exclusively.

There are times when the psychiatrist provides treatment for one or both parents depending upon the nature and severity of the problem. When it is simply a matter of re-education of the parents in a particular area of child care, the public health nurse may continue to see the family. Usually, however, the social worker carries on treatment with consultation from the psychiatrist. In addition, the intake worker has made use of an early tentative diagnosis so that all contact with the parents from the first interview has treatment implications.

Resistance and withdrawal from treatment

In child guidance work, there are more cases needing

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[1] Mackenzie, Budd C., M.S.W. Thesis, University of British Columbia, The Play Interview as a Social Work Technique in a Child Guidance Setting, 1956, describes and defines play interviewing methods in detail. His definition, p.50, states: "The play interview is a social work technique when the play activity including the child's verbalizations, is directed and interpreted according to the theoretical assumptions underlying social work techniques."

help than can be handled by the available personnel and facilities. At the Burnaby clinic, there is often a waiting period of one year between the intake study and the treatment period. Although exceptions are made for cases where immediate attention seems a necessity, all cases waiting would benefit from immediate help. The sooner it is given, the more possibility there is for growth and change in the child. Many parents withdraw after much work has been done, leaving the problem untouched. This is extremely unfortunate for both the parent and for the child needing help. The unsolved problems of childhood create problems for the individual to some degree in later life as well as disturbing every member of his family and decreasing the contribution that these individuals can make toward their own and the community's well being.

Administratively, withdrawals are inefficient, since considerable professional effort and time have been given to people who have been unable to use them. There is a need to examine the reasons for parents' withdrawal from the services at the clinic, and research in this area is being carried out at the present time.

Many clients continue to come to clinic but no change in the situation occurs and the problem remains untouched. Again, services are being given in a way which is administratively unsound. This situation points out a need for improved diagnostic and treatment skills in order that the "un-cooperative" or resisting clients can participate in treatment to such an extent that they can benefit from the service offered by the agency.

Frame of Reference: A theory of personality organization

When a person or force in the environment stimulates an individual to change customary ways of behaving, another force is set in motion which counter-acts to some degree the stimulus to grow and change. The individual is then caught in a struggle between his wish to grow and change and his unwillingness to do so. This unwillingness, or the individual's failure to participate in a way which will produce growth or change, has been given the name of resistance. It is not possible to separate resistance as an entity from the behaviour of an individual because it is an ever changing element in the inter-action of one individual to another. The difficulties involved in conceiving of such a dynamic concept, possibly account for the different views regarding resistance which are expressed by the diagnostic and functional schools of social work.

The diagnostic group views personality organization according to certain tenets which have a Freudian basis. The instinctual drives and impulses within the individual are referred to as the libido of the individual. The id part of personality refers to all the instinctual drives which the individual possesses, the ego is thought to be the more organized part of the id. It is believed that as the child grows, the ego part of the personality, holding the cental position in the personality, expands and grows according to the favorable course of the person's psycho-social development. The ego's functions are conceived of as the perception of

reality and the further testing of reality to verify original perceptions, making judgements on the basis of what is perceived, and organizing, planning and executing actions appropriate with the inner needs of the individual and outer reality. Self preservation is then thought to be a function of the ego. [1]

The strength of the ego is considered to be a variable factor determined by inner and outer pressures on the individual. It is believed that the individual can permanently benefit from goal directed treatment which aims at lessening inner or outer pressures. The super ego as a part of personality is thought to be the incorporated admonitions (both verbal and implied) of the parent or parent figures in the child's life. As a result of the wishes of these parental figures, and the demands of reality, the child must give up certain id wishes because of the wish to retain the love of the parent and through fear of parental disapproval, or punishment. The child pushes these disapproved impulses from conscious awareness, or represses them. The child's incorporated ego or conscience then requires a permanent repression of the impulse, unless later changes take place within the personality. If the child finds other ways compatible with reality, of meeting the need which the original id impulse created, which was in conflict with the superego, a successful repression has taken place and all is well. If the child does

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[1] The drive for self preservation, and for growth and exploration is thought to be a universal characteristic of human beings.

not find other ways of expressing the id impulse, a conflict is set in motion which requires a constant expenditure of effort on the part of the ego to keep the id impulse from being expressed in a direct way, and to keep the conflict from conscious awareness. The ego makes and keeps certain rules which are unconscious, but which serve to keep the disagreeable impulses from awareness.

Individuals, then, develop certain characteristic ways of perceiving and behaving which meet their needs to some degree and which protect their concept of self. Certain activities developed by the ego for adaptation and protection are referred to as defense mechanisms. These represent the ego's active efforts to avoid facing unacceptable ideas which earlier it had succeeded in repressing, hence permitting the individual to maintain sufficient psychic equilibrium to function with some degree of efficiency in his environment. The person is somewhat apprehensive about anything which disturbs this psychic balance, and any stimulus which requires a change in attitude does disturb the balance to some degree. It follows that any direct action which is aimed at the ego's defensive measures will usually result in greater defensive action being taken, whatever form it may take.

Resistance: The operation of defense mechanisms

The ego's efforts to avoid facing an unpleasant id impulse or something which reminds the individual of the impulse which is in conflict with the superego, and the resulting interplay of various defense mechanisms may be

recognized as resistance by the outsider who is trying to influence the individual.

As has been stated, the phenomenon of resistance is not a separate entity, but one which operates among other aspects of behaviour. It is possible to identify manifestations of resistance of an individual in the interaction which takes place with another person. The individual will not be aware that he is using defensive measures nor will he be aware of the reasons he needs to act in this particular way.

The individual may not only exclude the painful impulse from conscious awareness, or repress it, but may project the wish or inadequacy unto another object or person. The individual will then behave as though this other object or person would demonstrate the objectionable behaviour toward him. For example: A mother may project her feeling of rejection and resulting hostility unto the social worker, or the agency, when there is no basis in reality, and then behave as though the social worker were rejecting her. This may be evident in overt expressions of hostility toward the social worker or the agency which are not reasonable. Parents may project the blame for their child's difficulty upon some relative and thus avoid facing their own involvement in the problem. Sometimes, a parent may project the blame for the problem unto some aspect of the child's constitutional makeup; again there is avoidance of responsibility. In such a case, the social worker would increase the resistance if she were to challenge the validity of the parent's belief.

The parent may use the mechanism of introjection by unconsciously incorporating the emotional attitude, wishes, the prohibitions or the ideals of another person. This mechanism is used by the young child who wishes to swallow objects as an expression of love. As the ego develops and realizes that incorporation destroys objects in the outside world, the ego learns to use introjection for hostile purposes. Extremely critical attitudes or sarcasm are examples of such introjection.

The individual may use identification as a mechanism of defense. An identification with the aggressor involves incorporating the feared person's or object's attributes, and then behaving as if the individual actually possessed the qualities so incorporated. Frequently, a child in whose family there is considerable strife, will identify with the most punitive parent as a defense against his fears.

When an individual uses the defense of reaction formation, the unpleasant idea is repressed, and then to secure the repression, certain attitudes and interests are developed which are the opposite of the unconscious wish. Behaviour developed in this way becomes a part of the personality structure and can be recognized because of its rigidity or inappropriateness. For example: The parent who did not want her child will usually have to repress such a painful wish, and then may react by being always thoughtful, protective, and kind to this child. The inappropriateness may become evident by the failure of the parent to discipline the child

when it is necessary. A reaction formation affecting the whole personality structure is evident when the individual has been forced to repress all angry feelings and has then reacted with polite kind behaviour. The inappropriateness of this response and the rigid repetition of it indicate a reaction formation.

Using the mechanism of undoing, the individual develops a reaction formation but goes one step further and does something positive. The person attempts to undo or abolish the past experience or impression by repressing this feeling, and developing a form of behaviour which symbolically is the opposite of the behaviour which was experienced as painful. For example: The parent whose own life was fraught with the parents' marital difficulty, where the mother neglected the father and lavished attention on the children may react by doing the opposite in her own marriage. She may be constantly trying to "undo" mother's neglect of father, by being overly attentive to her husband's needs, to the neglect of her children. Resistance could be increased in this instance if the worker were to turn attention to the needs of the children.

When the emotional value attached to one idea or person is suppressed, it frequently bursts forth against another idea or person. For example: When a parent has suppressed anger toward her own mother, the anger may be displaced unto one of her children. The irritating mistakes which the child may make are then unconsciously looked forward

to, and in this way are provoked by the parent, since they provide a seemingly acceptable release of the parent's hostility. The parent may then consciously reason that she is angry with the child because of the incorrect behaviour.

The emotional feeling associated with a painful experience may be lost to awareness or isolated. In such a case, the parent may indicate an intellectual grasp of a difficulty experienced yet be unable to change in attitude or behaviour. In this case, the affect which the parent expresses is not appropriate with the meaning of the experience to her.

An unpleasant fact may be denied and acknowledged alternately. In this partial denial of reality, the ego is involved in a struggle to repress the painful idea but is only partially successful, yet finds no substitute idea or action. Denial of a painful fact can be accomplished by substituting either a phantasy or some word or act designed to lessen the individual's fear.

The parent who has requested help from the child guidance agency may later have unusual difficulty in finding time or transportation to see the social worker. The parent may be habitually late for appointments, or may cancel appointments without valid reason. These manifestations of resistance may indicate that the parent is avoiding the pain of facing the problem. This is really a preliminary stage of defense. The parent may refuse to give information which is relevant, or may talk about irrelevant matters. This again indicates an avoidance of the painful subject of the problem.

The parent may avoid getting into the deeper causes of the difficulty by insisting that the child's behaviour has improved. This appears to be an attempt to avoid being involved in the casework interviews, through the use of denial; and may occur at any time after the intake interview, or at any stage in treatment. When the denial means that the parent plans to withdraw from the agency, it is helpful to ask the parent what the original problem was, exactly what has changed and what remains unchanged. If this is done in a way which indicates the social worker's concern for the parent, and the worker's wish to be helpful, it is frequently reassuring to the parent.

All of the defenses [1] involve a denial or distortion of reality to some degree. Greater defensive action or increased resistance may be manifested if the social worker tries to break down the defenses of the parent and makes her face the unpleasant reality too soon.

Some Causative Factors Underlying Marked Resistance

Although all parents who come to a child guidance clinic for help will manifest resistance to some degree, there are some parents who find extreme difficulty in involving themselves in the treatment situation. The intensity of their

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[1] Freud, Anna, The Ego and the Mechanisms of Defense, International Universities Press Inc., New York, pages 30-189.
Fenichel, Otto, The Psychoanalytic Theory of Neurosis, W.W. Norton & Co. Inc., New York, pages 140 - 167.
Menninger, William, Taken from a paper edited by the School of Social Work, University of British Columbia, titled Fundamentals of Psychiatry.
The material describing defense mechanisms was taken from these sources.

problems as well as their ego-strengths in perceiving and dealing with them appear to have a relationship to the degree of resistance manifested.

Flores[1] studied resistance as manifested by mothers coming to a child guidance clinic, from the point of view that resistance is an indicator of motivation. It was found that in the majority of cases, some precipitating factor had increased the intensity of the problem, and therefore satisfactions with existing conditions had diminished. The mother was then motivated to seek help. Flores noted that in a significant number of cases where parents withdrew from the agency, the problem had increased in intensity to a marked degree. It was thought that in these cases, the mother was extremely anxious and fearful regarding the extent of her contribution to the difficulty. Her ego-strengths were then thought to be strong enough to enable her to continue involving herself in the casework interviews which would uncover her part in the difficulty.

Another view of the underlying causes of resistance to treatment by the adolescent was taken by Beck [2] who identified five major diagnoses:

1. Difficulties in achieving emancipation from parents.
2. Difficulties in relating to people.
3. Unresolved oedipal conflict; and a combination of these.

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[1] Flores, Helen, M.S.W. Thesis, Smith College Studies, 1954. Resistance as an Indicator of Motivation - 1954, P.35.

[2] Beck, Dorothy, M.S.W. Thesis, University of British Columbia, 1954, Resistance of the Adolescent to Casework Services, Ch. 3, p. 63 - 93.

4. Difficulties in achieving emancipation from parents and in the ability to relate to people.
5. Difficulties in emancipation from parents and with oedipal conflicts.

It may be assumed that the parent with unsolved difficulties in adolescence would still be struggling with the underlying difficulty. It is thought that this would increase or even create difficulties in the parent-child relationship. The intensity of these difficulties appears to be a factor in whether or not the parent continues to come to the agency. In addition, these underlying difficulties would affect to a considerable degree the kind of relationship the parent could form with the worker, and the intensity and the resistance manifested by the parent.

The parent who hesitates to involve herself at all in the services of the agency presents a challenge to the staff of the agency who would like to use the available resources to help parents and children realize their potential for growth and well-being. It is generally recognized that for any permanent and significant change to take place in the child's behaviour there must be a corresponding change, however slight, in the behaviour of the parent. Involving the parent in treatment is therefore an integral part of the process of helping the child who has psychological difficulties.[1]

Some Ways of Handling Resistance

The worker's full explanation of agency function and ways in which it is carried out provides the framework for the

[1]Hamilton, Gordon, Psychotherapy in Child Guidance, Columbia University Press, New York, 1947, p. 282.

inter-action between the client and the worker. Parents need to be encouraged to express their expectations about the service they seek, and how this differs from the service actually given. The non-judgemental attitude of the social worker should provide an atmosphere in which even negative responses can be expressed. In fact, resistance has been viewed as the way in which a client reveals his negative feelings. Parents frequently expect that when they contact a child guidance agency, work will immediately be focused on the child. They may become apprehensive about the amount of time which is taken by the social worker to secure information about the family background, family attitudes and way of life. The social worker needs to avoid proceeding only according to her own goals, and must take into account the parent's perception and feelings.

Frequently a parent will contact the agency and then decide that the contact was really unnecessary. The social worker now has a knowledge of the presenting problem. Her professional skill and knowledge give her the right and indeed, the obligation, to ensure that these parents have enough knowledge of what is involved in the various courses of action to enable them to make an intelligent decision regarding their wish to help their child and themselves.

Depending upon the social worker's knowledge of the problem, she may wish to express direct professional concern for what may happen to the child if the parents do not seek help. Lionel Lane has expressed the effect a worker's

approach may have upon a client, in this way:

> "A client's decision to use help will be influenced we believe, by the degree of firmness and conviction with which we approach him. A lack of conviction in offering service, as evidenced by our willingness to withdraw at the first rebuff, can only leave the parent more uncomfortable in continuing in an unhealthy situation." [1]

The parent who has fairly serious difficulties with a child which are in part emotionally caused, usually has some self doubt and lowered feelings of self worth. In particular, the parent who has contacted the clinic because of the pressure of some outside authority in the situation such as a doctor, or a teacher, will frequently have contacted the agency out of a sense of obligation and may not be ready to use help. It may be speculated that these parents have lower ego strengths.

Tangible proof of the social worker's desire to be of help can be demonstrated by making home visits and by offering specially timed appointments if this is more convenient for the client. Making sure that everyone directly concerned with the child has an opportunity to see what is involved and to give their contribution,,is a vital part of the initial work with the child's family. Pollack gives some indication of the possible significance of visiting collateral sources: [2]

> "Extra familial factors cannot be dealt with independently from familial factors. It is just in their inter-relationships that their meaning can be found. The social matrix within which our helping efforts were to run their course, had to be known,

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[1] Lane, Lionel C., Journal of Social Casework, Vol.33, February 1952, p.65. "Aggressive Approach in Preventive Casework with Children's Problems."

[2] Pollack, Otto, Integrating Sociological and Psychoanalytic Concepts, Russel Sage Foundation, New York, 1956, p.108 - III.

> and if unfavorable, re-structured so as to provide a favorable milieu for therapy. In consequence, we found it desirable to establish contact with as many persons of importance in the specific situation as possible and give them a frame of reference with which to view the therapy. Fathers, sisters, teachers, and physicians fell into this category. Even where our efforts to provide a frame of reference were unsuccessful because of unconscious resistances, they did not prove useless. (These contacts) often made the difference between getting a case into treatment and not getting it in at all."

It would appear that there is considerable value in contacting not only the parent who comes initially to the agency, but other people of importance in the situation as a means of decreasing the parent's resistance. Permission must be obtained from the parent before the worker may make these contacts, because of the social worker's belief in the client's right to self determination as a person of dignity and worth.

Change and growth in an individual is thought to be influenced primarily through the medium of a meaningful relationship with another person.[1] The social worker offers a friendly warm relationship within the limits of her professional role. This kind of relationship, offered with an acceptance of the client as she is, is thought to ease fears. To help resistant clients, it appears necessary to be able to see the problem as they do.[2] Charlotte Towle has stated it in this way:

> "How do we get a person to accept a new understanding of our service? Through merely telling him about it, or through first understanding him? May he not become more receptive to understanding

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[1] This principle has been taken from a mimeographed paper edited by Exner, Helen K., School of Social Work, University of British Columbia, 1956.

[2] Towle, Charlotte, Social Case Records from Psychiatric Clinics, The University of Chicago Press, 1942, p. 25.

> us, insofar as we have understood him? How do we get a person to relate himself differently to his problem? By pressing him to look at it from our angle or by looking at it first from his angle? May he not be more prone to view the problem from another standpoint, if we have viewed it first with him from his standpoint?"

The client frequently has an amazing degree of intuitive awareness of how well he is understood. Genuine understanding promotes feelings of security. Willsnack has suggested that the resistant client needs a security relationship in which the worker must duplicate to the extent permitted in the setting, the role played by the earlier author of security in the client's life. He believes that if there was no reality author, then the role of the phantasied protector must be duplicated. [1]

Flores[2] points out a significant occurence in her findings about the resistance of thirty-six mothers to casework services. The mother was motivated to continue treatment when the worker recognized and handled the resistance when it arose. This was apparently true, regardless of the way in which the worker handled the resistance. It seems to indicate that the parent was helped to feel safe enough to express negative feelings and fears. [3]Beck significantly remarks in her study of the resistant adolescent that there was a pattern of decreasing resistance in those cases where the resistance was externalized in some way.

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[1]Willsnack, William H., Handling of Resistance in Social Casework, p. 302, American Journal of Ortho Psychiatry, Vol 16, April, 1946.

[2]Flores, Helen, op. cit., p. 35.

[3]Beck, Dorothy, op. cit., p. 59.

The separate identity of the social worker who shares the parent's perspective, but who gently adds another perspective by comments and questions, helps the parent to see reality with less distortion. The problem is separated into its various parts and examined with a view to discovering the typical ways in which the parent reacts and deciding the appropriateness and efficiency of the reactions. If the parent believes the social worker is in league with her positive goals of satisfaction, she frequently is able to decrease defensive action enough to see and feel differently about the problem. Identification with the social worker promotes ego growth in the client, often relaxes an overly strict superego. It may be added that to be in league with the individual's positive goals of satisfaction, the social worker must have a knowledge of the particular cultural group from which the individual comes. A suggestion which opposes a cultural value may not only increase resistance, it may be harmful to the parent, and to the child.

The giving of help in a relationship which duplicates to some extent the positive elements of the parental relationship brings in to the client-worker relationship an element known as transference.

Transference and Resistance

Transference feelings may be defined as largely unconscious, remotely caused, infantile attitudes which are a part of the worker-client relationship. Part of the transference will be positive, corresponding primarily to the love

felt for the parental figure, (and somewhat changed by experiences with later figures upon whom the earlier figure was projected); part of the transference will be negative, corresponding to the hate and fear felt for the early figure, (and again somewhat changed by experiences with later figures on whom the early figure was projected).[2]

> "Where is so often the case, the client's problem is to a considerable degree an emotional problem, requiring for its solution some modification of his own attitudes, transference tends to develop more rapidly, or even to occur to a marked degree in the initial interview." [3]

Even though the social worker may be able to help the client without knowing about transference, it is thought that understanding transference phenomena will aid in a more accurate and earlier obtained knowledge of the parent, and what is needed to help her. If transference develops in the initial interview, the social worker must be alert in ensuring that the relationship does not develop to the degree that the parent will resist transferring to another worker, should this be necessary.

In order to handle resistance skillfully, it is helpful for the worker to be aware of such transference manifestations as may be evidenced by seemingly casual comments. For example: "My neighbour is always snooping into my affairs," warns the worker to go slowly in securing information from the

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[1] It is recognized that transference elements exist to some degree in all relationships.

[2] Garrett, Annette, The Worker-Client Relationship, Journal of Ortho Psychiatry, 1949, Vol 19, p. 225.

[3] Garrett, Annette, ibid, p. 225.

parent, and to be especially careful to explain the reasons for any questions which are asked. "My mother never understood me." warns the worker to make every effort to do so. [1] "My husband is always criticizing my mother." warns the worker to make no comment which can be construed as a criticism of the mother, or a resistance will be created. Resistance is apparently increased by anything which duplicates the negative elements in the client's parental relationship.

Transference operates by the unconscious mechanisms of projection, and introjection, or identification. Just as a child's affection for her parents make her accept more willingly their suggestions, so do a client's transference feelings for the social worker make her more willing to accept suggestions. The attitudes of the social worker are especially therapeutic because of this. [2] Garrett has indicated the importance of the operation of transference in the worker-client relationship.

> "Transference is not an end in itself, but its operation whether controlled by the caseworker or not, accounts for success in those cases, where the client's adjustment is blocked not alone in reality, but at least in part by emotional difficulties. Its operation accounts for many case-work failures, as in those cases where the worker, unaware of its presence, fosters too much trans-ference too rapidly , or fails to develop enough to hold the client through rough going." [3]

During the intake study, it is possible that the social worker, by the very process of going over the aspects of the problem, will come close to uncovering material which the

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[1] Garrett, Annette, ibid p. 226.

[2] Garrett, Annette, ibid p. 226.

[3] Garrett, Annette, ibid, p. 231.

parent has attempted to keep repressed. Increased resistance may occur as a result, and sometimes discussion around this area will have to be delayed until the parent feels safer with the worker.

The fact of the transference may create resistance in that the client may be reluctant to bring out any negative material for fear of losing the worker's respect. This can usually be handled by tentatively verbalizing the client's fear and giving reassurance about it.

An extremely serious resistance could be created if the transference develops to the point where unconscious unresolved problems begin to dominate, and be reproduced in the interviews.[1] This is called a transference neurosis, and although it is deliberately created in analytical treatment, it is essential to avoid it in casework interviews. It is, therefore, important for the worker to know what increases and what dilutes transference. In general, the discussion of factual material, the relating of given information to the reality situation, and the use of generalizations tend to dilute transference. The spacing of interviews and the use of the hour interview are also important. The discussion of emotional material, the use of personalization, and more frequent or longer interviews all tend to increase transference.

Resume

It appears that in order to handle the resistance

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[1]Garrett, Annette, ibid, p. 226.

which is manifested during the intake study, the social worker needs to make an individual assessment of the parent in order to see the meaning of the resistance. The evidence indicates that every individual needs protective defenses and that the resistant parent needs to experience the security of a sustained positive relationship with the worker before the parent can give up enough defensive measures to participate in treatment. The worker must move at the parent's pace. The resistance needs to be externalized in some way, if it is to be decreased. It is apparent that the initial steps taken in a case are especially important and that resistance could be created by duplicating former negative experiences which the parent has had, and about which she may especially be sensitive. A strong enough relationship must be developed to enable the parent to bring out negative feelings. Where resistance is severe and persistent, it appears necessary to tentatively verbalize the client's fear and give realistic reassurance about it. Making home visits, and collateral visits are an effective means of making the parent aware of what is involved in seeking or refusing agency help, and also of demonstrating the worker's ability and desire to be of help to the parent.

It may be speculated that an early recognition of resistance and its meaning will be an important factor in the ability of the worker to decrease resistance to the point where the parent is able to use help. It may also be speculated that a greater intensity of resistance will be

manifested by the parent who contacts the agency because of the pressure of some outside authoritative influence. There is also a question regarding whether these more resistant parents are the ones who are experiencing greater difficulties in their relationship with their children, and if so, whether they are, therefore, in greater need of help.

In chapter two, the validity of some of these concepts will be tested by an analysis of the resistance to casework service manifested by parents, and the activity of the worker in decreasing the resistance to the degree that the parents and child were able to involve themselves in treatment, and apparently benefit from it.

CHAPTER II

MANIFESTATIONS OF RESISTANCE AND THE SOCIAL WORK APPROACH

The descriptive analysis of six case records was undertaken in order to discover the ways in which a social worker may help parents to accept and use the casework services given by a child guidance agency.

It was recognized that many parents request help but later resist continuing contact with the child guidance agency, or if they continue, they may resist involving themselves in the helping process offered by the agency. The analysis will focus on the defense mechanisms used by parents to resist treatment, with the objective of identifying exactly how the worker responds to parents who manifest considerable resistance. It was thought that there possibly existed a pattern of social work methods and techniques which would be effective in decreasing initial resistance to the extent that parents could involve themselves in the helping process and ultimately benefit from it. Initial resistance is defined as resistance manifested during the intake study.

Selection of Cases

Forty-five cases from the Burnaby Child Guidance Clinic were reviewed in order to select six which conformed to the following criteria:

1. There was evidence in the record that at least one, but usually both parents manifested a considerable degree of resistance to casework services.
2. A person with some recognized authority in the community had recommended that the parents seek help from the clinic.

3. Initial resistance was decreased to the degree that parents were able to involve themselves in treatment. Involvment is defined as participation in casework interviews which appeared to result in movement. Movement is defined as any change in the apparent willingness of the parent to participate in interviews in addition to one of the following:
   (a) Any apparent change in the attitude of the parent towards the child.
   (b) Changes in the parent's understanding of their own or the child's behaviour as evidenced by the parent's verbalizations.
   (c) Changes in the child's adaptive ability as evidenced by better school performance, etc.
   (d) Changes in the child's disabling habits, such as improved social relationships.

4. The worker's activity was recorded in detail.

Considerable difficulty was experienced in finding cases which conformed to these criteria. During the review of cases, the impression was formed that approximately half of the cases authoritatively referred to the clinic in some way, did not reach the point of diagnostic conference or clinic team study and recommendations. These parents withdrew during the intake study. Another impression was formed that approximately half of those parents who were given diagnostic interpretation and the clinic team's recommendations for treatment, did not return, and these cases were closed. This seemed to indicate that although parents have continued to participate in interviews, they may not have involved themselves in the helping process sufficiently to benefit from it. It is recognized that certain of these parents who withdrew may have been helped to some degree during the intake study itself; that is, they may have been given a "brief service" kind of help, even though such a limited goal was not the plan. In the majority of cases, it appeared that further help was

needed, and case records clearly gave the clinic teams' recommendations for continued service. This knowledge led to defining the criterion of parent's having "involved themselves in treatment" by indication of movement in the case.

The limitations of a selection using this criterion is recognized; that is, effective social work methods and techniques may have been used appropriately with the group of parents who withdrew after the intake study was completed. Other factors may have influenced their withdrawal. For example: The waiting period between the intake study and the treatment period may have discouraged them; the necessary transfer to another worker may be part of the decision not to continue. In addition, the intensity of the problem may have decreased to the point where overcoming all these other discouraging obstacles seemed to be less rewarding than continuing with the lessened pressures of their present situation. There is indication in the literature that if the problem suddenly increases in intensity, the resulting anxiety and guilt may prove too difficult for the parent to handle in the casework situation. This latter reason needs clarification, in that the point at which the problem increases in intensity is important, that is, it may come at the time when parents begin to see how much of the difficulty they are creating, and before they have developed a strong enough relationship with the social worker to be sustained through this upsetting experience.

The assumption was, that in selecting cases which

were authoritatively referred, the ego-strengths of the parents would not be as strong as those parents who learn about the clinic through their general knowledge of community resources and decide to seek help because of their own sharp perception of the intensity of the difficulty in parent-child relationships; and their belief that seeking help is a wise and a good thing for a parent to do. Exceptions to this are recognized, because the former qualities may be present in the parent who also consults the family doctor and is then referred to the agency by him. If the assumption is, on the whole, a correct one, the analysis of the worker's use of methods and techniques should be especially helpful because such parents would be a more difficult group to help than those who had greater ego-strengths. In any case, it is evident that much of the clinic staff's time, knowledge and skill does not aid this group of parents who are referred by some person with recognized authority in the situation. If there are common techniques which are effective in decreasing the resistance of parents who have low ego-strengths, the recognition of these common denominators would lead to some refinement of the approach, diagnosis, and treatment given in the intake period.

Method

In order to analyse the six cases in a standardized manner, a schedule was designed to consolidate the main features of the case: the statistical data, the family constellation, the personality of the parents, and the

resistance manifested. The worker's use of techniques was noted with reference to some of Glover's defined social work techniques[1]; in addition, certain activity was recorded as it occurred, such as extra home visits, and telephone calls. The features of the worker's activity were recorded chronologically except that no mention is made of repetition of the same feature unless it was repeated a considerable number of times, in which case it was commented upon. The chronological order is thought to have some significance because many authors have indicated that the initial steps taken in a case are frequently vital steps in determining how the client will see the agency service in relation to her problem and her self-image.

Limitations of the Selection

The six cases were selected at random from Burnaby Child Guidance records from the year 1954. The selections are therefore not necessarily representative of the parents who come to the agency having been referred by some person with authority in the client's situation. A critic could reasonably say that the group of parents in the selection might have had the ego-strengths to make an improvement in their family difficulty, regardless of the social work techniques used by the social worker. The worker's activity in the selection is not necessarily representative of the activity carried out by social workers in the agency.

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[1] Glover, Geoffrey, Casework Interviewing Methods in a Child Guidance Setting, M.S.W. Thesis, U.B.C., 1951, p.8.

A more serious limitation is the impossibility of really separating resistance as an entity from the general behaviour of an individual, at any time, but particularly if the resistance is covert. The worker's memory of what took place in the interview, together with difficulty in recording what happened places another limitation on recognition of manifestations of resistance, and identification of social work techniques used by the social worker. It is recognized that many workers do not record all of their activity in a case. The analysis is also limited by personal judgment regarding what constitutes resistance, and what activity of the worker[1] constitutes a particular social work technique.[2]

The analysis of the six cases is presented in a descriptive manner with reference to schedule A. Religion was omitted from the schedule because all of the parents in the selection were Protestant. Racial origin was not included in the schedule, but the selected group were all of British racial origin, with the exception of Case "D" where the racial origin was Swedish. All of the parents in the selection were born in Canada.

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[1]The worker refers to the social worker who is responsible for casework services given during the intake study in the child guidance clinic - which will be referred to as the clinic.

[2]It is recognized that the quality of the relationship offered by the worker cannot be assessed by reading a recording; the essentials of the helping relationship, the warmth and genuine liking of the worker for the client cannot be accurately assessed by reading the case record.

Schedule A

Referral:

CHILD:
Age:
Sex:
Position in family:
Presenting Problem:

FAMILY.
Occupation of father:
Economic position:
Community participation:
Marital relationship:

MOTHER:
Personality:
Resistance manifested in initial interview:
Resistance manifested in subsequent interviews (or contacts):
Defense mechanisms used (major ones):

FATHER:
Personality:
Resistance manifested in initial interview:
Resistance manifested in subsequent interviews (or contacts):
Defense mechanisms used (major ones):

TEAM FINDINGS:
Diagnosis and recommendations

WORKER'S ACTIVITY:
Indication of movement at the completion of intake study
Indication of movement at point of closure.

The "A"Case

Referral: Mother at the suggestion of the Doctor.

CHILD: Kitty is a two and half year old girl who is the third child in a family of four. She wakes often at night and screams for 15 to 20 minutes. She cannot sleep during the day and is cranky and irritable. This behaviour began when she was nine months old.

FAMILY: Mr. A is 40 years old and is a fireman who has an adequate income. He is keenly interested in his job and participates in community activity where his knowledge of the job is helpful in educating others. He does not belong to any organized group. His only form of recreation appears to be one night weekly sessions "with the boys", a group of his friends. Mrs. A is 37 years old and does not take part in any similar kind of outside activity. There is very little shared activity or recreation. They state that they have a good marital adjustment, and that family affairs continue smoothly. They never quarrel, but they both state that there are a lot of things which they keep to themselves in order that the marital relationship will continue without quarrels. A significant health problem is the difficulty which Mrs. A experienced after the birth of Kitty. The record only mentions that she was upset and had to be given sedation for four days. The doctor called this a post partum "near psychosis". Kitty is described as being very pale and lacking in energy, but has no apparent physical problems.

MOTHER: She calls herself "a worrier". The record states that she was controlling in the interview situation. One other important person in the situation describes her as fastidious and perfectionistic. Both parents gave indication that Mrs. A keeps the house and all four children so neat and clean that neighbours remark on it. The record gives the impression that mother does not express her feelings easily. She is seen as a reliable person who centres her interest in her own family, and does not strive for expression of interest or energy in any other situation. Her personality apparently includes high standards of right and wrong and considerable energy is devoted to maintaining them.

In the initial interview, Mrs. A resisted by apologising for having contacted the clinic and stated that she felt foolish for making so much of the problem; she seemed to be implying that it was not very serious. She stated that she would like to wait a week or two before doing anything about further interviews. She said that Kitty certainly did not lack love or attention.

In subsequent interviews, Mrs. A manifested resistance by saying that Kitty's screaming had stopped and mother did not see the need of having further interviews. The social worker stated that in the interview and in other contacts, mother maintained control of the conversation and of future appointments.

The major defense mechanism used in the manifestation of resistance to services appeared to be denial of the

seriousness of the problem and the need for help from the clinic. Mrs A apparently had some conflict over this and was sometimes able to repress the unpleasantness and sometimes not able to do so. The problem appeared to be at a preconscious level struggling into consciousness from time to time. The mother actually avoids the clinic interviews and withdraws from contact for a period of time.

FATHER: He is a very energetic, talkative man, very active in certain areas, for example in his job, and related activities. He tends to avoid active participation in certain aspects of family life, for instance, according to his own and his wife's statements, he does not worry or even indicate much interest in the children's problems, or in differences arising between him and his wife, although he does express a mild degree of interest in them. The record reveals that he is reliable and has provided adequately for his family. It appears that his standards of cleanliness and neatness are more normal than those of Mrs. A. Their statements reveal that he does not express his feelings easily.

In the initial interview, Mr. A manifested resistance by participating to such a limited degree that it appeared that he was projecting all of the responsibility for the problem and what should be done about it upon his wife. (In later interviews, he actually stated this.)

In subsequent interviews, Mr. A manifested some resistance by this same projection upon his wife of the major responsibility for the problem. He stated that he "would like

help, but did not want to get too involved." He talked for a considerable length of time about certain interests he had which were unrelated to the problem. He said that he felt the family was fortunate, enumerated all the material things they possessed and said that he did not think that their problems were as serious as those of many other people; he thought his wife worried too much about them, and he is concerned for her sake.

The major defense mechanisms which Mr. A appeared to be using in resisting any involvement in seeking help were denial of the seriousness of the problem and projection unto his wife for the responsibility. He participated in interviews as though the reason they were now contacting the clinic was because Mrs. A worried too much, not because of the real pain the child's problem was creating for the family, and for the child herself.

TEAM FINDINGS: Kitty was seen as an over-indulged anxious child who has been controlled to such an extent that she has no spontaneity. She was very unfriendly and never relaxed. She had superior intelligence. The problem was seen as centered in the mother-child relationship--the lack of love together with the control of the child. Recommendations were made to focus social work help on aiding the mother to relax and express her feelings, as well to help her gain an understanding of the child's behaviour. Introspection on Mrs. A's part was to be kept to a minimum because of the upsetting experience Mrs. A had after Kitty's birth which the doctor had

described as "a near psychosis".

WORKER'S ACTIVITY: A home visit was made initially and it appears that a face to face contact may never have been effected at all, or certainly not until much later, if the visit had not been made. The worker immediately encouraged Mrs. A to talk about the specific problem and also about the source of referral. When she had done so, the worker gave an explanation of agency function and also explained the need for parent's participation in the helping process. The worker accepted the mother's need to talk about the child, encouraged and accepted the feelings that mother was able to bring out about the birth of the child and about her own physical condition. The worker recognized her feelings by restating in different words what the client had said. The worker then related generally the theory of multi-causation of behaviour, but ended by specifically saying that it was difficult to tell how much the mother's condition affected the child. It is difficult to tell from the recording whether the specific reference at this point was helpful. It certainly was direct and could have been reassuring, because Mrs. A appeared to have some guilt about the fact that this child was not planned for, and that Mrs. A's physical condition was in some way linked with Kitty's nervousness. How conscious this was on her part is not known. It is also possible that some of the later resistance was added to by this reference to Mrs. A's condition having affected the child. On the other hand, it is also possible that the early attention given in an accepting

way to a matter which gave considerable concern to the mother (and which later proved to be related to the core of the problem) may have eventually helped the mother to accept the possibility that her attitude toward the child was an important factor in the causation of the child's problem. At the time the mother responded by talking about the child and her condition.

The worker gave a detailed account of the way in which the agency carried out its function. The record does not state, but the impression is gained that the worker accepted the defensiveness of the mother which now took up a considerable part of the interview. The worker apparently accepted the mother's wish to stray from the matter being discussed to irrelevant matters, and when mother returned to the subject of the problem, again her defensiveness was apparently accepted. The worker then focuses the discussion on one aspect of the problem which has not yet come up in the interview. There was further focusing of discussion on an aspect of the child's problem which may also be thought of as an expression of direct interest in the child and in the parents. The worker then gave a direct expression of his desire to be helpful, and assurance that future home visits would be made if this is necessary.

The worker initiated a telephone call and gave assurance that the agency could give help with the specific presenting problem of the child, which it may be noted, received a very positive response from the mother.

The worker made a collateral contact, interviewing the doctor who suggested the agency contact. Further telephone calls were initiated and an appointment was made with Mother. The worker accepted the negative feeling she expressed about the child. The worker encouraged her to talk about her present and past family life and gave clarification and support. The worker also generalized the mother's feelings in order to relieve guilt which the mother seemed to have. The various techniques formerly mentioned were repeated by the worker throughout the intake interviews with mother.

WORKER'S ACTIVITY: with the father:

The father was present in the initial home visit but virtually took no part in it. In later contacts, the worker accepted the father's wish to talk about matters unrelated to the problem, but of interest to father. The worker's keen perception of the feeling of pride that father was able to bring out about his job and related activities, gave the impression that these feelings were recognized and accepted. Father began to discuss the problem and the worker accepted his defensiveness. The worker focused on some aspect of the problem not yet mentioned and used some clarification in regard to the problem. This was accepted by father who elaborated on certain events which seemed to him to bring about changes in the child's behaviour. The worker encouraged father to talk about present and past family life, and explained about the way in which the agency carries out its function.

APPARENT RESULT OF WORKER'S ACTIVITY:

Mother decided to accept the agency's help and her attitude changed to the point where the worker was able to record that she became "anxious to seek help". The record states that gradually mother controlled the interviews less and less, and became more relaxed. The record reveals that she kept the focus of casework interviews on the child, but she involved herself to the extent that she could see that changes in her handling of the child brought some improvement in the child's behaviour. The child's screaming had stopped before the completion of the intake study. Kitty was still waking up about once during the night but would go back to sleep within a reasonable length of time. The record states that father became cooperative in sharing more family activity, and he and mother began regularly enjoying outside recreation together. The mother was able to accept the diagnostic conference recommendations: that she would be the focus of treatment; she was also able to accept a transfer to the social worker in the agency who is responsible for continued service on cases where the intake study has been completed. This demonstrates a decrease in resistance to an extent which is helpful to parents and to child.

As a result of this decrease in resistance, mother was able to participate in interviews held weekly for nine months. Kitty was then re-evaluated by the clinic team as "much improved," "although still somewhat anxious". Six more interviews were held. The closing notation on the case states:

that: "Mother's emotional equilibrium has become stabilized. Within the limits imposed by the need to keep introspection to a minimum, she understands the causes of the child's difficulties and how to help her outgrow them. She has gained an understanding of herself, is optimistic about the future. The child is now mingling with other children and showing spontaneity to some degree, according to the record summary. Her sleeping habits have improved considerably. "Goals achieved in large measure."

The "B" Case

Referral: The referral was made by the mother at the suggestion of the school nurse.

CHILD: John B is an eleven year old boy, the fourth child in a family of five children. The older siblings are several years older than John. The presenting problem included several aspects of John's behaviour: nervousness, disobedience, poor schoolwork, annoying other children, which created a disturbance in the school. He was disobedient at home, and also had an enuresis problem.

FAMILY: Mr. B is 60 years old. He repairs electrical equipment and makes a very modest, but adequate income. Mrs. B is 43 years old. Neither parent takes part in community activities. They do some social visiting but this does not occur very frequently. The marital relationship is described in the record as "not close". The worker stated that Mrs. B drew a

parallel between her father and her husband and the worker thought that Mrs. B saw her husband as a father figure. Mr. B worked a considerable amount of overtime and appeared to be distant with his wife, when he was at home. He never discussed financial matters with her because she worried about them, and by this and other comments, the impression is gained that he sees his wife as someone to be taken care of, but not to be given responsibility or to share with him the making of any plans for the family. Mrs. B seemed to be suffering with slight depressions and some psycho-somatic complaints associated with menopause. As a result, the record states that she spent a good many evenings a week attending movies from which she derived some comfort. She did not take an interest in the day by day incidents that were important to John. She said that she was happy when he was outside playing with other children.

TEAM FINDINGS:

John was seen as a lonely depressed boy with strong resentment towards both his parents. He had high average potential intelligence according to the assessment of the psychologist. However, he was unable to use his ability to do good school work because of his anxiety about his hostility, and because he received minimal satisfactions from his relationships. Recommendation was made that John participate in play interviews with a male social worker. It was recognized by the clinic team that Mrs. B could not give any more attention

or loving care to John unless she herself was able to find more happiness in the family situation. The frequency of contacts with the mother was left to the worker's discretion. It was thought that Mr. B was less troubled and that he could use clinic services to a limited extent to help him understand the behaviour of the boy, and especially to see the boy's need for companionship. The clinic team saw the community as a helpful resource in providing suitable activities and companionship for a boy of this age. This was emphasized because of the assessment that the parents would have a very limited ability to change.

MOTHER:

The worker described her as "emotionally flat", and further stated that she speaks of her husband and her children "in a detached way". As already mentioned, she suffers from slight depressions, and her own statements give the impression that she spends little time with family members and has little interest in them. She is apparently an adequate housekeeper and manager and is reliable in getting all the practical day to day duties completed.

Mother manifested resistance initially by participating very little in the interview and by her general apathy regarding the boy. She stated: "If only the boy would come home with a good report card, everything would be alright." This seemed to imply that a good report card would satisfy the school and mother would not be under pressure from the

school to contact the clinic. She stated that she could not come for any office interviews, because they were too inconvenient. This statement has some basis in reality because of the distance of the home from the agency, and Mrs. B's depressed feelings which apparently leave her without much energy. However, it would have been possible for Mrs. B to come for some office interviews had she been feeling well.

In subsequent interviews there was no change in the way Mrs. B manifested resistance.

The major defense mechanisms which Mrs. B seemed to be using were detachment or isolation, and turning her feelings against herself. She weeps a considerable amount in the interviews, and has some slight depressions. She apparently uses denial when she implys that everything would be alright if John would only bring home a good report card, and at the same time, she may be projecting some of the responsibility unto John.

FATHER:

Mr. B was a hard working man with rigid ideas and standards about how things should be done. He apparently liked to keep busy and did not get close enough to people to share his emotions to a significant degree, or to be a companion to anyone. He is reliable and honest, and if he states that he will carry out a plan, he can be relied upon to do so. His age was seen as significant regarding his ability to change.

Mr. B manifested resistance in the initial interview by being considerably late without giving any explanation for

it. Although the function of the agency had been explained to him, he stated that he did not know why he had to be seen by the worker. He further stated that he had a happy home, did not fight, smoke, or drink, and had successfully raised four children. Later during the interview, he repeated these remarks.

In subsequent interviews, he stated that he did not see why the boy had difficulties because he and his wife were happy.

The major defense mechanism which the father seemed to be using was projection of his hostility unto the worker--he did not know why he had to be seen, implying that the responsibility was not his. Later he seems to be projecting the difficulty onto the boy, implying the boy had no real reason to be displaying this type of behaviour, or at least the difficulty did not have any thing to do with what he or Mrs. B were doing.

WORKER'S ACTIVITY: with the mother:

A home visit was made initially in which Mrs. B's defensiveness was accepted by the worker. Negative feeling about the child as expressed by Mrs. B was also accepted by the worker. The function of the agency was explained and Mrs. B was encouraged to talk about the specific problem. Later the worker explained the need for parents' participation in the helping services given by the agency, and encouraged her to talk about herself. Her wish to discuss matters unrelated to the problem or the family was accepted.

More home visits were made, in which Mrs. B's feelings were accepted, particularly her need to weep. She was encouraged to talk about her present and past family life. She was also given the assurance that home visits would be made in the future if this proved to be more convenient for her.

Collateral visits were made, particularly to the teacher, principal, and school nurse, in which a good deal of explanation of the agency function was given as well as an indication of the interest the agency had in helping John.

WORKER'S ACTIVITY: with father:

The worker used identical techniques with father as he did with mother with the exception that specially timed evening appointments were made. Father was also given the assurance that future appointments could be specially timed for his convenience if this proved to be necessary.

APPARENT RESULT OF WORKER'S ACTIVITY:

The record indicates that Mr. and Mrs. B became involved in the services to the extent that they were able to talk about the boy and about themselves at considerable length, and were, according to the worker, somewhat more relaxed. The teacher reported that the boy's attitude had improved to some degree in school, and mother confirmed that the boy's behaviour also improved at home. Considering the intensity of the problem, especially the limited capacity of the parents for change, a skillful job was performed in order that resist-

ance was decreased to the extent that the boy was able to benefit from the services given by the agency.

The parents were able to participate in the interview with the continued service worker who was now responsible for carrying out treatment recommendations. It should be added that Mr. and Mrs. B manifested resistance in the same way and with apparently much the same intensity that was present in the intake study. The parents stated they really wanted to withdraw from the agency. The resistance was again decreased with techniques almost identical to those used by the intake worker.

As a result, the boy has participated in 36 play interviews. The worker, the teacher and principal have agreed that the boy's attitude has improved considerably. John was getting better marks in school; in fact, his report card included some A's, which was considered a good performance. There is no more of the annoyance of other youngsters which was so disturbing to the school as a whole. The enuresis which occurred nightly occurs about once weekly. The worker stated that the boy is looking better physically.

The parents have been seen approximately once monthly. There appears to be no significant change in the way they care for their son; although their participation in interviews indicated a change in attitude towards John. This change, together with the play interviews have apparently enabled the boy to make the gains in adjustment which have been mentioned.

The record gives no indication that support of personality strengths was given during the intake study. There

were certain strengths there and whether the effect of supporting them would have decreased or increased resistance in this case can only be speculated upon. The impression is gained that the intake study was very skillfully handled. The people of importance in the situation were contacted and no attempt was made to clarify or interpret the boy's behaviour to them. Defensiveness was accepted, and persistence was evident in the worker's continued use of home visits in order to make many of the contacts.

The "C" Case

Referral: Referral was made by the mother at the suggestion of the school principal and later, the doctor.

CHILD: Joseph is an eight year old boy, the eldest in a family of four children. The presenting problem indicates that he was creating a disturbance in school: disobedience, swearing, masturbation with other boys. At home, he was belligerent and un-cooperative. He teases younger siblings but becomes almost hysterical when threatened with punishment by his parents.

FAMILY:

Mr. C is a 30 year old engineer who makes a somewhat better than average income. He belongs to several professional associations and attends meetings although he is not able to participate very actively because he is out of town a good deal. He also belongs to a church group. Mrs. C is 30 years old. She takes no active part in organized

community activity. She attends church, visits friends. She used to be very active in sports before her marriage but does not participate now. The record states that the marital relationship appears good. The parents say they find satisfaction in the marital relationship. There are no significant health problems.

MOTHER:

The mother stated that she was spoiled as a child and treated like a baby by her whole family. She said she felt she had to "show" her family she could manage when she got married. Her later comment made the worker state that mother saw herself as being inferior to her parents and siblings, and that Mrs. C also saw the wife and mother roles as "restricting". The w worker stated that this client attempted to overcome her inferiority feelings by striving to appear adequate, to prove she can do things well. She sees herself, according to her own statements, as having a higher social status than her neighbours and she has high expectations for herself, and for the boy, although the worker states that she is unaware of these high expectations. The impression was gained that she was a talkative person, and was somewhat dominant in the marital relationship.

Mother manifested resistance in the initial interview by stating that since her original request for agency service, she had contacted the school principal again. She had asked him if she needed to contact the clinic now because the boy seemed to be doing "okay" in school. The principal advised

contacting the clinic. Mother then stated that she had contacted the family doctor to see if he thought that clinic contact was necessary. He advised the contact also. She stated that she thought Joseph's difficulties were caused by his companions.

In subsequent interviews, Mrs. C manifested resistance by missing an appointment, telephoning an hour later to see if she could still come. An appointment was scheduled to take place the same afternoon, and Mrs. C arrived a half hour late because she had lost her car keys. By the end of the interview, she stated that she "couldn't make up her mind whether to come or not". She telephoned to cancel the next interview, but decided to come after talking to the worker. She now stated that she thought she was in some way responsible for Joseph's problems. She said she "wonders if they are going to a lot of trouble for nothing". The worker states that mother was somewhat depressed at the time and "indicated quite a bit of resistance to continuing".

The major defense mechanisms used by mother appear to be denial of the problem in the beginning; later, she seems to project the reason for the difficulty onto the boy's friends. When she begins to recognize partially her own involvment in the boy's difficulties, she seems to turn her feelings against herself; she is depressed and pessimistic about any good coming from the clinic contact.

FATHER:

The mother stated that he is agreeable and will go a

long way to avoid an argument or quarrel. The father said that when he "gets mad, he blows up". The worker states that father appeared to be a passive person, who is a very industrious worker. The worker gained the impression that much of father's ambition in his work was stimulated by his wife's expectations of him. The worker states that Mr. C appears to be quite interested in his children, noting also, that he was very "agreeable" in the interviews but "lacked spontaneity".

Mr. C manifested resistance in the initial interview by stating that he did not want the clinic to "take over the problem," nor did he want to become "too involved" with the clinic. He said that he wanted "limited help". His participation without any degree of spontaneity is also part of his resistance.

In subsequent interviews, Mr. C manifested resistance by constantly minimizing the importance of the child's control of his feelings or the child's defiance of the parents.

The major defense mechanisms used by Mr. C appear to be denial of the seriousness of the problem and isolation of his feelings. It appears that characteristically he does not become "too involved".

TEAM FINDINGS:

The child was found to be a controlled, serious boy who tries hard to cooperate but who feels inferior to the rest of his family. He has considerable hostility toward the mother and toward siblings. He is anxious for his own physical safety.

Recommendation was made for Joseph to participate in approximately four play interviews designed to help him release his anger and deal with his anxiety, and guilt feelings. Joseph's difficulties were thought to be caused in great measure by the mother's control of him, so that he could not become independent, or assume responsibility in any way. This, together with the mother's inconsistency in discipline made the boy feel that she did not love him. Recommendation was given that mother be made the focus of social work help to help her feel that her role was more important both to the child and to the family. Other goals were seen as help for mother in handling her feelings so that she could relax and demand less of the boy. Father was to be seen occasionally, but since he is away from the home a good deal, and did not want to become too involved, it was thought that only a limited degree of participation could be expected from him.

WORKER'S ACTIVITY: with mother

A home visit was made initially, and an explanation of agency function and an account of the agency's way of carrying out this function was given. Worker encouraged mother to talk about the specific problem, and the source of referral. The worker accepted negative feelings about the child, and also accepted mother's defensiveness. The worker gave information about behaviour in general stating that sometimes after an upset in school things like this "blow over" and sometimes they do not, depending upon whether the upset

was caused by something in the immediate situation, or something deeper. The worker accepted the mother's wish to talk about other parents in the neighbourhood and accepted her feeling that these parents seem to do alright with their children even though they do not worry about them. The worker generalized the mother's feeling in an attempt to relieve guilt. The worker gave reassurance that the agency could give service that would help with the specific problem, and encouraged mother to talk about the child. The worker later focused the discussion about the boy to events in his early years. After the mother had given a good deal of information about the boy, the worker clarified one aspect of his school behaviour for mother. The worker later expressed direct interest in the mother and explained the need for parent's participation in the helping process. The worker encouraged mother to talk about herself, and made specially timed appointments which would be convenient for the mother. Encouragement was given to the parents to explain the clinic contact to Joseph in a positive way. There was repeated acceptance of their defensiveness.

WORKER'S ACTIVITY: with father

The worker gave a detailed account of the way in which the agency carries out its function and expressed a desire to help the family. The worker then encouraged father to talk about the specific problem. After the father did so, the worker encouraged him to talk about past family life and

accepted father's defensiveness. The worker encouraged father to talk about present family life and clarified one aspect of the boy's behaviour. The worker further clarified the meaning of Joseph's overt defiance and its possible causes. The father responded by stating some of Joseph's positive qualities and the worker supported these strengths.

APPARENT RESULT OF THE WORKER'S ACTIVITY:

Both parents participated to some degree in interviews. The mother, in particular, was able to participate to the extent that she could recognize, finally accept, her involvment in creating Joseph's difficulty. In the fourth interview she even tried to make the worker tell her how much of Joseph's difficulty she was creating. No change in the behaviour of the child or in the parents' attitude toward him is recorded. Mr. and Mrs. C were able to accept the recommendations for Joseph to participate in a brief series of play interviews, and to accept their own need for further interviews, with the focus of work to be with Mrs. C.

As a result of the decrease of initial resistance, the mother was able to participate in six interviews which constituted a brief treatment situation. Joseph was seen in four play interviews. The father was seen twice. The case was closed prematurely as a result of the family's plan to move to a community where the services of a child guidance clinic were not available. The case was closed with a notation to that effect. Both the teacher and the father commented on the boy's improved school progress. The mother had a good under-

standing of her own contribution to it. She stated that she still handles the boy at times in a manner which she knows is harmful and that something inside her does not let her do what she knows is the right thing. She also indicated that she would be unable to change a great deal. The record states "limited goals have been reached".

The impression is gained that the first three interviews with mother were very skillfully handled and that resistance was decreased considerably as a result. The continued demonstration of the worker's desire to be helpful, and his assurance that help could be given for the specific problem appeared to be effective in helping Mrs. C face the reality of her own involvment in the difficulty. The worker's acceptance of mother's defensiveness apparently helped her involve herself to some extent in the service offered by the agency.

The recording of later interviews gives the impression that the worker did not always recognize the mother's feelings. For example, when she defensively insists that parents need more training, similar to that of professional people, the worker disagreed with her rather than exploring her feelings on this subject. The worker further stated that most parents handle situations satisfactorily. Depending upon the actual wording in the interview and the worker's intent in saying this, it could have been reassuring. As it is recorded, it gives the impression that mother would be left with the idea that she is not doing as well as most parents are. This is an idea which is already central in her personality and her

feelings of inferiority could be easily strengthened. It is possible that this activity on the part of the worker increased resistance. It was followed by the mother insisting that the worker tell her how much of the difficulty she was creating. She is lowering a defense, but she appears to be handling it in a somewhat hostile manner. The worker skillfully states that she is one important factor in Joseph's difficulty. (Mother expressed hostility to the continued service worker about this incident of the intake worker not telling her enough and "sparing her feelings".)

It may be speculated that the increase of resistance during the intake study and the possibility of the intake worker's creation of it, was responsible for a certain high degree of resistance throughout the mother's contact with the agency. On the other hand, it is possible that mother had progressed and involved herself in casework services according to her capacity.

As a result of decreased resistance on the part of the mother, the child did benefit to some degree from the services offered by the agency.

The "D" Case

Referral: Referral was made by a doctor's letter.

CHILD: Peter D is a three year old boy, the eldest of two children in the family. The presenting problem is described as: the boy's daily fever; he is irritable and demanding during the day, and wakes at night screaming and demands attention from mother. He has poor eating habits, and a poor

appetite.

FAMILY:

Mr. D is an accountant and makes a somewhat better than average income. He is 32 years of age and is taking night classes in accounting. Mrs. D is 30 years of age. Neither parent takes part in any organized community activity. Both participate in some social visiting. The marital relationship is described by the parents as being essentially happy. Father states his dissatisfaction with Mrs. D as a mother, and mentions that she has become more irritable since their marriage. This creates an impression that the marital relationship has many negative elements in it. Regarding significant health problems, the child was hospitalized on five different occasions for minor operations including tonsilectomy. The parents were not allowed to visit Peter on these occasions since he became upset when they did visit.

MOTHER:

The record states that the worker considered that mother was dominant in the marriage and controlling in her relationships in general. Mother did not mention any criticism of her husband and she attributed her irritability since the marriage to her difficulties with the child. The worker observed that mother pushed Peter away when the child tried to be affectionate with her. The worker states that mother talked to Peter as though he were an adult, making many demands of him. Mother stated that she felt inadequate as a mother.

Mrs. D manifested resistance in the initial contact by telephone which the worker initiated. The mother indicated "hesitancy"; she said that the doctor had suggested that she spank the child, and she did not know whether this was responsible for some improvement in the child's behaviour, or whether it was because recently he was able to be outside more.

In interviews later, the mother manifested resistance by saying "my friends would have a fit if they knew I was coming to the clinic." She indicated that her parents would have the same reaction if they knew that she had contacted the clinic. She stated the boy had been difficult since birth and she kept the focus on the boy's behaviour during the intake study. (The record of work with the father after the intake study was completed actually reveals father's statement that Mrs. D did not know whether to continue coming to the clinic during the intake study or not. There was apparently considerable resistance on mother's part, which was not all overtly manifested.)

The major defense mechanisms used by the mother when resisting casework services, appears to be denial of the seriousness of the problem, by avoidance of discussing, and talking about superficialities; she also projects a good deal of the difficulties unto the child.

FATHER:

The worker states that Mr. D controls his emotions and that his comments indicate that he is either unable to

express affection, or expresses it to an extremely limited degree. Father said that he always stuttered until he was an adult when he took speech correction classes, which corrected the speech difficulty for the most part. Father stated that he withdrew from most school activities, and social groups and still does to some extent. The record gives the impression that father has rather high standards, is not flexible or spontaneous, but indicates such qualities as reliability, honesty, and frankness.

Mr. D manifested resistance in the initial interview by being completely controlled and showing no emotion. He told the worker not to bother being diplomatic and he insisted on being asked questions; there were long pauses in the interview.

In subsequent interviews, Mr. D manifested resistance by stating that he saw the problem as being between his wife and Peter. Mr. D said that his wife did not handle the boy properly. Father cooperated superficially but did not involve himself in the interviews.

The major defense mechanisms which Mr. D appeared to be using in this manifestation of resistance were denial of any involvment on his part in the child's difficulty, and projection of the entire responsibility unto his wife. The impression is given that he isolates his feelings, and that he has developed certain reaction formations which conceal his anger, and result in rigid behaviour.

TEAM FINDINGS:

Peter was found to be in the average range of

intelligence but was seen as an anxious, unhappy, over-controlled boy. He behaved as though he had too many limits set for him, all of which he accepted, rather than rebelling against any of them. It was recognized that he needed release from anxiety in a relationship where he could be dependent. He was slight, frail, and completely lacking in aggression. The recommendation was made that social work interviews be focused upon helping mother gain more status in her role as a mother, and relax her control over the boy. Father was to be seen occasionally in order that, with support and encouragement, he might be enabled to give Mrs. D more recognition and help.

WORKER'S ACTIVITY: with the mother

The worker initiated a telephone call and encouraged mother to talk about the specific problem. The worker accepted the mother and her uncertainty about how to deal with the problem. The worker encouraged mother to talk about their present family life, giving assurance that the agency could give help with the specific problem. The worker generalized the mother's feeling in order to relieve her guilt, supported her personality strengths, and accepted her negative feelings about the child and her own defensiveness. Information was given about behaviour in general and clarification of Peter's behaviour in particular. The worker encouraged the mother to explain the agency contact to the child in a positive way, explaining the need for parent's participation in the services given by the clinic. Mother was encouraged to talk about past family life.

WORKER'S ACTIVITY: with the father

The worker accepted the father's defensiveness and explained the agency function and way of carrying out this function. The father was encouraged to talk about the specific problem and some information was given about the worker's original initiation of contact with the family of which the father did not seem to be aware. Father was also encouraged to talk about his present and past family life and to talk about himself. The worker gave support of father's personality strengths.

APPARENT RESULT OF WORKER'S ACTIVITY:

By the end of the intake study, although the clinic team recommendations had still not been given, the mother stated that she had been trying to be more relaxed and lenient with the child, thus indicating her recognition of where much of the difficulty was being created, and indicating her involvement in the casework services being given. The father stated that the child was showing "marked improvement" in eating and sleeping habits. The mother stated that she thought Peter's behaviour "was improved". Apparently, the initial resistance was decreased to a sufficient extent that the noted improvement took place. It should be added that two interviews after the intake study was completed, the father initiates the idea that he feels he has a responsibility to help his wife when she is feeling irritable, and added that previously, he had always felt that this was unnecessary.

As a result, the family were able to accept transfer

to another worker who continued giving treatment, and both parents participated in interviews for nine months. Their actual marital discord was finally discussed and they accepted referral to a marriage counsellor, and cooperated with him in a series of interviews. It should also be noted that on termination of contact with the counsellor, it was recorded that Peter's behaviour has shown a "steady and consistent improvement".

The impression is gained that the intake study was very skillfully handled by the worker. There is a question of how much resistance the mother was unable to express, and there is a possibility that if she had been able to express overtly more of her resistance, she might have been able to involve herself to the degree that the marital discord could have been discussed much sooner. The father was able to change to a considerable degree, in spite of his rigid ideas and attitudes. Some criticism might be made of the worker's activity in the initial interview with father. The worker stops the flow of negative feeling that Mr. D is expressing about his wife as a mother, giving information about the possible causes of behaviour, rather than recognizing and accepting Mr. D's feelings.

The "E" Case

Referral: Referral was made by the mother at the suggestion of a social worker who met the mother socially.

CHILD: Helen is a three and a half year old girl, the

eldest of three children. The presenting problem was given as "regression in toilet training" (soiling and smearing), acting "spoiled" (sibling rivalry, biting brother, some destructive behaviour in the home).

FAMILY: Mr. E is a 27 year old man who manages a small business and makes a better than average income. Mrs. E is 28 years old. Neither take part in any community activity but they enjoy listening to classical music together and frequent the art gallery. The marital bond seems to have considerable affection in it, according to the record. The record indicates, also, that mother expressed some irritation about father's shyness, and that Mr. E expressed some annoyance about his wife not being a capable mother and housekeeper. There were no significant physical health problems. The degree of the mother's emotional upset will be discussed later.

MOTHER: Mrs. E was a dramatic, talkative, inconsistent person. She appeared to be fond of her husband. She seemed to be fond of her children, until they reached the age of some independence, when she became incapable of meeting their need for affection, attention, and consistent limits. Her statement that she is always hoping her own mother will change and be kind to her, and other similar comments, led the worker to record that Mrs. E seems to be searching for a good mother figure. She wanted a large family and wanted to "do the right thing by the children in their early years".

Mrs. E manifested resistance to involving herself in casework interviews by cancelling the first interview, and

later bringing in initially an almost overwhelming amount of information. She stated that she did not have any serious problems, but immediately questioned the worker about whether or not her handling of specific incidents with the children was correct. At the end of the initial interview, she said "maybe all my problems will be solved".

Mrs. E manifested resistance in subsequent contacts by cancellation of appointments, missing appointments without advising the worker beforehand; by her repeated questioning about whether she was handling her children correctly, although she gave very little information about how she actually managed them. When referral to a psychiatrist was suggested as perhaps being more what mother was wanting, she stated: "I'm not ready for that yet." The mother later suggested that maybe all her problems would be over by Easter.

The major defense mechanisms used by mother appear to be a denial of her problems on the one hand, with dramatic emphasis upon them on the other. Mother's perception of reality actually seemed to be so distorted and changing, that it was thought that she had a serious ego-defect.

FATHER:

Mr. E was a quiet, shy man who was never very talkative or very active. He made remarks which seemed to indicate that he was fond of his wife and of all the children except Helen. He stated that he did not understand Helen's behaviour. He states that he sometimes loses his temper and

strikes the children. He says that he longs for peace and quiet when he comes home, but never gets it. He is a steady worker, providing consistently for his family.

Mr. E manifested resistance initially by avoiding the actual arrangement of a specific appointment. In the interview, he stated that he felt Helen's problems were due to the handling Mrs. E and he were giving her. At one point he criticized his wife for being a poor mother but he took some responsibility for Helen's behaviour. He took no initiative for any action to seek help at any point during the contact, although he participated in four interviews. There was no resistance per se nor was there any real involvement in casework services.

The record does not give any indication of the use of any specific defense mechanism.

TEAM FINDINGS:

Helen was seen as a highly distractable child who did not complete enough test items to be accurately assessed by the psychologist. What Helen was able to complete placed her in the slow normal range of intelligence. The child was hyperactive and appeared to suffer from extreme deprivation of affectional needs, to the point where she was becoming autistic. Kindergarten was recommended for her. The mother's disturbance was seen as the key problem and long range psychotherapy by a private psychiatrist was recommended for her. Casework services were to be offered around the handling of the children, provided that these services were recognized by the psychiatrist as

being helpful to Mrs. E.

WORKER'S ACTIVITY: with the mother

The worker encouraged the mother to talk about the specific problem. The worker then explained the agency's way of carrying out its function, further explaining the need for parent's participation in the helping services offered by the agency. The worker accepted the mother's wish to talk about her past family life and the impression is gained that the worker encouraged this by demonstrating interest in what the mother wishes to say. The negative feeling which mother brings out about her past life was accepted and assurance given that help can be provided for the specific problem. The worker initiates many telephone calls in which Mrs. E's defensiveness was accepted and the worker's direct expression of the desire to be helpful was given. Referral was suggested as a means of mother meeting and handling her difficulties more efficiently and support of personality strengths was given. The worker made home visits in which discussion was focused upon some aspect of the problem which was not previously mentioned. The mother was encouraged to talk about herself and her feelings were generalized in order to relieve guilt. Clarification was given regarding the social history material, and information was given. The worker assured mother of the confidentiality of the interviews. The worker accepted direct hostility about the services given by the agency.

WORKER'S ACTIVITY: with the father

The worker initiated telephone calls, and gave a

specially timed appointment, explained the agency function and focused the discussion on the two major areas of mother's concern; her difficulty with Helen and her difficulty with the maternal grandmother. The father was encouraged to talk about what he saw as the important problem. The worker accepted father's ideas and restated the father's feeling that he and his wife were responsible for creating Helen's difficulty. A suggestion was given which is designed to help client handle an aspect of the problem more efficiently, and general information about behaviour was provided. The worker accepted the father's negative feeling about Mrs. E. The worker encouraged father to talk about present family life. The worker gave assurance that help could be given for the child's presenting problem, although this might include referral to another agency. Father's negative feeling about Helen was accepted. Clarification regarding certain aspects of the child's behaviour was given. The worker accepted the father's negative feeling regarding a past experience on a job. Further explanation of the way in which the agency carries out its function was provided.

APPARENT RESULT OF WORKER'S ACTIVITY:

The mother's resistance was decreased to the extent that a full diagnostic study could be completed. Helpful recommendations were made regarding the child, and referral of the mother to a psychiatrist was recommended. Mrs. E was able to accept this recommendation,,consulted a psychiatrist, and participated in several interviews with him. Unfortunately she

later discontinued interviews with the psychiatrist. As a result, the child was evidently not helped. The clinic did indicate in the most helpful way possible what course of action would help the family and the child. The persistence of the intake worker's contact would imply to the parents the concern of the worker for the child and the family. Real movement was indicated when Mrs. E who formerly resisted the idea of seeking help from a psychiatrist carried out her stated intention of seeking psychiatric help.

The impression is gained from reading this record that this case is close to being one which a family or childrens' agency would carry to protect the children. For this reason, a follow-up visit might have proved helpful in deciding whether referral should have been made to another agency.

The "F" Case

Referral: Referral is made by the mother with considerable pressure to do so from the school teacher, and school principal.

CHILD: Paul is an eleven year old boy, the only child in the family. The presenting problem is his school behaviour; he is repeating grade five, and becomes almost hysterical at times, saying that everyone is against him.

FAMILY: Mr. F is a truck driver, aged 44 years who makes a marginal but well managed income. Mrs. F is 32 years of age. Neither parent takes part in any organized community activity,

nor do they share any regular recreation. The record states that the marital relationship appears satisfactory and fairly affectionate.

MOTHER: The worker describes her as a controlling, excitable talkative woman with mood swings. The mother indicates her anxiety by such comments as "I just keep control of myself by a thread." The mother states she has a good relationship with Mr. F. Mrs. F indicates her conscious hatred of her mother and deep affection for her father. Mrs. F further makes it clear that she dislikes the role of mother. "I resented the baby (Paul) and didn't want any more."

After a one month waiting period, the mother stated in the initial contact that the boy felt better about school now and they did not need the help of the clinic.

The mother manifested resistance in subsequent contacts through cancellation of an appointment, missing an appointment without mentioning it to the worker beforehand, and controlling the interview by her talkativeness and inability to focus on the child's problems. She did state that "the school makes the child difficult".

The major defense mechanisms used by the mother in resisting casework services appear to be denial of the problem, and later, projection unto the school the responsibility for creating the problem.

FATHER: The worker describes father as being a steady worker, with a good sense of humour, easy going and inclined to be

somewhat passive. Mr. F is seen as having little or no imagination. The worker states that he is inclined to compromise rather than run the risk of incurring hostility. He speaks in a positive manner about his wife and son.

Mr. F demonstrated an unwillingness to talk about his relationship with his wife or family, thus manifesting resistance to any great degree of involvement in the casework services offered by the agency.

In later interviews, father indicated that there was "not much wrong with the boy". He attributed any difficulties Paul had to Mrs. F's habit of yelling at him. He said that his wife was nervous and irritable because of the presence of her mother in the home. The maternal grandmother is apparently senile and is a realistic source of trouble in the home.

The major defense mechanisms which Mr. F appeared to be using was denial of the seriousness of the problem, and a projection of the difficulty unto his wife.

TEAM FINDINGS:

The child was found to be an anxious boy with extreme hostility to his mother, and an unsatisfactory identification with his father. He is in the average range of general intelligence. Paul relates superficially, is inhibited, and does not have a firm grip on reality. Play interviews with a male social worker were recommended to help Paul deal with his anxiety and hostility and to form a better identification with the male sex. Further recommendations were made for casework interviews to support mother's tenuous emotional

adjustment keeping in mind that goals would be limited because of the brittleness of mother's defenses. Father is to be encouraged to take a more active role in giving emotional support to his family.

WORKER'S ACTIVITY: with the mother

The worker encouraged the mother to talk about the specific problem and accepted her defensiveness. A desire to be helpful was directly expressed. The worker accepted the mother's hostility toward the school. The worker later supported mother's personality strengths. Telephone calls were initiated by the worker. Negative feeling regarding Paul was expressed by mother and accepted by the worker. The worker contacted the referring teacher and principal.

The worker expressed direct interest in the mother, accepting her hostility toward the school and hospital nurses, and encouraging her to explain agency contact to the child in a positive way. The worker focused the discussion to some aspect of the problem which had not been discussed formerly. The worker gave a suggestion designed to help mother handle some aspect of the problem more efficiently, and accepted the mother's direct hostility.

WORKER'S ACTIVITY: with father

A home visit was made and an explanation of agency function given, as well as a further explanation of the need for parent's to participate in the helping services offered by the agency. Father's negative feeling about Paul was

accepted and he was encouraged to talk about his present and past family life. The worker accepted father's defensiveness and his wish to talk about himself, apparently encouraged him to do so.

APPARENT RESULT OF WORKER'S ACTIVITY

The parents were able to participate to the extent that a complete diagnostic study could be made. Mother's resistance was decreased to the extent that she stopped projecting the difficulty unto the school and stated: "We know we are to blame." Mother indicated great relief at being able to discuss the problem with someone. At the completion of the intake study, mother indicated that Paul was entering into activities at school, that the teacher was taking a different attitude toward him, and that he no longer hates the teacher. The school confirmed the fact that Paul's behaviour was generally improved. Mother stated that the boy's behaviour had improved at home and that this eased the situation for her. She said: "You know I rejected him for years and years and now I have to gain his confidence." It should be added that mother stated that while she was now patient with Paul, Mr. F was becoming impatient with him. It seems evident that the mother's resistance was decreased to the extent that both she and the boy were able to benefit from the treatment implications of the intake study.

As a result of the decrease in resistance, the mother was able to accept the diagnostic conference recommendations,

although she manifested increased resistance at this time. Clinic contact was maintained for one year with regular play interviews for Paul and occasional contacts with mother. The case was closed with this notation: "The child seems well enough to function without further help from the clinic. He is free of upsetting feelings about himself and can apply himself to his schoolwork. The school finds that he is participating in several group activities and demonstrates improved social relationships as well as improved academic behaviour. The home situation is still not satisfactory, but the boy is better able to cope with it. Efforts to see the father did not meet with success."

Criticism of an otherwise skillful job, may be made in the lack of attention given to the fact that father was growing more irritable as mother was growing better.[1] During the treatment period, no home visits were made in order to draw the father into real participation in interviews.

Chapter three will draw together common elements or trends apparent in the analysis.

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[1]Bergum, Mildred, The Father Gets Worse, A Child Guidance Problem, American Journal of Orthopsychiatry, Vol. 12, July 1942, p. 474.
This article indicates the importance of enlisting the father's participation in treatment, and describes what happens in a number of cases, if the father is not interviewed.

CHAPTER III

SKILLS AND TECHNIQUES FOR DECREASING RESISTANCE

An analysis of the six cases was given in Chapter Two. A synthesis of the common elements present will be given, with reference to the resistance manifested and the worker's activity in decreasing it.

In all the six cases presented, there was denial of the seriousness of the child's difficulty and of the parents' need for the services of the clinic, although the parents had made the initial request for help from the agency. In each case, there was a person of some authority in the parents' situation who suggested the referral; the parents were under some pressure to make the clinic contact. Having made the initial request for service, the parents were now reluctant to continue the contact with the clinic. Everyone of these parents would apparently have withdrawn from the agency if the social worker had terminated the contact after their desire to withdraw had been expressed.

In all cases, except Case "E", there was projection of the causes of the child's difficulty upon someone else in the situation. The denial of the seriousness of the problem, and of the existence of it in some instances, together with the projection of the causes of the difficulty upon someone

else, seems to indicate a lack of ego-strengths in the parents.[1] In Case "E", although there was no evidence of the defense of projection, the referral of the mother to a psychiatrist indicates the extent of the mother's psychological disturbance.

The worker's activity in every case was characterized by these features: acceptance of defensiveness, encouragement to talk about the specific problem, explanation of agency function, explanation of the need for parents' participation in the helping process, and encouragement to talk about present family life.

The worker's activity in five of the six cases included the following features: acceptance of negative feeling about the child, the use of home visits, and encouragement to talk about past family life.

In four of the six cases, the following features were identified: encouragement to talk about self, encouragement to talk about interests not related to the presenting problem, if the client wished to do so, assurance that future home visits would be made if this became necessary to continued contact, assurance that agency staff could give services to help with the presenting problem, support of personality strengths, and generalization of expressed feelings in order to relieve guilt.

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[1] It is recognized that denial and projection are used in varying circumstances by all individuals, and that their use does not necessarily indicate weak ego-strengths.

In the cases studied, their use together with a wavering desire to seek help in the face of real difficulty suggested weak ego-strengths.

The following features were present in three of the six cases: acceptance of verbalized emotions, recognition of emotions expressed by re-stating them in a way which indicated acceptance of them, giving a detailed explanation of the way in which the agency carries out its function, explanation of need for parents to interpret the agency contact to the child in a positive way, specially timed appointments, initiation of telephone calls, verbalized expression of worker's desire to help, collateral visits, focusing the discussion on some aspect of the discussion not yet touched upon, giving information about behaviour, and clarification.

In two of the six cases the following features were identified: acceptance of negative feelings other than regarding the child, encouragement to talk about the source of referral, assurance that future appointments would be specially timed if this were necessary to continued contact, and suggestions designed to help the client handle some aspect of his situation more efficiently.

In one of the six cases, assurance of the confidentiality of the interviews was given.

These identified features were tabulated and the resulting schedule is given on page 82.

The activity of the worker in Case "A" was characterized by the use of 23 of the 31 features identified in all the cases. Case "C" was characterized by 22 of the total features. Cases "E" and "F" had 19 of the total features present. Case "D" had 16 features present, and Case "B" had 14 of the

identified features present. Table I on page gives these statistical results. Table II gives the same results in summary form.

Trends:

It may be noted that repetition of a feature was not recorded. For example, although support of personality strengths occurred in four cases, and clarification occurred in three cases, these features did not appear frequently in the cases. Features such as acceptance of defensiveness, explanation of agency function, and need for parent's participation were repeated a number of times. There also appeared to be a continual reaching out to the client by the expression of interest and desire to help; through the use of home visits, specially timed appointments, the initiation of telephone calls, and the acceptance of whatever feelings the client was able to express, or whatever subject the client was able to talk about.

There was no activity initiated by the worker which would give insight to the parents about their difficulty in their relationships to each other or to their children. No mention was made of the resistance, nor was there any attempt to interpret the reasons for it. The resistance was marked and occurred at the time of initial contact in every case, and the worker in each case was aware of the early and marked resistance.

The worker's consistent offer of help and sustained

acceptance of the parents' responses, apparently provided a safe opportunity for the parents to externalize or bring into the open their resistance to the degree that they could begin to involve themselves in the helping process and experience a change in their feelings about the situation. In five of the six cases there was evidence of improvement in the child's adjustment upon completion of the intake study. Five of the six cases were successfully transferred to the continued service worker for treatment[1] from which the child ultimately benefited. In Case "E" where the mother was referred to a psychiatrist but later withdrew from the psychiatric interviews and from the treatment at the clinic, there is no evidence that the child benefited from the help. The case did show movement in that there appeared to be a successful referral to the psychiatrist because the mother did have several psychiatric interviews. When the mother discontinued contact with the clinic, she did state that she was handling the home situation in a more satisfactory manner, but no detailed account of what she meant by this statement is recorded. Therefore, the mother may be returning to her use of the mechanism of denial, or she may have been helped, as she stated.

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[1] One significant factor in the successful transfer of these cases may be the fact that there was no waiting period between the intake study and treatment period as is usually the case. This factor is discussed in the Ward Laidman Thesis, University of British Columbia, 1957. Premature Withdrawal from Treatment in a Child Guidance Agency.

In every case the diagnostic assessment led the clinic team to make treatment goals which were limited. The word "limited" was actually used in describing the treatment goals in four cases. In cases "D" and "E", although the word limited is not used, the description of plans for treatment implies that limited goals were viewed as being of realistic help to the parents.

In every case, the father was interviewed several times and he was encouraged to participate in the helping process. Collateral contacts were made in every case.

Chapter Four will give the limitations of the findings and the implications of the study.

Identified Features of the Worker's Activity Apparently Effective in Decreasing Resistance.[1]

I ACCEPTANCE:
1. Of defensiveness#
2. Of negative feelings regarding the child
3. Of negative feeling re other than child
4. Of direct hostility
5. Of other emotions expressed
6. Recognition of feelings expressed by restating them

II ENCOURAGEMENT TO TALK:
1. About specific problem
2. About source of referral
3. About self#
4. About past family life#
5. About present family life#
6. Interests not related to the problem##

III GIVING INFORMATION:
1. About agency function
2. About agency's way of carrying out function
3. Need for parents' participation in the helping process
4. Need for interpreting to child about clinic contact in positive way
5. About behaviour

IV EXPRESSION OF INTEREST
1. Home visits
2. Assurance that future home visits will be made if necessary
3. Specially timed appointments
4. Assurance that future appointments will be specially timed
5. Initiation of telephone calls
6. Giving suggestions designed to help client handle some aspect of the situation more efficiently
7. Verbal expression of desire to help
8. Assurance that agency staff can give help with the presenting problem
9. Collateral visits.

V SUPPORT OF PERSONALITY STRENGTHS

VI CLARIFICATION (Re-stating what client has said so that a new connection is made between parts of the problem)

VII FOCUSING the discussion to some aspect not previously discussed

VIII GENERALIZATION OF EXPRESSED FEELINGS in order to relieve guilt

IX ASSURANCE OF CONFIDENTIALITY

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1. It is recognized that the features identified overlap to some degree.

The impression was obtained that these features were part of the worker's activity to help the client participate more comfortably in the interview, rather than just for social history purpose.

These features were not always specifically recorded, but their use was implied.

TABLE I — Identified Features:

ACCEPTANCE:	Case A	Case B	Case C	Case D	Case E	Case F
Of defensiveness	X	X	X	X	X	X
Of negative feelings re child	X	X	X	X		X
Of negative feeling - other					X	X
Of direct hostility					X	X
Of other emotions expressed	X			X	X	
Of emotions by restating	X		X	X		
ENCOURAGEMENT TO TALK:						
About specific problem	X	X	X	X	X	X
About source of referral	X		X			
About self		X	X		X	X
Past family life	X	X	X	X		X
Present family life	X	X	X	X	X	X
Interests not related	X	X	X		X	
GIVING INFORMATION:						
About agency function	X	X	X	X	X	X
Way of carrying out function	X		X		X	
Need for parents' participation	X	X	X	X	X	X
Need for interpretation to child			X	X		X
About behaviour	X		X	X		
EXPRESSION OF INTEREST						
Home visits	X	X	X		X	X
Assurance of future home visits	X	X	X		X	
Specially timed appointments		X	X		X	
Assurance that future appts.		X		X		
Initiation of telephone calls	X				X	X
Giving suggestions					X	X
Verbal desire to help	X		X			X
Assurance agency can help	X		X	X	X	
Collateral visits	X	X				X
SUPPORT OF PERSONALITY STRENGTHS	X			X	X	X
CLARIFICATION	X		X	X		
FOCUSING	X		X			X
GENERALIZATION OF FEELINGS	X		X	X	X	
ASSURANCE OF CONFIDENTIALITY						X
TOTAL	23	14	22	16	19	19

TABLE II Identified Features in Summary

	A	B	C	D	E	F
ACCEPTANCE	4	2	3	4	4	4
ENCOURAGEMENT TO TALK	5	5	6	3	4	4
GIVING INFORMATION	4	2	5	4	3	3
EXPRESSION OF INTEREST	6	5	5	2	6	4
SUPPORT OF PERSONALITY STRENGTHS	1			1	1	1
CLARIFICATION	1		1	1		
FOCUSING	1		1			1
GENERALIZATION	1		1	1	1	
ASSURANCE OF CONFIDENTIALITY						1
	23	14	22	16	19	19

CHAPTER IV

THE FINDINGS AND THEIR IMPLICATIONS

The study was undertaken with a particular question in mind: How do you help parents use the service they say they do not want, but originally requested? How, in other words, do you motivate a client to use help?

The selection of cases which were indirectly "authoritatively" referred to the clinic, highlighted the parental conflict about accepting or refusing help, and demonstrated a group of clients who presented marked resistance to casework services. While the Child Guidance Clinic keeps no statistical record of the cases which are "authoritatively" referred and their ultimate disposition, the impression was gained that almost half of the cases referred in this way, withdrew before the intake conference, and at least half of the remaining number withdrew after the completion of the intake study. It appears evident that, of the group of clients who are referred to the agency "authoritatively," many will present marked resistance to casework services. This presents a serious challenge to the clinic staff and to the social workers in particular.

The cases analysed in the study presented a group of clients with weak ego-strengths, a wavering desire to seek help, a limited capacity to see the cause and effect relationship in their difficulties, and a limited capacity to form

strong relationships and use help. This supports an original assumption, that the majority of cases referred in this way would be parents with weakened egos. It follows that they would need more help to involve themselves in treatment.

Perhaps an acknowledgement of these factors at the intake conference would lead to a sound decision as to whether or not it is within the scope of the agency to offer services, and if it is, to provide these services in ways which will decrease the initial resistance of parents to the degree that they can involve themselves in the helping process and benefit from it. The cases studied proved to be a group in which the successful decrease of resistance helped the parents to make striking, positive changes in the family situation in five of the six cases upon completion of the intake study. There was some degree of positive movement in the sixth case. The successful handling of the resistance benefited the child in five, if not all, of the six cases.

A tabulation of the worker's activity which resulted in a decrease in resistance demonstrated that there were "common denominators" present. Early recognition of the resistance by the worker was not recorded as part of the activity, because the resistance was so marked as to be obvious, since withdrawal was openly contemplated.

The worker's activity with this particular group of clients could be summarized in this way: A favorable "climate" was provided for the resisting parent so that she might express her thoughts and feelings and have them accepted. This

condition was "aggressively" and persistently brought to the resisting client, through the use of home visits, specially timed appointments and initiation of telephone calls, if necessary.

There was no mysterious and complicated handling of defense mechanisms by subtle interpretation, or clarification. The defensiveness was simply accepted. The expression of it was aided by the persistent offer of help, explanation of agency function, and way of carrying out this function, together with a gentle re-focusing on some aspect of the problem not previously discussed. The worker sustained the client-worker relationship as being one of safety and dependability. Apparently, when a parent feels safe--accepted as she is,-- a genuine and firm offer of help does stimulate her to express intellectual and emotional facts about her difficulty, when she is encouraged to do so. The worker accepted whatever the client was able to talk about: herself, her neighbours, the doctor, the teacher, the child, and so on. Positive, mixed, and especially negative feelings were accepted. A minimum amount of the problem-solving part of the interviews was begun; the problem was discussed in one aspect and the worker shared her own and the client's perspective. Then something did happen. Perceiving the problem differently and, inextricably combined with this, feeling differently about it, the parent reacted differently to the problem and there was positive movement. This occurred in spite of the fact that extremely little clarification was used, and suggestions by the worker

were at a minimum, and were given only in response to a direct request for them. This might be viewed as a way of accepting defensiveness. While it is recognized that many clients who ask for advice, are resisting involvement in seeking a solution and may therefore have to prove that the worker's advice is not helpful, the seeking of advice is at least a response from the parent. Apparently it may be responded to without adverse effect on the total pattern of decreasing resistance, provided the suggestions were given only in response to a request, and were only related to a limited aspect of the problem. Added to this, in order to increase its effectiveness, would be the repetition of the whole pattern of the worker's activity, particularly the explanation of agency function and the need for the parents' participation.

The latter two explanations are significantly discussed in a concurrent study of premature withdrawals from treatment: Laidman[1] suggested that these very explanations were not given in detail, or in simple jargon-free language, or were not repeated. These findings give strength to the conclusions of this study. The parent needs to know what the worker is doing and how, and why she is doing it, and in words she can understand.

When discussing the indicators of withdrawal of parents from the agency, Laidman points out that the reassignment of cases upon completion of the intake study is a

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[1] Laidman, Ward op cit.

dissatisfactory experience for many clients. He suggests that clients need to express their feelings about it and have them accepted and that more time should be given to this transfer of workers. The pattern for this ability to express feelings and have them accepted is outlined early in the intake study that is handled effectively. A simple but detailed explanation of the transfer and the worker's alertness about providing opportunities for the expression of dissatisfaction should enable the parent to externalize the negative feelings.

The Laidman study concludes that the major conscious reason for parents' discontinuation is the waiting period between the intake study and treatment. Because there was no actual waiting period in the cases studied here, this factor itself is apparently of considerable importance in keeping clients in treatment. In view of the fact that the waiting period appears to be an administrative necessity in most cases, Laidman suggested that the continued service worker could keep a filing system of those cases which are assigned for future treatment and telephone them regularly during the waiting period. The worker might even arrange a single interview to help the parents over a particular obstacle, if necessary. This suggestion is in agreement with the findings of effective activity in decreasing resistance. The initiation of telephone calls by the worker assures the parent of the continued interest of the agency staff and of their desire to help. It may well help the client test out new strengths and consolidate gains made during the intake study, as Laidman has

suggested.

It seems clear from the extent of case withdrawals from the agency that unless measures are implemented during the waiting period such as those suggested by Laidman, there will be a high rate of discontinuation. These cases will not receive treatment at all unless the continued service worker could duplicate the time-consuming process of decreasing initial resistance again. Much of the time-consuming part of the pattern would not have to be repeated in its entirety if the client-worker relationship could be supported in some way, so that the nurturing, healing, helping qualities of the relationship could be maintained throughout the waiting period. It seems evident that one cannot take a bond of this importance and break it, even for administratively sound reasons, and expect that the client with weak ego-strengths will emotionally understand it.[1]

It appears that a decision needs to be made at diagnostic conference regarding whether the parents with their present strengths, and their pattern of resistance, need to be given treatment immediately, or if they are sufficiently strong to be helped by the brief kind of contacts during the waiting period which Laidman has suggested. To be really helpful, the worker must see the agency and its particular way of carrying out its function as the client sees it.

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[1]This latter point is discussed in Chapter IV of the Laidman study, ibid.

Two other common elements were present in the cases studied; the father was seen and his participation was encouraged, and furthermore, the other people of importance in the situation were contacted, the teacher, the principal, the doctor and so on. Pollack[1] makes reference to the significance of these collateral contacts in decreasing the resistance of parents. This was discussed in Chapter I.

Another common element in the selection was the factor of limited treatment goals. This may be significant in that the worker apparently had a sound diagnostic base with which to view treatment. In addition, the worker's expectations of the client would be in accordance with her capacities, and every step forward would be met with interest and support.

Conclusion:

Any client's treatability is in large measure governed by her capacity to involve herself in the helping process. This capacity of the parent to involve herself in treatment is apparently influenced in large measure by the worker's activity. This knowledge places a responsibility on the social worker to assess her own motivation, her own conviction or strength of desire to help, in fact, her possible resistance to creating the conditions under which the parent can use help.

Initial Resistance in other settings

Whatever knowledge is valid for decreasing resistance

[1]Pollack, Otto - op cit.

in one agency setting will have value in other agencies and situations as well. The client who comes to a public agency for social assistance is frequently in conflict about the request. The pattern of activity outlined as apparently effective in decreasing the initial resistance of parents to casework services in a child guidance setting, will prove effective in many ways in the public welfare setting. The explanation of agency function, the simple detailed explanation of the way in which the agency carries out its function, and for what reasons, the need for the client to play an active role in the procedures, the acceptance of defensiveness, gently re-focusing upon some aspect of the problem, with a detailed repetition of the former activity if necessary--offering the help in a firm and persistent way--getting the service to the client. The actual "outgoingness" of telephone calls and home visits would also be valuable in this regard.

These factors would be equally valuable in a correctional setting where the offender usually does not want help, nor see the need for it. The consistent offer of service, using the specific activity outlined, together with the authority the worker has, which gives him not only the responsibility but the legal right to do so, will surely help many offenders to become involved in treatment. This would be especially important in a probation setting where the help offered is through the medium of a relationship in an interview situation. The firm limitations which are necessary in the correctional setting, will surely prove more effective

when accompanied by, or preceded by, the use of social work methods and techniques which are effective in decreasing initial resistance.

The worker in an agency which gives legal protection to children is frequently faced with the problem of trying to help parents who do not want help. Decreasing initial resistance by activity similar to that outlined as succesful in a child guidance setting should also prove effective in involving the family in services in spite of themselves. The knowledge should prove equally useful in rehabilitation programs and medical settings.

The limitations of a study with a random sample and with conclusions which depend upon the judgement of the author are recognized. There is a need for further research in this area, particularly for a study to examine a different group of parents who are perhaps self referred. This might result in discovering a pattern of worker's activity which has more clarification in it, and where there might be conditions where the persistent resistance could be openly discussed with the client, with beneficial results.

Perhaps the treatability of clients should be thought of less in terms of their apparent motivation, and more in terms of their capacity,[1] and what conditions will enable them to use their capacity.

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[1] Levy, David M., "Capacity and Motivation", p.1, American Journal of Ortho Psychiatry, Volume 27, No. 1, January, 1957.

Appendix A

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