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CASE WORK INTERVIEWING METHODS
IN A CHILD GUIDANCE SETTING

An Analysis Based on Records of Privately Referred Cases
for 1948 - 1950 in The Child Guidance Clinic at Vancouver

by

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Thesis submitted in partial fulfilment
of the requirements for the Degree of
MASTER OF SOCIAL WORK
in the School of Social Work.

1951

The University of British Columbia

ABSTRACT

This study concerns itself with the social worker's contribution to the services of the Provincial Child Guidance Clinic in Vancouver. The focus is on the interviewing methods of the worker as a factor in treatment.

The analysis is derived from case records of 141 patients admitted for service in 1948 and 1949, as well as from one case record admitted for service in 1950 which illustrated the worker's methods in interviewing. A preliminary review was made of the evolution of social case work interviewing over the last 20 years and 13 methods were derived. The integration of social case work and mental health services is drawn from literature on social case work and child guidance published in the United States.

The nature of interviewing by social workers at the clinic is seen in relation to the clinic's program of diagnosis and treatment. The examination of records for a two year period indicates that diagnosis was a large part of the clinical program. About 38 percent of 141 cases discontinued their contact with the clinic immediately after the diagnostic conference. About 89 percent of interviewing carried out by social workers was on a short-term basis and the proportion of treatment interviewing on an advanced intensive scale was five percent. The study of selected cases indicates that the social worker could contribute more to the services in the area of intensive case work interviewing. Limitations on his capacity to do so may have been imposed by imperfect physical facilities. Mothers received 41 percent of the interviews in 141 cases as compared with 31 percent with the child and nine percent with fathers. There is a need for greater interpretation to fathers of their importance to the child's emotional development. The type of case work interviewing being done with some adults seems to indicate that future development in the program might well include them within its focus.

A suggestion is made that more purpose and direction may be given to treatment if workers are more conscious of their skills. The agency would be able to meet its responsibilities to community more successfully if increased appropriations were made.

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CHAPTER 1.

EVOLUTION OF CASE WORK INTERVIEWING METHODS

The interview in social case work has emerged as a special means of help to individuals in conflict with their social environment. It stands beside environmental manipulation as another method employed by the social case worker in bringing the individual and his environment into harmony. This accomplishment is often the result of both approaches, the treatment of the personality through skilled interviewing as well as the lessening of external pressures by environmental manipulation. One technique does not take the place of the other and the fact that interviewing is under consideration here does not mean that it is felt to be more important. Both techniques are integral parts of social case work, each has particular value, and often one cannot be effective without the other.

Interviewing involves a close and subtle relationship between human beings, and skill in conducting this relationship is increased by a case worker's specialized knowledge of human behaviour, and his training in how to influence that behaviour. The fact that attention concentrated on the development of skills in interviewing should not suggest the removal of the human element from the process. On the contrary it is felt that there can be no substitute for the warm friendliness and real interest in other individuals which has for so long been the case worker's approach. An informed person does not have to be an unfriendly one.⁽¹⁾

The worker-client relationship in the interview is often an intensification of the usual positive and negative feelings between

⁽¹⁾GARRETT, Annette, Interviewing, Its Principles and Methods, Family Service Association of America, New York, N.Y., 1942, p. 8.

persons. The positive feelings are built around the helping situation in which a client may talk with someone who does not judge him or criticize, nor impose his advice or control; his interest is simply in helping the client with his difficulty. In these circumstances and with a lack of real knowledge about the interviewer the client often tends to idealize him. The opposite situation may also arise independently of the interviewer's character. Because of the client's own anxieties, insecurity, and deprivations the worker may be endowed with negative characteristics. The worker in these situations is required to control the nature and intensity of this feeling if possible, in the interests of treatment.⁽²⁾

Interviewing in social case work is more than a conversation between two people. Unlike the census taker who only wants an answer to his questions, the case work interviewer seeks information about the problem to be solved and sufficient understanding of the person and his difficulty to give effective help. Information may also be handed out, as for example to parents of the children brought to a child guidance clinic. As an interview becomes less a means of meeting special needs and more a way of helping the individual to make fundamental changes in attitudes, it may be classified as treatment interviewing. In this sense it becomes clear that interviewing may become very much a skill.

The functions of the agency determine the type of help an interviewer can give as well as the sort of information he needs in order to help. He may want to obtain the kind of information needed to give medical aid, guidance or relief, to assist in child-placing or employment. He is guided in each instance by the needs of the case, and those factors which may limit his ability to help, such as the agency

(2) GARRETT, Annette, Interviewing, Its Principles and Methods, Family Service Association of America, New York, N.Y., 1942, p. 19.

function, his personal capacities as well as those of his client.⁽³⁾

The development of interviewing has been closely linked to the development of case work, and it is possible to see in the evolution of social case work the growth of the principles and methods of the interview.

One of the first major changes in social case work was that from philanthropy to a profession based on a body of scientific knowledge. While the interview became more of a professional skill, it continued, as did case work, to bear the traces of the earlier movement under charity organizations.

Social case work, with its beginning in the charity movements in England and the United States, had concentrated on the economic needs of the underprivileged, and had attempted to give help through the environment. Interviewing had taken place in "house visitations", an investigation into eligibility for material relief. Behind the charity movement there had been a philosophy like that expressed by George B. Buélle.

... we are bound always to respect the dignity with which he (the individual) is invested as a self-governing being. However efficient our service may be it is a service of help. It must not encroach upon the freedom or responsibility of our brother whom we would help.⁽⁴⁾

Here was the idea of service for others, the fundamental dignity of the individual and his right to self determination. There is not much difference between this passage and one written in 1939 by Gordon Hamilton.⁽⁵⁾ "Case work ... respects his (individual's) right

(3) GARRETT, Annette, Interviewing, Its Principles and Methods, Family Service Association of America, New York, N.Y., 1942, p. 26.

(4) BUZELLE, George B., Individuality in the Work of Charity, Proceedings of the National Conference of 1886, p. 187, 188.

(5) HAMILTON, Gordon, Social Work Year Book for 1939, p. 408, 409.

to solve his own problems with whatever help the worker can give him; case work seeks to release capacities in the person and utilize resources in the environment ... effective change depends on the client's willingness to change." We recognize in these concepts some fundamentals of interviewing, the idea of service to an individual who is free to choose how he uses it, but regardless of how he uses the service, he is accepted as a human being with certain rights and privileges.

Another basic change in the direction of case work help was seen in the shift of interest at the beginning of the century away from external problems toward the inclusion of personality difficulties, attempts to strengthen individuals to self-help. Then, in 1922, Mary Richmond, one of the best known contributors to the growth of a professional service, noted that all case work had two features in common, what she called "Insights" and "Actions".⁽⁶⁾ Insights were the features yielding understanding of individuality and those yielding knowledge of the influence of social environment. Actions were those features marking the influence of mind upon mind in what is today called the worker-client relationship. Indirect actions were those influences exerted through the social environment. Richmond then made two divisions, consisting of the knowledge a worker had about people in relation to their environment, and what the worker did with that knowledge; that is, theory as compared with practice.

A further indication of the trend away from external problems alone, toward a concentration on personality difficulties causing external problems, was the emphasis on history taking in the 1920's. This was part of the thinking which stressed the concept of multiple causation,

(6) GLENN, Mary Willcox, The Growth of Social Case Work in the United States, from Readings in Social Case Work, 1920-38, edited by Fern Lowry, published for the New York School of Social Work, Columbia University Press, New York, 1939, p. 187-88.

and workers felt that if they could get enough information about the factors involved in a problem they would also have the means of solving it.

Social work was therefore ready to make use of the new psychoanalytic knowledge which had gained the attention of professional people toward the end of the decade. It was especially useful since requests for help often involved personality adjustment and inter-personal relationships. Within the interview case workers learned to listen, to detect and understand clues the client gave to his ^wconscious feelings. They noted the association of one idea with respect to another. They became aware of the parental surrogate role which the worker often took on in the mind of the client, and consciously utilized this role in treatment. Worker's were helped to recognize better the reasons for the client's resistance to treatment and to gain skill in meeting attitudes that blocked progress. Two phases of developments taking place were the special interest in the study of interviewing techniques and the worker's skill, and the careful study of a client's emotional response in his relationships. In the next few years there arose terms apparently designating new functions in case work interviewing, "relationship therapy", "attitude therapy" and the "passive technique".

Relationship therapy⁽⁷⁾ grew out of the circumstances bringing worker and client together. In the process of the client's solution to his problem, the worker came to represent to the client another person who had been in close relationship to him in the past. He tended to re-enact, without realizing it, his original family relationships. In working out his problems with the case worker he tended to work through

(7) Originated in Philadelphia under leadership of the staff of the Pennsylvania School of Social Work. French, Lois Meredith, Psychiatric Social Work, The Commonwealth Fund, New York.

some of the patterns of feeling which were his ways of adjusting to difficulties in the family situation. Relationship of client and worker was therefore regarded not only in terms of external need and service but also as a cause of basic changes in the nature of the client's socio-emotional relationships.

At one time the passive technique was generally applied in case work to all clients. At its best this method was employed when a client showed a capacity for accepting his own emotional problem and wished to face directly the difficulties related to other persons. The worker assumed a role described as "passive", the client talking freely, bringing up any information concerning his past experience which was significant to him. He reacted as he felt, the worker refraining from praise or blame, direct advice and judgmental attitudes. The client could express resentment, hostility or any other strong feelings without being subjected to the emotional responses which such expression usually evoked from others. The client was often able to face difficulties in his social relationships, to understand the part his own emotional reactions played in preventing his adjustment and through expression of them to work toward a more effective handling of them. However, there was little awareness of which clients could, and which could not, be helped in this way, and the technique led to the concept that no help was given unless a client verbalized the need.

Attitude therapy was initiated by Dr. David Levy at the Institute of Child Guidance in New York city. It was an attempt to influence the emotional attitudes of parents so as to bring about a change in the child's emotional environment. The main task of treatment devolved on the social worker who had to work out means of helping the mother in order to ensure a better adjustment for the child. However, the mother's own problems often had to be dealt with before progress

could be made in treating the child within the clinical setting. As a result, the former division of labour which left treatment to the psychiatrist and environmental manipulation to the social worker, was broken down. The latter also had to develop treatment skills to meet emotional needs. In this later stage of development attitude therapy was applicable only to those individuals who indicated a desire to change and were able to participate. It was not applied where direct suggestions brought results or where a simple change in environment brought a successful adjustment.

Out of this development grew the first general concept of case work as individual therapy through a treatment relationship. In the larger field of social work interviewing was showing further adaptations of psychiatric methods.

Bertha Reynolds wrote -

The case worker helps the client to meet social demands understandingly, counsels him so as to stimulate his maximum effort on his own behalf, fills in where his knowledge is lacking and opportunities are meagre and where courage would fail without a relationship of confidence with an understanding professional person. Social case work helps the client to see the reality of social demands more clearly, and to choose among them with better understanding of what he is doing.⁽⁸⁾

Another important addition to case work interviewing was that represented by Jessie Taft's statement concerning the greater merits of a treatment plan initiated by the client rather than the worker. She said -

One must accept one's final limitations and the right of the other, perhaps his necessity, to refuse help, to take help on his own terms, not as a therapist, friends or society might choose ... knowledge and skill avail nothing unless they are accepted and used by the other.⁽⁹⁾

(8) REYNOLDS, Bertha C., An Experiment in Short-Contact Interviewing, North Hampton, Smith College, School of Social Work, 1932, p. 11.

(9) TAFT, Jessie, The Dynamics of Therapy in a Controlled Relationship, New York, MacMillan, 1933, p. 3-5.

The Pennsylvania School of Social Work contributed by drawing attention to the rendering of a service in response only to the client's request, mobilizing the client's will and energies around the problem he presented to the agency. This technique corresponded to one described by workers outside their group simply as "beginning where the client is".⁽¹⁰⁾

Present day case work interviewing is, then, a combination of the principles and methods of case workers of earlier days. The methods were defined and redefined in practice and definite interviewing methods have emerged as skills to help a client through treatment. The methods to be discussed here are not necessarily the only skills used by workers, and it is likely that this list may be incomplete. However, the methods are those which seem to have come out of the development of case work, most of which are seen in application as some of the skills of the social case worker in a clinical setting.⁽¹¹⁾ Such techniques as were observed may conceivably reach further definition and elaboration, as experience here and in other places adds to present knowledge.

Methods which seem to have emerged in a study of the history of social case work interviewing are identified⁽¹²⁾ as the encouragement to talk, moving with the client, giving information, guiding, motivating, aiding expression of feeling, accepting feeling, personality strengthening, clarifying, holding to the frame of reference, rechannelling, interpreting, setting limits.

⁽¹⁰⁾ GARRETT, Annette, Interviewing, Its Principles and Methods, Family Service Association of America, New York, N.Y., 1942, p. 36.

⁽¹¹⁾ This study is based on work done by case work interviewers at the Provincial Child Guidance Clinic in Vancouver.

⁽¹²⁾ For want of better terms, methods are identified descriptively.

Social workers learned early in the evolution of case work interviewing to listen sensitively to the client's request for help and to make a definite statement of their own desire to help within the limits of their qualifications. In the beginning they helped a client to deal with the problem about which he came originally to the agency, making clear to him what help the worker could offer, what she could not offer, and the conditions under which help was given.

Before the influence of psychiatric thinking was felt in social work a client was encouraged to talk in order to make available the information needed to help him. With the adaptation of psychiatric thinking however, attention was focused on the personality of the client as an avenue of help and the encouragement to talk assumed wider meaning. It was used throughout the treatment process in a form of question varying from general to specific, by gestures of encouragement or by remaining silent. A general opening gave the client freedom to talk of what seemed to him most important, usually pointing the way to his more fundamental attitudes and feelings as well as giving information about himself in a total situation.

Related to this method was the worker's capacity to move with the client in treatment. A general question was worded in such a way that the client could take up the discussion in his own way or turn the question off unanswered if he wished.⁽¹³⁾ The client's view of his immediate needs was made use of, and the participation gained by this method was often a strengthening influence since the client had a chance to take the initiative in discussion. At the beginning of treatment the client indicated where discussions should begin by talking of a specific problem. When this had been dealt with

(13) The client might choose not to take up discussion around a general question if he were too anxious about the area it seemed to indicate, if he wanted to deal with a topic quite unrelated, or if he did not understand how the question pertained to discussion.

he often led the discussion into more fundamental causes of his difficulty or other areas of tension, until the chief area of disturbance had been uncovered and dealt with.

This method placed a burden on clients who had difficulty in verbalizing their desire for help. The trained worker was able to read the true meaning of a client's entire system of expression including speech, mannerisms and bodily tensions. Her sensitivity to these signs helped her to decide when it was best to do something for the client and when she should encourage the client to act for himself. Workers felt that the client had the right to determine the course of his own life, to participate in treatment or not, as he wished. The Philadelphia School felt case workers did not have the right to make a diagnosis while facing the client in an interview because of the likelihood of bias entering into the evaluation. Workers of the dynamic point of view gave diagnosis and evaluation a definite place in their interviews, agreeing that new information could change the initial diagnosis as they moved through treatment.

Giving information to the client could take on definite value for treatment when it was given in relation to his needs and feelings; information about himself, his problem, the treatment process, and resources outside the agency. In child guidance clinics the worker's capacity for transmitting with sensitivity the information about a child's behaviour to the parent, was of primary importance. The effectiveness of work with parents depended to a great extent on giving information when the client was ready for it, and in a form that could be used by him.

Guiding during the interview was used by workers in the 1920's to keep the client on the subject of the immediate need. The method was further defined a decade later as workers moved away from

the use of the passive technique toward more active worker participation in the interview, contributing the worker's knowledge and experience in addition to his participation in the relationship.

Motivating described a particular act in treatment by the worker, not only encouraging the client to continue and participate, but also indicating to him the direction treatment and personality growth could take. This was an interpretation of the process of treatment based on what had been achieved and what realistically could be expected to take place in personality growth.

By aiding the expression of feeling to an accepting person workers sought to give relief from tension when it was helpful to the treatment process. This method⁽¹⁴⁾ was useful where a client was troubled by feelings of anxiety, inadequacy and defeat. It was noted that an anxious client who expressed his feeling to someone able to understand his anxiety but who could remain calm, increased the client's confidence once the pressure of feeling had been relieved.⁽¹⁵⁾ In advanced stages of treatment a client could be helped to "re-feel" emotional experiences of the past by discussing them in the interview with, or without understanding of their real meaning. With the interviewer's support, the client might be helped to see painful memories of the past in their true meaning. Even if the client did not achieve understanding of himself, re-feeling in the presence of strong emotional support helped to overcome old fears.

The separate act of accepting feeling which was either positive or negative, was different than the measures taken to aid expression of

(14) The results of this method were called catharsis in psychiatric terminology.

(15) HOLLIS, Florence, Social Case Work in Practise, Family Welfare Association of America, New York, 1939, p. 302.

feeling. Worker's noted in the later 1930's, as the importance of feelings were continually emphasized in case work interviewing, that the client seemed to make definite progress in treatment after having expressed positive or negative feeling in relation to the problem. His expression did not bring down on him the interviewer's criticism, blame or praise; he could be himself safely. The permissiveness of the worker seemed to direct the attention of the client toward his feeling and he was often able to understand it in a state uncomplicated by the need to satisfy another person. The method was of value where the worker helped a client who had failed to make full use of indirect and socially acceptable methods of expression. The client was helped to express verbally his socially unacceptable feelings, relieving the pressures of impulses built up by repression, and the worker indicated by attitude and words that it was all right to do so in this setting.

Personality strengthening had been used intuitively by workers since case work began, and more scientifically as the effects were studied in later years. This method was the act of drawing the client's attention to a particular personality strength. The worker might refer to successful experiences for which the client was himself responsible or to personality attributes which were actually present or latent in him. Expressions of confidence and encouragement were always based on reality. A corollary of this technique was the acceptance of the client's personality weaknesses. The method differed from the over-all supportive process known to case work and described by Lucille Austin as a supporting of strengths, a dynamic rather than a static process including ... "reassurance, permissive attitudes that relieve guilt, and a protective relationship along with work in the

environment and use of social services when indicated." (16)

Clarifying (17) was the worker's verbalization of a client's discussion in order to bring out clearly his real meaning. The worker might then relate the attitude, feeling or opinion to reality factors, depending on the client's capacity to accept the facts. Often, the mere verbalization of the client's true meaning was sufficient to help him achieve insight into unrealistic beliefs and attitudes. He was left free to accept the interviewer's verbalization or not, depending upon his own state of readiness.

Holding to the frame of reference was a method which considered the discussion in direct relation to the current problem, helping to mobilize energy in the immediate area of need. As treatment progressed the client's own definition of his need might change as tensions were successfully worked through, and new ones were considered. The new area of tension became the new frame of reference during discussions. This method was first emphasized by the Pennsylvania School of Social Work, and was later adopted by workers in other centres. (18)

Rechannelling was a later definition of the steps taken to help the client find acceptable outlets for particular repressed impulses. When a client had identified these impulses, accepted them and indicated a desire to express them in more socially acceptable ways, the best means of accomplishing this was discussed and encouraged by the worker.

(16) AUSTIN, Lucille N., Trends in Differential Treatment in Case Work, Proceedings of the National Conference of Social Work, 1948, p. 271.

(17) It differed from calling attention to a frame of reference since this latter was a referral to the core of the problem while clarification could be applied to any part of discussion which was unclear.

(18) This technique has been called focusing by some workers, but with confusion as to whether the frame of reference was the problem originally bringing the client to the agency, or another taking the place of one successfully dealt with.

The worker rarely interpreted relationships, attitudes, and beliefs handicapping a client because she could not be certain that the client was ready to see into the deeper recesses of his personality. It was more common in advanced treatment to make tentative statements in a step by step clarification so that ideas could be taken up or rejected by the client who could not bear them.

In certain situations the worker found it necessary to set limits in the treatment process. Workers in some settings made use of this technique in defining sharply the area of help available in the agency. This was the concept of strengthening the will and meeting reality by accepting the limits of agency function.⁽¹⁹⁾ The group of workers calling themselves the Dynamic School also made use of this method in noting how the client used the limits around the time and place of the interview, how he reacted to giving required information for the social history, and his acceptance of such limitations as are imposed in a relationship with a professional person. Besides factors named above children in the interviewing situation were limited in the amount of damage they could do to equipment, and the violence they could express on the worker's person. The method was of value with children whose needs in training were in this area. Immature adults who had never learned to use limits and those with special problems in relation to authority were also able to benefit from limits set within a treatment relationship.

An attempt has been made to define some of the more common interviewing methods emerging from several decades of case work practice. The fact that particular methods have been singled out should not

(19) The Philadelphia School was the first to draw attention to the possible use of agency function in this way.

suggest that they are ever isolated completely in the dynamics of the interview. On the contrary, methodology is only one of the means by which the case work interview achieves its purpose. Methods alone are recognized as ineffective until they are applied by the worker who is by nature warm, sympathetic and sincere. The aim of defining methods is to help give a better service. The following chapter is a study of the ways in which the case work interviewer contributes to services given by the Child Guidance Clinic of Vancouver.

CHAPTER 2.

CASE WORK INTERVIEWING IN CHILD GUIDANCE

A primary interest of social case workers has been their effectiveness in giving help, and they have constantly re-examined methods in order to give a better service. The act of applying psychiatric thinking to social case work was one attempt to increase capacity to help the individual in social difficulty. Another attempt was the study of process recording of interviews in order to gain better insight into the way help was actually given. Workers became very conscious in the 1920's of the meaning a relationship could have for a client and tried to improve the measures within the interview which might influence him.

With the passing years, new knowledge and experience has been added to old, and improvements in the worker's ways of helping have contributed to the development of a young profession. Pioneers in the mental health movement recognized early that social workers had a definite contribution to make to Child Guidance, and in the 1930's clinic staffs in many centres were expanded by the addition of social case workers. The new personnel brought a new point of view in their knowledge of human behaviour and relationships between people and their social environment. Their contribution was modified to some extent in the process of integration into the health program, but the social worker also influenced the field of Child Guidance by ^{his} ~~its~~ own unique approach to public service.

Like mental hygiene clinics in other parts of the continent, the Child Guidance Clinic of Vancouver in 1948 and 1949 was both a social and a health agency. Its selection of patients, its diagnostic thinking and treatment goals helped to identify the clinic as a health

resource. At the same time the clinic achieved an identification with the social agencies of the community through the generic training of all psychiatric social workers in the clinic.

When the Provincial Child Guidance Clinic was opened in 1932 at Vancouver, clinics in other places were trying to distinguish the functions of the psychiatrist and the psychiatric social worker. There were still some who held rigidly to the concept of work with the child and the parent as separate functions. Social workers, whose duty it had once been to interpret to the parents how to deal with behaviour in the child, found that they were of necessity giving the parents treatment for their own problems before they were able to help them to make changes in their attitudes toward the child.

It was a common occurrence for workers in most clinics to make constant referral to the psychiatrist for consultation on treatment for parents. Consultation took up a very great part of the psychiatrist's time, and his function soon was defined around diagnosis and consultation alone. This was work of primary importance for which only the psychiatrist was trained. It was recognized however, that the social worker in most instances could take over individual treatment within the clinic as long as the knowledge and experience of the more specialized person was available through consultation. In the years 1948 and 1949, a study of 141 private cases showed that the burden of treatment was carried almost entirely by social workers; the proportion of these cases carried by psychiatrists was negligible. ¶ Private cases were those referred to the clinic by parents, private physicians, speech therapists, schools and so on, being differentiated from those cases referred by social or health agencies. Diagnostic service alone was given to cases referred by social agencies or by medical and health agencies. The agency submitting the case for diagnosis pre-

pared a social history and a psychiatric and psycho-social study was made of problems contained within these areas. Possible solutions to problems were then presented by the clinic team. In some instances treatment was undertaken on a cooperative basis with referring agencies, and patients could be seen by psychiatrists, or by clinic social workers and psychologist under the direction of the psychiatrist.⁽²⁰⁾

The social worker assumed responsibilities differing a good deal from those of workers in social welfare agencies. While the worker in a children's aid society might deal with emotional disturbances secondary to chronic illness, marital discord, financial difficulties and child problems of not too serious a nature, the psychiatric work^{er}, through his association with medical personnel, became more specialized. With the support in diagnosis and consultation of a clinical team consisting of psychiatrists, psychologists, and nursing staff, the psychiatric social worker was able to undertake treatment of more complicated emotional problems than generally handled in welfare agencies. The study of private cases for the two year period of 1948 and 1949 revealed that reasons for referral could be grouped in five divisions. The largest group of cases (45 per cent) was referred because of difficulties in social adjustment at school, at home or in the community. This division was broken down into general and specific school disabilities, as well as socially unacceptable behaviour such as temper tantrums, bullying, destructiveness, bragging or showing off, lying, stealing, truancy, and precocious sex activity. The second group, referred because of personality reactions (29 per cent) included seclusiveness, timidity, sensitiveness, fears, excessive imagination

(20) Annual Report of Welfare Branch of the Department of Health and Welfare, King's Printer, Victoria, 1948, p. 128.

and fanciful lying, stubbornness, restlessness, selfishness, over-activity and unpopularity with other children. The third was classified as habit formations (6 per cent) and included sleeping and eating difficulties, speech disturbances, nail biting, masturbation, prolonged bed wetting and soiling. The fourth division was classified as spastic disability (7 per cent) and the fifth as referral for psychometric testing for aptitude tests, vocational guidance or mental evaluation (13 per cent). The social work interviewer at the child guidance clinic however, devoted only 31 per cent of full scale interviews held in private cases (1948-1949) to work with the children brought to clinic and 41 per cent with the mothers.

Table 1

INTERVIEWS HELD WITH CHILD,
MOTHER, FATHER, AND OTHERS

| Person Interviewed | (1) 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Over 10 | Total | Total Number Interviews |
|----------------------------|----------|-----|-----|----|----|----|----|----|----|----|------------|-------|----------------------------|
| Child | 41 | 23 | 12 | 4 | 4 | 2 | 1 | 2 | 1 | - | 4 | 94 | 352 |
| Mother | 28 | 22 | 24 | 19 | 10 | 5 | 6 | 2 | 4 | 2 | 2 | 124 | 460 |
| Father | 36 | 12 | 4 | 3 | - | 1 | - | - | - | - | - | 56 | 90 |
| Other ⁽²⁾ | 15 | 4 | 4 | - | 1 | 1 | - | - | - | - | 1 | 26 | 85 |
| Total | 120 | 61 | 44 | 26 | 15 | 9 | 7 | 4 | 5 | 2 | 7 | 300 | |
| Total Number Interviews | 120 | 122 | 132 | 94 | 75 | 54 | 49 | 32 | 45 | 20 | 244 | | 987 |

(1) Number of times a person was interviewed.

(2) Teacher, doctor, friend, other professional persons.

In those instances in which a mother's personal problems interfered with the treatment of the child however, a variety of other types of problems would be added to the list above which would generally

include the same group of adult problems referred to a children's aid society, in addition to serious personality difficulties.

The social worker in the clinical setting has been able to use medicine's more formalized system of diagnostic study and treatment with flexibility, bringing from the welfare agency, the idea that case evaluation was a continuous process which might change as further information was brought to bear on a problem. And further, the diagnostic process continued even after formal treatment had begun since new information was bound to be uncovered which would influence evaluation. Treatment was more of a dynamic, than a static process, and rather than beginning at some definite point after the diagnostic conference, treatment was actually under way as soon as the client sensed the influence of the worker in a face to face contact. At the same time the system of diagnostic study and treatment was a definite asset, in that it allowed the whole clinical team to share responsibility for diagnosis, to give the worker carrying out treatment the benefit of different professional points of view. The fact that the first interviews were aimed at gaining enough information for a diagnostic conference also tended to give direction to interviewing.

Table 2

FREQUENCY OF INTERVIEWS IN EACH CASE SHOWN BY
PROBLEM OR SERVICE GROUPING

| Problem or Service Grouping | Weekly | More Than Once Weekly | Less Than Once Weekly | Incomplete Information | Total |
|----------------------------------------------|--------|-----------------------|-----------------------|------------------------|-------|
| Difficulty in Social Adjustment ¹ | 26 | 10 | 14 | 14 | 64 |
| Personality Reactions | 17 | 15 | 1 | 8 | 41 |
| Habit Disorders | 5 | 1 | 1 | 1 | 8 |
| Disability (Spastics) | 2 | 3 | 1 | 4 | 10 |
| Psychometric Testing | 1 | 1 | 14 | 2 | 18 |
| Total | 51 | 30 | 31 | 29 | 141 |

¹Including difficulties in school adjustment and socially unacceptable behaviour. In order to indicate frequency interviews had to occur within one of the patterns named at least five times consecutively. Where there was a mixture, that pattern appearing for the longest time or most often was taken.

During the face to face interview which usually took place on the average of once a week, a worker helped the client to bring out information pertinent to the problem. On the basis of her direct observation of the client's mannerisms, attitudes and feelings around the information brought out, along with such information as might come from other sources, persons or documents the client had made available, an interviewer would make a tentative evaluation. Such thinking as the worker might do about the case would be added to by the case work supervisor, and other clinical personnel would be available for consultation if a specialized point of view was needed.

The diagnostic process under clinical organization included preparation of a social history, the physical examination, psychological and psychiatric examinations and the diagnostic conference. The social history drawn up by the worker was an attempt to present a vivid picture of the child living with his parents or foster parents, in his home, school and community.

As the worker prepared the social history over several interviews the more superficial aspects of treatment interviewing were often supplied, especially with adults.⁽²¹⁾ The initial period took on special meaning in view of the worker's careful use of relationship in treatment. She made a conscious effort to set up a good relationship with the client by demonstrating her desire to help. Early clarification and motivating was undertaken in order to give, as soon as possible, a conception of the help available and how it might best be used. Where feasible the client was encouraged to talk from the outset in order to bring out facts, to gain a fuller expression of fundamental attitudes and feelings around the problem as well as to help the worker gauge the depth of the individual's personality disturbance. Information was sometimes given the client to meet immediate needs in the situation; this often took the form of practical suggestions for dealing with a child's unacceptable behaviour. While the interviewer noted carefully the order and development the client gave to the discussion, she encouraged participation and initiative if the client could benefit by it. When expressions of negative feeling were made the worker indicated acceptance. Personality strengthening was given in

(21) With a child the beginning interviews were built around getting to know him and familiarizing him with the worker, the agency and their ways of doing things, although treatment might also be given.

relation to need, but on the more superficial levels, and without the sharpness of focus on fundamental issues which would later be added by the diagnostic conference.

Table 3

CASES SHOWING NUMBER OF INTERVIEWS HELD AFTER
DIAGNOSTIC CONFERENCE BY PROBLEM OR SERVICE GROUPING

| Problem or Service Grouping | 0 | 1 to 5 | 6 to 10 | 11 to 15 | Over 15 | Total |
|------------------------------------|----|--------|---------|----------|------------|-------|
| Difficulty in Social Adjustment | 20 | 35 | 5 | 1 | 3 | 64 |
| Personality Reaction | 12 | 25 | 2 | 1 | 1 | 41 |
| Habit Disorders | 2 | 4 | 1 | 1 | - | 8 |
| Disability (Spastics) | 4 | 6 | - | - | - | 10 |
| Psychometric Testing | 16 | 2 | - | - | - | 18 |
| Total | 54 | 72 | 8 | 3 | 4 | 141 |

The importance of this early period in interviewing was clear in the study of the private cases for 1948 and 1949, which indicated that 38 per cent of the 141 cases discontinued their contact with the clinic immediately after diagnostic conference. Reasons for discontinuing were often related specifically to the nature of the problem. Some clients decided early that they were unable to make good use of the service given by the clinic. They were helped to this decision by the worker's clarification of discussion and holding to the frame of reference. Others found that in this short contact the worker was able to give exactly the information needed to handle the problem, or was able to

help him to sufficient understanding or acceptance of factors which could not be changed. A number of parents indicated that they came to the clinic for help at a time of momentary weakness in handling their affairs. With the opportunity to talk out emotional tensions to an accepting person, they were better able to see their problem in perspective, and to handle it without further help.

Thirteen per cent of this group were referred for disabilities or psychometric testing, and discontinued either because they had obtained the information sought (mental evaluation, vocational testing), could not get the kind of help they desired, or were not able to benefit further from clinical services.

Table 4

CASES SHOWING NUMBER OF INTERVIEWS HELD BEFORE
DIAGNOSTIC CONFERENCE BY PROBLEM OR SERVICE GROUPING

| Problem or Service Grouping | 1 to 5 | 6 to 10 | More Than 10 | Total |
|------------------------------------|--------|---------|-----------------|-------|
| Difficulty in Social Adjustment | 46 | 16 | 2 | 64 |
| Personality Reactions | 31 | 10 | - | 41 |
| Habit Disorders | 6 | 2 | - | 8 |
| Disability (Spastics) | 4 | 6 | - | 10 |
| Psychometric Testing | 17 | 1 | - | 18 |
| Total | 104 | 35 | 2 | 141 |

It is important to note the size of the group of cases which received short-term treatment or less. Of the 87 cases seen after diagnostic conference 74 did not proceed beyond five interviews altogether after conference. Only 15 of 141 cases (11 per cent) continued

to over five interviews, and seven cases (5 per cent) to over 10 interviews after conference.⁽²²⁾ In this group of cases it might be said that treatment was generally of a more superficial nature.⁽²³⁾ The heavy incidence of cases in the groups referred for "difficulty in social adjustment" and "personality reactions"⁽²⁴⁾ suggested that minor adjustments were responsible for discontinuing treatment. These groups included 60 of the 72 cases which proceeded to five full interviews after the conference. Of the 54 cases which discontinued immediately after conference, 59 per cent were in this same category, again suggesting that the worker either gave just the information needed to take care of the problem, helped the client accept conditions which could not be changed or made it apparent that the clinic was unable to help the client further.

It is clear then that a very important part of the work done at the child guidance clinic in Vancouver was done by the social worker during interviews and the diagnostic conference. The fact that so many cases were closed in a relatively short time after the diagnostic conference suggested that pre-conference treatment had been given more purpose and direction. The authority carried by several professions working

- (22) Full interviews only were taken into account, not mere contacts or casual conversations. The criteria of an interview required that there should be some evidence in the record of the worker's methods as they are described in Chapter One, that there should be a reasonable opportunity for emotional interaction between the interviewer and the interviewed.
- (23) Length of treatment does not necessarily mean that most intensive work was done since the real gauge of depth of treatment is the seriousness of the problem, the strength and capacity of the client. A strong personality would take more intensive treatment in a relatively shorter period of time than a weaker one.
- (24) "Difficulty in social adjustment" included school adjustment and socially unacceptable behaviour. These were situations in which some minor adjustment in the environment might conceivably dissolve the problem. This might involve changes in physical conditions or attitudes of teachers and parents in the child's emotional environment. "Personality reactions" were a specific complaint of the parent on referral, and the fact that so many cases were discontinued after a short contact suggested that the parent had been helped to regulate the causative factors of the child's behaviour.

as a team on each case, plus the thoroughness of their process, was likely a strong influence in the mobilization of a client's energies around his problem. By the time a client had discussed his problem with a social worker and had experienced something of treatment interviewing he was in a good frame of mind to be impressed and influenced by other formalities, which were a part of diagnosis.

The physical examination was necessary in recognizing cases in which the disturbance was due to organic lesion within the central nervous system. In some cases the physical examination added in understanding behaviour and might disclose defects such as dental caries, birth marks and other disfiguring features having a possible damaging psychological effect on the child. The psychological examination was concerned with the evaluation of the child's innate abilities, educational achievements and special aptitudes. The psychologist was able to predict within certain limits the maximum school achievement to be expected of a particular child, and the child's chance for success in some vocations. Having discovered any special disabilities, the psychologist could recommend special tutoring and treatment to overcome them. A program of remedial reading was available for a limited number of the children found to be in need of it.

In the psychiatric examination, the psychiatrist through his special training, was in a position to view the inter-relationship of the physical and the mental. His specific contribution in understanding the child was the discovery and elucidation of the child's inner motives, as these might be revealed by his behaviour in a clinic interview. The psychiatrist might also interview both parents although in many instances only the mother came to clinic with the patient.

At the conference which was held after the completion of the four procedures outlined above the psychiatrist acted as chairman. The

other three members of the clinic team were present on a private case and the aim of the conference was to define reasonable treatment objectives and the prospects of attaining them. This involved a decision to use direct therapy, treatment of one or both parents, manipulation of the environment or all three. If remedial reading was prescribed the psychologist took charge.

In the two year period for 1948 and 1949, an average of four social workers conducted a total of 987 full scale interviews with patients, parents and other persons directly concerned in the case. During these years 7.0 interviews per case were held, with the average number of cases opened and assigned to each worker at 35.3. The average number of interviews per worker was 246.8 for the two year period. These figures do not indicate the total amount of work done by social ^{work} interviewers since the cases considered did not include that part of case loads assigned previously to 1948, nor which had been assigned within the two year period, but were not closed by January of 1951.

The type of work most related to "attitude therapy" in child guidance development was still a very important part of the social worker's job. The mother in a child's emotional environment was by far the person receiving most of the worker's attention. Mothers gained ⁴¹ 47 per cent of the 987 interviews with the worker as compared to nine per cent for fathers. More interviews were recorded with mothers than with children, and their contact was often maintained with consistency beyond a total of ten interviews. This indicated that interviewing with mothers was often a lengthy treatment process and of a relatively complicated nature. The lack of participation of fathers in treatment shown by these figures re-enforced the general belief that in this community fathers hold their spouses responsible for the rearing of

their children. Only one father in the 141 cases considered, took part to the extent of six full interviews. Only three were seen to a total of four interviews.

Table 5

CASES SHOWING NUMBER OF INTERVIEWS WITH
PARENT OF CHILD BY INTELLIGENCE QUOTIENT

| Intelligence Quotient | 0 | 1 to 5 | 6 to 10 | Over 10 | Total |
|-----------------------------|----|--------|---------|---------|-------|
| Near Genius 140 and over | 1 | 1 | - | - | 2 |
| Very Superior 120 to 139 | 3 | 8 | 2 | - | 13 |
| Superior 110 to 119 | 2 | 13 | 5 | 4 | 24 |
| Average 90 to 109 | 2 | 25 | 9 | 0 | 36 |
| Low Average 80 to 89 | 1 | 13 | 2 | 2 | 18 |
| Below Average 70 to 80 | - | 5 | 1 | - | 6 |
| Below 70 | 5 | 29 | 8 | - | 42 |
| Total | 14 | 94 | 27 | 6 | 141 |

The intelligence of a child was a determining factor in the amount of interviewing done. Children of average intelligence and better, were interviewed more often than those of less than average intelligence. On the other hand, the parents of less than average children received more of the worker's time. The figures suggested that the work of an interviewer was limited with the child of less than average intelligence, and in these cases the worker devoted more time to work with the parent.

Table 6

CASES SHOWING NUMBER OF INTERVIEWS WITH
THE CHILD BY INTELLIGENCE QUOTIENT

| Intelligence Quotient | 0 | 1 to 5 | 6 to 10 | Over 10 | Total |
|-----------------------------|----|--------|---------|------------|-------|
| Near Genius 140 and over | 1 | 1 | - | - | 2 |
| Very Superior 120 to 139 | 2 | 10 | 1 | - | 13 |
| Superior 110 to 119 | 5 | 15 | 1 | 3 | 24 |
| Average 90 to 109 | 10 | 23 | 1 | 2 | 36 |
| Low Average 80 to 89 | 6 | 10 | 2 | - | 18 |
| Below Average 70 to 80 | 4 | 2 | - | - | 6 |
| Below 70 | 16 | 25 | 1 | - | 42 |
| Total | 44 | 86 | 6 | 5 | 141 |

The amount of long-term interviewing done in the home was not much less than that carried on within the clinic. While interviewers made a practice of paying at least one call to the home in order to see the patient within his natural environment, this was usually accomplished in one or two interviews. It is clear that interviewing continued with consistency in homes, and it may be that physical facilities at the clinic, which are recognized as delimiting, had some influence on the situation of an interview.

Table 7

INTERVIEWS HELD AT CLINIC, HOME,
OUTSIDE THE CLINIC AND HOME, BY TELEPHONE

| Means of Contact | (1) 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Over 10 | Total | Total Number Interviews |
|----------------------------------|----------|-----|-----|----|----|----|----|----|----|----|------------|-------|----------------------------|
| Clinic | 36 | 22 | 18 | 12 | 8 | 4 | 4 | 2 | 4 | 2 | 4 | 116 | 478 |
| Home | 34 | 21 | 17 | 10 | 4 | 4 | 3 | 2 | 1 | - | 3 | 99 | 359 |
| Other (School, car Office) | 25 | 8 | 4 | - | 2 | 1 | - | - | - | - | - | 40 | 69 |
| Telephone ⁽²⁾ | 25 | 10 | 5 | 4 | 1 | - | - | - | - | - | - | 45 | 81 |
| Total | 120 | 61 | 44 | 26 | 15 | 9 | 7 | 4 | 5 | 2 | 7 | 300 | |
| Total Number Interviews | 120 | 122 | 132 | 94 | 75 | 54 | 49 | 32 | 45 | 20 | 244 | | 987 |

(1) Number of times a person was interviewed.

(2) Telephone Interviews meaning records where evidence is given that some of worker's methods described in Chapter One were employed.

Interviews in situations other than the face to face contact at the clinic or in a home, were relatively few in number. These included interviews taking place at schools, cars, other offices and by telephone. The shortness of these contacts would bring most work done within the category of gathering information for social history, and giving information and interpretation about the client and clinic operations. This would be carried out in order to modify certain attitudes in the child's emotional environment. Work which was done through a telephone interview would be of a supplementary nature with the mother, part of the attempt to influence others around the child, or related to gathering information to be used in the case.

In the Provincial Child Guidance Clinic at Vancouver the clinical team assumed responsibility for treatment and in a majority of cases relied upon the social worker to carry it out. The social worker was equipped to do this by virtue of his training in understanding and influencing human behaviour. Through his orientation in case work he was able to influence the relationships between a child and his family, school associates, playmates and community groups.

In the clinical setting the worker's capacity to influence human behaviour was formalized somewhat by the program built around diagnosis and treatment. Although statistics have shown that a large part of interviewing was on a short-term basis, the worker was able to give treatment through the medium of the interview, from the beginning of a case. Treatment was given a definite orientation to fundamental factors by the diagnostic conference, and work with clients could then continue with greater intensity from that point. The conference and diagnostic skill of other members of the clinic team, and the worker's close attention in frequent interviews, were seen as a definite influence in mobilizing the effort of the client around his problem. Problems were of a specialized nature and the amount of interviewing time spent with each was noted.

The person of the mother of the child took on special meaning for the treatment process as did also the home of the client. The intelligence of the child was seen as an influence on the worker's activity in interviewing.

Through short-term and long-term treatment, and in whatever context an interview occurred, the methods of the worker could be a definite help to the client in meeting his problem. Methods were seen as useful throughout treatment either in superficial adjustment or in fundamental difficulties. The next chapter is a study of some of these methods in application.

CHAPTER 3

CASE WORKER'S METHODS

In Chapter Two it was seen that an important factor in treatment was the influence exerted by the social worker in face to face interviews. This influence was exerted not only through his personal impact on the client, but also through interviewing techniques consciously applied. His methods were utilized in definite relation to the client's immediate and long-term needs.

Four records were selected from among the private cases at the Child Guidance Clinic, and were studied with a view to pointing out that methods defined in Chapter One were fundamental to treatment interviewing. Different workers might call the same method by different names; others might use a method without consciously identifying it. Some methods were often used in association with others; many of them overlapped and were inter-related in the complexity of the interviewing situation. Some methods appeared in nearly all types of interviewing, in treatment of greater intensity and in that on more superficial levels. Of the 13 methods identified in Chapter One, only rechannelling and interpreting were not found in all four records at some point.

The encouragement to talk was common with an adult, and with a child took the form of encouragement to express himself in play. In some interviews the worker did not make any record of this method, whereas in others it was found in some form as many as six times, apparently depending on the fullness of recording. All workers in the four cases chosen, registered "encouragement to talk" at least once, and it was found on an average of 12 times in each case. It was not at any definite stage in the progression of the case, but

appeared throughout.

Since the client had somewhere within his experience most of the information needed in diagnosis and treatment he was encouraged to express himself. Gathering information for a social history and the diagnostic conference was a factor in getting the client into the habit of talking about himself and his problem. Although such means as the personality of the worker, his tone of voice, and natural warmth were of significance, these were not often written into the record. Two workers expressed this interviewing device in different ways. For example in Case "A" the worker stated the clinic's function to Mrs. White. In each interviewing situation the client was encouraged to express himself fully while stating his problem to the worker.

...I explained how Judy might give some of the needed information through play interviewing although information about her earlier childhood would also be important. Did she see how she herself might fit into a plan for treatment? Mrs. White said she would have to make some changes herself. I wondered what she meant by this...

Here the worker showed simply by a direct question how the client was led further into talking about herself in relation to her problem. The same worker illustrated the same method beginning another interview with questions like "How have things gone this week?" or "Well, where are we today?" or simply by waiting for the client to take the initiative. An example of how little was sometimes required in this way was shown in the following excerpt in which the client said ... "My mother-in-law did some very unusual things. It was not until last year that I found out she was a shoplifter." "Oh?" Mrs. White went on to say that she had always wondered why her husband's mother had too many watches, rings, etc.

When the client understood better the way the process worked in the later stages of treatment, the worker tried to give the client

more responsibility in the process. The worker in the following illustration showed how the device was used in the later stages of the case.

When I again invited her to begin where she wanted she thought she would talk about her marriage. The client was not sure where to start, and I recognized the difficulty in having to decide where to start, but pointed out the value of this. She herself could best lead us to the area of importance to her. She began by speaking of how disappointed she had been by Ed, how different he was than she expected.

In this example the worker by-passed the client's temporary blocking by recognizing the difficulty she was having and lending his emotional support to her effort.

Another worker illustrated "the encouragement to talk" with a child of seven years, on entering the play room for the first time.

...Worker explained further that as she and I got to know each other that she could talk to me about anything she wanted and that any things we said together were just between us. She could tell me about the things she liked and did not like. I added that I had worked with lots of little girls and boys who had problems like hers and hoped that I could help her. Jean said that she did not want to talk and worker said she did not need to if she didn't want to either this time or at later times. As we played together and got to know each other a bit better, that perhaps Jean would feel like talking. Worker wanted her to know she could talk whenever she wanted.

The worker encouraged her to "talk" in another way as the child asked "Can I play with anything I like in here?" saying that she certainly could.

Play is a natural medium of expression for a child in which she may indicate her attitudes and feelings about herself, people and things around her.

The worker's capacity to move with the client in treatment was seen in relation to information brought out. At the beginning of the case in every instance a worker gave the client the opportunity to say why he had come for help. This served the purpose not only of concentrating the efforts of the client around the problem, but also of

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indicating what were his attitudes and feelings about it. Time after time records indicated that the very first utterance of the client had special meaning for the problem. Worker "C" in the first contact with his client gave the opportunity to indicate "where he was" in terms of his problem.

Bill came to the office as arranged and soon after the interview began, opened the subject of home and his problem through his answer to the worker's question of how things were going along.

Systematically through the treatment process this worker gave the client similar openings at the start of each interview.

Worker "A" indicated another way of starting where the client was by taking note of her physical appearance. He recorded -

She was frowning and looking uncomfortable. I wondered how her headache was this week. She responded to this and went on to discuss the fact that she had been to her doctor for her eye examination in connection with her headaches. It had been explained to her by her doctor that the headaches might well be connected with the emotional strain she was under. I recognized her discomfort verbally and invited her to talk about its relation to her difficulties. She then spoke with some concern about her job situation...

Since the Child Guidance Clinic was in a medical setting and social workers were part of a team made up of three other professions, each trained and specializing in their profession, some specialized in information around problems given to clients. All records examined gave this kind of help. In "C"'s case it took this form in the third and fifth interviews.

There was considerable discussion around the problem of his sister, about the way we learn. Worker went on to discuss the family, particularly the mother's and father's influence through the feelings of love and hate which were found in the family. Normal family development was discussed with worker pointing out the meaning of attachment of children to the opposite parent and how this was worked through.

In the fifth interview he recorded again that Bill..."brought out some

of the inadequacies in his home and the worker talked a bit about the process of growth and learning which led people to be what they are."

At the clinic some of the information given to a client concerned psychological testing and other facts coming out of the diagnostic conference. Information was usually given in the client's own language, and worker "A" began in this way.

I outlined briefly what Judy's testing performance seemed to indicate... By the W.B. I.Q. she had placed low in the superior group. I explained what the general groupings were, and that the psychologist felt her performance had been handicapped by her state of emotional tension and confusion....

Sometimes the client asked for information directly. "Mrs. White asked if she had done wrong in 'getting mad' at Judy. I said that a child has to get an idea of what real human reactions are like from someone.... There was a difference in 'getting mad' at the child and 'getting mad' at what the child did... All children want to be loved, and the withdrawal of love is the very hardest thing for them to bear...."

At certain points in treatment interviewing it was necessary to guide the discussion. This method was distinct from holding to the frame of reference which always related discussion to the current problem. At times it took the form of a specific question, and at others involved the introduction of a new topic by the worker. The worker in Case "A" made use of direct questions in order to bring out more information. Mrs. White was relating an incident about her daughter and husband, in which she said "if Judy made too much noise or left something out of place he was always 'flying off the handle'." The worker interjected "What did he do at these times?", apparently seeking more information about the child. "He would pick up anything that was handy, a stick or something and hit her. Sometimes he grabbed her by the neck and choked her." The worker then asked how Judy had received this rough treatment,

and the parent went on to bring out more information. In Case "C" the worker guided Bill in a more general way.

Worker discussed further with him the fact that while he understood Bill's concern, perhaps this was not really achieving what he wanted and some other way of doing it might be looked for. As it was, it did look as if the only result was to increase the friction in the home. Worker said he realized this did not make Bill feel any less concerned about things, but perhaps they could think over some other way in which things might be handled.

The same worker at a later point guided more definitely, and wrote that he ... "introduced into this interview the question of mother having left home."

The worker's act of motivating appeared clearly in the following examples in Cases "C" and "A". In the sixth interview with Bill the worker recorded that he would get over many of his difficulties through understanding them and through his development outside his home. His growth would continue as he understood more and was able to establish his own self apart from tensions and problems in the home.

He placed before the client a picture of what he could expect to gain from the treatment process, encouraging him to carry on in order to understand himself better. The other worker in Case "A" also expressed this method clearly.

I outlined that a program of this kind would mean coming once a week for a couple of months, or for as long as she felt she wanted that kind of help. I knew it was not easy to go back and face painful memories, but we would discuss only such things as she brought up and wanted to talk about. It was a strong thing to do this, not a weak thing...

It was noticeable here, that although there was some element of strengthening at a particular time, that the worker was trying to give the client a conception of the process, encouraging her to make use of it.

Aiding expression of feeling was often seen in records followed closely by the worker's indication of acceptance of the feeling brought out. These were actually two distinct acts on the part of the worker and did not necessarily have to come together. Spontaneous expressions of feeling by a client could occur apart from a worker's encouragement in this way.

A good example of the worker's acceptance of the expression of negative feeling is given in the recording of worker "A". He encouraged the client first to express her feeling in recognizing that anyone who had been through her experience would naturally have a lot of deep feeling about it.

Mrs. White then said in an agitated way that marriage was supposed to be a 50-50 affair, with companionship and lots of give and take, but hers had been all one-sided... 'She got tired of being nagged and nagged at, sneered and screamed and yelled at.' She paused here for a second, saying that I should not get the idea that there had not been some good times together however.

The worker made no comment here, but apparently made some sign of the acceptance of her expression of feeling, and she went on to say that nothing had ever been good enough for Ed or his mother... She recalled how Ed's mother had attacked her once during a quarrel, both of them scratching and pulling hair. The worker recognized her feeling and accepted it, by saying at this point... "It must have been a real shock to her to be forced into something like this with the mother of her husband." She went on to talk about other scenes of violence around the home, eventually coming to the point of tears.

Worker "C" also demonstrated an acceptance of feeling in his recording when the client reacted spontaneously to the topic. He introduced into this interview the question of mother having left the home "...and Bill indicated a good deal of feeling in this regard. He pointed out that the father rarely took the mother out and even if

he offered, no one of them liked to go with him because no one could enjoy it. His outlook and habits were described as 'peculiar'... He followed this however with a comment showing he was now able to see things more from his father's point of view. He particularly noticed now that mother was saying provocative things to the father, making sarcastic remarks that were almost certain to start something."

The same principle of acceptance was indicated in the play sessions with Jean by worker "B", who recorded that she had to leave the play room for a few minutes to speak to the child's mother. In the play session that followed Jean became quite aggressive, picking up dolls and banging them together... Worker commented that maybe Jean was a little angry at worker for leaving her, and that worker knew she had been disappointed.

Personality strengthening appeared as a specific method on the part of the worker and may be considered one element in the case work principle known as supportive therapy, which was a combination of all the things a worker did for a client in addition to the supportive nature of relationship. There was a distinction between strengthening and motivating, the former being an attempt to strengthen the client in relation to a specific need at a particular time. Motivation, while also strengthening by encouraging participation, had as its specific aim the client's growth and advance within the treatment process.

The worker in Case "C" illustrated strengthening by making a specific effort to support in relation to a particular need.

Bill stated that he did not feel able to carry on conversation with strangers as other boys did... He discussed things that other boys did that he could not do, such as just picking up a conversation with a girl in a class with no particular reason in mind. Worker generalized this feeling as being something which could be overcome through experience. Bill admitted that when he was actually in such a position he got

along much better than he expected, most of the worry was before hand or after. Worker pointed out that from what he had seen of Bill, he knew that despite this feeling he was able to carry on in a very social and mature way with strangers without any sign of this inner security being shown.

Clarifying was seen all the way through the treatment process in interviewing. It was the worker's verbalization of a client's discussion in order to bring out more clearly the real meaning. In the four cases clarification appeared a total of 32 times or on an average of over eight times per case. This technique in the initial stages often led into the definition of the helping situation. In record "D" it appeared, when the client stated that Dr. L., had told her that the clinic was for 'Welfare Cases'. The worker took this opportunity to explain that children from families of every financial status were examined at the clinic, as well as children from social agencies. This led the client to ask what happened at the clinic and the worker explained the need for a developmental history and the procedure for the examination. With Jean of Case "B" the worker seized the opportunity to clarify for the child the meaning of the play situation.

She asked Jean if mother had told her why she was coming and Jean replied that she had; that it was because she wasn't getting on well at school. Worker agreed and said that her mother had come to us because she wanted to help Jean so that she would be happy all the time. Her mummy wanted help too so that she would know how to help Jean...

Another worker showed the same technique in the third interview with 15 year old Bill.

He thought that his sister 'got away with murder' in the home. He had openly criticized his mother in this regard and while he recognized this was not his function, he stated he was worried and could not just stand by and let it go on all the time. Worker asked what the effect of his intervention was and Bill admitted that his mother did not like this and his sister was resentful of his trying to tell her. Worker wondered if his continual discussion of this had had any results and Bill admitted that it had not.

In the fourth interview this worker went on to the discussion of the previous interview regarding the sister-mother relationship and suggested that they talk about his dad along similar lines to see if they could find some things that might indicate why he was the sort of man he was.... "This was discussed from the point of view of persons needing to defend themselves who have a weak spot which they cannot admit to themselves or to others."

Worker "A" used this method at the end of an interview in which he wrote "The hour was now up, and I summarized what I thought had been discussed today, the fact that she had been bitterly disappointed and humiliated in marriage, and that it was only natural for her feelings about her own marriage to carry over to the whole idea of family living."

The worker in Case "B" on the other hand used this method in helping the child to recognize the true meaning of her relationship to the worker. When the child offered her candy the worker said it was "nice of her to want to share them with her, but she would not need candy to remember Jean by as she would remember her anyway and would save a special time for her in case she could come (to clinic) and wanted to."

The method called holding to a frame of reference showed how the worker brought the client's thinking and feeling more sharply in relation to the current difficulty. It was found in these records a total of 20 times, an average of five times per case. All cases registered this technique at least once and one worker made use of it nine times through 15 interviews. The worker's attempts at focusing often were found together with clarification, one example being in the primary stage of interviewing during which the helping situation was defined.

With the 15 year old boy of Case "C" the worker skillfully picked up the thread of the discussion in the first interview to sharpen focus and to help the client to mobilize his feeling and thinking around something specific. Bill said -

... he believed that his outlook and interests were entirely different and irreconcilable with those of the other members of the family. Worker pointed out to Bill that feeling this way must create a good deal of feeling within himself and make it hard for him to be at ease. Later in discussing the plan for weekly interviews with Bill worker suggested that these feelings and the way that they could be handled would need to be discussed in more detail, and this would help. Bill seemed quite pleased and also seemed to realize that this was the basis of much of his emotional disturbance.

The same worker, who appeared very skillful in this way, in the second interview helped the boy further to think in terms of his frame of reference.

... Bill was thinking of taking a course which would allow him to go through university with a minimum of this subject (mathematics). He talked of a preference for such things as social work in which he would be working with people. He did not think he would make a good teacher. Later worker referred to this, pointing out that people who wanted to work with others should first have a good understanding of themselves and perhaps that was something they could work towards in their interviews.

In the fourth interview this worker again picked up the discussion "of the process of growth and learning evolving from a question by Bill of how people had immediate likes and dislikes for certain others." When the client stated that "he wanted to handle his own situation by seeking his own outlets and by developing his life apart from the family situation", the worker pointed out that it still meant that contact with his family was both inevitable and desirable from his point of view. His further understanding of the situation and the reasons for it would help him to deal with this in the best way possible."

Rechannelling was a method used more infrequently, where treatment led into areas of relatively greater emotional depth. "Re-feeling"

by the client seemed to be a preliminary step in the single example found in the four records.

Mrs. White recalled ... scenes of violence around the home during which her husband, in fits of rage over things of no consequence, picked up the nearest thing to him and smashed it against the wall. 'He treated the dog better than he treated her, although once in a while he beat the dog too.' Mrs. White's eyes were flooded with tears at this point, and she seemed to be struggling to hold them back. I said it was all right to cry here and that her feeling was understood ... She apologized after having dried her eyes a few minutes later with 'It's been a long time since I ever did that.' I remarked that there was nothing wrong with expressing oneself this way, and the fact that she had brought her feeling out in this way showed that she was facing painful memories and in a way reliving them. It was important to see these things in relation to the rest of her life. Was she able to go on with this? What meaning did these experiences have for her now? Mrs. White then talked for a while about her marriage in general, ending with 'I guess I really am bitter.'

With the support of the worker the client verbalized and re-experienced hostility; she was able to see with more understanding the whole picture of her married life after identifying her own feeling in the last sentence of the illustration above. The worker's actual act of rechanneling impulses occurred a week or so later when he helped Mrs. White to concentrate released impulses in changing her job situation.

Worker "B" illustrated interpretation of this method on a more superficial level when she recorded. "Jean said that she would be the teacher and worker could be the little girl," the worker said "Like you at school", and Jean laughed and said, "Yes, you can be me." Here the child wished to enact the part of an adult in an authoritative position, and the worker brought her feeling about it into a little sharper focus by interpreting in a way 'You want to get even for the way you've been ordered around.'

In the fifth interview with Bill worker "C" recorded -

Bill agreed with worker's suggestion that he had filled in for the husband in many respects, such as taking his mother

to shows. She discussed questions with him instead of talking over problems with his father.

It was noted that this example occurred in the later stages of treatment, at a point after the relationship between worker and client had been soundly established. The boy was able to take this worker's direct suggestion without resentment.

At times during treatment it was noted that the interviewer felt it was necessary to set limits for the client in some way. It was most common in play interviewing with children, and in defining the limits of agency function with respect to adults. Worker "B" recorded "A few minutes before her interview time was up worker told Jean we would only have time for one more picture. However, Jean wanted to play on. Worker stated that if she wanted to try the paints for a few minutes today, the next time she could start with the paints. Jean was at first quite annoyed but finally decided that she would do this."

An adult, Mrs. White, asked her worker if he would prevent her husband from meeting Judy at school. The worker asked if her husband was permitted to do this under the conditions of their legal separation, and when the client admitted that he was, the worker conceded that he would be unable to do what she requested. He then went on to discuss immediate positive ways in which he could help.

It was evident while studying worker's methods in these four records that none could be considered apart from its contact; methods were interdependent. The worker's act of encouraging the client to talk was necessary before he could bring into the discussion needed information, give adequate expression to feelings and attitudes, or indicate the character of his need. Similarly, the client often had to be helped to express himself verbally in order to experience

emotionally. His attitudes had to be brought out into the open where they might be modified by the worker's clarification and rechannelling.

Some methods seemed characteristically to appear in the primary stages of treatment while others were not seen until a relationship of confidence and trust had been set up. The worker's acceptance of a client's fundamental attitudes and feelings for example, was not utilized as a method until the client was sure he could be trusted with these confidences, or until the true nature of the process and its use to himself had been made clear.

A method appearing early in treatment often was seen in different use for a different purpose by the worker later on in treatment. Motivating, for example in primary stages was used in the "White" case, first to point out the general direction treatment might take. In the later stages of treatment the same worker used the method to point out a more definite direction by emphasizing the strength that had been shown by the client in facing painful memories, and in encouraging further development along the same line.

The fact that the same method could be used by different workers in different situations suggested that there were many factors operating within the interviewing situation besides the methods themselves. Here was a reminder that the human element may not be left out of the picture; treatment interviewing is a dynamic whole of which methods are only a part.

Chapter Four is a study of the stages of treatment emerging in relation to the worker's methods.

CHAPTER 4

METHODS AS A FACTOR IN TREATMENT

At the Child Guidance Clinic a social worker at intake determined if the problem of the client was generally within the function of the agency. If it was, the client met with another worker to clarify this further and often the initial clinical services in diagnosis and treatment were begun at that time. Difficulties of a superficial nature were helped with less fundamental methods of treatment and in a relatively short period of time. It was seen in Chapter Two that the majority of private cases admitted for treatment at the clinic in 1948 and 1949 received less intensive interviewing and environmental work (69 per cent). When the diagnostic conference had definitely established the area of difficulty measures were taken within a few months to dissolve it. Eighty-nine⁽²⁵⁾ per cent of the 141 cases examined had less than six full interviews after the diagnostic conference, apparently discontinuing because a satisfactory service had been given or because the client wished no further service.

With the other 11 per cent longer treatment goals were set out and efforts made to work toward them. Eventually these cases were closed and comments at the end of a record very often indicated that a successful adjustment had been made. The social worker, sharing responsibility directly with a case work supervisor and the diagnostic team, undertook to meet the emotional needs of the child, and where necessary, the emotional needs of those persons exerting an influence upon him.

(25) Of the 89 per cent, 20 per cent were classified as spastic disability or referred for psychometric testing only.

This chapter will illustrate how the worker was able to contribute directly to the movement of the client through the treatment process. He made his contribution by deliberate and thoughtful application in relation to the client's need. Treatment seemed to fall into several definable stages within a case record, two of the cases indicating more clearly than others how the worker's methods were related to growth within the process. The stages may be described in their general order of appearance during treatment as the definition of the helping situation, working through emotional conflict, acceptance of self in relation to the problem, clarification of fundamental issues, initiation of positive action, insight, expressions of personal adequacy or social impulse.

When a client came to the clinic it was necessary for the worker to know what kind of help was expected in order to determine if the agency was organized to administer that kind of help. The worker spent as much time as was necessary to give the client awareness of the nature of help available and the client could accept it or not as he pleased. He refused the offer of help if he felt it could not satisfy his need or if agency methods of meeting his needs were not to his liking. The definition of the helping situation therefore was necessary before a client could make use of agency resources with purpose. In the records examined this process was worked through usually within the first few interviews. Only one worker seemed to deal with all aspects of this process in one interview, and it was found that it was necessary to repeat the same information later as the client brought up further questions.

The definition of the helping situation usually took on definite form. The client expressed the desire for help in her own words and the worker responded by indicating a desire to help. The

client was encouraged to say what kind of service she was expecting from the clinic, and the worker discussed this in relation to the help that was actually available. These steps helped to mobilize the energy of the client in a specific area, and were re-enforced by an early demonstration of help by the worker, as for example in giving information to meet an immediate need or aiding and accepting the client's expression of feeling. Reassurance concerning the confidentiality of the situation was carefully made and one worker indicated the direction treatment might take. The degree to which the client moved into the helping situation, accepting it and agreeing to make use of it, also depended on the formation of a relationship of trust and confidence with the interviewer. By the time information had been gathered for the diagnostic conference and early demonstrations of the worker's treatment skills had been made, the client was more comfortable in the situation and was free to move into the next stage. The examining process at the clinic and the worker's discussion of diagnosis helped to give this movement more direction.

Two of the four records merely stated that this stage had been recognized and dealt with. Worker "D" explained that children from every financial group were examined as well as children from social agencies when Mrs. Brown informed her a doctor had said the clinic was for welfare cases. The client asked what happened at the clinic and the worker explained the need for a developmental history and the procedure for examination. Worker "A" went into greater detail.

Mrs. White had come to us now on the advice of Dr. M., because lately Judy had been lying about her home work, and stealing... I outlined how we might be of help to her, pointing out that she could arrange for the clinic to examine Judy. There were psychiatrists, psychologists, psychiatric social workers and nursing staff here who would be able to determine how disturbed Judy was. I

explained that I was a social worker who worked along with other clinical personnel, and would be able to interpret the diagnosis of the clinic team to her as well as work out possible plans for treatment.

The worker here defined the helping situation. He went on from the point recorded above to indicate what might lie ahead in the process.

...This would mean that we would have to have as much information as possible about Judy from those who knew her best - it would also be helpful to contact her teacher at school if this was all right with her. With what information she herself gave me, and by talking with Judy we would try to get to the root of her troubles and do something about them. I explained generally how Judy might give some of the needed information through play interviewing and how Mrs. White could add to this.

The worker encouraged the client to verbalize her problem and offered help by stating what was available for use at the clinic. He clarified his own role in the process as well as indicating the general form treatment might take. He also pointed out the parent's responsibility in giving information as well as the part the child would take. The idea of both of them working along with the clinic team was expressed. He attempted to ensure the client's participation by asking "Did she see how she herself might fit into a plan for treatment?" In the discussion that followed, he picked up other points and gave further information needed to present a clear conception of the process. In this first stage it was noted that the worker made use of methods identified as the encouragement to talk, giving information, motivating, clarifying, and holding to the frame of reference.

The next area of treatment consisted of some combination of the elements called acceptance of self in relation to the problem, working through emotional conflict, and clarification of fundamental issues. In the two cases which illustrated these elements most clearly it was observed that they appeared in different order and as an expression of different needs on the part of the client.

In record "C" already referred to in Chapter Three, Bill indicated that he was moving through all three aspects of growth in treatment at about the same time. His problem on entering treatment was summarized by the worker in this way.

Problem described at first by mother on the basis of Bill's superior attitude at home with resultant quarreling, and his nervous habits and inability to get along with boys. Bill was interviewed concerning the problem of family relationships, particularly with his sister. He claimed his mother was failing to bring her up properly, and quarreling resulted from Bill's trying to fill the parental role in checking up on this matter... Bill's relationship with father was poor in interviews and he brought out a lot of direct resentment against him.

In the fifth interview Bill indicated that he was accepting the idea of having in some ways taken his father's place in the household. The worker recorded that -

Bill agreed with worker's suggestion that he filled in for the husband in many respects, such as taking his mother to shows and her discussing questions with him instead of talking over problems with his father.

Treatment preceding this direct interpretation to Bill consisted of personality strengthening and motivating to participate and develop as an individual.

In the next interview he showed that Bill was seeing himself more as an individual with his own life to live.

Bill stated that he wished to handle his own situation by seeking his own outlets, developing his own way of life apart from the family.

This passage in the record was preceded by the worker's expressions of confidence in Bill's capacity to take care of himself (personality strengthening) and a discussion clarifying broad issues, and past difficulties in relation to the present (holding to a frame of reference).

At approximately the same time in treatment Bill showed that

his conception of the elements in his problem was becoming increasingly clear. For him this stage was also closely inter-related with the working through of emotional conflict.

In the fourth interview Bill had verbalized a good deal of hostility for his sister and the worker both accepted his expression of feeling and rechannelled his impulses to other areas. The worker had recorded here that "while he understood Bill's concern, perhaps he was not achieving what he wanted and some other way of doing this might be looked for." In the next interview Bill stated that he had "cut down" his verbal criticisms of his sister at home, realizing that it had no effect. In this same interview the discussion moved into Bill's negative feelings about his parents. After the worker had aided the expression of this feeling and accepted it, he was able to say positively about his mother that "he felt she had lived rather a deprived life in her companionships and associations." About the father he admitted that the negative expressions to himself were usually when his mother and sister were around. When they were entirely alone they seemed to get along fairly well. Chiefly in relation to the worker's acceptance of his negative expression of feeling, Bill had achieved an extension of insight into the meaning of his relationships with his family.

Worker "C" continued work with this boy over a period of two years. Besides the support given in a relationship with a friendly adult, help was given environmentally.

The third general phase of treatment over-lapped the preceding one, and while the worker continued his support and encouragement through interviews the client showed definite signs of growth. In the sixth interview he had already responded to the worker's method that has been called "personality strengthening". After talking of his social inadequacy, and receiving the worker's verbal support he stated

that when he was actually in a difficult social position he usually got along much better than he expected; most of the worry was beforehand or after. He expressed confidence in his own capacities in the following passage during the same interview.

He told the worker of desire to be chosen as one of the air cadets from all Canada who are making annual air tours of other countries.... He is working very hard to establish himself well in his own group here.

The tenth interview stated that -

Bill has been spending week-ends at the RCAF base on the Island, a privilege for some of the harder working boys in the air cadets.... He told the worker he was trying to pay attention to his own affairs and keep out of family difficulties.

Mrs. White moved through similar treatment stages, but at a different rate and in relation to different treatment needs. The summary of the worker described the direction that was taken in treatment.

The case was referred for a child who was described as "unhappy, not doing well at school, and telling lies."

Twelve interviews were held with Mrs. White and nine with Judy. Mrs. White decided early that she would better be able to help Judy if she could clarify some of her own conflicts. She led discussion into her marital life and the meaning of her husband's behaviour. The chief area of weakness seemed to be around her own feelings of adequacy, shaken by her nine years of married life. She was helped to clarify conflicting feelings and to define her own attitudes. As she verbalized and defined her conflict, Mrs. White was encouraged to take more initiative and responsibility in the process. She was able to say definitely that she was going to sue for divorce when she could gain necessary evidence, and that with the dissolution of much of the bitterness around marriage she would again consider marrying. She was able to decide on her own initiative to take a better job out of town, partly a means of avoiding her husband but also as a definite step toward achieving greater financial security.... She stated that she understood herself and her situation better, and was better able to give emotionally to Judy.

In the second general stage of treatment Mrs. White first worked through her emotional conflict with the worker's help in expressing and re-experiencing the past emotionally. She then showed

increased acceptance of herself as a feeling person instead of denying and repressing her emotions. The worker did not direct interpretation but insight was achieved during and after the client's verbalization and expression of emotion. It was felt that the worker's act of accepting expressed negative feeling was closely linked with the insight that followed. The following passage which was discussed in Chapter Three with a view to the worker's methods, is now considered for its meaning in treatment.

I recognized that anyone who had been through her experience would very likely have a lot of deep feeling about it. Mrs. White said in an agitated way that marriage was supposed to be a 50-50 affair with companionship and lots of 'give and take', but hers had been all one-sided. Judy needed someone to be like a father to her, to treat her like a human being. Mrs. White was 'tired of being nagged and nagged at, sneered and screamed and yelled at'. She paused here for a second, saying that I shouldn't get the idea that there hadn't been some good times together however.

In this passage the worker guided the client into a discussion of her experiences, but in such a way that she was not forced to answer. However, Mrs. White did go on, expressing fully. The worker accepted her expression of negative feeling, and Mrs. White led the discussion temporarily into her feeling about her mother-in-law.

She recalled having fought with Ted's mother several times. Mrs. White had spoken to her husband about his mother not helping around the house when she visited during the pregnancy with Judy. Ted's mother had flown into a rage when this was brought up in front of her, and she attacked Mrs. White, who fought back, both of them scratching and pulling hair. I commented that it must have been a real shock to her to be forced into this with her husband's mother. She said it certainly was. Mrs. White was quiet for a few minutes then went on to recall other scenes of violence around the home, during which her husband, in fits of rage usually over things of no consequence, picked up the nearest thing to him and smashed it against the wall. 'He treated the dog better than he treated her, although once in a while he beat the dog too.'

The worker's act of recognizing Mrs. White's deepest feelings was a way of encouraging her to continue, and she went on to recall and "re-feel" painful memories of her married life. The client expressed herself in tears with some restraint in the next passage. The worker apparently felt then that her expression had gone deep enough, and brought the discussion back to reality factors. Mrs. White, who had formerly denied having any feeling at all about her marriage was finally able to say in this interview "I guess I really am bitter!" He then referred to the general frame of reference which was her daughter's family adjustment.

Mrs. White's eyes were flooded with tears at this point, although she seemed to be struggling to hold them back. I said that it was all right to cry here and that her feelings were understood. I said nothing further as she cried, but without actually breaking down. She apologized after having dried her eyes a few minutes later with "It's been a long time since I ever did that." I remarked that there was nothing wrong with expressing oneself this way, and the fact that she had brought her feeling out in this way showed that she was really facing painful memories, in a way re-living some of them. It was important to see all these things in relation to the rest of her life. Was she able to go on with this? What meaning did these experiences have for her now? Mrs. White talked briefly about having known from the very first that things were not going to work out, but that for some reason she had just seemed to hold on, hoping it would come right. Instead, things got worse and worse. She guessed marriage could be all right, but she wasn't sure... she said "I guess I really am bitter." I summarized what I thought had been discussed today, the fact that she had been bitterly disappointed and humiliated in marriage, and that it was only natural for her feelings about her own marriage to carry over to the whole idea of family living.

This interview was apparently important in the client's treatment. In the next interview Mrs. White verbalized her desire to seek a divorce and eventually to remarry. She obtained the worker's help in meeting a prospective employer since a change in her job situation was the only way of paying off debts. The client was able to

follow through on her decision to take a job out of the city because it meant a higher income.

Only sections from records "A" and "C" have been reproduced here since "B" and "D" did not illustrate fully the direction taken in treatment. Both of these records indicated that the problem had been dealt with successfully without showing, except in a summary way, how this was accomplished.

The application of techniques with sensitivity and in close relation to the client's immediate and long-term needs, was seen as a definite influence in treatment. It is apparent however, that the skills of the worker in applying methods, are not separate from his skills in making effective use of relationship or giving environmental help. From the illustrations given it will be obvious that increased skill in the use of interviewing methods means an increase in the entire range of the worker's ways of helping.

CHAPTER 5

INTERVIEWING AS TREATMENT

Social case work is a young profession still in the process of definition. In its growth from decade to decade, individuals or groups have emphasized different aspects of development as new techniques seemed to offer better ways of helping. Whether emphasis was on environmental change or gathering facts and clues, making use of relationship or sensing attitudes and feelings, the principles were unchanging. These differences in emphasis were attempts to improve service, and workers were able to criticize their practice because they were conscious of basic aims in case work. Methods of interviewing are seen as a possible area of improvement within social case work. A greater consciousness of their meaning could give more purpose and direction to treatment, and contribute to the greater effectiveness of case work help.

Contribution of Social Case Work Interviewing to the Child Guidance Clinic

The Child Guidance Clinic combines the original aims of the mental health program and social work. The idea of healing is fused with the larger concept of service. Social work in this setting has been influenced by the medically oriented clinic, and has taken on the responsibility for healing on an individual basis. The treatment point of view has therefore been added to one of service for social workers dealing with people in trouble. The same influence is noticeable in the entire field of social welfare, which considers emotional components in relation to all problems. It is likely that social workers, in their association with members of the well established medical profession, take on in the eyes of the community, some of the prestige accorded to men of medicine. The fact that he has achieved more

specialization of function in this setting is also a factor of some importance. On the other hand, medical personnel have become more conscious of the social work point of view, with its emphasis on social and emotional factors in individual maladjustment. The fact that environmental aspects of social case work are accorded such an important part in the treatment program, illustrates how deeply this influence has been felt.

The diagnostic process at the clinic is a part of the program which shows how the blending of concepts is taking place. The direct social work contribution here is the face to face evaluation which takes place during the interview. On the basis of his knowledge and understanding of the underlying meaning of behaviour, the social worker is able to evaluate facts, attitudes and feelings as they emerge during his contact with the client. His immediate diagnosis is flexible however, and varies with the addition of further information. The worker demonstrates his capacity to change his diagnosis in the study of his own case records either within or outside of analytic sessions with case work supervisor. The tentative diagnosis of the worker and his supervisor may be added to, supported, or varied by the points of view of other members of the clinical team, in the diagnostic conference. The psychologist, psychiatrist and nurse, who may concentrate their effort on a single case, all contribute to evaluations and plans for treatment. The worker is free at any time during an initial period of gathering information for a social history to consult with members of other professions within the organization.

A fundamental contribution is made by the social worker in applying his interviewing to treatment. A vital part of his interviewing skill is the use of his relationship with the client. The interviewer is conscious of the bond which may develop between his client and

himself while he is gaining information in the period leading up to the diagnostic conference. The client may be noticeably affected by the warmth and sincerity of the worker's desire to help as well as the actual demonstration of treatment methods at each contact.

The worker demonstrates his treatment skills in short-term interviews as well as in those extending over many months. Even in a single interview he is often able to influence the client through the medium of his personality and the conscious use of methods. Giving information, personality strengthening, aiding expression of feeling and accepting it, are often applied in short contacts. Over longer periods of time, and in relation to a client's personality strengths, the worker undertakes to influence the client on more fundamental emotional levels, while keeping in mind diagnosis and aims of treatment.

The concept that a client benefits by his participation in working out a plan for treatment, was an emphasis given by social work to this field. In helping a client to participate, the worker helps by such methods described as motivating, guiding, giving information, and moving through treatment with respect to the client's wishes. The worker undertakes intensive treatment, as well as treatment of a less complicated nature in line with the clinic's development since 1932. Cases carried by social workers on an intensive basis amount to 11 per cent of the total number of 141. About half this group make use of insight therapy. (26)

- (26) Insight therapy requires most skill and depends on a process of transference, in which the worker is identified with someone in the client's personal life. Interpreting, rechannelling and clarifying are most commonly used in this type of work. For instance, the worker may take on the role of a parent or relative, accordingly, the client may be as "petulant as he was with his mother, as rebellious as he felt toward his father, as erotic as he would like to have been toward his sister or cousin. He can be this way, feel this way, and even speak it out because it is understood, not censored but interpreted to him."
 Menninger, Karl, Man Against Himself, Harcourt, Bruce and Company, 1938, p. 446.

In the study of private cases opened in 1948 and 1949, it is noted that mothers received more interviews than children, suggesting that the technique once known as attitude therapy, is still a very large component of the case worker's responsibility at the Child Guidance Clinic. As a matter of fact the number of interviews with mother is so large that it may indicate a trend toward more clinical work with adults. The "White" case is an example of the type of work that is being done. The fact that fathers assumed such a small part of the responsibility in treatment is of significance since present day thinking in psychiatry stresses that a child should have the love and interest of both his parents. The father is extremely important in the life of a child at certain age levels; this parent's participation should be gained in the best interests of a child's emotional health.

Figures for the two year period also showed that nearly as many interviews were held in the home as were held at the clinic. The proportion of home interviews is well above the number usually made at the time of diagnosis, to observe the child in his natural environment. If overcrowding at the clinic has any relation to this situation, then measures to deal with it should be taken. Contemporary writers emphasize the necessary^{ity} of pleasant, comfortable settings where interviewing is being done. (27) It will be obvious that intensive work in treatment is badly handicapped where a worker interviews in whichever room happens to be vacant at the time of his appointment. The fact that windows

(27) "The physical setting of the interview may determine its entire potentiality. Some degree of privacy and a comfortable relaxed atmosphere are important...If the interviewee has waited in a crowded room for what seems to him an interminably long period, he is naturally in no mood to sit down and discuss what is on his mind."

GARRETT, Annette, Interviewing, Its Principles and Methods, Family Service Association of America, New York, N.Y., 1942, p. 55.

cannot be opened in some offices or that a number of offices are very small, means a good deal in relation to the comfort of a client and the effectiveness of treatment.

Methods in Interviewing

A case worker gains part of his knowledge and training in interviewing through his studies at a school of social work, another part of it through field work practice and supervision, and still another part in what he may learn from other workers in conversation, at conferences, and so on. There is often no organized attempt to answer the learner's question "what to do now?", because no case worker has yet taken the time to write down in a systematic way, what ^{he} actually does. The purpose of social case recording ^{is} ~~was~~ to show what happened ^s ~~d~~ in the contact between worker and client. ~~for later study.~~ The beginner at interviewing ^{finds} ~~found~~ records an invaluable aid to understanding the process. The argument is at times given that the learner should find out what to do through experiencing the interview, and eventually defining methods which are expressions of his own individuality. This study has shown that most workers have certain methods in common. Some workers have all those named in common, besides others which they have added to their list of "what to do" in meeting the emotional needs of a client. One way of increasing the skills of all workers is to exchange more widely the ways of helping used by others in the field.

There is some truth however in the objection that "specific methods should not be lifted from their context" because a false impression may be given of the nature of case work interviewing. It has been inferred frequently in this study that methods in interviewing are not the only factors in operation at any given moment, that relationship and the individuality of both interviewer and client determine when

they will be used, where, and in relation to what needs. The advantage of identifying specific methods is in being able to transmit to another person some of the ways in which one worker is able to help a client. The intelligent worker realizes that human relations are not mechanical and that his particular way of applying a method gives it a distinctive character. If he keeps in mind that the client is the gauge of what is needed in treatment, then there is no need to fear that the application of methods in common with others is impersonal and therefore "inhuman". It is not necessary to repeat that most methods are used at all stages of treatment interviewing, but interpretation and channelling take place only after a strong relationship has been established between worker and client. It will be abundantly clear that no method is self-sufficient, and that there is considerable over-lapping and interdependence in the process of application. Some workers will have added to the list of 13 methods drawn up in this study. If a comprehensive study could be made of all the methods used by all workers, the less ingenious could be helped to increase their skills and contribute more effectively to treatment. Thirteen methods were found in general case work literature. Those terms which were used without a change of name were the "encouragement to talk", "giving information", "guiding", "accepting feeling", "clarifying", "re-channelling", "interpreting" and "setting limits". Only three were added to the list and identified as methods because their meaning was inferred; they were "moving with the client", "aiding the expression of feeling", and "motivating". "Personality strengthening" was substituted for a term generally called "supporting" because of its confusion with the case work technique known as "supportive therapy". "Holding to a frame of reference" was used instead of "focusing" because the latter term was not consistently and specifically applied. The

list of methods may not be complete, and it is felt that, as more work is done in the area of treatment generally called insight therapy, ~~that~~ further definitions will be found.

The more important methods in the list were felt to be the "accepting of feeling", "personality strengthening", "clarifying" and "motivating". These were found on the whole very frequently and in direct relation to fundamental advances by the client in treatment. They were often closely linked to the intermediate stage of intensive interviewing which combined the "acceptance of self", "clarification of client's own relation to the problem" and "the working through of emotional conflict". The setting of limits was observed in records rarely, and in the interests of the client's general welfare. Worker's recognize that the setting of limits is experienced negatively by many clients; it is usually modified by introducing positive ones to offset its influence. The method known specifically as the worker's "acceptance of feeling" seemed to be a component of his own general attitudes, and feelings about the client. This illustration points up the fact that methods may not be used by a worker who does not find them a natural medium of expression for him. The worker's consciousness of the principles underlying his work, and his capacity for sincerity and naturalness in expression, remain fundamental to skilled interviewing.

There was difficulty in finding records at the Child Guidance Clinic which illustrated fully the techniques of the worker in relation to movement in treatment. Although many records were written "in process"⁽²⁸⁾ very few gave a clear conception of the worker's methods ⁽²⁸⁾Technique used by socialworkers to indicate attitudes, feelings and expressions, and the way in which a client gave information in response to the worker's techniques.

for the entire progression of the case. The scarcity of cases showing good process recording may be explained by the fact that hours for dictation are not sufficient, or that workers do not record with a view to illustrating the treatment process. Furthermore, the case worker's capacity to help in treatment interviewing could be increased by systematized study of good process recording. Improvement in treatment methods, and research depending on a knowledge of elements of interviewing, is hindered by the lack of good records. If each worker followed through one treatment case in the total load, prospects for research in case analysis would be improved greatly.

Broad Purposes of Treatment Interviewing

The use of methods of interviewing as treatment is in line with the basic purposes of both social case work and the mental health clinics. All treatment in this setting must aim at a combination of the two principles of healing and service.

Healing is here addressed specifically to the persons of individuals, with the child as focus. For the younger child the play interview is the ^{medium} maximum through which individualized help may be given systematically. The setting of this type of interview is just as important as with the adult, and confusions over the use of equipment or office facilities are detrimental to treatment.

Although the focus of the clinical program is the child, it is clear from the "White" case illustration used, that work with adults is done on very intensive levels. When this fact is seen in relation to figures on the interviewing time spent with mothers (⁴¹~~47~~ per cent) compared with the children (³¹~~36~~ per cent), a trend, ^{may be indicated} which would include adults within the focus of treatment.

The Child Guidance Clinic is equipped professionally to give the best standard of treatment interviewing within the community. No

other agency combines the thoroughness of the clinic's diagnostic processes with such support in consultation. The clinic is also a service agency, and as such, carries the responsibility for meeting certain community needs. The unique combination of diagnostic and treatment facilities, places this agency in the best position to meet the need for an adult mental health service.

The clinic's capacity for giving more intensive help with adults is due in part to the developing of skills in treatment interviewing. A program of research in case studies and case analysis would indicate exactly what are the agency's resources in meeting needs. A program of this type depends very much on how well case records reveal which skills successfully meet particular needs in treatment.

The program could expand in order to give more effectively to emotionally disturbed adults, but this should not mean that environmental aids should be less emphasized as a way of meeting community needs.

The differing needs are met by a diversification in the ways of giving help. The lessening of external pressures can be accomplished only by environmental manipulation and this skill remains a very important supplement to treatment interviewing. The case worker may add to his total effectiveness by looking to his interviewing methods.

The primary interest of all who take on responsibilities in healing and service should be their effectiveness in giving help. More purpose and direction may be given to treatment if workers are conscious of their skills within a proper frame of reference. However, their intention to improve services in this respect is hindered by imperfect physical conditions. An increased appropriation to this agency would lead greater support to its effort to meet its responsibilities to the community.

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