A SURVEY TO DETERMINE CURRENT PRACTICES AND PROCEDURES IN COUNSELING IN RESIDENTIAL TREATMENT CENTERS FOR EMOTIONALLY DISTURBED CHILDREN

APPROVED:

[Signatures]

George P. Beam
Major Professor

Jack B.wegge
Minor Professor

Witt Blau
Dean of the School of Education

Robert B. Toulouos
Dean of the Graduate School
A SURVEY TO DETERMINE CURRENT PRACTICES AND
PROCEDURES IN COUNSELING IN RESIDENTIAL
TREATMENT CENTERS FOR EMOTIONALLY
DISTURBED CHILDREN

THESIS

Presented to the Graduate Council of the
North Texas State College in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

William B. Blair, B. S.

Denton, Texas
August, 1958
# TABLE OF CONTENTS

LIST OF TABLES ........................................ iv

Chapter

I. INTRODUCTION ........................................ 1

- Statement of the Problem
- Definition of Terms
- Importance of the Problem
- History of the Problem
- Scope and Limitation of the Problem
- Sources of the Data
- Methods of Procedure

II. CRITERIA OF SOUND COUNSELING PRACTICES
AS DETERMINED BY A REVIEW OF RELATED
LITERATURE ............................................. 13

- Concepts of Guidance and Counseling
- Duties, Certification, and Qualifications
- Tools and Techniques
- Adjunctive Therapy
- Supporting Services
- Staff Participation
- Evaluation

III. RESULTS OF THE COUNSELING QUESTIONNAIRE
SENT TO RESIDENTIAL TREATMENT CENTERS
FOR EMOTIONALLY DISTURBED CHILDREN ........ 49

IV. CONCLUSIONS AND RECOMMENDATIONS ............ 70

APPENDIX .................................................. 74

BIBLIOGRAPHY ............................................ 82
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Counselor Duties, Certification, Qualifications</td>
<td>51</td>
</tr>
<tr>
<td>II. Cumulative Records</td>
<td>53</td>
</tr>
<tr>
<td>III. The Interview</td>
<td>55</td>
</tr>
<tr>
<td>IV. Testing Program</td>
<td>56</td>
</tr>
<tr>
<td>V. Tests</td>
<td>57</td>
</tr>
<tr>
<td>VI. Ancillary Tools</td>
<td>59</td>
</tr>
<tr>
<td>VII. Adjunctive Therapies</td>
<td>60</td>
</tr>
<tr>
<td>VIII. Supporting Services</td>
<td>62</td>
</tr>
<tr>
<td>IX. Staff Participation</td>
<td>64</td>
</tr>
<tr>
<td>X. Evaluation</td>
<td>66</td>
</tr>
<tr>
<td>XI. Personal Information</td>
<td>67</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

There are many perspectives from which the child with emotional problems can be viewed. With the general increase in numbers and the steadily increasing awareness of the problem, psychologists as well as educators have searched for more effective methods of treating these children with personality disturbances. The Annual Report of the Menninger Foundation compares troubled children to the growth of a tree in two ways (5, p. 57). "Some children are like the tree with a bent trunk, developing in a distorted way, while others are like the tree that is stunted. They do not develop mentally and emotionally at a normal rate of speed." Each child has his own problems, his own ways of handling them, and his own ways of making progress. It is essential in the therapeutic process to obtain a clear understanding of exactly what each child's unique patterns are.

Statement of the Problem

Since this is a survey to determine the current practices and procedures of counseling in residential treatment centers for emotionally disturbed children, the problem of this study may be stated as follows: (1) to review related literature in the field of counseling and
guidance in order to determine the best educational thought as to what constitutes a good counseling program; (2) by means of a survey in the form of a questionnaire, to determine what is actually being done in counseling work in established residential treatment centers for disturbed children; (3) to determine, from information received, good counseling work practices for treating emotionally disturbed children.

Definition of Terms

In order that there may be no misunderstanding due to semantics, the following terms are defined:

1. "Counseling," as used in this study, pertains to the face-to-face medium through which the guidance services are brought to bear upon the individual (9).

2. The meaning of "guidance program" which will be employed in this study, is the complete guidance service which is interrelated with the entire educational program; thereby, making every member of the staff a guidance worker.

3. The term, "emotionally disturbed children," may be defined as children with character disorders and neurotic disturbances which give them great anxiety or disturb their relations with their family and community (5, pp. 54-55).

4. For the purpose of this study, "treatment" may be considered to mean any planned procedure, either academic or residential, by which professional workers seek to modify the behavior or the adjustment of the individual (7, p. 14).
5. A "private boarding school" is a school where children live and attend classes. The schools for this survey were taken from the Directory for Exceptional Children, published by Porter Sargent. The qualifications for the schools for emotionally disturbed children were those covering ages from six to eighteen, and whose programs include both academic and psychological facilities.

Importance of the Problem

The importance of this problem rests first in the definition of guidance itself (4, p. 193), "a service which leads to the maximum development of youth to their fullest capacities in all possible ways." To neglect any opportunity to stimulate, encourage, and enrich the lives of the children with emotional maladjustments would be unfair and socially dangerous.

The second factor that indicates the importance in this problem is that it might assist in more intelligent planning of the counseling program in the public schools. There is a lack of facilities in the public schools for correct treatment of the abnormal child. "About thirty per cent of the nation's school children are problem children of one sort or another; yet only a handful are getting the special training they need." Maurice H. Fouracre (1), President of the International Council for Exceptional Children, currently stated further that "special courses, special methods, and special teachers, were needed to
develop them to their fullest capacity." Several movements such as the measurement movement, mental hygiene movement, social work, and clinics for children have made teachers aware of the wide range of individual differences among the students which they teach. This awareness of individual differences plus the complex social environment make it inevitable that the school should try to cope with pupil problems. The schools have been forced to meet the needs of individuals, not in just the academic aspect, but also social, personal, physical, moral, recreational, and civic. The presence of youth in reformatories and penitentiaries, the increase in juvenile delinquency, the difficulties confronting compulsory attendance officials, the number of scholastic retardations and withdrawals, supply factual evidence for the contention that too many students are maladjusted. Many different studies have shown that counseling planning in our schools is not perfect and that both the child and the school might benefit from more intelligent planning (2, pp. 6-11).

The third indication for developing a survey of this type is to aid in the ever constant search by specialized institutions for more effective methods of treating children who are not properly using their capacity for learning. These institutions, described as residential treatment centers, are each striving to develop a total approach to a program wherein all factors concerning the child can be included.
Individual counseling with the child and his parents, a therapeutically designed living experience, and remedial education are all seen as parts of the whole. These treatment institutions, though diversified in programs, have all resulted from attempts to find more successful ways of helping disturbed children. They have developed, for the most part, independent of each other and under the leadership of several professions and different types of organizations. Considerable literature is available about the treatment philosophy of some of these centers; however, there has been a lack of any organized material determining the structure of the treatment program that is being used in the majority of the institutions. It would seem fruitful then, if this problem is concerned with finding the most effective methods of treating disturbed children to survey these residential treatment centers to determine their current counseling practices and procedures.

The fourth reason for this study is the hope that the conclusions from this survey will have heuristic value to others to determine through other studies the best possible approach toward the rehabilitation of our nation's emotionally disturbed children.

**History of the Problem**

Two large-scale efforts have helped in altering the thinking of the educational profession toward the problem of maladjusted children. One was in 1937 when the
Social Service Division of the United States Children's Bureau, working in cooperation with local public and private agencies, set up an experimental project in St. Paul, Minnesota. The purpose of this project was to study ways of discovering and getting treatment to children who were showing behavior difficulties. The study proceeded in the following manner: Over a five-year period, 727 children in a selected neighborhood were given the systematic attention of a community service which consisted of a psychiatrist, a psychologist, two case workers, a group worker, and a school social worker. The results of this study were favorable. As teachers became more familiar with the concepts of mental hygiene and gained greater confidence in the personnel of the service, the age at which youngsters were referred for help grew earlier. This indicated the ability of teachers to better recognize the children's problems in their beginning stages when they are more easily handled. Also, delinquency rates in the experimental area decreased (6, p. 735).

The second large-scale effort toward mental hygiene was made by the Commission on Teacher Education of the American Council on Education. This program, designed to help teachers develop a wider and deeper understanding of human growth and development was carried on from 1939 to 1940. This was an in-service education project in the school system. The discussions centered around the following areas: (1) the use of the anecdotal record, (2) the ability to
gather pertinent information gathered through home contacts and conversations with the child's previous teachers, (4) the use of sociograms to give insight into the interaction of children in groups, (5) and the dynamics of group influences within classroom. The study showed that, given proper stimulation, teachers are ready and eager to take advantage of resources that will enable them to comprehend the interplay of psychological forces at work among children (6, p. 736).

Bureaus of child study in cities throughout the nation have evolved into organizations resembling mental hygiene clinics. Many have added psychiatrists to their staffs. Such bureaus as a matter of routine now advise principals, teachers, and parents on how to deal with emotional and psychological difficulties of children (6, p. 736).

At this same time, private institutions were being established by individuals or organizations who wanted to make constructive steps toward helping children and parents cope with problems on an individual basis. Some of the more prominent of these schools still operating today are: (1) The Southard School, Topeka, Kansas, A Division of the Menninger Foundation, established in 1925; (2) Devereaux Schools, Devon, Pennsylvania, established in 1918 by a non-profit organization; (3) Ryther Child Center, Seattle, Washington, established in 1935 by a non-profit organization; and (4) Tujunga Highland School, Tujunga, California, established by a private individual.
All specialists have agreed that emotionally disturbed children can profit from a particular type of educational procedure or educational organization. They can become socially competent, hold a job, and become totally or partially economically sufficient. Without this specialized training, they could become custodial cases. Thus far, the best educative procedure for the disturbed child is to place little emphasis upon academic achievement; rather, develop the personality, the occupational adequacy, and the social areas instead. Though they may not ever achieve skills in academic areas, they can learn to adjust to society, and to show accomplishment in perhaps a semi-skilled job (3).

The objectives for educating the emotionally disturbed child which have been developed are stated in myriads of ways. In general, however, all authorities agree that emphasis be placed on the following three areas: (1) occupational adequacy, (2) social competence, and (3) personal adequacy (3, p. 115).

The role of the counselor in personal adjustment evolved with the child clinics, private institutions, and public school efforts to confront this problem. This type of counseling involves those problems where the primary need of the counselee is for social or emotional adjustment, clarification of feelings and attitudes, or for a modification in personality integration or self-concept. The methods which have evolved along with the counselor is what this survey aspires to determine.
Scope and Limitation of the Problem

This study as proposed is limited to a review in literature in the field of counseling and guidance, the establishment of specific guidance principles and criteria, and a survey extended to residential treatment centers for emotionally disturbed children. The program is limited primarily to the potentialities for counseling inherent in the needs of the disturbed child. Principles and criteria of sound counseling practices will be determined from the sampling of literature on the following aspects of counseling: (1) qualifications, duties, and certification, (2) tools and techniques, (3) adjunctive therapies, (4) supporting services, (5) staff-participation, and (6) evaluation.

The survey is limited to sixty-nine residential schools for emotionally disturbed children. The list was determined by selecting schools that were coeducational, covering ages from six to eighteen, whose program included both academic and psychological facilities, as they were registered in the Directory for Exceptional Children published currently by Porter Sargent. There were many more schools on the list, but unless they met the qualifications as listed, they were not included in this study.

The questionnaire contains approximately 138 Yes and No type questions, plus a very few Fill in the Blanks, concerning the counseling procedure. An attempt was made to cover the most important phases in a brief manner.
There are other questions that perhaps could be included, but in order that the questionnaire would not be bulky, they were omitted. The questions, which are simple and direct, require approximately fifteen minutes to check. The results of this survey is offered to each school requesting a copy.

Sources of Data

The data for this study were obtained primarily from two sources. The first source is taken from a review of related literature and authorities in the field in order to develop a background for determining the principles and criteria for a sound program of counseling.

The second source of data is covered by the survey sent to residential schools for emotionally disturbed children by means of a questionnaire.

Methods of Procedure

After stating the problem, defining the terms, suggesting the importance, relating a brief history, pointing out the limitation and scope, and naming the sources of data of this study, the following procedure will be employed: (1) A review of recent literature in counseling and guidance to develop a background for establishing certain principles and criteria of a sound counseling program, (2) A survey to determine existing counseling practices in residential treatment centers for emotionally disturbed children, (3) The tabulations and explanations on the returned questionnaires,
(4) A conclusion and some recommendations for counseling emotionally disturbed children as a result of the survey.

A copy of the questionnaire may be found in the appendix.
CHAPTER BIBLIOGRAPHY

1. Dallas Times Herald, April 9, 1958.


CHAPTER II

CRITERIA OF SOUND COUNSELING PRACTICES
AS DETERMINED BY A REVIEW
OF RELATED LITERATURE

Introduction

Before the counseling practices in residential schools for emotionally disturbed children can be satisfactorily surveyed, principles and criteria of soundness should be formulated. It is the purpose of this chapter to develop the basis and background for these principles and criteria by making a thorough review of related literature. From the information gathered by this review, the criteria will be established. These tests or criteria, which will serve as a rule for the programs to be surveyed, will be taken from the wealth of background information related to public schools supplied by educational authorities in the field. This will in no way attempt to compare methods in public schools and residential schools; but, since little literature is available on residential school counseling, the general practices and procedures of counseling will be reviewed. With the results, plus the knowledge obtained from experience in the field of the therapeutic treatment of emotionally disturbed children, a set of appropriate criteria can be formulated.
Concepts of Guidance and Counseling

Before criteria for a sound counseling program can be formulated, clear concepts of the counseling and guidance services need to be established.

**Guidance**

Although definitions of guidance are varied, most of them are clearly in harmony with the points of view expressed by their authors. As previously stated, the terms "guidance program" or "guidance service" imply a wide variety of activities among educators.

Sargent (17, p. 60), who is especially concerned with emotionally disturbed children, feels that it is a method by which the child is assured maximum growth and development.

Jones (11, p. 571) agreed with Sargent to the extent that the "concept of guidance is something that is concerned with the entire personality of the individual."

Willey and Andrew (21, p. 25) define the guidance service as more than a mere composite of isolated services or activities. They maintain that guidance touches every aspect of an individual's personality and involves his whole life. The program should be integrated with the total educational program. It is a unified process which considers the individual as a whole; thus, guidance should be thought of as life guidance rather than educational guidance, vocational guidance, or health guidance, and others.
Concepts of guidance designed especially for the elementary level by Cottingham (3, p. 2) have three aspects. They are: (1) Guidance is a point of view that focuses the attention of the entire staff, from janitors to supervisors, on the needs of individual pupils in the school, (2) Guidance is a process which primarily centers around adjustment experiences and problems of the individual, (3) Guidance is a service which bridges the gap between guidance philosophy and effective processes of adjustment.

Concluding thought.—A review of the various concepts of guidance indicates that the authorities are somewhat in agreement concerning guidance practices for the individual. A brief summary of all the different ideas might be that: Guidance is a program of interrelated services which provides for the highest and most wholesome growth and development of the whole individual. Another important point stressed by some of the authorities was that guidance services and the school program are interrelated; thereby, making every member of the staff a guidance worker.

Counseling

Definition.—It is possible that different schools of thought may never reach an agreement on the definitions of the terms "counseling and guidance practices." No common educational term is more difficult to define or to separate one from the other. Definitions in textbooks (13, p. 1) often seem to be lacking in agreement.
The opinion that counseling is one of a group of services which make up the guidance program is generally accepted; however, Smith (18, p. 189) presented the counseling service as the central service of the guidance program. The other services were designed primarily to make the counseling function both possible and effective. He describes these other services as "supporting services." The point was stressed, however, that the counseling service cannot contribute to the effectiveness of the instructional program in the absence of strong supporting services. This fact sometimes leads to the misconception that counseling is the guidance program rather than one of its services. The use of such terms as counseling program, testing program, and the like tend to confuse and obscure the interrelationships of the several guidance services which together comprise the guidance program. This misconception may sometimes be only semantical; however, the counselor is very often considered the guidance worker in the school, and guidance and the instructional services as mutually exclusive. This idea is wrong according to Smith (18). He states that counseling is actually the person-to-person medium through which all guidance services are brought to bear upon and serve the individual.

Brayfield (2, p. 3-4) concedes that definitions of counseling have always varied. In recent years the tendency by some authorities has been to amend the term by appending a modifier such as: (1) Clinical counseling pertains to
the diagnosis and treatment of minor maladjustment, and the relationship primarily individual and face-to-face, between counselor and client, (2) Psychological counseling is psychoanalysis with its group of specialized procedures, (3) Psychotherapeutic counseling means the face-to-face relationship in which a psychologically trained individual is consciously attempting by verbal means to assist another person or persons to modify emotional attitudes that are socially maladjusted.

As is evident, the term "counseling" can be linked with many different ideas and schools of thought. Not so complicated a definition was given to counseling by Hahn and MacLean:

Clinical counseling, as the term used in this book, is a process which takes place in a one-to-one relationship between an individual troubled by personal problems with which he has been unable to cope alone and a professional personnel worker whose training and experience have qualified him to aid others to reach solutions to various types of personal difficulties (8, p. 3).

Concluding thoughts.—It is obvious that to develop a well-defined point of view with respect to the nature of the counseling process would largely depend upon the needs created by the situation surrounding the service. One aspect of the counseling program that each authority agreed upon was the face-to-face, or the personal relationship between counselor and counselee. Counseling the emotionally disturbed differs from the counseling of the average child
in that there is a lack of emphasis placed on some of the phases of the counseling services such as academic achievement. Instead, emphasis is placed upon the development of the personality and adequacy in the occupational and social areas. Therefore, the concept of counseling for the purpose of this paper will be the face-to-face medium through which the guidance services stress the following areas: (1) social adequacy, (2) personal adequacy, (3) occupational training.

Specific Areas

There are certain basic and fundamental principles which the authorities agree must constitute a counseling program in order for it to be psychologically, sociologically, and democratically sound. In determining these criteria, the following areas will be considered: (1) Counselor Certification, Duties, and Qualifications, (2) Tools and Techniques, (3) Adjunctive Therapies, (4) Supporting Services, (5) Staff Participation, and (6) Evaluation.

Duties, Certification, and Qualifications

Characteristics of the good counselor, like those of a good teacher are many and complex. Bare standards can be enumerated. The counselor obviously needs sufficient training, college work, and specialized courses according to Hamrin and Erickson (9, p. 416).
Duties

Some of the duties a counselor should be capable of performing are to study his school to determine its needs, develop a thorough understanding of his purpose, know helpful materials, help with the stimulation of faculty thinking, and become acquainted with all of the techniques of guidance (9, p. 416).

According to the reports of the Guidance Workshop (16), counselors have five major functions: (1) administrative, (2) working with faculty, (3) actual counseling, including the writing up of interviews, (4) leadership in group activities, (5) close relationship with community resources.

The duties of the counselor as listed by Hahn and MacLean, are as follows:

Interviewing individual students (counseling)
Performing clerical duties involving selection, preparation, and maintenance of records
Making case-studies of individuals
Planning and directing group activities
Assisting pupils to make vocational choices
Planning and directing follow-up studies of out-of-school youth, graduate and non-graduate
Running both temporary and permanent job placement offices
Helping administration to maintain good relationships with parents and community (8, p. 25)

One of the most complete and specific outlines of counselor duties for the child of the elementary age is presented by Cottingham (3, pp. 254-255). He duplicated a section from the Long Beach, California, Handbook for Counselors. The duties are listed under three big areas: (1) General Services, (2) Services concerning the child
with a Problem, and (3) Services concerned with Teachers.
The counselor is directly responsible to the principal
in his building.

Certification

By the analysis of the duties performed by the coun-
selor, educators have arrived at the pattern of training
for counselors. The concept of counselor certification is
as old as the guidance movement itself. As early as 1908
the Boston Vocational Bureau sponsored a school for vocational
counselors which required certain personal and academic
courses in order to become a certified counselor (18, p. 241).
Some of the reasons for adopting certification plans are as
listed:

1. To raise professional standards, improve the
   quality of counseling and to improve guidance
   services in the schools
2. To help assure that only qualified persons will
   serve as counselors
3. To establish the professional status counselors
4. To encourage the growth of uniform philosophy
   and practice in the field of counseling
5. To encourage school personnel and prospective
   school personnel interested in counseling to
   obtain appropriate professional training
6. To give some direction to institutions offering
   or planning to offer professional training for
   school counselors (18, p. 240)

According to a study of "Counselor Certification" made
by Kremen (12), four different levels of certification are
found throughout the states now providing such certificates.
The different states offering a single certificate require
that applicants meet all requirements of the professional
counselor before being granted a certificate. In most cases, a certificate of this nature is granted on a permanent basis. States providing for two or more levels of certification require that applicants present evidence of additional professional preparation and teaching or counseling experience in order to qualify for the next higher certificate. The number of levels of certification by the states is as follows: (1) Eight states issue only one level certificates, (2) Twelve states issue two level certificates, (3) Two states issue three levels of certificates, and (4) One state issues four levels of certificates. Since the first two levels pertain to the kind of counseling as discussed in this problem, the certification plan for only these two will be listed below. These plans are listed by Kremen:

Level I

A. General provisions and requirements
1. Teaching certificate valid in state or eligibility for such a certificate
2. Two years of teaching experience
3. One year of paid work experience other than teaching or counseling. The work experience shall be cumulative, preferably in a variety of jobs.
4. The certificate shall be valid for three years. It shall be renewable in the cases of persons devoting more than one-half time to counseling duties.
5. The applicant shall possess the following personal attributes:
a. Above average scholastic ability
b. Interest and ability in working with people
c. Successful experience in working with people
d. Pleasing appearance
e. Good personal adjustment
f. Emotional maturity
g. Personality which invites and deserves confidence
B. Academic requirements

1. Fifteen semester hours in the following areas of study:
   a. Philosophy and principles of guidance
   b. Understanding the individual
   c. Occupational and educational information
   d. Counseling

2. Three to four semester hours acceptable on the undergraduate level

Level II

A. General provisions and requirements

1. Teaching certificate valid in state or eligibility for such a certificate

2. Two years of teaching experience

3. Same as Item A-5, Level I

4. The certificate shall be permanent provided that the certificate shall become invalid if the holder has not served in the capacity of a counselor for any successive three-year period.

5. Same as Item A-5, Level I

B. Academic requirements

1. Thirty semester hours of study in guidance and related fields

2. A minimum of twenty semester hours shall be distributed among the following areas:
   a. Philosophy and principles of guidance
   b. Understanding the individual
   c. Occupational and educational information
   d. Counseling
   e. Organization and administration of guidance programs
   f. Supervised experience in counseling

3. The remaining semester hours shall be selected from among the following areas:
   a. Statistics
   b. School administration
   c. Social Case Work
   d. Curriculum
   e. Sociology
   f. Economics
   g. Personnel Management
   h. Labor and industrial relations
   i. Vocational education (12)

Kremen recommended his certification plan only as a consensus of present practice. He suggested that the plans should be based upon the expected functions of the counselor.
Qualifications

The notion that certain personal qualities are desirable for counselors is conceded by all the authorities. Some of the proposed qualities were above average scholastic ability, good physical health, good mental health, leadership ability, and others. However, since this survey concerns only those counselors that are already functioning in the field, it can be presumed that they possess at least a majority of the desirable personal traits necessary to be a successful counselor.

Concluding Thought

A composite of the counselor certification plan as presented by various authorities would include some requirements in each of the following areas: (1) teaching experience, (2) work experience, (3) personal qualifications, (4) time limits on counselor's certificate, and (5) academic requirements.

Tools and Techniques

Having developed an approximate idea of the functions of the counselor, his training, and the nature of his work, now it is time to consider the tools and techniques which he uses to perform his various duties. The counselor can be no more effective than his command over his instruments. Counseling tools serve two major functions in the counseling process (3, p. 91): (1) they provide a means for getting pertinent information about the counselee, and (2) they are
instruments for giving essential information to the counselor. The following discussion will be concerned with the important tools which all authorities concede should be put to skillful use.

Cumulative Records

The cumulative record contributes to counseling by providing a sound basis for understanding the student. It becomes the primary source in discovering clues to the causes of difficulties of behavior, or to become acquainted with newly enrolled students, or to determine the capacity and achievement of students. Without systematic records, changes in behavior over a period of several years, whether they be desirable or undesirable, are unlikely to be detected by the counselor. Traxler (20, pp. 215-233) says that progress relative to the broader long-term objectives is apt to be lost unless such records are appropriately summarized and organized. The cumulative records also provide an excellent background for interviews, counseling, or making reports to parents.

Content of the record.—The first step in preparing the record form is to determine what facts can be used to the greatest advantage. According to Traxler (20, pp. 215-233), flexibility of the cumulative record is a prime consideration. For a therapeutic center, the record might be of the folder type. First, it should include personal data, like date of birth, nationality, parents, residence, testing, knowledge,
medications history, behavior problem history, and previous therapy history. The academic achievement will be minimized as this is an unimportant area in the child-centered treatment. There should be space delegated for test data, which will include part or all of the following tests: intelligence tests, personality tests, inventory of student's interests, aptitude tests, reading tests, achievement tests, and any other that the therapy program might include. There should also be a space for the health record, free time activities, interests, accomplishments, work experiences, and future plans.

Some therapy centers will have more on their cumulative records and some less; it depends on what the faculty wants on the record and will use. The members of the staff as well as the counselor will find that the cumulative record is of great value. The record consists of a series of snapshots taken at various points in a child's development. Traxler (20, pp. 215-233) says, "These must be combined in such a way that one studying the records sees not the snapshots but a motion picture--a continuous story of an important segment in the life of an individual."

Hahn and MacLean (8, pp. 91-102) list five principles for keeping cumulative records. These are: (1) Records should demand a minimum of time, (2) records should be tailored to the program and institution in which they are to be used, (3) Records should contain only those items used frequently enough to justify their inclusion, (4) Summarizing forms should be supplemented by other records valuable
to the counselor and staff, (5) Personnel records in schools and colleges should be built and maintained within reasonable limits by students. Obviously principle number five would not apply to schools for emotionally disturbed children.

Concluding thought.—The cumulative record is of value not only to the counselor, but to teachers and administration as well. It should be kept up-to-date in as concise a form as is possible. The records should be evaluated regularly in order that they be kept reliable. Smith (18, p. 190) says, "If properly developed, the pupils' inventory will evolve into a word picture of him as a dynamic individual made up of identifiable personal characteristics, capacities, limitations, hopes, and plans."

The Interview

Speech is the primary means by which man develops intimate relationships and adjustments with his fellows. In the case of the interview, there is a form of communication with a definite purpose. It is the imperative that every counselor become as skilled as possible in its use. Darley (2, p. 265) says the interview can be defined as the face-to-face situation in which the client can gain better understanding of himself, his abilities, his skills, his interests, his drives. In addition, he may learn something about the particular world he faces.
Types of interviews.—There are two types of interviews with which the counselor should be concerned. They are the scheduled and nonscheduled. However, for the benefit of both the counselor and cunsellee, Smith (18, p. 63) recommends that the counselor talk briefly during the nonscheduled interview and arrange for a later appointment. All counseling authorities seem to be agreed upon the importance of making advance preparation for the interview. Under the heading of "pre-interview planning" Smith (18, pp. 61-66) has made the following suggestions: (1) study the cunsellee's record, (2) decide what you want to accomplish, (3) anticipate the cunsellee's purpose, (4) interview, if possible by appointment, and (5) interview setting should be suitable.

Follow-up.—Just as important as pre-interview planning is the follow-up procedure after the counseling interview. Essential information should be recorded. Since note taking during the interview often seems to have an adverse effect upon the cunsellee, the practice of recording interviews by tape or wire recorder is rapidly growing. Not only does this method allow the entire interview to be available for later study, but frequently the voice inflections give the counselor a new insight that he could have easily over looked during the actual interview (18, p. 75). The counselor should also follow-up the last interview to gain knowledge of the cunsellee's progress in the direction of adjustment indicated by the plan of action decided upon during the interview.
Interview Methods

During the course of the interview, there are three commonly used counseling methods. They are defined as:

The Directive Counseling Method—In this type of counseling, the emphasis is upon the problem and how it may be solved. The counselor interprets the causes of his problem and its treatment to the counselee. This method allows the counselor to provide the counselee with the needed assistance in making many choices, plans, and adjustments.

The Non-directive Method—The counselor leaves the direction of the interview largely in the hands of the counselee. A feature of this kind of counseling is the release of tensions and the achievement of insight.

The Eclectic Counseling Method—This is a method of counseling which employs both the features of the directive and the non-directive methods. It is a 'middle-of-the-road' approach. This is a tendency to ignore the concept of any particular method, and employ the techniques of any one or all three if the situation arises (16, p. 78)

Concluding Thought

The counseling interview was defined as the face-to-face process involving two individuals, one of whom is assisting the other in gaining insight for the purpose of solving his own problems and accepting his responsibilities. Pre-planning and follow-up study of the interview are as important to both the counselor and counselee as is the interview itself. Three methods of counseling, directive, non-directive, and eclectic, were discussed.

Testing

Among all the techniques cited for collecting data, the use of standardized tests is the most popular. The analysis of tests, however, is only one phase of the total
program, and very often the importance of it is over-rated. The value of the testing program, however, should not be minimized, and when viewed with the proper perspective and balance in the total study of the student, tests provide valuable knowledge concerning the psychological make-up of the individual in terms of mental ability, achievements, interests, aptitudes, and personality characteristics. While their contribution may be limited, their importance as aids to counseling cannot be questioned.

The tests should fit the needs of the school situation. Sometimes the administrator, counselor, teachers, or all three select the tests to be given. The criteria for choosing tests should include reliability, validity, established norms, practicality (4, pp. 43-80). An effective and successful testing program requires participation by the entire staff; however, the leader of the testing program requires considerable expertness in the field of psychometry. The scope of the testing program is very important. Sometimes a small, organized one will be more effective than one which is too ambitious. Areas for the testing program are as follows: (1) Achievement, (2) Scholastic or Intelligence, (3) Special Aptitude, (4) Interest Inventories, and (5) Personality (13, pp. 302-304).

Ancillary Tools

There are other less popular tools to be considered. Under many specific circumstances, they are as important.
**Autobiographies**

Autobiographies as a counseling tool are used in many situations. If developed with direction, it may be highly effective. Hahn and MacLean (8, p. 102) list two general types of autobiographies. The controlled method is the use of a prepared outline, and the uncontrolled type permits the writer to order his information in the manner he desires. The controlled method is used in gaining systematic information concerning the student's background, interests, plans, and attitudes. The uncontrolled method is more frequently used by counselors concerned with emotional problems. This freer method may often provide information useful in acquainting the counselor with aspects of the counselee's personality and behavior which might never be revealed in the counseling situation. Other tools that Hahn and MacLean (8, p. 102) list as being autobiographical are life history, diary, questionnaire to students, and letters.

**The Anecdote**

An anecdote is a description of an incident of behavior or a characteristic of personality observed by another person. It contributes to the better understanding of the student by giving insight into the counselee's personality (18, p. 139).

**Sociometric Devices**

Sociometric devices are concerned with the psychological properties of populations and with the group problems.
General clinical counselors are just beginning to make use of sociometry as a tool for helping the individual to understand his difficulties. This device is a new method of analyzing and treating the adjustment problems of people (8, p. 146).

**The Systematic Case Study**

The systematic case study is a process whose function is to bring together through information collected by the other tools in such a manner that these data can be systematically reviewed and analyzed (8, p. 135).

**Summary of Tools and Techniques**

In this division the importance of the correct and skilled use of tools and techniques was pointed out. The functions of the tools were mentioned and a discussion of the following tools and techniques were briefly defined and described:

1. Cumulative records,
2. The interview,
3. Autobiographies,
4. Testing, and
5. Ancillary tools.

**Adjunctive Therapy**

Though the services of the guidance program are all interdependent, the counseling service depends markedly upon its adjunctive therapies. Consequently, the quality of counseling, especially in schools for emotionally disturbed children, is conditioned in a large measure by the thoroughness with which these other services are planned and carried out. Experiments carried out by the National
Committee for Mental Hygiene (2, p. 170) and others suggest that motion pictures, plays, dramatic productions, discussion groups, group therapy, play therapy, and many other techniques can be a most effective means of teaching the psychology of adjustment. According to Throne (2, p. 170), "Children must be taught as much as possible about people and their problems so that they will understand and not be overwhelmed by our complex civilization."

The Menninger Foundation Report (14, p. 28) highly recommends the adjunctive therapies for the emotionally disturbed. "Just as a careful prescription and administration of activities and exercises are essential in physical rehabilitation, they are equally essential in the recovery of the psychiatric patient." The activities that these therapies include are painting, woodworking, leather or metalcraft, sports, music, and plain hard work. The report also mentions that the administration of these activities requires personnel who are trained in each field.

**Group Therapy**

Adjustments to life's problems require self-analysis, self-exploration, and self-reorganization of personal experiences. In some cases this achievement of insight occurs best with the assistance of a face-to-face counseling session with a professional counselor; however, oftentimes group stimulation of other people plus the counselor can aid in adjustment.
The happiness of a child is determined by his ability to get along in the society of his home, his neighborhood, his school, and his community. Group assistance results from the existence of a special type of social environment in which the socially maladjusted child is placed. By being placed in a special kind of group, the individual is helped to work out his relationships and problems with other people in a realistic atmosphere. Group therapy is a broad term describing a variety of situations where three or more persons meet face-to-face with a resulting change individual behavior. Cottingham (3, p. 128) states that the major principles that underly group therapy are: (1) planning groups with common needs and interests, (2) keeping the group small, (3) select a pleasant yet stimulating environment, (4) make provisions for a series of sessions. He also has a high regard for adult group and student problems. Helping parents learn about child development through parent study groups can be of great help in parent-school-and child understanding (3, p. 143).

Therapeutic aid.—Bakwin and Bakwin (1, pp. 244-247) find that the group interview is proving more and more valuable as a therapeutic aid. Since associations with groups is an important part of life in our culture, and approval by the group is of primary importance, they feel that for a child to be free to express hostility and antagonism and still remain a part of the group is important.
The several group therapy programs that they recommend are: (1) group rehabilitation, (2) group therapy for parents of exceptional children, (3) nursery schools, (4) clubs, (5) summer camps, (6) foster-home care, (7) institutional care. According to their line of thinking, the residential treatment in itself would be a form of group therapy for the individuals.

Some are opposed.—All authorities do not agree on the notion that the counseling process is applicable to groups. Smith (18, pp. 326-327) believes that every individual has a pattern of personal characteristics which differ in a great many ways from that of every other person. "While the process of making necessary individual adjustments might be discussed by a group, the more complex process of providing assistance to an individual in relating his particular characteristics to an area of choice or adjustment must be done through a person-to-person kind of relationship."

**Psychotherapy**

Psychotherapeutic counseling is the face-to-face relationship in which a psychologically trained individual is consciously attempting by verbal means to assist another person or persons to modify emotional attitudes that are socially maladjusted (2, p. 10). Psychotherapy, on the other hand, is any mental method of treating disease, especially nervous disorders, by means such as suggestion
hypnotism, psychoanalytic therapy, etc. (19, p. 40).
This form of therapy, certainly, should be administered by
a well trained individual. According to Bakwin and Bakwin
(1, p. 244), it includes five phases: (1) Supportive
treatment—developing rapport between therapist and patient,
(2) Ventilation—the patient is willing to discuss his
difficulties, (3) Interpretation—lead the patient into
interpreting the situation himself, (4) Suggestion—used to
bolster self-confidence, (5) Reassurance—the most powerful
and universally applicable psychotherapeutic tool. During
the course of treatment in psychotherapy, some patients
improve a great deal, some very little, and there are some
who show no improvement. The factors that bring about these
varied results are now under research at the Menninger
Foundation (14, p. 43).

**Play Therapy**

Sometimes play techniques help to clarify the problems
of children. It is based on the assumption that in play
activity, the child has an opportunity to "play out" feelings
and problems just as certainly as an adult can "talk-out"
his difficulties. The teacher or counselor should exercise
and reserve judgement in studying and helping the child
through his play behavior (1, p. 244).

**Basic materials.**—The use of play therapy requires
preparation. The basic problems should be understood in order
that the specific play situation may be set up. Criteria listed in the selection of materials for play therapy are:
(1) They should be appropriate to the age, (2) They should be applicable to the life situations and experiences of the child. A suitably furnished playroom should have the necessary materials readily available to the child. Variations of this technique are the puppet show, the modeling of plastic material, and finger painting.

**Dramatic Therapy**

Dramatic therapy or sociodrama frequently described as "role-playing," is a form of spontaneous dramatization in which individuals play a role in a specific social situation. In an approach of this kind, the instructor reads aloud a carefully structured story of a typical life situation of childhood. The story has no ending, but terminates at its peak. The child-audience is then encouraged to finish the story in role playing sessions (21, p. 557).

Willey and Andrew (21, p. 557) feel that the values received from sociodrama are that it assists individuals to explore their feelings about the situations in life which most fundamentally shape their attitudes, beliefs, interests, and ideals. Typical problems of the various phases of society can be discussed and if an individual should make unacceptable decisions, it can easily be discarded, as it was only a play. In this manner, feelings are expressed about their problems.
Speech Therapy

"There is a new trend in service to the speech problems of children by professional persons from all fields--medicine, education, speech, pathology, psychology, psychiatry, social work, and related fields--in the form of a unified program." According to Johnson (10), emphasis is being placed on early diagnosis and therapy for children of pre-school age who have severe organic speech problems. Its goal is the development of the whole child, keeping always in view that one does not treat a "speech problem," but a "child" with a speech problem. Thus, added importance is given to the necessity for securing the understanding and cooperation of the individual. Oftentimes speech problems can cause emotional problems; thus, correction of the former will greatly help the later in a child centered therapeutic program.

Music Therapy

The term Music Therapy (15) is generally considered to mean the use of music as an adjuvant therapeutic tool available to the individual who prescribes the total plan for helping the patient to better health. It can be used to influence attitudes and moods at a non-verbal level. For individuals, through participation, it has been a potent tool for developing desirable attitudes and behavioral patterns and a powerful outlet for fulfillment through self-expression. Mastery of the medium and understanding of the therapeutic program prepare the therapist to use a broad
gamut of musical activities. Which particular ones are suitable will depend on the kind of institution and the kind of patient. For slow retarded groups or emotionally disturbed groups of children, much elementary rhythm work is required, musical games that are simple, and dancing.

Physical Therapy

Physical therapy is the therapeutic use of physical agents other than drugs. It comprises the use of physical, chemical, and other properties of heat, light, water, electricity, massage, exercise, and radiation (19, p. 66). Oftentimes physical defects can cause emotional disturbances within an individual. By properly treating the physical problem, the emotional problem will correct itself.

Concluding Thought

Adjunctive therapies are a very important part of the therapeutic program especially in residential treatment centers for emotionally disturbed children. They can be most effective in teaching the psychology of adjustment. Some of the most used means of adjunctive therapies are: (1) Group, (2) Psychotherapy, (3) Speech Therapy, (4) Music, and (5) Physical.

Supporting Services

The quality of the counseling and guidance program in any situation is largely conditioned by the thoroughness of which the supporting services are carried out. The services
which support the counseling function should be developed and maintained in a systematic manner. A review of the encompassing nature and scope of these services will reveal the broad responsibilities which must be assumed in order to provide an adequate basis for effective counseling.

**Informational Service**

Every person's whole experience is made up of a series of choices, plans, and adjustments. All of them involve accepting one mode or pattern while rejecting another. Smith (18, p. 191) says that wise decisions in all areas of adjustment require certain facts and knowledge to form a basis. Whatever the choice, the person often looks to the agencies' informational service for the facts upon which he may reach a decision. In matters of this nature, the counselor assumes the role of resource person and helps predict the probable outcome of the various courses of action.

Certainly, in the child-centered residential treatment centers, this phase of the program may not be as important as some of the others. Yet, the counselor should not be unprepared in this area. In matters of further schooling, occupation, and social adjustment, information should be made available to those children who have adjusted sufficiently to be capable of making some of their own decisions.

**Placement Service**

This service is concerned with assisting the person to achieve the appropriate "next step" in life. The tendency to
think of placement as only "job placement" is regrettable. It is placing a person according to his interests, abilities, achievements, adjustments, and probable future where he can gain success. The counselor should keep a record of all placements made and then continue to enter correlated material in regard to success and adjustment made in the individual's new environment (7, p. 8).

Follow-up Service

Follow-up as explained by Erickson (5, p. 383) is a "Service intended to secure information about former pupils, and to provide continuing service to the pupils after they leave the school." These studies serve the purpose of gathering information about former pupils which will aid in evaluating curricular, cocurricular, and guidance services. In addition, an effective study will provide information concerning areas in which former pupils have found satisfactory placements (18, p. 192).

Follow-up records in residential centers would possibly include more information than in other situations. This part of the program should include extensive follow-up on former pupils in order to determine their successive adjustments after leaving the residential environment. This could be an important device for evaluating not only the guidance service but the success and progress of the agency itself. If the individuals fail to adjust to the new environment, then this might indicate a need for re-evaluation in the therapy.
Also, residential treatment centers need to have systematic follow-up methods on visits which their pupils take to their homes or their original environments. This is true not only for Summer and Christmas vacations, but for week-end trips as well. The reporting of this kind of follow-up could be done in several different ways; however, it would seem that some form of a prepared behavior rating scale for the parents to complete would give sufficient systematic information.

Staff Participation

The counseling program must be tailored to fit the conditions found in the individual agency. This fact is especially true in residential treatment centers for emotionally disturbed children. The administrative staff and the child-care staff alike must have an organized program of services designed to make a child-centered therapeutic treatment as individual as possible. This means that all staff members, child-care workers, case workers, clerical, and maintenance staff, impinge upon the child in a treatment oriented manner. All must use counseling of varied types. As Frickson and Smith (7, p. 457) say, "Every student is entitled to the services of guidance in direct proportions to his need." And in agencies designed for the emotionally disturbed, these needs are many.

To make a program that will touch every phase of residential activity requires much time and planning.
Jones suggests:

... It should be clear that guidance is not something that can be separated from the general life of the school; nor is it something that can be located only in some particular part of the school; it cannot be tucked away in the office of the counselor; it is a part of every school activity; some form of guidance is the duty and responsibility of every individual in the system ... The problem of organization is one of coordinating the guidance activities of the school in such a way (1) that all the forces of the school shall be brought to bear in a unified and consistent way upon the problems of each child; (2) that so far as possible, definite primary responsibility for parts of guidance shall be placed upon certain individuals and certain agencies; (3) that the work shall be so divided that each person shall know what his particular duties and responsibilities are ... and (4) that the individual student shall have unified assistance (11, p. 457).

The effectiveness of counseling in any agency is conditioned by the way the program is planned and carried out. This is a fact that places a large responsibility upon the staff of the entire school system.

**Guidance Committee**

The use of a committee for leadership and coordination has been continually stressed. In the selection of committee personnel, it is often advisable to invite certain persons or agencies who could make genuine contributions to the guidance movement. This involves an assessment of the experienced, interests, and abilities of the committee members. It is also advisable to delegate specific functions to individual staff members. Each should head some curricular activity. In assigning such roles to individuals, it is well to clearly define the ways in which the staff
and agency will use the service which they perform. Each of these individuals should then report experiences and such during the regular meetings of the guidance committee. There must be at all times good cooperation between the counselor and other staff members (3, p. 212).

In the situation of schools for emotionally disturbed children, the guidance committee would have need of meeting at frequent intervals. These meetings should include some special help from highly trained individuals. Some of the large agencies of this nature possibly hire full-time psychologists and psychiatrists to work with the students and with the staff as well. Others might have consultants available, familiar with the child centered treatment, who would be willing to advise the counselor, guidance committee and complete staff as the case maybe, on the problems that exist. The organization of the guidance committee should be such that all people working near the children, even to the janitor, should have some means of gaining and giving information regarding the therapy of each child. The counselor is the focal point of this type of program. His schedule should allow for regular consultations with the specially trained advisers, the administrative staff, the teaching staff, and the child-care workers. The counselor also should have regular scheduled meetings with the parents regarding the problems and therapy of the children. The fact must be restated that to have good counseling there must be staff participation.
Summary of Staff Participation

Staff participation is one of the most important factors in an effective counseling program (18, p. 189). A guidance committee along with the counselor must organize a service that is tailored to fit the conditions found in the individual school. This is especially true of residential treatment centers for emotionally disturbed children. In this type of therapy every member, including the child-care workers, should be given a job to do, and they must cooperate well together.

Evaluation

Educators must know what they are attempting to do and how well they are doing it. Evaluation in terms of achievement is most difficult in the guidance area of education. Objectives will differ from school-to-school and from faculty-to-faculty. As in schools for emotionally disturbed children, it has been previously stated, that the universal objectives of most was social adequacy, occupational adequacy, and personal adequacy; but, it is unusual to find two specialists who can agree upon the meaning of the term "adequacy." In order to ascertain that any of the behavior changes had resulted from counseling, the search for the relationship must be on an individual basis (18, p. 280).

Some suggestions made by Smith (18, p. 291) for evaluating the counseling service are: (1) appraisal through pupil opinion, (2) appraisal by teachers, (3) appraisal by
parents, (4) referrals from other professional agencies, (5) appraisal through follow-up procedures.

Hahn and MacLean feel:

In the evaluation of counseling and counseling tools and techniques, we need much larger resources than are usually at the command of individual institutions. It is probable that comprehensive attacks can be made through organizations such as the American Council of Education backed in turn by foundations or by the Federal Government. While we wait for this support to eventuate, individual institutions must continue each in a small way to contribute to the needed investigations of a multitude of vexing problems (8, p. 344).

The various ways which they list for evaluating a counseling program are by (1) counselees, (2) problem-type, (3) faculty (4) administrators, (5) counseling specialists, (6) measurement of group changes, (7) long range follow-up studies, and (8) self-evaluation of the counselor.

In the situation of schools for emotionally disturbed children, it would not appear to be feasible to use the counselee form of evaluation. The more effective methods of evaluations to be executed by the child-centered situation would be staff evaluation, other counseling specialists, counselor self-evaluation, and long-range follow-up studies.

Follow-up as explained by Erickson (5, p. 383) is "a service intended to secure information about former pupils after they leave school. This type of program is the most recent and important device for evaluating the progress and success of the counseling program itself."
Summary

In this chapter a review of related literature has been presented in order to establish principles and criteria of a good counseling program. (A special attempt was made to gear the criteria for the residential child treatment.)

Principles and criteria were first of all developed for the philosophies of guidance and counseling, then duties, certification, and qualifications of the counselor, counseling tools and techniques, adjunctive therapies, supporting services, staff-participation, and evaluation. Among the authorities and experts considered were Smith, Jones, Lefever, Turrell, and Weitzel, Erickson, Hamrin, Cottingham, Hahn and MacLean, Brayfield, Bakwin and Bakwin, the Menninger Foundation, and others. It was possible to formulate a criteria of sound counseling practices by using as a background the ideas supplied by the specialists.

The questionnaire that was formulated as a result of the developed principles and criteria may be found in the appendix.)
CHAPTER BIBLIOGRAPHY


15. Music Therapy, What and Why, Lawrence, Kansas, National Association for Music Therapy, Inc.


CHAPTER III

RESULTS OF THE COUNSELING QUESTIONNAIRE
SENT TO RESIDENTIAL TREATMENT CENTERS
FOR EMOTIONALLY DISTURBED CHILDREN

Introduction

In Chapter I of this study it was stated that the objective was to determine current counseling practices and procedures in residential treatment centers for emotionally disturbed children. The first area was a review of related literature which included a discussion of the following counseling principles that are applicable to residential treatment centers for the emotionally disturbed: philosophy of both counseling and guidance; counselor duties, certification, and qualifications; tools and techniques; staff participation; adjunctive therapies; supporting services; and evaluation. The second area was a survey in the form of a questionnaire to determine what is actually being done in residential treatment centers for emotionally disturbed children. Sixty-nine schools were sent questionnaires, and tabulations were completed on forty-one usable returns.

A questionnaire of the yes and no check list type was compiled and sent to the agencies. Each residential treatment center for emotionally disturbed children listed as
coeducational, covering ages six through eighteen, having both an academic and psychological program as listed by Porter Sargent's, *Handbook for Schools for Exceptional Children*, was sent a copy of the questionnaire. These centers were located in various parts of the United States. The returns were also from all parts of the nation.

**Areas Covered in the Questionnaire**

Though not in the same order of precedence, the questionnaire survey parallels that of the review of literature in the following areas of counseling practices and procedures: counselor duties, qualifications, and certification; tools and techniques; adjunctive therapies; supporting services; staff participation; and evaluation. Each of these areas will be presented and discussed in subsequent order.

**Certification and Qualifications**

Characteristics of the good counselor, the authorities agreed were many and complex. Bare standards were enumerated. A composite of the various suggested plans, however, would include some requirements in each of the following areas: teaching experience, work experience, personal qualification, and academic requirements. The specific questions and the number of positive (yes) answers and the percentage of the positive answers based on forty-one returns are given on the following table.
**TABLE I**

COUNSELOR UTILITIES, CERTIFICATION, AND QUALIFICATIONS

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Does your school have an organized Guidance Program?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Does your school emphasize Counseling as the focal center of its Guidance Program?</td>
<td>34</td>
<td>82</td>
</tr>
<tr>
<td>B. Do you employ one person to direct this program?</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>C. Is this person a certified counselor?</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>D. Is your counselor a teacher counselor?</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>E. Is he an administrative counselor?</td>
<td>15</td>
<td>39</td>
</tr>
<tr>
<td>F. Is he provided with a valid teaching certificate?</td>
<td>12</td>
<td>29</td>
</tr>
<tr>
<td>G. Does he have a minimum of three years teaching experience?</td>
<td>16</td>
<td>39</td>
</tr>
<tr>
<td>H. Does he have one year of paid work experience other than teaching or counseling?</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>I. Has he completed an academic program which includes the following areas:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Principles of Guidance</td>
<td>32</td>
<td>78</td>
</tr>
<tr>
<td>2. Techniques of Counseling</td>
<td>32</td>
<td>78</td>
</tr>
<tr>
<td>3. Mental Hygiene</td>
<td>30</td>
<td>73</td>
</tr>
<tr>
<td>4. Individual Testing</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>5. Tests and Measurements</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>6. Abnormal Psychology</td>
<td>32</td>
<td>78</td>
</tr>
<tr>
<td>7. Technique of Case Studies</td>
<td>30</td>
<td>73</td>
</tr>
<tr>
<td>8. Elementary Statistics</td>
<td>24</td>
<td>59</td>
</tr>
<tr>
<td>9. Sociometry</td>
<td>20</td>
<td>49</td>
</tr>
</tbody>
</table>
Ninety per cent of the residential treatment centers for emotionally disturbed children state that they have an organized guidance program, and 88 per cent emphasize counseling as the focal center of this program. Only 63 per cent were using a certified counselor to direct this area. According to the notes on the questionnaire, some of the agencies left this question blank adding that they employed a psychiatrist or psychologist to direct the entire guidance work. A few of the schools equated the role of counselor with therapist thinking that it applied more to their setting. Although 63 per cent of the counselors have one year of paid work experience other than teaching or counseling, only 39 per cent of them had a minimum of three years teaching experience. An average of 66 per cent of those directing the counseling programs have completed the necessary academic program for certification.

Tools and Techniques

Next, the agencies were checked on counseling tools and techniques. One of the most important tools emphasized by the authorities was that of the cumulative record. Accurate records provide a sound basis for understanding the student. Treatment centers for emotionally disturbed children have found that the keeping of records is essential to the understanding of difficulties of behavior problems. These agencies have shown by the results tabulated in Table II, that they are making good use of this tool.
**TABLE II**

**CUMULATIVE RECORDS**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Is the keeping of records considered to be the responsibility of your counselor?</td>
<td>36</td>
<td>88</td>
</tr>
<tr>
<td>B. Do case studies accompany the child when enrolled?</td>
<td>40</td>
<td>98</td>
</tr>
<tr>
<td>C. Is a systematic plan followed in recording pupil data on cumulative records?</td>
<td>38</td>
<td>93</td>
</tr>
<tr>
<td>D. Do cumulative records contain pupil information about:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. School achievement</td>
<td>41</td>
<td>100</td>
</tr>
<tr>
<td>2. Educational plans</td>
<td>38</td>
<td>93</td>
</tr>
<tr>
<td>3. Vocational plans</td>
<td>32</td>
<td>78</td>
</tr>
<tr>
<td>4. Performances on standardized tests</td>
<td>41</td>
<td>100</td>
</tr>
<tr>
<td>5. Health</td>
<td>41</td>
<td>100</td>
</tr>
<tr>
<td>6. History of medications</td>
<td>41</td>
<td>100</td>
</tr>
<tr>
<td>7. Abilities and talents</td>
<td>41</td>
<td>100</td>
</tr>
<tr>
<td>8. Emotional problems</td>
<td>41</td>
<td>100</td>
</tr>
<tr>
<td>9. Anecdotal records and autobiographies</td>
<td>41</td>
<td>100</td>
</tr>
<tr>
<td>10. Co-curricular activities</td>
<td>32</td>
<td>78</td>
</tr>
<tr>
<td>11. Follow-up inquiries</td>
<td>34</td>
<td>82</td>
</tr>
<tr>
<td>12. Pupil background</td>
<td>41</td>
<td>100</td>
</tr>
<tr>
<td>E. Is there an attempt being made to keep the records high in reliability and comparability by basing them as far as possible on objective data?</td>
<td>36</td>
<td>88</td>
</tr>
<tr>
<td>F. Are the records uniform in type throughout the school?</td>
<td>32</td>
<td>78</td>
</tr>
<tr>
<td>G. Are the records for all pupils readily accessible to the entire staff and child care personnel?</td>
<td>22</td>
<td>54</td>
</tr>
<tr>
<td>H. Does it provide for a minimum of repetition of items?</td>
<td>38</td>
<td>93</td>
</tr>
</tbody>
</table>
Eighty-eight per cent of the surveyed residential treatment centers depend upon the counselor to keep the cumulative records. Much attention is given to the past history of their pupils, as is indicated by the fact that 98 per cent of the agencies tabulated the keeping of extensive records in this area. A large per cent of the treatment centers also regard the systematic keeping of records as being important. One-hundred per cent list cumulative records containing pupil information on all the questions with the exception of educational plans, vocational plans, co-curricular activities, and follow-up inquiries. The 54 per cent tabulated on question "C" would indicate that approximately half of the schools keep two separate records on each child, one being the cumulative data, and the other being a psychological record. A note regarding question "E" remarked that it was an "Unfair Question." For the most part, residential treatment centers for emotionally disturbed children tabulate good percentages for the keeping of cumulative records.

Another means of solving student problems is that of the interview. The authorities agreed that it is imperative that every counselor become as skilled as possible in its use. What is being done in the area of interviewing in residential treatment centers for emotionally disturbed children is revealed in Table III. These institutions encourage the interview service.
TABLE III

THE INTERVIEW

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What per cent of the total enrollment is receiving regular interviews?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) 100% - 75%</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>(b) 75% - 50%</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>(c) 50% - less</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>2. Do these interviews occur as often as:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) twice a week</td>
<td>30</td>
<td>73</td>
</tr>
<tr>
<td>(b) once a week</td>
<td>16</td>
<td>39</td>
</tr>
<tr>
<td>(c) once a month</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>(d) less than this</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>3. Does your counselor ever interview without a previous appointment?</td>
<td>38</td>
<td>93</td>
</tr>
<tr>
<td>4. Is your counselor provided with a comfortable private setting for the interview?</td>
<td>40</td>
<td>98</td>
</tr>
<tr>
<td>5. Is the use of the interview service encouraged?</td>
<td>41</td>
<td>100</td>
</tr>
<tr>
<td>6. Does the counselor take notes during the interview?</td>
<td>22</td>
<td>54</td>
</tr>
<tr>
<td>7. Are recording devices used?</td>
<td>24</td>
<td>58</td>
</tr>
<tr>
<td>8. Are accurate records kept of the interview?</td>
<td>36</td>
<td>88</td>
</tr>
<tr>
<td>9. Is counseling offered as:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Directive</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>(b) Non-directive</td>
<td>22</td>
<td>54</td>
</tr>
<tr>
<td>(c) Eclectic</td>
<td>28</td>
<td>68</td>
</tr>
</tbody>
</table>

Only 66 per cent of the total enrollment of the treatment centers are receiving regular interviews; yet 93 per cent conduct the interview service without previous appointments which are conducted in appropriate settings.
The 73 per cent of the individuals who do not receive regular interviews have appointments as often as twice a week, and 99 per cent as often as once a week. Recording devices were reported to have been used in 58 per cent of the schools. A note accompanying a questionnaire stated that they used "recording devices only for dictation after the interview."

Therefore, since 68 per cent keep accurate records of the interview, 30 per cent of the counselors rely on their notes for recording the significant data. As the results indicate in number "9," there is no uniform approach to the method of counseling during the interview used in residential treatment centers for the emotionally disturbed personality.

A third important tool as listed by the authorities, is the use of tests. Table IV lists the testing program organization.

**TABLE IV**

**TESTING PROGRAM**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>K. Does your counselor select the tests to be used in your testing program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Are standardized tests administered by the counselor?</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>2. Are they administered by the child's classroom teacher?</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>3. Are they administered in the child's own room?</td>
<td>16</td>
<td>39</td>
</tr>
</tbody>
</table>
Table V lists the names of the tests that the agencies use in their program.

### TABLE V

#### TESTS

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. What tests do you give in the following areas:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Achievement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Metropolitan</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>(2) Wide Range</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>(3) California</td>
<td>12</td>
<td>29</td>
</tr>
<tr>
<td>(4) Stanford-Binet (sic)</td>
<td>12</td>
<td>29</td>
</tr>
<tr>
<td>(b) Personality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Incomplete Sentence</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>(2) Rorscharch</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>(3) TAT</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>(c) Intelligence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Wechler-Bellevue</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>(2) WISC</td>
<td>16</td>
<td>39</td>
</tr>
<tr>
<td>(3) Stanford-Binet</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>(4) Draw-A-Man</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>(5) Cattell</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>(6) Bender-Gestalt</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>(d) Interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Kuder</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>(e) Projective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Bender-Gestalt</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>(2) CAT</td>
<td>16</td>
<td>39</td>
</tr>
<tr>
<td>(3) Rorscharch</td>
<td>16</td>
<td>39</td>
</tr>
<tr>
<td>(4) Incomplete Sentence</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>(5) Blackey</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>(f) Aptitude</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Wide Range</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>(2) Gray Oral Reading</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>(3) California Achievement</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>(4) Gates Reading</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>(5) Durrell</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>(6) Stanford</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>
A complete list of the test titles and their publishers may be found in the appendix. As has been indicated by notes accompanying the questionnaires, the counselor in many instances is a psychologist or a medical doctor; therefore, only 34 per cent of the counselors administer the standardized tests, while 44 per cent of the classroom teachers are responsible for this activity. In tabulating the results, only 49 per cent of the counselors selected the tests to be used. In many instances the tests seemed to be used for more than one purpose, and there appeared to be no set time for giving any of the standardized tests. Some statements made with this area of the questionnaire were that they administer tests, "At time of admission and as indicated at other times," "No regular testing program," "When needed," and "Following admission and pre-discharge." The agencies placed emphasis on projective or diagnostic testing by listing more of these tests being given than in any other area of their testing program.

Various other tools were listed by the counseling authorities as being valuable for certain occasions. Some of the more important ones are the autobiography, the anecdotal record, and the systematic case study, and sociometric devices. To what extent residential treatment centers for emotionally disturbed children are using these ancillary tools will be shown in Table VI.
### Table VI
**Ancillary Tools**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K. Does your counselor use the autobiography as a counseling tool?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Do you use the uncontrolled autobiography?</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>2. Do you use the controlled autobiography?</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td><strong>L. Does your counselor use these other devices as a means of identifying student's problems?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The anecdotal record</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>2. The systematic case study</td>
<td>32</td>
<td>78</td>
</tr>
<tr>
<td>3. Sociometric devices</td>
<td>8</td>
<td>19</td>
</tr>
</tbody>
</table>

Twenty-four per cent of the agencies make use of the autobiography, and 19 per cent of these use the uncontrolled method. This is the one, according to the authorities, that is better adapted for the emotionally disturbed personality.

**Adjunctive Therapies**

The counseling service, particularly when associated with emotionally disturbed children, depends markedly upon its adjunctive therapies. The more important of these are group, play, psychotherapy, music, dramatic, physical, and speech. In almost every case, the authorities agreed that trained personnel is essential in the successful use of these forms of treatment. Table VII lists the results.
TABLE VII
ADJUNCTIVE THERAPIES

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>III. Does your counselor act as consultant for all the adjunctive therapies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Do you have group interviews?</td>
<td>30</td>
<td>73</td>
</tr>
<tr>
<td>1. Are these interviews held once a week?</td>
<td>18</td>
<td>44</td>
</tr>
<tr>
<td>2. Are they held once a month?</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>B. Are group dynamics considered in dormitory placement?</td>
<td>36</td>
<td>88</td>
</tr>
<tr>
<td>C. Do you have a student council?</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>D. Do you have clubs?</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>E. Are the children required to belong to a club?</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>F. Do you operate a summer camp program?</td>
<td>22</td>
<td>54</td>
</tr>
<tr>
<td>G. Does your school use play techniques as therapy?</td>
<td>38</td>
<td>93</td>
</tr>
<tr>
<td>1. Do you employ a play therapist?</td>
<td>24</td>
<td>58</td>
</tr>
<tr>
<td>2. Does the counselor administer the therapy?</td>
<td>28</td>
<td>68</td>
</tr>
<tr>
<td>H. Does your school employ the following therapies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Psychotherapy</td>
<td>38</td>
<td>93</td>
</tr>
<tr>
<td>2. Music therapy</td>
<td>22</td>
<td>54</td>
</tr>
<tr>
<td>3. Dramatic therapy</td>
<td>12</td>
<td>29</td>
</tr>
<tr>
<td>4. Physical therapy</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>5. Speech therapy</td>
<td>18</td>
<td>44</td>
</tr>
<tr>
<td>I. Do you employ specially trained therapists?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Psychotherapy</td>
<td>38</td>
<td>93</td>
</tr>
<tr>
<td>2. Music therapy</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>3. Dramatic therapy</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>4. Physical therapy</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>5. Speech therapy</td>
<td>18</td>
<td>44</td>
</tr>
</tbody>
</table>
The counselor acts as director or consultant for 63 per cent of the agencies using adjunctive therapies. Sixty-three per cent conduct group interviews, and 44 of the interviews are held as often as once a week. Group dynamics are an important factor in the dormitory placement as 88 per cent list it as being considered. Only 24 per cent have a student council and 49 per cent have organized clubs. Yet, 73 per cent are allowed to choose their own organization, and only 5 per cent of the agencies require the children to belong to a club. Ninety-three per cent of the treatment centers employ play techniques as a form of therapy. Also, 93 per cent employ psychotherapy and the same percentage have a trained psychotherapist. Music therapy is administered in 54 per cent of the agencies, while only 34 per cent employ a specially trained person. Forty-four per cent of the schools use speech therapy, and the same percentage employ a trained person for the task. Notes accompanying the questionnaires stated, "Some of this is furnished by outside help," and "Art therapy is added."

Supporting Services

The authorities in the field of guidance feel that the quality of counseling in any type of therapeutic program is largely conditioned by the thoroughness of which the supporting services are carried out. These services which were stressed were information, placement, and follow-up. Table VIII shows what the surveyed centers are doing in this area.
### TABLE VIII
**SUPPORTING SERVICES**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IV. Is your counselor the focal point of the supporting services which you offer?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Does your school offer an informational service?</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>B. Does your school have a placement service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Does your counselor assist students leaving school in obtaining desirable employment or in securing additional training for adjustment to life?</td>
<td>30</td>
<td>73</td>
</tr>
<tr>
<td>2. Does your counselor follow-up placements made?</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>C. Does your school have an adequate follow-up service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Are follow-up results used to evaluate and improve instructions?</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>2. Are follow-up studies made on all former students?</td>
<td>18</td>
<td>44</td>
</tr>
<tr>
<td>(a) One year after leaving school?</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>(b) Three years after leaving school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you follow-up weekend visits home?</td>
<td>34</td>
<td>82</td>
</tr>
<tr>
<td>4. Is this follow-up in the form of a prepared behavior rating scale for the parents to complete?</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>
Only 63 per cent of the agencies indicate that the counselor is the focal point of the supporting services, and only 68 per cent offer an information service. Seventy-three per cent list the advantage of a placement service and the same percentage state that this is the responsibility of the counselor. Only 54 per cent of the counselors follow-up the placements made. Though there is not a systematic follow-up plan in many of the schools, 63 per cent make use of follow-up results to evaluate and improve instructions. Forty-four per cent make follow-up studies on all former students. Individual notes on question "C" state: "Individual situation," "Not all," "Catch as catch can—they're all over the world," and "No follow-up is necessary because our children come back to see us." Only 58 per cent follow-up on vacation, and one agency states they have no vacation. Eighty-two per cent follow-up week-ends home, but only 2 per cent use a systematic form for this information.

Staff Participation

The counselor cannot carry the burden of personnel services alone. The staff must help, according to personnel service writers. In residential treatment agencies for emotionally disturbed children, staff participation is one of the most important factors in an effective counseling program. A guidance committee along with the counselor must organize a service that is tailored to fit the conditions found in the individual school. These phases are discussed in Table IX.
### TABLE IX

**STAFF PARTICIPATION**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. Do you feel that there is good cooperation between your staff and the counselor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Does your school have an organized Guidance Committee?</td>
<td>38</td>
<td>93</td>
</tr>
<tr>
<td>1. Does this committee consist of your counselor, administrative officers, and staff?</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>2. Does this committee meet at regular intervals?</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>B. Do you employ a psychologist?</td>
<td>32</td>
<td>78</td>
</tr>
<tr>
<td>1. Full-time</td>
<td>22</td>
<td>54</td>
</tr>
<tr>
<td>2. Part-time</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>C. Do you employ a psychiatrist?</td>
<td>34</td>
<td>82</td>
</tr>
<tr>
<td>1. Full-time</td>
<td>16</td>
<td>39</td>
</tr>
<tr>
<td>2. Part-time</td>
<td>24</td>
<td>58</td>
</tr>
<tr>
<td>D. Does your counselor receive aid from outside professional sources?</td>
<td>30</td>
<td>73</td>
</tr>
<tr>
<td>E. Do you employ a psychologist on an advisory basis only?</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>F. Do you employ a psychiatrist on an advisory basis only?</td>
<td>12</td>
<td>29</td>
</tr>
<tr>
<td>G. Do teachers refer students to your counselor for additional assistance?</td>
<td>32</td>
<td>78</td>
</tr>
<tr>
<td>H. Do teachers serve as sponsors of co-curricular activities?</td>
<td>28</td>
<td>68</td>
</tr>
<tr>
<td>I. Does the counselor confer with the child-care workers on residential problems?</td>
<td>36</td>
<td>88</td>
</tr>
<tr>
<td>J. Are the services of the counselor available to parents?</td>
<td>36</td>
<td>88</td>
</tr>
</tbody>
</table>
The staff in residential treatment centers are interested in counseling and its program as is indicated by the 93 per cent on question "V." Yet, only 49 per cent state that they have a guidance committee. Much professional help employed by these agencies. In fact, in many cases, the counselor is a highly trained individual. Fifty-four per cent of the residential treatment centers for emotionally disturbed children employ a full-time psychologist, and 49 per cent hire one part-time. Just as encouraging is the 39 per cent of full-time psychiatrists that are on the staff of these treatment centers, and 58 per cent part-time. Seventy-three per cent of the counselors received aid from outside professional help; yet, only 10 per cent hired a psychologist on an advisory basis only, while 29 per cent employed a psychiatrist on an advisory basis only. A few of the notes regarding professional aid that came with the questionnaires stated: "We have no counselors—we have psychiatrists, psychologists, social workers, teachers, and child-care workers," "We have a psychiatrist," "Eighteen full-time psychologists, six full psychiatrists, and four part-time."

Evaluation

Educators must know what they are attempting to do and how well they are doing it. This was a point agreed upon by the counseling authorities. The methods of evaluation found to be effective for the child-centered treatment agencies were staff evaluation, other counseling specialists, counselor
self-evaluation, and long-range follow-up studies. What has been done in the area of evaluation is revealed on Table X.

**TABLE X**

**EVALUATION**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI. Do you have a system of evaluating your counseling service?</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>A. Who does the evaluating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The faculty?</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>2. Other counseling specialists?</td>
<td>18</td>
<td>44</td>
</tr>
<tr>
<td>3. Your own counselor?</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>B. Do you use extensive follow-up studies as a means of evaluating?</td>
<td>8</td>
<td>19</td>
</tr>
</tbody>
</table>

Sixty-three per cent of the agencies carry out a system of evaluating the counseling service. Outside specialists do the evaluating in 44 per cent of the schools, while the counselor does his own evaluating in 24 per cent of the agencies. Only 19 per cent use an extensive means of follow-up studies in order to evaluate their counseling service.

**Personal Information**

The conception of counseling and guidance by the authorities in many ways parallels that of the officials who work in the field of treatment for the emotionally disturbed personality. Table XI reveals the personal questions.
<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Positive Answers</th>
<th>Percentage of 41 Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>VII. Do you think this questionnaire covered the most important phases of your counseling program?</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>A. Would you like a copy of the results of this questionnaire?</td>
<td>28</td>
<td>68</td>
</tr>
<tr>
<td>B. Please add any personal comments that you think might be helpful in any way.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

That the administrators are somewhat interested in the improvement of their counseling program is indicated by the fact that 68 per cent asked for a copy of the results of the questionnaire. Forty-nine per cent of the executive felt that the questionnaire covered the most important phases of their counseling program. Some returns were blank on both the yes and no responses on that question.

A number of personal comments were made. From one agency came this comment:

We have a system of counseling in our school program during the academic year, and this is geared to helping the individual student make good use of the aid offered and develop realistic vocational goals. ... It might have been very interesting in constructing your survey to have included an area on in-service training estimating how much of this is done on a regularly scheduled basis and by whom.
From another agency the director said, "One of our weaknesses, I believe, is the lack of staff to do much follow-up work. We do not keep in touch with a good many of our children, but to do a thorough follow-up work, we would have to have an addition to our staff which our finances will not permit at the present time."

Another director said, "Our institution is very small--only twenty children, and a great deal of this questionnaire did not apply too well."

A few of the executives and directors, who did not feel that the questionnaire completely applied to their particular setting, gave the following descriptions of the service which their school offers.

From one school came this interpretation:

We are a treatment center for emotionally disturbed children. The therapy is done by a staff of eleven caseworkers under the supervision of a consultant psychiatrist. Eight of our caseworkers have Masters Degrees in social work.

Another explained their program in this manner:

This questionnaire is not pertinent to our setting, which is a psychiatric inpatient treatment center for severely emotionally disturbed children. All children are in intensive psychotherapy, and an individual 24-hour child care and school program is set up for each child, based at all times on the understanding of the child's needs obtained in psychotherapy. No child is admitted except after an extensive and intensive psychiatric, physical, neurological, and psychological evaluation by our own out-patient department.

The directress from one of the agencies explained:

Our age range is from six to sixteen. The children stay only until they are emotionally stable enough to adjust
to public school. Our therapeutic program is conducted by the combined effort of the psychiatrist, and two clinical psychologists. They use testing, indirect counseling, hypno-analysis, and psychodrama. The psychiatrist checks the child's progress, diagnosis and advises what tests and techniques should be used. The testing and therapy is done by the psychologists.

Summary

The results of a questionnaire that was sent to sixty-nine Residential Treatment Centers for Emotionally Disturbed Children has been reviewed and discussed by areas of essential phases of counseling practices. The total number of positive answers has been shown in each area after each specific question, and the percentage of positive answers for the forty-one returns has also been shown. A number of comments from various schools were included. Some areas are weak in comparison with others, according to the criteria.
CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

After examining the results of returns from forty-one Residential Treatment Centers for Emotionally Disturbed Children on a counseling questionnaire, which was based upon criteria determined by guidance and counseling specialists, the following conclusions were reached:

1. The majority of Residential Schools for Emotionally Disturbed Children have organized guidance program using counseling as the focal center of the service.

2. The role of "counselor" in most cases could have been equated with the name of therapist, psychiatrist, psychologist, child-care workers, and sometimes director.

3. As stated in the criteria and found to be true in the conclusions—there are many different concepts for the terms "counseling and guidance," and even though defined by one person, it may still semantically mean something else to another.

4. Since most of the agencies employ highly trained professional people to direct their therapeutic program, there is a lack of sufficient work experience other than in the field of counseling.
5. Therapeutic centers are making good use of cumulative records as a counseling tool.

6. These agencies evidently keep two sets of records as only 54 per cent make their records accessible to the entire staff, while 98 per cent tabulate the keeping of records.

7. The majority of the counselors are making use of the interview; however, this same majority prefers to counsel without previous appointment.

8. Ninety-eight per cent of the counselors have a comfortable private setting for interviewing.

9. In Residential Schools for Emotionally Disturbed Children, no set method of interviewing was established; although, there appeared to be a slight trend toward the eclectic method with a 68 per cent recorded.

10. These agencies place emphasis on projective or diagnostic testing.

11. Insufficient interest appears to be placed on student councils, organized clubs, summer camps, and other co-curricular activities.

12. There is a definite trend toward the use of play techniques as a form of therapy, and 68 per cent of the counselors administer the play therapy.

13. Psychotherapy appears to be the dominate adjunctive therapy practiced by the agencies, and 100 per cent employ a trained psychotherapist.
14. The third ranking adjunctive therapy was Speech Therapy with 44 per cent, and the same percentage employed a Speech Therapist.

15. Only half of the agencies surveyed list the counselor as the center of their supporting service program.

16. Three fourths of the centers indicated an attempt at placement.

17. The follow-up programs were highly inadequate. Only 44 per cent indicated an attempt at follow-up of their former students. A few of the institutions used follow-up studies to evaluate their counseling program.

18. Eighty-two per cent follow-up week-end visits home, but they do not use any kind of a form to organize the information.

19. There is a feeling of good cooperation between staff and counselor in 93 per cent of the schools surveyed, which would indicate the lack of, or poor cooperation in 7 per cent of the agencies.

20. Only half of the treatment centers have organized committees; yet, 100 per cent tabulated an organized guidance program.

21. The majority of the schools are well staffed with professionally trained officials, either full or part time, or both.

22. The institutions tabulated good cooperation between the counselor and child care workers.
23. Only 88 per cent of the counselors extend their services to the child-care workers and parents, which indicates that someone other than the counselor has this responsibility.

23. The evaluating systems in Residential Treatment Centers for Emotionally Disturbed Children are sadly lacking. The area of evaluation by follow-up, which is most beneficial in this kind of counseling, has only 19 per cent.

24. Most of the officials want to know more about what others are doing in this area, as was indicated when 68 per cent wanted a copy of the results of the questionnaire.

Recommendations

As the trend in determining more effective methods of treating the individual differences in children continues, it is hoped that this study has heuristic values to others to determine through other studies the most effective practices and procedures of counseling. It would be interesting to construct another survey concerning "In-service Training," estimating how much of this is done on a regularly scheduled basis. Another area for research might be more extensive studies on effective methods of "Follow-up Studies" as this is a very weak part of the surveyed institutions counseling programs.
APPENDIX

QUESTIONNAIRE

The Counseling Service in Residential Schools for Emotionally Disturbed Children

I. Does your school have an organized Guidance Program?

A. Does your school emphasize Counseling as the focal center of it's Guidance Program?

B. Do you employ one person to direct this program?

C. Is this person a certified counselor?

D. Is your counselor a teacher-counselor?

E. Is he an administrative-counselor?

F. Is he provided with a valid teaching certificate?

G. Does he have a minimum of three years teaching experience?

H. Does he have one year of paid work experience other than teaching or counseling?

I. Has he completed an academic program which includes the following areas:

1. Principles of Guidance
2. Techniques of Counseling
3. Mental Hygiene
4. Remedial Reading
5. Individual Testing
6. Tests and Measurements
7. Educational Psychology
8. Growth and Development of the Child
9. Abnormal Psychology
10. Technique of Case Studies
11. Juvenile Delinquency
12. Supervised Counseling
13. Techniques of Research
14. Elementary Statistics
15. Group Technique in Guidance
16. Sociometry

Please use a check mark

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___
II. What tools and techniques of counseling does your school employ?

A. Is the keeping of records considered to be the responsibility of your counselor?  
   Yes___ No___

B. Do case studies accompany the child when he is enrolled?  
   Yes___ No___

C. Is a systematic plan followed in recording pupil data on cumulative records at regular intervals?  
   Yes___ No___

D. Do cumulative records contain pupil information about:

1. School achievement  
   Yes___ No___
2. Educational plans  
   Yes___ No___
3. Vocational plans  
   Yes___ No___
4. Performances on Standardized Tests  
   Yes___ No___
5. Health  
   Yes___ No___
6. History of medications  
   Yes___ No___
7. Unusual abilities and talents  
   Yes___ No___
8. Specific Emotional Problems  
   Yes___ No___
9. Anecdotal records and autobiographies  
   Yes___ No___
10. Co-curricular activities  
    Yes___ No___
11. Follow-up studies and inquiries  
    Yes___ No___
12. Pupil background  
    (a) Name, sex, date of birth  
    Yes___ No___
    (b) Parents' background  
    Yes___ No___
    (c) Siblings  
    Yes___ No___
    (d) Economic status  
    Yes___ No___

E. Is there an attempt being made to keep records high in reliability and comparability by basing them as far as possible on objective data?  
   Yes___ No___

F. Are the records uniform in type throughout the school?  
   Yes___ No___

G. Are the records for all pupils readily accessible to the entire school faculty and child care personnel?  
   Yes___ No___

H. Does it provide for a minimum of repetition of items?  
   Yes___ No___

I. Does your counselor use the interview as a means of resolving student problems?  
   Yes___ No___

1. What per cent of the total enrollment is receiving regular interviews?
   (a) 100%—75%  
   Yes___ No___
   (b) 75%—50%  
   Yes___ No___
   (c) 50%—less  
   Yes___ No___

2. Do these interviews occur as often as:
   (a) twice a week  
   Yes___ No___
(b) once a week
(c) once a month
(d) less than this

3. Does your counselor ever interview without a previous appointment? Yes No

4. Is your counselor provided with a comfortable, private setting for the interview? Yes No

5. Is the use of the interview service encouraged? Yes No

6. Does the counselor take notes during the interview? Yes No

7. Are recording devices used? Yes No

8. Are accurate records kept of the interview? Yes No

9. Is counseling offered as:
   (a) Directive
   (b) Non-directive
   (c) Eclectic
   Yes No

J. Does your counselor use the autobiography as a counseling tool? Yes No

1. Do you use the uncontrolled autobiography? Yes No

2. Do you use the controlled autobiography? Yes No

K. Does your counselor select the tests to be used in your testing program? Yes No

1. Are standardized tests administered by the counselor? Yes No

2. Are standardized tests administered by the child's own class room teacher? Yes No

3. Are achievement tests administered in the child's own room? Yes No

4. What tests do you give in the following areas:
   (a) Achievement..................................................
   (b) Personality....................................................
   (c) Intelligence...................................................
   (d) Interest.........................................................
   (e) Projective......................................................
   (f) Aptitude.........................................................
   (g) Reading.........................................................
5. At what time or times during the year to you administer these tests?

(a) Achievement
(b) Personality
(c) Intelligence
(d) Interest
(e) Projective
(f) Aptitude
(g) Reading

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Spring</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intelligence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Projective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aptitude</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L. Does your counselor use these other devices as a means of identifying student's problems?

1. The anecdotal record
2. The systematic case study
3. Sociometric devices

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The anecdotal record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The systematic case study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sociometric devices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

III. Does your counselor act as consultant for all the adjunctive therapies?

A. Do you have group interviews with the children as a form of counseling?

1. Are these interviews held once a week?
2. Are they held once a month?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are these interviews held once a week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are they held once a month?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Are group dynamics considered in your dormitory placement?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are group dynamics considered in your dormitory placement?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Do you have a student council?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a student council?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Does your school have organized clubs?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your school have organized clubs?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. Are the children required to belong to a club?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the children required to belong to a club?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. Are the children allowed to choose their own club or clubs?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the children allowed to choose their own club or clubs?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. Do you operate a summer camp after the academic year?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you operate a summer camp after the academic year?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H. Does your school use play techniques as a form of therapy?

1. Do you employ a play therapist?
2. Does the counselor administer the play therapy?
3. Do you have a suitably furnished playroom?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you employ a play therapist?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the counselor administer the play therapy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a suitably furnished playroom?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I. Does your school employ the following therapies?

1. Psychotherapy
2. Music therapy
3. Dramatic therapy
4. Physical therapy
5. Speech therapy?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dramatic therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech therapy?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
J. Do you employ specially trained people in administering these therapies?
   1. Psychotherapy
   2. Music therapy
   3. Dramatic therapy
   4. Physical therapy
   5. Speech therapy

IV. Is your counselor the focal point of the supporting guidance services which your school offers its students?
   A. Does your school offer an informational service where the counselor assumes the role of resource person?
   B. Does your school have a placement service?
      1. Does your counselor assist students leaving school in obtaining desirable employment or in securing additional training necessary for adjustment to life?
      2. Does your counselor follow-up all placements made?
   C. Does your school have an adequate follow-up service?
      1. Are follow-up results used to evaluate and improve instructions?
      2. Are follow-up studies made on all former students?
         (a) one year after leaving school?
         (b) Three years after leaving school?
         (c) Five years after leaving school?
      3. Does your school follow-up students on vacation?
      4. Do you follow-up week-end visits home?
      5. Is this follow-up in the form of a prepared behavior rating scale for the parents to complete?

V. Do you feel that there is good cooperation between your staff and the counselor?
   A. Does your school have an organized Guidance Committee?
      1. Does this committee consist of your counselor, administrative officers, and teachers?
      2. Does this committee meet at regular intervals?
B. Do you employ a psychologist?
   1. Full-time
   2. Part-time

C. Do you employ a psychiatrist?
   1. Full-time
   2. Part-time

D. Does your counselor receive aid from outside professional sources?

E. Do you employ a psychologist on an advisory basis only?

F. Do you employ a psychiatrist on an advisory basis only?

G. Do teachers refer students to your counselor for additional assistance?

H. Do teachers serve as sponsors of co-curricular activities?

I. Do you feel that there is good teacher-participation in the guidance program?

J. Does the counselor confer with the child-care workers on matters involving residential problems?

K. Are the services of the counselor available to parents regarding the problems and needs of their children?

VI. Do you have a system of evaluating your counseling service?

A. Who does the evaluating?
   1. The faculty
   2. Other counseling specialists
   3. Your own counselor

B. Do you use extensive follow-up studies as a means of evaluating?

VII. Do you think this questionnaire covered the most important phases of your counseling program?

A. Would you like a copy of the results of this questionnaire?

B. Please add any personal comments that you might think helpful in any way. Please list the title of your position.
Complete List of the Tests and Their Publishers
Used by the Surveyed Schools

I. Achievement Tests

A. Metropolitan Achievement Tests: The Psychological Corporation, World Book Company.

B. Wide Range Achievement Test: The Psychological Corporation.

C. California Achievement Test: California Test Bureau.


II. Personality Tests

A. Incomplete Sentence: The Psychological Corporation

B. Rorschach Method of Personality Diagnosis: The Psychological Corporation, World Book Company.

C. Thematic Apperception Test: The Psychological Corporation, World Book Western Psychological Services.

III. Intelligence Tests

A. Wechsler-Bellevue Intelligence Scale for Adults and Children: The Psychological Corporation.

B. Wechsler Intelligence Scale for Children: The Psychological Corporation.


D. Goodenough Intelligence Scale: The Psychological Corporation.

E. Cattell Infant Intelligence Scale: The Psychological Corporation.


IV. Interest Tests

A. Kuder Preference Record: Science Research Associates.
V. Projective Tests

A. Bellak Children's Apperception Test: Western Psychological Services, The Psychological Corporation.

B. House-Tree-Person: Western Psychological Corporation.

C. Blackey Pictures: The Psychological Corporation.

VI. Reading Tests

A. Gray Oral Reading: The Psychological Corporation.

B. California Reading Test: California Test Bureau.

C. Gates Reading Test: The Psychological Corporation, Western Psychological Service.


Addresses of the Publishers

1. California Test Bureau
   5916 Hollywood Blvd.
   Los Angeles 28, California

2. The Psychological Corporation
   522 Fifth Avenue
   New York 36, New York

   57 West Grand Ave.
   Chicago 10, Illinois

4. Western Psychological Services
   10655 Santa Monica Blvd.
   Los Angeles 25, California

5. World Book Company
   313 Park Hill Avenue.
   Yonkers 5, New York
BIBLIOGRAPHY

Books


Cottingham, Harold F., Guidance in the Elementary School, Bloomington, Mc Knight and Mc Knight, 1956.


Rogers, Carl, Clinical Treatment of Problem Children, New York, Appleton-Century Croft, 1939.


Willey, R. D. and Andrew, D. C., Modern Methods and Techniques in Guidance, New York, Harper and Brothers,

Reports


Publications of Learned Organizations

Music Therapy, What and Why, National Association for Music Therapy, Inc., Lawrence, Kansas.


Encyclopedia Articles


Sargent, Porter, editor, Directory for Exceptional Children, Boston, Porter Sargent Publisher, 1958.

Sargent, Porter, editor, Private Schools, Boston, Porter Sargent Publisher, 1954.

**Unpublished Materials**


**Newspapers**

*Dallas Times Herald*, April 9, 1958.