DESCRIPTIVE ANALYSIS OF COUNSELING TECHNIQUES
USED BY SELECTED CHILD WELFARE WORKERS

THESIS

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

For the Degree of

MASTER OF SCIENCE

By

James L. Brannon, B.S.
Denton, Texas
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The problem with which this study is concerned is that of a descriptive analysis of counseling techniques being used by selected child welfare workers. The method determining the counseling techniques being used was a questionnaire. Seven counseling techniques were tested on the questionnaire.

The questionnaire was developed through the use of various sources. Validity and reliability of the questionnaire were not tested.

The findings were inconclusive, based upon the data. The workers tended to show eclectic use of techniques. Psychoanalysis and client-centered therapy did poll the greatest number of positive responses. Z-scores and probability between the counseling techniques were determined. The findings supported the responses received by psychoanalysis and client-centered therapy. No recommendations were made.
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CHAPTER I

INTRODUCTION

Parents in our society are held responsible for the well-being of their children. They must provide an environment which allows their children to grow and mature and to become self-reliant adults. They are expected to employ sound principles of mental and physical health for their children. These expectations presuppose a framework that fosters independence, self-respect, confidence, and responsibility (2, p. 48).

The parents who abuse or neglect their children short-circuit these expectations of our society. An abusive environment does not produce in the child culturally accepted moral values. Personality traits of confidence and responsibility will not be passed from the parent to the child, for example, if the parent forces a daughter to become a prostitute or forces a son to stay in a closet for days at a time. The parent who throws his two-year-old son against the bedroom wall or whips his son with an electrical cord cannot possibly provide the wholesome environment which produces a well-adjusted child.
The conscience of society has recently been exposed to the problems of child abuse, neglect, and exploitation. The State of Texas in 1974 initiated a mass-media campaign to inform the public of the seriousness and the growth of child abuse. Intensive investigations by the Texas Department of Public Welfare into the areas of child abuse, neglect, and exploitation began in earnest in 1974. The public was instructed to report incidents of child abuse or neglect to their local welfare offices. What was once a family secret became the target of the child welfare worker (3).

The child welfare worker became the responsible party who insured that the child's environment was beneficial and socially acceptable. The child welfare worker's duty is to maintain the child in his home, if possible. This can only be done if the behavior of the parents is changed or redirected for the betterment and advantage of the child. In many cases the parents have to be counseled and proper treatment or therapy must be initiated. The use and knowledge of counseling techniques became an important tool in the hands of the child welfare workers (7).

The counseling sessions became the first step for the parents to take, the first step toward bringing the family back together. The child welfare worker must be able to help the parents with this step and their progression through the sessions. The child welfare worker has to be
skillful in evaluating the potential strengths of the parents for carrying out their roles as parents. Goal-setting for change or growth of the parent or parents has to be planned as well as attempted during the sessions. The child welfare worker must be able to encourage the parents to take responsibility and to find ways to cope with their problems. The use of counseling techniques become very important for the child welfare worker as he attempts to help the abusive parents.

The counseling techniques being used by selected child welfare workers are not readily available for evaluation. Supervisors and program directors have not found the time to examine the worker's techniques. Educational programs reflecting the differing schools of thought on counseling and therapy are not being taught by the Department of Public Welfare to their child welfare workers. Such an educational program outlining the various counseling techniques could be extremely beneficial to child welfare workers (3). Showing them which technique to use with which parent or parents, with the most beneficial result, could save inestimable time and money. But most importantly, a program of this nature could ultimately save the endless suffering on a child in the homes of abusive parents.
Statement of the Problem

The problem of this study was a descriptive analysis of counseling techniques used by selected child welfare workers.

Purpose of the Study

The purpose of this study was to determine the counseling techniques presently being used by a selected population of child welfare workers employed by the Texas Department of Public Welfare.

Definition of Terms

1. **State Department of Public Welfare**—As used in this study, it applies to the department within the Texas government which handles abuse, neglect, and exploitation of children.

2. **Child welfare workers**—As used in this study, they are the social workers responsible for counseling with parents referred to the State Department of Public Welfare. The workers are employees of the State Department of Public Welfare and employed under the Protective Services for Children Units.

3. **Abuse**—As used in this study, it is the non-accidental infliction or threat of infliction of physical injury or emotional or mental damage to a child by a person
responsible for the child's health or welfare. Abuse also involves withholding of needed care for the child (12).

4. Neglect--As used in this study, neglect is a condition in which a child is deprived of living conditions which provide the minimally needed physical and emotional requirements for life, growth, and development. Neglect is a condition created by a person responsible for the child's health or welfare (12).

5. Exploitation--As used in this study, exploitation refers to forcing or unduly encouraging a child to participate in activities detrimental to his well-being. Exploitation includes begging, stealing, and exposure to immoral or degrading circumstances forced upon the child by the parent (12).

**Background and Significance**

**History**

The emphasis among child welfare workers on the abuse, neglect, and exploitation of children is a recent change of focus. In the past, child welfare workers administered assistance programs for children and their families. The problems facing the children of financially-poor parents were the primary concerns of the child welfare workers during the past century and into the twentieth century.
The pioneer in the field of child welfare was Charles Loring Brace. He founded the Children's Aid Society in the 1850's. His interest extended to the bands of homeless children wandering in the streets of New York. The Children's Aid Society established industrial schools, the Newsboy Lodging House, and children's shelters, and pioneered in foster care (13).

Around 1877, "charity organizations," forerunners of our private social agencies, began to spring up to coordinate efforts to help the poor. The Children's Bureau was founded in 1912 as the result of public demands for child labor laws and prevention of infant and maternal deaths.

In 1911 a movement in Chicago brought the advent of the category of mother's aid. This money grant from tax funds allowed mothers to stay at home with their children and meet their economic needs. The aid was a result of the first White House Conference for Children in 1909. It was at this conference that the decree was made that nowhere in the United States in the future would a child be removed from his parents because of poverty. This was the predecessor to the current Aid to Dependent Children's program, which became a part of the Federal Social Security Act in 1935 (13).
During these events the profession of social work was emerging. The Community Service Society of New York had founded the New York School of Social Work, and Mary Richmond was gathering scientific data on the profession. In the 1920's the profession of social work accepted the psychoanalytical concepts founded by Sigmund Freud, and applied them to the profession. Using the concepts of Sigmund Freud and approval of their profession, social workers could attack the problems caused by the individual's feelings and attitudes as well as the problems caused by his environment and poverty.

In the 1930's the great depression hit the country. Instead of a few poor, there were many. The causes of their problems were not within themselves but within the economic structure. The small number of social workers could not meet the demands of the American public. Social workers were recruited from many walks of life. The profession was growing at a tremendous rate.

In August of 1935 the Social Security Act was passed by the United States Congress. This further increased the field of social work. Titles included in the original act dealt with old-age and unemployment insurance, old-age assistance, aid to dependent children, aid to the blind, and child welfare services. The Children's Bureau, which had been founded earlier, in 1912, was moved from the Labor Department to the Federal Social Security Agency. Title V
of the Act dealt exclusively with Child Welfare services (13).

The administration of the Children's Bureau was intended to reinforce state services without imposing a program from the federal level. The federal government offered money to the states for the development of children's social services. The states had to submit a written plan and agree to meet certain conditions. The Children's Bureau was given responsibility for providing consultation and for stimulating programs within the states. The states retained their administrative powers over their Child Welfare Services (6, pp. 46-47).

Prior to 1935 and the passage of the Social Security Act, the State of Texas had incorporated child welfare services within the Board of Control. In May, 1931, the Forty-Second Legislature created a new division in the Board of Control known as the Division of Child Welfare. The functions of the division were (1) to protect defective, illegitimate, and delinquent children; (2) to work with children who are emotionally, socially, or mentally handicapped; (3) to consult with courts, agencies, and institutions on problems involving children; (4) to inspect and license child-caring and child-placing institutions; (5) to cooperate with the United States Children's Bureau; (6) to serve in any other capacity in the interest of child
welfare and in the interest of children for whom there was no other specific provision. The division began operating in 1933 with an educational and supervisory staff of seven persons (13).

On October 1, 1938, the University of Texas published The Report of the Texas Child Welfare Survey. It was felt that the needs of the Division of Child Welfare had to be assessed. Areas of concern had to be distinguished and liabilities presented. The report was designed for use by the Texas Legislature for the proposal of a State Welfare Department.

The needs of Texas children were (1) guardianship; (2) delinquency; (3) placement services; (4) health and mental hygiene; (5) education; and (6) child labor protection. Also the need for a coordination of the many public welfare services was noted. At the time of the report there were six separate state agencies exercising public welfare functions. The needs of the children had to be brought under one central body so all their needs could be met (11, p. 850).

Due to the diversity of needs and lack of control it was found that many of the needs were not being solved. As an example, the enforcement of the School Compulsory Law fell to the individual school districts and the Division of Child Welfare. In guardianship cases the courts were
faced with three or four family assessments from just as many agencies.

The report found thousands of children living in nearly animal conditions in Texas' poor-housing areas. Many were lacking even elementary sanitation facilities, sleeping more than one to a bed, and lacking parental advisement. Some were working long hours for wages away from home, exempted from school to go to work, and working in dangerous environments. Others were being abused and neglected by emotionally disturbed parents. The report stated

The cost of failure to provide adequate services is not nicely calculable--the most important costs are social and human. . . . One thing this study makes clear for every honest Texan to understand: the cost of failure to provide adequately is far more than Texas, or any other state, can afford to meet (11, p. 860).

The Texas State Department of Public Welfare was created by Senate Bill 36, acts of the Legislature at its regular session which convened on January 10, 1939. The Division of Child Welfare was transferred from the Board of Control to become a permanent part of the new agency. The Public Welfare Act of 1941 provided for cooperation with the Federal Social Security Board and the Federal Children's Bureau in the administration of child welfare services (12, p. 1000).
Since 1941 many federal amendments to the Social Security Act and amendments to the Public Welfare Act have increased responsibilities of child welfare workers. The Texas Family Code of 1969 reinforced reporting and protective procedures for child abuse, neglect, and exploitation. It designated the State Welfare Department as the agency responsible for the protection of children (12).

The most important piece of legislation affecting child welfare is Title XX of the Social Security Act. It became law on January 4, 1975. One of the goals was the prevention and remedy of neglect, abuse, or exploitation of children and protection of their interests, or preservation, rehabilitation, or reunification of families. States were required to formulate objectives for implementation of Title XX.

Objectives for the State of Texas were initiated for the fiscal year: October 1, 1975 to September 30, 1976. They are the receiving and investigating of children possibly in need of protection and arranging of services to insure protection. Caseworkers are to provide counseling and therapy to children and/or parents to remedy or prevent the need for protection (12). Other services are offered, but the counseling services are the most important with regard to this study.
The need for counseling services became necessary, according to the objectives designed by the State of Texas. It was imperative for the child welfare workers to have knowledge of and the ability to use counseling techniques if the ideals of Title XX were to succeed. The knowledge and use of counseling techniques by child welfare workers is the subject of this study.

**Characteristics of Abusive Parents**

Child abuse and neglect exist throughout all socioeconomic groups. Most deviant behavior can be concealed easily in families of higher social status. It appears that lower-class people express their abuse in more direct and aggressive actions, whereas those in the upper strata resort to more verbal attacks and withdrawals of affection. Characteristics of abusive parents included these:

1. Responsibility for injury may be attributed to someone else. Mothers and fathers are identified equally as the parent responsible.
2. Cruelty rests upon the relationship between the parents, with both implicated or both resistant to outside interference. The nonabusive parent tends to support the abusive one.
3. Most of the time, parents are experiencing marital difficulties, or are divorced.
4. Mental illness is sometimes common.
5. Financial mismanagement or frail relationships with persons in the community affects the abusing parent or both.
6. Social isolation, few group associations, and a lack of outside support from relationships are common.
7. The parents themselves have experienced pathological parental care. They have frequently been victims of their parents (6, pp. 267-268).
Families who neglect or exploit their children are sometimes different from the abusing parent or family.

Some differences, according to Lela Costin, include these:

1. There is not a deliberate mistreatment of the child.
2. There is less use of abusive language directed toward the child.
3. The family shows a greater tolerance to outside intervention.
4. Families with "severe neglect" show a greater lack of family organization and confusion of parental roles.
5. Parents tended to run away from their problems by disappearing for a few hours or complete desertion (6, p. 268).

The etiology of child neglect, abuse, or exploitation cannot be narrowed down to one specific cause. For some families malevolent influences are in an individual's psychopathology or in the group psychopathology of family members. Sometimes the etiology can be traced to social conditions and environmental stresses impending upon the parent.

When the child welfare worker intervenes, the parents naturally react with justification for their behavior. Their behavior is right for the child, and within their right as a parent. They also act as if it is nobody's business but their own. The parents are usually impressed enough to stop beating the child, for awhile. According to Joyce DeCunzo (7), when regular visits are made, the house is clean, the children are clean, the parents are sober, and they are glad to see the child welfare worker.
DeCunzo states that this is protective behavior, but it will not persist (7). However, it is constructive behavior though it is probably a reaction to authority. If no more, it shows that the parents recognize another behavioral standard.

The more difficult steps are changes the parents want and are willing to sustain. A constructive change may follow the previous responses by many months, with much effort by the child welfare worker and the parents.

Some parents may respond not with conforming behavior but with refusal and acute passivity, though few parents refuse outright. The passive refusal may indicate parents whom do not have the psychic or physical energy to deal with their problems. The threat of the loss of the child may stir action and a change of behavior within the parents. The possible loss of the child may support the parents as they find ways to look after the child better (1, p. 87).

Leontine Young (14) believes the child welfare worker who faces abusing parents cannot be afraid of them. The parents will tend to exploit fear and deride weaknesses of the child welfare worker. The parents can be very convincing and remarkably adept at saying what the child welfare worker wants to hear. Their motives are what they conceive to be their own best interests. Primarily, the abusive parents will respect power, and their is substantial indication that they evaluate any child welfare worker, or
anyone else for that matter, in terms of how much power that person has over them. Families like these require the most mature, sophisticated, and experienced child welfare workers available, people clear in their purpose and comfortable with authority (14, p. 95).

**Services and the Child Welfare Worker**

Child welfare services throughout the study will be synonymous with protective services. Services given by the child welfare workers are intended to protect the child from detrimental experiences in his immediate situation. They are supposed to bring the immediate dangerous situation under control and reduce the risks to the child's safety or well-being, prevent further neglect or abuse, or restore adequate and responsible parental functioning. If these cannot be done, removal of the child may be necessary.

Protective services try to stabilize and improve the home of the child. They help parents to perform responsibly in their relationship to their child or children. They are also concerned with social planning and changing environmental conditions affecting the child. The changes should contribute to the enhancement or improvement of the child care and parental functioning (6, pp. 253-254).

Child welfare workers are first exposed to the family situation after they receive a referral on a possible dangerous situation. These referrals come from the
community: teachers, neighbors, ministers, policemen, or doctors. It is then the child welfare worker's responsibility to investigate the referral.

The child welfare worker intervenes into a situation which may be hostile and secretive. The parents are often reluctant to discuss any aspect of their lives as well as their children's. If there is a present danger, the child welfare worker may have to remove the child immediately from the home. This initial interaction is the most crucial for the child welfare worker. Rapport with the parents must be established for later counseling and therapy.

According to Gale Goldberg (8), the child welfare worker must understand the dynamics of child abuse and neglect. He must recognize the needs of the parents at this crucial time. The child welfare worker must have a repertoire of behaviors that he can use to break the communication barrier and facilitate exchange of information and engagement of feelings. He must attempt to put the situation in a proper perspective and not over-react. Communication with the parents must be kept open (8, p. 275).

Goldberg believes a caseworker's repertoire must have the ability to reach for feelings. This is extremely important when the parent does not express any emotion or expresses feelings which are not appropriate to the situation. When feelings are put into words, it is important
that the child welfare worker interact with those feelings. The child welfare worker must show that he understands and comprehends what the parent is feeling. If this is accomplished, the groundwork for later counseling has been laid down (8, p. 279).

The effectiveness of any kind of service depends on the child welfare worker and his use of counseling techniques. The responsibilities involved in child welfare require the child welfare worker to be a person of warmth, maturity, integrity, insight, imagination, creativity, and flexibility. The child welfare worker gives and sustains help in a life situation which is fraught with deep emotional significance. He must be able to plan and initiate a plan of action.

Lela Costin reports that the child welfare worker must control his feelings concerning the parents. He may be bitter, shocked, or skeptical about the actions of the parents. He may be affected by their distress or abusive behavior, of which they appear to be unconcerned. Control of these feelings must be utmost in the child welfare worker's mind and subservient to the needs of the parents. The plan of treatment has to be kept in the foreground (6, pp. 281-282).

Costin believes the child welfare worker must represent a stable, continuing, and reliable force to the family.
He makes clear the parents understand what is not being done for the children and what needs to be done. He must convey confidence in his ability to help the parents overcome these problems or protect the children if these problems cannot be overcome (6, pp. 281-282).

In most cases the child welfare worker has to provide a kind but firm and fair parenting role. He must keep in mind that these families fear close relationships and will be put off by warm or compassionate approaches. His acceptance and support can be made by a nonjudgmental attitude, use of observation, and positive responses to efforts made by the family (6, pp. 281-282).

Counseling techniques used by the child welfare workers help to open the doors to the parents, which allows them the help they need. During the counseling sessions, the techniques used by the child welfare workers will, hopefully, insure that change can be accomplished.

Young believes the greatest asset a child welfare worker can have in dealing with these families is a deep conviction that no one has the right to abuse the helpless. It is because of that conviction, not anger at the parents, that a child welfare worker hangs on and fights for the children and their parents (14, p. 95).
Occupational stress is accompanied by the responsibilities of the job that the child welfare worker must perform. The child welfare worker makes decisions that generally have great implications for the future of the child. The awesome responsibility and awareness of the possible consequences of one's behavior is bound to create emotional tensions. Also, the parents they deal with are living under considerable stress and strain. The constant exposure to emotionally charged situations, while controlling one's own emotional responses must be highly enervating (5, p. 718).

Working with children adds additional stress. Children are sometimes impulsive with their behavior and expression of feelings. There is sometimes not a dividing line between impulse and behavior, between emotion and acting out. Communication with the child should be established, so the parents can also communicate with their children (5, p. 719).

The child welfare worker must be his own best instrument. Failure of a case may not reflect his competence as a technician, but may be regarded as a reflection of himself as a failure. Failure is greatly felt and more than likely to be personalized (7).

Some of the stress which impinges upon the child welfare worker may come from ambiguity about what he should be doing and how he should be doing it. Techniques for
therapy and counseling are not clearly established to provide guidelines for the child welfare worker. Many situations do not have a validated professional agreement as to the most effective approach. Incomplete or imperfect mastery of available knowledge has to be accepted as a limitation of the profession (5, p. 719).

There is not a clear "disaster criterion" applicable in the child welfare profession. Doctors warn that the patient will die; electrical engineers can predict that there will be a short circuit; architects can predict the collapse of a building, but child welfare workers rarely can assert that a disaster will follow from failure to use the skills of their profession. A non-professional performance is accepted by the community with little anxiety over the outcome. No one can say a child will be socially non-productive or will die if an abusive environment continues. The child welfare profession needs a scientific and a skillful application of techniques. At the present, the child welfare workers share control with public health nurses, teachers, school counselors, and police. The situation is a derogation of the special skill and knowledge possessed by the child welfare workers and adds to their occupational stress (5).
Research Conducted with Child Welfare Workers

Most of the research concerning child abuse, neglect, and exploitation has not centered around the child welfare worker. The child welfare worker, in most cases, is left out of the picture. His professionalism and application of techniques have been taken for granted. Researchers have assumed the competency of the worker and the good job he is doing.

Most study areas of child welfare in the past have been differential characteristics of child welfare populations, decision-making in child welfare, evaluative studies of child welfare services, and developmental studies of children and families. The most frequently asked question is "Who are our clients and what are they like?" (9, p. 22).

Other research has been done in the areas of (1) what criteria are used in deciding for or against a child's separation from his own family, (2) what placement settings are best for which children, (3) what models are most valid in selecting couples for adoption and foster parenthood, (4) what are the costs of various child welfare services, and (5) what are optimum work loads for the staff (9, p. 23). Other research include follow-up studies on abused children (9, p. 29).
Researchers have asked for governmental studies undertaking the evaluation of neglected and abused children programs. The themes have been on the impact of the programs on the children, families, and the community. The studies would look at the intake process, juvenile courts, children's homes, foster homes, case work, and so forth. They would be concerned with numbers and costs (4).

Robert Borgman in a presentation to the National Institute for the Training of Trainers on December 17, 1974, listed three priorities for research. The categories were (1) problems in identification and definitions of child neglect and abuse, (2) discovering and conceptualizing determinants implicated in child neglect and abuse, and (3) devising and evaluating intervention strategies, including administration of child welfare programs. These were current questions and gaps in knowledge about child neglect and abuse (10, p. 58).

Research in administration possibly comes the closest to reaching the worker. The effectiveness of administrative models and styles have seldom been compared to their impact upon the child welfare worker and the parent. Studies have shown morale problems and high turnover rates for child welfare workers. If the parent is to be helped there should be no disruption of client-worker relationships. A
study to locate the causes and remedies for morale problems in an obligation of the administration (10, p. 71).

Unfortunately, the child welfare worker is the last one examined.

Much of the research has been directed toward service delivery. Measurement of services and their effectiveness have been tested, primarily to meet guidelines suggested by the United States Department of Health, Education, and Welfare (2, p. 53). It is the government that holds the purse strings, and effectiveness must be shown. Effectiveness can be measured in terms of better functioning in school and on the job, increased skill in handling daily problems, and increased skill in handling personal goals and objectives (2, p. 53).

Clark W. Blackburn (2) has mentioned a system of services research. For his pattern of counseling services and testing of the services he has designated five areas of research. The areas include (1) development of guidelines for effectively testing existing programs, (2) development of means to study family life and learn why and how families fail or succeed, (3) development of new techniques that can be utilized to help more families succeed, (4) development of means to discover gaps in service, and (5) development of means to study trends in family living and develop prototype experimental programs that can be transformed into community programs (2, p. 54).
Child welfare workers have gone to seminars and training sessions. They have been asked "How do you react to hostility?" and "How do you begin your initial interview?" They have been asked about their involvement with parents and children. They have been asked about the point which they go to the courts for removal of the child from his home. Research concerning child welfare workers has been primarily limited to categorization and numbering (3).

Research has shown that the typical child welfare worker is a white woman of middle-class background. She is located in an urban industrialized area. The decision to go into casework was made in the last years of college or shortly after graduation. She majored in social science and attained average grades. She is not likely to have a master's degree in social work. She was attracted to the profession because she likes to work with people and it offered her the opportunity to be of service to others. The individual felt she had the attitude and interest to make a successful career in the profession. If she remained with the profession, promotional opportunities are likely to be limited because of her lack of full professional training and higher educational degrees (5, p. 726).
The Department of Public Welfare is a bureaucracy, with a formal, hierarchic organization. Child welfare workers are assigned to the performance of tasks, and there is a chain of command, control, and supervision. The bureaucratic efficiency requires clients to be categorized and numbered. Regulations and procedures inhibit the exercise of autonomous judgment and decision. Services must be offered in compliance with rules and regulations, following procedures and guidelines.

Studies have shown conflicts between the child welfare workers and the bureaucracy of the Welfare Department. The commitment the child welfare worker has emotionally and intellectually to meet the needs of the client has to be met within a structured framework. It is imposed by the Welfare Department and the profession over the child welfare worker's own estimation of the needs of the client. There is the conflict between quantitative output and qualitative performance. Departmental regulations limit the autonomy of the worker, and are designed to protect the taxpayer, the community, or the department budget rather than the client (5, p. 722).

Other studies have indicated that a vertical hierarchy (supervisor, administrator) educates the child welfare worker in accepted departmental practice. The horizontal hierarchy of peers institutes a program of informal
training as to what is acceptable behavior. For many child welfare workers who are not fully trained, there may be occupational stress caused by the conflict between the demands of the formal structure and those demands of his peers (5, p. 723).

There may also be "reality shock," the discrepancy between the norms inculcated by professional training and the actual requirements of the job. Many child welfare workers are faced with emergency situations which require immediate action. Many had expected small caseloads which allowed leisurely review of cases and flexibility of solutions to problems. Many child welfare workers experience physical and emotional fatigue resulting from large caseloads, and from the human suffering, deprivation, ignorance, hostility, and cruelty the worker must face everyday. There is the additional frustration which results from limited resources from which to draw upon and lack of community help and concern. Other studies have shown that the child welfare workers who stay with the job and accept its realities do tend to find their major satisfaction in their contact with the clients and in helping the client (5, pp. 724-725).
Counseling Services and Techniques

Counseling services are directed toward helping the parent develop the potential needed to keep the child in the home. The concern of all is to maintain the family unit. The child welfare worker assists the family with remedies for the current condition producing the detrimental environment and behavior.

In a protective service, the child is considered to be the primary client, but the parents are the focus of treatment. The parents need a patient, concerned, and skilled caseworker. The child welfare worker has to examine their way of life, attitudes toward their spouses and children, and toward themselves. It is an experience with growth potential for the parents and the possible decision whether or not to be a parent (1, p. 86).

In the past, most child welfare workers discussed their clients in psychoanalytical terms. The physical abuse of children implied a distortion of reality. The children were a target perceived by the parent in a symbolic or delusional way. The child stood for the psychotic portion of the parent he wished to destroy, his own abusive parent or his own abusive personality. The caseworker then proceeded to treat the parents using Freudian skills and techniques (15, p. 59).
According to Linda Blizzard (3), transactional analysis is presently popular with many child welfare workers. Training sessions have been arranged and conducted by educational staffs. No one has yet formulated games that neglectful or abusive families play. A question raised by transactional analysis of families is: Do some families need to cast their children into roles of inviting abuse or neglect in order to maintain stability or equanimity? (10, p. 67) Unable to answer that question, many child welfare workers are unable to formulate treatment emphasizing transactional analysis (3).

Blizzard mentioned behavior modification as another approach being used by child welfare workers. This approach helps parents to identify specifically the behavior or situations in which child abuse occurs. The child welfare worker then teaches the parents how to avoid those situations or how to influence the child's behavior without violence. The parent is also not faced with the issues of past inadequacies (3).

The State Welfare Department has not offered formal education or training in the different areas of counseling techniques. Child welfare workers are given training in interviewing techniques, process of gathering information, and documenting data. The techniques they use during their counseling sessions are not focused upon. Many child
welfare workers have picked up their techniques through college courses and reading books on the differing techniques.

Techniques being used by the child welfare workers are not known by the State Welfare Department. Even the child welfare workers themselves, may be unsure of a technique. The child welfare workers use their counseling techniques to eliminate conditions permeating the family environment. They may be using a technique and be unaware of its terminology and appropriate application. The child welfare workers may only know that what they use produces some failures and some successes. The child welfare workers may be unaware of differing techniques that possibly could change a failure into a success.

Knowledge of the techniques being used could possibly assist the Texas Department of Public Welfare in setting up programs to train the child welfare workers with counseling techniques. Cognizance of other techniques may give the child welfare workers additional information to assist the parents and children. Only ignorance can impede the relationship between the parents and the child welfare workers, while knowledge enhances the effectiveness of the relationship.
Method of Data Collection

Subjects

The subjects of this study were selected child welfare workers employed by the Texas Department of Public Welfare. Originally, child welfare workers in the Dallas region were proposed as subjects. The request was made through the Regional Director for Social Services through normal communication procedures established by the agency. The request was refused after consultation by the Child Welfare Program Directors in the Dallas region. However, permission was obtained from the Program Directors for Gainesville, Sherman, Denison, Corsicana, and Greenville, Texas. A total of twenty-eight subjects was available. Due to this limitation, a generalization to a greater population may not be possible.

Instrument

The instrument was a questionnaire of 105 items. The instrument was constructed from the use of textbooks, classroom notes, and books by various authors. Validity and reliability of the instrument were not tested. The following techniques were included:

1. Existentialism
2. Gestalt Therapy
3. Behavioral Therapy
4. Psychoanalysis
5. Client-centered Therapy
6. Rational-emotive Therapy
7. Reality therapy.

**Collection of Data**

Questionnaires were sent through normal Texas Department of Public Welfare channels. Each subject was requested to complete and answer all questions. Instructions were submitted with the questionnaire. They were returned through normal channels.

**Analysis of Data**

This study will be concerned with a descriptive analysis of counseling techniques being used by selected child welfare workers. An arbitrary assignment of a percentile of fifty or greater positive responses was expected to indicate a dominant technique. It was possible that all techniques would receive 50 per cent or greater positive responses. If all techniques received 50 per cent or greater positive responses, this may negate the possibility of a dominant technique.

**Summary**

The problems of child abuse, neglect, and exploitation have recently surfaced to the conscious level of our society. The Texas Department of Public Welfare has begun intensive investigations and remedies for the victims of child abuse,
neglect, and exploitation. Child welfare workers employed by the State of Texas became the responsible parties to insure a proper environment for the children.

Treatment of the parents became a major first step toward the elimination of abuse, neglect, and exploitation of their children. The child welfare workers became counselors and therapists, thus stepping out of their traditional role as social workers.

The field of child welfare is over a hundred years old. It began with the area of financial assistance to the poor with children and helping runaways. Later, the trend shifted toward an attack on the social problems facing the poor.

The Social Security Act of 1935 increased the field of social work. Many new assistance programs came into being. The states had to find ways to administer the programs that were created. The Texas Department of Public Welfare was created in 1939, to handle certain provisions within the Social Security Act. Title XX of the Social Security Act was passed in 1975 and one of the goals was the prevention and remedy of child abuse, neglect, and exploitation.

Child welfare services try to maintain and stabilize the home environment of the children. The child welfare workers are concerned with changing the environment affecting the child. The parent is the target of therapy
and counseling sessions conducted by the child welfare workers.

Much of the research concerned with child welfare has not centered on the child welfare workers. Their use of therapeutic or counseling skills has not been rigorously examined.

The purpose of this study is a descriptive analysis of counseling techniques being used by selected child welfare workers with the Texas Department of Public Welfare. The instrument chosen for the study was a questionnaire consisting of 105 questions. The following techniques were examined:

- Existentialism
- Gestalt Therapy
- Behavioral Therapy
- Psychoanalysis
- Client-centered Therapy
- Rational-emotive Therapy
- Reality Therapy
CHAPTER BIBLIOGRAPHY


CHAPTER II

DESCRIPTION OF QUESTIONNAIRE

The questionnaire for this study of a descriptive analysis of counseling techniques consists of 105 items. The following techniques were examined:

1. Existentialism
2. Gestalt Therapy
3. Behavioral Therapy
4. Psychoanalysis
5. Client-Centered Therapy
6. Rational-Emotive Therapy
7. Reality Therapy

Each technique was assigned fifteen items. Philosophy and application of each technique will be discussed under separate subheadings.

The questionnaire was developed through the use of textbooks, classroom notes, and books by various authors. From these sources, items were designed to elicit a positive or negative response, pertaining to the technique being examined. The questionnaire was presented to the Director of Counseling Services of North Texas State University for his comments and approval. Upon his approval,
the questionnaire was delivered to the selected child welfare workers.

Validity and reliability were not determined for the questionnaire. Research in the areas of child welfare and counseling techniques did not yield any studies which used questionnaires similar to the one used for this study.

Items were designed upon the basis of philosophy, application, and knowledge of the seven counseling techniques. Philosophical tenets possessed by the selected techniques were put into forms of questions. This also applied to certain applications and general knowledge of the selected counseling techniques. The process or operation of the techniques by the child welfare workers were put into forms of questions.

The questionnaire was designed to elicit responses which may indicate counseling techniques being used by the selected child welfare workers. The questions were to be answered by a "yes," "no," or "?" (don't know) response. In the majority of questions pertaining to the different techniques, a "yes" response was considered a positive answer, unless otherwise noted. A positive response indicated that the question regarding either philosophy, application, knowledge, or process applied to the respondent. It was arbitrarily assumed that the particular technique
was or is being used by the child welfare worker. A "no" response would indicate the opposite, unless otherwise noted.

Existentialism

Existentialism is a positive philosophy establishing man's potential to assert himself as an individual and his right to an existence. The individual has the freedom of choice and therefore is responsible for his behavior. He has the capacity for the awareness of his own being for making choices and decisions. The person is responsible for the action of his choices and decisions (4, p. 275).

The approach of existentialism primarily concerns itself with the nature of man. An individual's problem mainly stems from a result of being alone and his alienation from his fellow man. His greatest fear is that of being alone (5).

According to existentialism the child welfare worker would be non-judgmental. The parent should not feel that he has been prejudged for his actions. The parent should be capable of making his own decisions and be responsible for them, without the child welfare worker making these decisions for him. There should not be an attempt by the child welfare worker to sympathize with his client. The discussion should be kept to the here and now and what is happening at the present (5).
The child welfare worker who uses existentialism understands the uniqueness of the parent's world. The child welfare worker discusses the parent's world so that both of them can understand and explore the possibilities for change. The child welfare worker does not offer interpretations of the past, but presents the parent's being as it now exists. The parent, it is hoped, develops an attitude of commitment and a willingness to make decisions that will change his behavior.

Questions pertaining to existentialism are numbers 1, 8, 15, 22, 29, 36, 43, 50, 57, 64, 71, 78, 85, 92, and 99. All questions would be answered "yes" for a positive response, except 99, if they related to the respondent's framework and use of this therapy. Questions were selected on the basis of philosophy, application, and knowledge of existentialism.

Certain questions may require an explanation for their insertion into the questionnaire. One of these is question 78, which refers to the writings of Kierkegaard. This question was instituted because if a child welfare worker is knowledgeable of Kierkegaard, he may instill some of his philosophies and attitudes (5).

Illustrative questions applying to the philosophy of existentialism may be questions 29 and 92. They relate to man's fear of being alone. They both relay the assumption
that man can only become himself through relationships with others. This is one of the tenets of existentialism.

An answer of "no" is a positive response for question 99. This question refers to men being controlled by instincts and passions. Existentialism states that man is free and responsible to himself and seeks freedom from instincts. According to that philosophy, the positive response would be "no."

Gestalt Therapy

According to Gestalt therapy, the individual is an organism that can be only understood as a whole system. The client is in contact with his environment, his sensory experiences, and his feelings and emotions. It is important that the client be in touch with his feelings and emotions at all times.

Gestalt therapy believes that the psychological direction of an individual tends to organize his perceptions simply and completely in order to reduce tension arising from a state of disorganization (1, p. 58). For example, a parent may beat his child as the easiest way to make the child stop doing something that is making the parent tense or upset.

Within the confines of Gestalt therapy the behavior of an individual is determined on how he perceives his sensory experiences. If the client perceives a threat, he will
behave in a manner appropriate for him. His perceptions are affected by his values and goals. Perception can also be screened by the individual's ego and self-concept. One aim of therapy is to help the client become more aware of himself and his perceptions (4, p. 278).

Using Gestalt therapy the child welfare worker would focus on the more obvious behavioral patterns of the parent. The child welfare worker would help the parent become aware of his behavioral patterns, such as hand gestures, facial expressions, posture, voice inflections, and so on. The child welfare worker would ask "what is," instead of "why" the parent has a particular behavioral pattern. The parent should become aware of these patterns (4, pp. 279-283).

The child welfare worker tries to help the parent review his sensory experiences and accompany behavior. During the sessions there should be a search for new options or behaviors to interact with his sensory experiences. There should be another behavior than abusing the parent's child. In Gestalt terms, this is called perceptual reorganization and results in insight. Insight is more likely to appear if the parent becomes involved with the solution to his inappropriate behavioral pattern and how he perceives his sensory experiences (1, p. 61).
The child welfare worker strives to improve the relationship between the parent and his environment. He frustrates the parent so he can come face to face with his inhibitions and behavior. The parent is forced to find his own way out of his problems. Reality is stressed as the present, not the past or future (5).

Gestalt questions are numbered 2, 9, 23, 30, 37, 44, 51, 58, 65, 72, 86, 93, and 100. Positive responses would be "yes." A "no" response is positive on question 23. Most questions dealt with application and process of Gestalt therapy.

A positive response is answered "no" on question 23 because it refers to the child welfare worker discussing the parent's past. In Gestalt therapy, the past would not be discussed unless it is an awareness of past behavior and the reason for its occurrence.

Behavioral Therapy

Behaviorists believe individuals have learned responses to certain situations within their environment. Most of these responses or behaviors have been learned through the contact with their environment. The individuals can manipulate their behavior as the environment impinges upon them. Certain behaviors have been learned as responses to certain environmental experiences (5).
Behaviorists begin with the assumption that people have drives. These drives are physiological, but through socialization secondary motives are acquired. These motives propel the individual toward goals. Expectancies surface when he seeks a goal and achieves it or fails. A stimulus sets off a response to make the person head toward his goal. If the response is rewarded, it is tended to be repeated. A primary concept is that of reinforcement. This concept occurs when the above sequence is completed (1, p. 53).

Counseling sessions are concerned with the acquisition, performance, and extinction of behavior. Learning principles are used toward this end. The counselor is a manipulator and controller of the situation and sessions. The primary goal is the behavioral modification of the client (5).

Emotional disturbance is described as maladaptive behavior. The behavior is maladaptive because society finds it dangerous or troublesome. Maladaptive behavior or abnormal behavior is learned in the same way as normal behavior. The child welfare worker does not make an effort to uncover past or unconscious conflicts or discover the etiology of the condition, if behavioral techniques are used (4, p. 239).
The child welfare worker may focus on the client's present overt behavior (abusing the child) and the reinforcements for the behavior. The child welfare worker is more concerned with the "what" of the behavior which must be changed, rather than the "why." He determines what is to be changed and what should be taught in its place.

Relaxation exercises may be used by the child welfare worker. This may tend to relieve any present tension the parent may feel. It may be taught to the parent, so he can use it when his anxiety-evoking stimulus is present (4, p. 248).

The child welfare worker may also use modeling as a technique. This involves the acquisition of new responses by imitating another's behavior. Modeling can help the creation of new responses that can be maintained through reinforcement. The child welfare worker may use himself or another person to be the subject of the modeling (4, p. 252).

Role playing may be used during sessions. This allows the parent to see his behavior and witness another behavior which is more appropriate or beneficial. Verbal instructions, homework, and contracts can be helpful as techniques, if the child welfare worker follows the tenets of behavioralism. This presents the parent with a commitment to a change of behavior or acquiring a new one.
Questions related to behavioralism are 3, 10, 17, 24, 31, 38, 45, 52, 59, 66, 73, 80, 87, 94, and 101. Questions were based on behavioral philosophy, application, and techniques. A positive response to question 31 would be "no." Question 31 refers to reasons behind or reasons causing the client to behave as he does. The key word in the question is "why." A behaviorist would be more concerned with the "what" of the behavior instead of the "why."

Psychoanalysis

Sigmund Freud is the founding father of psychoanalysis. He believed individuals were shaped and motivated by biological needs, sexual drives, and aggressive instincts. The nature of man is seen as irrational, aggressive, and destructive. According to Freud, man's main drive is his own self-gratification. Man, as a biological creature, is seen in a very negative way (5).

According to psychoanalysis, the personality is composed of three systems. These systems are referred to as the ego, superego, and id. The personality of an individual is constructed from the outcome of a mutual interaction among tendencies of the ego, superego, and id. This is one of the major tenents of psychoanalysis (5).

The id is characterized as the unconscious and pleasure-oriented element of the individual. It is also
the source of life forces and energies. The ego functions as a reality-oriented mechanism. The ego also acts as a mediator between the id and superego. The superego acts like the conscience of the individual. It consists of moral attitudes and social mores (1, pp. 36-37).

According to psychoanalysis, the child welfare worker would try to help the parent uncover unconscious motives. He would help the parent to integrate these motives within the individual's total personality. The child welfare worker should be aloof or distant, but is supposed to be understanding. The child welfare worker is initially passive, but does become more active as treatment progresses (5).

Counseling techniques would include free association, analysis of resistance and transference. In free association the child welfare worker allows the parent to let his mind wander and lets him talk about anything he feels is important. This helps to establish the relationship between the child welfare worker and parent. The parent gains insight and the child welfare worker begins to understand the parent (5).

Analysis of resistance allows the parent to talk about things which are painful. This helps to break down the parent's resistance as he begins to face painful thoughts (5).
Transference is the projection of the parent's feelings onto the child welfare worker. There may be the development of a deep, emotional attachment for the child welfare worker. If this happens the parent may act as though he was someone else, a person in his past. Transference allows the parent to discuss his feelings more openly. The child welfare worker perceives the transference feelings expressed by the parent and is able to understand, possibly, how he sees and manipulates his world.

Psychoanalysis questions are 4, 11, 18, 25, 32, 39, 46, 53, 60, 67, 74, 81, 88, 95, and 102. Positive response would be recorded under the "yes" column. The questions are based on philosophy, application, and knowledge of psychoanalysis.

Client-Centered Therapy

The underlying philosophy of client-centered therapy includes (1) the belief in the individual as a person of worth and dignity; (2) the belief that the individual, not the problem, should be the focus of treatment; (3) the belief that emotions should be emphasized instead of the intellect; (4) the belief that the interview is important and should dwell in the present; (5) the belief that the interview is a growth situation; (6) the belief that the client has the right of self-direction; and (7) the belief that the counselor should have a deep respect for the client. The belief that man is good, trustworthy,
and rational is also an ingredient of client-centered counseling (5).

Carl Rogers began this nondirective technique with his publication of *Counseling and Psychotherapy* in 1942. The focus of the therapy is on the private world of the client, especially his self-concept. According to Rogers, as changes occurred in the client's self-perception and perception of reality during therapy, corresponding changes will occur in his behavior. Given the right climate of therapy, the client can use his capacity to reorganize his perceptions and alter his behavior. Rogers discussed the theory of self-actualization; the ability of the person to develop his inherent potentialities, consistent with his own self-concept (4, p. 268).

When the individual acts in a manner consistent with his self-concept, he generally experiences feelings of adequacy, security, and worth. If the person acts in a different way, he may feel insecure, inadequate, worthless, or threatened. If he experiences a threat, anxiety may result and an attempt may be made to defend his behavior which is incongruent with his self-concept (1, p. 47).

Under the guide of Rogers the counselor should (1) permit a permissive atmosphere; (2) assume a nonjudgmental attitude; (3) use reflection, reflect back to the client the feelings he expresses; and (4) facilitate the
growth and self-direction of the client. The emphasis should be on the client's present situation and not uncovering his past history (5).

The parent is in the center of focus during the counseling process. The parent is the one responsible for change and growth. The child welfare worker must understand the perceptual world of the parent and have the ability to communicate it back to the parent in fresh language with a clarification of feelings. This leads to insight and produces positive action (5).

The child welfare worker must be genuine, caring, and warm. He must not represent a threat to the parent, so the parent can freely explore his feelings. The child welfare worker's sincerity and acceptance have to be felt by the parent (5).

The client-centered questions are 5, 12, 19, 26, 33, 40, 47, 54, 61, 68, 75, 82, 89, 96, and 103. The last question has a positive response of "no." Philosophy, application, and knowledge of client-centered counseling were used in the preparation of the questions.

A positive response of "no" is recorded for question 103, because it refers to criticizing the client. According to client-centered therapy, criticizing the client should not be done.
Rational-Emotive Therapy

Albert Ellis is the founder of rational-emotive therapy. He believes a neurotic indoctrinates and reindoc-trinates himself with illogical and irrational ideas. The neurotic believes in the necessity of being loved, being approved by everyone or being competent in all respects to consider oneself worthwhile (4, p. 199).

Rational-emotive therapy usually begins with the upsetting emotional "consequence" that the client has recently experienced. For example, he has just abused his child and begins to feel anxious, worthless, or depressed. The action of hitting the child is the "activating experience" and has caused the "consequence" or his feelings of depression. The individual can be shown that hitting the child did not cause the feelings of depression, but his "belief system" allows the feeling to emerge in a rational fashion. If his "belief system" was operating under irrational beliefs, he would not be depressed or upset (2, p. 45). In most cases of abuse, the parent is not depressed or feeling worthless; thus there is irrationality within his "belief system."

During therapy the child welfare worker tries to uncover the parent's illogical thinking or self-defeating verbalizations. He tries to teach them to verbalize in a more logical way (4, p. 199). Emphasis should be
placed on attacking the parent's irrational beliefs and showing how he sustains his problems by believing them (1, p. 274).

Ellis believes people are capable of rational thoughts and overcoming handicaps by rational thinking. Individuals have the capacity for understanding their abilities and limitations. Irrational thinking makes the person strive for present pleasure instead of future goals. The emotional state is linked to the thought process. Emotions cannot be sustained unless one verbalizes them (5).

The child welfare worker must be very active, very directive, and very confrontive with the parent. He must confront the parent with his irrational beliefs. A goal of therapy is to leave the parent with a minimum of anxiety and hostility.

Questions pertaining to rational-emotive are 6, 13, 20, 27, 34, 41, 48, 55, 62, 69, 76, 83, 90, 97, and 104. Positive responses of "no" are found for questions 27 and 34. Questions were derived from the philosophy, application, and knowledge of rational-emotive therapy.

Positive responses of "no" were instituted for questions 27 and 34. Question 27 refers to the client avoiding his responsibilities. In rational-emotive therapy, the client must confront his responsibilities. Question 34 relates to an event that affects one's life and will always
affect it. Rational-emotive therapy states that nothing has to always affect one's life; this is an irrational belief.

Reality Therapy

Dr. William Glasser is the founder of reality therapy. He believes neurotics deny the reality of the world around them. Therapy is successful when the client stops denying the world and begins to recognize that reality exists and can fulfill their needs as human beings (3, p. 6). People are rational and capable of solving their own problems.

An individual must become actively involved with other people; one is a minimum. This person helps to fulfill some of our needs. We must know that someone cares for us and we care for him. The basis of reality therapy rests on the needs to love and be loved and the need to feel we are worthwhile to ourselves and to others (3, pp. 9-10).

Responsibility is the ability to fulfill needs in a way that does not deprive others of the ability to fulfill their needs. Individuals who have not learned responsibility are described as irresponsible. These irresponsible individuals are striving to fulfill their needs inadequately and unrealistically. They are the people who fulfill their needs by preventing others from doing so. In most cases they are unable to fulfill their needs and the severity
of the problem reflects the degree of their inability to fulfill their needs (3, pp. 15-17).

The child welfare worker must become involved with the parent. He must reflect the irresponsible behavior of the parents back to them for examination. The caseworker can show the parent better ways to fulfill his needs within the confines of reality. He must hold him to a course of responsible behavior (5).

According to reality therapy, the child welfare worker uncritically accepts and understands the parent. There must be emotional involvement and the willingness to suffer along with the parent. Involvement is the essence of therapy. The child welfare worker presents himself different than anyone else in the parent's life. The focus is on the present and not the past. The concern is on behavior not attitudes or beliefs; after behavior is changed, attitudes will follow (5).

Reality therapy questions are numbered 7, 14, 21, 28, 35, 42, 49, 56, 63, 70, 77, 84, 91, 98, and 105. Positive responses of "no" are accorded questions 49, 77, 91, and 105. Questions are related to the philosophy, techniques, and applications of reality therapy.

Questions 49, 77, 91, and 105 have positive responses of "no" when related to reality therapy. Question 49 refers to the child welfare worker asking the client, "why he behaved
a certain way?" Reality therapy expresses the "what" of behavior. Question 77 refers to placing blame on someone else, in reality therapy placing blame on someone else is irresponsible behavior. Question 91 refers to excusing a client for his behavior, the child welfare worker must stand up to a parent, when it is needed. Question 105 refers to the feeling of happiness of clients after interviews. It is not necessary for clients to feel happiness after reality therapy, if unhappiness is what they feel, they must face the reality of this feeling.

Summary

The questionnaire used for this study consisted of 105 questions. The following techniques were examined:

Existentialism
Gestalt Therapy
Behavioral Therapy
Psychoanalysis
Client-Centered Therapy
Rational-Emotive Therapy
Reality Therapy

The questionnaire was developed through the use of textbooks, classroom notes, and books by various authors. Questions were designed upon the basis of philosophy, application, knowledge, and process of the separate techniques.
The questions were designed to elicit a positive or negative response. A positive response indicated a particular technique applied to the respondent, whereas a negative response implied the opposite. Validity and reliability of the questionnaire were not tested.
CHAPTER BIBLIOGRAPHY


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CHAPTER III

ANALYSIS OF DATA

Subjects

Twenty-eight questionnaires were sent to child welfare workers with the Texas Department of Public Welfare. One hundred per cent of the completed forms were received. Data were gathered from these sources.

Out of the subject pool there were thirteen males and fifteen females. The average years of experience with the State Department of Public Welfare is 3.08 years. Two of the child welfare workers had more than five years experience. Two respondents had five months or less. One to three years experience was held by sixteen child welfare workers. Eight child welfare workers had between three and five years experience.

The average number of years of education beyond high school is 4.1 years. Three of the twenty-eight respondents did not finish a college program. Two of the respondents have obtained a master's degree. One respondent did have one year of education beyond the master's level. Twenty-five workers did have bachelor degrees.

Educational background of the respondents did not vary a great deal. The background information was related
to the degree held or the major area of study. The fields of study and the number of respondents associated with those fields were

1. Sociology (12)
2. Psychology (3)
3. History (3)
4. Counseling and Guidance (3)
5. Business Education (2)
6. Social Work (1)
7. Social Studies (1)
8. Mathematics (1)
9. Theology (1)
10. Agri-business (1)

The fields of history, mathematics, business and agri-business are not the norm for the majority of child welfare workers. Most of them come from backgrounds of sociology, psychology, and counseling (1). This is reflected from the subject pool with eighteen in the above categories.

Responses to Questionnaire

There were three possible responses on the questionnaire: they were "yes," "no," and "?" (don't know). The subjects were to mark the most appropriate response as it applied to them.

The seven techniques (Existentialism, Gestalt, Behavioral, Psychoanalysis, Client-Center, Rational-Emotive,
and Reality) were assigned fifteen questions. As noted, the "yes" answers were positive responses, except for the questions mentioned in Chapter II. A positive response indicated the respondents felt the question applied to them and reflected their usage or knowledge of a specific technique.

The negative responses were answered by "no," except for questions mentioned in Chapter II. A negative response indicated the respondents felt the question did not apply to them and reflected their non-use or lack of knowledge of a specific technique. The "don't know" responses may indicate a lack of knowledge of the inability to answer a specific question concerning a technique. The "don't know" responses were not used in the analysis of data.

Data Expectancy

It was arbitrarily determined that a technique which received over 50 per cent of the correct responses would be indicated as the dominant technique. The expectancy of one technique to outnumber the others seemed likely, because of the similar backgrounds and counseling duties of the child welfare workers. The possibility of two techniques receiving 50 per cent also seemed realistic. The child welfare workers may have been split on their philosophies and application.
According to the results there did not appear to be a significant amount of responses related to any particular technique. None of the techniques received an abundant number of responses to indicate that they were being used by child welfare workers. All of the techniques received over 50 per cent of the possible total responses. Each technique will be discussed separately.

**Existentialism**

Existentialism polled a total of 257 positive responses, 73 negative responses, and 90 "don't know" responses. The mean of positive responses was 17.1, in other words, each question received approximately seventeen positive responses from the workers responding to the questions relating to existentialism. A percentile of 61.2 per cent of the questions answered were positive responses. A positive response of "no" was indicated for question 99, for tabulating purposes the response was put under the "yes" column in Table I. The total tabulations for existentialism are found in Table I.

As noted in Table I, eleven of the questions recorded a majority of the positive responses. Question 50 received 100 per cent of the positive responses. The question asked, "Is the understanding of your client's world important?" This question may have been answered positively due to the nature of child welfare work. It is important
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*Positive response of number located under "yes" column.
for the child welfare worker to be aware of the parent's total environment. The worker has to have an extensive history of the parent for recording purposes. Understanding of the parent would be important for their evaluative responsibilities. Understanding of the parent's world or environment would also be needed for evaluation.

Responses of "don't know" were dominant on question 92. The question asked, "Do you believe human beings require transcendence?" This question may have been difficult to answer due to the use of the word "transcendence." Many of the child welfare workers may not have known the definition of the word as it was used in the question.

In every instance of child welfare work, the parents must be made aware of their children's lives and what is being done to them by the parents. Question 43 asked, "Do you ever make your client aware of his life and not anyone else's?" It would seem this question would receive 100 percent negative responses. It is interesting to note that nine of the child welfare workers responded positively. They may have responded positively due to the nature of their counseling sessions. They may set aside the problems the children face when they counsel the parents and only deal with the parents' problems and behaviors.
Gestalt Therapy

Gestalt therapy received positive responses of 279 out of a possible 420. The mean was 18.6, while the percentile was 66.4 per cent. The total responses are noted in Table II.

Question 30 for Gestalt therapy may be unique because it did not receive any positive responses. It received a total of twenty-one negative and seven "don't know" responses. The question asked, "Is helping oneself only being done if forced upon someone?" This question refers to the assumption that unless forced to do so, people will not help themselves. It could be assumed that child welfare workers would answer "yes," because they are called into situations where parents are not helping themselves and they require intervention. In many cases the child welfare workers have to require the parents to attend counseling sessions. Many of the cases require a direct intervention with the threat of court action to get the parents to help themselves. It could also be assumed that the child welfare workers may have been responding to themselves. For example, they as human beings, do not have to be forced to change and they may see their clients as individuals who really do not need to be forced, but pushed a little.
### TABLE II

RESULTS OF GESTALT THERAPY

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*Positive response of number located under "yes" column.
There was a high incidence of negative responses on question 23. It received one positive and twenty-seven negative responses. It asked, "Do you ever discuss your client's past?" The high number of negative responses may be due to the case reporting the respondents have to complete on the parents. Case reportings include aspects of the parents' past, and the child welfare workers may have been responding to the question from that context.

Behavioral Therapy

Behavioral techniques received the fewest positive responses, but managed a percentile of 54 per cent. Positive responses number 227 for a mean of 15.1 per question. This still indicates a majority of positive responses. Total recorded answers are located in Table II.

Question 45 received one "don't know" and twenty-seven positive responses. It asked, "If behavior is learned can it be unlearned?" Since the child welfare workers try to change the parents toward more agreeable behavior, it would be assumed that they would feel that the answer should be "yes." The question refers to behavioral philosophies, which the child welfare workers may feel are justified and true. Since many of the child welfare workers hold bachelor degrees in the behavioral sciences, the answer may be a product of their own learning and philosophy.
TABLE III
RESULTS OF BEHAVIORAL THERAPY

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*Positive response of number located under "yes" column.
There were twenty-seven negative responses to question 1. It asked, "Are you concerned with the reasons behind why your clients behave as they do?" Behavioral counselors concern themselves with the "what" of behavior. From the responses, the respondents are more interested in the "why" of their client's behavior. Their answers may be the result of their perceptions of their clients based upon the data gathered for court proceedings. For the judicial process the "why," not the "what," would be required if judgment is to be passed upon the parents.

**Psychoanalysis**

Psychoanalysis received the greatest amount of positive responses. It received 285 out of 420 possible responses. The mean was 19.0 and the percentile was 67.8 per cent. Complete data are found in Table IV.

Question 53 received 100 per cent positive responses. The question asked, "Do you believe one's early (childhood) experiences are very important in his development as an adult?" It could be assumed that child welfare workers would have this basic belief. They are concerned with children every day and they see the effects of abuse and neglect. They are also aware that many child abusers were abused when they were children.
TABLE IV
RESULTS OF PSYCHOANALYSIS

<table>
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<td><strong>Percentage</strong></td>
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Twenty-eight positive responses were recorded on question 60. It asked, "Are you familiar with ego defense mechanisms?" It can be argued that since the child welfare workers all have some college experience and probably took an elementary psychology course, they would be aware of defense mechanisms. Also, in many training sessions, child welfare workers are taught about the various defense mechanisms and how parents use them (1).

Question 39 referred to the uses of free association. It could be assumed that the child welfare workers are unable to use this with their clients. The limitations of time would be their restriction. Many child welfare workers may feel they have to get straight to the business at hand, which is helping the parents. Time may not allow wanderings in the parents' past. The question received the lowest number of positive responses, thus possibly confirming the above.

Client-Centered Therapy

Client-centered therapy received the next greatest amount of positive responses. It received 284 positive responses, one short of psychoanalysis. The mean was 18.9, and the percentile was 67.6 per cent. Complete results are found in Table V.

The responses to question 33 may have been an indication of the respondents' philosophies, rather than the work they
TABLE V
RESULTS OF CLIENT-CENTERED THERAPY

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<td>67.6</td>
<td>18.8</td>
<td>13.6</td>
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</table>

*Positive response of number located under "yes" column.
perform with their clients. The question asked, "Do you feel your client has the right of self-direction?" and it received twenty-six positive responses. The child welfare workers lead their clients toward a more productive and non-abusive direction. The child welfare workers may feel that most parents want to go in that direction. They may see their responsibility as a guide leading the parents toward that direction. This particular assumption may have provided their responses.

The primary problems facing child welfare workers are child abuse and neglect. Solving these problems and the safety of the children should be uppermost in the child welfare workers' minds. These problems may have been responsible for the responses on question 26. The question asked, "Are you concerned with the client's feelings and not his problems?" and received three positive responses. The response may have indicated the concern of the child welfare workers with the urgency of the problems, with the feelings waiting in the background.

**Rational-Emotive Therapy**

Rational-emotive therapy received 243 positive responses. The mean was 16.2 and the percentile was 57.9 per cent. Complete results was given in Table VI.

Rational-emotive therapy received the second lowest rating. Only four questions received less than ten
TABLE VI
RESULTS OF RATIONAL-EMOTIVE THERAPY

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Total       243  108  69
Mean        16.2  7.2  4.6
Percentage  57.9  25.7 16.4

*Positive responses of number located under "yes" column.
positive responses. Seven of the questions received over twenty positive responses.

Question 13 stated a philosophical concern of rational-emotive therapy. The question stated, "Man's biggest failure is thinking irrational thoughts." The question received two positive responses and may have indicated a philosophical leaning away from that particular statement by the child welfare workers. What the child welfare workers perceive as man's biggest failure is still in question.

Question 48 may have referred to the parents' use of maladaptive child-rearing practices. The question asked, "Do you ever confront your client with his irrational ideas and/or thoughts?" The child welfare workers may see child abuse as an irrational idea or thought put into action. With this in mind they may confront their clients with the irrationality of their acts.

Question 104 may also refer to the above ideas of child-rearing practices. It asked, "Do you try to help your clients re-think their ideas in more logical ways?" The child welfare workers must show the parents a better or more logical way of child rearing instead of abusing their children.
Reality Therapy

Reality therapy received 61.9 per cent of all possible positive responses with 206. The mean was 17.3. Complete results are found in Table VII.

Question 49 received the lowest number of positive responses with two. It asked, "Do you ask your client why he behaved a certain way?" Reality therapy expresses the "what" of behavior instead of the "why." Child welfare workers show a normal curiosity for the reasons a parent abuses or neglects a child. The causes for the parents' actions are needed for data purposes and to benefit the child welfare workers in assisting the parents. It seems likely that the reasons behind a behavior is a concern for the child welfare workers to discover.

Question 56 may have referred to a philosophical tenet most child welfare workers may share. It asked, "Do you feel people must love and be loved?" and received twenty-seven positive responses. The answers may have reflected needs of the child welfare workers or needs of many parents and children as seen by the child welfare workers. Child welfare workers see the results of non-loving environments and needs of love within the families. Child welfare workers may feel that love may not cure all, but it does not hurt and can only help.
**TABLE VII**

RESULTS OF REALITY THERAPY

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<tr>
<td><strong>Percentage</strong></td>
<td>61.9</td>
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*Positive response of number located under "yes" column.
Analysis

Looking at the data, there do not appear to be one or two techniques exclusively used by child welfare workers. All of the techniques tested received over 50 per cent positive responses, which was not anticipated. If anything can be said at all, the child welfare workers do show eclectic tendencies.

Psychoanalysis did poll the greatest number of recorded positive responses. This in itself may reflect the type of clients and working situations the selected child welfare workers face. Many of the characteristics of child abusers reflect their early childhood traumas.

The charisma or fascination of Freudian psychology still has a hold on some people. The theories of ego defense mechanisms and unconscious motivations are glamorous for many welfare workers (1). As was mentioned earlier, many child welfare workers reflected Freudian conceptions. Even today in training sessions, many Freudian concepts are brought up for discussion by the child welfare workers (1).

The presence of psychoanalytic knowledge by the child welfare workers may have led them to the answers they gave. Some of the questions did revolve around knowledge of psychoanalysis. Past history of the parents have to be recorded by the child welfare workers for data collection.
purposes. Data collection became intertwined with their approach to counseling techniques. They tend to express the importance of the client's past history, especially if judicial proceedings occur.

It does seem likely that the child welfare workers do not rely on strict psychoanalytic techniques. Most of them are untrained in dream analysis or free association. As in many cases, there just is not the time available for a complete therapy and analysis program. With this in mind, there is present the opportunity to use other quicker techniques, but with a broad psychoanalytical philosophy as a framework.

Client-centered therapy recorded the next highest total. It is a very humanistic technique. It does allow the parents to work through their problems with the child welfare workers. Most of the child welfare workers did believe their clients to be basically good. Also, many of the child welfare workers did believe the parents had the right to change their lives and make the needed choices for change. The child welfare workers tended to accept their clients as what they are and may become.

Behavioral therapy may be the least used technique by child welfare workers. Many of the workers did believe in the concepts of learning theory, according to their answers on the questions. The techniques of role playing, goal
setting and homework are used by the majority of child welfare workers. Techniques of behavioral therapy are used, but it does seem that application and knowledge are lacking to the child welfare workers.

The likelihood that the similarity of the responses between any two techniques was due to chance was tested. According to the data, z-scores were figured between two techniques until all combinations were tested. The z-scores were then computed into probability ratios, using a z-score table. The probabilities of the results were significant at the .05 level. The magnitude of differences between two techniques was significant if the differences were due to chance five or fewer times out of one hundred. The total results are shown in Table VIII.

There are forty-two combinations of z-scores and probability results. The significant combinations are:

1. Psychoanalysis-Existentialism
2. Psychoanalysis--Client-centered Therapy
3. Psychoanalysis--Rational-Emotive Therapy
4. Psychoanalysis--Reality Therapy
5. Client-centered--Existentialism
6. Client-centered--Behavioral Therapy
7. Client-centered--Rational-emotive Therapy
8. Client-centered--Reality Therapy
9. Existentialism--Behavioral Therapy
### TABLE VIII

**Z-Scores and Probability of Comparative Counseling Techniques**

<table>
<thead>
<tr>
<th></th>
<th>Existentialism</th>
<th>Gestalt</th>
<th>Behavioral</th>
<th>Psychoanalysis</th>
<th>Client-centered</th>
<th>Rational-Emotive</th>
<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Existent</strong>alism</td>
<td><strong>1.53</strong></td>
<td>.063</td>
<td>-2.06</td>
<td>1.94</td>
<td>1.88</td>
<td>- .940</td>
<td>.079</td>
</tr>
<tr>
<td>Gestalt</td>
<td>-1.53</td>
<td>.063</td>
<td>-3.54</td>
<td>.410</td>
<td>.370</td>
<td>-2.50</td>
<td>-1.32</td>
</tr>
<tr>
<td>Behavioral</td>
<td>2.06</td>
<td>3.54</td>
<td>0.020</td>
<td>.0002</td>
<td>4.05</td>
<td>4.0</td>
<td>1.11</td>
</tr>
<tr>
<td>Psychoanalysis</td>
<td>-1.94</td>
<td>.026</td>
<td>.410</td>
<td>-4.05</td>
<td>- .060</td>
<td>-2.91</td>
<td>-1.73</td>
</tr>
<tr>
<td>Client-centered</td>
<td>-1.88</td>
<td>.030</td>
<td>.370</td>
<td>-4.0</td>
<td>.060</td>
<td>-2.90</td>
<td>-1.67</td>
</tr>
<tr>
<td>Rational-Emotive</td>
<td>.940</td>
<td>2.50</td>
<td>-1.11</td>
<td>2.91</td>
<td>2.90</td>
<td>1.14</td>
<td></td>
</tr>
<tr>
<td>Reality</td>
<td>- .079</td>
<td>1.32</td>
<td>-2.57</td>
<td>1.73</td>
<td>1.67</td>
<td>-1.14</td>
<td></td>
</tr>
</tbody>
</table>

*Horizontal row $P_2$.  
**Vertical row $P_2$.  
***Upper digits--$z$-scores; Lower digits--probability ratio

**Formula used**

$$ z = \frac{P_1 - P_2}{\sqrt{\frac{P_1(1-P_1)}{N_1} + \frac{P_2(1-P_2)}{N_2}}} $$
10. Gestalt Therapy--Behavioral Therapy

11. Gestalt Therapy--Rational-Emotive Therapy

12. Reality Therapy--Behavioral Therapy

Using the results from psychoanalysis and existentialism, they showed a probability of .026. The magnitude of differences between the two techniques could have been due to chance twenty-six times out of one thousand. It may be said that psychoanalysis showed a significantly greater positive acceptance between the two. Psychoanalysis did show a greater positive acceptance against client-centered therapy, rational-emotive therapy, and reality therapy.

Client-centered therapy and behavioral therapy showed a probability of .0001. The magnitude of differences between them could have been due to chance one time out of ten thousand. With this result client-centered therapy did show a greater positive acceptance. Client-centered therapy also showed greater positive acceptance with regard to existentialism, rational-emotive therapy, and reality therapy.

The positive acceptance of psychoanalysis and client-centered therapy did show up in the number of positive responses received from the questionnaire. They did receive the greatest number of positive responses as well as positive acceptance with four other techniques.
The results obtained did not establish any counseling technique as dominant with the selected child welfare workers. The probability results did show significant information concerning the responses between counseling techniques. It did not show a dominance of a particular technique or techniques.

A fallacy of the study may be due to the number of subjects and localities. Twenty-eight selected child welfare workers from rural and suburban areas surrounding Dallas, Texas, may not reflect the responses of a larger number of urban child welfare workers. Possible differences between rural and urban child welfare workers were not tested.

Another fallacy of the study may be in the questionnaire. Many of the questions tend to overlap one another. For example, question 23 refers to the client's past, but is a Gestalt, not a psychoanalysis question. Some of the questions may not directly touch upon a child welfare worker's technique or his knowledge of a technique. If the study was done again, some of the questions could be eliminated or reflect more of what is going on with the child welfare workers.

The study does not provide conclusive evidence regarding the dominance of a particular counseling technique being used by child welfare workers. There does appear to
be a certain knowledge of counseling techniques held by
the child welfare workers. Questions regarding basic
knowledge of particular techniques were mostly answered
positive. As stated before, the child welfare workers
tended to show eclectic tendencies. However, a success
or failure with their clients cannot be determined based
upon their use of certain counseling techniques.

Summary

Twenty-eight subjects were used for the study. The
subject pool consisted of thirteen males and fifteen
females. The average years of experience was 3.08 years.
The average number of years of college was 4.1 years.
Educational background of the respondents did not vary.

The expectancy of the study was that one or two
techniques would receive 50 per cent or better of the
positive responses. According to the results, this did
not happen. All of the techniques received a 50 per cent
or higher share of the positive responses.

The child welfare workers tended to show eclectic
tendencies. Psychoanalysis polled the greatest share of
positive responses. Client-centered polled the next highest
amount of positive responses. Behavioral received the
least amount of positive responses. The results of this
study were inconclusive based upon the data received
and did not establish any counseling technique as dominant with the selected child welfare workers.
 CHAPTER BIBLIOGRAPHY

APPENDIX
INSTRUCTIONS FOR QUESTIONNAIRE

There are 105 questions, they may be answered by a "yes," "no," or "?" (don't know) response. Please answer all questions to the best of your ability and knowledge.

Do not put your name on the question sheets. All information is strictly confidential. The answers will be statistically computed and answers will not be evaluated individually. The questionnaire is not an evaluation of your abilities or your work.

Your answers will be used by North Texas State University for a research project. The questionnaire is composed of questions relating to your interview and/or counseling techniques. They draw upon your own thoughts, philosophies, and perceptions. Questions pertaining to behaviors and actions during your interviews are also included.

Your cooperation is extremely appreciated. Thank you.
1. Is a person responsible for himself? Yes____ No____?

2. Do you try to make your client aware of the things he is doing? Yes____ No____?

3. Man does not have an active role in his destiny? Yes____ No____?

4. Do you believe most people are irrational, aggressive, and destructive? Yes____ No____?

5. Is man rational, good, and trustworthy? Yes____ No____?

6. Man can overcome almost everything if he thinks and acts rationally? Yes____ No____?

7. Do you attempt to hold your client to a course of responsible behavior? Yes____ No____?

8. Is man's behavior directed toward attempts to find the meaning of life? Yes____ No____?

9. Do you try to improve your client's relationship to his environment? Yes____ No____?

10. Most of man's behavior is learned? Yes____ No____?

11. Do you believe people are more interested in their own self-gratification than the welfare of others? Yes____ No____?

12. The perceptions of an individual is his particular reality as he sees it? Yes____ No____?

13. Man's biggest failure is thinking irrational thoughts? Yes____ No____?

14. Are you uncritically accepting and understanding of your clients? Yes____ No____?

15. Do you encourage your client to be himself? Yes____ No____?

16. Do you ever ask a client what he is doing during an interview (such as tapping his fingers, constantly crossing his legs, etc.) Yes____ No____?
17. Do you allow your client to imitate you? Yes____ No____?

18. Are you familiar with the concepts of id, ego, and superego? Yes____ No____?

19. Do you accept your client's behavior and feelings? Yes____ No____?

20. Does your client blame others for his misfortune? Yes____ No____?

21. Do you feel your client must be willing to suffer emotional pains to change? Yes____ No____?

22. Do you believe your clients have a choice and will choose as they please? Yes____ No____?

23. Do you ever discuss your client's past? Yes____ No____?

24. Do you ever give your clients assignments to do between interviews? Yes____ No____?

25. Do you believe one's anxiety results from a traumatic experience? (example, anxiety about automobiles due to an accident) Yes____ No____?

26. Are you concerned with the client's feelings and not his problems? Yes____ No____?

27. Do you allow your clients to avoid their difficulties and responsibilities? Yes____ No____?

28. Do you ever tell your client that he is acting responsibly and/or irresponsibly? Yes____ No____?

29. Does man become himself only through communion with others? Yes____ No____?

30. Is helping oneself only being done if forced upon someone? Yes____ No____?

31. Are you concerned with the reasons behind why your clients behave as they do? Yes____ No____?

32. Do you try to uncover past experiences relating to one's present behavior? Yes____ No____?
33. Do you feel your client has the right of self-direction? Yes____ No____ ?____
34. Do you believe that if something strongly affects one's life, it will always affect it? Yes____ No____ ?____
35. Do you ever feel your client is denying the real world? Yes____ No____ ?____
36. Analysis of one's actions can only be done by defining one's behavior? Yes____ No____ ?____
37. If a client is playing a game with you, do you confront him with it? Yes____ No____ ?____
38. If one's environment is changed, will behavior also be changed? Yes____ No____ ?____
39. Do you let your client talk about anything he wants to? Yes____ No____ ?____
40. Do you feel the responsibility for change, totally rests with the client? Yes____ No____ ?____
41. Do you feel we must make efforts to change people in directions we would like them to be? Yes____ No____ ?____
42. Do you ever try to help your client accept the real world? Yes____ No____ ?____
43. Do you make your client aware of his life and not anyone else's? Yes____ No____ ?____
44. Do you ever purposely make your client angry? Yes____ No____ ?____
45. If behavior is learned, can it be unlearned? Yes____ No____ ?____
46. Is your client allowed to talk about things which are painful to him? Yes____ No____ ?____
47. Do you see your interviews as a learning experience for your clients? Yes____ No____ ?____
48. Do you ever confront your client with his irrational ideas and/or thoughts? Yes____ No____ ?____
49. Do you ask your client why he behaved a certain way?  
Yes ___ No ___ ? ___

50. Is the understanding of your client's world important?  
Yes ___ No ___ ? ___

51. Do you ever consider things that a client may not be saying?  
Yes ___ No ___ ? ___

52. Do you picture yourself as a teacher of new behavior for your clients?  
Yes ___ No ___ ? ___

53. Do you believe one's early (childhood) experiences are very important in their development as an adult?  
Yes ___ No ___ ? ___

54. Does the client do most of the talking?  
Yes ___ No ___ ? ___

55. When a client leaves you, does he leave with a minimum of anxiety toward you or his feelings?  
Yes ___ No ___ ? ___

56. Do you feel people must love and be loved?  
Yes ___ No ___ ? ___

57. Do you help your client with his ability to make decisions?  
Yes ___ No ___ ? ___

58. If a person says he is scared, but is smiling, would you say something about that difference?  
Yes ___ No ___ ? ___

59. Are you familiar with "operant conditioning" and "operant behavior?"  
Yes ___ No ___ ? ___

60. Are you familiar with ego defense mechanisms?  
Yes ___ No ___ ? ___

61. Do you accept your client for what he is?  
Yes ___ No ___ ? ___

62. Are you familiar with Albert Ellis?  
Yes ___ No ___ ? ___

63. The denial of reality causes the problems your clients have?  
Yes ___ No ___ ? ___

64. Do you help your client to see his own values better?  
Yes ___ No ___ ? ___
65. Do you ever ask your client to physically express himself? Yes No ?

66. Do you ever reward or compensate your client if his behavior changes? Yes No ?

67. Do you let your client reenact his past by expressing his feelings and attitudes at that time? Yes No ?

68. Do you feel acceptance of your client is the most important thing for him? Yes No ?

69. Do you teach your client how he can change? Yes No ?

70. Do you become emotionally involved with your clients to the point where you also suffer pain? Yes No ?

71. Do you believe it is easier for people to deny their humanity than to affirm it? Yes No ?

72. Do you ever hear from your clients "Oh yes, why didn't I realize this before?" Yes No ?

73. Do you ever role play with your client? Yes No ?

74. Do you let your clients freely express their past experiences, regardless of relevance to the interview? Yes No ?

75. During the interview are there actions and decisions created by the client without your assistance? Yes No ?

76. Do you ever say to a client "You are behaving irrationally?" Yes No ?

77. Do you ever place blame on someone else besides your clients for their behavior? Yes No ?

78. Are you familiar with the writings of Kierkegaard? Yes No ?

79. Do you ever try to loosen your client's rigid ways of thinking? Yes No ?

80. Do you ever use relaxation exercises with your clients? Yes No ?
81. Do you stress the importance of your client's life history? Yes____ No____ ?
82. Are you familiar with Carl Rogers and his counseling techniques? Yes____ No____ ?
83. Are your clients mostly irrational? Yes____ No____ ?
84. Do you excuse a client for anything he does? Yes____ No____ ?
85. Do you see your clients as socially pessimistic? Yes____ No____ ?
86. Do you feel your clients are "involved" with their problems? Yes____ No____ ?
87. Do you ever have your clients imagine threatening or frightening experiences? Yes____ No____ ?
88. Do you ever explain to a client that his present actions are caused by past experiences? Yes____ No____ ?
89. Do you allow a permissive atmosphere during your interviews? Yes____ No____ ?
90. Do you attempt to make your clients more logical in regard to their behavior? Yes____ No____ ?
91. Do you let a client excuse himself for things he has done? Yes____ No____ ?
92. Do you believe human beings require transcendence? Yes____ No____ ?
93. Do you ever ask a client "What are you feeling at this moment?" Yes____ No____ ?
94. Are you familiar with "counter conditioning" techniques? Yes____ No____ ?
95. Do you strive to help your clients uncover his unconscious motives for conscious actions? Yes____ No____ ?
96. Are you familiar with the concept of "self-actualization?" Yes____ No____ ?
97. Do you believe one's feelings of hurt, anger, fear, and guilt come from irrational attitudes or illogical fears? Yes____ No____ ?____

98. Do you show your clients you have a responsible attitude toward most facets of life? Yes____ No____ ?____

99. Men are controlled by a set of instincts and passions? Yes____ No____ ?____

100. Do you ever confront a client if you feel he is being phony? Yes____ No____ ?____

101. Do you set a goal and a procedure for your clients to follow? Yes____ No____ ?____

102. Do you ever discuss a client's dreams with him? Yes____ No____ ?____

103. Do you ever critically criticize your clients? Yes____ No____ ?____

104. Do you try to help your clients re-think their ideas in more logical ways? Yes____ No____ ?____

105. Do you feel your interviews have to make your clients happy? Yes____ No____ ?____

Years of Education____________
College Major______________
Years with DPW______________
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