PROCEDURES AND OUTCOMES

IN PSYCHOLOGICAL SERVICE CASEWORK

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PART I: INTRODUCTION

CHAPTER 1: THE PURPOSE, SCOPE, AND POSSIBLE VALUE OF THIS STUDY.

a) The Purpose and Scope of the Study:

The study was undertaken to evaluate the effectiveness of casework in the Christchurch Centre of the Psychological Service of the New Zealand Department of Education.

One hundred and fifteen cases of children referred to the Christchurch Psychological Service in 1964 were followed up to discover the present state of the problems for which they were referred. Procedures and activities involved in casework were distinguished and related to outcomes, in an attempt to discern which of these were positively associated with satisfactory outcomes.

The cases followed up were those of primary school children referred by school or home because of difficulties in behaviour in the area of learning, or conduct, or both, where the remedial action undertaken did not involve change of school or residence, or referral to another agency, i.e. where the psychologist's task was to assist the referring agency to deal with the child's difficulties.

b) The Need for Evaluative Study of Psychological Services:

Discussing the functions of educational psychologists,
the Thayer report¹ says:

"The psychologist should be encouraged, if not expected, to carry on research evaluating the effectiveness of his work... He should also do research which will improve the instruments with which he works, and which will enable him to develop new, more useful techniques."

The potential value of such research is discussed below, from various points of view.

Psychology is a science and must depend on scientific method for its advancement. Woodworth² describes the development of a scientific attitude to psychology:

"During its long history down to the middle of the nineteenth century, psychology was cultivated by able thinkers who did not realize their need of carefully observed facts. They relied on general impressions derived from past experience... When they came to discuss psychology with each other, however, they were often in disagreement... Finally, it became clear that psychology, like other sciences, must explore and observe in order to make any substantial progress."

In 1963 Rogers³ was more emphatic:

"We are beyond the point where differences will be resolved by the voice of authority or by commitment to an essentially religious type of faith in one point of view as against another. To buttress our theory by quotations from Freud, or by pointing to the precision of our logic, or even by appealing to the depth of our own inner conviction, will not be enough... We must move toward looking at the facts. And to look at the facts means moving toward research."

Research into effectiveness of work is potentially of value to the people who pay for the work. The Psychological Service in New Zealand is a public service, supported by taxes. In the Service are 38 educational psychologists, operating from

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3. Rogers, C. "Psychotherapy Today" - or "Where do we go from Here": Am.J.Psychotherapy: 17, pp.5-16, 1963
17 Centres, in 10 Education Board districts. In 1964, 7,206 children were seen in a total of 11,992 interviews; interviews with other people involved in these cases, such as headmasters, teachers, visiting teachers, parents, doctors, agents of special services, etc., are not included in this total. In addition to practising psychologists and area organisers of special classes, there are administrative and clerical staff devoting their working time to this Service. In terms of man (and child) hours and cost, it is not a negligible field of public service. Siegel, in a report on a follow-up study in social casework, says: "Professional practitioners are accountable for their practice to the supporting community", and considers that they can discharge this function by systematically ascertaining information on outcomes. The obligation to study the effectiveness of work is particularly binding when, as in the present case, the community (the public) which provides the money has no direct control over the details of its expenditure.

The study of methods and outcomes can be of value to the workers themselves, not only in improving their efficiency, but in contributing to 'job satisfaction.' In work with human beings it is rarely possible to establish causality; it is rarely possible to conclude that this outcome is the result of that action. Furthermore,

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psychologists often do not hear what happens later to the children they deal with in casework. While the assumption that no news is good news is carefully tended, the fact that Psychologists' 'failures' are more often brought to notice than their 'successes' can make for pessimism. The doubt as to the usefulness of his work is not easily borne by the professional worker in psychological service, who enjoys considerable autonomy over the way he spends his working time, and so bears a heavy responsibility for spending it productively. Considering the circumstances of his work and the pressures inherent in it, it seems likely that reliable evidence about outcomes and procedures could contribute to job satisfaction.

The psychologist who undertakes a study of his work is forced to make explicit many ideas, assumptions, attitudes and procedures that have previously been implicit. This is a salutary experience. Wiseman\(^1\) closes his discussion of research trends in educational psychology on this theme:

"Up to this point, research has been considered in its major aspects of providing answers to problems, and of furthering our knowledge of children and teaching. This is not its only function, however. Almost as important—in the long run—is its educative influence on the researcher ... planning, executing and reporting an investigation, under skilled guidance, is an educational process of a unique kind, leading to new insights, changed attitudes, and greater professional competence."

One further point may be made regarding the potential usefulness of the present study: The casework under study is that of the Christchurch Centre—it may be assumed that

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that its findings will be relevant to that Centre. Certain considerations encourage the hope that they might have wider bearing.

New Zealand has a small, relatively homogeneous population; and a national system of public education. The psychological service, within this national system, is headed by one Chief Psychologist for the country; staff is drawn, in the main, from the teaching force in the public schools, and/or through the Diploma Course in Educational Psychology in Auckland. Staff appointments are not regionally restricted. Annual reports from psychological centres show that types of cases and procedures for dealing with them do not differ markedly between centres. It is thus a unified service within a unified system of public education. It may be reasonably assumed, therefore, that though the present study is of Christchurch Psychological Service casework, its findings will have some relevance for the Service as a whole.
CHAPTER 2: THE WORK OF THE EDUCATIONAL PSYCHOLOGIST

a) The functions of the Educational Psychologist

In this Chapter the role and function of the educational psychologist in this Service, and the procedures and activities involved in Psychological Service casework, are made explicit.

The following description of the role and function of the psychologist in the Psychological Service is excerpted from a statement issued from the Chief Psychologist’s Office to the Public Relations Section of the Department of Education, and included in the Department’s information Bulletin: (August, 1965)

"The psychologist’s role is that of a consultant, who examines children on request, reports as fully as possible on their educational, emotional and social needs, and advises teachers, parents and others responsible for the care of children on ways to help them. In carrying out these examinations, psychologists work in their own centres, in schools and in Child Health Clinics administered by the Health Department. Children are referred to psychologists by teachers, parents, child welfare officers, vocational guidance officers, doctors, and a number of other community services which are concerned with the welfare of children."

"Examination by a psychologist is one of the requirements for admission of children to special classes for backward children, as well as to occupation centres for intellectually handicapped children, cerebral palsy schools, classes for the partially-sighted, schools and classes for the deaf, reading clinics, adjustment classes, and residential schools for the emotionally disturbed. It is also one of the means of determining the individual educational needs of these children."

"A long range objective of the Service is the promotion in the schools and in the community of conditions which favour the healthy development of all children from pre-school to later adolescence. The Department’s psychologists take an active part in in-service training courses for teachers, social workers, marriage guidance counsellors, school
counsellors, play centre supervisors, kindergarten
directors, and other child care workers. They participate
in parent-teacher and home and school association discussion
groups and provide a counselling service to the parents of
handicapped or problem children."

These are the three major areas in which the
psychologist works. The cases followed up in the present
study fall in the area described in the first paragraph
above.

The following section describes the procedures and
activities involved in casework in this area.

b) Procedures in Casework:

Referral: The psychologist's casework may be said to
begin with the receipt of the referral. Referrals are
made by various agencies, the most important numerically —
and for this study — being teachers and parents.

No referral may be made without parental consent.

Referrals are made in terms of behaviour perceived
as constituting a problem for the person referring;
for example, children are referred for "failing to make
progress," "disturbing conduct," stealing, wandering,
refusing to attend school.

Examination: The psychologist's initial contact with the
child may be either at the Centre or at the school. In
all cases, the psychologist administers individual tests.
His battery may include standardised tests of intelligence,
tests of attainment and achievement, diagnostic tests,
aptitude tests, personality inventories, and projective
tests.
Interviews: In all cases, the psychologist interviews the child during one or more contacts. He may also interview the child’s parents, headmaster, teacher, and/or any others concerned with him.

Reports: In all cases, the psychologist sends a written report to the child’s school, giving test results, case data, psychologist’s observations and impressions, and his suggestions as to ways of handling the child which could be expected to produce acceptable changes in his behaviour.

In some cases the psychologist makes a verbal report to parents and others concerned.

Follow-up: In all cases, the referring agent is invited to contact the psychologist again should need arise. In some cases, follow-up contacts are arranged for a specified date in the future.

Case Records: A file is made for each child referred. The file contains identifying data, age, sex, intelligence, school and class; referring agency, and problem for which child was referred; completed test forms; information on family situation, health, school situation, etc. A copy of the report is sent to the school. All contacts with the child are recorded. Interviews with others concerned with the case, and follow-up contacts may be recorded. Contact or action concerning the case subsequent to the major contact are usually noted in the file. For Service record purposes, some of the above data is recorded on a punch-card.
CHAPTER 3: A THEORETICAL FRAMEWORK FOR CASEWORK IN EDUCATIONAL PSYCHOLOGY.

a) A Working Theory

From the outline of role, functions, and procedures given in the preceding pages, it seems possible to formulate a 'working theory' that underlies the practice of educational psychology in the Psychological Service.

This might be stated as follows: The aim of the Service is to bring about changes in children's behaviour; changes in children's behaviour may be effected by changes in the behaviour of adults in their interactions with the children; the psychologist's task is to enlarge adults' available repertoires of appropriate behaviour in their interactions with children.

To be useful, such a theory must be applicable in the three major areas of the psychologist's work; it must give direction to his procedures and activities; and it must provide a framework in which the effectiveness of his casework may be evaluated.

In his role of consultant, the psychologist "advises referring agents on ways to help children;" i.e., he identifies, and communicates to referring adults, appropriate additions to their repertoires of interacting behaviour; his task is not only to enumerate these - they must be available to the adult. The psychologist's skills in interpersonal relationships, and his understanding of the dynamics of
behaviour are utilized to deal with the forces (emotional reactions, defences, situational pressures, etc.) which might prevent the adult from behaving in the ways suggested, however appropriate they might be. The degree to which the suggested ways of behaving are appropriate depends on the diagnostic skills of the psychologist, applied to the total situation; skill in effective communication — communication understood as a two-way process, an interchange of information and ideas — is basic to the whole process in establishment of rapport, in diagnosis, in gaining and giving understanding, in the joint formulation of appropriate plans of action.

In his work with children whose needs are exceptional, the psychologist's task might be understood (in this theoretical framework) as the identification of the specific kinds of interacting behaviour the child needs from adults; the recognition of those behaviours which cannot be expected to be in the repertoires of present interacting adults; (the teacher in the ordinary class cannot be expected to teach Braille, for example); and the recommendation of the child's placement with adults whose repertoires do include the specific behaviour required.

In his long-range, educative work with adults — talks, lectures, discussions — the psychologist extends these case-work concepts into the field of prevention. His task is to use his knowledge and understanding of children's needs, and of human relationships, and his skills in communication, to
enlarge adults' available repertoires of appropriate ways of interacting with children.

The theoretical position suggested can guide the psychologist in conducting interviews - the basic technique of all psychological intervention. Olive C. Sampson\(^1\) says: "The parent or teacher who turns to the psychologist has a right to expect expert opinion and advice." He also has the right to accept or reject it. The view of the psychologist's task as that of enlarging behaviour repertoires makes the whole directive-non-directive controversy irrelevant. The more appropriate his suggestions, and the more effective his communications, the more likely it is that his advice will be taken, but it is never his task to tell someone what to do.

To the writer, this attitude is the only one consistent with genuine respect for the client.

b) The Identity of the Client

Who is the client in Psychological Service casework? The Concise Oxford dictionary defines a client as one who employs a professional man. Carl Rogers refers to him as a person with a problem. The Pepsinaka describe him as one who seeks professional assistance with the resolution of a problem.

In the casework under consideration, while the child is the focus, the adults concerned with him are the clients.

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This statement only makes explicit what is implied in the two preceding chapters. The referring adult is the person with the problem. He seeks professional assistance with its solution. The psychologist helps him to discover new ways of behaving in the belief that the child's behaviour, the perceived problem, will change in response. Or, the psychologist may provide information that helps the adult to perceive the child's behaviour as appropriate in the particular situation. For example, a child's failure to learn may be perceived as a problem by parent and teacher. They vary their treatment of the child hoping to elicit learning behaviour. If none of their variations produces results, they become anxious enough to refer, to seek professional assistance. The psychological examination may show the child to be innately dull. If he can communicate this acceptably, the psychologist alters the way the adults perceive the child's behaviour - no longer as a problem, but as a datum.

The child's problem is his parents' or teacher's non-acceptance of his behaviour, not the behaviour itself. A young slow learner is not troubled by his slow learning until someone wants him to learn more quickly.

From this point of view, then, the referring adult is the client. Extending this, it is the writer's contention that the parents, whether they are the referring adults or not, are always clients. The school wishing to refer a
a child to the Psychological Service is obliged to gain his parents' permission. From the moment that permission to refer is sought, the parents become people with a problem: they may never hitherto have perceived the child's behaviour as a problem; even now, they may feel it is the school's behaviour rather than the child's that is the worry; they may feel as their problem the psychologist's 'interference'; in any case, and whatever the precise nature of the problem perceived, they now have one. They become clients of the psychologist, when he accepts their child as a case.

This position does not exclude the referred child from becoming a client also. He becomes a client when he perceives his behaviour as his own problem. In casework with adolescents, a central task is often to help the young person to accept responsibility for self-direction, to realise that he acts, as well as reacts, in the web of relationships of which he is part. Quite young children can learn that the manner in which they make a request affects the response the adult makes. It remains true, however, that generally speaking, in casework with primary school children, the people with the problem who seek professional help, are the concerned adults, the referring agents and the parents.

The point is an important one. It affects the whole range of activities involved in psychological intervention. It brings the interview - the core of casework - into its proper position of primacy. It may well be that casework in this situation will be effective to the degree that the
the clients are correctly identified, and treated as clients.

c) **Effectiveness in Casework**

In formulating the 'working theory', it was felt that to be useful, it must not only be applicable to all areas of the work, and guide the way the work was tackled, but also provide a framework in which effectiveness in the work could be gauged.

Before one can ask how well the work is done, one has to know what the work aims to do. If the aim of the work is to 're-structure the personality', or to 'strengthen the ego-structure', then it is necessary to devise instruments to reveal the personality or the ego-structure and measure the changes in it. The theoretical framework not only delineates the area in which work is to be done, but also defines the evaluative criteria that may be used to measure effectiveness.

If Psychological Service casework is viewed within this framework, it follows that a psychologist has worked effectively if, as the consequence of his casework, referring adults and parents have achieved more realistic and accurate perceptions of children's behaviour and have found more appropriate and productive ways of interacting with these children: appropriate to the particular child in his particular situation, and productive of acceptable modifications in the child's behaviour.
It follows, too, that it is to the clients, the concerned adults, that we must turn to for our evaluative criteria.
PART II: REVIEW OF LITERATURE

In this Part some relevant literature will be surveyed under three headings:

THE ROLE AND FUNCTION OF THE EDUCATIONAL PSYCHOLOGIST IN PSYCHOLOGICAL SERVICE.

PROBLEMS IN EVALUATING EFFECTIVENESS IN PSYCHOLOGICAL CASEWORK.

REVIEW OF SOME RELEVANT STUDIES.

CHAPTER 4: THE ROLE AND FUNCTION OF THE EDUCATIONAL PSYCHOLOGIST IN PSYCHOLOGICAL SERVICE.

In this section a brief survey of some relevant literature has been made to find to what extent there is any general agreement on roles and functions in this area.

Since the present study attempts to describe and examine aspects of Psychological Service casework as they are now, (not as they 'might' or 'should' be), the writer has sought definitions of functions agreed on as 'conditions of service' rather than arrived at as 'projections' from a theoretical discussion of educational psychology.

a) U.K. and Europe

The first statement on the role and functions of a school psychologist was made in 1913, when (Sir) Cyril Burt was appointed Psychologist to the Inspectorate of the L.C.C. Education Office. This was the first such appointment of an official child psychologist in any country. The statement was issued in a joint report by the Education Officer, Chief Inspector, and the Psychologist. The Psychologist's
duties were formulated as follows:

1. To investigate cases of individual children, who present problems of special difficulty, and who might be referred for examination by teachers, school medical officers, or care committee workers, magistrates or parents, and to carry out, or make recommendations for, suitable treatment or training of such children.

2. To assist in the task of allocating tests for children suited for education in special (m.d.) schools, or for selecting pupils of exceptional ability for scholarships, or trade schools, technical schools, schools of art, and the like.

3. To organise from time to time surveys of the general school population to discover cases needing individual examination, and to ascertain whether the average level of ability and attainment in the Council's schools was maintained.

4. And generally to advise the Education Committee on the psychological aspects of its various problems or proposals.

"With these objects in view, he was also to initiate and supervise research on such problems; and, by means of lectures, demonstrations, or reports or memoranda, to familiarise teachers and other officers with the psychological aspects of their work and with the facilities available." ¹

In 1956, the Unesco Institute for Education published a report edited by W.B. Wall on Psychological Services for Schools. The system of the school psychologist, and the system of the Psychological Centre serving the educational system of a district, are described as follows:

"This type of service ..., has access to all the educational services of the community. Within its orbit therefore fall not only the work of ameliorating the methods and atmosphere of the ordinary schools, the general guidance both educational and vocational of children of school age, and the examination and treatment of various types of problem children, but also a task of advice and psychological supervision undertaken in all types of special school and class."

It is clear that, forty years apart in time, these two formulations of the proper areas of school psychology are close in understanding. Further comparisons between these two statements may be made to illustrate this:

Keir quotes from a report made by Burt to the L.C.C. in 1925:

"The psychological clinic is quite different from all other clinics (e.g., medical); it is merely a nodal point in the whole network of the social and educational service available in a district. Adjustment and maladjustment involve not only one thing but two – the child and his environment. To effect environmental readjustments for cases demanding individual help and supervision, the psychologist is bound to rely to an increasing degree on the various social agencies which exist in each locality."

The Unesco Report (p.140) says: "A psychological service must concern itself directly with the total environment of children," and stresses that the psychologist's role is in collaborative consultation – that a service cannot function alone, that effectiveness depends on inter-professional co-operation.

Keir describes Sully's point of view on 'abnormality.' He insisted that the mind of the child be viewed as part of the total organism in constant dynamic interaction with its
environment. Normal behaviour is defined as consisting in "the adjustment of organism to environment," the abnormal child is, in the vast majority of cases, merely a maladjusted child. "Medical science .... has already shown that, during childhood at least, the vast majority of cases consist of deviations within the normal range rather than aberrations from the normal."

Keir adds a point made by Professor Rumm (at a meeting in 1925 held at the London Day Training College to discuss the formation of a clinic service under the American Commonwealth Fund,) Rumm said:

"Every child at some stage or another may need guidance; and as often as not, we shall be concerned with guidance given to teacher or parent as well as to the child. Above all, it must be realised that the work of such a 'clinic' will be educational and social more frequently than medical or clinical in strict sense."

The Unesco Report says:

"The emphasis is placed on constructive mental health through research into education at home and at school, the disseminating of information .... and through preventive and remedial work with children undertaken at the earliest possible moment. The 'therapy' employed is in general educational and environmental .... undertaken to assist the teachers or parents to carry out their tasks in a more effective fashion, and based on a relationship of confidence between teachers, parents and psychologist in which the latter is regarded as a friendly consultant."

Two further references may be made showing that the concept of the service expressed by Burt in 1913 is essentially the same as that which guides the British Service today.
United Kingdom: In 1939, the British Association of Education Committees published a report\textsuperscript{1} "to bring up to date in terms of the new Circular\textsuperscript{2} the views the Committees expressed in 1946 and \ldots 1948."\textsuperscript{3} The points the report stresses are:

1. That the child guidance clinics are to be regarded essentially as part and parcel of the total psychological services of the L.E.A.

2. That guidance is synonymous with education itself, in which the teacher is the general practitioner.

3. That while it is true that in a limited number of cases the problem requires psychiatric treatment involving medical training, the great majority of cases which come within the child guidance service do not require psychiatric treatment and are best dealt with by a competent educational psychologist working in co-operation with social workers and teaching staff, and using the normal facilities of the school health service.

4. That it is an essential function of education to assess the child in his adjustment to his environment, and most of the problems of adjustment are educational ones which must be dealt with as part of the educational service.

b) United States of America: It might appear from the foregoing that Burt’s concept of the work has been accepted with little difficulty or argument. In America, however, and later in England, there has been a strong ‘opposition party’ led by psychiatrists.

Keir discusses illuminatingly the historical background to this: she says that psychologists in America were strongly influenced by the intellectualist and associationist standpoint.

\begin{itemize}
\item \textsuperscript{1} "Education," October 23 1959.
\item \textsuperscript{2} Ministry of Education Circular 347.
\item \textsuperscript{3} On Child Guidance Services.
\end{itemize}
of the mid-nineteenth century until a much later date than psychologists in England. In America, "psychologists were identified with the application of intellectual and educational tests; the emphasis on the child's emotional life and on the influence of unconscious motives, that figures so largely in British work, was either tacitly ignored or explicitly rejected."

In Britain, Freud's contributions were welcomed by the psychologists and very generally rejected by the psychiatrists. In America the reverse was true.

Stanley Hall invited Freud to lecture in America in 1909, and the psychologists gave him a sympathetic hearing. The National Committee for Mental Hygiene was founded in 1909, and about 1920 began to turn from adult psychiatry to child guidance. In 1922 the first child guidance clinics were opened "to develop the psychiatric study of delinquent and difficult children, to develop sound methods of treatment, and to provide courses of training." The work of the clinics was based on the assumption that the foundations for maladjustment and psychosis are laid in childhood, and that their detection and checking at this stage was a major task of preventive medicine. Schools could not be expected to discover mental illnesses, which must be the task of the child psychiatrist. It was felt that "the doctor had only to see the child in his consulting room; he could then diagnose the child's mental

illness' and carry out an appropriate treatment by psycho-
analysies or whatever type of treatment his training has led
him to prefer."

However, Keir continues, that surveys and follow-up
studies led the Committee to conclusions very similar to those
reached in the earlier London studies, to the effect: (1) that
guidance clinics cannot identify future psychotics, but with
due co-operation from outside, can substantially assist with
potential offenders and the maladjusted; (2) that child
guidance clinics could not work apart from the community,
and should work with schools and other social agencies and
institutions. Keir quotes Witmer\textsuperscript{2} as saying: "The final
outcome has been a tendency to insist on more positive and
more immediate aims and methods; but it has also involved a
growing disagreement about the precise nature of these aims
and methods."

Keir\textsuperscript{3} concludes her historical discussion by saying:

"In America, and more recently in England, there has been,
in certain quarters, an inclination to regard child guidance
as a psychiatric rather than as an educational and social
task. But the narrowness of such a conception seems now to
have been fairly widely realised in both countries; and the
present tendency is to relate the problems of child guidance
more closely to the general framework of psychology as a
whole .... Perhaps the most urgent requirement at the present

   (New York: Commonwealth Fund).
time is the need for a more systematic and more rigorous endeavour to assess the practical value of these different lines of attack."

The study to be discussed next is at once an illustration of the trend Keir refers to, and an exemplary effort to meet what Keir calls 'the most urgent requirement.' In 1944–55, a survey was conducted into the workings of the Bureau of Child Guidance in New York. Every aspect of its functioning was critically examined and practical proposals made as to how it might work better.

The Bureau was established in 1931, and is part of a school system that serves a million children. A survey such as this has relevance to psychological services wherever they may be established.

According to the Foreword, the problem of role definition between educational psychology and psychiatry introduced confusion from the very beginning; some people involved saw the educational function of the service as primary; some, as secondary; "Still others thought that it (the improvement of school practice) would follow naturally on clinical services to individual children in the schools as a kind of necessary but valuable by-product, and so need not call for special resources, organization, and processes."

Parent education and community information was accepted as a further responsibility of the Bureau.

These "differences in major emphasis" revealed themselves in controversy over the leadership; some, regarding the Bureau as a clinic, favoured psychiatric direction. Others thought it obvious that an educator should be in charge. "The controversy reached no resolution because it reflected differences in conception of the new agency's primary function - differences which could not be reasonably resolved in advance."

Selection of Cases: (P.4) "The first identification of children who are struggling with intellectual, emotional, or social problems .... as these reveal themselves in school ordinarily falls to the lot of the teacher. These children, in the main, are those who constitute a source of distress to the teacher and who have failed to respond to all his remedial efforts."

Types of Service Rendered: In addition to conventional child guidance clinic diagnosis and treatment, Bureau Service may take the form of: consultation to the teacher, referral to a community agency, or social work or psychological services to the child.

In enumerating the functions as described by the Survey, those of social worker and psychologist are here combined, partly because the only real difference between them is that the psychologist uses tests in diagnosis, and partly because, in the M.Z. Service, there are no social workers - psychologists combine in themselves the two roles.
Functions:

1. Consultations with teachers: interpreting a child's behaviour to the teacher, increasing his understanding, and so putting him in a better position to devise new ways of helping the child.

2. Referral to a community agency whose special facilities can meet the child's needs best—calling for knowledge of the agencies available, administrative procedures, etc., also ability in dealing with the anxieties of parents whose child is so referred.

3. Social work and psychological treatment in schools: services rendered directly to the child, parent or teacher. The social worker may interpret the child's behaviour to the parents, give emotional support, and attempt to modify attitudes to the child. The psychologist uses observation, interviews, and psychological and educational testing to arrive at a diagnosis; may refer to another agency, consult school about placement and school programme, consult with parents about parent/child relationship, counsel directly with the child, or undertake or arrange for remedial treatment of special educational disabilities.

As the Survey remarks (p.3), lines of demarcation are not sharp.

It is noted earlier (p.3) that "somewhat less than half the time of Bureau personnel is devoted to services to individual children from among the general run of pupils ... The rest is devoted to special services to certain groups, other functions and administration. These special groups include the dull and backward, those with specific disabilities, physically handicapped, emotionally maladjusted."

Of clinical or psychiatric services, the Survey reports that only 3.7% of total cases were accepted (1950-51) for full study-intensive treatment and, of these, 39% of cases were seen three times or less.

* The Survey adds: The tendency not to record cases in which consultation to teachers is a major service makes estimate of the number of cases so served impossible.
The Survey proposed, (p.157) as a result of its searching examination of the Bureau's workings, that the organisation should provide three distinct services: two school services, and a clinic service:

1. Social work and Psychological Service.

2. Psychiatric Service — a resource to field superintendents 'in relation to severe, intractable, and emergency problems.'

3. Clinic Service for intensive psychiatric treatment of selected problems.

Of the Psychological and Social Work Service, the Survey says:

"The greatest number of maladjusted children are neither so acutely or chronically sick as to require psychiatric service, nor in need of or able to profit from the direct interpretive psychotherapy of the clinic service........ Numerous troubled youngsters are caught up in a myriad of psychosocial difficulties in which developmental or educational problems may loom large. The disturbances of many school children are at least in large measure situational, in that their upsetness is mainly reactive to over-stressful unhealthy conditions outside themselves .......... indirect treatment, in the main, is often best for these disturbed and disturbing children through the social worker's or psychologist's therapeutic intervention with parents, appropriate environmental help, or consultation with teachers." (p.159)

Psychiatric consultation should be available to these workers at their own discretion. "This method enables the therapeutic application of psychiatric insights to larger numbers of those in need and in ways often more usable and therefore more effective than is possible through direct psychiatric treatment."

A committee of staff members of the Bureau added to the Survey's report a statement indicating areas of agreement
and of disagreement with the Survey's proposals. The staff state first their basic responsibilities: the study and treatment of individual children, with recommendations for treatment and education, and the making of surveys and recommendations concerning the education of all maladjusted children. "Insights derived from clinical work with individual children offer possibilities for preventive work for all."

In their experience, the school is second only to the home in influencing the child. "Our focus is first on his personal relationships within the family group and then on his social relationships in the broader areas of school and community."

They disagree with the proposed separation of clinic and school services. "All aspects of clinical service in a school system should address themselves to the problems of individual children in the context of their educational setting."

They do not agree that parents reject treatment offered through the school. "On the contrary, our experiences lead us to conclude that many parents do accept referral through the school just because it comes as part of the child's educational experience."

As part of the school system, they must take cases that might be considered 'untreatable' by other agencies, and add: "Our continued contact with many an 'untreatable' child has made it possible for him to benefit from his school experience."
The tendency to relate the problems of child guidance more closely to the framework of psychology, rather than of psychiatry, as well as the difficulties produced by a confusion of roles, is brought out very clearly in the Survey's report. It is interesting, however, to realize that, in effect, the ways of working with children found in practice to be acceptable and reasonably effective, are essentially similar wherever services like these are in action.

The references above have been descriptive of services as they function in practice, and representative to some extent of 'official' policies. It may be interesting to set against these, opinions on role and functions formulated by practicing school psychologists themselves.

"School Psychologists at Mid-Century" is a report of the Thayer Conference on the functions, qualifications and training of school psychologists. It was edited by Norma E. Cutts and published by the American Psychological Association, Inc., in 1955. The Conference was envisaged and planned by the school psychologists. "It was an expression of need for clarification and redefinition of goals and function by the group itself." (Introduction, p. VIII).

On p. 30 the summary of the Conference's discussion of the functions of school psychologists is given, as follows: Definition: The school psychologist is a psychologist with training and experience in education. He uses his specialized
knowledge of assessment, learning, and interpersonal relationships to assist school personnel to enrich the experience and growth of all children, and to recognise and deal with exceptional children.

Functions: The school psychologist serves in an advisory capacity to school personnel and performs the following functions:

1. Measuring and interpreting the intellectual, social, and emotional development of children.

2. Identifying exceptional children and collaborating in the planning of appropriate educational and social placements and programmes.

3. Developing ways to facilitate the learning and adjustment of children.

4. Encouraging and initiating research, and helping to utilise research findings for the solution of school problems.

5. Diagnosing educational and personal disabilities, and collaborating in the planning of re-educational programmes.

It should be noted that "The Conference had no intention of bounding school psychology within the limits of present practice" (p. 50). This statement of functions should be compared with the results of a questionnaire returned by 560 school psychologists. The questionnaire listed a number of functions and asked that each be ranked in order of importance, (a) as a present function, and (b) as the individual felt it should be ranked ideally.

In all districts, "individual testing - mental, emotional, case studies" ranked first, and "interviews - pupils, parents, school personnel, agencies" second, in both categories (a) and (b) above. After these, in both reports,
followed "special education programme", organising, giving,
interpreting group tests, clerical programme, (this was placed
lower on the (b) ranking,) in-service training of school
personnel, public relations - speeches, parent-education;
professional organisations, administration, remedial work,
education programmes, research. (The 'education programme -
help develop curriculum, reports, records' came higher on
rank (b) ).

Comparing these, it is noticeable that the individual
psychologists reporting by questionnaire had a 'favoured
function' that is lost in the Conference summary, i.e.,
interviews with parents.

This is again noticeable in the Conference discussion
of the psychologist as a member of a team (P.80)........ "The
school psychologist's fellow team members are the school
doctor, school nurse, school social worker or attendance
officer, and always the teacher and the principal."

On P.50, in a description of typical procedure, two
of the eighteen 'steps' to be taken mention contact with
parent, but even here the contact is hardly stressed. (Step
3 says: He (psychologist) gathers information from social
agencies, the pastor, and from the parents directly if this
is necessary and desirable. Step 18: In cases of severely
retarded children, if special classes are available, he helps
the parents understand the need for placing the child in a
special class ..... He helps the family to understand the
child's limitations and to make appropriate plans).
It seems likely that this assigning of a very small ‘part’ to the parent in school psychological team work reflects “identification of the psychologist with intellectual and educational processes and testing,” that Neir said was a feature of American thought. In this connection it may be noted that the biggest controversy of the Conference was that on the school psychologist in the field of psychotherapy.

It was discovered in the course of discussion that to some extent this was a semantic difficulty, and the report on this discussion concludes:

(P.50): “If the school psychologist used the word ‘re-education’ or ‘counselling’ instead of ‘therapy’, he might feel more comfortable and less open to criticism. After all, there is a sound psychological theory that behaviour is learned. Teaching new ways of behaving might well be considered within the sphere of the school psychologist.”

It will be remembered that the Bureau of Child Guidance staff report expressly mentions the importance and fruitfulness of parent contacts, and also that the questionnaire referred to above placed interviews with parents second only to diagnostic interviews with children; so that probably — in practice — this function of the psychologist is accorded the same importance as it is in the European and English views.

c) New Zealand: In 1963, the Chief Psychologist of the N.Z. DEPARTMENT OF EDUCATION issued a statement on the Psychological Service, its scope and functions:

Maladjustment is viewed as a "dis-equilibrium between the resources of an individual and the demands of society."

Constructive action will aim to reduce the burden of pressures and restraints prejudicial to adjustment, and to cultivate the resources of the individual so as to ensure reserves of energy beyond that required to maintain equilibrium.

The maintenance of mental health in both these ways is the task of education.

"The Psychological Service has two complementary objectives: The first is to provide diagnostic and advisory services by which children who are handicapped in any way can be better understood and helped. This definition does not preclude therapy or the effective treatment of the child but rather gives this a special meaning, since the work of the Service is based on the premise that for the great majority of children who are maladjusted, even to a serious degree, treatment in an educational rather than a clinical setting is more likely to be effective. The second objective is to create a climate of opinion which favours the full and healthy development of all children. This it seeks to do by interpreting through the media of psychological reports, the case conference, discussion, the use of films and the distribution of relevant literature, the common needs of childhood as they are seen in the close study of children and by showing some of the ways in which these needs can be met for ordinary children and for those who have special difficulties in adjustment."

In this statement, the role of the psychologist is defined as that of consultant, accepting referrals from schools, parents, doctors, welfare workers and other agencies caring for children.

The function of the Service is "primarily diagnostic and advisory"; the areas with which it is mainly concerned and the psychologists' duties are described as follows:

Examining and reporting on, individual cases representing "the full range of childhood problems in adjustment." "Guidance may involve direct service to parents
and teachers on how to handle transitory difficulties, recommended changes in the environment of the home and the classroom, the devising of appropriate remedial measures, or arrangement for the placement of the child educationally where his needs can best be met. Psychologists are responsible for the initial examination of children entering special institutions. They continue to act as consultants to these agencies."

The duties also include the making of area surveys to discover children with special needs, and the identification of educational needs not met by existing services.

The responsibility of the Service in educational and preventive work in the community is also mentioned, and the statement concludes: "The Psychological Service can function effectively only if there is constructive liaison with other child care and educational agencies."

In summary, it appears that the role of the school psychologist as advisor and consultant - facilitating the learning of new ways of behaving - and his functions in the three areas described in Chapter 4 c), i.e. individual maladjustment, special education, and preventive educational work, are widely understood and accepted, and that the New Zealand Psychological Service reflects in its formulations the informed opinion of experienced practitioners.
CHAPTER 5: PROBLEMS IN EVALUATING EFFECTIVENESS
IN PSYCHOLOGICAL CASEWORK

A) Difficulties Encountered in Evaluation

C.M. Patterson¹ says: "Research in counselling and
guidance encounters the basic problems of experimentation
with human beings." He lists the major difficulties as
follows:

1. Sampling
2. Controls
3. Control of variables
4. Nature of treatment variable

Pepinsky and Pepinsky² have an excellent chapter
on Problems of Assessment (p. 251). Although their book:
is about counselling, this discussion of problems in evaluation
is equally applicable to the casework studied in the present
work. The problems they discuss may be summarised as follows:

a) Causality: "Even if a relationship is observed between
specified variables, we cannot infer that the behaviour
subsequent to counselling is caused by the counselling
situation itself."

Heits³ makes the same point in the preface to his
book:

"In guidance, as in psychotherapy and one suspects, in
all the so-called helping professions and one is never absolutely
sure that what he does has any intimately causal relationship
to the improvement of the person receiving the help .... We
have little in the way of clear knowledge of how we might
enhance our effectiveness."

1. 'Program Evaluation' (Rev. of Educational Research Vol. XXXIII
   No. 2), April 1963.
b) Criterion of effectiveness: Pepinsky and Pepinsky point out that the establishing of a measuring stick against which effectiveness is judged involves the value systems of client, guidance worker, and perhaps investigator. "And where preferred behavioural alternative (values) are set forth... their description and measurement is no mean task." (P.253)

The solutions to the problem of selecting evaluative criteria have ranged from the use of what Williamson and Bordin termed 'part-criteria'; (school marks, grades, salary in employment, etc.) to the use of subjective impressions (clinical judgment) of the worker himself. Louise Holt says that subjective criteria are acceptable, even if scientifically indefensible; that if the therapist is satisfied, the work is satisfactory. A similar argument essentially is used by psycho-analysts, and was for a time favoured by Rogers. (Compare Horney and Rogers); Snygg and Combs urged that behavioural enquiry be dropped and that a study of the client's perceptual processes be substituted.

In a behavioural science, however, this seems a
counsel of despair, and few workers in applied psychology
would agree with Rosenzweig.\(^1\) Rosenzweig says of evaluation
that one can either count reported outcomes or consider change
in process of treatment, or both. He is rather scornful of
"the tallying of outcomes reported at second-hand" (by the
client, presumably), and prefers "the dynamic appraisal" which
must take into account the "treated personality as a system
of structures and forces"; "the organization of the patient's
personality and life-space." The first kind of evaluation
depends on subjective report; the latter, on the therapist's
clinical judgment. This seems to be a fine distinction indeed.
Finally, he says the question is not whether psychotherapy is
any good — but 'Is life worth living.'

"It is to the process, not to the superficially appraised
end results — to the disorganization or organisation of forces
which may spell illness or partial death, or health and growth —
that attention must be directed if we are to learn anything
about psychotherapy."

Arthur Brayfield\(^2\) has a caustic comment on the use
of this kind of criterion: "For peace of mind, counsellors
should stick to the criterion question: How satisfied were you
with your counselling? The results are always overwhelmingly
positive."

1. A transvaluation of psychotherapy — a reply to Hans
It is rather a relief to turn from Rosenzwig's mystic flights to Froelich who states: "The only valid criterion is the behaviour of the client after counselling."

Weitz is equally definite: Guidance in his view involves behaviour change. He says that guidance has been the victim of inadequate clarification of goals. 'Adjustment' is too vague, and interpreted differently by all who use it. Goals should be stated in terms of observable behaviour change, which have a certain consistency from teacher to teacher and from one guidance worker to another. The Pepinskys also are concerned throughout their discussion with the client's "observable behaviour and with its changes under specified conditions of counselling."

Following their discussion of the problems of a) causality, and b) criteria of effectiveness, the next difficulty mentioned by Pepinsky and Pepinsky is that of experimental design.

"Some methodological difficulties are generic to the behaviour sciences. Consider the matter of control. We may specify certain client behaviours as dependent criterion variables, measuring changes in this behaviour from before to after counselling. We shall be concerned with determining whether these changes occur as a function of counselling alone. Therefore we control for the effects of counselling by setting up other groups of persons who are not counselled and by measuring before-to-after changes in the non-counselling control groups. But on what basis do we control?"

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The variables to be held constant must be selected, for relevancy.

"There remains the question of what it is in counselling that seems to be associated with ....行为al change. This implies the careful isolation and manipulation of independent variables...."

Tyler remarks that what is needed is "research of a more analytical nature that would enable us to understand why results differ from case to case." "It would seem.... profitable to design research that would permit comparison of sub-groups and identify factors related to degrees of favourableness of reaction."

The Pepsinskys next refer to the problems of sampling; the extent to which findings may be generalized depends on the nature of the group examined, or used in experiment; is the group a random or a representative sample?

Finally, they point out that there are as many 'practical' as methodological difficulties in research in this area - time available, cost, cooperation of clients, etc. - all must be taken into account in planning a research study.

B) Some Suggestions for Planning Evaluative Studies

It may be useful to consider now some positive suggestions as to how evaluation studies might be planned.

To begin with, one might consider what a study must be like to be scientific.

Berelson and Steiner\(^1\) describe psychology as one of the behavioural sciences: the scientific research that deals directly with human behaviour. They say that the scientific approach to behavioural science must observe the following conditions:

1. The procedures are public.
2. The definitions are precise.
3. The data collecting is objective.
4. Findings must be replicable.
5. The approach is systematic and cumulative.
6. The purposes are explanation, understanding and prediction.

Berelson next discusses research designs: experiment, sample survey, case-study. Of experiment, he says that while this is the method that most readily exposes cause and effect, it is generally precluded in psychotherapy or guidance work on moral and humanitarian grounds.

The case-study can often produce insights and clues for further investigation, but is limited by being a sample of one, so that the degree of generality of results is not known, and is subject to the fallacy of 'post hoc, ergo propter hoc', in that neither a control group nor intervention by the investigator is provided as a safeguard.

The sample survey "measures many people on a few characteristics usually at one point in time."

"Whenever the investigator is interested in assessing the present state of affairs with regard to some variable that changes over time for a large group of subjects, the sample survey is the only practical way to get the answer."

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"In addition to simple measures of magnitude, sample surveys provide clues to relations between variables and thus ultimately to cause and effect by correlation of the various measures obtained. Another advantage in the sample study is the study of relationships; many times, the variables of interest are difficult or impossible to manipulate by experiment (age, sex, years of schooling, etc.) so that the only approach is to compare people who already differ on the characteristics in question and see how their behaviour differs."

The authors warn that such correlations are difficult to disentangle causally, because the direction of the influence is uncertain, and often it is reciprocal. Even when the direction is clear, when one characteristic antedates and is not affected by another, the nature of the causal relationship is quite complex with, usually, several other factors involved.

It would seem, then, that the sample survey is the method most suitable for the purposes of the present study.

Data collection: Berelson lists as major methods: Observation, reports, records. Of observation, he points out the need to consider to what extent the phenomenon (e.g., behaviour) under study is likely to alter if the subjects know they are being studied. He remarks that it is frequently not feasible practically to make direct observations of the number and scope desired for a given study. "A great deal of behavioural science is based on - usually solicited - verbal reports of what has happened, is expected to happen, the reporter's feelings, thoughts, etc."

Techniques for obtaining and recording verbal reports
vary in their desirability for a particular purpose. In
general, the more structured the interview technique, the
greater is the control and reliability; responses, however,
may lose in depth or scope.

"Ideally, as the research project progresses from initial
exploratory stage through middle stage where the investigator
begins to have specific hypotheses about his material, to the
final stage where he is concerned with pinning down or proving
some point, the techniques would move from non-structured,
through semi-structured, to totally structured."

Again to relate to this present study, it might be
considered that the first, exploratory stage is represented
by the years of actual casework. Patterns emerge, 'hunches'
arise, which come to frame themselves as questions (hypotheses);
it is at this stage that the research study is undertaken —
and interviews reach the semi-structured stage. It may be
hoped that this stage would provide leads to direct the third;
structured, reliable, and controlled.

The third way of collecting data is by making use of
records. Where the purpose of an investigation is to examine
change over time, some material cannot be collected directly
in the present. Much potentially useful information, collected
for other purposes, may be stored in census, school, medical
and other records. (Of course, if the use of records is
essential for a particular study, the study is to some extent
limited by the quality of the records.)

Let us suppose that the behavioural investigator has
selected his general design: the sample survey; and his
and his techniques of data collection; verbal reports from semi-structured interviews, and recourse to records to provide material which cannot be collected presently.

The next step is to decide what data he is interested in, and what he may aim at in his study considering its general design.

Tyler\textsuperscript{1} discusses research on outcomes in guidance and counselling and says that it would seem "profitable to design research that would permit comparison of sub-groups, and identify factors related to degrees of favourableness of reaction." And again, (p. 286): "What we need is research of a more analytical nature that would enable us to understand why results differ from case to case."

H.B. McDaniel\textsuperscript{2} with G.A. Shaftel, has an interesting section on evaluation. He points out the need first for a clear statement of purposes or objectives, and the selection of a set of evaluative criteria. He then discusses types of survey research designs: Normative surveys, follow-up studies, opinion surveys. Of the follow-up study he says: "The information which he (the investigator) may obtain from follow-up procedures provides a basis for judging the effectiveness of his work - indeed without such data as a guide he has no directives for improvement." He lists considerations that must be taken into account in using findings from follow-up studies: the completeness of the returns - the sampling; the honesty of

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2. Guidance in the Modern School, 1956, p. 403
replies; the uncertainty that a specific change in behaviour results from counselling; the question as to whether the change is truly an improvement.

He says: "It is quite impossible in research involving human relationships to isolate and control variables and to establish any definite relationship between cause and effect." And again, "Caution must be used in interpreting such data because of the possibilities of mistakes resulting from inadequate sampling, misunderstanding of causation and overgeneralising in evaluating behaviour." (p. 411)

Hans Eysenck, after his challenging evaluation of effectiveness in psychotherapy, has an interesting discussion of some characteristics of adequate research in evaluation of effectiveness. The most frequently omitted and, to him, the most essential methodological feature is the control group.

He describes the way this might be used as follows:

1. The control group is selected on the same basis as the experimental group, but left without treatment for a given time. Ethical objections he considers overcome, if this non-treatment group is selected from the waiting list of clients who would not in any case be treated for some time.

2. Both groups would be subjected to searching personality investigation by means of tests, etc., self-rating and objective rating on behaviour, traits and so on. After the experimental group had received treatment, both groups would again be investigated on the same lines - differences in them would presumably be due to the treatment.

1. *Uses and Abuses of Psychology*. 1953
3. The next step would be the treating of the control group and the comparison of changes after this, with changes that occurred during waiting period.

4. Lastly, both groups would be followed up for long-term effects.

To what extent can a study such as the present one follow Eysenck's suggested control plan? One difficulty is at once apparent: he is speaking of psychotherapy, and the present study is of psychological service. As has been discussed in the previous section, 'treatment' in this service is largely indirect (and in the group followed up in this study, wholly so, consisting essentially of suggestions to teachers and to parents about handling the child based on diagnostic inquiry into their problem). This means that Eysenck's step 2 - the searching examination, and ratings, of both groups - would represent a considerable segment of 'treatment' and this 'segment' would cease to be a dependent variable. As a matter of fact, there is evidence to suggest that this point has affected a number of research studies; several recent papers discuss the question, which is, essentially: What is it, in psychological intervention, that is therapeutic? The point will be discussed in the next section in relation to various research reports.

Even with this phase omitted, the use of a control group could add value to an evaluative study. Obviously 'matching',

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involving considerable study of individuals in both groups, would have to be simplified or left out. The control group could be selected from the waiting list, provided that no selection process, apart from the temporal order of applications for service, had operated in accepting applicants from the list for casework, i.e., it would be necessary to ensure that the control group was drawn from the same population as the experimental group.

In this section an attempt has been made to discover from the literature the major problems in evaluation research and some of the ways in which these problems may be resolved.
CHAPTER 6: REVIEW OF SOME RELEVANT STUDIES.

The search for what is effective in psychological intervention is the focus of the present study, and in this chapter the literature will be surveyed as it bears on that problem.

A salient feature of outcome research is the remarkable consistency of improvement rate, reported by workers in a variety of psychological and psychiatric settings.

Part 1 reports the results of the psychological service to children provided by the L.C.C. during this work there. Ratings were made by the referring agency in the course of follow-up contacts. Average improvement rate was 68%; for untreated cases (control group), the rate was 47%.

The Sheffield Child Guidance Clinic2, under psychiatric direction, reported 65% of cases improved.

Norman, Rosen and Rohn3 summarise a number of studies of outcomes by saying: "Proportion of improvement reported is still mostly within the two-thirds, three-quarters range."


Lehrman, Sirluck, Black and Glick present data on outcomes of clinical treatment with 7,987 children; the improvement rate was 73%.

Outcomes do not appear to be markedly affected by age. Chazen reports on 60 children, 14 plus years, referred to a guidance centre; 66% were rated improved at follow-up.

At the other end of the Child Guidance Clinic age range is a report by S.J. Wolff on 43 pre-school children. These were followed up three to six years after attending the clinic; their mothers were asked whether the children had benefited from attendance. Two-thirds of mothers rated their children as having benefited and were not now anxious about them whereas, at referral, all mothers had been highly anxious. All types of symptoms had declined in frequency.

From the field of adult psychotherapy, similar results are reported. Eysenck, in his well-known critique of psychotherapy, collected data from various reports indicating that "Among neurotic patients being treated by psychotherapy, about two-thirds improve."

A conclusion that might be drawn from these reports is that all these studies are measuring the same thing, that there is a factor common to all.

The next step is to explore this common factor further. The work of Eysenck and of Levitt, at first glance rather disillusioning, provides an interesting lead.

Eysenck\(^1\) collected his information with a view to testing the efficacy of psychotherapy. His verdict of 'not proven' rested on the fact that equally good results could be obtained without psychotherapy. After making the statement already quoted, that two-thirds of neurotics improved with psychotherapy, he pointed out that among neurotics treated by their general practitioners along non-psychotherapeutic lines, a similar proportion improved and further, that among those hospitalised and who received 'simple custodial care', again two-thirds improved.

A similar study was made by Levitt\(^2\) who says: "The purpose of this paper is to summarise available reports of the results of psychotherapy with children, using Eysenck's report as a model." The author summarises as follows:

"A survey of 18 reports of evaluations at close, and 17 at follow-up, was compared with similar evaluations of untreated children. Two-thirds of evaluations at close, and three-fourths at follow-up showed improvement. Roughly the same percentages were found for the respective control groups... It is concluded that the results of the present study fail to support the view that psychotherapy with neurotic children is effective."

The studies Levitt used "to provide a baseline for evaluation" are: Witmer and Keller: "Outgrowing Childhood problems; A study in the value of Child Guidance Treatment; and Lehman, Sirluck, Black and Glick, already referred to. Examination of these showed that the control group cases had all received diagnostic service before being placed on the waiting list for treatment. The same is true of another control group study: Barbour and Besfell: "Follow-up of a Child Guidance Clinic Population." In these studies, treated and control children improved similarly, i.e., between 60% and 75% were rated improved at follow-up.

The writer's attention was directed to the nature of the control groups by a report of Levi and Ginott. This study compared the improvement rate of a group of children treated, with the remission rate of a control group of untreated children. Improvement was defined as the disappearance of presenting symptoms. Of 304 treated children, 55% were considered improved, and 45% unimproved at the close of treatment. Of 300 children in the control group, 20% had improved. The departure from the familiar two-thirds rate and the difference between the treated and untreated was striking. The control group in this study consisted of children whose parents had failed to complete intake procedures.

that is, the children had not been seen at all. A small study by Cox, F.W. is interesting in this connection. Two groups of orphanage children, nine in each group, were matched on several measures of adjustment and on a sociometric rating. The experimental group was given 10 weeks of play-therapy, the control group none. Immediately after therapy and at follow-up 15 weeks later, the same measures were applied. About half the experimental group had improved, and none of the control. (The author points out that 'play-therapy' included a car ride into town each session, and unusual personal attentions. The controls stayed behind in the orphanage.)

These studies seem to indicate that attention needs to be given to possible sources of 'improvement' other than treatment. The point is further clarified by studies that have been made comparing outcomes of conventional treatment, with those of brief, or short-term therapy.

E.D. Coleman in an article "Emergency Psychotherapy" draws attention to the fact that brief therapy is the rule rather than the exception in all community psychotherapeutic agencies. In heavily psychoanalytic terms he justifies these short-term contacts. Later on he remarks "It is surprising how frequently ....... insights provided by relatively simple (clarifying) statements affect a dramatic change in a patient's ability to adapt to a stressful situation."

Raymond Hunt\(^1\) says that only about 25% of total applicants to the clinic entered into psychotherapeutic treatment and only 7% remained, or received the full course. The clinic median for total interviews per case was 3.

Phillips\(^2\) obtained ratings from parents of 30 children seen in conventional therapy in a child guidance clinic, 27 children treated in short-term, non-depth therapy in a guidance clinic, and 52 children seen in short-term therapy in private practice. The ratings were on improvement in original complaint, parents' ability to handle child at home, and the child's behaviour at home, at school, in formal groups, and in informal play groups. Parental ratings placed the results of short-term therapy ahead of those of depth therapy. 92% of children on short-term therapy were rated improved, and 60% of 'depth' cases.

Eisenberg\(^3\) et al. described the effects of offering psychiatric recommendations (based on history, psychological testing and clinical examination) to the caseworkers responsible for the care of children referred for psychiatric evaluation because of behaviour problems. No actual psychiatric treatment was provided. At an average interval of a year, reports were obtained on the levels of social

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functioning attained by the children. Of 38 cases 27 were reported improved (24 of 27 cases in which recommended plan was followed, 3 of 11 cases where plan was not followed).

Cytryn et al. compared the effects of short-term therapy on neurotic and hyperkinetic children. Of the neurotic 48 of 71 had improved at follow-up (at 6 months and 24 months after close) and of the hyperkinetic, 37 of 133 had similarly improved.

Eisenberg et al. reported on a direct and brief psychotherapeutic programme for school phobics. The major emphasis was on prompt return to school, by coercion if necessary. Of 67 cases 88% had improved, i.e., remained at school, and none of the successful cases showed any substitution of symptoms.

Considerations of studies such as these, and of termination studies, prompts J.D. Matarazzo to conclude that the professional's prevailing attitudes towards the perceived need and demand characteristics of psychotherapy patients are in need of correction. "In therapy centres all over the country ...... millions.... are invested in an activity, conventional therapy, which many of the recipients clearly do not feel they need, nor do they want it even if they can be shown to need it."

Westman et al. makes the point specifically in a constructive paper describing how a clinic was re-organised to meet the demands for its service. He says:

"Effective service is .......... the goal of clinical research"...... "Treatment was thought of as the formal period of therapy after diagnosis, but evidence of substantial change in children and families supposedly 'waiting for treatment' suggested that any direct or indirect contact with a clinic could lead to constructive change." .......... "We were forced to question the traditional distinction between 'diagnosis' and 'treatment.'"

In the light of these studies the conclusions reached by Levitt (and Eysenck) may be questioned. If the 'therapeutic principle' inheres in brief therapy as in conventional, and if the diagnostic process can also be therapeutic, it is possible that, in effect, the control groups that improved at the same rate as the treatment groups, did so because they, too, had had 'treatment.'

W.W. Lewis says of follow-up studies that the effects of intervention can be more rigorously tested if the follow-up method "includes a comparison group of children who have been identified as emotionally disturbed but who have received no treatment." This is acceptable only if 'no treatment' implies 'no contact with the therapist.'


With the search area narrowed down to 'contact with the therapist', an increasing volume of research focuses on that meeting in its hunt for the 'active ingredient' in psychological intervention. Tyler refers to evidence that the experience of the counsellor is more important than the 'school' he belongs to, in producing satisfactory outcomes. Matarazzo refers to an experiment in which married women were given a short course in psychotherapy and assigned to patients, with favourable results in 61% of cases at follow-up.

A somewhat similar study reported by Matarazzo found that medical students given 12 weeks' training in psychotherapy before being assigned to 'counsellees' reported similar improvement rates in their clients. Matarazzo says: "What have the disparate practitioners got in common? Possibly it is no more than that they all provide the simple but important condition of 'sharing' with another human being." He feels that psychotherapists do not want to believe this because of their training, convictions, commitments, philosophies, and the techniques they want to retain. "Yet," he says, "in this case, the facts, few as they are, beg us to look again."

Empathy as an 'active ingredient' has received attention from researchers. H.H. Strupp mentions studies

showing that empathy is important. Feifel and Eells found that therapists and patients differed in their perception of both process and outcome. "Patients underlined as helpful the opportunity to talk over problems, and the human (warmth) characteristics of the therapist, whereas therapists thought that technique plus support to the patient were most beneficial." These authors comment that it made little difference whether patient had seen a social worker, psychiatrist, psychologist, male or female; or had been in therapy with a staff member, advanced-level psychotherapy trainee, or psychiatric resident.

The 'Hawthorne effect' is indicated as important to outcome. Molling et al. considered that "the results of different types of treatment might be related less to a theoretical framework than to the benefits the delinquent youth obtains from the interpersonal transactions inherent in psychotherapeutic or chemotherapeutic endeavours." In outcome, boys receiving drugs, and those receiving placebo, differed significantly and alike, from the control group.

Stanton and Schwartz emphasise that increased serious interest in patients shown by staff, in an organised

way, results in favourable clinical response from patients. Rapoport\(^1\) confirms these findings.

A recent article discusses psychotherapy as placebo. Lesse\(^2\) points out that findings such as those referred to in the present review indicate a "very potent, effective, unintended feature common to all types of therapy." He mentions what he terms placebo effects: the cultural expectation of therapy, the therapist's enthusiasm and optimism, the patient's hopes - his faith in himself and in the therapy situation; he stresses the importance of communication skills to the therapist, if he is to use these effects to good purpose.

Communication skills as central to therapy have been emphasised by a number of writers (Haley, Rusch, for example, in books and articles). The study made by V. Trione\(^3\) illustrates the point in the finding that "within the scope of this study, reading achievement is improved as a result of teacher use of the psychologist's report." The author points out that in such a service the psychologist's time is spent mainly in diagnosis and brief consultation. He must rely on his diagnostic report to a teacher in lieu of his continued presence for consultation or working directly with a case.

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Rosenbaum expresses a refreshingly different attitude from that implicit in conventional psychotherapies, which have 'caught' from psychoanalysis the doctor-patient attitude that might be summarized as 'Father knows best.' Rosenbaum says that his experience has taught him that 'depth therapy' is not always, or even often, the answer. He says that the first question to ask in casework is: Why does this person come to therapy now? That is, what problem in his life has become so pressing as to make him seek assistance with its solution. He states that the patient must be allowed to state his own goals, his own ideas of 'improvement.' The therapist must be ready to terminate when the patient is ready (rather than devote considerable study, as has been done, to ways of keeping him in therapy). The patient leaves when he feels he has received the assistance he came for, and knowing that he may return if he wishes.

So far in this survey, we have found evidence of a common factor in psychological intervention of many kinds; we have found growing recognition that the common factor resides somewhere in the contact itself between client and psychologist; and we have considered some of the qualities of this contact that seem associated with client gain.

The following paper is quoted extensively, for it brings together understandings contributed from many sources. In it, a psychotherapist, J.L. Schulman, describes "One-visit psychotherapy with children." Schulman says:

"There has been a tendency to ignore the unpleasant but obvious fact that present-day psychotherapy is largely inadequate in its effect on total mental health."

He points out the advantages of brief therapy, and continues:

"In our own studies, we discovered that the chief obstacle to very brief therapy was a rather deeply engrained attitude that it is very difficult for people to change and that change could not occur except after prolonged periods and a good deal of intensive work. We now believe that this attitude is not justified in many cases and may actually delay progress ...... There are now a number of instances in which we feel there has been an observable and dramatic change in symptoms, general attitudes, self-concept and interpersonal relationships following one psychotherapeutic session."

"The central theme can best be described as a deep faith in, and a respect for, the ability of people to change. One must look for and utilize the strength that people have. One must believe that many individuals once headed in the right direction will be able to solve problems without any professional assistance."

Schulman makes the following points:

1. Each individual has a certain range of behaviour of which he is capable. Few people use as much of their range as they could. Even when the range is constricted, one can sometimes re-direct neurotic needs away from a particular relationship.

2. Many difficulties between parent and child appear to arise from a less serious disturbance which has tended to become more deviant by a mutual reinforcement of undesirable behaviour. At the core of the relationship, the disturbance may not be too great.

3. We wonder why the patient came for help when he did. May not his coming now signify a present readiness to change? A therapeutic session may provide opportunity to make a wanted change in behaviour.

4. Failure of adequate communication between parents and child appears to be a constant feature in our patients. A visit with all together in which problems are discussed very frankly, is a good starting point for improved communication.

5. A follow-up visit is considered to be very important. We believe it gives the parent and child a definite goal to work for, and a definite time limit, during which reasonable progress is expected. We indicate that the previous behaviour had developed without adequate consideration and was a natural consequence of many factors. We attempt to alleviate guilt that parents may feel for this behaviour, though we show that their behaviour has been partly responsible for the child's difficulties. We frequently discuss some unique quality of the child such as intellectual variation, or what may appear to be an inborn temperamental variation, as a partial explanation for the difficulties that arose.

Schulman mentions that this kind of casework is contra-indicated where parents are psychotic, or have neurotic inability to function, or where there is complete marital breakdown.

Of the child, he considers that its particular symptoms do not seem to make much difference in outcome, nor does the duration of symptoms, but that the extent to which the symptom has become a fixed part of personality, unrelated any longer to its etiology, is an important criterion; (this state is contrasted with that in which symptoms still remain a response to an environmental stimulus).
He then details the conduct of the visit:

1. Greeting parents and child patient. He feels that respect for the family and its individual members can be communicated in this greeting.

2. Obtaining history from the parents.

3. Diagnostic interviews with child.

4. Summing up with parents.

5. Summing up with the child and parents together.

6. The follow-up appointment is made, usually for about 6 months ahead, sometimes sooner, usually at the child's request.

The follow-up contact follows the same steps as the first: all areas that presented difficulty in the first session are discussed again. The family's work is commended, emphasis is put on the continuing need for progressive changes in behaviour. Residual problems are discussed with mention of areas requiring effort.

He gives an illustrative case study, and concludes:

"We are not in a position to present accurate statistical evidence regarding our experience. Our use of this technique is relatively recent. We have gradually been applying it to a larger percentage of cases, and there have been modifications made. We can report that of twenty cases handled in this manner, fifteen have shown satisfactory improvement. This always included symptom alleviation, and usually included improvement in interpersonal relationships within the family. In many there appeared a very basic change in self-concept.

Two patients did not appear to have significantly benefited from this approach, and three failed to keep the follow-up visit, so outcome is not known, though it might be assumed to be poor. Recently we have been employing this technique with about 75% of new patients."

The activities described by Schulman are essentially those of a Psychological Service. The paper has been
quoted so fully because it makes clear the real character of effective psychological intervention – that is, as a true learning situation.

Much of the work quoted in this chapter has tended towards this conclusion; the characteristics of the psychological contact that have been explored – friendliness, empathy, respect, skill in communication, reinforcement – all are included in a situation of learning.

It seems that this has been known but not always avowed. We have become shy of the obvious and confused it with the superficial.

Psychologists who have felt that psychotherapists were more profound, more analytic, and therefore more respectable than themselves, might take heart from a comment of Franz Alexander's. A "grand old man" of psychoanalysis, he was among the first to use film and tape-recording to advance his understanding of the psychoanalytic process and came to a conclusion that startled some of his colleagues. Matarazzo reports him as observing that modern learning theory adequately describes the dynamic interaction between therapist and patient in psychoanalytic interviews; that traditional descriptions of the therapeutic process do not adequately reflect the immensely complex interaction. The patient's reactions cannot be described fully as transference reactions. The patient reacts to the therapist as a concrete person and not only as a representative of parent
figures. The therapist's reactions cannot be described fully as counter-transference. They include, in addition, interventions based on conscious deliberations and also his spontaneous idiosyncratic attitudes.

In this chapter, research studies in various related fields have been reviewed in the search for the 'active ingredient' in psychological intervention. There is evidence that the contact between client and psychologist may be usefully understood as an opportunity for learning. As W.W. Lewis says in the paper quoted above: "We can modify disturbing behaviour in specific ways in present social contexts." In the framework of the working theory advanced in Chapter 3, this seems a realistic and productive aim.
PART III: THE PLAN AND PROCEDURES OF THE PRESENT STUDY

CHAPTER 7: THE EVALUATIVE CRITERION

The object of the casework examined in this study is to change behaviour; 'improvement' is the degree to which behaviour has changed from unacceptable to acceptable. The measure of such change used for this study is the rating by parent and present teacher of the state at follow-up of the problem for which each child was referred.

There are respectable precedents for the choice of this criterion. Such ratings were used by Burt in his routine follow-ups of cases he dealt with as psychologist for the L.C.C. A more recent example is that of N. Kallmer Pringle.¹

The use of this criterion has several advantages. It recognises the right of the client to set the goals of casework; a serious weakness of many, if not most, types of psychotherapy, is the tendency for the goals to be set by the therapist in terms of his own idea of 'adjustment', 'mental health', 'self-actualisation' and the like. As Krumboltz² points out, this means that the goal is in fact the same for each client of that particular therapist or school of therapy. It assumes that the therapist knows

what is good for the client better than the client. This attitude lacks respect; in psychological service work the goal is set by the referring adult when he describes the behaviour he wants changed; in rating the post-casework position of that problem, he judges the extent to which his goal has been attained.

A second advantage of this evaluative criterion is that it uses the observations of the only observers who cannot 'contaminate' the observations; in observing living things, particularly human beings, the effect of the observer on the behaviour being studied must be taken into account. Parents and teachers are a constant and operant factor of the situation being observed.

There is evidence to suggest that parents and teachers can make meaningful judgments about children with whom they are concerned. A paper on the assessment of adjustment, "Maternal Attitudes and General Adjustment of School Children" by M.C. Gildea, J.C. Glidewell, and M.B. Kantor, says:

"It was obvious that this work required some relatively simple assessment of the adjustment of school children... which would have useful face validity in that it represented the viewpoints of the professional people concerned with the children at school."

The authors say that their previous experience suggested that "teachers could make judgments of adjustment in school children........ statistically quite adequate."

They believed that teachers' ratings required supplementation by an assessment of disturbance based on the judgment of the child's mother. It was found feasible to get reliable responses to interview questions about the symptoms the mother saw in the child. "These were reliably related to teachers' ratings and showed 80% consistency." (P.51)

R.N. Cassell in his paper: "Comparison of Teacher and Parent Ratings on the Child Behaviour Rating Scale for 800 Primary Pupils" says:

"Statistically significant positive relationships existed between all teacher and parent comparisons when viewed for group as a whole (1% level of significance)."

Parents and teachers appear to agree more with each other than with clinicians about children's adjustment and further, their judgments may be more meaningful. To take one example, Morris, Soroker and Burress concluded that it is the acting out, disturbing child who is likely to become seriously mentally ill as an adult, rather than the shy, withdrawn child, an opinion generally held by teachers and parents, though it was long considered by many psychiatrists and psychotherapists that the contrary was true. The clinician's view has often been put to teachers in New Zealand schools, whose attention has been drawn to the timid, quiet child with the warning that, for this child, prognosis was less favourable than for the overt behaviour-

problem child.

In connection with the apparent ability of parents and teachers to make consistent and meaningful judgments of children's adjustment, it is interesting to note C. Rogers.¹ In a characteristically honest and direct statement, he says of psychotherapists of various schools:

"We are not agreed on whether the goal is removal of symptoms, reorganisation of personality, curing a disease, or adjustment to the culture. When we try to pin down our goals to those specific behaviours in a client which we would regard as evidence of success, the divergence is almost equally great."

In the face of this confusion, parents' and teachers' ratings of improvement may be regarded as an acceptable evaluative criterion.

A possible danger in the use of this criterion, focussed as it is on the problem for which the child was referred, is that raters might be held too narrowly to the one area and not be given opportunity to note changes outside it. The question of 'symptom-shift' is raised here. Psychoanalytic therapists and, in general, therapists who aim at 'insight' and 'reorganisation of personality' tend to be rather scornful of what they sometimes term mere removal of symptoms. The theory is that anomalies of behaviour are symptoms of underlying disturbance and that if one manifestation of this disturbance was inhibited or 'cured', another mode of expression would be found. The theory is not well supported by research, but needs perhaps to be taken into

¹. Op cit.
account. In the present study, provision was made for
raters to note such changed symptoms; in the five-point
scale on which they were asked to rate the present state of
the referral problem, four of the five points related to
the original problem, i.e.: no longer a problem; improved;
no change; worse. The fifth point was: new problems.
The five points on the scale were read in full, or shown,
to each rater.

The major weakness in the use of ratings as
evaluative criteria is their subjective nature; it is
doubtful, however, whether this is as serious a weakness
as it appears. Leo Kanner¹ points out: "The standard
dictionaries define 'normal' as 'conforming with or
constituting an accepted standard, model or pattern.'"
He says "there is no absolute criterion for the normalcy of
the common forms of behavior problems in children. Their
evaluation is bound up tightly with the general outlook of
the evaluating agent." E.K. Wickman² says:

"Behavior disorders arise out of a discrepancy between
the child's capacity to behave and the requirements of
behavior which are imposed on him by parents, teacher,
companions and social organizations. The factor of adult
attitudes which determines these requirements is an integral
part in the production of the behavior problem as well as
of the child's future behavioral adjustment."

¹. "Do Behavior Symptoms Always Indicate Psychopathology?"
². Children's Behavior and Teachers' Attitudes.
   Commonwealth Fund, N.Y. 1928.
Bandura\textsuperscript{1} puts the matter bluntly: "Whether or not a given behaviour will be considered normal or a symptom of an underlying disturbance will depend on whether or not someone objects to the behaviour." L.T. Wilkins\textsuperscript{2} discusses the problem of defining delinquency and suggests the definition: "Any behaviour on the part of the younger age groups of population such that the senior age groups object to it", and adds "This does not seem a very satisfactory definition, but it does not seem possible to find any other..."

The perception of behaviour as a problem, then, is a subjective matter - it seems reasonable to enquire of the same subject how he perceives the behaviour now.

It is quite possible that the rating of a piece of behaviour as 'improved' refers not to any objective change on the child's part, but to a change in the rater's perception of the child. This is far from 'spoiling' the rating. It is pretty well established that, in Perelson's\textsuperscript{3} words:

"The pervasive emotional tone used by the parent in raising children - and especially the loving-rejecting tone - affects subsequent development more than either the particular techniques of child-rearing, or the cohesiveness of the marital unit. Roughly identical systems produce contrasting results in accordance with the characteristic emotional tone in which they are administered by the mother and others."

The study already quoted of Gilday et al. on "Maternal Attitudes and Child Adjustment" reports that there were significant relationships between patterns of attitudes in

parents and the school adjustment of their children.

Hewitt and Jenkins applied factorial analysis to behaviour traits of 500 problem children, and showed links among certain kinds of attitudes revealed in upbringing, and certain kinds of behaviour in children. Evidence on similar lines has been given by Bowlby, Andry, Glueck, Kanner and many others. Raymond Hunt concludes that the formative influence of attitudes is well attested, so that

"Under the appropriate assumptions, all that remains (to state the simple case) is to change the attitudes of parents appropriately and the child's behaviour will manifest the appropriate related change."

He adds that this may not be nearly as simple as it sounds!

Since the young child spends at school most of the time he spends away from home, it is reasonable to suppose that the attitudes of teachers will be an influence second only to that of the home.

The work of Wickman, Cassell, and others supports this supposition, and experience confirms it almost daily, in the practice of educational psychology. It is an assumption made by educationalists in planning special educational services; sometimes a special provision must wait until staff with the desirable attitudes is available. It is often said that if the person has the 'therapeutic' attitude to children, it matters little what other

qualifications he has. (The point of view always seems to beg the question of whether training of the right kind could not develop desirable attitudes, but the point does not affect the issue here.) It seems that the way a person feels about children, his attitude towards them, is the context in which his actions towards them are understood.

We may conclude, therefore, that while ratings by concerned parents and teachers may refer to actual changes in the child's behaviour, they always refer to the perceptions of the rater. If the rater's attitude to the behaviour is that it has improved, then the object of casework is achieved. In short, if behaviour is accepted, it is, by definition, acceptable.

One further criticism may be considered. In counselling and guidance research, where clients are asked to rate their improvement, there may be a tendency as pointed out by Tyler for the rating to be coloured by the wish of the client to give a good impression of himself. In Psychological Service casework, the focus is on the problem behaviour of the child, not the client who is rating. It may well be that in truth it is the client whose behaviour has changed, but this is not explicit. It should be easier to make an unfavourable rating when the inquiry is about the behaviour of somebody else.
To sum up, in the words of Kellmer Pringle:

"There are as yet no reliable tools available to evaluate changes of attitudes and personality such as improvement in social relationships, self confidence, in perseverance and motivation. For the time being we may well have to accept as valid criteria reports of improved behaviour or adjustment made by parents or teachers."

Even if such tools existed, they could not have been used in this study, unless they could have been administered by class teachers or parents, because their use by the psychologist on the control group cases would have 'spoilt' the control. It will be recalled that a guiding principle in the selection of the control group, arising from the discussion in Chapter 5 on the therapeutic content of contact, diagnosis and treatment, was that control group cases should have had no contact with the psychologist.
CHAPTER 8: THE SELECTION OF EXPERIMENTAL AND CONTROL GROUPS.

Selection of Experimental Group

In developing criteria for the selection of cases for follow-up, three main points were considered:

1. The particular area of Psychological Service casework under study: the area in which evaluation is attempted in this study is the adjustive, as distinct from the distributive function of educational psychology.

2. The criterion adopted in this study for evaluating outcomes of adjustive casework: this criterion is the combined report from parent and teacher as to the present position of the problem for which the child was referred.

3. Practical considerations of time available for the study, and accessibility of cases for follow-up.

With these points as guides, the following criteria were developed for the selection of cases for study:

1. Those cases would be selected which were referred for Educational guidance, including assessment and assistance with behaviour problems. These were considered to be those in which the adjustive function of our casework was of primary importance.

(Percentage of Educational Guidance and Behaviour cases:

1964 - Average in 10 Psychological Centres:
67% of all cases.
Average in Christchurch Centre:
84.5% of all cases)

2. Those cases would be selected in which the responsibility for adjustive casework was limited to parent, referring school, and psychologist. This criterion eliminated cases which the psychologist had referred to other agencies, e.g. School for Deaf, Remedial Reading Clinic, Special Class (i.e. distributive function). It eliminated cases where the psychologist worked as part of a team in casework, e.g. Child Health Clinic cases. It eliminated cases where major responsibility for adjustive work rested with another agency, e.g. Child
3. Those cases would be selected which were accepted and worked on by the Service in 1964. The nature of the criterion adopted for evaluation required that referring schools and parents would be likely to remember the child's behaviour at time of referral, while sufficient time should have elapsed between casework and follow-up for any remedial action to have taken effect. Confining cases to 1964 allowed a minimum of one term and a maximum of four terms to have elapsed between casework and follow-up. (The follow-up was carried out in the second term, 1965).

An additional advantage of selecting from 1964, was the fact that due to pressure of cases, the customary direct service given by the Centre to Visiting Teachers (which means that a very considerable number of cases involve their work also) was temporarily suspended. This fact further satisfied the second criterion above.

4. Those cases were selected of children who, at the time of follow-up, were still at the schools they were attending when referred to the Service. The purpose of this provision was to reduce to some extent the effect of differing attitudes to children's behaviour. A teacher wishing to refer a child discusses this with his headmaster, who decides whether or not to refer. Because of the selection of 1964 cases, few children followed-up would in 1965 be still with the teacher who initiated his referral, but in every case the headmaster was the same. It was hoped that this would ensure some degree of constancy of attitude to the behaviour for which the child was referred.

This criterion excluded children who were under 5 when referred and who would in 1965 be attending school. It was also found to exclude a large number of children who had moved to Intermediate Schools. In effect, this led to selecting children in the age range 5 years - 10.11 years at time of referral, and these limits were adopted.

(Percentage of children aged 5 - 10.11 years:
1964 - Average in 10 Psychological Centres: 51% of all cases.
Average in Christchurch Centre: 60% of all cases)
5. Those cases were selected whose schools and homes were within the Christchurch central exchange area. For practical reasons of time available for fieldwork, and of time and cost involved in toll-calls and travelling, country children were excluded. The area comprised the City and beyond to Halswell, Lyttelton, Sumner, Belfast, and Hornby.

Number of cases selected: The application of the first three criteria, and the fifth, to the total 1964 caseload of 748 children (451 within the age range) resulted in the selection of 166 cases for follow-up. The application of the fourth criterion reduced this number to 116; one parent could not be contacted, therefore the number of children in the experimental group is 115.

Selection of Control Group

The principle guiding the selection of the control group was that cases must be drawn from the same population as those of the experimental group, but must have had no contact with the Psychological Service other than referral.

Referred cases constituting the waiting list of the Christchurch Centre were the source of the control group. Referral forms were examined, and those cases selected whose ages were within the age range included in the study; who were referred either by home or school; where there was no indication in the statement of the problem for which the child was referred that the case would involve re-placement of the child out of the school currently attended; (for example, if partial vision, or loss of hearing was mentioned on the referral form, that case was excluded.) The
geographic boundaries set for the experimental group were set also for the control group.

The minimum time since referral for both groups was one complete school term. In the follow-up study, cases were selected from all of 1964, and follow-up was carried out during the second term 1965. The control group cases were selected from 1964 and up to the end of the first term 1965, and follow-up was carried out at the beginning of the third term 1965.

Number of cases selected: The total number of cases selected by these means from waiting referrals was 41. Of these, 7 were no longer attending the schools attended at the time of referral, and were excluded. The control group number is 33.

Procedure: The present teacher of the child was interviewed by the psychologist, the referral problem read from the form, and the teacher asked to rate the present status of the problem on the five-point scale used for the experimental group.

Parents were not contacted, as it was felt wrong to rouse expectation that the child would be seen forthwith, when this was not possible. (Actually, for the first few cases on the list, parents were contacted and the procedure was corrected when it became apparent that the contact was producing disappointment.) In view of the close conformity between teachers' and parents' ratings revealed in the
experimental study, it was not felt that this omission was likely to affect results.

Data from referral forms: The forms give the age, sex, school and class of the child, source of referral and date of referral, the type of referral made by school, i.e., Assessment or Guidance. To avoid contaminating results, no further information was sought, and the contact with the teacher was strictly confined to the rating procedure.

Comparison of Control and Experimental Groups

The Control and Experimental groups were compared in respect to those characteristics which could be ascertained from the referral form, i.e., sex, age distribution, type of referral made by school.

**Table I. Sex:**

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>23</td>
<td>84</td>
</tr>
<tr>
<td>F</td>
<td>10</td>
<td>31</td>
</tr>
</tbody>
</table>

$x^2$ corr. $= 0.025$  df = 1

$.90 > p > .80$

Control and Experimental Groups did not differ significantly in regard to proportions of boys and girls.

**Table II. (a): Age:**

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-6 years</td>
<td>6</td>
<td>23</td>
</tr>
<tr>
<td>7-8</td>
<td>14</td>
<td>55</td>
</tr>
<tr>
<td>9-10</td>
<td>11</td>
<td>37</td>
</tr>
</tbody>
</table>

$x^2 = 0.393$  df = 2

$.90 > p > .80$

"$x^2$ corr." refer to cases of 2 x 2 contingency tables corrected for continuity.
Table II. (b): Age:

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-7 years</td>
<td>17</td>
<td>63</td>
</tr>
<tr>
<td>8-10</td>
<td>16</td>
<td>52</td>
</tr>
</tbody>
</table>

\[ X^2 \text{ corr.} = 0.016 \quad df = 1 \]

\[ .90 > p > .80 \]

Control and Experimental groups did not differ significantly in regard to age distribution.

Table III: Type of Referral made by School:

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>For assessment</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>For guidance</td>
<td>22</td>
<td>75</td>
</tr>
</tbody>
</table>

\[ X^2 \text{ corr.} = 0.003 \quad df = 1 \]

\[ .98 > p > .95 \]

The groups did not differ significantly in regard to the type of referral made by schools.

It may be concluded that in regard to sex, age, and school’s judgment of need, the control group is not drawn from a different population from the experimental group.
CHAPTER 9: THE PROCEDURE

Constructing the data-recording form

Case records and procedures were examined in order to construct a recording sheet for each case followed up. Sources of data were: the child's file, interviews with child's headmaster and present teacher, interview with child's parent or parents.

When the record form was tentatively arranged, six cases were selected according to the criteria described in Chapter 3, but from the previous year's caseload (1963); these were followed up to test the adequacy of the form. Two other cases from 1963, about which the parents were known to have been dissatisfied, were followed up to check whether in a personal interview with a psychologist parents would express dissatisfaction freely. They did!

The try-out of the form revealed various inadequacies: a) questions which did not produce useful answers; the question on 'Father's occupation' was deleted and a question on 'length of working hours of father and mother' was substituted; b) questions asking for too fine distinctions to be made in response; e.g. questions on the content of a parent-psychologist interview (information gathering or discussion) were deleted; and c) leading questions, e.g. What did you find helpful in the casework? were deleted.

The form was amended and 150 copies were made. The
Data sought and procedures followed in obtaining and recording the data

Data from case file: This information was recorded on the follow-up form before the interview took place. Data from the file consisted of identifying data; the child's age, sex, I.Q.; type of referral: for educational guidance or assessment; area of problem: schoolwork, conduct, or both; where case was seen: at school or at Centre; total number of contacts; family situation (checked in parent interview): number of children in family, place of child in family, child of both parents, or of one or other parent; adopted, or fostered.

Interviews with headmaster and present teacher: Cases were grouped according to their referring school. The headmaster was contacted, the purpose of the projected visit explained, and an appointment to visit made.

In the interviews with headmasters two questions were asked for the record form:

1. Where were psychological reports kept in his school — in the office, or in the classroom?

2. Was it his practice to discuss results of psychological examination with parents?

Headmasters' comments on the Service in general are

*Type of referral: Assessment or Guidance: A distinction between those was suggested by headmasters. In order to discover whether cases referred for Assessment differed significantly from those referred for Guidance, all referrals from Experimental and Control groups were examined. Those cases where headmasters had specifically asked for Assessment (or 'I.Q.', or 'Intelligence', or 'Potential', or 'Capability') and where no other problem was mentioned in the referral form, were classified as: Referred for Assessment, and all the rest as: Referred for Guidance.
detailed in the report of that part of the investigation: (Chapter 10).

In the interview with child's present teacher the purpose of the study was explained; the referral problem was read from the file, and the teacher asked to rate the present status of the problem on a five-point scale: No problem, Improved, No change, Worse, New problem(s). After rating, the teacher was asked whether he was familiar with the psychological report. (Comments or information on the child apart from what was needed for the study were recorded on the back of the form, to be added to the child's case-file.)

Interviews with parents: When cases had been followed-up at school their parents were contacted, either by telephone or letter. The purpose of the contact was explained as individual follow-up, and parents were asked whether they would like to discuss over the telephone or in a home visit by the psychologist. If no response was received to the first letter, a second was sent two weeks later. (Of 116 parents approached, only one was not reached by these means.)

The interviewer reminded the parent of the original Psychological Service contact with her child; the problem for which the child had been referred was read from the file and the parent asked to rate the present status of the problem on the five-point scale described above. If initial response was vague, her attention was recalled to the
statement of the problem and to the points on the scale.
(Where it seemed likely to give pleasure, or to help the
parent with handling the child, the teacher's rating was
passed on to her - only when the teacher's permission for
this had been given - and never until she had made her own
rating.)

Parents were asked whether they had interviewed the
psychologist during casework and, if so, how often. Length
of working hours of parents was ascertained: of father's
hours, whether regular, long, or shift hours (including
periodic absences from home, as in commercial travelling);
of mother's working hours, if working, did she work within
or beyond school hours (the latter including full-time work,
or out-of-school-hours work). The family data were
checked for accuracy.

Parents' comments or information about the child
were recorded on the back of the form for inclusion in the
child's file.

Collation of data: Data from the three sources, file, home,
and school, were summarised on a study data sheet in the
form of checks in appropriate columns. At this stage, a
serial number replaced the child's name, and the individual
record sheet was added to the case-file.
PART IV: RESULTS OF THE INVESTIGATION

CHAPTER 10: REPORT ON INTERVIEWS WITH HEADMASTERS:

The field work for the present study involved the writer in visits to 40 public primary schools and 10 private primary schools. The headteachers of the 40 public primary schools were asked to comment on the service in interviews with the writer.

The form of interview

Four questions were put to headmasters: two for the record sheet:

1. Where were psychological reports kept in his school, i.e., in classroom or in office?
2. Was it his regular practice to discuss psychological reports with parents and teachers concerned?

Two questions were suggested by headmasters, and all other headmasters contacted were asked to comment on them.

These were as follows:

1. It was suggested by one headmaster that school referrals for Educational Guidance are of two kinds, for which distinct kinds of case work are required:

   (a) Cases referred for Guidance: These are of children whose problems of behaviour (including learning and conduct) are concerning the school, and for whom full psychological study is requested. Full reports and provision for continued contact are appropriate in these cases.

   (b) Cases referred for Educational Assessment: These are in respect of children whose school progress is raising problems of planning or placement in the school, e.g., promotion or retention. In these cases individual testing of intelligence and attainment can provide the school with additional information to assist in educational planning. A brief note of test results, with provision for further case work if required, is what the school requests of the Service in these cases.
2. A second headmaster suggested that each psychologist should become more closely identified with a particular school or group of schools, by making regular visits for the purpose of gaining understanding of the particular school and participating in discussions of current problems.

Apart from these specific questions, interviews were in the hands of headteachers; an opportunity to comment, criticise, or make recommendations for the improvement of the Service. The following report is a summary of the major points raised, with the number of headmasters supporting each point.

Report

Number of headmasters interviewed ... ... 40

1. Two kinds of casework: Assessment and Guidance.

   Strongly in favour ... ... ... ... ... 33
   Could be useful ... ... ... ... ... ... 3
   Opposed (as a possible "dilution" of Psychological Service) ... ... ... ... ... 4

Support for this suggestion was so strong that it was decided to include in the study, procedures designed to test its validity, i.e., to test whether cases referred for Assessment only, differ in any other respect from cases referred for Educational Guidance. Reports of findings are given in Chapter 11.

2. In favour of closer identification of a psychologist with a particular school or group of schools... 31

   Some headmasters would like this closer identification to involve regular visits by the psychologist for discussion of current problems, etc. ... ... ... ... ... 15
The following points were not specifically brought up by the interviewer. Headmasters’ comments were recorded in interview and have been summarised under these various headings:

Personal contact is desirable between psychologist and teacher in each case 31
Personal contact is desirable between psychologist and parent in each case 17
There should be more provision for follow-up contacts with cases 20

Many comments concerned psychological reports to schools:

Reports generally too long 21
Reports rarely used by teachers 7
Reports “tell us what we know already” 8
Reports repeat what teachers have put in referral forms 7
Reports can be irritating: “Try to teach us our job” 10
(It was pointed out by many teachers and headmasters that the phrase “The child was friendly and co-operative during testing” used by psychologists to indicate that good rapport was established, may imply to teachers that the psychologist claims to handle the child better than the teacher. It is obviously a major irritant.)
Suggestions impractical in the classroom situation 4
Suggestions too vague 6

Many headmasters made positive recommendations:

Reports should generally be about one quarto page in length 17
Each case should be discussed with the teacher and the reports should be a brief record of casework and of action agreed on in discussion 25
Recommendations should be specific and practical 6

Other comments on reports were as follows:

Only first-hand information should be included in a report, e.g. on a child’s family situation 2
Enclosing reports in Progress Cards for the use of subsequent teachers may be prejudicial to the child 2
Teachers tend to reject a report if they disagree with its findings 2
Diagnosis is frustrating unless accompanied by recommendations or suggestions 2
Reports tend to paint "too rosy a picture" in many cases 1

Two headmasters suggested that reports be sent to schools in envelopes made to fit within the Progress Card, the envelope to bear on the outside some data on the case, e.g., date, name of psychologist, date when the report should be withdrawn from the card. One of these headmasters would like to have added to the face of the envelope some of the case data, such as test results and the names of any other agents currently concerned, e.g., Child Welfare Officer or Visiting Teacher.

Some other comments: One headmaster thought it unnecessary for the school to receive two copies of each report. One thought suggestions could be omitted from the report, one thought the report could be omitted.

None, however, suggested that Psychological Service could be omitted. On the contrary, its value was repeatedly stressed.

All headmasters interviewed deplored the delay between referral and casework; they understood the reason but wished this comment recorded in the hope that the Service may be strengthened. Headmasters were very appreciative of the efforts made by the Service to meet their needs.
Headmasters were extremely generous with their time and gave very thoughtful consideration to the functioning of the Psychological Service in relation to their schools. These headmasters are professional colleagues of the Service psychologists, and major 'consumers' of the service offered. The present writer feels strongly that their comments and recommendations deserve respect and close attention.
CHAPTER 11: THE FINDINGS FROM STATISTICAL TREATMENT OF THE DATA

In this chapter, the results of the investigation are presented in table form; each table is explained and its results noted. Results and conclusions will be discussed fully in the concluding chapter, (Chapter 12).

Statistical Method: Chi Square tests were applied on relevant comparisons. *

Outcomes:

The first question raised in the investigation concerned the state of the problem for which the child was referred, at follow-up. Ratings of state of referral problem at follow-up, made in respect of the Experimental group, were compared with similar ratings made in respect of the control group. (see p.74 ff.)

Table IV: Comparison of Follow-up Ratings of Experimental and Control Groups:

<table>
<thead>
<tr>
<th>Ratings</th>
<th>Experimental</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>22</td>
<td>6</td>
</tr>
<tr>
<td>Improved</td>
<td>61</td>
<td>5</td>
</tr>
<tr>
<td>No change</td>
<td>32</td>
<td>22</td>
</tr>
</tbody>
</table>

\[\chi^2 = 18.875 \]
\[df = 2\]
\[p < .001\]

The greatest divergence from expected frequencies is between the "improved" and 'no change' categories, in which the Experimental

group shows a large gain in 'improved' ratings over the control group.

The combined percentages in both categories of improvement are 72% for the Experimental group and 33% for the Control group. The rated improvement for the Experimental group is within the "2/3 to 3/4 improvement" range typically reported in follow-up studies in the field of psychological intervention.

The difference in results between the two groups supports the assumption that in at least 39% of the experimental cases, improvement is due to casework.

Comparison of factors involved in casework with the rated improvement of the experimental group.

The second task of the investigation was the attempt to distinguish among the various factors involved in Psychological Service casework, those associated with rated improvement of the problems for which the cases were referred.

These factors may be grouped as follows: those which are contributed by the child and his family; those which are contributed by the referring school; and those which are contributed by the caseworker, the psychologist himself.

A. Factors contributed by the child and his family:

<table>
<thead>
<tr>
<th>Rating</th>
<th>5-6</th>
<th>7-8</th>
<th>9-10</th>
<th>yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>3</td>
<td>11</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Improved</td>
<td>12</td>
<td>31</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>No change</td>
<td>8</td>
<td>13</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

\[
\chi^2 = 1.634 \quad df = 4 \\
.90 > p > .80
\]
Conclusion: The age of the child was not significantly associated with rated improvement.

Table VI: Comparison of child's I.Q. with rated improvement:

<table>
<thead>
<tr>
<th>I.Q.</th>
<th>76-90</th>
<th>90-110</th>
<th>111+</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>8</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Improved</td>
<td>20</td>
<td>32</td>
<td>9</td>
</tr>
<tr>
<td>No change</td>
<td>9</td>
<td>18</td>
<td>5</td>
</tr>
</tbody>
</table>

\[ x^2 = 2.95, df = 4 \]

.70 > p > .50

Conclusion: The child's I.Q. was not significantly associated with rated improvement.

Table VII: Comparison of problem area with rated improvement:

<table>
<thead>
<tr>
<th>Problem Area</th>
<th>Schoolwork</th>
<th>Conduct</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>14</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Improved</td>
<td>34</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>No change</td>
<td>21</td>
<td>8</td>
<td>3</td>
</tr>
</tbody>
</table>

\[ x^2 = 1.583, df = 4 \]

.90 > p > .80

Conclusion: The area in which the child's behaviour is perceived as a problem is not significantly associated with rated improvement.

Table VIII: Comparison of the child's sex with rated improvement:

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>11</td>
</tr>
<tr>
<td>Improved</td>
<td>51</td>
</tr>
<tr>
<td>No change</td>
<td>22</td>
</tr>
</tbody>
</table>

\[ x^2 = 9.686, df = 2 \]

p < .01

Conclusion: The sex of the child was significantly associated with rated improvement, but the major divergence from expected frequencies occurred between the 'no problem' and 'improved' groups, with proportionately more girls rated 'no problem'.

-89-
Considering the greater variability of males on many measured characteristics, the distribution here is unexpected; there are proportionately more girls than boys in the 'no change' category as well as in the 'no problem' category. A possible interpretation is that raters view the behaviour of boys and girls in a different light. It sometimes appears that schools and presumably parents tend to value more highly characteristics regarded as typically feminine, than those regarded as typically masculine; the quiet, more passive, conforming and sociable traits are more readily accepted from children than the noisy, active, assertive and competitive traits associated with boys.

(The fact that, in our culture, the qualities rewarded in childhood are quite other than those rewarded in adult life, may well produce some of the problems experienced by adolescents and the adults concerned with them.)

The present finding may indicate that girls, being more readily tolerated, have to present more difficult problems than boys to be referred to the Service at all, (which might account for their greater proportion in the 'no change' category) and are accepted more readily as 'no problem' when their worst behaviour manifestations are over. Boys may be referred more readily, and their improvement regarded with a certain reserve; raters seem somewhat reluctant to state that a boy is 'no trouble at all' even when the referral problem is no longer presented.
Some family factors were compared with rated improvement: Parents were asked whether the father's working hours were regular, or long, or involved shift-work or periodic absences from home. Four cases were omitted from this table, the children having no fathers living in their homes.

Table IX: Comparison of father's working hours with rated improvement:

<table>
<thead>
<tr>
<th></th>
<th>Regular</th>
<th>Long</th>
<th>Shift (or absences)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>11</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Improved</td>
<td>33</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>No change</td>
<td>16</td>
<td>10</td>
<td>6</td>
</tr>
</tbody>
</table>

\[ x^2 = 2.505 \quad df = 4 \]

Conclusion: Father's working hours (length) were not significantly associated with rated improvement.

Mothers were asked if they worked outside the home, and if so, whether they worked within school-hours, or beyond, (including full-time work, or work out of school hours).

So few mothers worked outside the home, that numbers did not permit of comparison with rated improvement. It may be concluded that the presence of working mothers is not associated with the problems presented by the present series of cases.

The survey noted whether the child was living with both natural parents, or with one, or was adopted, or fostered.

Numbers were too small for each of these divisions to be used, so cases were divided into those living with both natural parents, and those who were not (including all the other categories). This factor has been labelled as the 'parental
situation’.

Table XI: Comparison of the child’s parental situation with rated improvement:

<table>
<thead>
<tr>
<th>Child living with</th>
<th>Both natural parents</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>Improved</td>
<td>49</td>
<td>12</td>
</tr>
<tr>
<td>No change</td>
<td>29</td>
<td>3</td>
</tr>
</tbody>
</table>

\[ x^2 = 2.352 \quad df = 2 \]

\[ .50 > p > .30 \]

Conclusion: The child’s 'parental situation’ was not significantly associated with rated improvement.

The survey noted the birth order of the child; the assumption was that the fact of a child’s being the first-born of his family might be associated with rated improvement.

Table XII: Comparison of birth-order (first-or later-born child) with rated improvement:

<table>
<thead>
<tr>
<th></th>
<th>First-born</th>
<th>Later-born</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Improved</td>
<td>29</td>
<td>32</td>
</tr>
<tr>
<td>No change</td>
<td>13</td>
<td>19</td>
</tr>
</tbody>
</table>

\[ x^2 = 1.786 \quad df = 2 \]

\[ .50 > p > .30 \]

Conclusion: The child’s position as first or later child in his family is not significantly associated with rated improvement.

The number of children in each family was ascertained.

The median family size of the series was 2.85 children.

Families were accordingly divided into those of one and two children, and those of three or more.
Table XII: Comparison of the child's family size with rated improvement:

<table>
<thead>
<tr>
<th></th>
<th>Number in family</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-2</td>
<td>3+</td>
</tr>
<tr>
<td>No problem</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Improved</td>
<td>22</td>
<td>39</td>
</tr>
<tr>
<td>No change</td>
<td>2</td>
<td>30</td>
</tr>
</tbody>
</table>

\[ x^2 = 11.406 \quad df = 2 \]

Conclusion: The size of the child's family is significantly associated with rated improvement. Significantly more children of families of three or more children are rated in the 'no change' category.

How this finding is to be interpreted is not clear; because of some findings reported below, it was thought that it might be related to the contacts the mothers had had with the psychologist; it might be connected with the simple proposition that mothers of larger families find it more difficult to arrange appointments that involve their leaving the other children.

This assumption, that the finding in relation to family size might be contingent on parent contacts was then tested.

Table XIII: Comparison of family size with parent contact:

<table>
<thead>
<tr>
<th>Parent contact</th>
<th>Family size</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-2</td>
<td>3+</td>
</tr>
<tr>
<td>Contact</td>
<td>26</td>
<td>48</td>
</tr>
<tr>
<td>No contact</td>
<td>7</td>
<td>34</td>
</tr>
</tbody>
</table>

\[ x^2 \text{ corr.} = 3.370 \quad df = 1 \]

*In this report the word 'contact' always implies 'contact with psychologist'.
Conclusion: The results approach significance; there are proportionately fewer parent contacts in cases from larger families. Contact with parents may be a factor in the results of Table XII, but not a decisive one.

Many factors may enter in to make casework with larger families less effective: clearly the fact of parent contact is one of these, but possibly the quality of the mother-child relationship is another: it has been suggested in Chapter 3 above, that the mother is a client who seeks new, more productive ways of behaving to her 'problem' child for many reasons, e.g. the need to 'be fair', greater demands on her time and energy, economic anxieties, - the mother of the larger family may find it more difficult to alter her ways of relating to children. The implications for the psychologist of these findings are discussed more fully in the following chapter.

B. Factors contributed by the referring school:

The factors about which information could be obtained in the survey relate to the use made by schools of the psychological report. It will be remembered that because cases referred in 1964 were followed-up in 1965, the teachers who actually referred the children in the first place were not contacted by the survey. For this reason, there is no evidence concerning the value the report may have had to those referring teachers, or to the schools at the time of reporting. The evidence here concerns the present teacher's knowledge of the report and the Headmaster's practice in relation to psychological reports in general.
Teachers were asked where the report was filed in the school: (in the classroom, or in the Office,) the assumption being that the accessibility of reports to teachers might enhance their value.

Table XIV: Comparison of the location of the report in the school, with rated improvement:

<table>
<thead>
<tr>
<th>Report kept in:</th>
<th>Office</th>
<th>Classroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Improved</td>
<td>37</td>
<td>24</td>
</tr>
<tr>
<td>No change</td>
<td>19</td>
<td>13</td>
</tr>
</tbody>
</table>

\[ x^2 = 0.494 \quad df = 2 \quad \text{.80} > p > \text{.70} \]

Conclusion: The location of the psychological report in the school was not significantly associated with rated improvement.

Table XV: Comparison of teacher's familiarity with the psychological report, with rated improvement:

<table>
<thead>
<tr>
<th>Familiarity with report</th>
<th>None</th>
<th>Some</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Improved</td>
<td>17</td>
<td>44</td>
</tr>
<tr>
<td>No change</td>
<td>12</td>
<td>20</td>
</tr>
</tbody>
</table>

\[ x^2 = 0.908 \quad df = 2 \quad \text{.70} > p > \text{.50} \]

Conclusion: Whether the present teacher was familiar with the psychological report made in respect of the child followed-up, was not significantly associated with rated improvement.

Headmasters were asked whether it was their practice to discuss the psychological examination with the parents concerned, following receipt of the report.
Table XVI: Comparison of Headmaster's discussion of reports with parents, with rated improvement:

<table>
<thead>
<tr>
<th></th>
<th>Discusses</th>
<th>Does not discuss</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>Improved</td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td>No change</td>
<td>6</td>
<td>26</td>
</tr>
</tbody>
</table>

\[ x^2 = 5.967 \quad \text{df} = 2 \quad \text{p} > .05 \] (chi square (.05) = 5.99)

Conclusion: Results nearly approach significance. There is a strong tendency for headmasters' practice of discussing the psychological examination with the parents concerned, to be associated with rated improvement.

These results may be interpreted as tending to support the assumption that case-work activities are effective to the extent that they involve parent-participation.

C. Factors contributed by the psychologist:

The children in the series were seen by the psychologist either at school or at the Psychological Centre. This factor has been labelled: the venue of the psychologist's contact with the child, for the purpose of testing.

Table XVII: Comparison of the venue of testing, with rated improvement:

<table>
<thead>
<tr>
<th></th>
<th>School</th>
<th>Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Improved</td>
<td>37</td>
<td>24</td>
</tr>
<tr>
<td>No change</td>
<td>27</td>
<td>5</td>
</tr>
</tbody>
</table>

\[ x^2 = 5.704 \quad \text{df} = 2 \quad \text{p} > .05 \]

Conclusion: The association of venue of testing with rated improvement approached significance.
It would seem unlikely that the actual place where the child was tested would be associated in any way with his rated improvement. A possible interpretation is that children seen at the Centre are likely to be escorted there by their parent, with whom the psychologist will then have contact. To test this possibility, a comparison was made between parent contact, and venue of testing.

Table XVIII: Comparison of parent contact with venue of testing:

<table>
<thead>
<tr>
<th></th>
<th>School</th>
<th>Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>41</td>
<td>33</td>
</tr>
<tr>
<td>No contact</td>
<td>39</td>
<td>2</td>
</tr>
</tbody>
</table>

\[ x^2 \text{ corr.} = 17.825 \quad \text{df} = 1 \]
\[ p < .001 \]

Conclusion: The venue of testing is highly significantly associated with the factor of psychologist's contact with parents.

The assumption is supported that the venue of testing is highly important as it affects the probability of parent-contact.

Psychologists record in the case-file the total number of case-contacts made; they do not regularly specify with whom these contacts were made; in every case, however, one contact recorded would be with the child, for the purpose of administering tests.

Table XIX: Comparison of number of contacts, with rated improvement:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>8</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Improved</td>
<td>12</td>
<td>34</td>
<td>15</td>
</tr>
<tr>
<td>No change</td>
<td>21</td>
<td>8</td>
<td>3</td>
</tr>
</tbody>
</table>

\[ x^2 = 20.178 \quad \text{df} = 4 \]
\[ p < .001 \]
Conclusion: The number of case contacts made by the psychologist is highly significantly associated with rated improvement; the major effect is through the increased proportion of 'improved' ratings with two or more contacts, at the expense of the 'no change' group.

Possibly these extra contacts, more than one, are mainly with parents: to test this assumption, a comparison was made between number of contacts, and the factor of parent-contact.

**Table XX: Comparison of number of case-contacts, with parent-contact:**

<table>
<thead>
<tr>
<th>No. of contacts</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with parent</td>
<td>0</td>
<td>50</td>
<td>24</td>
</tr>
<tr>
<td>No contact with parent</td>
<td>41</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Conclusion: It is clear that in cases of more than one case-contact, the child's parents are always seen by the psychologist.

In discussing the psychologist's contact with mother, or father, or both, the word 'parent' has been used; too few fathers were seen by the psychologist in the present series, to allow of a separate comparison of this factor. 'Parent', therefore, may imply either or both parents, but almost always the mother.

**Table XXI: Comparison of parent-contact with rated improvement:**

<table>
<thead>
<tr>
<th>Contact</th>
<th>No problem</th>
<th>Improved</th>
<th>No change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>14</td>
<td>49</td>
<td>11</td>
</tr>
<tr>
<td>No contact</td>
<td>8</td>
<td>12</td>
<td>21</td>
</tr>
</tbody>
</table>

\[ x^2 = 19.325 \quad df = 2 \]

Conclusion: The psychologist's having contact with parents is highly significantly associated with rated improvement.
The purpose of this study was to discover:

(a) to what extent certain cases undertaken by the Christchurch Psychological Service in 1964, were rated 'improved' at follow-up in 1965;
(b) to what extent the casework provided could be considered responsible for their improvement;
(c) which of some factors involved in casework were associated with the rated improvement of these cases.

Findings may be briefly summarised:

(a) Improvement was reported in 72% of cases.
(b) Improvement could be considered due to casework in at least 39% of cases.
(c) Factors involved in casework which were found significantly associated with rated improvement were exclusively those which involved the children's parents.

All but one of these were factors controlled by the psychologist: i.e. psychologist's contact with parents, number of case contacts (the same factor); venue of testing was found important as it affected the probability of the psychologist's having contact with parents. The exception was the factor of family size, which was to some extent associated with parent-contacts, but by no means exclusively.

The view presented in this thesis of the parent as the psychologist's principal client may be considered to have found support in these findings; this, and other points will be discussed fully in the concluding chapter.

The rest of this chapter is devoted to a brief summary
of findings which relate to the suggested differentiation of
cases referred for Guidance from those referred for Assessment
only.

The Comparison of cases referred for Guidance with those referred
for Assessment only.

It will be recalled that headmasters strongly supported
the suggestion made by one of them, that cases referred for
Assessment only differ from those referred for Guidance, in the
problems they present and in the kind of casework they require.
It was suggested that a brief contact with the child, made by
the psychologist for the purpose of testing intelligence and
attainment, with test results passed promptly to the school,
would be the appropriate response to Assessment referrals.

To discover whether in fact Assessment cases differ
significantly from Guidance cases, and if so, where these
differences occur, the cases whose referral forms asked for
assessment only, were grouped and compared with those whose
referral forms asked for guidance including assessment. The
two groups were compared in respect to all the factors isolated
in the preceding section, using the same statistical technique.

The results may be summarised as follows:

The groups do not differ in respect to: age, sex, I.Q.,
working hours of father, birth-order, family size, parental
situation; location of the report in the school, teacher's
familiarity with the report, headmaster's practice of discussing
the psychological examination with parents; venue of testing.
In none of these comparisons was the probability of obtaining
the calculated $x^2$ less than .30.

The two groups differ in respect to: Problem area, number of case contacts and contacts with parents, and in respect to rated improvement.

**Table XXII: Comparison of Assessment and Guidance cases in respect to problem area:**

<table>
<thead>
<tr>
<th>Referred for:</th>
<th>School-work</th>
<th>Conduct</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>35</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Guidance</td>
<td>34</td>
<td>29</td>
<td>12</td>
</tr>
</tbody>
</table>

$$x^2 = 50.272 \quad df = 2$$

$p < .001$

Conclusion: Assessment referrals are typically made in respect of cases whose problems are in the area of school-work.

**Table XXIII: Comparison of Assessment and Guidance cases in respect to parent contacts with psychologist:**

a) Referred for:

<table>
<thead>
<tr>
<th>Number of case contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>Assessment</td>
</tr>
<tr>
<td>Guidance</td>
</tr>
</tbody>
</table>

$$x^2 = 10.289 \quad df = 2$$

$p < .01$

b) Contact with parent

<table>
<thead>
<tr>
<th>No contact</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>22</td>
</tr>
<tr>
<td>Guidance</td>
<td>19</td>
</tr>
</tbody>
</table>

$$x^2 \text{ corr.} = 8.756 \quad df = 1$$

$p < .01$

Conclusion: Cases referred for Assessment are typically one-contact cases, in which parents are not seen by the psychologist.
Table XXIV: Comparison of Assessment and Guidance cases in respect to rated improvement:

<table>
<thead>
<tr>
<th></th>
<th>Assessment</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Improved</td>
<td>19</td>
<td>42</td>
</tr>
<tr>
<td>No change</td>
<td>8</td>
<td>24</td>
</tr>
</tbody>
</table>

\[ x^2 = 7.442 \quad df = 2 \]
\[ p < .05 \]

Conclusion: In contrast to the trend shown in the previous section, Assessment cases, with fewer parent contacts made, are rated 'improved and no problem' in proportionately greater numbers.

The contrast between Assessment and Guidance cases in this respect is shown clearly in the following tables:

Table XXV: Comparison of parent contact and rated improvement in cases referred for assessment only:

<table>
<thead>
<tr>
<th></th>
<th>Contact</th>
<th>No contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Improved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No change</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

\[ x^2 = 2.784 \quad df = 1 \]
\[ .10 > p > .05 \]

Conclusion: In assessment cases, there is a tendency towards parent contacts being associated with rated improvement, but it does not reach significance.

This result may be compared with a similar table for the Guidance group:

Table XXVI: Comparison of parent contact and rated improvement in cases referred for Guidance:

<table>
<thead>
<tr>
<th></th>
<th>Contact</th>
<th>No contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>46</td>
<td>5</td>
</tr>
<tr>
<td>Improved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No change</td>
<td>10</td>
<td>14</td>
</tr>
</tbody>
</table>

\[ x^2 = 17.835 \quad df = 1 \]
\[ p < .001 \]
Conclusion: In cases referred for guidance, the psychologist's contact with the parent is highly significantly associated with rated improvement.

The Headmaster's suggestion that these two groups differ in the kind of problem they present, the person (teacher or parent) they present the problem to, and in the kind of casework needed to solve the problem, seems well supported by the findings summarised here.

A full discussion will be presented in the concluding chapter.
CHAPTER 12: DISCUSSION AND CONCLUSION.

At the end of the preceding chapter, a summary was presented in which the purpose of the survey was reviewed, and the results of statistical treatment of the obtained data, briefly reported.

In this chapter an attempt is made to bring together the insights gained in the course of the investigation and to discuss their implications for the psychologist, his clients, and the Psychological Service.

The general 'thesis' of this study is that the psychologist's 'business' is with parents and other referring adults; that while the child is the focus, these concerned adults are the psychologist's clients - clients in the sense that they 'employ' the psychologist to assist them in solving the problems produced for them by the child's behaviour. This view of the client was considered a corollary of the view of casework suggested in the 'working theory', i.e. that its function is the enlarging of adults' available repertoires of productive behaviours in relation to children referred.

This view of Psychological Service casework is the context of the ensuing discussion.

The Effectiveness of Casework

Of the experimental group of 115 cases followed-up, 83 were rated 'no problem' and 'improved',* and 32 were rated

*for brevity, the discussion refers to 'improved' and 'unimproved' cases: this does not of course necessarily imply actual changes in the children's behaviour, but refers to the way raters viewed that behaviour at follow-up.
unchanged'. Percentage improved was 72%, a similar percentage to that reported in many follow-up studies covering most forms of psychological intervention.

The different rate of improvement reported for the control group - 33% - supports the assumption that in at least 39% of experimental cases, improvement may be a consequence of casework.

The 'unregenerate fraction':

It is interesting to speculate on the nature of the 'unimproved' group which is so regularly reported as comprising a quarter to a third of the cases undertaken. Is it a sort of 'hard core', or can it be reached by different techniques? Are some of these cases the 'pre-psychotic' which experience indicates cannot be found or helped by Child Guidance techniques? (see page 22 above). How do they differ from 'improved' cases?

In the present series, the differences found have been in the activities involved in casework: of the 'unimproved', are reported fewer total case contacts, fewer contacts between psychologist and parents, fewer discussions between Headmaster and parent; more of the unimproved were from larger families.

Some of the ways in which the 'unimproved' do not differ from the 'improved' are: in age distribution, proportions of boys and girls, i.e. distribution and problem area.

'Broken homes' and working mothers occur so rarely in the whole series that these factors cannot be regarded as affecting outcomes.
If the difference between the 'unimproved' and the 'improved' does not inhere in the case itself, might it be found in the techniques of psychological intervention?

Some few follow-up studies do not report a third of cases 'unimproved': the Sheffield L.E.A. Child Guidance Clinic (already referred to) under the direction of an educational psychologist, reported 80% rated improvement; and some of the studies reported by Eysenck in "Behaviour Therapy and the Neuroses" (1) show even higher percentages. For example, Wolpe (p.115) reports a 90% level of apparent cures or marked improvements in over 200 cases of neurosis: follow-up on 45 patients, 2-7 years after casework, showed only one patient moderately relapsed. Lazarus (p.120) reports a total of 18 phobic cases, all either recovered or much improved, and none relapsed at follow-up, 6 months to 2½ years after treatment. Jones (p.400) reports success rates up to 100% in cases of nocturnal enuresis.

Were these different cases, or did the workers do something different? There is no evidence for the former, but in the case of the behaviour-therapists, techniques were certainly different.

A Russian doctor, G. D. Netkachev, said in 1909: "Therapy is the influence of the physician on the reason, will and emotions of the patient". Mutatis mutandis, this could be

true of effective casework in the child guidance field. A
strong impression was left with the writer from the examination
of some 166 psychological reports and case files for this survey;
it seemed that psychologists were better at influencing will and
emotions than reason; the suggestions in reports motivated,
supported and encouraged, but generally were short on reasoned
plans for facilitating learning. Applications of learning
theory, for example, are hard to find.

An interesting contribution on this subject is
T. Pick’s paper: "Behaviour Theory and Child Guidance". (1)
In a learning-oriented approach, he relates the way in which
'change-worthy' behaviour has been learnt, to techniques to be
used in unlearning it. He suggests an analysis of the relation
of the child to the significance of learning situations
presented by his environment, with the main concern the change
of the pattern of parent-child interaction. He subdivides
disturbances due to learning into those attributable to
(a) lack of learning, (b) inappropriate learning, and (c)
learning of conflict, and suggest that different remedial and/or
therapeutic techniques are appropriate in the three areas.

This type of approach is in contrast to the 'diagnostic'
approach, which is based on the assumption that "development of
insight by the client ... is the primary aim, in achieving

the objective of more effective functioning". (1)

One recalls the remark of Olive Sampson, already quoted: "The parent or teacher who turns to the psychologist has a right to expect expert opinion and advice." One of the areas of expertise for an educational psychologist is the field of learning; there are indications that casework using expert knowledge in this field reaches some of the 'unregenerate fraction'.

(A feasible research project might be the comparing of the psychological reports made in respect of 'unimproved' and 'improved' cases; it would be interesting to see whether 'suggestions' embodying specific plans for facilitating learning in particular areas, were more highly associated with 'improvement' than those of a more general supportive nature.)

As C. R. Waddington observes in his book: "The ethical animal"(2) "The employment of reason in human affairs, and the formulation of criteria by which rational evaluations can be made between alternatives, increases rather than decreases man's freedom" (p.178) and: "Surely we will not be more true to our human nature but less, if in deciding on courses of action, we neglect our main human apparatus for handling such matters, namely, conceptual thought; and

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when the problems to be solved have been set by the application of intellectual analysis, the need for rationality in dealing with them is all the more obvious". (p.182)

The Procedure

The procedure followed in carrying out this investigation proved an experience rich in 'clues' as to the nature of effective psychological intervention.

The procedure adopted was found practical, and the cooperation of teachers and parents was excellent. The teacher interviews took about five minutes, rarely more. Ratings were made without apparent difficulty, and the few questions asked were readily answered. Parent interviews were mainly by telephone, and these took about 15 minutes. Some mothers chose a home interview (offered in every case) and these ranged in duration from about 30 minutes to a 2 hour luncheon engagement; to these, travelling time must be added. It would not have been possible to make the survey in the time allotted if the telephone had not been used.*

Parents' response:

The overwhelming impression gained from the parent interviews was the parents' expression of gratitude: the interviewer disclaimed any right to gratitude, but it was

*The writer is convinced of the value of the telephone contact; less time was spent in 'social' conversation (including apologies for the state of the house); parents spoke very freely; and as one mother said: "No one has to dress, or tidy the sitting-room, for a telephone talk", a view with which the writer is in complete sympathy.
expressed by almost every parent. They were grateful that someone — to most of them, a stranger — was interested to ask how their Johnny was getting on now. Supporting this impression, by contrast, was the feeling expressed by parents about lack of such contact. "We waited and worried": this phrase was used by too many parents to describe their experience when their permission for psychological examination had been given, and nothing further ever heard. It is hard to emphasise sufficiently the real distress this kind of experience produces in parents.

In this connection it will be noted that of 116 parents asked to contact the interviewer, 115 responded within three weeks at the most from receiving the request. Such responses to a survey is rarely reported in the literature.

The ratings:

A surprising finding of this survey was in connection with the evaluative criterion, the combined ratings of teacher and parent. In devising procedure, a system for roughly "weighting" the ratings according to problem area was worked out to cover cases where the parents' and teachers' ratings differed. In the event this system was not used. In only six cases out of 115 was there any disparity at all between the ratings made by teacher and parent. In all these six the disparity was the same: where the teacher had rated 'no change' the mother rated "Perhaps not quite so bad", or "may be a little better", and in two cases added "or perhaps we've got used to it". This kind of rating was in marked contrast to the
unhesitating "better" or "no trouble at all" that mothers
typically made in the 'improved' cases. The interviewer had
no hesitation in recording 'unchanged' for these six cases.

It is apparent that the parents can be at least as
objective as teachers in rating their children's behaviour.
This finding further confirms the value of basing such studies
on observations of behaviour rather than on 'clinical judgments'.
As Rogers has said, clinicians find it almost impossible to
agree about outcomes. Parents and teachers can readily say
whether a child's behaviour is acceptable or not, which is,
after all, what the referral was about.

"Substitution of Symptoms":

A particularly interesting finding in
connection with rating was that though five evaluation
categories were available, only three were ever used. To
every rater the five possibilities were given: No further
problem; Improved; No change; Worse; New problem(s).
In no case did a rater report the situation as worse, and,
more importantly, in no case were new problems reported. The
'behaviour' approach has been called superficial by 'depth'
psycho-therapists who have predicted that symptom substitutions
would occur if one symptom was suppressed. The present finding
does not support this view.
The "uninterested" parent:

Teachers were visited before the
parents. On several occasions a teacher remarked when told
that parents would be contacted, that the interviewer would not find those particular parents interested. In no case was this true. It seems that teachers sometimes base opinions about parent interest on whether parents visit the school, belong to school associations and so on. So many factors may affect parent participation that such judgments are unwise. Husbands on shift work, infants in the family, an invalid relative, overwork and exhaustion—all can be potent means of preventing school visiting quite apart from emotional barriers; (some mothers have been slow learners in the not very remote past, school may have been for them a place of failure, humiliation and unhappiness. One doesn't willingly revisit places with such associations.) As one headmaster said, the school—and still more, the psychologist—must go much more than halfway to meet the apparently uninterested parent. (1)

The Findings

Do the findings reported in Chapter 11 support the thesis of this study? A brief resume may make clear their trend. Factors "contributed" by the child himself tended not to be significantly associated with rated improvement, i.e. age, sex, I.Q., problem area. Factors concerning the psychological report tended not to be significantly associated with rated improvement, i.e. teachers' familiarity with the report, the place the report was kept in the school. Factors

associated with the parents and family, however, tended to be significantly associated with rated improvement: i.e. number of case contacts, psychologists' contact with parents, and size of family. Approaching significance was the Headmaster's practice of discussing reports with parents, and the venue of testing, school or centre.

The conclusion seems clear. Parents are principal clients, and effective case work is undertaken in and with the family. The procedure indicated both the concern of parents and their ability to be as objective as teachers in their rating.

The Educational Psychologist's 'business' is with parents:

Parents know more and care more about their children than anyone else either can or should. They are not only the clients but also the co-workers of the psychologist. To attempt to modify children's behaviour without working with parents is to attempt to modify the flow of water from a hose by patching the outlet instead of adjusting the tap. This is not to say that 'all problems start in the home', but that the way a child meets the problems of living and learning is a function of the family of which he is part.

To illustrate this distinction from the writer's experience: A child was slow to learn to read. This problem did not arise in his home, but in the school, where he was first expected to learn to read. He was the youngest of a large family, none of whom had been good readers; his behaviour—failing to read—was accepted by his mother as 'normal'; it
was accepted by his teacher - not that she did not teach him, but that she accepted his slowness. Actually he was capable of average progress, but reading was not, for him in his family, a particularly important activity - which was hardly the parents' 'fault'. Another slow reader was of highly educated parents who reacted with considerable shock to his failure; he was a well-spoken, articulate boy, very confident in his manner; his father was active in school affairs. His teacher felt he 'ought' to do better; she began to blame herself; she perhaps put undue pressure on an inately dull boy. Was it his parents' 'fault' that he gave a false impression of his ability. His mother worked hard to help him and he made real progress, while the other more intelligent boy, the accepted slow-learner, came to accept himself as dull. Was his mother then wrong to 'accept' him?

These boys' problems did not start in their homes, but the differences in their homes affected radically the way the early failure to read was met by the children, the parents, and the teachers concerned.

Educational psychologists are certainly well aware of this central importance of the family, but pressure of time and the waiting list sometimes prevents them from acting on their awareness. However, results reported indicate that neither the Intelligence test score nor the psychological report is as important to the outcome of casework as the psychologist's contact with parents. It may be that psychologists could 

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*See Appendix 2.*
profitably respond to 'pressure' by reducing time spent in testing and report-writing and increasing that spent in parent contacts. Without this contact the time spent in the other activities may be time wasted. Of 20 guidance cases where parents were not seen, only six were rated improved. The fourteen unchanged had all been tested - taking about 21 hours; reports had been written on all of them, taking at least half an hour each - 7 hours. Results of this study suggest that these 28 hours, if spent in parent interviews, might well have produced significant improvement in these 'unimproved' cases. (This might be tested, possibly by using groups matched on age, sex and problem area, one group receiving "test and report" case-work, the other, parent counselling only.

However, the choice is not exclusive; the results reported do not indicate a need for an 'either/or' decision. They do suggest the possible advantages of rearranging case-work priorities.

In some work, quality is the only criterion. The busy bridge-builder cannot excuse the collapse of one of his structures by pointing out how many he had to build; his work cannot be judged by its quantity. In psychological case-work one cannot equate one successful case with six cases 'seen' but not affected. All the time spent on the unsuccessful cases could be regarded as time wasted. The only response a psychologist can properly make to 'pressure', is to ensure that his time is spent as effectively as knowledge and skill permit.
Psychological Reports to Schools

The Psychological report is variously described in Annual Reports of Psychological Centres as the 'major', 'most important', and the 'best' means of communication between the psychologist and the schools. It is the principal medium by which the findings, opinions, and advice of the psychologist are conveyed to the teacher-client who 'employs' him; it is the working edge of the psychological tool. It is therefore important to consider its adequacy for the work it is expected to do.

The Psychologist-Teacher Relationship:

The relationship of the 'specialist' to the 'practitioner' is never a particularly easy one; there are difficulties in clarifying respective functions, and in applying insights gained in one situation to the problems arising in a different situation; there are emotional difficulties. To illustrate the former, one may recall the comments made by Headmasters on psychological reports: they were criticised as being 'too vague, lacking specific suggestions and plans' and they were also criticised for 'trying to teach us our jobs'. The psychologist may be forgiven for feeling confused: "If we 'tell' them, we are didactic and superior; if we don't, we are unhelpful and vague; whichever we do, we are irritating, and if we delay doing it, we are frustrating." The psychological report has a difficult course to steer.
The psychologist receives in the referral form a description of a problem that has arisen in class; in the tete-a-tete situation of psychological examination he seeks clues leading to the solution of that problem; the report has the task of giving the teacher the insights gained in interview by the psychologist, in form applicable to the group situation. The 'translation' has considerable potential for conflict and frustration.

The relationship between teacher and psychologist bristles with emotional obstacles: is the psychologist a teacher — if not, how can he know what the teacher is 'up against'; if he is a teacher, was he so good at teaching that it is right he should put his skills at the service of more classrooms than his own; or did he find such difficulties in handling groups that he chose individual casework as an 'escape'?

As one teacher bluntly expressed it: does he want to 'boss' teachers as well as children, or does he want to put a safe distance between himself and the 'boss' headmaster?

And the teacher: When he refers a child, is he seeking expert advice, or 'passing the buck'; does he want to help the child, or be rid of it? Is he, in his own eyes, or in the eyes of his colleagues, making wise use of specialist agencies, or is he revealing his own incompetencies? These are a few of the insistent questions that thrust themselves into the relationship between teacher and psychologist, and place severe strain on their communication channels.

There are unconscious factors that may enter in; an
extremely interesting discussion of some of these is found in E. M. Moore’s paper: “School Visits: the Role of Phantasy”.\(^1\) In this paper, the anxieties the relationship may engender, and the defence reactions that teachers and psychologists may produce in response are explored with sensitivity, and responsibility for dealing with them placed fairly with the school psychologist. She adds that the situation in which this responsibility can best be met is in "exchanges of information and in case discussions."

According to the view presented in this thesis, the psychologist's function is to enlarge adults' available repertoires of behaviour: however apt the psychologist's suggested modes of behaviour, unless these are accepted and usable by the client, the work has failed; the extent to which the difficulties in the relationship between them are adequately dealt with, is the determinant of this availability. When to these difficulties in relationship is added the fact that in some cases the 'relationship' between strangers, it will be recognised that a good deal is expected of the psychological report.

Does the present study throw light on the adequacy of the psychological report as the 'go-between' in this delicate relationship? It cannot reveal how useful the report was to the referring teacher in individual cases, because the referring teachers were not contacted at follow-up (cases from 1964 were followed-up in 1965, when the children had moved into

\(^1\) J. Ch. Psychol. & Psychiat. 2:2:61, pp.127-135.
new classes).

The study can give some information on teachers' attitudes to psychological reports in general: in Ch. 10, various of their comments are recorded. It is significant perhaps, that while psychological service was considered valuable, and its expansion desirable, psychological reports were the subject of more or less severe criticism. It may be concluded that the report is at present the main link between the service and the school, and also that it is taking a considerable strain.

The findings reported in Chapter 11 indicate that whatever their value to the referring teacher, reports are, as documents, ephemeral. When the follow-up was made, psychological reports on the experimental group were only from 1 - 4 terms 'old', yet their accessibility to the present teacher and his knowledge of them, were not significantly associated with his rating of the children they concerned.

Ways of Reporting:

Most headmasters advocated short reports; 31 asked for personal contacts between psychologist and teacher in every case; 25 of the 40 suggested that reports should briefly summarise the findings, and the plans made in this personal discussion, and be used as records for future reference, as in follow-up contacts.

It may be of interest to note that this is the way reports are used in some other educational systems: Mrs E. McCollum, a school psychologist of Southern California, said
in a personal communication to the writer that reports from her Centre rarely amounted to half a quarto sheet, and were sent to teachers only after case discussions had been held.

Dr. R. Cooombs, Superintendent of Educational Special Services, Ventura, California, said (also in a personal communication) that in his area all psychological reporting was made verbally, that case material was recorded on tape, and in that form filed in the psychological Centres, available to concerned professional people should need arise. One of the major advantages he saw in this system was the much-better-guarded confidentiality. This is a point that might particularly recommend the system to small communities such as ours in New Zealand.

The Effectiveness of Reports:

V. Trione made a survey rather similar to the present one. (One hundred and eighty cases). (1) Of his 180 cases, 103 were dealt with in referring school. (The remainder were referred to special agencies.) Of these, 81 of his reports had been seen by the referring teacher, and of these, 67 had been used. Trione reports outcomes only in respect of the 67, with 66 of them reporting improvement. These results must have been gratifying, but the procedure seems rather to beg the question of reports as effective communications; no outcomes are reported for the 36 cases where reports were not used, so it cannot be stated that the report was responsible for the improvement in the 66 cases. Unfortunately, also Trione does not report outcomes in his 27% of cases referred for consultation, in which the child was not seen, and psychologist’s contact was

(1) op. cit.
with parent, teacher or other adult. It is interesting to note, however, that Trione's reports contained specific recommendations, even to the point of indicating specific materials, methods, or other action to be utilized. Possibly his reported outcomes point to the value of the "reasoned plans for facilitating learning" suggested earlier in this chapter.

The emphasis of Trione's study was on "how well psychological services were used"; that of the present study was on the usefulness of these services. It seems to the writer proper to assume that if the schools requesting reports do not use them, one reason may be that they were not useful.

The Survey of the Bureau of Child Guidance in New York (already referred to) found that psychological reports took from 20 minutes to four hours to prepare. For this and other reasons — including many discussed in this section — the Survey recommended "that the practice of preparing and submitting reports of the kind commonly drawn up on full-study cases be suspended, pending study of the situation in which such reports may be useful, the form they should take, etc...and that meanwhile systematic and continuing consultation with teachers and principals on cases served...be substituted for such reports." (P.104)

In terms of the present thesis, the referring teacher is the psychologist's client; the core of casework is the learning-teaching relationship between client and psychologist; the writer does not believe that this relationship can be
effectively mediated by a sheet of written instructions, however tactfully phrased, or apologetically qualified.

In the absence of definite evidence of the usefulness of reports, in the presence of considerable criticisms of them by teachers, in the presence, too, of unrelenting pressure on the psychologist's time, the writing of reports may be another area in which priorities in casework might profitably be re-considered.

Assessment and Guidance cases

This part of the study was undertaken in response to the suggestion of a headmaster, supported by 34 of the 40 headmasters interviewed, that two kinds of psychological service were needed by schools: full study of cases referred for guidance, and briefer contacts for testing purposes with cases referred for assessment only.

The differences between Assessment and Guidance cases:

As described in the previous chapter the two kinds of referrals were distinguished; in the statistical treatment of the data, the two groups were compared in order to discover whether they differed in regard to the various factors discussed. Findings have been reported in Chapter 11, and may be briefly summarised thus: Cases for which teachers requested assessment

* The reader is reminded that this discussion of psychological reports refers only to those written in respect of the type of case (guidance and assessment) with which the study is concerned. Cases involving re-placement of the child or its referral to special agencies, require special kinds of report.
only tended to be one-contact cases, in which parents were not seen, yet, in contrast to cases for which guidance was requested, these tended to be rated 'No further problem'. The most marked difference between the groups was in problem area, the problems of Assessment cases being almost exclusively in connection with school work.

It appears, then, that cases referred for assessment only, differ in certain directions from those referred for guidance. They differ significantly in problem area. It seems reasonable to suggest that different problems may be solved by different techniques.

Respect for the Client:

The major conclusion to be drawn is that headmasters and teachers are capable of judging what it is they need in a particular case. These assessment cases were distinguished in the classroom by the referring teacher. Rosenbaum's remarks may be recalled: "The client must be allowed to state his own goals, his own idea of improvement... He must be allowed to terminate casework when he is ready, knowing he can return if he wishes". This is to respect the client, and respect is the basis of good relationships.

In the 40 assessment cases in the present series, the request was for assessment of the child's intelligence and his educational attainment, information to assist the school in planning for him. Plans may include promotion or retention; delay is particularly annoying in these cases, as placement
decisions are made at certain times in the school year. However potentially valuable full case study and report may be, it will tend to extend the interval between referral and the receipt of information by the school; furthermore, the additional material will tend to be ignored because it was not asked for; the psychologist's work-time is wasted because its results are not used. Economy as well as improved relationships may be served by giving the client what he asks for, when he asks for it.

Psychologists and Psychometry:

There is a certain resistance to undertaking assessment casework among practising psychologists. Educational psychologists in New Zealand undertake single-handed tasks which in other countries are shared among counsellors, guidance workers, psychometrists, and social workers. For some of these tasks they are not always specifically trained. It has surprised the writer that of these, psychometry is the one they most look askance at, though it is the one task for which all are specifically trained. Does this reflect that feeling of inferiority to psychotherapists alluded to earlier, or is it due to grave doubts about the whole philosophy of testing?

If the latter, the doubts are shared by the writer, but provided that tests - intelligence tests, for example - are given by (and their results given to) people who understand their significance and limitations, they have some use in comparing members of defined groups within sub-cultures. Attainment tests administered by psychologists are certainly no less, and probably much more useful than those given routinely in schools.
Diagnostic tests in various skills, such as reading and arithmetic, can be very useful in directing a teaching programme. These are the tests which would be used in cases referred for assessment; there seem no major objections to their employment.

These cases form only a small proportion of the total case-load, about one-fifth of the whole Educational Guidance group in both experimental and control cases. While their number would undoubtedly increase if an assessment service were provided, there seems no reason to expect a major change in their proportion. Headmasters agreed that these referrals were mostly made in respect of children whose performance is so uneven that it is difficult to judge which aspect of their work represents their real ability; as results (and the literature) have indicated, teachers are in the main capable of judging pretty accurately children's needs; there are probably not very many children who, after two or three years in the school, still present problems in assessment.

It would seem to serve the principal of 'economy of hypothesis' to try the simple solution first: Headmasters are obviously capable of asking for more, and provision for further casework would always be made.

It is possible that, with this provision made, the assessment area might be a useful training area for new-comers to the Service. Possibly, too, if confidentiality could be assured, the area could be one where suitably qualified senior
students in Education or Psychology could gain practical experience, and some of them perhaps become interested in joining the Service.

The four Headmasters who opposed the suggestion, did so because they themselves find value in full reports in all cases they refer, and feared that psychological service might be reduced to testing; the safe-guard is of course in their own hands: assessment service would only be given when it was specifically requested. Furthermore, psychologists, having provided the service requested, would reserve the right to draw attention to the need for further service where they saw it.

Provision for further service would have to be more than a stated willingness to accept re-referral; time would have to be reserved in which such additional casework could be undertaken, for headmasters could not be expected to take seriously an offer which meant, in practice, a place for the case at the bottom of the waiting list.

To summarise: the group referred for assessment present their teachers with different problems from those presented by the 'guidance' group. A different service - intelligence and attainment testing, fewer contacts with parents etc - produces satisfactory results. In the interests of good relationships, of effective use of psychologist's time, and of providing training in the field, the provision of an assessment service might warrant consideration.
The Child from the larger family.

There is one other finding that merits discussion: the fact that the children in this series that came from families of three or more children were less often rated 'improved' or 'no problem' than those from families of one or two. (Table XII) (The number of cases from larger families was 72 and the range in the 'larger family' group was 3-9 children.)

A possible interpretation of this finding was that mothers of larger families found it more difficult to arrange those contacts with the psychologist which the other findings have shown to be positively associated with rated improvement. This assumption was tested (Table XIII) and it found only partial support. Certainly even this partial confirmation has useful indications for the psychologist, who needs to make sure that family size does not prevent his working adequately with mothers of larger families.

But this alone will not meet the situation. A number of possible interpretations may be suggested. It may be that children from larger families present more difficult problems, or that their problem-producing behaviour is allowed to continue until it becomes 'over-learned' and more difficult to change. It seems possible that the mother of the larger family will have less energy, time, or opportunity to visit the school, or press for the child's referral. Perhaps teachers need to be particularly watchful of these children, sharing responsibility for noticing when difficulties arise and taking appropriate action.
An interpretation that might apply in cases of children from very large families, is that nowadays, when the advantages and the methods of limiting family size are rather well-publicised, it may be the less intelligent, less educated, or less thoughtful parents who permit their families to become so large. Such characteristics might affect adversely the quality of the 'mothering' and the home-management, the family's economic situation and social relationships, as well as making parents less aware of their children's difficulties and less able to deal with them.

Sheer lack of time may enter in; a case was mentioned earlier of a dull child whose reading difficulties were pretty well overcome largely due to the devoted efforts of his mother; if three or four children want help at once, the most devoted mother cannot spend quite so much time with each. There is more washing-up, more house-cleaning, more bed-making, more mending, but still the same number of hours in the day, and still the same needs in each individual child.

It has seemed to the writer that the idea of the 'great, big, happy family' is most often extolled by people who are from, or who have, small families; it is more rarely supported by those with first-hand experience of the situation.

Whatever her ability and good-will, the mother of seven, eight or nine children has a demanding and exhausting task; if a child of hers presents a problem, it is clear that she will need the fullest cooperation of the professional people concerned, in achieving an adequate solution.
Conclusion.

The impulse behind the investigation reported in these pages was the writer's need - growing during eight years of working as an educational psychologist - for a clearer understanding of her professional task, and for knowledge that could lead to the development of more effective ways of performing it. The aim of improving casework:

Significant associations have been found between some of the factors involved in casework and the rated improvement of cases at follow-up. While these associations cannot be assumed to imply causal relationships, they may fairly be regarded as useful signposts to the areas where causal relationships might be discovered; with this reservation, it may be said that the study has suggested some ways in which the effectiveness of adjutive casework might be increased.

These are: it has shown the primary importance of parent-contact in cases referred for Guidance; it has indicated the need for better communication between all concerned in the work; it has drawn attention to the casework needs of children from larger families; it has indicated that priorities in casework activities might profitably be re-arranged; it has supported the Headmaster's case for differentiating in casework between cases referred for Assessment and Guidance.

A theoretical framework:

The view of casework presented in the 'working theory,' with its corollary, the view presented of the identity of the educational psychologist's client, has been developed in the attempt to make explicit the particular
function of the caseworker in the field of psychological intervention under review. It is, perhaps, worth re-stating:

"The aim of the Service is to bring about changes in children's behaviour; changes in children's behaviour may be effected by changes in the behaviour of adults in their interactions with the children; the psychologist's task is to enlarge adults' available repertoires of appropriate behaviours in their interactions with children."

Parents and other concerned adults turn to a psychologist when their behaviour towards children is not evoking acceptable behaviour in response, and when they have exhausted their repertoires of alternative ways of behaving, to no avail.

The psychologist's task is to help replenish the exhausted repertoires with "pieces (of behaviour) the actors are prepared to present" - to use the C.O.D. definition of 'repertoire' - that is, with ways of behaving which are truly 'available' to the particular adult in his particular social situation, and which are likely in the expert opinion of the psychologist, to evoke from the particular child, behaviour which will be acceptable in his particular social situation.

The educational psychologist - as his professional designation implies - draws on two disciplines to perform this task.

As scientist and psychologist with professional training and experience in the fields of child development, learning, and human relationships, he studies the phenomenology of the client's behaviour and its effectiveness for the clients purposes; without moral judgements, disinterestedly, he devises productive alternatives.
As educator, he communicates these in such a way that the client can select, learn, and make his own those that are, to him, appropriate.

This two-fold approach is justified by the unique characteristics of human behaviour. With the biologist, Bernett, description of these, the writer concludes this study:

"Biologically, neither environment nor heredity is the more important for development as a whole. A whole individual at any given moment is a product of a complex development in which at every stage genetic and environmental influences interact. This interaction is especially entangled in man, since the central nervous system is uniquely adaptable; from birth or before, it is under continuous alteration as a result of the individual's experiences; it is this plasticity which makes possible our powers of learning and our variable and rapidly evolving social organisation.

"It follows that differences of environment have a far greater influence on human behaviour than on that of other species. This is true despite the genetic variation which influences our abilities and other concomitants of behaviour.

"The fact that our nervous systems are constructed in this way obliges us to pay special attention to the effects of environmental agencies on intellectual and emotional development.

"For certain purposes, there is additional justification for emphasis on nurture. These purposes are those of social action."

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1941. P.5
APPENDIX I

Data-recording form: individual follow-up sheet, and record of interview with Headmaster.

<table>
<thead>
<tr>
<th>CASE: (name and address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: Age: I.Q. Seen at: (school, centre) School No:</td>
</tr>
<tr>
<td>Referred for: (guidance, assessment)</td>
</tr>
<tr>
<td>Problem Area: (school-work, conduct, both)</td>
</tr>
<tr>
<td>Psychologist's case contacts:</td>
</tr>
<tr>
<td>Total Number: (1, 2, 3 plus)</td>
</tr>
<tr>
<td>Contact with parent: (father, mother, both)</td>
</tr>
<tr>
<td>Family situation:</td>
</tr>
<tr>
<td>No. of chn. in fam:</td>
</tr>
<tr>
<td>Birth-order, case:</td>
</tr>
<tr>
<td>Own child of both:</td>
</tr>
<tr>
<td>Own child of one:</td>
</tr>
<tr>
<td>Adopted:</td>
</tr>
<tr>
<td>Fostered:</td>
</tr>
<tr>
<td>Working hours: F:</td>
</tr>
<tr>
<td>Working hours: M:</td>
</tr>
</tbody>
</table>

Present teacher's familiarity with psychological report: (some, none)

Headmaster discusses psych. examination with parents: (yes, no)

Psychological reports kept in: (School office, classroom)

<table>
<thead>
<tr>
<th>PRESENT STATE OF REFERRAL PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rater: No problem: Improved: No change: Worse: New</td>
</tr>
<tr>
<td>Teacher:</td>
</tr>
<tr>
<td>Parent:</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

NOTE: On the reverse of this form was recorded:

The Interview with Headmaster:
APPENDIX II

Some Comments from the literature on the parent-child relationship.


P.41: IT may be said that the converging trends of thought in child psychology, psychoanalysis, social psychology, social anthropology, and psychopathology, have contributed to an increasing emphasis on the importance of parents in the mental development of their children. ...Natural development is inevitably a social process in which the more or less permanent relationships with important adults, particularly the parents or parent substitutes, play a vital part ...it follows that it no longer makes sense to plan child care or the education of children without taking note of these essential relationships.

P.43: Throughout the whole period of schooling, parents are tacitly expected to maintain their children in a state of scholastic receptiveness. Public education has been found to be ineffective or wasteful if families are hostile or indifferent. ...Parents are still the immediate educational device of society.

P.37: Parent education is likely to be most effective if it takes place at ...moments ... when parents require help and advice.


P.174: As parents are among the primary instrumentalties in the socialisation of children, and as it may be presumed that the socialisation process is a prime determinant of child behaviour, it is quite obvious that parent-child relationships represent a highly significant problem area. Moreover its import is equally great for the social scientist at a systematic level, and for the clinician and public health officer on a more practical level.

"On the assessment of maternal attitudes": M. C. Gildes, in Parent Attitudes and Child Behaviour, ed. Gildewell. (refce in Bibliography)

P.51: A review of the cases of mothers who had been referred to school mental health workers by school personnel because of the behaviour problems manifested by their children at school, showed that ... changes during the course of treatment, from disclaiming to accepting responsibility for the child's problems and their solution, were often followed by reports of improvement in the child's behaviour at school.
"Relationship of Maternal attitudes to children's adjustment in school."

Report of study:
Teachers report lowest disturbance rates for children of mothers reporting no worries.
Next lowest disturbance rate is for children whose mothers perceived multiple influences on child's behaviour, and felt both responsible and potent.
The most disturbed children had mothers who felt least responsible, and least potent in relation to their children's behaviour, and who saw only external influences as having produced it. (P.89)

Human Behaviour: An inventory of scientific findings: Berelson and Steiner. (listed in Bibliography)
Research work is cited as indicating that:

P.72: The pervasive emotional tone used by the parents in raising children (and especially the loving-rejecting tone) affects subsequent development more than either the particular techniques of child-rearing or the cohesiveness of the marital unit. Roughly identical systems produce contrasting results in accordance with the characteristic emotional tone in which they are administered by the mother and others, the different meanings which the 'same' acts early acquire for children in different cultures. It is the child's perception of the parents' attitude which is important - more than the objective attitudes themselves.

Mothers who punished toilet accidents severely ended up with bed-wetting children; mothers who punished dependency to get rid of it had more dependent children than mothers who did not punish; mothers who punished aggressive behaviour severely had more aggressive children than mothers who punished lightly. Harsh physical punishment was associated with high childhood aggressiveness, and with the development of feeding problems.
Findings reported by Berelson from:

"Strings": by D. W. Winnicott: J. Ch. Psychol. & Psychiat. 1.1.19 pp. 49-52: Describes a case in which parents were able with psychiatric help to guide their disturbed child through various crises. He says: "It is possible to see from this material the use that can be made of parents. When parents can be used they can work with great economy...The fact that these parents have seen their boy through an illness has given them confidence with regard to their ability to manage the other
difficulties which arise from time to time. ... In this case the mother herself did the psychotherapy, her task being explained to her by the psychiatrist.


Andry, E. G. Paternal and Maternal Roles and Delinquency. in: Deprivation of Maternal care; a re-assessment of its effects. W.H.O. Geneva. 1962. Public Health Papers, No. 14. Andry quotes his research work on the pathogenic role of the father in delinquency, and recommends "that in future child guidance work, not only the mothers but also more and more of the fathers should be involved in the whole treatment programme, especially in the case of delinquents" ... "The author had the occasion some years ago in Australia to conduct an experimental clinic for the fathers of delinquent boys, with exceptionally good results." (p. 42)

P.43: The purpose is to emphasise the subtle and basic triangularity which exists, from a child's point of view, between a child and both his parents, a relationship which is subjected to constant frustrations among all concerned, be it through the arrival of other siblings or through each member of the triad failing to respond appropriately to the others' needs, and failing to learn and to become conditioned to a multitude of situations, throughout a lifetime within a cultural and sub-cultural setting.


The author points out that in modern urban life fathers have less and less contact with their young children; they miss a great deal of the pleasure of watching a young child develop, and the child misses in many ways adequate contact with his father: among the possible ill-effects the author mentions the deformation of the masculine image (as a 'semi-detached' member of a family), the limitation of experience, and the use of 'magic' by the child to explain the absence of his father and his 'lack of interest'. He gives an account of four preschool children, with whom he made a long-term contact at their nursery school in America, showing the ways in which their relationship with him appeared to encourage their development.

He includes an extensive bibliography on this subject.