

DETERMINANTS OF ACCESSIBILITY TO TREATMENT IN A CHILDREN'S INSTITUTION*

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A. Introduction

THIS is a preliminary report on a program of studies in Cleveland. Our research concerns itself with the problem of "accessibility to treatment." We cannot be pinned down on the meaning of this term, because we ourselves have not yet decided what we mean by it precisely. Certainly, "accessibility to treatment," like "treatability" or ego-integration, for that matter, is not one thing, but a conglomerate of related notions. It is a rubric intended to draw attention to a group of phenomena which seem obviously to be related, even though the exact connections among them are not yet clearly understood. Perhaps if we discuss a bit how we came to undertake this series of studies, the kinds of things we have in mind will become clearer.

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Let us begin, then, with the motivation behind these studies.

It is a fact of life of all current forms of casework or psychotherapy that a fair number of patients are not able to be helped with the knowledge and skills currently available. Our regret at finding ourselves helpless to help is, of course, the more poignant when we deal with children. It is an additional fact of life, in the treatment of children sufficiently disturbed to require institutionalization, that for a fairly large number of them the issue of "treatability" does not even come to the fore. Far from *curing* them of their difficulties, we can not even succeed in involving them enough in treatment to know whether they might have been able to be helped. This issue one might term "accessibility"—can you involve the child enough in a treatment relationship to see if he can be substantially helped? Accessibility has an obvious relationship to treatability, of course, since it is incredible that a child be treatable if he is not even accessible. But it is not the same thing, either, and we have chosen to focus on it in the hope that it might be possible to find in this way a less ambitious, simpler route by which progress might be begun in understanding the eventual problems which must be clarified for the study of treatability.

B. Framework Guiding the Research

If this is roughly what we mean by accessibility, there are a couple of additional clarifications which can be introduced. For the child entering an institution, his accessibility is a product of two sets of factors: (a) Personality variables, that is what the child brings with him to treatment; (b) Situational variables, namely the attitudes, organizational structure, and skills with which the institution receives him. The child's personality is obviously not within the control of the treatment environment: it is already determined by the child's constitution and the life vicissitudes already experienced. On the other hand, the treatment agency is within our control. Consequently, the fact that some children are found accessible and some inaccessible is really to be seen as due to our limitations in ability to help. In the long run, therefore, one would like to be able to find ways of increasing the proportion of children who appear to be "accessible"—in order to keep peeling layers off the so-called hard core cases.

With this in mind, our research was originally designed as a study of the influence of institutional climate, since the children cannot be changed at will, but the institution can be. Now, we still have no doubt that how a child is handled on admission and afterward strongly affects the kind of accessibility he will show. In fact, we have another substantial study dealing with just these variables currently under way. Nevertheless, in our report tonight we are going to concentrate mostly on factors in the child's personality as these influence his accessibility, for our first study dealt with these. This shift of emphasis followed some pilot work.

The reason for the shift is fairly simple. If one looks about him in a modern, well-conducted and reasonably well-

staffed treatment institution, he will be impressed again by an old familiar fact. The children differ from each other. They differ in many ways—hair style, taste in clothes, boisterousness—and they differ in their apparent accessibility to the attempt to involve them in intensive casework. This is despite the fact that the motivation and skill of the caseworkers are relatively uniform: It becomes unmistakable that even in an open institution, which automatically excludes some of the full range of disturbed children, the substantial variation in apparent accessibility is due to the differences in children's personalities. Even without the elaborate research which we are in the business of insisting you need, it seems possible to make an intuitive, better-than-chance guess about these differences simply from knowing the history.

Since this is so, it began to seem naive to us to begin a program of studies by concentrating on the sociology or social psychology of the treatment environment. The most important insights would have to come first from some understanding of the relevant variables in the children's personalities. Moreover, it would be very difficult to assess an environmental influence as beneficent or deterrent to accessibility unless one had some idea of what one ought to be able to expect from such-and-such a kind of child. For both theoretical and methodological reasons, therefore, we chose to begin our work with a study of factors related to differences in children's personalities.

But, if one wishes to study individual differences in accessibility, then one must hold something constant: one must be able to answer the question, "Accessible to what?" There are a number of approaches one could adopt. One could study differences in readiness to relate to cottage parents, to peers, to teachers, and so on. Again, motivated by our ini-

tial survey of the problem, we chose to gamble on going for the real thing. All these other influences are important, and can be shown, so far only anecdotally, to have a relationship to a child's progress in treatment. But there seems to us little question that the closest to a specific we are able to offer out of our institutional pharmacopoeia is individual casework and/or therapy. Consequently, we have chosen to begin by studying differences in accessibility to casework—which has been, at Bellefaire, the predominant form of individual treatment offered. Therefore, "accessibility to treatment," in this report is accessibility to casework in our institution.

C. The Elements of Accessibility

How shall one measure accessibility to casework treatment? One thing is certain; namely, that one can know it only if one actually offers casework to the child. For what we have called accessibility for purposes of easier communication with our colleagues, refers theoretically to the degree to which a child has permitted himself to become involved in the field of forces associated with a particular, rationally-directed treatment relationship (the potency of the casework relationship). Hence, one can measure it only after the child has had a trial at casework over a fixed period of time. Partly because of the nature of available information in our institution, and partly with the aim of utilizing time-intervals which are meaningful for such sick children, we chose to make ratings at two points, a year apart. One rating, therefore, was made after three months in casework; the other after fifteen months. And now, the variables.

The key variable, in our research, involves verbal behavior in the interview situation. We believed that the best indication that a child is showing himself accessible would be the extent to which

he showed himself free to communicate painful, or anxiety-laden material, to his caseworker, and to permit the caseworker to talk with him about such content. This critical dimension or accessibility we have labelled *Freedom to Communicate Feelings*.

Now, one may argue whether it is, indeed, the most important indicator, that casework is "going on" and we should be less than frank were we to seem to imply that everyone in our home institution enthusiastically endorses our judgment. Nevertheless, this issue does interest us, and it is unarguable that it is, in the majority of cases, important to casework that the child become able to talk about what bothers him. Without wishing to distract attention from the theme of the present paper, let us also add that the study of freedom to communicate feelings, as such, is indeed the main theoretical focus of our whole program of research.

Four other variables were also measured at the end of three months and fifteen months of casework. Each of these would also appear to have something to do with "accessibility," as more broadly defined. These variables were:

The attractiveness of the casework relationship;

The tendency to use verbal, rather than action, channels for communicating in casework;

The evidenced capacity for self-observation, awareness of own enduring patterns; and

The child's apparent motivation to change.

Ratings on all the variables mentioned were made on the basis of indices derived from combinations of ratings on sub-scales. We shall present some particulars of the measurement of Freedom to Communicate Feelings. We select this variable for two reasons: (a) Because it is such a critical variable in our study; (b) Because in the course of measuring it, we came upon a rather interesting discovery.

D. The Use of Scale Analysis in Measuring Freedom to Communicate

The basic data available to us for our research were summaries, dictated by the caseworker on each case at the end of the first three months of treatment, and regularly at six month intervals thereafter. In order to study *freedom to communicate* it seemed feasible to make a total of five ratings of these summaries, in terms of the evidenced openness the child was showing in a number of areas of content. Four of these areas had to do with personal objects the child might discuss in casework sessions: feelings toward the caseworker, toward other adults in the institution, toward his family, and toward himself, as a person. There was also a scale measuring readiness to talk about so-called "painful feelings," whose content might well vary with the individual case, and so was not further specified for purposes of ratings at this point.

Summaries on forty-nine boys were rated by two persons, outside the institution, with training and experience in social casework.¹ Reliabilities were computed, and these proved in general fairly satisfactory. Disagreements were resolved by the judgment of Dr. Weiss. The sample included all boys fitting the requirements of the study, so there is no problem of its representativeness.

When the ratings were examined, they seemed, on each sub-scale to dichotomize the group into boys who might be regarded as relatively *high* on, say, freedom to communicate feelings about the caseworker, as compared with boys who would be scored *low*.

The next step was to combine these scores into an index which would represent the overall variable, Freedom to Communicate Feelings. There are several ways to make such indices, involving

¹ Mrs. Miriam Jaffe and Mrs. Edith Holdstein.

simple unweighted summation, weighted combination, and so on. However, it occurred to us that, along with the fact that scores on sub-scales might inter-correlate, there was a further possibility. This was that there might be a fixed ordering, in such casework treatment, such that one area of content typically becomes accessible to communication before another. Such orderings are concealed when one uses simple correlation coefficients. We searched for another way of handling the data, and hit on a technical innovation which has proven extremely promising. So far as I know, we are the first group to use it in just this way. We applied Guttman's scale analysis technique to a series of ratings.²

Based on a theory we have been developing, as have others (notably Maria Rickers-Ovsiankina of the University of Connecticut),³ we made a small prediction about the ordering which would occur among indices. It was this: that a child will first communicate freely about other adults in the institution, since these are relatively neutral, current objects. Next he might feel able to talk about feelings toward the caseworker; after that, painful feelings. Least accessible would be the highly charged feelings toward his family and about himself as a person (no prediction was attempted about the ordering of the latter two).

Through the use of scale analysis it was possible to check this prediction. Thus, if a perfect ordering among scales existed, one would find that any boy who was high on freedom to communicate about his family would automatically be high on all the previous scales. The logic is the same as one would expect in, for example, a good arithmetic test.

² L. Guttman, "A basis for Scaling Quantitative Data," *Amer. Sociol. Rev.*, 1944, 80, 139-150.

³ Maria Rickers-Ovsiankina, and A. A. Kusmin, "Individual Differences in Social Accessibility," *Psychol. Rep.*, 1958, 4, 391-406.

A child who can do a problem in long-division should be able to do short division, multiplication, subtraction and addition. Scale analysis technique permits checking on how "perfect" is the ordering one finds in a group of cases, at one point in time, and results are expressed as a "coefficient of reproducibility." Ninety per cent is taken as the conventional minimum coefficient. Our coefficients ran 96% for ratings made at three months, and 93% at fifteen months. In other words, only 4 to 7% of entries into the tables were "errors" counting against the hypothesis that a perfect ordering existed. The technique and results are illustrated in Table 1.

TABLE 1
DEGREE OF FIT TO PATTERNS INDICATING UNIDIMENSIONALITY OF THE FREEDOM OF COMMUNICATING FEELINGS INDEX

Perfect Patterns	N	Imperfect Patterns	N	Total
+++++	4	-++++	1	5
++++-	8	-+++-	3	14
+++--	5	+--+-	3	10
++---	11	-+---	2	13
+----	5	+----+	1	6
-----	1	+---+-	1	2
	1	-+---	1	2
	N=34		N=15	N=49

What does this mean? It means that among boys of this kind, under conditions of treatment then current at Bellefaire, the order in which content was made accessible in casework interviews appears to have been as follows: first, a willingness freely to discuss feelings toward other adults in the institution; next, toward the caseworker; next, painful feelings, in general; next, toward the self, as object; and only finally toward the family.

Now, this is the empirical finding, the fact as we obtained it. What does it mean in casework theory? We have

tried to explore that question further. At first, we had an exhilarating experience. We thought that at long last we might have discovered the method for exploring what a number of us have long thought to be true; namely, that there exists in casework a series of *phases* with a fixed ordering, such that the client must pass through one to get to the next, and so forth. That there is a kind of ontogenetic sequence is considered likely by our more or less distant professional cousin Carl Rogers, too.⁴

Now, if this were so, if there were a kind of inevitable unfolding in casework, one should find consistent changes between the three-month measurement and that done at fifteen months, such that nearly all cases moved "upward" on the index in the order indicated. Unfortunately for our nice hypothesis, reality did not prove that simple, at least on this index. Instead, we found that some children shifted upward some appeared to shift "downward." In retrospect, this is not surprising, of course. Even successful casework shows an apparently unsteady course if one goes by limited, more or less external evidences of change. There may even be periods when the child breaks communication altogether, and so forth. But, we did find this: whether or not the child moved upward or downward on the index, the *ordering* was preserved. If he was, for example, no longer communicating freely about his parents, neither was he revealing feelings toward himself as a person, and so on.

One might also wonder whether the ordering of areas of accessibility was an artifact of our rating method, so let us add a few more notes. We had not even thought of applying scale analysis technique until the ratings had been com-

⁴ C. R. Rogers, "A Process Conception of Psychotherapy," *Amer. Psychologist*, 1958, 13, 142-149.

pleted, and at no time were those rating the cases aware of the hypotheses involved. Secondly, a series of ratings of his own cases made by a caseworker prior to his leaving the institution for another job, also without knowledge of the hypotheses involved, showed the same patterning, so this does not seem to have been a function of working from summaries, etc., in collecting our data.

Our present thought is that this ordering represents what might be thought of as *layers* of accessibility. Least accessible are feelings toward self and family; most, feelings toward other adults in the treatment situation. As overall accessibility increases, layers peel off; as there is less readiness to communicate freely, they "close in" once again.

Finally, we should add that we doubt the ordering is the same under all conditions. Both the currency of familial relations and the lesser degree of conflictual feelings toward the family would lead one to predict that, in outpatient treatment, feelings toward parents would be more accessible. This is a matter for later empirical study, should our further work support the idea that the model we propose is a good one.

E. Some Correlates of Freedom to Communicate Feelings

As another aspect of Guttman's technique, it is possible to assign each child a score. With five sub-scales, six successive patterns are possible, and the child may be scored in terms of how high he falls on freedom to communicate feelings. Hence, we could now divide our group into children high on overall freedom to communicate versus those low on this, after fifteen months in casework. What determines who falls where? Or, in other words, on what bases might one predict which child will be high or low, from information available at intake or shortly thereafter? We are still studying this issue, have collected some results

but are still digesting their meaning. Therefore, all we can do at this writing is to sketch in some highlights.

1. Freedom to Communicate Feelings, after fifteen months in treatment, is significantly related to the child's accessibility as evidenced shortly after casework begins. Specifically, the extent to which he is using verbal channels at three months, his capacity for self-observation, his evidenced motivation to change and a "global rating" of his apparent degree of trust of the caseworker all successfully predict freedom to communicate feelings beyond the conventional statistical limits. The evidenced freedom to communicate feelings at three months also relates to a similar score at fifteen. The one index that did not predict across the year's span of time was the attractiveness of the casework relationship—which seems much more susceptible to momentary, situational fluctuations. Hence, there was confirmation of the impression that there is a difference related to personality as a stable determinant of accessibility.

2. Freedom to Communicate Feelings after fifteen months in treatment can also be predicted from psychometric data obtained shortly after admission. In work with Dr. Melvin Allerhand we have found that eleven Rorschach factors distinguish between the high versus low groups, and that it is possible to make predictions of 84% accuracy from such information in this sample. One Rorschach factor is of particular theoretical interest. This is a measure of the extent to which the child responds with appropriate anxiety to stimuli which normally *do* produce anxious reactions in most people. If these responses are apparently denied, the child will show less freedom to communicate feelings at the end of fifteen months. Intelligence is also a factor, but in an interestingly curious way. Being low on intelligence, as measured (I.Q. 89 or un-

der) is no guarantor of a child's apparent lack of freedom to communicate feelings; but being high on intelligence (I.Q. 110 or over) makes it likely the child will prove accessible. These results from psychometry, totally independent of the casework relationship, as such, offer further evidence of the significance of differences among child personalities, even though further cross-validations are necessary in order to establish a proper prediction instrument for practical use. There is ample reason to believe such an instrument *can* be developed.

3. Freedom to Communicate Feelings is related to the child's age at admission. In our sample, the median age at admission was 13 years and one month. Those below this tended, after fifteen months in treatment to score predominantly low on Freedom to Communicate Feelings. On the other hand, of twenty-one cases who were 13-2 or over, nineteen were rated high on Freedom to Communicate Feelings. This difference is as striking as any we have found, and we are still unclear about its meaning. Chronological age, as such, is *not* a *psychological* dimension, and we have been led to further analysis of our data to study what this finding implies about personality. But that it is important seems very likely. For, of the older children, those who are low in the three months ratings tend to shift upward; the younger children, on the other hand, show no consistent direction of shift. These shifts are most markedly different, by the way, in relation to increased awareness of one's enduring patterns (Capacity for Self Observation), and in relation to improvement in Motivation for Change. The older children seem more accessible to casework as a relationship in which one consciously and deliberately seeks to get help.

4. Freedom to Communicate Feelings does not seem to depend too much on the caseworker. Patterns show differ-

ences among caseworkers, of course, and can be partly influenced by how hopeful the person is who dictates the case summary. But, no individual's cases differed significantly from those of the rest of the group, in our sample. A further finding is also of some practical interest. What happened to cases transferred in the course of treatment? There is a *tendency* for cases who were *not* transferred to show higher Freedom to Communicate Feelings, but the difference from those which did not stay with the same worker is not significant. Again, much seems to depend on the child, himself, given reasonably uniform standards of practice.

5. Finally, there is support for the notion that Freedom to Communicate Feelings, which we have chosen partly for theoretical reasons as our own special issue of concern, is centrally entwined in the whole matter of "accessibility," any way you look at it. Ratings on this factor intercorrelate with all the others at both three months and fifteen months. In other words, we appear to have caught hold of a factor which is both interesting in its own right and which seems sensitively to reflect, among other things, the child's readiness to involve himself in treatment.

F. Conclusions

We have described a program of research which has been getting under way, dealing with the matter of accessibility to treatment in an institution, in general, and with readiness to make feelings accessible to communication, more particularly. This is a program envisaged as of rather wide scope, involving both personality and situational, structural and dynamic aspects of the problem.

At present, it seems possible to say that certain enduring qualities which a child brings with him to the institution do influence his relative accessibility, defined as readiness to permit communi-

cation with a helping person. Some leads have been opened up regarding the personality variables involved as determinants, although we are not yet ready to try to formulate these very precisely into any simple statements. It is obvious that general intactness of the personality and psychological maturity play a major role, but these notions must be further specified, of course.

It is only necessary to close with a point made very near the beginning. The child's accessibility is a joint product of what he brings, and what we provide. As more is understood about which children now fall below the grip of our current efforts, it should be possible so to modify casework that more and more of the presently "inaccessible" can be reached.