A STUDY OF COUNSELING OPPORTUNITIES AVAILABLE TO ADULTS IN THE COLUMBUS, OHIO, AREA

Dissertation
Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of the Ohio State University

By

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The Ohio State University
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Adviser
Department of Education
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CHAPTER I

INTRODUCTION

General Statement of the Problem

Contemporary civilization has been labeled an "age of anxiety." Present day adults live in a period characterized by rapid and continuous change. Dislocations and readjustments resulting from two world wars, increasing urbanization and industrialization, tremendous population growth, unprecedented mobility of the population, changes in patterns of family living and an increased standard of living have combined to create social problems which leave large numbers of people confused and unable to handle responsibilities in an adequate manner. New scientific and engineering discoveries create new industrial machines and new methods which require fundamental reorganization of industrial processes. These changes frequently displace thousands of men from their jobs and force them to learn new skills in order to avoid becoming unemployed marginal workers. Within a brief period of ten years, both workers and managers have been forced to recognize the existence and implications of atomic energy and automation.

The rapidity and scope of technological change stimulates and sets in motion a variety of social changes, many of which become identified as social problems. Social disorganization, crime, juven-
ile delinquency, mental illness, lack of civic responsibility, political corruption and other conditions frequently are manifestations of personal confusion and inability to deal successfully with personal and social problems. Traditional beliefs and values are no longer capable of providing, for many people, clear purposes and goals in life. The need for new attitudes, new skills and new patterns of dealing with problems becomes increasingly recognized, but difficult to achieve.

While many of the needs growing out of contemporary social, economic, and political conditions can only be met by well conceived programs of social legislation, others can be dealt with by wise use of existing resources in local communities. Community agencies and organizations may, through adequate counseling services, help individuals in coping with feelings of inadequacy, confusion in regard to educational, vocational, or personal adjustment problems, wise use of leisure time, participation in activities for community improvement, and other requirements of good citizenship in a democracy.

The public schools are becoming increasingly aware of the guidance needs of their students. Hundreds of elementary and secondary schools have developed well planned guidance programs for youth. Adult educators are beginning to be concerned about the need for counseling of adult students. The adult, however, is usually not a full time student and does not find this service available to the same degree as it is for the full time day student. In most
cases, the adult must take the initiative and seek counseling services in order to meet his varying needs. Frequently the adult is not aware of the existence of social agencies, mental hygiene clinics, health organizations, vocational guidance services, and other community resources. In order for these and other community agencies to meet the needs of adults, it is necessary that their services become more widely known in the community. It is also necessary that these agencies ascertain the nature of needs of adults in their communities and, on the basis of this analysis, develop services and programs designed to meet specific needs. In this way, community services may begin to meet, in a more adequate way, the counseling needs of adults in modern industrial society.

Specific Statement of the Problem

1. The dynamic nature of modern civilization requires the adult to learn flexible methods of adaptation in order to solve the problems created by rapid social change.

2. Many adults are not able to achieve successful adaptation to social change or to cope with various types of problems, and they require the help of community agencies qualified to provide assistance in solving specific problems.

3. Many adults need assistance with problems based upon developmental responsibilities; for example, problems related to young adulthood, mature adulthood, and of aging.
4. The citizens of the metropolitan Columbus community have created a number of community agencies whose function is to provide assistance to adults in difficulty. There is a need, however, to ascertain if potential clients are aware of specific services available, and if they are attracted to the agencies best equipped to provide assistance in meeting specific needs.

5. There is also need to investigate intake policies, financial responsibilities of the client, training of staff, and other factors which influence the quality and quantity of services available to adults in the Columbus area.

6. The experiences and opinions of agency staffs need to be ascertained about unmet needs, and these should be incorporated into recommendations for improving counseling services.

Basic Assumptions

This study is based on the following assumptions:

1. That there are, in the population of metropolitan Columbus, large numbers of adults who are in need of counseling and who, for a variety of reasons, are not receiving these services.

2. That existing agencies are not adequately meeting this need because
   a. They do not possess sufficient numbers of staff. The staffs of many agencies are not adequately trained.
   b. Many agencies require long waiting periods before services can be provided the client because of excessive case loads.
When help is not immediately available, many adults turn to unqualified sources or make no further attempts to secure the necessary assistance.

c. Many adults who need help are not attracted to the agencies that are best qualified to provide the type of counseling needed to aid in the solution of specific problems.

3. That the counseling needs of adults can be determined, to a considerable degree, through an analysis of the literature in the field, through appeals for advice and counsel by correspondents to newspaper columnists, and through an analysis of the psychological and social conditions of modern life. More specifically, the counseling needs of adults in the Columbus area can be estimated through interviews with staff members of community agencies providing counseling service to adult clients.

_Purposes_

The specific purposes of this study are to

1. Describe and evaluate the extent to which counseling and guidance services are available to adults in the Columbus area.

2. Determine, in the judgment of agency personnel, the extent of unmet counseling needs of adults in the Columbus area.

3. Describe and analyze specific policies, procedures, and practices of agencies which might influence the availability, quality, and quantity of services to adults.
4. Determine the extent of referral services of various agencies, and to ascertain if there is need for better coordination of services.

5. Make some tentative evaluation of the effectiveness of counseling services through studying such factors as the training and experience of staff, size of caseloads, adequacy of physical facilities, and other similar factors.

6. Make recommendations for improving the counseling services available to adults in the Columbus area.

**Method of Investigation**

This study was conducted by means of the following procedures:

1. An analysis of social and economic conditions which stimulate psychological needs in the adult which can be helped by counseling services.

2. An analysis of the development of counseling as a professional service in response to specific needs of adults.

3. A description of letters written by correspondents to advise columnists of three Columbus daily newspapers during the month of August, 1957.

4. Selection of forty-four community agencies which provide some type of counseling services to adult clients in the Columbus area. Agencies were selected from a "Directory of Social Services," compiled and edited by the Council of Social Agencies of Columbus and Franklin County, 1956; "Psychiatric Facilities"
compiled by the Franklin County Mental Hygiene Association, 1957; and a "Directory of Family and Marriage Counseling Services" published by the Council of Social Agencies in March, 1952.

5. Most importantly, use of an interview schedule to secure systematic information from the staff of the forty-four agencies regarding various aspects of their counseling services for adults.

**Scope and Limitations**

This study is limited to a descriptive survey of organized counseling services designed to meet the adjustment and developmental needs of adults in the Columbus area. Although it is recognized that the distinction between counseling and some forms of psychotherapy is vague and overlapping, this study is not concerned with services for clients with deep seated neurotic or psychotic personality problems requiring intensive treatment in hospital settings. This study is concerned with the non-residential services provided by community agencies. It is not concerned with the counseling activities of either professional or non-professional private practitioners. Neither does it include religious counseling as performed by ministers, legal counseling as performed by lawyers, or other forms of non-psychological counseling. This study is limited geographically to those agencies located in the metropolitan Columbus area.
Definition of Terms

Columbus Area: The City of Columbus and suburban areas including Worthington, Bexley, Upper Arlington, Grove City, Whitehall, Grandview, and other adjacent communities.

Counseling: The process of helping an individual through interviews and other individual relationships to gain insights into his problems and to plan and take steps toward their solution.

Guidance: The process of helping an individual solve problems by the use of specialized techniques of collecting pertinent information about the client, to be used by the client and the counselor in their joint effort to understand the client's interests, abilities, needs and resources, and to promote self-direction.

Organized Counseling Services: Those counseling services provided by community agencies and characterized by an interest in providing a high standard of professional assistance for the client. Community agencies are supported by public or private funds and usually operate under some degree of supervision by local, state, or national bodies.

Psychotherapy: A systematic method of treatment based upon a knowledge of mental processes and mental illness. Interviews and other individual relationships are used to help the neurotic or psychotic individual to achieve some amelioration of his difficulties in interpersonal relations through understanding and clarification of basic conflicts. Analysis, clarification, support, and interpretation
are used by the therapist to facilitate the accession to awareness of personality difficulties, and to help the client regain optimum mental health.

Referral Services: The process, when an agency is unable to provide a needed service, of initiating contacts with another agency or person for the purpose of effecting an opportunity for the client to secure the required service through the second agency or person.
CHAPTER II
SOCIAL AND ECONOMIC CONDITIONS INFLUENCING THE ADULT'S NEED FOR COUNSELING

Problems of Social Change

Modern contemporary civilization has been called the "Age of Anxiety." Other commentators have given different labels to our age: "The Century of the Common Man," the "Atomic Age," the "Psychological Age," and other descriptive terms. Irrespective of the labels attached to our civilization, social scientists generally agree that modern society is extremely complex. The ordinary citizen is expected to function in a variety of roles, each of which demand a high level of understanding, knowledge, skills, and adaptability which many adults do not possess in adequate degree. Demands are made on the ordinary citizen to be well informed, to be successful in his vocation, to meet the requirements of parenthood, to contribute toward the solution of community problems, and to provide a good education for his children.

While striving more or less successfully to meet these demands, he is subjected to a bewildering barrage of advice and urgings from friends, associates, advertisers, and others who attempt to influence him to behave in a certain manner, to buy a certain brand of soap, cigarette, automobile, or other product. The results of psychological research are not only utilized to probe his weaknesses to certain stimuli, but also to break down his resistance to buying articles and
products which he may or may not need. A recent article entitled "Consumer Motivation" points out that some eighty different motivational research firms are already "spending millions of dollars trying to engineer consumer consent toward their client's product."\(^1\) The volume of this effort, and its potential influence on developing wants and desires in the individual can be recognized when we consider the fact that almost 75 per cent of all homes in the United States now have television sets. Studies indicate that the average individual now views about 250 commercials each week. In reaction against this excessive stimuli, "the viewer is developing what the industry calls 'selective inattention,' a kind of psychological blindness and deafness to television commercials."\(^2\) Nevertheless, large scale efforts are being made

often with impressive results to channel our unthinking habits, our purchasing decisions, and our thought processes by the use of insights gleaned from psychiatry and the social sciences. Typically these efforts take place beneath our level of awareness, so that the appeals which move us are often, in a sense, hidden.\(^3\)

The success of these and other efforts to manipulate choices and decisions exerts a powerful impact on changes occurring in American

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\(^2\)Ibid., p. 300.

Another indication of the need of adults for reassurance and support is seen in the tremendous circulation of books and magazines which are designed to reduce anxieties and to assure the reader that he can achieve his goals in life. "The fears and frustrations of ordinary citizens explain why such books as Peace of Mind and Confident Living have been best sellers."

Perhaps an even more dramatic phenomena has been the tremendous increase in the use of "tranquilizing pills" to help adults reduce anxieties and to forget difficulties, at least, for a temporary period. The almost frenzied popularity of these so-called "aspirins of the soul" has underscored the fact that millions of adults are insecure and anxiety-ridden, and in need of some kind of crutch to keep going. Obviously the use of such pills and other methods of achieving a synthetic "peace of mind" do not solve any of the basic problems of adults. Nevertheless, the fact that these methods are so widely used is an indication of a tremendous unmet need felt by millions of people.

About 35,000,000 prescriptions were written by doctors last year for the various tranquilizers now being marketed under some forty trade names, and the number is expected to skyrocket to more than 40,000,000 this year.


These figures do not include the large number of tranquilizers which can be bought without prescriptions.

While social change is inevitable and is fundamental to social progress, the nature of social change is an important factor contributing to the difficulties which adults face in attempting to function more adequately in modern society. The changing nature of modern life and the increasing complexity of social organizations result in persons' confronting different kinds of problems than formerly. Many persons find it difficult to achieve satisfactory patterns of living because old ways of thinking and acting are no longer adequate guides for dealing with new situations and conditions of today. Attention has been called by many writers to a great variety of factors tending to create insecurity in the individual—factors ranging from juvenile delinquency and crime to the threat of atomic annihilation. Although it would be very difficult to prove that our age is more insecure or more anxiety-ridden than previous periods, there are many kinds of evidences that this is the case.

There are no statistics which permit us to compare the incidence of even the major psychoses from century to century, and it is even more impossible to gauge the comparative frequencies of neuroses and the lesser varieties of disequilibrium. Nevertheless, in the books we write and the pictures we paint there is much to suggest that the prevailing mood of our time is one of uncertainty and apprehension.6

Some writers emphasize the influence of increasing urbanization and industrialization as two of the most influential factors making for increasing social pressures on the individual. The industrial revolution brought profound changes into American society. There was widespread movement of people from farms to large congested urban areas. People moved away from the high degree of interaction which characterized rural life to the more impersonal life of the city. Concepts of hard work and thrifty living, the major virtues of rural life, were left behind.

Table I illustrates the movement of Americans from farms and rural areas to urban areas. This movement was slowed during the period between 1920 and 1940. The rate of movement from rural to urban areas took an upward turn following the depression years.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NUMBER OF PEOPLE IN URBAN AREAS</th>
<th>PER CENT OF TOTAL</th>
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<tbody>
<tr>
<td>1900</td>
<td>30,159,921</td>
<td>39.7</td>
</tr>
<tr>
<td>1920</td>
<td>51,157,973</td>
<td>51.2</td>
</tr>
<tr>
<td>1940</td>
<td>71,423,700</td>
<td>56.2</td>
</tr>
<tr>
<td>1950</td>
<td>96,467,867</td>
<td>64.0</td>
</tr>
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</table>

The ten-year period, 1940 to 1950, shows a larger percentage increase than the preceding twenty-year period. Subsequent estimations of the nation's population, made since 1950, indicate a continuing trend in the direction of increasing urbanization and a decreasing proportion of people living on farms and in small towns.

Mobility from one state to another reflects, to some degree, the movement from rural to urban areas. This movement took two broad trends. First, there was the increasing movement from farms to urban areas within the same general locality, or state. Secondly, there was the movement from state to state illustrated in Table II.

**TABLE II**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Born in State of Residence</th>
<th>Born Elsewhere</th>
<th>Per cent Born Elsewhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>65,653,000</td>
<td>51,901,000</td>
<td>15,501,000</td>
<td>20.6</td>
</tr>
<tr>
<td>1910</td>
<td>78,456,000</td>
<td>61,185,000</td>
<td>16,910,000</td>
<td>21.6</td>
</tr>
<tr>
<td>1920</td>
<td>91,789,000</td>
<td>71,071,000</td>
<td>20,718,000</td>
<td>22.1</td>
</tr>
<tr>
<td>1930</td>
<td>108,570,000</td>
<td>82,677,000</td>
<td>25,893,000</td>
<td>23.4</td>
</tr>
<tr>
<td>1940</td>
<td>120,074,000</td>
<td>92,609,000</td>
<td>27,465,000</td>
<td>23.0</td>
</tr>
<tr>
<td>1950</td>
<td>139,868,000</td>
<td>102,788,000</td>
<td>35,281,000</td>
<td>25.2</td>
</tr>
</tbody>
</table>

With one exception there was a steady increase in this movement between 1900 and 1950. A slight decrease in the rate of increase was reflected in the 1940 census. However, the 1950 census figures indicated that the movement from one state to another was much more rapid than previously. Although Table II does not indicate the direction of mobility, other studies indicate that much of it was from rural to urban areas and from southern to northern and western states.

The family formerly carried on many of the functions which have been assumed by specialized agencies and organizations. The establishment of nursery schools, the spread of public school education of children, the development of medical and hospital services, and other community services, are reflections of the fact that community agencies take over more of these responsibilities as society becomes more complex, urban, and impersonal.

The poorly adjusted individual, or one with limited abilities, could often maintain himself economically prior to the industrial revolution. Hahn and MacLean state that unless he was viewed as a menace to society and to himself, he would, in many cases, be taken care of by his family, given help by neighbors, and permitted to work at jobs requiring little skill or ability. The neighbors knew his peculiarities and often tolerated these in a good-natured fashion. In this manner, the so-called "half-wit," the nervous daughter, the spinster aunt, or the son who was too slow to get along
in school were, in one way or another, tolerated or helped to get along and keep out of trouble. 7

This simple helpfulness and mutual concern for the welfare of others exists only in small degree in modern society. It has been replaced by a complex pattern of inter-relationships which demand more impersonal arrangements for dealing with the problems of those who need help and support. Modern society is characterized by organizational patterns for dealing with its individual and social problems. There is much less direct contact between those who need help and those who provide funds to support agencies which make services available. The combination of high mobility, rapid communication and transportation, and complicated interpersonal relationships impose considerable stress on the individual who is handicapped by emotional or physical handicaps.

The deviant of the earlier, simpler culture has been stripped of most of his protection and exposed to a bewildering and stressful number of choice and conflict situations resulting in a vast increase in maladjustive attitudes and value systems, disabling neuroses, and psychoses. 8

The industrial revolution grew out of a number of scientific and technical inventions made during the nineteenth century. These inventions brought widespread social changes which have had a tremendous impact on individuals and groups. However, this impact


8 Ibid., p. 282.
has not been consistent. In some instances, and in some places, this impact has been swift and powerful; in others it was slow and almost indistinguishable. Cuber and his associates that that the impact of the industrial revolution has been most powerful in the large urban areas in which a high degree of industrialization has occurred, and less in rural areas. Nevertheless, its influence has been felt in even the remotest rural areas, and has, in varied degrees, affected the lives of everyone. The auto, the radio, the television set, may be found in both thickly populated urban areas and in sparsely populated rural areas.

Change in itself is neither good nor bad. Change begets change and generates need for readjustments. The industrial revolution brought labor saving devices into the home, thereby increasing the leisure time available to the housewife and mother. Leisure time, in turn, helped to make it possible for women to enter industry.

With the exception of the decrease in per cent of women workers between 1900 and 1920, there has been a steady and continuous increase in the number and per cent of increase of women workers since the beginning of the twentieth century. The increasing number of married women who leave home to seek outside employment has implications for


all of society. Arrangements must be made to care for children, the wife or mother achieves increased financial independence, and the family income is increased.

TABLE III

NUMBER AND PER CENT OF MARRIED WOMEN WORKERS IN THE UNITED STATES, 1900-1950

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Married Women Workers</th>
<th>Per cent of All Married Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>769,177</td>
<td>5.6</td>
</tr>
<tr>
<td>1910</td>
<td>1,890,661</td>
<td>10.7</td>
</tr>
<tr>
<td>1920</td>
<td>1,920,281</td>
<td>9.0</td>
</tr>
<tr>
<td>1930</td>
<td>3,071,302</td>
<td>11.7</td>
</tr>
<tr>
<td>1940</td>
<td>5,040,000</td>
<td>16.7</td>
</tr>
<tr>
<td>1950</td>
<td>8,550,000</td>
<td>22.8</td>
</tr>
</tbody>
</table>


The automobile has also made an impact on social conditions. Opportunities for rapid transportation are increased, enabling more workers to travel considerable distances to their jobs. These and other changes created the need for nursery, day care centers, and
other protective services for children. Culture is so interrelated that a change in one trait or complex brings a chain reaction of adjustment. 11

Problems of Social Disorganization

Social disorganization is one symptom of conflicts within the individual. In the daily process of living, men and women are compelled to face a continuous series of crises which demand the making of decisions on the basis of habits and experiences from the past. New problems arise for which no previous experience offers dependable or acceptable solution or definition. Social life often exhibits a paradoxical and confusing dualism of change and resistance to change. "On the one hand, social change is a restless and dynamic process, but on the other hand, social controls tend to become fixed and formalized." 12

There is a tendency in a dynamic society for social life to be governed by relatively static religious and social norms. It is probably inevitable, under these circumstances, that many individuals will become uncertain, confused and maladjusted. Social norms are violated, the impact of changing conditions increases pressures


12 Mabel A. Elliott and Francis E. Merrill, Social Disorganization (New York: Harpers and Brothers, 1941), p. 3.
toward changes in attitude and habits, and social instability occurs. Individual maladjustments lead to social disorganization. Social disorganization and social instability then must be viewed as a consequence of individual maladjustments.\(^{13}\)

Crime rates are one indication of individual and social disorganization in modern life. While it is difficult to obtain meaningful comparison between crime rates at different times, it is possible to compare rates in different communities of today.

**TABLE IV**

**CRIME RATES BY POPULATION GROUPS IN THE UNITED STATES IN 1954**
(Per 100,000 Inhabitants)

<table>
<thead>
<tr>
<th>Type of City</th>
<th>Murder and Manslaughter</th>
<th>Burglary and Theft</th>
<th>Car Theft</th>
<th>Rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cities</td>
<td>3.9</td>
<td>735.3</td>
<td>93.6</td>
<td>5.9</td>
</tr>
<tr>
<td>Over 250,000</td>
<td>5.2</td>
<td>806.1</td>
<td>125.9</td>
<td>9.0</td>
</tr>
<tr>
<td>100,000 to 250,000</td>
<td>4.3</td>
<td>813.7</td>
<td>102.6</td>
<td>4.9</td>
</tr>
<tr>
<td>50,000 to 100,000</td>
<td>3.2</td>
<td>717.3</td>
<td>76.7</td>
<td>3.7</td>
</tr>
<tr>
<td>25,000 to 50,000</td>
<td>3.1</td>
<td>703.4</td>
<td>63.7</td>
<td>3.0</td>
</tr>
<tr>
<td>10,000 to 25,000</td>
<td>1.9</td>
<td>631.8</td>
<td>52.3</td>
<td>2.9</td>
</tr>
<tr>
<td>2,500 to 10,000</td>
<td>1.9</td>
<td>464.2</td>
<td>42.3</td>
<td>2.9</td>
</tr>
<tr>
<td>Rural Areas</td>
<td>5.1</td>
<td>270.1</td>
<td>29.1</td>
<td>6.0</td>
</tr>
</tbody>
</table>


\(^{13}\)Ibid.
Cities of over 250,000 population rank above the average for all cities in every category of crime. Crime rates are also high in cities between 100,000 and 250,000 population. Burglary and theft rates are even higher than in the larger cities. Rural areas rank second to the largest cities in two categories, murder and manslaughter, and rape. Apparently there is less temptation to commit crimes against property in rural areas. Burglary and theft rates are lowest in rural areas.

Individual values may be in conflict with some social norms and in harmony with others. The businessman may attend church on Sundays and agree wholeheartedly with a sermon on brotherly love, but see nothing wrong with practising economically approved "deals" which bring financial ruin on his fellow businessmen, or exploit his employees for his own profit. On the other hand, many individuals who flout the sexual norms of the community are laden with severe guilt feelings which cause intense inner conflict even when these violations are not discovered. Conflicts between individual values and social norms may be more significant in creating personality conflict than mere complexity of social organization. These norms are in turn influenced by such status groupings as education, sex, age, religion, ethnic group, race, social class, occupation, and spatial location.\textsuperscript{14}

Social disorganization and individual instability and confusion may be viewed as interwoven and inter-dependent. Social disorganization produces conditions which favor the growth of personality conflict. Forces are set into motion which undermine the moral and cultural values which provide stability and a sense of personal integrity for the individual. These in turn create, and expand areas of social disorganization in the community. Elliott and Merrill point out that:

The same dynamic processes which occasion the breakdown of group consciences and produce social disorganization also disorganizes the individual. Caught in the maelstrom of social tensions and disruptions, many individuals have lost their perspective, their sense of balance, and their interest in life itself.15

Individual and social disorganization are expressed in specific acts and behavior. Symptoms include increasing crime, juvenile delinquency, divorce, desertion, alcoholism, corruption, and mental illness. Social disorganization exerts powerful influences on the individual as he attempts to achieve a satisfactory role in society.

Juvenile delinquency rates are one symptom of individual and social disorganization. Delinquency rates are usually related to unsatisfactory family and community conditions. There has been a very large increase in delinquency in the United States since 1940.

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15 Elliott and Merrill, op. cit., p. 61.
TABLE V

CASES OF JUVENILE DELINQUENCY HANDLED BY 200 JUVENILE COURTS IN THE UNITED STATES, 1940-1953

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Juvenile Court Cases</th>
<th>Index Number 1940 = 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940</td>
<td>39,252</td>
<td>100</td>
</tr>
<tr>
<td>1945</td>
<td>67,522</td>
<td>148</td>
</tr>
<tr>
<td>1950</td>
<td>55,259</td>
<td>141</td>
</tr>
<tr>
<td>1953</td>
<td>72,803</td>
<td>185</td>
</tr>
</tbody>
</table>


A more detailed breakdown would indicate that the steady decline in rates after 1945 terminated with the outbreak of the war in Korea. This does not suggest that delinquency is directly caused by war, but it does suggest that the social conditions and fears accompanying war stimulate delinquent behavior.

Parsons and Bales point out, however, that while there is no doubt that major changes have occurred in society, there is some question of the nature of their consequences. Major changes in social systems are always accompanied by strains and pressures which disrupt older patterns of life. The attempt to evaluate specific symptoms such as high divorce rates, crime, delinquency, or other manifestations involves the question of how much social disorganization is a result of general trends in society, and how much is simply the "disorganization of transition." The concept of "social disor-
ganization," while useful in some respects, may, because of its usual connotations, be inadequate to account for the effects of transitional changes.  

Problems of Family Disorganization

The family is the primary social unit in our society. Its health and well-being are extremely important to the individual and to society. The family in modern society, however, has been subjected to many destructive influences. One of the most important functions of the family is to serve as a socializing agent for the child. The family is responsible for the care and development of the child in his formative years. In this connection, Toby states that

the family not only transmits socially acceptable values to the new generation, it also seeks to prevent the child from being influenced by deviant patterns. The better integrated the family, the more successful it is as a bulwark against anti-social influences emanating from the neighborhood or peer group.  

The disorganization of family life in modern society is a complex process. Many symptoms of family breakdown, such as divorce, desertion, delinquency, and the more subtle manifestations of marital discord can be ascribed to the tremendous changes in the whole of


society. The increasing number of women in the labor force, for example, has stripped the family of much of the mother's role in training children.

The home no longer occupies the central place in the social, economic, and religious lives of people as in former years. The adult in modern society has not been able to reach agreement as to what constitutes ideal family life. Many individuals are groping to develop new patterns which are in harmony with modern ideals and values, but there is still a wide disparity in views and opinions regarding the role of family life in modern society.\(^\text{18}\)

Difficulties in family life should not be unexpected in an age of change. Marriage and family life are not set apart from the whole of social life. They reflect the insecurities and tensions of the whole of society. The family may be forced to deal with stresses peculiar to its nature. Problems of inadequate income, poor health, inability to meet responsibilities for providing food, clothing, housing, and education for children may combine to exert unbearable strains upon the family. In addition, the family is affected by general conditions such as wars, depressions, inflation, and unemployment.

Many parents become fearful and insecure as a consequence of strains imposed by social conditions. Insecurities frequently result

\(^\text{18}\) Elliott and Merrill, \textit{op. cit.}, p. 597.
in parents acquiring vested interests in maintaining their roles in both home and community. The parents' need to maintain a dominant role may result in resistance to the child's efforts to grow up and to achieve a degree of independence. This imposes strains on the family relationship. "The child tends to react to this strain with anxiety, phantasies, with hostilities, and with defensive-adjustive mechanisms." 19

Unrealistic attitudes toward marriage and family life often result in dissatisfactions and frustrations which are not objectively warranted. Cuber and his associates point out that many people expect "eternal happiness" from marriage which frequently results in disillusionment. Increasing divorce rates are a symptom of the inability of people to achieve unrealistic expectations in marriage. 20

The ratio of divorces to marriage remained fairly constant between 1925 and 1940. However, by 1945 the rate of divorces per one hundred marriages had almost doubled. There was, during this period, almost one divorce for every three marriages. This rate has declined since the end of world war II, but is still considerably higher than before 1940. Undoubtedly, many divorces granted during this period were a result of hasty war marriages. Others reflect the insecurities and disruptions created by wartime social conditions.


20 Cuber, et al., op. cit., p. 353.
### TABLE VI

DIVORCE AND DIVORCE RATES PER 100 MARRIAGES IN THE UNITED STATES, 1925-1950

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Divorces</th>
<th>Rate per 100 Marriages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1925</td>
<td>175,449</td>
<td>14.8</td>
</tr>
<tr>
<td>1930</td>
<td>195,961</td>
<td>17.4</td>
</tr>
<tr>
<td>1935</td>
<td>218,000</td>
<td>16.4</td>
</tr>
<tr>
<td>1940</td>
<td>264,000</td>
<td>16.5</td>
</tr>
<tr>
<td>1945</td>
<td>485,000</td>
<td>30.6</td>
</tr>
<tr>
<td>1950</td>
<td>385,000</td>
<td>23.1</td>
</tr>
</tbody>
</table>


The development of marriage counseling services is a reflection of the need for help by families in our society. There is a growing recognition of the insecurity and instability present in modern family life. Marriage counseling services are a result of the need of many families for help in building more secure family relations.  

---

American families have benefited from the increasing productivity of the nation during the war and post war years. National income has been multiplied several times in most phases of industry and agriculture.

**TABLE VII**

NATIONAL INCOME BY INDUSTRIAL ORIGIN IN THE UNITED STATES, 1933-1952
(In Millions of Dollars)

<table>
<thead>
<tr>
<th>All Industries</th>
<th>1933</th>
<th>1940</th>
<th>1945</th>
<th>1949</th>
<th>1952</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>3,521</td>
<td>6,599</td>
<td>15,642</td>
<td>16,789</td>
<td>19,269</td>
</tr>
<tr>
<td>Mining</td>
<td>662</td>
<td>1,903</td>
<td>2,789</td>
<td>4,567</td>
<td>5,948</td>
</tr>
<tr>
<td>Construction</td>
<td>735</td>
<td>2,539</td>
<td>4,571</td>
<td>10,141</td>
<td>14,812</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>7,563</td>
<td>22,368</td>
<td>51,918</td>
<td>63,286</td>
<td>90,647</td>
</tr>
<tr>
<td>Wholesale and Retail</td>
<td>5,375</td>
<td>13,784</td>
<td>23,999</td>
<td>40,940</td>
<td>50,771</td>
</tr>
<tr>
<td>Finance, Real Estate</td>
<td>5,681</td>
<td>8,489</td>
<td>13,279</td>
<td>18,929</td>
<td>24,977</td>
</tr>
<tr>
<td>Transportation and Commerce</td>
<td>4,958</td>
<td>7,954</td>
<td>13,359</td>
<td>18,425</td>
<td>24,462</td>
</tr>
<tr>
<td>Service Occupations</td>
<td>5,447</td>
<td>8,637</td>
<td>14,135</td>
<td>20,618</td>
<td>26,038</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>33,942</td>
<td>72,291</td>
<td>139,491</td>
<td>193,995</td>
<td>256,904</td>
</tr>
</tbody>
</table>

Table VII illustrates the fact that productivity increased continuously between 1933 and 1952 in each category of economic activity. The smallest increases were in Finance and Real Estate, Service Occupations, and Transportation and Commerce. Even in these cases, the increases were 500 per cent or more. Increases in Construction, Manufacturing and Wholesale and Retail were well over 1,000 per cent. The average increase for all categories of economic activity was more than 700 per cent of the 1933 figures.

However, increasing prosperity has not resulted in more security and stability in the family. Apparently the need for counseling services is not necessarily diminished as the family's financial condition improves. Other factors, however, may be more important to the family's stability than improvements in financial conditions. There is some evidence of this assumption in the increasing demand for counseling reported by Hugh R. Jones, president of the Family Service Association of America, as quoted by Youngdahl.

More families are seeking the help of family agencies than ever before. During 1955 when the nation found assurance in a record $540 billion dollar national output, 265 Family Service Agencies, affiliated with the Family Service Association of America, counted approximately 1,000,000 persons in families requested and receiving counseling and assistance with personal problems. 22

22 Youngdahl, op. cit., p. 10.
Problems of Correspondents to Newspaper Columnists

A striking illustration of the need of adults for counseling services is indicated by the large number of letters written to newspaper columnists. In a national survey of the types of letters, their place of origin, and the types of problems presented, it was found that letters came from forty-four states, from Puerto Rico, Newfoundland, Nova Scotia, and Hawaii. Of the 800 letters studied, 26 per cent came from cities of over 250,000 population, 29 per cent came from towns of less than 2,500 population.23

Seventy-five per cent of the writers were women, and 90 per cent of the writers were married. Problems raised in the letters included family difficulties, problems on the job, and numerous others. More than 25 per cent came from persons who indicated that they were seeking advice for a friend or relative.24

Another study by Hillman analyzed 6,422 letters written to a columnist by women alone. The information asked more frequently was as follows:

<table>
<thead>
<tr>
<th>Per cent</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for sex information</td>
<td>87</td>
</tr>
<tr>
<td>Request for birth control information</td>
<td>73</td>
</tr>
<tr>
<td>Need help from Social Agency</td>
<td>52</td>
</tr>
<tr>
<td>Need legal advice</td>
<td>39</td>
</tr>
<tr>
<td>Advice about venereal disease</td>
<td>23</td>
</tr>
<tr>
<td>Advice about getting divorce</td>
<td>22</td>
</tr>
</tbody>
</table>


24Ibid., p. 4.
The correspondents in this study appeared to be unable to locate help in their local community. They appeared to be ignorant of the kinds of services offered by agencies, and of how to secure these services. Many of them wanted specific information such as where the unwed mother could go to have her baby, where a baby could be placed for adoption, where marital counseling services could be found, assistance in finding health clinics, and aid for small children.25

Disorganization appeared to be a characteristic of the homes from which many of the 6,422 correspondents came. Many correspondents indicated that they had grown to maturity "unsure of themselves and others, confused by conflicting social changes and standards, ignorant of the facts of intimacy, and yet hungry for affection and reassurance."26

Problems of Correspondents to Columbus Newspapers

In a study of letters written to the four columnists who offer advice to correspondents in the daily press of Columbus, the writer found that the majority of letters were concerned about problems of interpersonal relations, primarily with members of the correspondents' own families. A total of 138 letters were printed during the month of August, 1957, in the Columbus Citizen, the Columbus Dispatch, and

26 Ibid., p. 54.
the Ohio State Journal. Seventy-six of the 138 letters, or 55 per cent of the total, were related to the problems involving spouses or other members of the immediate family. Almost all of the letters, 123 of the total, were classified under the following headings:

(1) difficulties with spouses; (2) difficulties with children and other members of the immediate family; (3) problems involving a third man or woman; (4) difficulties with neighbors.

TABLE VIII

NUMBER AND TYPES OF PROBLEMS INDICATED BY CORRESPONDENTS TO COLUMBUS DAILY NEWSPAPER COLUMNISTS BY PER CENT AND SEX, AUGUST, 1957

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>Female</th>
<th></th>
<th>Male</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Per cent</td>
<td>No.</td>
<td>Per cent</td>
<td>No.</td>
<td>Per cent</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------</td>
<td>----------</td>
<td>------</td>
<td>----------</td>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td>Difficulties with Spouse</td>
<td>41</td>
<td>40.2</td>
<td>41</td>
<td>38.9</td>
<td>55</td>
<td>39.8</td>
</tr>
<tr>
<td>Difficulties with Boy or Girl Friend</td>
<td>17</td>
<td>16.7</td>
<td>6</td>
<td>16.7</td>
<td>23</td>
<td>16.7</td>
</tr>
<tr>
<td>Problems with Other Members of Family</td>
<td>15</td>
<td>14.7</td>
<td>6</td>
<td>16.7</td>
<td>21</td>
<td>15.3</td>
</tr>
<tr>
<td>Fear of Losing Spouse to Another Man or Woman</td>
<td>9</td>
<td>8.8</td>
<td>2</td>
<td>5.5</td>
<td>11</td>
<td>8.0</td>
</tr>
<tr>
<td>Difficulties with Neighbors</td>
<td>11</td>
<td>10.8</td>
<td>2</td>
<td>5.5</td>
<td>13</td>
<td>9.3</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>9</td>
<td>8.8</td>
<td>6</td>
<td>16.7</td>
<td>15</td>
<td>10.9</td>
</tr>
<tr>
<td>Totals</td>
<td>102</td>
<td>100.0</td>
<td>36</td>
<td>100.0</td>
<td>138</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Of the total of 138 letters printed during the prescribed period, 102, or 73.9 per cent, were written by women or girls, and 26.1 per cent were written by men or boys. The number of letters written by teenagers, however, was negligible.

Writers appeared to have a high degree of confidence in the ability of columnists to provide help. Several letters pointed out that the correspondents had been reading the columns for a considerable period of time, and stated that advice given others had influenced them to seek help also. Only one writer questioned the qualifications and ability of columnists to offer advice and counsel.

Because letters written to syndicated columnists appear in newspapers throughout the country, it was, with the exception of letters presented in the Columbus Citizen, impossible to determine whether individual letters were written locally.

Interviews were held with editors, or editors of the Woman's Page, of the three daily newspapers, in order to obtain an approximation of the number of letters received from correspondents living in the Columbus area. Since most letters were forwarded unopened, it was not possible to determine, from local sources, the nature of problems presented by local correspondents. However, a considerable number of letters are written by local correspondents. On the basis of estimations made by the staffs of the three daily newspapers, approximately 640 letters are written to columnists by Columbus area residents each month.
In her significant book *Where Do People Take Their Troubles?*, Lee Steiner pointed out that thousands of people were willing to seek help from almost any source available—newspaper columnists, radio personalities, palmists, astrologists, psycho-medical quacks, and a variety of others who purported to be able to offer help to people with all kinds of problems. This study does not attempt to determine the number of adults who take their problems to these kinds of people, but it is apparent that a considerable number of people write to columnists about problems which seem to require the assistance of trained counselors. While columnists admitted, in a few cases, that they were not able to help the correspondent and suggested that a clergyman or psychiatrist be seen, for the most part an attempt was made to answer questions and give advice to people who were apparently suffering from all kinds of problems, including serious character defects.

Mace emphasizes that "Marriage Counseling" particularly, came into existence as a result of an expressed need. The ordinary man or woman, confronted with a marriage problem, is often baffled and frustrated in his attempts to secure help. Correspondents to newspaper columnists reflect this frustration and need for counseling by adequately qualified persons.

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Problems of Mental Health

The need for counseling services is perhaps nowhere more apparent than in the field of mental health. Menninger has pointed out that mental ill health affects everyone at some time and to some degree. There are currently approximately 750,000 persons in mental hospitals in the United States, or as many as there are in all other hospitals combined. Menninger estimates that half of all patients treated by general practitioners are mentally disturbed.

The National Mental Health Committee reports that an estimated 10,000,000 people, or one out of every sixteen people in the population of the nation, suffer from some form of mental illness. This group describes the population of public mental hospitals as follows:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>24.0</td>
</tr>
<tr>
<td>Cerebral Arteriosclerosis</td>
<td>27.3</td>
</tr>
<tr>
<td>Personality Disorders</td>
<td>11.6</td>
</tr>
<tr>
<td>Psychoneurosis</td>
<td>5.1</td>
</tr>
<tr>
<td>Involutional Reactions</td>
<td>4.4</td>
</tr>
<tr>
<td>Maniac Depressive Reactions</td>
<td>3.4</td>
</tr>
<tr>
<td>Acute Brain Syndrome</td>
<td>3.4</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>3.3</td>
</tr>
<tr>
<td>Mental Deficiency</td>
<td>2.8</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>14.7</td>
</tr>
</tbody>
</table>

After pointing out the increase in facilities, in population, and taking into account the relative decrease in stigma attached to


entering a mental hospital, Goldhamer and Marshall\textsuperscript{31} concluded that there was very little difference in the incidence of psychosis a hundred years ago and today. The largest difference in hospital populations involved increased admission rates for patients over fifty years of age. The incidence of neurosis was not measured.

\begin{table}[h]
\centering
\caption{Number and Types of Cases of First Admission to Mental Hospitals in the United States, 1952}
\begin{tabular}{lrrrr}
\hline
Types of Cases & Total & Per cent of Total & Male & Female \\
\hline
All Causes & 105,500 & 100.0 & 57,904 & 47,596 \\
Psychoses & 81,734 & 77.5 & 41,462 & 40,272 \\
Psychoneuroses & 5,012 & 4.7 & 2,194 & 2,918 \\
Without Psychosis\textsuperscript{*} & 16,186 & 15.3 & 12,625 & 3,561 \\
No Mental Disturbance Found & 608 & .6 & 380 & 228 \\
Mental Disorder Undiagnosed & 1,960 & 1.9 & 1,243 & 717 \\
\hline
\end{tabular}
\end{table}


\footnotesize{\textsuperscript{*}It includes alcoholism, mental deficiency, primary behavior disorders, psychopathic personalities, and others.}

It is evident that the psychosis represents the bulk of first admissions to mental hospitals. Psychoneuroses represent only a small part of the total number of first admissions. However, only the most severe cases of neuroses are admitted to mental hospitals. As Fromm points out, neuroses is widespread in modern life. It is difficult to measure the incidence of neuroses because many people with neurotic problems are able to live fairly satisfactory lives and do not seek help from hospitals or other agencies.\textsuperscript{32}

The growing concern with the mental health problem in modern society has supplied the motivation for many social scientists to attempt to explain what is generally agreed to be a serious problem. Cuber and his associates discuss theories advanced in attempts to describe, analyze, and point out ways of dealing with the problem. Among these are assertions that the mental health problem is primarily attributable to the growing complexity of society.

Others point out that what appears to be an increase in mental illness may be attributed to increased skill in detecting maladjustments which would have gone unnoticed in a simple society. The rising incidence of mental illness, therefore, may be more apparent than real.

Another theory asserts that modern man is confused by unresolved conflicts between many contradictory demands made upon him. A final

theory points to the pressures toward achievement placed on both children and adults. Conflicts exist between internal drives and the demands of his highly competitive social environment.\textsuperscript{33}

A major difficulty in developing a concise theory encompassing the various elements of the problem is that the individual is intimately involved in the culture. Cultural pressures, economic theories, philosophical ideas, and political theories merge into a set of concepts which have been stated by one writer as follows:

If each nationality group has its cultural patterns, it is probable that there are some characteristics that are distinctly American. Our prevailing culture is dominated by:

1. The belief that success is measured in material wealth.
2. A national pride that supports our country, right or wrong.
3. A belief in universal literacy and in education as a media for social progress.
4. The worshipping of speed and efficiency.
5. Faith in the value of change in all things.
6. Confidence in man's ability to control his own destiny.

Coupled with these is the myth of opportunity represented by the symbol of the successful businessman born in a log cabin.\textsuperscript{34}

\textbf{Problems of Vocational Adjustment}

Problems of individual adjustment and development in modern society are frequently reflected in occupational difficulties. While many factors contribute to absenteeism and rapid shifting from job to job, problems of personal adjustment are especially significant.

\textsuperscript{33}Cuber, et al., \textit{op. cit.}, p. 168.

Difficulties in family life, alcoholism, illness, distaste for the work, economic worries, and general dis-satisfactions with life, are among the specific reasons for absence or separation from employment. These factors are symptomatic of individual problems in which help is needed to enable the individual to function more adequately.\(^{35}\)

In addition to problems which the individual may bring to his job, modern industry places a great deal of stress on workers, particularly those who must do the routine, boring, monotonous tasks required by modern industrial processes. The impersonal assembly line, the fragmented contribution each worker makes toward the finished product, and the lack of opportunity for creativity result in disturbances and emotional difficulties in the individual worker. While many workers appear to be able to cope with the monotonous and repetitious tasks of industrial processes, others are plagued by petty jealousies, sometimes become chronic faultfinders and indulge in various forms of self-pity. Others are unable to get along with co-workers and supervisors, develop emotionally induced illnesses and traits which tend to make their own lives and those of their co-workers disagreeable and unsatisfying.\(^{36}\)

It would be very difficult to estimate, with any degree of accuracy, the number of workers who hate their jobs. There is con-

\(^{35}\) Cuber, et al., op. cit., p. 25.

\(^{36}\) Elliott and Merrill, op. cit., p. 214.
considerable evidence that a very large percentage of workers are considerably less than satisfied with their work, and that they work only because of necessity. The implications of this point of view upon the personality of the worker are extremely important.

A happy and contented life cannot be erected upon a basis of hated work. The daily task should be at least relatively pleasant if life is to possess any real satisfaction. Instead, the factory worker goes grimly to his work everyday with "no song on his lips, no laughter in his heart." 37

The introduction of new processes, and changes in the routines and patterns of work tend to produce negative attitudes which affect worker satisfaction and morale. Men do not generally like to change the routines which they have developed and with which they have become familiar. Even when workers are assured that changes are for their own benefit, many are too insecure, unstable, and fearful to look with equanimity upon projected changes in established habits and patterns of work. Fears and insecurities are frequently based upon stern realities which affect the worker's ability to achieve satisfaction in his perennial struggle for economic security.

Merton points out that the introduction of technological changes, mean for the worker a continual scrambling for jobs. In many cases, existing skills are de-emphasized or rendered obsolete. 38 Very frequently, the older, more skilled workers are hardest hit by

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37 Ibid., p. 367.

changes. Even the young worker, who may have invested considerable
time and money into securing training for his job, does not like the
possibility of having to secure additional training, or to accept
down-grading and loss of pay. Froomkin and Jaffe have recently
shown that many skills have been made obsolete by technological
changes. The values of these skills have been lost to the modern
factory, and the worker is not wanted unless he can learn new skills
appropriate to changed conditions. 39

While the problem of obsolete skills is a serious problem for
the young worker, for the older worker this condition may be cata­
trophic. It may mean replacement and loss of the opportunity to
remain self-supporting. Many industries will not hire men who are
more than forty-five years of age.

Another feature of technological change is the fact that
changes in methods of production and patterns of work inevitably
bring changes in responsibilities, social relations, and social
status of workers. Workers who have worked long periods of time in
small intimate groups may be broken up and assigned to other sections
of the plant where they may be complete strangers. Although these
changes and resulting effect on employee satisfaction of the job
may often adversely affect production and morale, management very

39 J. Froomkin and A. J. Jaffe, "Occupational Skills and Socio­
economic Structure," American Journal of Sociology, Vol. 59 (July,
1953), p. 42.
frequently does not anticipate such consequences, and therefore, no action is taken to help the worker to accept the new situation. Anxiety and tension are the logical consequences of this situation.  

Blau states that occupational mobility, both upwards and downwards, pose special dilemmas for the establishment of interpersonal relations and integration into the community. Mobile people tend to be insecure and to express hostility and prejudice more frequently than non-mobile persons.  

The manner and conditions under which change is introduced have considerable effect upon the morale of workers. Fear and anxiety may be manifested by absenteeism, low productivity, or other symptoms of low morale. Management may select, from the point of view of workers, precisely the wrong time to introduce labor saving machinery. When such equipment is introduced during depressions, or cutbacks because of seasonal fluctuations in production, the worker may feel that his economic integrity and resources are being taken away at a time when he can least afford to lose them. Management, by poor or unfortunate timing, may unwittingly nourish job insecurities and anxieties of the worker.  

\[^{10}\text{Merton, loc. cit., p. }563.\]


\[^{12}\text{Merton, op. cit., p. }564.\]
Another factor which may stimulate insecurity in the worker is the problem of changes in occupational patterns. There have been striking and dramatic increases in the number of professional, clerical, and skilled workers, and a proportionate decrease in the number of unskilled workers and laborers. With the present stress on mechanization of factories, and even of farms, workers will require more education in order to compete for jobs in the future.

### TABLE X

**CHANGING OCCUPATIONAL COMPOSITION IN UNITED STATES**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Per cent in 1910</th>
<th>Per cent in 1953</th>
<th>Direction and Degree of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled and semi-skilled workers</td>
<td>26.4</td>
<td>33.9</td>
<td>+ 28.0</td>
</tr>
<tr>
<td>Farmers</td>
<td>16.5</td>
<td>6.2</td>
<td>- 60.0</td>
</tr>
<tr>
<td>Farm Laborers</td>
<td>14.5</td>
<td>4.9</td>
<td>- 66.0</td>
</tr>
<tr>
<td>Unskilled Laborers</td>
<td>14.7</td>
<td>6.1</td>
<td>- 58.0</td>
</tr>
<tr>
<td>Clerks and Sales Workers</td>
<td>10.2</td>
<td>10.6</td>
<td>+ 82.0</td>
</tr>
<tr>
<td>Proprietors and Officials</td>
<td>6.5</td>
<td>10.2</td>
<td>+ 57.0</td>
</tr>
<tr>
<td>Professionals</td>
<td>4.4</td>
<td>9.2</td>
<td>+110.0</td>
</tr>
</tbody>
</table>

It is apparent that farm laborers and unskilled laborers are decreasing factors in the labor market. The increasing utilization of machinery, and rising productivity per man hour are factors contributing to the decrease in the number of workers needed in unskilled labor. The percentage of farmers is also steadily decreasing. Large scale farming, utilizing expensive machinery, has resulted in the steady decline in the number of small farmers tilling their own soil.

On the other hand, the percentage of clerks and sales workers and of professional workers has increased markedly. This development and the increase in the percentage of skilled and semi-skilled workers reflect the increasing industrialization of the nation and its ability to support increasing numbers of professional workers.

Cuber and his associates call attention to the fact that many major industrial and commercial establishments are securing the services of psychiatrists, psychologists, sociologists, and social workers for the guidance and counseling of workers. This is a testimony of the growing seriousness of mental hygiene and morale problems in many occupations.\(^3\)

Bentley, in a study of the Adult Adjustment Service of New York City, found that people who applied for help during the depression years came from all social and economic groups. For the most part they were educated and capable individuals who had needs which could

\(^3\)Cuber, et al., op. cit., p. 126.
not be met without the assistance of a professional counselor. Although unemployed at the time, most applicants sought help with some personal problem. The fact that more than 16,000 applicants sought counseling assistance from this agency during its brief existence is evidence of the need for vocational and personal adjustment counseling for workers.  

Problems of Educational Adjustment

The adult who enrolls in a program of continuing education takes an important step in solving many of his vocational, occupational, social, and leisure time problems. Americans have a great deal of respect for education as the "cure-all" for problems. Education is viewed as the key to success, to a fuller and richer life, to leadership and social responsibility. Adult education has in the context of the present social system, immense possibilities for helping the adult to redirect his life toward new and different goals. He may find opportunities to develop new skills and competencies, and to take positive steps toward greater self-fulfillment.

But adult education cannot work miracles and is not a panacea for all ills. Many adult educators feel that the desire for continuing education is not a guarantee that the adult will achieve his goals without further help. Adult students need counseling and

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guidance in order to make maximum use of the opportunities available in adult education programs. Klein and Moffett state that the adult student who enrolls in a program of education in order to improve his skills and understandings, "is entitled to personal attention sufficient to fit the educational services of that institution to his individual situation."  \(^{15}\)

The forces which operate upon the ordinary citizen in modern society also exert influence upon the adult student. Very often the adult student needs the help of a well-trained person to guide him in selecting the programs and courses which will help him attain his educational goals. Without this assistance, the student may drift aimlessly from course to course, and from program to program, unaware of his own interest, aptitudes, needs, and resources.

The adult student often fails to take advantage of opportunities for counseling services. Americans are traditionally reluctant to ask for help, particularly with psychological problems. But the impact of rapid social change impels more adults than formerly to seek help in meeting personal problems. Van Sant emphasizes the fact that "the need for counseling quite patently exists among adult students. Social, economic, and political forces are creating conditions which make the individual recognize his educational needs."  \(^{16}\)


Some adult educators believe that all adults need help at some time in their lives. Jones states that guidance is based upon the fact that all human beings need help.

Everyone needs assistance at some time in his life; some will need it constantly and throughout their lives, while others need it only at rare intervals at times of great crisis.\(^7\)

A disturbing amount of present day counseling, according to Williamson, still consists in merely in giving advice and information.\(^8\) The counselor should help the student learn methods of honest self-appraisal. On the basis of this evaluation, the students make realistic choices and decisions. He is taught to weigh evidence, analyze problems, search for relevant facts, opinions, and other pertinent material. This method is helpful to the student whether the problem is one of career choice, selection of appropriate courses, personal adjustment, or making a commitment to the values which will govern his life.\(^9\)

In a study of vocational counseling at The Ohio State University in 1950, Pruski found that 58 per cent of the veterans requesting counseling were young men between the ages of twenty-two and twenty-five. Although only a small per cent of the veterans were


\(^9\)Ibid.
being dismissed from the University approximately two-thirds of them were capable of doing better work than they were doing at the time. One of the major conclusions of the study was that many veterans were pursuing courses in preparation for careers in which interests, motivations and aptitudes necessary for success were largely lacking. Many veterans appeared to lack realistic information in regard to how their training would prepare them for the occupations they expected to enter.50

Problems in the Use of Leisure Time

From evidences of general dissatisfaction experienced by many people in their daily work, can it be assumed that leisure time is, in general, wisely used to meet the creative and recreative needs of adults? The question of how to utilize, in a constructive manner, the hours not spent in work, is becoming a serious problem for many adults in our society. Recently, a well known labor leader stated that his union was considering asking for a four-day work week for his workers. With automation becoming an increasingly accepted part of industrial and commercial processes, this may well be possible within a relatively short time for most American workers. Jones comments on the problems of constructive use of leisure time as follows:

50John Pruski, "A Study of Vocational Counseling Results Based on a Case Study of 300 Male Veterans at Ohio State University" (unpublished Master's thesis, The Ohio State University, 1950), p. 64.
One of the greatest problems arising out of the social, economic and industrial conditions of our time is that of the wise use of time not spent in activities of the occupation. Most of our people are faced with shorter hours of labor. This may well be only four or five hours per day and five days per week. In such a situation and even with the hours of work as they now are, the problem of how to employ the use of our waking time is of vital importance not only for the individual but for society.51

While the problem of use of leisure time cannot be answered by a report to simple generalities, it seems that there are at least two different and conflicting patterns emerging in American life. First, it is apparent that more people than ever before attend concerts, listen to good music, visit art galleries, travel, participate in outdoor activities such as camping, fishing, and engage in outdoor sports and games. On the other hand, perhaps an even larger number of adults are the passive recipients of mass entertainment. Green points out that many thoughtful Americans, as well as commentators from abroad, have criticized American adults as "moronic vulgarians" drugged on vicarious stimuli of violence, sex, and sentimentality. The mental diet of Americans, according to these critics, is dreary and stale, and the response of many people is that of uncritical acceptance.52

A sharper attack upon the use of leisure time by American adults is made by another writer and critic. Discussing the dreary picture

51 Jones, op. cit., p. 30.
52 Green, op. cit., p. 482.
of unhappiness and boredom apparent in the faces of many people as they go about their daily activities. Fadiman emphasizes the lack of creative mental activity in the lives of most adults. Tedium has become a part of the daily lives of many adults, and few people take the time to think, or to look for meaning in their lives.

This twentieth century tedium is a curious one. It is unlike previous tediums. The medieval monk, his soul sunk in acedia, was in part suffering from monotony, from a lack of stimulus, from an insufficiency of active control of his environment. Our trouble is the precise contrary. We are suffering from an excess of control, or apparent control of our environment, and from an excess of stimuli, available everywhere and at all times. The lackluster face of the subway rider reading his newspaper, the vacant look of the movie-goer emerging from his dark cave, the unexpectant countenances of citizens swarming along Broadway; these are all pictures of a special boredom. Not unhappiness, not fatigue, and certainly not aristocratic ennui, but that odd stunned look that comes of a surfeit of toys and a deficiency of thoughts.53

The tremendous appeal of high powered automobiles, the fact that millions of adults spend innumerable hours per week sitting in movie theaters or watching films on television, the rapidly increasing sale of alcoholic beverages, and the popularity of all types of gambling devices, from pinball machines to horse racing, suggest that millions of American adults are engaged in a desperate attempt to find some release from the boredom and drabness of their lives. Not knowing how to use leisure time constructively, these adults use it

in a search which frequently leads from one type of artificial stimulus to another. For many, neither recreation nor release from the tensions of life result from this futile search.

**Summary**

Evidence has been presented in this chapter documenting the fact that rapid social and economic changes have created a variety of problems for adults. Many adults need help in solving the problems created by the rapidity, scope, and types of changes resulting from large scale movement from farms to urban areas and from increasing industrialization. Habits of living, patterns of thought, and attitudes developed to meet the needs of a rural era may become obsolete within one generation. Adults may need help in resolving problems resulting from the pressures of inner conflicts or from culturally derived wants and desires. Other adults need help in finding a satisfactory occupation, in learning how to use leisure time creatively, and in selecting appropriate educational programs.

Help is often needed in learning increased skills in interpersonal relations and in integrating the various aspects of living. Linton states that "the process of personality development is largely that of integrating the experiences of the individual in his interaction with his environment."\(^{54}\)

\(^{54}\)Ralph Linton, *Cultural Background of Personality* (New York: Appleton-Century Company, 1945), p. 120.
The fact that numerous adults seek the help of columnists, "advisers," "mentalists," and other people of doubtful qualifications is a serious problem and challenge to community agencies. It is apparent that many communities have not made adequate provisions for counseling services for adults. Although many health and welfare agencies, guidance agencies, and others do excellent work in counseling and guidance, there seems to be little doubt that this is insufficient to meet the demands for this type of service.

For this reason, as Lockwood points out, many adults do not receive the help they need, or frequently turn to "hosts of self appointed "advisers" and other psycho-quacks who operate in many communities."\(^{55}\)

Many other adults buy and take "tranquilizing pills," read books and articles designed to reduce anxieties, seek relief from their problems through alcoholic drinks, or seek the help of private professional and non-professional counselors. Community agencies, however, offer the best opportunity for most people to secure counseling services from qualified staff people. Many community agencies, because of various reasons, seem not to be adequately providing the services needed by the adults of their communities.

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CHAPTER III

THE DEVELOPMENT OF COUNSELING AS A PROFESSIONAL SERVICE

The Counseling Process Defined

In one sense, counseling is as old as human experience: in another it is a new development of the twentieth century. Throughout history men have found that, when they have important and difficult decisions to make, they can clarify their thinking and ideas by talking the problem over with friends whom they can respect and trust. People have found that, when facing difficulties, understanding and sympathetic friends often help them to face and solve problems intelligently and courageously. Many kinds of people, professional and non-professional, have served as counselors to people with specific kinds of problems. Doctors, lawyers, ministers, teachers, and many others, have given helpful counsel to people in difficulty. Counseling as a professional service, however, is a development of our own time.¹

Counseling has therefore developed as a professional service in response to the needs of people living in a complex industrial society. While advice and counsel by friends and others was frequently found to be helpful, particularly in a more simple society,

it has been recognized that the counselor in modern society must possess considerable skills and understanding of the principles of personality development and human relations. This recognition, however, has not resulted in the development of concepts and methods which clearly distinguish counseling as a unique professional function. There have been many attempts to formulate concise statements which clearly differentiate counseling from other mental hygiene services. Wrenn points out that counseling is in a "critical state of development" because it has too many admirers, symbolizes helpfulness to others, is professional, is based upon the study of "normal" behavior, but still suggests enough awareness of the "abnormal" to be attractive to the curious.\(^2\) In addition to these characteristics, Wrenn states that counseling is attractive to many people because it is "at once, altruistic, scientific, and professional—yet vague enough in function to enable a wide variety of people to wear the counselor's cloak."\(^3\)

It has been particularly difficult to make clear distinctions between counseling and psychotherapy. The fact that counseling has been performed by people from many different backgrounds has been one barrier to the development of its unique characteristics. Lyndon and Lyndon, commenting on this situation, state:


\(^3\)Ibid.
Counseling has become a cloak of many colors; its connotations may vary with the background of the individual counselor. However, if we think of counseling in terms of the needs of the applicant, we must find some generic base common to any counseling situation, regardless of the counselor's background. This generic base is found in the dynamics of human relationships.¹

This contribution to efforts to clarify the underlying principles of counseling is helpful, but does not adequately distinguish between counseling and other mental hygiene methods of helping people in difficulty. Clinical psychologists, psychiatrists, psychoanalysts, ministers, and social workers utilize knowledge of human relations to provide help to individuals in difficulty. Some writers apparently consider counseling and psychotherapy as identical. Bordin, particularly, emphasized the therapeutic goals of counseling. He states:

The primary goal requires understanding of the obstacles to further personality growth and development that are typified by this person's rather specific and, for the time being, limited difficulty. The counselor aims to contribute to the removal of these deeper underlying personal obstacles and to bring about reactivation of psychological growth processes in that person. Thus the solution of the immediate problem is one desired outcome of course, but it alone is not a sufficient measure of the psychological counselor's usefulness to his client.⁵

Perhaps the use of such terms as "the removal of these deeper underlying personal obstacles" and the "reactivation of psychological growth processes" lead to confusion and ambiguity. Many professional


people consider these as goals of psychotherapy, and not within the competence of non-medically trained counselors. The distinction between counseling and psychotherapy, as Bordin points out, is not one of quality, but of quantity. The object of counseling is not the cure of mental illness, or extreme neurotic conditions, but rather "help is directed toward the adjustment of some particular life problem which is obstructing the individual's fuller satisfaction and usefulness." Counseling focuses upon problems of interpersonal relations or of difficult reality decisions.

Counseling, as defined in this study, is a process in which a professional person, called the counselor, and an individual who needs help, the client, come together in a one to one relationship for the purpose of helping the client achieve insight into his problems, plan appropriate steps toward the solution of problems, and achieve personality growth which should enable the client to analyze and solve problems more realistically.

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6 Ibid., p. 11.


8 Bordin, op. cit., p. 6.
Origins and Early Developments in Counseling

The Educational-Vocational Guidance Movement

Historically, counseling as a professional service, had its origins in three different settings. These developments occurred in (a) the educational-vocational guidance movement, (b) the mental hygiene movement, and (c) the social work profession. The vocational guidance movement, beginning with the publication of Frank Parson's significant book, Choosing a Vocation in 1909, gave impetus to the emerging concept of individual differences and aptitudes. The necessity for understanding the whole individual was recognized as of primary importance. Thompson states that there were three distinct stages in the development of the vocational guidance movement. First there was the emphasis on the collection and use of accurate information; second, there was the development of techniques for diagnosis and analysis of information; and third, there was the development of techniques for improving the counseling process itself. The latter stage included research in the effectiveness of counseling, and comparisons of various counseling techniques.

As the value of counseling became increasingly recognized by educators, it became apparent that this individualized method of work should not be restricted exclusively to helping students with

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vocational problems. Counseling was recognized as being appropriate in helping students presenting many kinds of problems. Guidance programs were broadened to include intelligence, aptitude, interest, and personality testing. Counselors were increasingly used to administer these tests, and to interpret the results of tests and other guidance procedures.

Trout points out that there were three broad trends in the development of counseling under the auspices of educational institutions. First, there was

the traditional direction in which counseling first started as a form of individual teaching and learning, centered about the problem with which the individual student was confronted. . . . secondly, the persistent drift toward clinical psychology, with its emphasis on testing, diagnosis, and prognosis, and thirdly, the effort to achieve, through non-directive counseling, the objectives with which psychiatry and mental hygiene are concerned.  

The Mental Hygiene Movement

The growth of the mental hygiene movement provided the second setting in which counseling developed as a professional service. The mental hygiene movement, in contrast to the educational-vocational guidance movement, emphasized the study of child growth and personality development. This movement drew heavily upon the study of the dynamic motivational factors in personality development and social behavior.  

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The mental hygiene movement has been traditionally psychiatically oriented, and has emphasized the practice of psychotherapy, particularly in non-hospital settings. While many psychiatrists have concentrated their work in helping the mentally ill, or the severely neurotic person, in recent years they have been directing their attention to less serious personality problems.

Child guidance and mental hygiene clinics have been the traditional agencies in which mental health activities were provided by psychiatrists and clinically trained psychologists. More recently, psychiatric social workers have been secured to supplement the activities of other therapists, and to bring increasing focus upon the total family unit as a resource in the treatment process. Burgess points out that

a program of mental health obviously has two sides. One is therapeutic and remedial, seeking to restore the mentally ill to normal health or at least to improve their condition; the other is preventive and positive, attempting to deal with factors determining mental conflicts and breakdowns.  

The mental hygiene movement has been concerned with both factors and has developed counseling as one aspect of its program for meeting needs.

The Field of Social Work

The third setting in which counseling developed as a professional service is the field of social work. Social work has tradi-

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tionally been related to sociology and drew much of its early concepts and methodology from sociological research. Social workers developed skills in analyzing and assessing social needs, and in helping individuals and families improve unsatisfactory social conditions. Many early social workers were prominent leaders in social reform activities and programs. Lurie points out that interest and concern for social improvement took two main directions: first there was a concentration on helping the individual toward a more constructive adjustment through casework services, and second, a recognition that satisfactory personal adjustment is, in many cases, impossible without institutional and other environmental changes.\(^{14}\)

A second early characteristic of social work was the emphasis on activity by the worker. The client was permitted very little participation in planning the solution to his problems. The social worker collected information about the client from friends, neighbors, ministers, teachers, employers, and other sources. The compilation of this information formed the basis of a plan of treatment. This activity, by the social worker, was based on the assumption that the worker could, without meaningful participation by the client, decide what should be done to solve the client's problem.\(^{15}\)

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This concept, however, came under criticism as social workers became familiar with increasing knowledge of personality development and the principles of mental hygiene. By 1930, several writers in the field of social work were openly questioning the concepts which had formed the basis of social work practice in earlier years.

The process of diagnosis, scientifically conceived by Miss Richmond, is therefore an effort to put together a patchwork of external impressions gathered by the process of investigations while treatment becomes a re-arrangement of these pieces in the environment in accordance with some social plan of well-being which the worker has in mind for the situation.16

Social workers have, in recent years, been greatly influenced by the works of Freud, Sullivan, Rank, Adler, Fromm, and other psychoanalytic thinkers. In addition, they have learned much from the works of anthropologists, educators, and psychologists. These newer anthropological, psychological, and psychiatric concepts have led to an increasing emphasis on the study of personality dynamics. Whether social work focuses its attention on the individual, the family, a group of individuals, or a community, it remains socially oriented. Lurie emphasizes the fact that social work is "in substance as well as in theory the only completely socially oriented profession."17

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17 Lurie, op. cit., p. 31.
The modern social worker is equipped with knowledge and understanding of personality development, and with skills in effecting social change. Social workers are responsible for providing skilled counseling for individuals and families with problems and to work with individuals, groups, and communities to improve social conditions which aggravate problems.\textsuperscript{18}

\textbf{Current Developments and Trends}

\textbf{In Social Work Counseling}

Social workers are responsible for dealing with a wide variety of problems, including marital and family problems, occupational instability, neglect of family, juvenile delinquency, and other problems growing out of social disorganization, and personal inadequacies. Social work is characterized by a dual emphasis: the modification of the social environment, and the adjustment and growth of the individual. Social workers recognize the inadequacy of exclusive focus on either environmental change, or the emotional problems of their clients.

The individual and society are inter-dependent. Social forces influence behavior and attitudes, affording opportunity for self-development and contributions to the world in which we live; not only are all problems psycho-social, inner and outer, but most casework problems are inter-personal; that is, more than one person is likely to be involved in the treatment of the individual, and particularly in casework is the family unit involved.\textsuperscript{19}

\textsuperscript{18}Robinson, \textit{op. cit.}, p. 29.

This dual emphasis is fundamental to social work practice, and is, perhaps, the basis of much of the confusion about social work. The profession is concerned with the individual in his inter-personal relationships. Its goals are to contribute to the solution of the client's problems in living with others, and in the process of achieving this goal, to promote his capacity for growth. The social worker must help the client "develop the conditions favorable for personality growth, and at the same time, help him face and deal with unfavorable social conditions."\(^{20}\)

This emphasis of the twofold focus of social work should not give the impression that the individual and social aspects of the individual's problems are viewed as separate factors. It is recognized that the individual and society are inter-dependent. Social conditions and attitudes influence individual attitudes and behavior. "Not only can one not separate environmental... and emotional factors, but the client's psychological insights are put to use in meeting 'real' situations."\(^{21}\)

The functions performed by social workers are supported by agency services and programs. The agency is responsible for providing many services which could not be provided by the worker alone. Clients often need assistance such as financial help, medical or

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\(^{21}\) Gordon Hamilton, op. cit., p. 4.
foster home care, special educational or recreational facilities, or care for the aged. "Therefore, more than any other helping service, the availability and quality of casework services are the responsibility of the entire agency."22

This responsibility places upon the worker the responsibility for a thorough knowledge of community resources. The worker's diagnosis must take into account the nature of the problem, the ability of his agency to provide the required services, the availability of services by other community agencies, and the extent and nature of material and psychological resources possessed by the client.

Increasing competence in using psychological, anthropological, and psychiatric insights into human behavior, equipped social workers with adequate skills necessary for providing a high level of mental hygiene service. Aptekar points out that this type of service was very similar, if not identical, with the services provided by the well-trained clinical psychologist or psychiatrist. With their increasing recognition of this development, social workers "began to look for a term which would describe the psychological aspect of their work, and the term 'counseling' seemed to be a suitable one."23

The counseling process in social work is only one of the processes utilized by the worker. It is not based on the social worker's ability to administer social services, or to utilize the


resources of his agency, or other community agencies, as aids in helping the client. The essential element of social work counseling is the relationship between a client with a specific problem and a worker with special training in the principles of human relations and competence in the client's problem area.

Generic skills are presupposed, but specific orientations on the part of the counselor is expected by the client and is helpful to him. The person who has a child guidance problem does not go to the counselor for the aged. He wants to talk to someone who is oriented to his problem and not necessarily to others. Specialization implies the development of special skills, special adaptations, and special clear cut focus. When counseling is carried out under these conditions, it is something distinct from generalized therapy.  

The multifaceted and dynamic nature of the problems brought to the counselor by clients requires the ability to focus on some part of the difficulty. The worker is responsible for helping the client formulate the problem so that its various aspects may be clearly seen and analyzed. While the relationships between various aspects of a problem may be understood in a comprehensive way, it is rarely possible for the counselor and client to work on all of various factors at the same time. The client and the counselor must jointly determine what is of primary importance and what is most accessible to modification.  

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24 Ibid., p. 121.

25 Perlman, op. cit., p. 90.
This search, or diagnosis, may lead to initial consideration of a problem of vocational adjustment, or to some other difficulty that makes life for the client unsatisfactory. If the problem under initial consideration is solved, it is possible that other problem areas may be more easily dealt with. Problems are interrelated, and do not exist alone. While the study of human behavior may be "compartmentalized and analyzed as a biological or psychological, or social entity, man lives as a dynamic interrelated whole, reacting to and upon the dynamic whole of his environment."26

The social work counselor, while focusing primarily upon an analysis of the specific problem, must be concerned with the broader implications of his work with the client. The counselor must concern himself with the psychological growth needs of the client. He must know "the personal and social responsibilities which people must assume, the relationships which give satisfaction or dissatisfaction, and normal and abnormal patterns of behavior."27

Many kinds of people come to social agencies for help. Although many clients indicate that only some kind of social service is wanted, Gomberg states that the majority appear to make "meaningful psychological use of help, varying from moderate change to fundamental change or growth in personality."28 It is apparent that the counselor

26Ibid., p. 33.
28Gomberg, op. cit., p. 25.
who provides psychological help to his client must possess a thorough knowledge of personality dynamics. This generic base, plus his knowledge of specific problem areas, constitute the body of knowledge upon which most counseling activities are based. Regardless of the specific nature of the problem brought by the client, all counseling "has common basis, common premises, and common limitations. It is an interpersonal relationship which is recognizable regardless of the particular form it takes."\(^{29}\)

This knowledge enables the counselor to help the client develop his positive strengths and resources in order to find an adequate solution to his immediate problem. This is, however, only one goal in the counseling process. The more important goal is that of helping the client to develop problem-solving ability so that he will be more capable of solving problems which will arise in the future. This requires the ability by the counselor to aid the client toward a clearer definition of who he is, what he seeks, and the nature of the obstacles confronting him.\(^ {30}\)

The ability of the counselor to help the client achieve these insights and skills depend primarily upon the development of a positive relationship. A positive relationship in counseling is based


\(^{30}\)Ibid.
upon the understanding and acceptance of the client by the counselor. Biestek states that relationship is "the soul of casework, while the processes of study, diagnosis, and treatment may be considered the body." Counseling goals depend primarily upon the counselor's ability to secure the client's participation in the process. Therapeutic goals in social work counseling are always twofold: "to reduce pressures in the environment and to fortify the client to bear pressures."

Counseling in social work is a highly skilled professional service. The social work counselor, like his colleagues in psychology and psychiatry, must possess a broad background in mental hygiene principles and in personality development. In addition, he must possess a broad background in the social sciences in order to understand and to utilize social factors in treatment. He must understand and be able to use techniques and methods of influencing social change. This requires a period of both academic and practical training. The Council on Social Work Education has developed standards for its member schools which insure a high level of graduate training and appropriate field work for all students, regardless of specialization.

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Erickson emphasizes the fact that "the effectiveness of the counseling interview is increased if the counselor can draw upon knowledge of the psychological and social settings in which the counselee lives." Counseling does not occur in a vacuum. The client lives in a world of complex interpersonal relationships and social change. The social work counselor utilizes his knowledge of social and psychological conditions to help the client function more adequately in our complex modern society.

**In Psychological Counseling**

Psychological counseling has been generally related to educational institutions. In recent years, however, psychologists have been employed in many other types of settings including mental hygiene clinics, social and health agencies, and other non-educational organizations. Counseling as a service provided by psychologically trained persons reflects its origins in colleges, universities, and other educational institutions. There have been considerable differences, among psychological counselors, in regard to counseling techniques. Various counselors differ in respect to the degree of interpretation, support, direction, urging, and diagnosis permitted the counselor.

The controversy which existed in psychological circles some years ago, however, has been considerably reduced as a result of

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research and experience in the use of various approaches. There is
general agreement, among psychological counselors, that counseling is
a learning process. Combs states that psychological counseling is a
much broader process than is usually considered by most learning
theories. 34

Emphasis on personality reorganization is central to much
current thinking about counseling in psychology. As in counseling in
social work, emphasis is not centered primarily on the solution of
the initial problem, although these are important, but rather on the
personal growth of the client.

The importance of the client's learning "problem solving
methods" is particularly emphasized by "non-directive" counselors.
This method involves the exploration, the analysis, and the reorgan-
ization, by the client himself, of his own experiences in order to
achieve insights, understandings, and solutions to his own problems.
The need for "conceptual reorganization" is based on the assumption
that people frequently cannot solve problems because problems are
not correctly perceived and formulated. People often "get off on
the wrong track" and tend to continue thinking in a direction which
does not lead to a solution of their problem. A correct reformula-
tion of the problem frequently helps the individual correct his

34 Arthur Combs, "Counseling as Learning--A Symposium," Journal
ception, and he begins to visualize the necessary steps required to reach a solution.\textsuperscript{35}

The help of the counselor is essential to the success of this process. The counselor's efforts are "directed toward the achievement of integration and independence of the client in the minimum necessary time."\textsuperscript{36}

The client is helped to gain a better understanding of his own behavior, desires, the consequences of securing satisfaction of his needs, and the relative merits of using one method, or another, of achieving satisfaction. "To facilitate this understanding and to encourage the individual's more effective adjustment is the objective of most counseling programs."\textsuperscript{37}

Participation by the client is stressed as a requirement of the psychological counseling process. While the counselor brings special training and experience into the counseling relationship, it is recognized that only the client can solve his own problem. It is the responsibility of the counselor to help the client achieve his


goal, and in addition, to learn problem solving methods which will be useful in handling subsequent difficulties.

It is assumed that the counseling experience should be an opportunity for each client to experience a process of re-education which would include not only establishing at least a tentative solution to his immediate problem, but which would result in his developing problem solving principles which would serve him in future conflict situations. 38

A number of research studies have confirmed the hypothesis that client participation is related to the "feeling tone," or quality of relationship, existing between counselor and client. Counselors generally agree on the importance of a permissive atmosphere in which the client feels free to explore his problems (without fear of criticism or moral judgments) by the counselor. The client may become a responsible participant, eagerly seeking the help of the counselor as he utilizes his resources to make realistic plans for dealing with his difficulties. This positive relationship, developing from the interaction between counselor and client, is the most important element in the counseling process. 39

Psychological counseling must be concerned with the changing needs of the individual, and must be a flexible method of helping him meet his needs. At different stages in the life of the individual, and at different times in his career, different problems are of primary importance. Specific help may be needed for their solu-

38 Ibid., p. 522.

39 Pepinsky and Pepinsky, op. cit., p. 171.
tion. The young adult, for example, may find that he needs counseling on vocational problems in order to make an appropriate vocational choice. At another stage in his growth and development, the individual may require counseling on problems of personal or family adjustment. ¹⁰

Clients bring many kinds of problems to psychological counselors. Consequently, the psychological counselor, in addition to helping clients with emotional conflicts, must also be prepared to offer help for those clients whose problems stem from lack of information, such as information about vocational aptitudes and interests, or about work opportunities, so that they may conduct their future adjustments in such a way that a minimum of maladaptive repressions recur. ¹¹

In educational and vocational settings, much of the counseling may be of short duration. Many students come to the counselor for help in finding some item of information, or for discussing the results of psychological tests. This type of counseling may appear to be casual because of its brevity, and may seem superficial in that it is not intensive or extensive. However, this type of counseling is not necessarily superficial in the sense of being shallow and of little value. The need for counseling help is important even when the help required can be provided in relatively brief contacts. The important essentials of counseling, a positive


and warm relationship, based on acceptance and understanding of the client, should be maintained in the short term counseling contacts as well as in more intensive treatment.

The counselor should take care not only to provide information that is accurate and sufficiently comprehensive, but, remembering that the ultimate objective is self-guidance, he should also take care to help the student learn to acquire such information on his own by informing him of sources and also, perhaps, instructing him in its use.\(^2\)

The psychological counselor must have an adequate background of training and experience necessary to qualify him to provide this highly skilled service. The American Personnel and Guidance Association has been active in establishing and maintaining high standards of training for counselors. This association has also encouraged high standards of practice by giving its approval to vocational counseling agencies which maintained qualified counseling staffs.

The American Psychological Association, in establishing a section on "counseling psychology," has given its support to a training program which includes knowledge of personality development, interviewing methods, ability to administer and interpret psychological tests, knowledge of community resources, and ethical standards which should guide the counselor's work as a professional person. Clinical training is achieved through an internship in an agency providing counseling services under qualified supervision. The psychological counselor, according to Hahn and MacLean, must possess

\(^2\)Ibid., p. 320.
a broad background of knowledge of normal patterns of behavior, knowledge of the various types of symptoms utilized by clients, and of methods of reducing anxieties as one aspect of helping the client to learn problem solving methods.43

The attempt to differentiate the psychological counselor from other mental hygiene workers has led to attempts to emphasize those characteristics which, taken as a whole, distinguishes him from other clinical workers. Hahn and MacLean summarize these characteristics as follows:

(1) His status as a practicing psychologist, (2) his concern with clients in the "normal" range, (3) his theoretical orientation to, and emphasis upon trait and factor, and self-realization hypothesis, (4) his general adherence to the concept of anxiety reduction as an aspect of learning. In no single one of these is the counselor unique, but in the total pattern he is.44

The psychological counseling process, in both its generic and specific aspects, is summarized by Tyler in terms of five general principles. First, counseling is more than merely advice-giving. This is one of the most important generalizations about the counseling process. People tend to think of the two terms "counseling" and "advising" as synonymous. Secondly, counseling involves more than the solution of the immediate problem which motivates the client to seek help from a counselor. Its goal is to help the individual

44 Ibid., p. 11.
develop his capacities so that he will be able to mobilize and bring his full resources to bear on the solution of immediate and future problems. Thirdly, counseling is primarily concerned with attitudes. It is based on the belief that behavior changes usually follow changes in perception and in attitudes. Fourth, emotional attitudes, rather than intellectual ideas, are the important material of the counseling process. Its theoretical foundations emphasize the primary importance of emotions as impelling forces motivating behavior. Finally, counseling involves relationships between people. Although the individual seeking counseling is primarily concerned about the solution of a specific problem, his problem is usually a difficulty in inter-personal relationships, and extends into other significant aspects of his life.

In Vocational Counseling

One of the significant aspects of the lives of individuals is the world of work. The development of vocational counseling was in response to needs for assistance in making decisions about work choices, and in the needs of individuals for preparing themselves for these choices. Vocational counseling began in response to these needs. Developments in vocational counseling, however, have moved a considerable distance from the earlier emphasis on diagnostic testing, and "fitting the right man in the right job."

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Psychological insights have led to an increased emphasis on viewing vocational problems as psychological problems. The use of learning theories, mentioned in connection with psychological counseling, is basic to much of vocational counseling. Shellow points out that the goal of vocational counseling is not that of providing specific answers to groping clients. "It is rather to train the individual in self-evaluation and in realistically relating himself to the economic world. Vocational guidance is a learning process."[^46]

Super also emphasizes the emotional aspects of vocational problems. Vocational problems are, according to Super, to some extent emotional problems because "like parent-child, marital, or any other problem, they involve the self."[^47]

Vocational counseling may be defined as the scientific process of analyzing, evaluating, and synthesizing applicable subjective and objective factors into an integrated whole. Vocational counseling helps the individual to understand the pertinent facts of the occupational world and to plan activities which will enable him to make vocational choices based upon these realities.[^48]


Vocational counseling has, like counseling in social work, a dual emphasis. The individual is helped to understand himself, his wishes and ambitions, and his abilities. Second, the individual is helped to understand and adapt to the requirements of the world at work. Vocational counseling is, Super maintains, "both psychological and socio-economic." The vocational counselor must possess a broad knowledge of occupational trends. He must also understand the relationship between various occupational requirements and the individual's need for personal satisfaction and achievement. He must be able to adapt, coordinate, and synthesize psychological, medical, educational, and sociological facts so that the individual is helped to understand the psychological consequences of his occupational choices. He must focus on human behavior as it applies to vocational problems.

The vocational counselor may serve as a source of help to many individuals who would not go to a social agency or mental hygiene agency. Vocational counseling may often help such individuals realize that their problem is not one of vocational choice, but of personal adjustment. Shellow states that the vocational guidance agency "serves as a bridge to bring the disturbed client into contact with agencies whose function is intensive therapy."
Summary

Many kinds of people have served as counselors to friends and others who need assistance with personal problems. The modern development of counseling as a professional service grew out of three antecedents: the educational and vocational guidance movement, the mental hygiene movement, and the field of social work. Developments in counseling have included emphasis on the development and use of measurement and diagnostic techniques, utilizing information gathered by these techniques by the counselor in formulating plans for the client, and more recently, the recognition by counselors that effective counseling depends on the client's participation in analyzing his problem and in developing plans for their solution.

The professional service of counseling is defined as the process in which the individual utilizes the help of a professional person, trained in understanding the principles of personality development, to assist him in achieving insight, knowledge and abilities to solve his problems.

Various classifications of counseling: educational, vocational, marriage and family, and personal adjustment counseling, are used to distinguish between the various types of problems individuals bring to the counselor. Certain types of agencies such as social agencies, mental hygiene clinics, and educational institutions tend to specialize in one or more types of counseling.
Counseling in social work is one of the specialized functions performed by the social worker. Social work counseling is socially oriented, and focuses upon the relationship of the individual to his environment. Therapeutic goals in social work counseling are two-fold: to help the client reduce pressures in the environment and second, to help the individual achieve personality growth which will enable him to mobilize his resources adequately for the solution of problems.

There has been considerable movement in the field of psychology toward establishing counseling as a professional service. The American Psychological Association has established a separate division on Counseling Psychology. Much of psychological counseling emphasizes personality reorganization as a central goal of counseling. Psychological counseling is also concerned with the changing needs of the individual, and must provide help with specific types of problems brought by the client. Current trends emphasize the need for personality development rather than restricting help to the solution of specific problems.

Many of the concepts developed by psychological counselors are utilized by vocational counselors in understanding clients who seek assistance from vocational guidance agencies. A considerable amount of vocational counseling occurs in educational settings, and is provided by psychologists, or psychologically trained teachers.
Current vocational counseling focuses, first, upon helping the individual solve problems of vocational choice and adjustment, and second, helping him achieve personality growth.

The ultimate goal of counseling, whether performed by social workers, psychologists, or vocational guidance workers, is to develop what Fromm calls the productive and unalienated person. This is the person who relates himself to the world lovingly, and who uses his reason to grasp reality objectively; who experiences himself as a unique individual entity, and at the same time feels one with his fellow men; who is not subject to irrational authority and accepts willingly the rational authority of conscience and reason; who is in the process of being born as long as he is alive, and considers the gift of life the most precious chance he has.52

CHAPTER IV

CHARACTERISTICS OF AGENCIES PROVIDING COUNSELING SERVICES
TO ADULTS IN THE COLUMBUS AREA

Types of Agencies Providing Counseling Services

The total of forty-four agencies included in this study have been classified under four headings: (1) social agencies, (2) mental hygiene agencies, (3) educational agencies, and (4) a miscellaneous group of agencies. Twenty-one of the forty-four agencies were classified as "social agencies." Most of these agencies are multipurpose in nature and offer a wide variety of services. Among the services offered by social agencies are: family casework, homemaker services, adoption services, vocational placement, and marriage and family counseling. A few social agencies operate health clinics which provide a limited amount of medical services.

Social agencies are not a homogenous group. They differ in philosophy, methods of work, goals, and in many other important aspects. The Ohio Children's Society, at one extreme, was a small private agency with a staff of only two trained workers. This agency serves less than one hundred clients per year. At the other extreme, the Salvation Army, a large private agency, served approximately 5,200 clients annually.

Nine counseling agencies, or bureaus, were operated under the auspices of educational institutions. These included such community agencies as the public schools, business colleges, and three bureaus
of Ohio State University. The bureaus of Ohio State University were included in this study as separate agencies.

Ten counseling agencies were classified as mental hygiene agencies. Mental hygiene agencies were considerably more homogenous in character than social or educational agencies. In general, mental hygiene agencies possessed well-trained staffs, maintained relatively small case loads, and exercised controls over intake. Consequently, mental hygiene agencies should provide a higher quality of service than agencies in the other groups. This superiority was not uniform however; some social and educational agencies maintain as high a standard of counseling services as any mental hygiene agency in the group.

Four agencies were classified as a "miscellaneous group." Two miscellaneous agencies were operated under religious auspices; one was a part of the program of a local church, and the second was a counseling program operated by the Council of Churches. The third agency was an occupational placement and counseling agency, and the fourth agency in the miscellaneous group administered a public health program.

Types of Services Provided by Community Agencies

In response to a question about the types of counseling services provided for adult clients, respondents reported that personal adjustment, educational, vocational, and marriage counseling services were available from community agencies in the Columbus area.
### TABLE XI

**TYPES OF SERVICES PROVIDED BY SOCIAL AGENCIES IN THE COLUMBUS AREA**

<table>
<thead>
<tr>
<th>Agencies</th>
<th>Counseling Services</th>
<th>Other Services</th>
<th>Vocational Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personal Adjustment</td>
<td>Educational</td>
<td>Vocational</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marital</td>
<td></td>
</tr>
<tr>
<td>1. American Red Cross</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>2. Catholic Welfare Bureau</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3. Central Community House</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4. Cerebral Palsy Center</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cerebral Palsy Treatment Center</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Family and Children's Bureau</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>7. Franklin County Child Welfare Board</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Franklin County Court of Domestic Relations</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>9. Franklin County Juvenile Court</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Franklin County Welfare Department</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Friendship House</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>12. Godman Guild</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Jewish Family Service</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>14. Lutheran Welfare Center</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>15. Ohio Children's Society</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agencies</td>
<td>Counseling Services</td>
<td>Other Services</td>
<td>Vocational Placement</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td>Personal</td>
<td>Educational</td>
<td>Vocational</td>
</tr>
<tr>
<td></td>
<td>Adjustment</td>
<td>Adjustment</td>
<td>Marriage</td>
</tr>
<tr>
<td>16. Planned Parenthood Association</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>17. Salvation Army</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>18. Traveler's Aid Society</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>19. Urban League</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>20. Volunteers of America</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>21. Young Men's Christian Association of Columbus</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>3</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>
Many community agencies provided more than one of these specific counseling services. A social agency, for example, may provide both vocational and counseling and personal adjustment counseling services. Many educational agencies provided both educational and vocational counseling.

Thirty-seven of the forty-four agencies reported that personal adjustment counseling services were provided for adult clients. Personal adjustment counseling services were provided by twenty social agencies (see Table XI), by all of the ten mental hygiene agencies, by four of the nine educational agencies, and by three of the four miscellaneous agencies. Thirteen community agencies provided educational counseling services for adult clients. The bulk of educational counseling services were provided by agencies operated under educational auspices. All educational agencies provided educational counseling services to adult students enrolled in their programs. In addition, three educational agencies offered counseling services for non-student adult clients. Only three of the twenty-one social agencies, and none of the mental hygiene agencies, offered educational counseling services to adult clients (see Tables XI, XII, and XIII).

Vocational counseling services were provided by eighteen of the forty-four community agencies. Although vocational counseling was provided largely by social and educational agencies, it was not, in general, a major aspect of social agency programs. More than a half of all social agencies offered some degree of vocational
### TABLE XII

**TYPES OF SERVICES PROVIDED BY MENTAL HYGIENE AGENCIES IN THE COLUMBUS AREA**

<table>
<thead>
<tr>
<th>Agencies</th>
<th>Counseling Services</th>
<th>Other Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personal Adjustment</td>
<td>Case-work</td>
</tr>
<tr>
<td></td>
<td>Educational</td>
<td>Psychotherapy</td>
</tr>
<tr>
<td></td>
<td>Vocational</td>
<td>Testing</td>
</tr>
<tr>
<td></td>
<td>Marital</td>
<td>Vocational</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Placement</td>
</tr>
<tr>
<td>Alfred Wilson Center</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Children's Mental Health Center</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Clinic for Mentally Retarded</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Columbus Child Guidance Center</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Columbus Psychiatric Clinic</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Columbus Receiving Hospital for Children</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Diocesan Guidance Center</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Harding Sanitarium</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Starling-Loving Mental Hygiene Clinic</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Veteran's Administration Mental Hygiene Clinic</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>
### TABLE XIII

**TYPES OF SERVICE PROVIDED BY EDUCATIONAL AGENCIES IN THE COLUMBUS AREA**

<table>
<thead>
<tr>
<th>Agencies</th>
<th>Counseling Services</th>
<th>Other Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personal Adjustment</td>
<td>Case-Work</td>
</tr>
<tr>
<td></td>
<td>Educational</td>
<td>Psychotherapy</td>
</tr>
<tr>
<td></td>
<td>Vocational</td>
<td>Testing</td>
</tr>
<tr>
<td></td>
<td>Marital</td>
<td>Vocational</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Placement</td>
</tr>
<tr>
<td>Bliss College</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Bureau of Vocational Rehabilitation</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Central Evening High School</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Columbus Business University</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Franklin University</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Psychological Clinic of Ohio State University</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Pupil Personnel Department of Columbus Public School</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Twilight School of Ohio State University</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>University Counseling and Testing Center</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
counseling services. Most social agencies, however, accepted only a few clients presenting problems requiring vocational counseling. Clients with problems requiring vocational counseling were usually referred to specialized vocational counseling agencies.

Five educational agencies provided vocational counseling services to adult clients. Vocational counseling and vocational placement were considered important aspects of the agencies' program for the adult student. Only two mental hygiene agencies reported that counseling assistance was provided adult clients with vocational problems (see Table XIII).

Social agencies were the primary source of marriage counseling services available to adults through community agencies in the Columbus area. Twelve social agencies provided marriage counseling services. None of the educational agencies reported that marriage counseling was available, and only two mental hygiene agencies provided this service. It is possible, however, that marital problems were encountered by counselors providing personal adjustment or other specific types of counseling services.

Other Services Provided by Community Agencies

In addition to counseling services, many agencies provided casework psychotherapy, psychological testing, vocational placement, and other related services to adult clients. Twenty-seven of the forty-four community agencies provided social casework services.
### TABLE XIV

TYPES OF SERVICE PROVIDED BY MISCELLANEOUS AGENCIES IN THE COLUMBUS AREA

<table>
<thead>
<tr>
<th>Agencies</th>
<th>Counseling Services</th>
<th>Other Services</th>
<th>Vocational Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personal Adjustment</td>
<td>Educational</td>
<td>Vocational</td>
</tr>
<tr>
<td>Council of Churches</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>First Community Church</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ohio State Employment Service</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Public Health Nursing Service</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Seventeen of the twenty-seven agencies providing social casework services were included in the social agency group. Nine mental hygiene agencies concentrated primarily on therapeutic counseling with the individual client, many agencies recognized the value of a casework relationship with the entire family. Only one educational agency, however, provided a limited amount of social casework service.

All of the ten mental hygiene agencies provided psychotherapeutic services for adult clients. None of the social agencies, only one educational agency, and one agency in the miscellaneous group provided psychotherapy as a specialized service for adult clients. A few social agencies provided intensive counseling and casework under psychiatric supervision, but did not claim to be providing a service for the adult client presenting severely neurotic or psychotic problems.

Vocational placement services involve finding and placing clients in suitable jobs. A total of ten community agencies provided some degree of placement services for adult clients. This group included five social agencies, three educational agencies, and two miscellaneous agencies. These ten community agencies varied greatly in the quantity and quality of services offered to clients. Several social agencies provided vocational placement service only in special cases in which the client was considered to be unable to accept a referral to any agency specializing in this type of service. Most agencies referred clients with vocational placement problems to
the state employment service, or to one of the private commercial employment offices in the city.

Opportunities for the adult client to receive psychological testing, whether intelligence, aptitude, interest, achievement, or projective tests, were greatly limited in the Columbus area. A total of fifteen community agencies provided limited testing services for adult clients. This group of agencies include six mental hygiene agencies, five social agencies, and four educational agencies. Most of the agencies offering psychological testing services used part time staff for this purpose. Since part time staff was also used for counseling, very little staff time was available for providing psychological testing services for adults.

Sources of Clients in Community Agencies

Clients seek the services of agencies providing counseling services because of some dissatisfaction in their life situation. They desire help in working out some of the vexing problems of life for which they cannot, alone, find satisfying solutions. Adults frequently talk to friends, ministers, doctors, neighbors, and to others about these problems. Helpful advice and suggestions may be provided by these persons. However, problems are often of such a nature that the adult does not want to discuss them with non-professional people, and will wish to seek assistance from those agencies providing professional assistance. Misconceptions about the nature of community agencies, based on community attitudes and opinions, may
create additional problems for the potential client. Bordin states, in this connection, that

The name of the agency provides one kind of stimulus to the formation of their attitudes. Words like "welfare," "psychiatric," "psychological," "treatment," or "clinic," carry certain connotations. The act of approaching any agency identified with such words is likely to be viewed as an admission that "there is something wrong with me." ¹

It is important to know how clients learn of and come to seek service. Columbus agencies were not very clear about the manner in which the prospective client found his way to agencies providing counseling. It was virtually impossible to secure detailed information on this topic because many agencies did not keep records of how clients were attracted. Agency staff members were, in only a very few cases, able to provide detailed information of the numbers of clients who learned of the service through contacts with other agencies, through professional people, friends, ministers, neighbors, or others. In most cases, agency staff members were able to provide only an approximation of the sources of clients. The following sources were most frequently named: self-referrals, agency referrals, referrals from professional persons, application as a result of information from friends, and other miscellaneous sources.

In most cases the term "referral," except in relation to other community agencies, denotes only the giving of information. Very few professional persons, including ministers, doctors, teachers, or lawyers, were reported to have assumed responsibility beyond that

¹Bordin, op. cit., p. 30.
of giving information regarding agency services to the potential client. On the other hand, many community agencies made appointments for the client, helped him to accept the referral, and followed up in order to determine whether or not the client actually kept the appointment. When the client failed to keep the appointment, the referring agency frequently contacted and continued working with him until he was psychologically ready to accept the referral.

The largest number of agencies answering the question as to how clients learned of their services replied that most clients were "self-referred," or that they came to the agency without support from other agency or person. It appears in many instances that agency staff people did not know how clients became aware of the availability of counseling services. It is likely that many "self referred" applicants were informed of agency services by the Information Center of the Council of Social Agencies, or by some other community agency. In general, community agencies did not ask the applicant how he learned of their counseling services, and could not provide accurate information on this question.

However, eighteen of the forty-four community agencies reported that most of their applicants for counseling were self referred.

Nine agencies indicated that most of their clients are received through referrals by other community agencies. The Harding Sanitarium reported that approximately ninety per cent of its applicants are referred by medical doctors. The Veterans Administration Mental Hygiene Clinic and the Columbus Psychiatric Clinic also reported that
medical doctors are the largest source of applicants for counseling services. Social agencies are an important source of applicants for counseling in mental hygiene agencies.

### TABLE XV

NUMBER OF AGENCIES IN THE COLUMBUS AREA RECEIVING CLIENTS FROM VARIOUS SOURCES, BY TYPES OF AGENCIES

<table>
<thead>
<tr>
<th>Sources of Clients</th>
<th>Social Agencies</th>
<th>Mental Hygiene Agencies</th>
<th>Educa. Agencies</th>
<th>Misc. Agencies</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Referrals</td>
<td>10</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Agency Referrals</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Referrals by Professional Persons</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Referrals by Teachers</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Information Center Referrals</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Referrals by Others</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Sources Unknown</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>21</td>
<td>10</td>
<td>9</td>
<td>4</td>
<td>44</td>
</tr>
</tbody>
</table>

Almost half of the social agencies received most of their applicants for counseling services through self referrals. With the exception of the three official social agencies, in which adults are required to participate in investigations and consultations, only two social agencies reported that most applicants were referred by other community agencies. The Cerebral Palsy Center, Planned Parent-
hood Association, and Catholic Welfare Bureau received most of their applicants as a result of information given the prospective client by doctors, ministers, or priests.

Educational agencies received most of their applicants for counseling from within the program of the agency. Students were already in the program and usually walked into the counselor's office without appointments. Four of the nine educational agencies reported that most applicants utilized this method of asking for counseling services. Two educational agencies indicated that most students came for counseling at the suggestion of teachers. The Bureau of Vocational Rehabilitation reported that referrals from doctors are required as a condition of acceptance for counseling services.

The program of the agency itself constituted the most important source of applicants for counseling by agencies in the miscellaneous group. A radio and television program sponsored by the Columbus Area Council of Churches attracted more than 300 applicants for counseling services. The State Employment Service reported that the vast majority of its clients were referred to counselors by intake clerks and other workers in the agency. The Public Health Nursing Service workers referred clients to the central office, or to other community agencies for counseling when the nurse felt that this kind of assistance was necessary for solving problems.
### TABLE XVI

**NUMBER AND PER CENT OF COMMUNITY AGENCIES RECEIVING APPLICANTS THROUGH REFERRALS FROM THE INFORMATION CENTER, BY TYPE OF AGENCY**

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>Total Number of Agencies</th>
<th>No. of Agencies Receiving Referrals</th>
<th>Per cent of Agencies Receiving Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Agencies</td>
<td>21</td>
<td>17</td>
<td>80.9</td>
</tr>
<tr>
<td>Mental Hygiene</td>
<td>10</td>
<td>4</td>
<td>40.0</td>
</tr>
<tr>
<td>Educational</td>
<td>9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>4</td>
<td>2</td>
<td>50.0</td>
</tr>
</tbody>
</table>

The Information Center of the Council of Social Agencies is active in publicizing social services to the people of the community. A slight majority of the forty-four agencies included in the study indicated that some clients make application for counseling as a result of information received from the Information Center.

The staffs of only three agencies, the Franklin County Welfare Department, Friendship House, and the Salvation Army indicated that sizable numbers of applicants came to the agency as a result of contacts with the Information Center. The Franklin County Welfare Department reported that a large proportion of its applicants are referred by the staff of the Information Center. The staffs of only a few agencies felt that the Information Center was a significant source of prospective clients.
Intake Procedures in Community Agencies

The intake interview is one of the most important phases in the counseling process. This is the client's first opportunity to secure an adequate picture of the nature of the process which he is about to undertake. His willingness to undertake counseling may depend on the skill and perception of the counselor during this critical period.\(^2\)

Agencies providing counseling services vary considerably in the amount of information required during the intake process. At one extreme are the elaborate intake procedures, including psychological testing and psychiatric examinations, sometimes followed by medically oriented mental hygiene agencies. At the other extreme are those agencies in which the applicant may walk in from the street at any time, and receive some degree of counseling assistance from whatever staff person who may happen to be available.

In response to questions regarding intake procedures, staff members of community agencies reported that several procedures were followed by different agencies. Eleven agencies reported that no particular procedure was required of the potential client. Agencies in this group accepted anyone who walked in from the street. The Social Service departments of the Franklin County Court of Domestic

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Relation and the Franklin County Juvenile Court accepted only those cases in which the court had ordered an investigation. Counseling services sometimes developed out of problems discussed during the investigative process.

Four aspects of the intake process were investigated in this study. These are: first, the manner in which the prospective applicant applies for counseling services; second, the responsibility of staff members for the intake process; third, the amount of time elapsing between the intake interview and the beginning of regular interviews; and fourth, the number of clients who fail to follow through with counseling after completing the intake interview.

Three categories were set up to describe the manner in which the prospective client applied for counseling service. These are: the client must (a) telephone for appointment; (b) apply in person, without an appointment; and (c) be referred by an agency or professional person. Many agencies permitted two or more methods of intake. The largest number of agencies required the applicant to telephone for an appointment. The percentage of agencies making this demand varied considerably between the several groups of agencies. Sixty per cent of the mental hygiene agencies required telephone appointments, while only forty-three per cent of social agencies made this requirement.
TABLE XVII

INTAKE PROCEDURES FOLLOWED BY PROSPECTIVE CLIENTS
BY NUMBER AND TYPE OF AGENCIES*

<table>
<thead>
<tr>
<th>Type of Procedure</th>
<th>Social Agency</th>
<th>Mental Hygiene</th>
<th>Educational Agency</th>
<th>Misc. Agency</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Person</td>
<td>11</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Telephone Appointment</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Agency Referral</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Referral by Professional Person</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Letter of Application Required</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

*Many agencies permit more than one type of application.

Twenty-one of the forty-four community agencies permitted the prospective client to apply in person without an appointment. The director of the Traveler's Aid Society stated that "they just walk in from the street." Only two mental hygiene agencies accepted applications on this basis. The fact that students were already in the agency modified, to some extent, the significance of the finding that seven of nine educational agencies permitted applications without an appointment.

With the exception of educational agencies, referrals from professional persons and from community agencies were important sources of applications for most community agencies. The Veterans
Administration Mental Hygiene Clinic received approximately fifty per cent of its applications by mail.

**Responsibility for the Intake Interview**

The importance of the intake interview has been mentioned previously in this chapter. Tyler considers the intake interview as the heart of the counseling process.

Whether it is fifteen or ninety minutes long, whether the participants explore feelings or discuss facts or schedules, whether or not it is supplemented by test scores and information from the files. . . . whatever changes counseling brings are related most closely to the way this time is spent.³

An examination of the intake procedures of counseling agencies in the Columbus area revealed that, as in many other aspects of their services, considerable variation existed. However, more uniformity appeared to exist here than in many other aspects of agency practice.

The majority of agencies assigned the responsibility for conducting intake interviews to social workers or to counselors with other types of training. Only four of the total of forty-four community agencies, assigned the responsibility for intake interviews to clerical staff. The Children's Mental Health Center assigned the initial intake interview to a receptionist, but viewed this procedure as merely a screening device. The social worker or psychiatrist interviewed the prospective client when the receptionist

³Tyler, op. cit., p. 23.
had verified the fact that the agency was able to provide the type of service needed by the applicant. The directors, or assistant directors of the Ohio Children's Society, Godman Guild, the Cerebral Palsy Center, and the Cerebral Palsy Treatment Center assumed responsibilities for intake interviews in their agencies.

TABLE XVIII

RESPONSIBILITY BY TYPE OF STAFF AND BY TYPE OF AGENCY, FOR INTAKE INTERVIEWS WITH PROSPECTIVE CLIENTS

<table>
<thead>
<tr>
<th>Type of Staff</th>
<th>Types of Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social</td>
</tr>
<tr>
<td>Receptionist or Other</td>
<td></td>
</tr>
<tr>
<td>Clerical Person</td>
<td>3</td>
</tr>
<tr>
<td>Social Worker</td>
<td>9</td>
</tr>
<tr>
<td>Psychologists</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>0</td>
</tr>
<tr>
<td>Counselors of Other</td>
<td></td>
</tr>
<tr>
<td>Backgrounds</td>
<td>5</td>
</tr>
<tr>
<td>Directors or Assistant</td>
<td></td>
</tr>
<tr>
<td>Directors</td>
<td>4</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>21</td>
</tr>
</tbody>
</table>

*Responsibilities are shared by social workers and psychiatrists in two agencies.
One of the assumptions on which this study is based is that the client is more likely to fail to return for counseling services when he must wait a considerable period before the service is available. It is maintained that the intake interview is a part of the counseling process. The intake interview, however, focuses upon the exploration, by the applicant and the counselor, of the client's needs and the ability of the agency to provide the necessary service.

Bentley points out, in discussing the experiences of the Adjustment Service, operated in New York City in 1935-36, that

A large number lost interest because they registered at a time when the demand was so great that they could not secure an appointment for ten days or two weeks after their registration.

Bordin, and other writers, lend further support to the assumption that a relationship exists between length of waiting period and the failure of the client to follow through with counseling. However, this study of Columbus agencies did not confirm the assumption. In most cases, the waiting period was quite brief, or did not exist at all.

Twenty-four of the forty-four agencies indicated that a waiting period of less than one week is required for the great majority of their clients. In many cases, the waiting period was only one or two days. Eleven community agencies required no waiting period.

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4 Bentley, op. cit., p. 22.

5 Bordin, op. cit., p. 187.
TABLE XIX
AMOUNT OF TIME ELAPSING BETWEEN INTAKE INTERVIEW APPLICATION AND
BEGINNING OF REGULAR COUNSELING SESSIONS BY TYPES OF AGENCIES

<table>
<thead>
<tr>
<th>Amount of Time</th>
<th>Type of Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social</td>
</tr>
<tr>
<td>None</td>
<td>6</td>
</tr>
<tr>
<td>Less than One Week</td>
<td>13</td>
</tr>
<tr>
<td>One to Two Weeks</td>
<td>0</td>
</tr>
<tr>
<td>Two to Three Weeks</td>
<td>0</td>
</tr>
<tr>
<td>Three to Four Weeks</td>
<td>1</td>
</tr>
<tr>
<td>Four Weeks or More</td>
<td>1</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21</td>
</tr>
</tbody>
</table>

These agencies include those in which the prospective client may walk in from the street without an appointment. A total of thirty-five agencies, or 79.5 per cent of all community agencies, required a waiting period of less than one week for counseling services. In most cases the client can expect almost immediate help with his problems when he applied to most of the community agencies in the Columbus area.

Four small specialized agencies required waiting periods of between three and four weeks. The Planned Parenthood Association and two mental hygiene agencies, the Columbus Psychiatric Clinic and the Starling Loving Mental Hygiene Clinic, required waiting
periods of between three and four weeks. The Psychological Clinic of Ohio State University was the only educational agency which required a waiting period of between three and four weeks.

The Children's Mental Health Center, the Clinic for the Mentally Retarded, the Court of Domestic Relations, and the University Counseling and Testing Center required the longest waiting periods. Waiting periods varied from four weeks up to six months. In two agencies, the Children's mental Health Center and the Clinic for the Mentally Retarded, this waiting period is necessary because the adult client is not accepted for counseling until his child is accepted for treatment by the agency. The Social Service Department of the Court of Domestic Relations was badly understaffed, and usually has a large waiting list of clients to be investigated in connection with domestic problems. Counseling activities may follow the investigative process. The Counseling and Testing Center accepted only a small number of community adults annually. Immediate services were provided by the Children's Mental Hygiene Center and by the Clinic for the Mentally Retarded in emergency cases.

Client's Failure to Continue Counseling

The problem of clients failing to continue with counseling is not a very serious one for Columbus area agencies. Various factors may contribute to drop-outs; the length of time required before counseling is initiated, the cost of the service, disappointment upon learning the amount of time required for effective counseling,
and unwillingness to face the necessity for changing one's behavior and attitudes. In his discussion of this problem in connection with the experiences of the Adjustment Service, Bentley states that many clients who registered for counseling services later found jobs and dropped out of counseling. Others were reluctant to submit their educational and employment records to analysis as required in the counseling process.6

Other writers have suggested that clients tend to break off contacts if the intake process is too elaborate. In his discussion of this problem, Bordin points out that such programs are likely to be accompanied by a high rate of broken contacts. In some organizations between a third and a half of the clients who started through these intake procedures either did not complete them, or did not return for their first counseling interview, or stayed for only one such interview.7

Four agencies, The Franklin County Child Welfare Board, the Court of Domestic Relations, the Juvenile Court, and the Pupil Personnel Department of the Columbus School System, indicated that the question of drop-outs was only partly relevant. These agencies required parents to come into the agency for investigations or for consultations in connection with other problems. Counseling services were often provided on a voluntary basis when the client felt that this would be helpful.

6Bentley, loc. cit., p. 22.

7Bordin, op. cit., p. 185.
TABLE XX

NUMBER OF CLIENTS WHO FAIL TO FOLLOW THROUGH WITH COUNSELING AFTER ACCEPTANCE BY AGENCY, BY TYPE OF AGENCY

<table>
<thead>
<tr>
<th>Per cent of Clients</th>
<th>Type of Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social Hygiene</td>
</tr>
<tr>
<td>None</td>
<td>7</td>
</tr>
<tr>
<td>Less than 5</td>
<td>7</td>
</tr>
<tr>
<td>Between 5 and 10</td>
<td>1</td>
</tr>
<tr>
<td>Between 10 and 20</td>
<td>1</td>
</tr>
<tr>
<td>Between 20 and 30</td>
<td>2</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>3</td>
</tr>
<tr>
<td>Totals</td>
<td>21</td>
</tr>
</tbody>
</table>

Twenty of the forty-four agencies replying to the question regarding the percentage of dropouts, indicated that less than 5 per cent of applicants fail to continue counseling. Fourteen agencies reported that all of their applicants remain in counseling until its completion. The Urban League, which specializes in vocational and educational counseling, stated that, although the waiting period was only one or two days, between 10 and 15 per cent of its applicants fail to follow through with counseling. The respondent stated that many applicants did not really want counseling but were primarily interested in vocational placement. When they were encouraged to take psychological tests and to return for counseling sessions, between 10 and 15 per cent of applicants fail to return to the agency.
Two other agencies, the Cerebral Palsy Center and the Franklin County Child Welfare Board, with waiting periods of less than one week, reported that between 20 and 30 per cent of their applicants fail to return for counseling following the intake interview. The Cerebral Palsy Center, specializing in work with handicapped children and adults, received most applicants through referral by doctors. Many applicants came to the agency only because of the doctor's interest, and were not motivated to seek and continue the counseling relationship. Some applicants returned later after initially refusing to accept counseling services.

The Franklin County Child Welfare Board required parents of neglected and dependent children to come to the agency for consultations. While many parents were not initially interested in counseling, others became interested and requested this type of service. A waiting period of less than one week was necessary for those who were accepted for counseling.

Mental hygiene agencies reported very few drop-outs after the applicant had been accepted for service. The Harding Sanitarium and the Columbus Child Guidance Center reported that all of their applicants continued counseling services until completion. The eight remaining agencies reported that less than five per cent of applicants failed to continue with counseling. Most applicants also continue counseling in educational agencies. However, this was not as significant as it might appear since, for the most part, counseling was limited to one or two contacts, and students were
readily available. Some differences from this pattern existed in the cases of those agencies offering services to the general public. The Bureau of Vocational Rehabilitation reported that between five and ten per cent of applicants fail to continue in counseling. The University Counseling and Testing Center also specializes in educational and vocational counseling, but attracted a clientele composed largely of occupationally unstable people. The director of this agency stated in an interview that the agency does not want adults from the community because the types of applicants usually received are "flying from one job to another." "Problems presented are not usually amenable to vocational or educational counseling. We attract many borderline neurotic problems, and the agency cannot set up a program for therapeutic counseling."

Although several agencies required fairly long waiting periods between applications for service, or intake interviews, and the beginning of regular counseling sessions, the findings of this study do not support the assumption that there is a positive relationship between drop-outs and length of the waiting period. All of the four agencies requiring waiting periods of from four weeks up to six months, reported that less than five per cent of applicants fail to return for counseling when the service was available. The intake social worker at the Clinic for the Mentally Retarded stated, "When they go through the process of applying, they generally follow through."
Volume of Services

One of the purposes of this study was to determine, as accurately as possible, the total number of adults who participated in counseling under the auspices of community agencies in 1956. This was impossible to accomplish because many agencies did not keep records of clients served. Others kept records of individual clients, but did not keep records pertaining to the number of contacts with each client. In these cases, the agency staff could only provide an estimate of the total number of clients served during the year. In other instances, the agencies maintained accurate records and it was possible to secure reliable information regarding the volume of services provided by the agency. In every case, an attempt was made to secure the best estimate possible under the circumstances. In most cases, agency staff members checked whatever records were available, or conferred with other staff members in an effort to provide this information. The staffs of seven of the forty-four agencies, however, felt that any information they could provide would be based upon mere guesses, and declined to commit themselves on this question. Statistics in regard to volume of services are not completely accurate, and are presented as estimates of the numbers of clients involved in counseling services under the auspices of community agencies.

Variations in volume of services, both in the number of clients served and in the number of contacts per client, are greater than any other factor included in this study. Central Community
House, a small community center with only one part-time staff person providing casework and counseling services, counted only twelve clients during 1956. At the other extreme, the Salvation Army, employs eleven staff persons who spend most of their time in counseling. This agency served approximately 5,200 clients during the year.

### TABLE XXI

**AVERAGE (MEAN) NUMBER OF CLIENTS SERVED DURING 1956 BY TYPES OF AGENCIES**

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>No. of Agencies</th>
<th>Total</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Agencies</td>
<td>17</td>
<td>15,429</td>
<td>905.0</td>
</tr>
<tr>
<td>Educational Agencies</td>
<td>7</td>
<td>3,533</td>
<td>504.7</td>
</tr>
<tr>
<td>Mental Hygiene</td>
<td>9</td>
<td>2,535</td>
<td>281.6</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>4</td>
<td>11,949</td>
<td>2,987.0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>37</strong></td>
<td><strong>33,446</strong></td>
<td><strong>902.7</strong></td>
</tr>
</tbody>
</table>

The great differences between the various groups of agencies in the volume of clients served were caused, to some extent, by the existence of a few very large agencies. These agencies exert disproportionate influence on the average number of clients served by community agencies. Among the social agencies, for example, the Salvation Army, American Red Cross, and Volunteers of America served 5,200, 2,400, and 2,500 clients, respectively. The average number of clients served by social agencies would be considerably less
if these agencies were not included. Services to large numbers of clients were characteristic of the miscellaneous group. Only the Columbus Area Council of Churches in this group served fewer than 2,000 clients per year.

Only one mental hygiene agency, the Veterans Administration Mental Hygiene Clinic, was unable to provide statistics regarding the volume of its counseling services. Variations ranged from a minimum of eighty clients served by the Columbus Receiving Hospital for Children to five hundred clients served annually by the Children's Mental Health Center.

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>No. of Agencies</th>
<th>No. of Clients</th>
<th>Per cent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Agencies</td>
<td>17</td>
<td>15,269</td>
<td>46.9</td>
</tr>
<tr>
<td>Educational Agencies</td>
<td>7</td>
<td>3,533</td>
<td>10.6</td>
</tr>
<tr>
<td>Mental Hygiene</td>
<td>9</td>
<td>2,535</td>
<td>7.6</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>4</td>
<td>11,949</td>
<td>34.9</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>37</strong>*</td>
<td><strong>33,446</strong></td>
<td><strong>100.0</strong>*</td>
</tr>
</tbody>
</table>

*Seven agencies were unable to supply the number of clients served in Counseling during last year.
The average number of clients served by mental hygiene agencies was much smaller than averages for agencies in the other groups. Mental hygiene agencies served only 7.6 per cent of the total number of clients served by community agencies; social agencies served 46.9 per cent of the total. The average number of clients served by agencies in the miscellaneous group was more than three times higher than the average for social agencies.

Wide variations also occur in the number of contacts per client in community agencies. Very few agencies were able to provide accurate information on this aspect of their services. Several staff people stated that they see clients from a minimum of only one contact to a maximum of weekly contacts lasting over two or three years. Long term intensive counseling relationships were more characteristic of mental hygiene agencies. Some social agencies also provided intensive and lengthy counseling for adult clients. In the large majority of cases, the agencies which provided long term counseling maintained relatively small case loads. In view of limited staffs, it would be impossible for most agencies to carry cases over a long period of time, and at the same time to serve large numbers of clients.

The Psychological Clinic of The Ohio State University was the only agency under educational auspices which provided long term, intensive counseling for adults. This agency served only thirty to
thirty-five adults from the community annually. Several other agencies, concentrating largely on short term cases, selected a very few adults for more intensive counseling.

Limitations of Service

Only nine of the forty-four community agencies indicated that counseling services are available to all applicants.

TABLE XXIII

NUMBER, TYPE, AND PER CENT OF AGENCIES IN THE COLUMBUS AREA UNABLE TO PROVIDE COUNSELING SERVICES TO ALL ADULT APPLICANTS

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>No. of Agencies</th>
<th>Agencies Refusing Service</th>
<th>Per cent of All Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Agencies</td>
<td>21*</td>
<td>13</td>
<td>72.2</td>
</tr>
<tr>
<td>Educational Agencies</td>
<td>9</td>
<td>6</td>
<td>66.6</td>
</tr>
<tr>
<td>Mental Hygiene</td>
<td>10</td>
<td>9</td>
<td>90.0</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>4</td>
<td>4</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Not applicable to three social agencies.

Only five social agencies, three educational agencies, and one mental hygiene agency indicated that services are available to all. The question of limitation of service was not applicable to the Juvenile Court, the Court of Domestic Relations, and the Child Welfare Board of Franklin County.
Godman Guild, the Ohio Children's Society, Volunteers of America, the Cerebral Palsy Center, and the Lutheran Welfare Center reported that all applicants are given counseling services. The Cerebral Palsy Center director said that applicants know the purposes of the agency, and rarely apply for service because of mistaken impression of the agency's purposes and program. However, short term diagnostic counseling is sufficient for meeting the needs of many applicants.

Among educational agencies, Bliss College, Central Evening High School and the Pupil Personnel Department of the Public School System reported that counseling is available to all applicants. However, the latter agency also calls in many of its clients for consultations in connection with the problems of their children. The Clinic for the Mentally Retarded is the single mental hygiene agency which reported that services were available to all applicants.

Reasons for Inability to Provide Counseling Services

The most important reason given by the thirty-two agencies unable to provide counseling services to all applicants was that problems of many clients were not related to agency purposes. Many applicants were not sufficiently informed in regard to the specific services available from agencies. Therefore, many applicants sought services from agencies which were not available. Twenty-two of the thirty-two agencies, unable to provide counseling services to all
applicants, reported that this factor was the most important reason for their inability to serve all applicants.

**TABLE XXIV**

REASONS GIVEN BY COMMUNITY AGENCIES AS TO INABILITY TO PROVIDE COUNSELING SERVICES TO ALL APPLICANTS, BY NUMBER AND TYPE OF AGENCY

<table>
<thead>
<tr>
<th>Reasons for Inability to Provide Services</th>
<th>Mental Hygiene</th>
<th>Social</th>
<th>Educational</th>
<th>Miscellaneous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems not Related to Agency Purposes</td>
<td>6</td>
<td>9</td>
<td>5</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Lack of Sufficient Staff</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Lack of Necessary Skills</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intake Closed</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>9</strong></td>
<td><strong>16</strong></td>
<td><strong>11</strong></td>
<td><strong>6</strong></td>
<td><strong>42</strong></td>
</tr>
</tbody>
</table>

Some agencies gave two or more reasons for their inability to provide counseling services.

Eight agencies indicated that "lack of sufficient staff" was a reason why some applicants were not accepted for counseling. Only a very few agencies reported that "lack of necessary skills," and "intake temporarily closed" were factors in preventing them from providing necessary services. Two educational agencies, the Psychological Clinic, and the University Counseling and Testing Center, reported that other reasons prevented the agencies from providing
services to some applicants. The Psychological Clinic selects community adults on the basis of suitability for teaching purposes. The director of the Counseling and Testing Center stated that some applicants are not accepted because of their lack of interest.

The Columbus Psychiatric Clinic staff stated that some applicants are not accepted for service, first, because of "deep seated problems in which hospitalization seems indicated," and, second, in some cases, the distance from the client's home to the agency is so great that it seemed unlikely that the applicant could participate in counseling regularly.

The Jewish Family Service serviced only applicants of the Jewish religion, and only a few selected applicants with vocational problems. Central Community House provided casework and counseling services only to members of the agency. The American Red Cross limited its services to members of the armed forces, veterans, and their families. The Catholic Welfare Bureau served only a few non-Catholics.

Central High Evening School, with an enrollment of 2,100 students, reported that counseling is provided for about four hundred students, or one-fifth of the enrollment annually. Only a few students were seen by the counselor more than once per year. Bliss College reported that all of its approximately one thousand students were seen annually by the counselor for "employment counseling." The Twilight School of The Ohio State University reported from 2,000 to 2,800 students annually, but records were not kept of
the number of counseling contacts with students. The director of this agency pointed out that "many students need help, but there is no place for them to go." Only four educational agencies, the Pupil Personnel Department of the Columbus Public School Systems, the Psychological Clinic and the University Counseling and Testing Center of The Ohio State University, and the Bureau of Vocational Rehabilitation, accepted adults for counseling who were not enrolled in educational programs. Two of these agencies, the Psychological Clinic and the Counseling and Testing Center, served less than seventy community adults during the year 1956.

Table XXV

RANGE OF PERCENTAGES OF APPLICANTS REFUSED COUNSELING SERVICES BY TYPES OF AGENCIES

<table>
<thead>
<tr>
<th>Per cent Not Accepted</th>
<th>Social</th>
<th>Mental Hygiene</th>
<th>Educational</th>
<th>Miscellaneous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>None Refused</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Less than 5</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Between 5 and 10</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Between 10 and 20</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Between 20 and 30</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>More than 30</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Totals</td>
<td>21</td>
<td>10</td>
<td>9</td>
<td>4</td>
<td>44</td>
</tr>
</tbody>
</table>
The foregoing table indicates that few clients are refused counseling services by community agencies in the Columbus area. Thirty agencies, or 68.4 per cent of the total number of agencies, either served all applicants or refused service to less than five per cent of those applying for service. However, a few agencies did refuse services to a considerable proportion of applicants.

The Columbus Child Guidance Center, an extreme case, refused to accept approximately ninety per cent of its applicants for counseling. This agency emphasized diagnostic studies, and does not seek opportunities for counseling clients after the completion of the "diagnostic workup." The Children's Mental Health Center refused counseling service to about twenty-five per cent of its applicants. The Columbus Area Council of Churches was unable to provide counseling services to about seventy per cent of its applicants. These applicants were usually referred to ministers in their own neighborhoods.

The University Counseling and Testing Center refused to accept approximately sixty per cent of its applicants for counseling services. The Psychological Clinic refused to accept about twenty-five per cent of its applicants. It has been previously noted, in this chapter, that the director of the University Counseling and Testing Center felt that the agency attracted a considerable number of unstable adults from the community, and that it was not equipped to provide the type of intensive counseling necessary to assist these applicants with their problems.
Referrals to Other Community Agencies

The great majority of community agencies refer applicants for whom they cannot provide counseling services. Forty-one counseling agencies reported that some applicants were referred to other community agencies, or to private professional persons. Bliss College, the Twilight School of The Ohio State University, and the University Counseling and Testing Center did not refer applicants for whom they were unable to provide counseling services. Columbus Business University and Central High Evening School reported that applicants were rarely referred to other agencies for counseling services.

The referral process is generally considered as an integral part of the total service of the agency. Counselors, regardless of background and experience, should be aware of community resources and should help the client make constructive use of these resources when necessary. A cooperative working relationship should be maintained with other community agencies.  

It is important that the services of community agencies be known in detail by the counselor who wishes to utilize referral resources in the interest of his client. Every adult educator, Van Sant feels, needs a comprehensive knowledge of the services of all civic, professional, welfare, social, or other organizations which provide services useful to adults in meeting particular

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problems. "This knowledge is the base from which a creative referral service can become a part of the counselor's work."  

An adequate referral service involved more than supplying information to potential clients. It is necessary that the counselor take responsibility for preparing the potential client so that he can make the best use of the referral. Abrams and Dana point out that this means careful preparation of the patient and family for referral, free sharing of pertinent information with the outside agency, and delineation of respective lines of responsibility and the maintenance of free-flowing communication between agencies.  

Patterns of referral varied considerably among the various types of agencies represented in this study. Only three counseling agencies referred more than thirty per cent of their clients to other agencies for assistance which was not available from the first agency. The Columbus Area Council of Churches referred approximately seventy per cent of its applicants to ministers and other professional persons, the Columbus Child Guidance Center, the most extreme case, referred more than ninety per cent of its clients following a "diagnostic workup." Central Community House referred a large number of its clients to other agencies for supplemental services while continuing to maintain a counseling relationship. Several mental hygiene agencies referred clients to

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9 Van Sant, op. cit., p. 80.

TABLE XXVI

RANGE AND PERCENTAGE OF REFERRALS MADE BY COMMUNITY AGENCIES IN THE COLUMBUS AREA, BY TYPES OF AGENCIES

<table>
<thead>
<tr>
<th>Per cent of Clients Referred</th>
<th>Type of Agency</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social</td>
<td>Hygiene</td>
<td>Educational</td>
<td>Miscellaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None Referred</td>
<td>9</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Less than 5</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Between 5 and 10</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Between 10 and 20</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Between 20 and 30</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>More than 30</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>21</strong></td>
<td><strong>10</strong></td>
<td><strong>9</strong></td>
<td><strong>4</strong></td>
<td><strong>44</strong></td>
<td></td>
</tr>
</tbody>
</table>

private psychiatrists, particularly those who appear to require long term therapeutic assistance. Most agencies, however, reported that only a small per cent of their applicants were referred to other agencies. Thirty-one of the forty-four agencies referred no clients, or not more than ten per cent of their applicants to other agencies.

An analysis of the relationship between agency's refusing counseling services to applicants, and the volume of their referral services was made in order to determine if this relationship was a positive one.
TABLE XXVII

RELATIONSHIP BETWEEN THE REFUSAL OF AGENCIES TO SERVE ALL APPLICANTS AND THE NUMBER OF REFERRALS TO OTHER AGENCIES, BY TYPES OF AGENCIES

<table>
<thead>
<tr>
<th>Number of Referrals to Other Agencies</th>
<th>Type of Agencies</th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social</td>
<td>Mental Hygiene</td>
<td>Education</td>
<td>Miscellaneous</td>
<td></td>
</tr>
<tr>
<td>Fewer Referrals</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Equal per cent of Referrals</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>More Referrals</td>
<td>12</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Totals</td>
<td>21</td>
<td>10</td>
<td>9</td>
<td>4</td>
<td>44</td>
</tr>
</tbody>
</table>

Thirty-six of the forty-four agencies referred as many as, or more applicants than the number not accepted for service. Only six community agencies refer a smaller number of clients than the number not accepted for service. Apparently some clients are provided counseling services but are also referred to other agencies for other types of services. Nineteen agencies, or 43.2 per cent of the total number of agencies, referred more clients to other agencies than the number of applicants refused counseling services. In general, agencies refused counseling services to only a small per cent of applicants. Likewise, only a small per cent of applicants were referred by most agencies to other agencies for counseling or other services.
Financial Responsibility for Provision of Counseling Services

There are considerable differences of opinions in psychiatric, psychological, and social work groups regarding the advisability of charging fees for counseling services in community agencies. Randall emphasizes the trend in private agencies to charge fees related to the ability of the client's ability to pay. "This ranges," Randall states, "from zero to the full cost of the service. Experience is indicating that a well adjusted system of fee charging has therapeutic values." 11

This trend leaves some important questions unanswered. Perhaps the most important question is the matter of whether or not charging a fee will prevent some clients from seeking counseling services. Some fee charging agencies attempt to deal with this problem by accepting some clients who are not able to pay the fee. However, there is, as yet, no agreement in respect to a satisfactory basis for fee charging. Some people feel that it is important to assure the assumed therapeutic values of requiring the client to pay for services rendered, and at the same time, make counseling services available to those not able to pay fees.

In this connection, Bordin points out that

while no general formula is available for settling such questions as cost, and the relationship of this to other human needs, one important factor is the way in which the public perceives the counseling service.\(^{12}\)

Ten of the forty-four agencies providing counseling services for adults in the Columbus area charged fees. In most cases, fees were based upon the client's ability to pay as determined by a study of his income and financial responsibilities.

TABLE XXVIII

NUMBER AND PER CENT OF COMMUNITY AGENCIES CHARGING FEES FOR COUNSELING SERVICES TO ADULT CLIENTS, BY TYPE OF AGENCIES

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>Number of Agencies</th>
<th>Agencies Charging Fees</th>
<th>Per cent of All Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Agencies</td>
<td>21</td>
<td>4</td>
<td>19.1</td>
</tr>
<tr>
<td>Mental Hygiene</td>
<td>10</td>
<td>5</td>
<td>50.0</td>
</tr>
<tr>
<td>Educational Agencies</td>
<td>9</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Miscellaneous Agencies</td>
<td>4</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

None of the agencies charging fees used standard rates applicable to all clients for counseling services. Two agencies, the Columbus Child Guidance Center and Alfred Willson Children's Center, required standard fees for "diagnostic workups" for children. However, parents were not required to pay this fee for continued

\(^{12}\)Bordin, \textit{op. cit.}, p. 29.
counseling and guidance services. A flexible scale was used by each of the ten agencies to determine fees for counseling services. Fees ranged from nothing to $5.00 per counseling interview. The average fee charged by most agencies was approximately $2.00 per interview.

Mental Hygiene agencies charging fees for counseling services included the Alfred Willson Children's Center, the Columbus Receiving Hospital for Children, the Harding Sanitarium, the Columbus Child Guidance Center, and the Starling-Loving Mental Hygiene Clinic of the Columbus Receiving Hospital. The social worker at the latter agency stated that theoretically, no fee is charged, but in practice, contributions were expected of all clients. This seems to be related to some regulation against charging fees by state supported services. The Diocesan Guidance Center, although reporting that no fees were charged, also accepted contributions from clients. Since the client is asked to make a contribution based upon his ability to pay, he may find it difficult to distinguish between "contributions" and "fees."

Social Agencies which charged fees include the Catholic Welfare Bureau, the Family and Children's Bureau, Jewish Family Service, and Planned Parenthood Association. Only one educational agency, the University Counseling and Testing Center, charged a fee for counseling services.
Relationship to Fee Charging to Dropouts

An analysis of the relationship between requirements for paying fees and the number of dropouts was made to determine if clients were more likely to discontinue counseling relationships with agencies charging fees than with other agencies. This relationship did not seem to be a significant one. Of the ten agencies which charged fees, eight reported that less than five per cent of their applicants did not continue with counseling. The remaining two agencies, the University Counseling and Testing Center and the Family and Children's Bureau, reported that between five and ten per cent of their clients failed to continue with counseling. Apparently other considerations were more important in determining whether or not the client continued in counseling. The fact that agencies which charged fees also accept some clients who are unable to pay probably influences the relationship of fee charging to drop-outs.

Community Responsibility for Counseling Services for Adults

The fact that thirty-four of the total number of agencies provided counseling services for adults without charge is one indication of community acceptance of counseling as a community responsibility. Many educators feel that counseling services for adults should be a responsibility of the public schools.

Campion emphasizes the fact that it has taken half a century for the principle of free adult education to be accepted in this country. The next step, he feels, is for the community to accept
individual counseling as a function of the adult school program. This service should provide, according to Campion, "insurance against waste of public funds through education that is inappropriate for the adult individual who comes to school."\(^{13}\)

Other writers stress the need to maintain the maximum mental health of adults. The claim that adult counseling should be a function of adult education develops from the hypothesis that adult adjustment is basically a learning process. Adult guidance, provided by the public school adult education program, could teach adults to avoid many of the emotional maladjustments which interfere with normal life.

By offering general counseling to so-called "normal" adults, in educational, vocational, marriage and family, avocational, and personal areas, a large part of this public responsibility to the population could be met and many serious maladjustments of later life prevented.\(^{14}\)

The importance of interpreting counseling services to the community is stressed by Scott as a method of insuring community support. The community must be helped to feel that counseling services are important to its own welfare. Responsibility for providing housing, staff, administrative expenses, and other costs


will be assumed by the community when it has been helped to develop a strong emotional investment in adult counseling services.\footnote{Scott, \textit{op. cit.}, p. 38.}

### Size and Qualifications of Counseling Staff

Community agencies in Columbus employed a large number of staff persons who provide counseling services for adult clients. However, many full time staff people responsible for providing counseling services also carried other types of responsibilities. Counseling services were provided by psychiatrists, psychologists, social workers, ministers, directors and assistant directors of agencies, medical students in residence, and others who serve on agency staffs. Many staff people spent only a relatively small part of their time in actual counseling activities. In most cases, records were not kept of the exact amount of time counselors spent in each of their various responsibilities. This made it almost impossible to determine the exact amount of time each staff member spent in counseling.

The amount of time staff members actually spent in counseling, or in activities related to counseling, varied from agency to agency. The individual counselor may also spend much more time in counseling at one period than in another. This situation is most marked in agencies operated by educational institutions. As a rule, part time staff people were not given other responsibilities and spent the greater part of their time in the agency in activities related to counseling.
In presenting the statistics in this section the attempt was made to include only those staff people, full or part-time, who were assigned responsibilities for counseling adult clients. The forty-four agencies employed 259 full-time staff people and 116 part-time staff people who were in varying degrees responsible for counseling adult clients. This represents an average of six full-time and 2.6 part-time staff persons per agency.

The Franklin County Welfare Department maintained a staff of forty social workers, largely without formal training, who carried case loads of one hundred thirty-five to one hundred eighty clients. Obviously, it would be impossible for the workers to develop meaningful counseling relationships with so large a group of clients. Workers in this situation generally attempt to select a few of the most needy clients and to maintain a casework or counseling relationship with this selected group.

Part-Time Counseling Staff

A very few part-time social workers were employed by community agencies in the Columbus area. The large majority of part-time counselors in community agencies were medical doctors or medical students. This group constituted 66.4 per cent of all part-time counselors in community agencies. Educational agencies employed only a small number of part-time staff people. Two agencies, the University Counseling and Testing Center, and the Psychological Clinic, employed the thirteen staff people indicated in Table 29.
TABLE XXIX

QUALIFICATIONS OF PART TIME AGENCY STAFF AS MEASURED BY DEGREES HELD AND OTHER EDUCATIONAL QUALIFICATIONS

<table>
<thead>
<tr>
<th>Degrees Held</th>
<th>Types of Agencies</th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social</td>
<td>Mental</td>
<td>Educational</td>
<td>Miscellaneous</td>
<td></td>
</tr>
<tr>
<td>A.B. or B.S.</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A.B. Plus*</td>
<td>0</td>
<td>35</td>
<td>0</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>M.A. or M.S.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>M.A. or M.S. Plus*</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>M.S.W. or Equivalent</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>M.D.</td>
<td>2</td>
<td>40</td>
<td>0</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>B.D.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>18</td>
<td>84</td>
<td>13</td>
<td>1</td>
<td>116</td>
</tr>
</tbody>
</table>

*Some work has been completed toward the next highest degree.

Without exception, these staff members were psychologists in training, or members of the faculty who gave part time to counseling and to the supervision of students.

Full-time Counseling Staff

The largest single group of staff persons held only the A.B. degree. A total of one hundred nine persons had completed only this level of training. Most staff persons with only the A.B. degree were employed by social agencies. Agencies in the miscellaneous
TABLE XXX

NUMBER OF FULL-TIME STAFF EMPLOYED BY AGENCIES PROVIDING COUNSELING SERVICES FOR ADULTS WHO HOLD VARIOUS DEGREES BY TYPES OF AGENCIES

<table>
<thead>
<tr>
<th>Degrees Held</th>
<th>Types of Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social</td>
</tr>
<tr>
<td>Less than A.B.</td>
<td>16</td>
</tr>
<tr>
<td>A.B.</td>
<td>68</td>
</tr>
<tr>
<td>A.B. Plus*</td>
<td>7</td>
</tr>
<tr>
<td>M.A. or M.S.</td>
<td>15</td>
</tr>
<tr>
<td>M.A. or M.S. plus*</td>
<td>1</td>
</tr>
<tr>
<td>M.S.W. or Equivalent</td>
<td>38</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>0</td>
</tr>
<tr>
<td>M.D.</td>
<td>0</td>
</tr>
<tr>
<td>B.D.</td>
<td>4</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>149</strong></td>
</tr>
</tbody>
</table>

*Some work has been completed toward the next highest degree.

group also employed a considerable number of staff with only the A.B. degree. Only fourteen medically trained staff persons were employed full time by community agencies.

Social workers were the largest group of full-time trained counselors employed by community agencies in the Columbus area. With the exception of one trained social worker employed by the Pupil Personnel Department of the Columbus School System, all full-time trained social workers were employed by social and mental agen-
cies. A total of thirty-two full-time counselors had not completed the requirement for the A.B. degree. In many cases, these staff people have had from ten to as much as forty years of experience in various counseling activities in community agencies. Staff people without professional training were concentrated largely in social agencies, a total of 60.9 per cent of all full-time social agency staff providing counseling services had not completed the professional training considered necessary for their functions. Several of the largest social agencies, for example the Salvation Army and the Volunteers of America, served several thousand clients annually, but possessed no professionally trained staff people.

The Ohio State Employment Service, the Public Health Nursing Service, the Bureau of Vocational Rehabilitation, and most of the educational agencies also possessed no professionally trained counselors. These agencies provide counseling to large numbers of adults annually. The well trained staff people were concentrated in a few agencies. Eleven of the psychologists with Ph.D. degrees, and employed as full-time staff, were concentrated in mental hygiene agencies. All full-time psychiatrists were employed by mental hygiene agencies. Twenty-one of the sixty full-time professionally trained full-time social workers were employed by mental hygiene agencies.

This concentration of trained workers in a few agencies also applied to social agencies. Twenty-eight of the thirty-eight full-time professionally trained social workers employed by social agencies
were concentrated in four agencies. The Family and Children's Bureau employed fifteen trained social workers, the Catholic Welfare Bureau employed six, the Franklin County Child Welfare Board employed three, and the Jewish Family Service employed four professionally trained full-time social workers.

Although a few social agencies employed part-time psychiatric consultants, no social agency had full-time psychiatrists or psychologists on their staffs. The Court of Domestic Relations, the Juvenile Court, and the Cerebral Palsy Treatment Center reported that part-time psychologists were available for psychological testing and other diagnostic work, and for a limited amount of counseling. The Lutheran Welfare Center employed a staff of four full-time clinically trained ministers who were responsible for providing counseling services for adults. One of these men is a specialist in counseling for the aged.

In general, the agencies serving the largest number of clients limited by lack of sufficient numbers of staff and by inadequately trained staff.

For example, four community agencies, Salvation Army, Volunteers of America, Ohio State Employment Service, and the Columbus Chapter of the American Red Cross served a combined total of more than 15,000 adult clients in 1956. A staff of twenty-two full-time workers, and three part-time staff were responsible for serving this large number of clients. Very few of the full-time workers gave full-time to counseling. This group of adult counselors contained only two professionally trained workers.
Size of Counseling Caseloads

An examination of the literature in the field of counseling services revealed very little information relative to the optimum size of the counselor's caseload. Many difficulties are involved in defining precisely how many cases a counselor should carry during a week or a month. The length of interviews, the frequency of contacts with each client, record keeping, consultations with supervisors and other staff, and other factors influence the size of the counseling caseload.

A nationwide study of family service programs, conducted by the Family Service Association of America in 1950 revealed that the average caseworker in the average agency studied carried twenty-eight active cases per month. The caseworker in the median agency handled forty-six office interviews per month, or 2.1 per working day. An average of forty-nine therapeutic interviews per month were conducted by telephone. 16

A Boston study by Weeks revealed that "caseworkers in all but one agency spent roughly forty to fifty per cent of their time in interviews." 17 This study did not indicate whether all interviews were therapeutic or counseling interviews, or whether information gathering contacts were also included.


The agency directors, or social service directors, of four agencies were interviewed to determine the practice of professionally staffed Columbus agencies. The director of the Family and Children's Bureau stated that his workers are generally responsible for about three counseling interviews per day, or fifteen interviews per week. This does not include intake interviews, telephone contacts, and other non-therapeutic activity. The supervising social worker of the Columbus Psychiatric Clinic reported that psychiatrists, psychologists, and social workers schedule about eighteen hours per week in counseling interviews. In some instances, the caseload included only twelve to fifteen hours of counseling interviews per week. Supervising social workers of the Children's Mental Health Center and of the Columbus Receiving Hospital for Children reported that the caseloads of each counselor included approximately fifteen to eighteen hours of counseling per week.

In many cases, the counseling schedule of the individual worker was utilized in repeated contacts with clients who were in counseling over prolonged periods. In other cases, large numbers of clients were seen by the worker during a given period because problems require only one or two contacts. The average size of the continuing caseload of the Family and Children's Bureau during the month of August 1957 was 23.0 cases per worker. The average continuing caseload of the counseling staff of the Columbus Psychiatric Clinic for the same period was 19.2.
In-Service Training in Community Agencies

In-service training activities are an important aspect of the work of agencies involved in human relations work. This aspect of staff development should not be restricted exclusively to staff people who lack formal training. It should be an essential and regular part of the total staff development program. All staffs should participate in some kind of in-service training. This may be accomplished through individual supervisory conferences, and in staff and other types of group meetings.

Twenty-five of the forty-four community agencies reported that some form of in-service training was conducted by the agency. In many cases, this included regular supervisory conferences; in others it included weekly staff meetings. Several agencies used both methods of training. While no attempt was made to ascertain the content of in-service training meetings, several staff people indicated that much in-service training consists of lectures, discussions, book reviews, educational movies, and other educational methods. Many agencies focus on the study of individual cases in in-service training meetings.

Table XXXI indicates that, in general, mental hygiene agencies considered in-service training as important. Only one agency, the Columbus Child Guidance Center, did not operate an in-service training program. This agency had only its psychiatrist-director available for counseling services. In-service training was particularly emphasized by the Starling-Loving Mental Hygiene Clinic,
TABLE XXXI

NUMBER AND PER CENT OF COMMUNITY AGENCIES PROVIDING IN-SERVICE TRAINING PROGRAMS FOR STAFF DEVELOPMENT, BY TYPES OF AGENCIES

<table>
<thead>
<tr>
<th>Types of Agencies</th>
<th>Total Number of Agencies</th>
<th>Number In-Service Training</th>
<th>Per cent of All Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Agencies</td>
<td>21</td>
<td>12</td>
<td>57.1</td>
</tr>
<tr>
<td>Mental Hygiene</td>
<td>10</td>
<td>9</td>
<td>90.0</td>
</tr>
<tr>
<td>Educational Agencies</td>
<td>9</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Miscellaneous Agencies</td>
<td>4</td>
<td>2</td>
<td>50.0</td>
</tr>
</tbody>
</table>

the Columbus Psychiatric Clinic, the Columbus Receiving Hospital for Children, and other agencies that served as training centers for psychiatric residents, and medical, social work, and psychology interns. The Bureau of Vocational Rehabilitation and the Pupil Personnel Department of the Columbus Public Schools were the only educational agencies which reported regular in-service training programs in operation.

Use of Records and Research in Counseling Agencies

The staffs of community agencies providing counseling services for adults in the Columbus area generally supported the thesis that there is need for additional research and evaluation of their own programs. Agency personnel generally agreed that records should be maintained of counseling contacts, that these records should be used
in the evaluation of programs, and that their own agencies should engage in more research than was being done at the time.

**TABLE XXXII**

MAINTENANCE OF RECORDS, USE OF RECORDS FOR PROGRAM RESEARCH, AND ATTITUDES TOWARD ADDITIONAL RESEARCH, BY THE STAFFS OF COMMUNITY AGENCIES PROVIDING COUNSELING SERVICES FOR ADULTS IN THE COLUMBUS AREA, BY TYPES OF AGENCIES

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>Type of Agencies</th>
<th>Social</th>
<th>Hygiene</th>
<th>Educational</th>
<th>Miscellaneous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep Records of Counseling Interview</td>
<td></td>
<td>17</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td>Records Used in Research or Evaluation</td>
<td></td>
<td>14</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Additional Research Needed</td>
<td></td>
<td>19</td>
<td>10</td>
<td>9</td>
<td>4</td>
<td>42</td>
</tr>
</tbody>
</table>

Only two agencies, Friendship House and Godman Guild Community Center, indicated that there is no need for further research in counseling. A few additional staff members felt that research on counseling effectiveness may not be needed, but agreed that other types of research should be conducted. The Volunteers of America, Traveler's Aid Society, and the Clinic for the Mentally Retarded reported that their files were used by national organizations in research projects.
Considerably less than forty-two agencies actually kept records from which such studies must be made. A total of thirteen community agencies kept no records of counseling contacts with adult clients. In some cases, it appears that some of these agencies provided an adequate counseling service. The First Community Church, for example, reported that records were not kept even though this agency had a qualified psychologist on its staff. The Columbus Child Guidance Center maintained records of contacts with children, but failed to keep records of counseling interviews with parents.

Only four of the nine educational agencies, the Psychological Clinic, the University Counseling and Testing Center, the Bureau of Vocational Rehabilitation, and the Pupil Personnel Department of Columbus Public Schools maintained records of counseling contacts with adult clients. The latter agency, however, did not utilize its records in any kind of research activity.

The Salvation Army maintained incomplete records of counseling contacts with adult clients. More complete records were kept of other types of service. Other social agencies which maintained incomplete records of counseling services included the Young Men's Christian Association, Godman Guild, and Friendship House. These agencies are primarily oriented toward serving individuals and groups in informal settings. Counseling activities were also maintained on a very informal basis. Most applicants for counseling services were not required to make appointments or to follow any other formal procedures.
The staffs of twenty-six community agencies reported that records were kept of counseling interviews, and that these records were, in varying degrees, used in research and evaluation of programs. Most agencies, however, admitted that this aspect of their programs was a minor one. Several agencies reported that evaluation of other aspects of their programs is conducted on a larger scale. The Volunteers of America was conducting an evaluation of its administrative services during the period when interviewing was being conducted as a part of this study. In general community agencies in the Columbus area are service oriented, and expend very little time and energy in research or evaluative activity.

**Recommendations for Improving Counseling Services**

Agency staff members were asked if there was a need for improvement in the quality and quantity of counseling services for adults in the Columbus area. With the exception of two agencies, the Columbus Business University and Friendship House, all agency staff respondents felt that there was a need to improve and expand counseling services for adults in the Columbus area. A list of suggestions for improving counseling services was included in the questionnaire used in gathering systematic information in regard to agency services. This list was used to stimulate the thinking and ideas of respondents. Respondents were asked to rate needs in terms of first, second, and third choices.
TABLE XXXIII

OPINIONS OF AGENCY STAFF REGARDING THE MOST IMPORTANT NEEDS FOR IMPROVING AND EXPANDING COUNSELING SERVICES FOR ADULTS; FIRST, SECOND, AND THIRD CHOICES

<table>
<thead>
<tr>
<th>Suggestions for Improvements</th>
<th>Choices of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First</td>
</tr>
<tr>
<td>Improving Existing Agencies</td>
<td>12</td>
</tr>
<tr>
<td>Better Referral Services</td>
<td>2</td>
</tr>
<tr>
<td>New Facilities</td>
<td>4</td>
</tr>
<tr>
<td>Better Interpretation</td>
<td>5</td>
</tr>
<tr>
<td>Improved Services for Aged</td>
<td>2</td>
</tr>
<tr>
<td>Expanded Services for Adolescents and Young Adults</td>
<td>3</td>
</tr>
<tr>
<td>Parent and Family Counseling</td>
<td>10</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
</tr>
<tr>
<td>Totals</td>
<td>44</td>
</tr>
</tbody>
</table>

The largest number of agency staff persons felt that "increasing the staffs and facilities of existing agencies" was the best way to increase and improve counseling services for adults in the Columbus area. Twelve staff persons listed this as their first choice. This suggestion also secured a sizable number of second and third choices for improving counseling services. Second in importance was the need, as stated by agency staff respondents, of providing increased opportunities for family counseling. Although
the need for better interpretation of agency services was emphasized by only five staff persons as first choices, several others indicated support for this opinion in second and third choices.

Staff respondents of the Columbus Psychiatric Clinic, the Diocesan Guidance Center, and the Children's Mental Health Center emphasized the need for counseling services for older adolescents. The assistant director of the Children's Mental Health Center was emphatic in stating that adolescents between sixteen and twenty years of age are too old for children's institutions and too young for the Columbus Psychiatric Clinic. The social work supervisor of Harding Sanitarium and the directors, or assistant directors, of Aldred Wilson Children's Center and Columbus Receiving Hospital for Children stressed the need to move the Columbus Psychiatric Clinic from its present location on the grounds of the Columbus State Hospital. In addition, it was felt that the name of the agency should be changed. The director of Alfred Willson Center stated that "people will not go there as long as they stay in that place and keep that name."

Other suggestions included the need for more services for alcoholics, for expanded vocational counseling, more facilities for the cure of the mentally ill, and the need for increasing referral services between various agencies.
Agency staffs, representing the four groups of agencies, differed to some extent in their evaluation of the counseling needs of adults in the Columbus area.

TABLE XXXIV

OPINIONS OF AGENCY STAFFS REGARDING THE MOST IMPORTANT NEEDS FOR IMPROVING COUNSELING SERVICES FOR ADULTS, BY NUMBER AND TYPES OF AGENCY

<table>
<thead>
<tr>
<th>Recommendations for Improving Counseling Services</th>
<th>Types of Agencies</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social</td>
<td>Mental Hygiene</td>
</tr>
<tr>
<td>Improving Existing Agencies</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Better Referral Services</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>New Facilities</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Better Interpretation of Services</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Improved Services for Aged</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Expanded Services for Adolescents and Young Adults</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Expanded Family Counseling</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>21</td>
<td>10</td>
</tr>
</tbody>
</table>
Staff members of social agencies and educational agencies supported suggestions for increasing the staffs and facilities of existing agencies to a much greater extent than did the staffs of mental hygiene agencies. This was also the case in regard to suggestions for improving and expanding opportunities for family counseling. Only one staff person of a mental hygiene agency, the Diocesan Guidance Center recommended expanding family counseling as the most important need for improving counseling services for adults. In general, mental hygiene agency staff persons did not give wide support to any one recommendation. There was more agreement in this group on the need for more services for adolescents and young adults than for any other suggestion.

The assistant director of the Children's Mental Health Center emphasized his concern for serving both children and adults in need of counseling. This psychiatrist felt that his agency frequently served primarily the "intelligent and economically well off" people. He further stated that "the enlightened people are the ones who know about the agency and who come for assistance." The respondent of the Columbus Area Council of Churches felt that churches should be doing a better job of providing counseling services for adults in the community. He stated that many people who would not go to a social agency or a mental hygiene clinic will seek counseling from a well trained minister. Only one respondent, the director of Columbus Business University, felt that counseling services for adults in the
Columbus area were satisfactory and that his students were able to obtain help when needed.

The problem of adequately trained staff and sufficient numbers of staff is complicated by the fact that many agencies are not comparable. There is no single agency, national or local, which sets standards for all agencies providing counseling services for adult clients. The Family and Children's Bureau, the Catholic Welfare Bureau, and the Jewish Social Service agencies are accredited by the Family Service Association of America. A few other social agencies, for example, the Planned Parenthood Association, the Salvation Army, the Volunteers of America, the American Red Cross, and Travelers' Aid Society, are affiliated with national organizations which require that certain standards are met. However, it is obvious that these standards differ considerably.

All mental hygiene agencies, with the exception of the Alfred Willson Center, meet the requirement of the American Psychiatric Association that a psychiatrist serve as executive of mental hygiene clinics. The State of Ohio also assumes some responsibility for the standards of mental hygiene clinics partly financed by state funds.

The problem of determining counseling needs if complicated by the fact that no scientific criteria has been established for this purpose. Many needs are not recognized by individuals. In some cases, needs are recognized only after a new service has been estab-
lished. The availability of the resource frequently helps to stimulate recognition of needs.

It appears that considerable work remains to be done in interpreting counseling services to the community. The Bureau of Vocational Rehabilitation, the Family and Children's Bureau, the Clinic for the Mentally Retarded, and others, have published attractive brochures which are distributed to supporters and other friends of the agency. Many public and private agencies have published annual reports of their activities. Many of these brochures and reports provide simple, factual information regarding the types of services available, the background and training of the staff, how the applicant may apply for services, and the nature of the agency's financial support.

The Information Center of the Council of Social Agencies also publishes attractive material regarding the services of health and welfare agencies. The Franklin County Mental Hygiene Association also publishes material. This organization recently published a "Directory of Psychiatric Facilities" in Columbus and Franklin County.

A major difficulty may be that much of this material is distributed to people who are already familiar with agency services. Much published material seems to be designed to reach the intelligent and economically well off people who are capable of providing financial support to agencies. Some of the more recent brochures
are small, attractively designed and presumably less expensive. This material should be given a much wider distribution than some of the more elaborate publications.

**Summary**

Several aspects of the program of forty-four community agencies were studied in an attempt to ascertain the quality and quantity of counseling services available to the adults of the Columbus area. The forty-four agencies were grouped into four categories: (1) social agencies, (2) mental hygiene agencies, (3) educational agencies, and (4) miscellaneous agencies. All of the community agencies included in this study provided some type of counseling services for adult clients. Many agencies provided two or more specific types of counseling services.

In addition to counseling services, several other services were available through community agencies. Among these were social casework, psychological testing, homemaker services, vocational rehabilitation, psychotherapy, and vocational placement.

The most important sources of counseling applicants for most community agencies were agency referrals and "self referrals." A considerable number of agencies permitted prospective clients to walk in for counseling without requiring prior appointments. This lack of a formal procedure for applicants was especially prevalent among social and educational agencies. Almost all mental hygiene agencies required appointments for intake interviews.
Community agencies providing counseling services to adults varied greatly in numbers of staff and in the volume of clients served. One agency provided counseling services to only twelve adult clients in 1956. Another agency served approximately 6,000 clients during the same period. The numbers of staff people available for counseling services also varied greatly. A few agencies possessed, in the opinions of respondents, fairly sufficient numbers of adequately trained staff. Many other agencies employed, in the opinion of staff representatives, insufficient numbers of staff, and also inadequately trained staff, to provide counseling services to large numbers of adult clients. The best qualified staffs, in terms of educational backgrounds, were available in the mental hygiene agencies. Mental hygiene agencies also maintained the smallest case loads.

Very few agencies were able to accept all applicants for counseling services. Thirty-five of the forty-four agencies reported that they refused services to some applicants. Although there were a few exceptions, in most cases the per cent of applicants refused counseling services was relatively small. Most agencies referred applicants who could not be accepted for counseling service to other agencies in the city. Only a few agencies performed follow-up services to ascertain whether or not the referral was actually completed by the client.

Only ten of the forty-four agencies charged a fee for counseling services. A few other agencies request "donations" or contri-
buttons, but these are usually very small. No agency had a standard fee for its counseling services. The range of fees varied from nothing to $5.00 per contact, with an average of about $2.00. There was no evidence that clients were unable to continue in counseling because of requirements that fees be paid for counseling services.

In general, agency staff respondents felt that their agencies should keep records of counseling contacts, and that these and other records should be utilized in program research and evaluation. Although thirty-one of the forty-four community agencies reported that records were kept of counseling interviews, only twenty-six agencies actually used these records in any kind of research or evaluation. Those agencies actually doing some research reported that this was a minor aspect of their programs. Community agencies are service oriented rather than research oriented. Staff respondents of all except two agencies reported that they felt that further program research is needed.

Several suggestions were given by agency staff respondents in response to an inquiry about their opinion of the most important need for improving counseling services for adults. The largest single group of respondents felt that improving and expanding existing agencies would be most important. Only a relatively few respondents felt that building new facilities is most important. The need for expanded marriage and family counseling was also stressed by a large number of respondents. These two suggestions
were particularly emphasized by staff respondents of social agencies and educational agencies. Mental hygiene agency staff persons stressed the counseling needs of adolescents and young adults. A small number of respondents emphasized the need for better interpretation of counseling services. Other suggestions included improved services for alcoholics, for handicapped people, for the aged, increased opportunities for referral services, and expanded vocational counseling opportunities.
CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

Conclusions

This chapter is organized around four main topics: (1) Assumptions supported by the findings of the study; (2) assumptions not supported, or only partly supported by the findings of the study; (3) findings not directly related to basic assumptions; and (4) recommendations.

Assumptions Supported by Findings

The findings of this study support each of the following assumptions: (1) That many adults in the Columbus area are in need of counseling services; (2) that many adults in need of counseling services are not receiving these services; (3) that existing agencies are not adequately meeting the counseling needs of adults; and (4) that the counseling needs of adults can be determined to a considerable degree through an analysis of literature relating to social and psychological conditions of modern life, appeals for advice and assistance made by correspondents to newspaper columnists, and more specifically, through interviews with staff respondents of community agencies providing counseling services to adult clients.

An analysis of the social and psychological conditions of modern life provides considerable evidence that many adults are
unable to make satisfactory adjustments to the various pressures and strains of living in a complex industrial society. This inability to make satisfactory adjustments is reflected in such symptoms as high divorce rates, desertions and other symptoms of family disorganization, high rates of narcotic addiction, alcoholism, juvenile delinquency, and a shocking number of mental breakdowns.

Many adults attempt to escape from the conditions of modern life by resorting to the use of tranquilizing drugs, excessive use of alcohol, and other methods of escaping from their problems. Other adults express insecurity and unhappiness by the demand for increasingly powerful automobiles and other symbols of power and prestige.

The fact that large numbers of adults write letters to newspaper columnists seeking advice concerning their personal problems is additional evidence supporting the need for qualified counseling services. A nationwide survey of 6,422 letters written to one columnist by adults revealed that many correspondents were ignorant of the types of help available from community agencies in their own neighborhoods, were unhappy, insecure, and unable to deal adequately with the problems of everyday life. Many correspondents needed specific help with their problems.

A survey of 138 letters printed by the three Columbus daily newspapers during the month of August, 1957, revealed that most adults were concerned about problems with members of their own families. Interviews with an editor of the Woman's Page of each
newspaper revealed that approximately 640 letters were received monthly from Columbus area residents seeking help with personal problems. These findings support the assumption that large numbers of adults in modern society, and specifically in the Columbus area, are in need of counseling services.

More specific evidence of the needs of adults in the Columbus area is provided by the analysis of the services of Columbus agencies, and by the opinions of a respondent representing the staff of each community agency. A total of forty-four community agencies were included in this study. Staff respondents of forty-two agencies stated that counseling services in the Columbus area are inadequate to meet the needs of adult clients. Only nine of the forty-four agencies were reported as able to provide counseling services to all adult applicants. Most community agencies refused counseling services to a small per cent of adult applicants. Four agencies refused counseling services to more than thirty per cent of adult applicants. Staff respondents of twenty-six agencies reported that their agencies did not provide counseling services to some adults because the assistance needed was not within the framework of agency purposes. Limits were set by these agencies regarding the type of counseling services available.

Following a series of television broadcasts sponsored by the Columbus Area Council of Churches more than 300 letters were written by adults asking for help with personal problems. More than seventy
per cent of these requests for help were referred to ministers in local neighborhoods because the agency did not have sufficient staff to handle this large demand for counseling services.

The size of agency caseloads also supports the assumption that large numbers of adults in the Columbus area are in need of counseling services. Each of the forty-four community agencies reported full caseloads at the time the study was conducted. In many cases, a combination of very large caseloads handled by agencies with insufficient numbers of staff made it impossible for counselors to provide an adequate counseling service. The demand for the services of community agencies reflects the need for counseling services by adults in meeting many of the problems of modern life.

The assumption that community agencies were not adequately meeting the counseling needs of adults was supported by staff respondents of forty-two agencies. The respondents of twelve agencies felt that the most important need to improve this inadequacy was by expanding and improving the services of existing agencies. Staff respondents of ten community agencies felt that the most important need was to expand and improve parent counseling services. Smaller numbers of respondents expressed the opinion that it was most important to expand and improve counseling services for the aged, for handicapped clients, for adolescents and young adults, and for alcoholics.
The small number of agencies which provided vocational and educational counseling reflects a serious gap in agency counseling services in the Columbus area. Only three social agencies and four educational agencies provided vocational counseling for a limited number of adult clients. Most community agencies refer applicants with vocational problems to the Ohio State Employment Service. It is doubtful if this agency can provide the type of counseling necessary to help many applicants in which the vocational problem is symptomatic of emotional difficulties.

All educational agencies provided counseling services to some of their students. Only three of the nine educational agencies provided counseling services to non-students. Three social agencies and one agency in the miscellaneous group provided educational counseling to small numbers of applicants. The opportunity for the adult to secure counseling in connection with educational problems was extremely limited in the Columbus area.

The assumption that community agencies are not adequately meeting the counseling needs of adults because of insufficient numbers of staff, and also because of inadequately trained staff, is generally supported by the findings of this study. A small number of community agencies possessed a considerable number of well-trained staff persons. The largest number of community agencies either do not employ any trained staff, or employ only a small number of trained staff. A total of 60.9 per cent of all social agency staff persons had not completed training beyond the
bechelor degree. Several of the largest social agencies, serving from 2,000 to 6,000 clients annually, employed no professionally trained staff persons.

Adequate training of counselors is based upon knowledge of both psychological and social aspects of behavior. The American Psychological Association, the National Association of Social Workers, and the American Personnel and Guidance Association suggest that a Master's degree is the minimum educational qualification for counselors. Senior medical students are permitted to provide some types of counseling under the supervision of psychiatrists.

A considerable number of professionally trained staff persons in Columbus agencies are concentrated in a relatively few agencies. Sixty professionally trained social workers constituted the largest group of qualified counselors employed by community agencies. Twenty-eight of the thirty-eight professionally trained social workers were employed by only four social agencies. Twenty-one additional professionally trained social workers were employed by mental hygiene agencies. Psychiatrists were concentrated in mental hygiene agencies. Professionally trained psychologists were employed largely by educational agencies and mental hygiene agencies.

The size of an agency's counseling staff should be related to the number of clients accepted for counseling services. The variety of responsibilities assumed by counselors, variations in length of counseling interviews, responsibilities for other activi-
ties in the agency, and other factors make it difficult to determine precisely the number of cases an individual counselor should carry.

Local and national studies of the optimum size of caseloads have found that the individual counselor should spend no more than forty to fifty per cent of his time in actual counseling interviews. A nationwide study of sixty family service agencies revealed that the average number of office counseling interviews per counselor was forty-six per month, or 2.1 per working days. A survey of the practices of four Columbus area community agencies, considered by their own staff respondents as fairly adequately staffed, indicated that from twelve to twenty counseling interviews are held each week by each counselor. Most interviews were scheduled to last for one hour.

Only a small number of social agencies, and most mental hygiene agencies controlled intake practices so that counselors could be assigned relatively small caseloads. The average caseload of the staff of the Family and Children's Bureau was 23.0 cases per counselor during the month of August, 1957. Counselors of the Columbus Psychiatric Clinic maintained an average caseload of 19.2 cases per month during the same period. At another level of service, each Ohio State Employment Service counselor was responsible for approximately 125 cases per month.
Assumptions Not Supported by Findings

Three assumptions were not supported, or were only partly supported by the findings of this study. It was assumed that many adults do not receive counseling services because of long waiting periods required by many community agencies. It was also assumed that when help is not immediately available, many adult clients turn to other sources of assistance, or make no further efforts to obtain qualified counseling assistance. The findings of this study do not support these assumptions.

Eleven community agencies required no waiting period before counseling services were available. Twenty-four community agencies reported that a waiting period of less than a week was required of applicants. Only four agencies reported that a waiting period of more than a month was required for the applicant to receive counseling services. The lengthy waiting period required by two of the four agencies was based on the fact that these agencies accepted for counseling only those adults whose children were in treatment. The findings also indicated that the drop-out rate for agencies with long waiting periods were comparable to those reported by agencies requiring only brief waiting periods.

It was further assumed that adults were not attracted to the agencies best qualified to provide the specific assistance needed by applicants. This assumption was partly supported. Forty-one agency respondents reported that specific help needed by some applicants was not available, and that these applicants were referred
to other agencies. All social agencies referred some clients who appeared to possess serious emotional difficulties which seemed to require long and intensive psychotherapeutic assistance. Forty agencies refer applicants who seek financial assistance or other types of social services. Apparently these applicants were not sufficiently aware of the specific services of some agencies and did not apply to the appropriate agency for the type of assistance they need.

A considerable number of applicants are successful in finding the agency capable of providing for their counseling needs. Thirty-one of the forty-four community agencies reported that less than ten per cent of their clients were referred to other agencies for services not available at the referring agency. Only three agencies referred more than thirty per cent of their applicants to other agencies. This finding suggests that many adults are successful in finding their way to the appropriate agency for meeting their counseling needs.

Additional evidence of the fact that many adults were attracted to the agencies capable of providing appropriate counseling services is provided by the fourteen agencies which reported that none of their clients discontinued the counseling relationship until this was mutually agreed upon. Twenty agencies reported that less than five per cent of their clients dropped out of counseling before its completion. Only three agencies reported that more than thirty per cent of their clients dropped out of counseling prematurely.
Findings Not Related to Basic Assumptions

The following findings are not directly related to basic assumptions of this study. These findings reveal some important aspects of the inadequacy of community agencies to provide counseling services for adults in the Columbus area.

1. The Importance of Intake Procedures. It has been assumed by many writers that intake procedures are of special significance in the development of positive relationships between counselor and client. The staff respondents of community agencies felt that this was not an important consideration in Columbus area agencies. No community agency used elaborate intake procedures. A few mental hygiene agencies required psychological tests during the early part of the counseling relationship, but only after some effort had been made to establish a positive relationship with the client. The staffs of community agencies may not have been aware of the attitudes of those clients who dropped out of counseling. Agencies did not follow-up drop-outs to ascertain why they did not return. The low rate of drop-outs reported by most agencies lend support to the opinions of agency respondents that adult applicants were satisfied with intake procedures.

2. Sources of Clients were not generally known by most community agency staffs. Very few agencies asked the applicant how he learned about the agency and its services. Although a few agencies felt that estimates were fairly good, these were not sufficiently precise for statistical representation. It is difficult for
agencies to evaluate their effectiveness in reaching various groups in the population in the absence of a knowledge of the sources of clients.

3. The Use of Records in Research and Evaluation was a minor aspect of most community agency programs. Only thirty-one community agencies reported that records were kept of counseling interviews. Only twenty-six agencies reported that records were used in some form of research or program evaluation. The staff respondent of forty-two community agencies reported the opinion that additional research and evaluative activity were needed in their agencies. Columbus area community agencies, with only a few exceptions, were primarily service oriented. The University Counseling and Testing Center, and the Psychological Clinic of the Ohio State University were the outstanding exceptions to this situation.

4. Non-Counseling Services were provided by all community agencies included in this study. These services reflected the primary focus of the total agency program. Many social agencies and mental hygiene agencies provided social casework services. Only one educational agency, the Pupil Personnel Department of the Columbus Public School System, provided social casework services. Psychological testing was provided by some mental hygiene, social, and educational agencies. Occupational counseling and vocational placement services were provided by a small number of educational agencies and by the Ohio State Employment Service. These supplementary
agency services were available to the counselor as resources for use in assisting the adult client solve his problems.

**Recommendations**

1. It appears that Columbus area community agencies have very little knowledge of the sources of their clients and the manner in which clients were attracted to particular agencies. Agencies should analyze their caseloads to determine what socio-economic groups are being served, what groups are not being adequately served, and develop methods of reaching individuals who may be in need and who are not receiving counseling services. It is recommended that the Council of Social Agencies establish a research department which could, as one of its purposes, encourage and assist agencies to analyze caseloads to determine whether or not individuals of all socio-economic groups are provided counseling services adequate for meeting their needs.

2. Research and evaluative activity should be expanded in Columbus area community agencies. With only two exceptions, respondents of all community agencies felt that additional research activity was needed in their own agencies. Improvements in services are often dependent on evaluation of strengths and weaknesses in existing programs. The Community Chest and the Council of Social Agencies are responsible for evaluations of programs and allocations of funds to community agencies receiving funds from contributions to United Appeals. Certain records are also required by these organiza-
tions. It is recommended that the Council of Social Agencies and the Community Chest staffs conduct city wide surveys of counseling needs and resources. Evaluation of agency programs could be made in relation to community needs.

3. The staff respondents of only three community agencies reported that a significant number of applicants were referred for counseling by the Information Center of the Council of Social Agencies. The Information Center seems to be the logical agency to undertake a broad program of informing the general public of the availability of counseling services. It is recommended that the Community Chest provide financial support to the Information Center for a greatly expanded program of referral services and for publicizing the availability of counseling services for adults.

4. The findings of this study indicate that opportunities for skilled vocational and educational counseling services are very limited in the Columbus area. Most educational agencies serving adult students do not possess staff specifically trained for counseling services. It is recommended that educational agencies serving adult clients take steps to improve their counseling services by employing qualified counselors.

5. In view of the fact that many adults work during the day hours, some study should be given to the problem of making qualified counseling services available to more adult clients who may not be able to accept daytime appointments. It is recommended that agencies providing counseling services to adults analyze applications and
present caseloads to determine whether or not a significant number of adults, unable to keep daytime appointments could accept counseling during evening hours.

6. Staff respondents of twelve community agencies felt that the most important need for improving counseling services for adults was through expanding and improving the services of existing agencies. Ten additional respondents felt that the most important need was for increased opportunities for parents to receive counseling services. It is recommended that the Community Chest and the State Division of Mental Hygiene provide financial support for improving and expanding counseling services for adult clients, and specifically for parents.

7. Three community agency respondents emphasized the difficulties in referring clients to the Columbus Psychiatric Clinic. It was reported that many clients do not like to seek counseling services from the Clinic because of two reasons: first, the term "psychiatric" has negative connotations to many people; second, the location of the Clinic on the grounds of the Columbus State Hospital is viewed as unfortunate. In order to avoid these negative attitudes, it is recommended that the State Division of Mental Hygiene change both the name and the location of the Columbus Psychiatric Clinic.
BIBLIOGRAPHY

Books


*Periodicals*


APPENDIX

QUESTIONNAIRE

A. Study of Organized Counseling Services Available to Adults in Metropolitan Columbus

1. Primary Function of Agency (Social Agency, Educational Institution, Mental Hygiene, etc.)
   Educational Institution____
   Social Agency____
   Mental Hygiene Clinic____
   Vocational Placement____
   Other (name)____

II. Types of Services Offered (Check more than one if necessary)
   Counseling____
   educational____
   vocational____
   personal adjustment____
   Casework services____
   Psychotherapy____
   Marriage counseling____
   Psychological testing____
   Vocational placement____
   Other (name)____

   Services are offered to:
   Adults only____
   (b) Both children and adults____
   (c) Only those adults whose children are in treatment____

   Auspices: Public____ Private____

III. Volume of Services:
   Number of clients served in adult counseling program in 1956____
   Average number of interviews per client____
   Average length of interviews per client:
   less than 30 minutes____
   between 30 and 45 minutes____
   between 45 and 60 minutes____
   more than an hour____

IV. Limitations of Service for Adults

   Does your agency provide counseling services to all adult applicants: Yes____ No____
   If "No," check reasons why services are not available to some applicants:
   Problems not related to agency purposes____
   Lack of sufficient staff____
   Inability of client to pay fees____
Lack of necessary counseling skills ____
Intake temporarily closed ____
Other (name) __________

Percentage of adult counseling applicants not accepted for service:
Less than 5% ____
From 6 to 10% ____
From 11 to 20% ____
Between 20 and 30% ____
More than 30% ____

V. Referrals to Other Agencies:
Are applicants whom you do not provide counseling services for referred to other agencies in the community? Yes ____
No ____
If "Yes," what types of cases are referred to other community agencies: (a) Educational _____ vocational _____ personal adjustment problems _____
Serious emotional problems (psychotherapy) _____
Marital problems _____
Social welfare problems (public assistance, etc.) _____
Job placement problems _____
Others (name) __________

What is the percentage of cases referred to other agencies:
Less than 5% _____
Between 5 and 10% _____
Between 10 and 20% _____
Between 20 and 30% _____
More than 30% _____

VI. Intake procedures
What procedures must the prospective client follow in order to apply for counseling services:
Apply in person _____
Make appointment by telephone _____
Must be referred by doctor, minister, social worker, or other professional person _____
Other (name) __________

Intake Interviews are the responsibility of:
Receptionist or secretary _____ Social worker _____
Counselor _____ Psychologist _____
Psychiatrist _____ Other (name) _____
What is the average length of time elapsing between the Intake Interview and the first counseling interview:
Less than one week _____
Between one and 2 weeks _____
Between two and three weeks _____
Between three and four weeks _____
More than one month _____

What percentage of clients are accepted for services but fail to follow through with counseling:
Less than 5%_____
Between 5 and 10%_____  
Between 10 and 20%_____  
Between 20 and 30%_____  

VII. Source of Clients:

What percentage of clients learn of your services through
Friends _____; doctors _____; ministers _____; teachers _____; co-workers _____; fellow students _____ 
others (name) ________

Are prospective clients regularly cleared through the Social Service Exchange of the Council of Social Agencies?
Yes ______ No ______

Do you receive referrals from the Information Center of the Council? Yes ______ No ______

VIII. Financial Responsibility of the Client:

Is there a fee charged for counseling services for adults?
Yes _____ No _____
If "Yes," is there a standard rate charged for all clients?
Yes _____ No _____
If "Yes," what is the standard rate? Less than $5.00 per hour _____; Between $5.00 and $10.00 per hour _____;
Between $10.00 and $15.00 per hour _____; More than $15.00 per hour _____

If the fee is based upon a flexible scale, what is the maximum rate _____ the minimum rate _____ the average rate _____

IX. Size and Qualifications of Counseling Staff

What is the number of full time counselors of adults _____
What is the number of part time counselors _____
What is the total number of hours worked by all part-time counselors of adults _____
What is the average number of years of experience in counseling adults?
Less than one year _____
Between one and 5 years _____
Between 5 and 10 years _____
More than 10 years _____

Training of Adult Counseling Staff (Write in number of counselors of Adults and major area of training)

Major

No. _____ AB or BS _______________________
     _____ MS or MA _______________________
     _____ MD _____________________________
     _____ PhD ____________________________
     _____ DD _____________________________

What is the number of counselors who have not had formal training, but have increased their competence through in-service training? Full time _____ part time _____

X. Physical Facilities:

Does each counselor of adults have a private office for counseling interviews? Yes _____ No _____
If "No," what percentage of counselors have private offices?

Does each counselor have adequate facilities (files, storage cabinets, etc.) for maintaining confidential records? Yes _____ No _____

Authorities generally agree that well lighted, well furnished attractive offices improve the client's attitude toward counseling. How do you rate your facilities in this respect:

Very good  good  fair  poor  very poor

XI. Research and Evaluation:

Are records kept on the outcomes of all cases? Yes _____ No _____
If "Yes," are these records used as a part of research projects or evaluation? Yes _____ No _____
Do you feel that there is a need for additional research on the effectiveness of counseling in your agency? Yes ___ No ___

XII. Recommendations for improving counseling services for adults in Columbus:

Do you feel there is a need to improve counseling services for adults in Columbus? Yes ___ No ___

If "yes," what do you feel is the greatest need for improved or additional services: (place "1" in front of first choice, "2" in front of your second choice, etc.)

___ increasing the staffs and facilities of existing agencies
___ increased referral services among the various agencies
___ setting up new counseling facilities for adults
___ improving public awareness and understanding of available services
___ improved services for the aged (and expanded)
___ expanding the services for the handicapped
___ expansion of services for minority groups
___ expanding and improving counseling for parents
___ Other (specify) ____________________________
I, Wilson Adonijah Head, was born in Milner, Georgia, on September 30, 1914. I completed my secondary education in Atlanta, Georgia, and received the B.S. degree in secondary education from Tuskegee Institute, Alabama, in 1910. During my last two years in college, I served as student assistant to Dr. Hollis F. Price, professor of economics.

Following a brief period of teaching, I entered the Atlanta University School of Social Work, from which I received the Master of Social Work degree in June, 1942. I worked during my period of graduate work as assistant to Dr. Forrester B. Washington, Director of the School. Prior to entering The Ohio State University, I completed twenty quarter hours of work toward the Ph.D. degree at the University of Chicago.