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**THE USE OF AUTHORITY WITH INVOLUNTARY CLIENTS
IN CHILD PROTECTIVE INVESTIGATION**

by

ELAINE B. DAVIS

A dissertation submitted to the Graduate Faculty in
Social Welfare in partial fulfillment of the requirements
for the degree of Doctor of Social Welfare,
The City University of New York

1995

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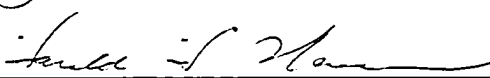
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Abstract

THE USE OF AUTHORITY WITH INVOLUNTARY CLIENTS
IN CHILD PROTECTIVE INVESTIGATION

by

Elaine B. Davis

Advisor: Professor Gary Anderson

Social work practice with involuntary clients is inherently different from work with voluntary clients. Yet social work practice with involuntary clients remains inadequately conceptualized in the professional literature. This qualitative study examined the means by which child protection workers initiate contact with involuntary clients and the relative success or ineffectiveness of such efforts in the formation of working relationships. Specifically, this research explored the use of authority and its effect upon the mandated client's subsequent development of resistance or compliance.

Semi-structured, in-depth interviews were conducted over a period of six months with 29 respondents, including 16 investigative workers in a public child welfare agency and 13 parents whose cases had been substantiated for child abuse or neglect. Workers were recruited through informational group meetings held at the agency; client subjects were self-selected through their voluntary responses to invitations to participate that they received in the mail. Four major

avenues of inquiry were explored including the nature of the involuntary encounter, the use of authority and its impact on the subsequent relationship between worker and client, the types of resistance most commonly presented by clients, and the worker strategies that facilitate the development of compliance or cooperation by the client.

The findings demonstrate that differential uses of authority produce varying results in the worker's capacity to engage clients. Coercive and authoritarian measures most often resulted in increased resistance, while the use of rewards, expertise and information, and referent authority enhanced the client's level of cooperation and compliance. Clients who interpreted workers' efforts as intended to help rather than punish tended to respond more favorably. Further, clients who anticipated loss of custody of their children were more likely to comply. Four worker strategies for managing the involuntary relationship are revealed in the data:

- 1) the presentation of self as helpful rather than punitive;
- 2) responsiveness to clients' basic needs for nurture;
- 3) use of empowerment strategies encouraging client partnership and active participation in decision-making;
- 4) building relationships based upon social exchange and emphasizing reciprocity and mutuality.

Implications for social work practice, education, and further research are discussed.

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Chapter I

INTRODUCTION TO THE STUDY

THE RESEARCH PROBLEM

Basic to all social worker-client relationships is the use of professional authority. But in the case of the involuntary client, authority assumes a particular meaning, one that usually is associated with coercion and the negative by-products that accompany the application of force to human relationships. The worker, most often operating out of a legal mandate, is required by his/her formal position to obtain some degree of compliance from the client to ensure that the norms of society are observed. As stated by Hutchison (1987), "Social work practitioners carry societal sanction, institutional sanction, and professional sanction to serve as influence agents in the lives of their clients" (p. 583). Yet the client also possesses a degree of power in this equation, the capacity to withhold from or attribute to the worker the necessary authority to allow for changes to take place. Thus, worker and client begin their struggle with the issues of authority and compliance as they attempt to cope with the challenge and demands of an involuntary service situation.

This study examines the ways in which authority and compliance are dealt with by worker and client in social work

practice with involuntary clients. The context for the study is a public child welfare agency in which services are legally mandated to protect the welfare of children considered to be at risk of injury. As Rooney (1988) suggests, "One goal of work in mandated settings is to increase compliance with legal requirements" (p. 133). Therefore, of particular interest to this inquiry is the way in which authority, as it is applied to involuntary clients, works to effect movement towards compliance or inhibits that movement.

INVOLUNTARY CLIENTS

Social work practice with involuntary clients is inherently different from work with voluntary clients. This discrepancy emerges from the distinctly divergent beginnings in each of these relationships: one is usually sought after to resolve identified problems; the other is most often avoided due to the perceived punitiveness of the formal system. Generally, voluntary practice entails a request for services and a cooperative effort between worker and client that produces agreement about the nature of the problem, the objectives of treatment, and the interventions to be used (Murdach, 1980). Involuntary practice, on the other hand, often employs a coercive intervention that can produce confrontation, suspicion, and manipulation as by-products of an adversarial encounter. The relationship between worker and involuntary client is usually characterized by conflict rather

than collaboration, and rarely do worker and client agree about the problem, the goals of treatment, or the means of achieving these ends (Cingolani, 1984).

However, minimal attention has been paid to these fundamental differences in practice situations. The professional literature contains limited references to work with involuntary clients, and even fewer examples exist of empirical research that has been conducted on this topic. Hasenfeld (1987) recognizes this omission in his discussion of "Power in Social Work Practice" when he states: "Much of the emphasis in social work practice theory is on the formation of a relationship that is voluntary, mutual, reciprocal, and trusting" (p. 469). And further, "In social work practice theory we encounter reluctance to admit and often denial that many worker-client relationships are involuntary" (p. 474).

In 1977 a national survey found that there were approximately 3 million cases of children and their families being served by public agencies; most of these cases are assumed to be involuntary (Shyne, cited in Epstein, 1985). A current study would no doubt find these figures vastly increased. And, as noted by Epstein (1985), this does not even include the large numbers of involuntary clients who are committed to mental hospitals, detoxification facilities, or incarcerated in prisons. Nor does it consider those situations--for example public schools, employee assistance programs, rehabilitation and health care facilities, or

programs for the elderly--where the delivery of services is often ambiguous in relation to the voluntary or involuntary status of the client population. While such services ordinarily do not require a legal mandate, there is nonetheless an underlying pressure and in some cases even a degree of coercion to ensure that the client accepts services.

The reasons most frequently offered (Rooney, 1992) for this oversight of involuntary services include the following: 1) voluntary clients are considered more motivated, successful in treatment outcomes, and more rewarding for the practitioner; 2) voluntary psychotherapy is the most prestigious among the helping functions; 3) work with involuntary clients typically involves some use of authority which is viewed as being in conflict with the basic values of the social work profession; 4) the principle of self-determination is difficult to maintain in involuntary settings where social control is exercised over clients; and 5) a differential and distinctive practice theory for working with involuntary clients has been unavailable (pp. 11-13). Referring to this last point, Rooney (1992) explains that one of the major problems in involuntary intervention is the expectation that such work entails simply an adaptation of traditional voluntary models and practice principles to the work with involuntary clients. Yet the distinctions between these two forms of practice require clearly defined differences in methodology and technique. Despite the logic

of the explanations offered, it is striking that the profession of social work has been able to provide such limited guidance for the practitioner who regularly intervenes with involuntary clients.

As further support for this position, Cingolani (1984) points out that although

work with involuntary clients...constitutes a major portion of practice for many social workers...the practice theory taught in most professional education programs provides little help with this situation and the result is frequently frustration, demoralization, and burnout in the early stages of the person's career. (p. 422)

There is a tendency to avoid classroom discussion of the involuntary client primarily because this topic has not been fully researched and because the practice methodology available for working with such clients is inadequate. Yet the numbers of beginning social workers who gain entry-level employment in public agencies serving involuntary clients, combined with the demand for trained social workers in such settings, create a pressing need for the development of more sophisticated practice technology than is currently available.

Although the professional literature tends to categorize clients into discrete groupings based upon the voluntary or involuntary nature of their involvement with social service agencies, in actual practice situations the distinctions are not always so clear. It has been suggested by some authors (Cingolani, 1984; Epstein, 1985; Ivanoff, Blythe, & Tripodi, 1994; Rooney, 1992) that there is, in effect, a continuum of

client involvement ranging from totally voluntary to totally involuntary. On the voluntary side of the continuum are those clients who initiate contact with social services and "actively seek help in solving their problems and in achieving their personal goals" (Ivanoff, Blythe, & Tripodi, 1994, p. 5). By contrast, on the far end of the involuntary category are clients who are mandated by the judicial system to receive services. In between these extremes are individuals who experience some form of pressure without a legal requirement to accept services. Usually clients are not stagnant in their level of involvement with services; instead they tend to move back and forth along this continuum as their receptivity to intervention varies, based upon changing conditions in their lives or modifications in their responses toward the worker or treatment process.

As a general definition, involuntary clients are those who, due to some behavior or other condition of their lives, are required or pressured to receive social services from a professional helper. Such clients can be found in a variety of settings including agencies that provide child welfare services, mental health services, treatment for substance abuse, correctional agencies, nursing homes, hospitals, group homes, rehabilitation centers, and most public social service organizations. While many involuntary clients are legally mandated to receive services, others are pressured to accept services by social agencies, employers, teachers, family

members, or other influential persons (Rooney, 1988, 1992). Despite the different degrees of requirement or various sources of pressure to accept services, many of the same basic issues are present in work with all types of involuntary clients. In general, they are not seeking help because, as noted by Oxley (1981), "they do not define their situation as it is defined by the majority culture agency" (p. 291). Thus from the outset, involuntary clients are set apart by their ascribed minority status, their deviant behaviors, and their reluctant attitudes towards intervention.

Involuntary clients have been described in various ways, most of them pejorative connotations due to the difficulties they typically present the practitioner. Such descriptors as hostile, manipulative, hard-to-reach, resistant, passive-aggressive, and especially unmotivated are common terms associated with involuntary clients. The label "unmotivated" usually carries the most weight since this situation essentially relieves the worker of responsibility for the outcome of service. In fact, it is widely believed that nothing much can be done to help an individual who is unmotivated to change. Similarly, the worker cannot be blamed for poor results in interventions with "resistant" or "hard-to-reach" clients; instead the onus is placed on the client and his/her reluctance to accept professional help.

Such has been the traditional understanding of involuntary client populations, and based upon this largely

negative perception, various tactics or strategies have been employed for working with these individuals. One of the more interesting early efforts to reach difficult clients in child protective services was termed "aggressive casework" (Overton, 1952). In this modality the use of authority is exercised liberally and, according to the author, "The worker has to be aggressive...The worker has to 'lead with strength' and sustain that lead until the family is able to take on more responsibility" (p. 150). As will be discussed in the next section, the use of authority and a paternalistic approach to work with involuntary clients were quite common until the late 1960s when the issue of clients' rights and freedom within the law became subjects of intense discussion.

Contemporary theorists (see for example, Cingolani, 1984, 1991b; Murdach, 1980; and Rooney, 1988, 1992) prefer to avoid characterizing the individual as involuntary. Rather than labeling the client, these authors view the relationship, or the interaction, as that entity which is actually involuntary. Thus, instead of placing full responsibility for change on the individual, practitioners are advised to view the helping relationship in a different context; it is the involuntary interaction that merits attention and remediation rather than solely the individual. Accordingly, Murdach (1980) suggests: "Rather than approach this problem by focusing on the needs of either the practitioner or the client, it is helpful to examine how both interact in nonvoluntary situations and then

suggest what interventions best fit these interactions" (p. 458). Within this perspective, negotiation (Fisher & Ury, 1983; Kenemore, 1987), persuasion (Murdach, 1980), and conflict management (Cingolani, 1984) replace aggression (Overton, 1952) as the basic approaches to be employed by the social worker. And the primary objective becomes one of helping the client-worker contact evolve from an involuntary to a voluntary transaction.

In attempting to create more of a voluntary exchange, the worker employs interventive techniques that elicit from the client a sense of participation and eventual commitment to change, rather than mere compliance. Oxley (1977) discusses this challenge in her description of parents who are required to engage in treatment while their children are in placement.

A basic question is whether this kind of mandatory involvement can be effective. This contract assured the bodily presence of parents. It assured no more. The transformation of a required presence into an involved and goal-directed commitment to growth and change rested with the skill and creativity of the social worker or psychiatrist. (p. 609)

More recently, the family preservation movement has developed as another response to the frustrations and failures encountered in work with involuntary clients in child protective services (see for example, Fraser, Pecora, & Haapala, 1991; Kinney, Haapala, & Booth, 1991; Sallee & Lloyd, 1991; and Whittaker, Kinney, Tracey, & Booth, 1990). The program's primary objective of preventing unnecessary foster placements is met through the use of services that are

intensive, family-based, accessible, flexible, responsive, and highly supportive to the individual family members. Again, the emphasis is placed upon creating a voluntary situation even though the initiation of services results from a crisis situation in which the family is threatened with placement of a child. Although the threat of placement serves as a quasi-coercive factor in initially engaging families, the philosophy behind family preservation supports the notion that clients should be viewed as partners, colleagues, and vital participants in the assessment and decision-making processes. In this manner, the family is empowered to collaborate and to participate actively in the overall change effort, rather than remain simply the target of an intervention.

Empowerment is another approach that is increasingly recognized as an intervention which may prove effective with involuntary clients (Cox & Parsons, 1993; Gutiérrez & Nurius, 1994; Ivanoff, Blythe, & Tripodi, 1994; Rooney, 1992; Parsons, Jorgensen, & Hernández, 1994). Emphasizing choices to individuals who perceive themselves as powerless to influence their own lives may have the effect of engaging them in a more collaborative effort, even within the restrictiveness of a legal mandate (Cingolani, 1984; Rooney, 1992). While empowerment has been defined from several different perspectives, it generally refers to the reduction of a sense of powerlessness in an individual, a group, or a community. Solomon's (1976) early work on this subject identified the

need to recognize that "powerlessness is created by negative valuations based on membership in a stigmatized group" (p. 19). Almost a decade later, following a comprehensive review of the literature, Torre (1985, cited in Parsons, Jorgensen, & Hernández, 1994) defined empowerment as:

a process through which people become strong enough to participate within, share in the control of, and influence events and institutions which affect their lives [and that in part,] empowerment necessitates that people gain particular skills, knowledge and sufficient power to influence their lives and the lives of those they care about. (p. 106)

Empowerment refers to both a process and the product or outcome of that process. It emphasizes building social structures that promote education, participatory competence, and collective action on the part of individuals whose learned helplessness has constricted their sense of self-efficacy and has produced a marginalized status for them in society. As stated by Parsons, Jorgensen, and Hernández (1994), "power is thought to be a critical component in functioning" (p. 104). Persons who perceive themselves as powerless are victims of a self-fulfilling prophesy that attacks the individual's sense of competence and therefore the capacity for positive action on one's own behalf (Parsons, Jorgensen, & Hernández, 1994). Empowerment strategies directed at helping clients discover their strengths, their resources, and their self-efficacy can enable them to begin to overcome the "negative valuations" (Solomon, 1976, p. 19) of self and the marginalized existence that produces powerlessness and inaction. With involuntary

clients, the application of empowerment principles entails an emphasis on client choices and participation in case planning even within the constraints of a mandated service situation.

These relatively recent approaches to work in nonvoluntary situations can be understood as attempts to resolve a major dilemma confronting the worker who regularly intervenes with involuntary clients: that is, the highly questionable effectiveness of forced participation. Since the early history of social work, theorists have debated whether treatment can be effective when the element of coercion is present. The fact that an involuntary client is forced to comply in order to avoid negative sanctions creates a totally different set of conditions under which "the helping process" occurs. As a result, it has been generally believed that voluntary clients are much more likely to benefit from social work intervention than involuntary recipients of service (Rooney, 1992).

Over fifty years ago, Dorothy Berkowitz (1943) alluded to this question of practice effectiveness in coercive situations when she wrote about social workers' recognition of the "futility of forceful threats or moralistic lectures as means of effecting any permanency of change in behavior" (p. 262). Hardman (1959) presents a similar position taken by Williamson and Foley in 1949: "Disciplinary counseling may prove to be less effective than other types of counseling, because of the necessary coercive conditions under which it must take place"

(p. 250). And most recently, Rooney (1992) devotes a chapter of his book to a review of social science research that has explored the questionable effectiveness of services with involuntary clients.

Another dilemma that emerges from the involuntary service situation involves the conflicting roles of the worker as helper and as agent of social control. In this regard, Ivanoff, Blythe, & Tripodi (1994) underscore the impact of the social and political environment on the involuntary treatment situation. And both Cingolani (1984) and Diorio (1992) emphasize the political process occurring between legally mandated clients and the social environment, in which the use of socially sanctioned power by control agents not only protects certain vulnerable individuals, but places severe constraints on the clients' personal freedoms as well. It is within this climate of restrictiveness and legal constraint that the social worker experiences role conflict in relation to his/her treatment and control functions. Similar to the client who is mandated to comply with requirements of the larger system, the worker in an involuntary agency context is also powerless to modify the conditions of service.

Hutchison (1987) cites several authors who argue that the profession of social work should withdraw from social control settings due to the conflict of values and the adversarial role of the "helper" required in contexts that are oriented to legalistic and potentially punitive definitions of service.

In such settings the capacity for adherence to professional values is frequently constrained. One wonders how social workers in mandated settings, where social control is integral to normal operations, can be expected to uphold the primacy of the client, the principle of self-determination, and a commitment to the personal freedom of the client.

In many cases where society's laws come into question, the debate concerns individual rights versus collective good. Hutchison's (1987) review of related social science literature affirms the existence of a dichotomous demand between the rights of autonomous individuals and a society that prescribes social control as a means to an end. Social workers are all too frequently, as agents of society's norms, caught up in this debate over whether social services should serve the needs of the individual or the larger good of the collectivity. Hutchison's response to this argument is for the worker to retain a dual focus through attempting to formulate an integrated, systemically-defined and ecologically-based approach that incorporates both the individual and the larger societal context.

Yet, the principle of self-determination remains a pivotal point in any discussion of social control. For it is generally recognized that the use of social control restricts the potential for self-determination in social work practice. As such, the limits of self-determination have been argued quite extensively for over three decades since the appearance

of Bernstein's (1960) seminal article that examines the role of this principle in social work practice. While Bernstein grants that self-determination does take preeminence as one of the loftiest values of the profession, he nonetheless cautions us that individual freedom cannot be upheld without restraint in cases of conflicting welfare between individuals. Other authors (see for example, Loewenberg & Dolgoff, 1982; Reamer, 1983; and Siporin, 1975) suggest that coercion may be justified in some cases to protect the welfare of the client or others who might be affected by the client's behavior. But in the realm of mandated services there are already many built-in constraints on personal freedom, and these must be fully considered in any discussion of work with involuntary clients so as to avoid the pitfalls of capitulating too easily to the systemic need for control over members of society who are considered deviant in their behavior.

Ideally, as posited by Hutchison (1987), the "least intrusive service" (p. 588) that is possible should be the modus operandi for all types of intervention, and especially for those that involve involuntary clients. Above all, social workers need to balance their capacity for coercive action with their ability to empower clients to assume an active participatory role in the process of change. Hutchison (1987) therefore summarizes her discussion of freedom and control with the following exhortation to remain vigilant about the unbridled use of authority, while also avoiding overuse of

self-determination as an excuse for worker passivity in the face of client resistance or other obstacles to service delivery.

Social workers, especially in mandated settings, need to remain sensitive to the inherent dangers of the dominant special interests. Professional standards regarding client self-determination and client initiation of service were developed as countervailing forces to this possibility. However, it is unrealistic, if not irresponsible, to fall back on the principle of self-determination to defend inaction in situations in which clients face pervasive internal and external constraints on choices. (p. 590)

There are numerous references in the literature to this dichotomy between the role of helper and agent of social control, particularly in the provision of child welfare services. Mayer (1989) views this dilemma as representing on the one hand coercive authority, and on the other the need to engage parents as involuntary clients in a supportive, helping relationship. Cingolani (1991a) conceptualizes it as a conflict between the investigative function and the formation of a "therapeutic alliance" (p. 1), activities which are considered to be mutually exclusive in the process of engaging clients. Shulman (1991) argues, however, that this line of thinking represents a "false dualism" (p. 84), suggesting instead that the involvement of the worker in child protection can provide actual help to the parent while supporting the needs of the child. He advocates for the appropriate application of authority and control in a sensitive and caring manner which communicates a desire to help rather than to

punish. Others find this approach paternalistic and opt instead for interventions that tend to diminish the use of external control and empower the client to act in his/her own behalf (Hasenfeld, 1983, 1987; Pelton, 1993) through enhancing the individual's sense of competence and motivation to work on identified areas of need (Oxley, 1981; Maluccio, 1981).

For Rooney (1992) this debate carries little meaning if it permits further avoidance of "the issues surrounding the status of involuntary clients [that] have been neglected for too long" (p.11). And as such his recent book, the first to fully address the need for practice guidelines in work with involuntary clients, represents a beginning attempt to formulate "alternative perspectives for examining involuntary transactions beyond a voluntary therapy perspective" (p. 19). The author's major contribution, the identification of specific strategies for work with involuntary clients, incorporates the use of socialization (role preparation for worker and client), negotiation, and contracting skills, all aimed at increasing the voluntary components of the contact and reducing the coercive elements to whatever extent is possible (p. 149). This is accomplished through dividing the elements of service into two parts: those aspects that are negotiable and can invite self-determination and free choice on the part of the client, and other facets of the case that are nonnegotiable, legally mandated, and not open to compromise. Thus, the worker must learn to balance the

negotiator and compromiser elements of his/her personality with the role of enforcer that often requires coercion and the deployment of power to attain compliance by clients with the demands of the service provider.

Despite this significant contribution by Rooney (1992), knowledge of social work practice with involuntary clients remains in its infancy stage of development. Although there was some interest in the subject prior to and during the early 1960s, it seemed to lie dormant from that time until the mid 1980s. Since then, aside from Rooney's recent text, only one new book (Ivanoff, Blythe, & Tripodi, 1994) and a handful of articles have examined effective technologies for intervention with mandated clients. The majority of practice textbooks still do not treat this subject as separate from voluntary intervention. (Two noteworthy exceptions are Hepworth and Larsen, 1993; and Epstein, 1988.) Moreover, much of the literature dealing with this topic is conceptually based and has minimal if any foundation in empirical investigation. For example, Rooney's (1992) model has been developed as the product of an extensive review of the literature, but he suggests further empirical study of the involuntary transaction as a necessary next step in model development and implementation. By contrast, Ivanoff, Blythe, and Tripodi (1994) present their approach as "research-based practice," employing "findings, concepts, and methods to provide information that can be used for making decisions in each

phase of practice" (p. 15). Yet, throughout their volume references are made attesting to the fact that "there is not a great deal of published knowledge for working with involuntary clients" (p. 16); "there is no empirically identified set of relationship enhancers for involuntary clients as there is for voluntary clients" (p. 27); and "there is scant empirical information about effective intervention planning and implementation with involuntary clients (p. 58). Thus, there remains a pressing need for more in-depth, empirically-based understanding of how practitioners and clients interact in involuntary situations.

Through this review of the literature on social work practice with involuntary clients, several themes have emerged that provide direction for further investigation. First, it seems that over the years practitioners have developed techniques for working with this population that reflect the current ideology in relation to issues of authority and control. For example, during the 1940s and 1950s the application of social control was accepted as the norm, while the next decades--the 1960s and 1970s--witnessed movement away from the use of social control in worker-client relationships. More recently, there has been another shift, this time towards client empowerment and developing negotiated partnerships and collaborative relationships with consumers. But in none of these methodological shifts has there been any significant exploration to determine what effects such methods have on the

development of a professional relationship between worker and client. The present study attempts to examine the various ways in which professional authority is employed in the relationship between worker and mandated client, and further how effective or detrimental the uses of authority are to the engagement process.

A second theme that has emerged from the literature concerns the distinctions between involuntary and voluntary services. While some authors continue to view involuntary transactions through voluntary frameworks, it is clear that involuntary services require a separate methodology that reflects the unique properties and problems associated with practice that involves involuntary, and most often unwilling, clients. This study isolates some of the most prominent features of this practice to further the current level of understanding about work with involuntary clients who are mandated to receive services.

Finally, there is the issue of the client's perception of the process, which has largely been ignored. Particularly in involuntary services it is important to understand the position of the individuals who must accept services against their will. If their participation in the change effort is to be pursued, then it seems logical to consult clients for their opinions, ideas, and responses to an unavoidable situation. This research project examines the perceptions of these clients as they are initiated into the child welfare system

through legal mandate.

OVERVIEW OF THE RESEARCH REPORT

The remaining chapters of this report include a conceptual foundation for the study, description of the methodology that was employed, presentation and analysis of the data, and a concluding section. A brief description of each section follows.

Chapter 2 examines the nature of involuntary social work practice from three theoretical perspectives: worker authority, client compliance, and the dynamics of social exchange. The chapter concludes with a review of recent empirical studies that have investigated social work practice with involuntary clients.

Chapter 3 presents the rationale for the proposed study, highlighting the overall purpose, goals, objectives, significance, and intended outcomes of the project. Symbolic interactionism is presented as an organizing framework for the study because of its emphasis on individual interpretations of situations and the effects of these interpretations on subsequent behaviors. The use of consumer feedback and input to service delivery systems is described as a crucial component of this research.

Chapter 4 provides a detailed account of the methodology employed in this study. The qualitative, exploratory nature of the project is described along with the rationale for this

choice of method. The methodology section further provides a description of the elements of research design including setting for the study, the subjects for study, ethical considerations, and construction of the interview guides that were used as tools for gathering data. Next the limitations of this study are detailed with a discussion of the means that were used to compensate for methodological weaknesses. Finally, the processes of data collection and analysis are presented in detail.

Chapter 5 begins the analysis with a description of the areas of inquiry and presents the research findings related to workers and clients' perceptions of the involuntary transaction. Verbatim segments of interviews are used throughout the analysis to document the patterns and themes that have emerged through the study process.

Chapters 6 and 7 continue the analysis of data by examining the various uses of professional authority, the nature of resistance, and the types of compliance that evolve from mandated social work services.

Chapter 8 concludes the analysis with a discussion of how workers and clients cope with the involuntary situation. Emergent themes are examined with emphasis on the practitioner's presentation of self, the client's need for nurture, the importance of empowerment strategies, and the ways in which exchange relationships are utilized by workers to assist in the engagement process with clients. This

chapter concludes with a description of the need for additional emphasis in social work education on the involuntary relationship.

The final chapter of the project report summarizes the major findings of the study and elaborates on the contributions of this research to the existing body of knowledge about involuntary social services. General recommendations based upon the findings are offered about curriculum content that would be useful in preparing future social workers for practice with involuntary clients. Most importantly, this section addresses the need for further research about social work practice with involuntary clients.

Chapter II

REVIEW OF THE LITERATURE

THEORETICAL UNDERPINNINGS

To begin this study, it is important first to glean what is relevant from social science theory that may provide additional understanding of the multiple perspectives of worker, client, and agency in the involuntary social service delivery system. Therefore, in this chapter the problem of involuntary social work practice is conceptualized from three perspectives: worker authority, client compliance, and the dynamics of social exchange that begin to emerge as worker and client attempt to manage their encounters with one another. Specifically, authority theory, compliance theory, and the concept of social exchange are examined in relation to the roles of worker and client to understand the driving forces in this relationship. And in this way a preliminary theoretical foundation is established for the exploration of social work practice with involuntary clients, particularly as that practice relates to legally mandated clients within the context of child protective services.

Authority of the Worker

The use of authority in social work practice has produced controversy since the earliest years of the profession.

Although many theorists consider authority an integral component of the worker-client relationship, practitioners are generally reluctant to accept and use professional authority in their interactions with clients (Berkowitz, 1943; Gibson & Edwards, 1980; Gourse & Chescheir, 1981; Hutchison, 1987; Watkins, 1979). As stated by Gitterman (1989), "social workers do not like to acknowledge having authority and power over clients" (p. 167). Phrases such as "power and control" or "authority and compliance" tend to evoke emotional responses of distaste or mistrust because many social workers view the use of authority and its potential for social control as antithetical to the basic values of the profession and therefore to the goal of helping (Koerin, 1979; Mencher, 1960; Shulman, 1991).

Authority has earned a bad reputation in the profession of social work, especially since the late 1960s when the civil rights movement, social reform, and issues of personal freedom, equality, and democratic process became closely identified with professional vocabulary and practice (Palmer, 1983). Even before this period Mencher (1960) recognized that authority was considered "a phenomenon alien to our culture" (p. 126). Watkins (1979), however, cites the "clinician's own inner conflicts over authority" (p. 208) as the major reason for avoiding its use in practice. And yet, despite its negative connotation among some social workers, many continue to advocate for the appropriate and constructive use of

authority in social work relationships (see, for example Hasenfeld, 1987; Hutchison, 1987; Palmer, 1983; Shulman, 1991; Siporin, 1975; Studt, 1954, and Yelaja, 1971).

Yelaja (1971) contends that "authority is inherent in every social worker-client relationship" (p. xv). But he also posits that most workers deny its existence and in so doing, according to Yelaja, they risk abdicating their professional responsibility to promote the well-being of individuals and to contribute to the welfare of society at large (N.A.S.W., 1981). This issue rose to prominence during the early history of child welfare services when the exercise of professional authority was identified as a central function of the child protective caseworker. But the difficulty which has endured from that time until the present has been to define professional authority in a manner that would have general applicability to the variety of situations requiring its use, providing enough leeway for professional action, while also imposing sufficient limits on its use to protect the rights of the client. Mencher (1960) defined authority in general terms as "the power to induce changes in, or to exert control over, the behavior of another" (p. 127). More specifically, professional authority assumes that such power will be employed by individuals who have expertise, competence, sanction, and who adhere to a professional code of ethics. Nonetheless, the application of authority can vary widely depending upon the individual personality of the worker and

his/her own attitudes towards the use of such influence over others.

As early as 1923 Porter Lee, Director of the New York School of Social Work (cited in Anderson, 1989), in addressing the National Conference of Social Work, underscored the need to recognize the dual nature of authority: that which is "constituted" within one's position or office, and the second form of authority that is "inherent" within the individual. Both of these types are considered essential in the role of the protective service worker.

Since the 1920s the importance of worker authority in child protection has been reiterated in the social work literature in numerous ways. For example, Dorothy Hutchinson (1942, cited in Anderson, 1989) wrote, "In protective work with children and their parents, good casework practice does not deny the place and use of authority" (p. 235). Two decades later Elizabeth and Carl De Schweinitz (1964) stated:

...authority in the protective function is not minor. It is what initiates the contact; it is what insists upon the change. To think that it ever ceases to be present is to be unwilling to accept the implications of the protective role.
(p. 91)

Anderson (1989) also emphasizes the importance of authority in child protection: "The concept of 'authority' is the bedrock of any discussion of child protection" (p. 228). And most recently, Shulman (1991) describes authority as an integral part of all social work relationships, particularly those related to child protective services.

Much of the difficulty surrounding the notion of authority stems from misunderstanding about its meaning, resulting in negative views and fear of authority as being somehow inimical to democratic values and individual freedom. Instead of being understood as a legitimate form of influence, authority is often mistaken for authoritarianism which normally signifies some curtailment of personal freedom. Moreover, Yelaja (1971) believes that the central problem with authority remains in its specific function in social work practice and how the individual worker interprets its applicability to the situation at hand (pp. xvi-xvii). If, as is often assumed, authority exists as a coercive and threatening display of power, then indeed its role in the profession of social work should be carefully defined and limited to specific situations. If, on the other hand, it is used as a dynamic force in the professional relationship, and as a legitimized function of the expertise and influence of the professional helper, then it should have a more generalized function and application in the helping process.

Max Weber was instrumental in introducing authority to the social sciences in a new light. In contrast to his predecessors' heavy emphasis on violence and economic coercion as driving forces of the social order, Weber (1947) employs the concept of legitimacy as a central element in his theory of human interaction within the political order and society in general. He views authority as a type of influence whereby

people comply with the demands of others based upon their belief in the legitimacy of such influence, founded upon either the stated rules and laws of the system, tradition and norms of the society, or the personal qualities of the individual occupying a position of authority. Thus according to Weber, authority may be legitimized on legal-rational grounds, on traditional grounds, or on the basis of charisma.

Weber's critics, however, have debated widely on the need for inclusion of other forms of influence, specifically positive incentive and coercive authority--the power to grant rewards or to punish. Sociologist Peter Blau (1963), in his article entitled "Critical Remarks on Weber's Theory of Authority" (in Wrong, 1970), states that "power is defined by Weber as a person's ability to impose his will upon others despite resistance" (p. 147). He notes, however, that Weber does not specifically discuss coercive power or incentives; and in fact, neither is necessary to produce voluntary compliance within this conceptual framework. If either is required to bring about conformity with one's demands, then the person does not possess actual authority. In Weber's typology, authority exists unconditionally without the need for incentives or deterrents simply because individuals believe in the legitimacy of the superior to impose his/her will upon them. Other critics, however, stand firm in their assertions that Weber's notion of authority was incomplete in its omission of positive incentive and coercive authority.

For example, Dennis Wrong (1970) contends that it is impossible to separate discussion of authority from coercion due to the fact that if compliance is not willingly given, there is always the threat of harm if the superior actually has power over the subject.

Empirical understanding of this notion can be gained through examination of the various forms of authority typically used in involuntary social services. For example, one worker may attempt to employ a degree of charisma in establishing a relationship with an unwilling client by focusing on the personal aspects of building rapport through trust, use of empathy, concern, and support. For Weber (1953), charisma entailed the possession of "gifts of grace ...especially magical abilities, revelations of heroism, power of the mind and of speech" (p. 8). But to translate this into a more contemporary application, one might say that the impact of an individual's personality, his/her charm or magnetic quality, and interpersonal skills are used as the primary sources of influence over others. In this way, some workers employ the form of authority that Porter Lee (cited in Anderson, 1989) referred to as "inherent" within the individual rather than that which exists within the social structure.

Utilizing traditional authority, a worker might invoke agency traditions, values, and norms in classifying and processing clients, sometimes without a clear understanding of

individual needs and problems. Hasenfeld (1983) describes this as a process of "typification" in which decisions about the client and his/her treatment are "largely derived from the cultural and normative context of the organization" (p. 193). For example, the traditional authority of an agency within the correctional system ordinarily militates against empowerment of the client to participate in decision-making on his/her behalf.

An alternative approach might be for the worker to discuss the law and the consequences of noncompliance in an attempt to use legal means as well as rational-persuasive measures to overcome unwillingness on the part of the client. Or a worker could employ personal incentive to demonstrate what rewards might be gained through cooperation. But finally, in the face of unrelenting resistance, most workers use some form of coercion in threatening the client with punitive measures. Thus, Dennis Wrong's (1970) notion has to carry some weight when he claims that we can't fully separate the concept of authority from coercion. For if compliance in mandated situations is not given willingly, as suggested by Weber in his theory of legitimate authority, then it must be gained somehow--through the use of coercive, threatening, or punitive measures. Wrong (1970) posits that these are necessarily inherent in any authority system.

While Weber's theory provides a foundation for understanding the use of authority in social work practice,

other authors have also contributed important ideas for consideration in the development of practice knowledge. Chester Barnard (1956), for example, views authority as dependent upon the response of the recipient rather than residing in the person who would attempt to influence others. Mencher (1960) agrees with Barnard, stating that "authority arises from the volition of the acceptor rather than from the intrinsic control of the agent...it is the perception of the acceptor that, in the final analysis, determines the existence of the authority" (p. 135). Palmer (1983) suggests that authority is transactional in nature, thus partially dependent upon the consent of the client who, in essence, grants authority to the worker. This idea of consent of the "ruled" is clearly in contrast to Weber's notion which defines legitimacy from the perspective of the ruler, not the subjects, or what Merquior (1980) has termed the "ruler-centric" (p. 132) orientation of Weber.

Further debate on this topic attempts to explain how compliance occurs in situations where there is no threat of coercion or punishment. Parsons (1951, cited in Hutchison, 1987) answers the question from a sociological perspective, while Fromm (1941, cited in Studt, 1954) applies a psychological approach to the resolution of this problem. Thus, whereas Parsons' view of authority is institutionally based and dependent upon societal sanctions, Fromm's psychological definition of this concept interprets authority

as "an interpersonal relation in which one person looks upon another as somebody superior to him" (1941, cited in Studt, 1954, p. 232). Studt further refines this definition for application to social work practice by adding the phrase, "for the purposes of the problem at hand" (p.233). Studt also allows that most social worker-client relationships involve this psychological component along with the formally sanctioned authority of the social structure, thereby producing a marriage between the psychological and sociological explanations of authority in social work practice.

On a somewhat different tack, Friedrich (1958) suggests that "authority is a quality of communication rather than of persons, and when we speak of the authority of a person, we are using a shorthand expression to indicate that he possesses the capacity to issue authoritative communications" (in Yelaja, 1971, p. 23). Barnard (1956) similarly views authority as communication, "an order which is accepted, questioned, or rejected by the recipient of the order" (p. 50).

Interesting to note is the fact that each of the authors cited above tends to avoid discussion of coercive forms of authority. Like Weber, most prefer to view this aspect of human interaction as a manifestation of legitimacy rather than coercion, which attempts to effect change in individuals through the deployment of power, force, threats, or other

aggressive means of influence. Friedrich (1958) makes an important point, stating that his definition of authority rests upon reason and rationality. He concurs with Tufts (1961) who believes that professional authority is the authority of expertness, competence and skill, and adherence to professional values. However, Friedrich further refines his own definition of authority by distinguishing between authoritarian qualities which he views as representative of the "totalitarian personality" (in Yelaja, 1971, p. 23) and authoritativeness which is built upon reason.

These are important distinctions for any discussion of authority if one is to attempt an understanding of the function and appropriate application of this dynamic in social work practice. And this is particularly true in situations of involuntary practice where the power differential between worker and client usually is so great. Mencher (1960) notes that "coercive authority may operate as the 'leverage point' for needed emergency action" (p. 132). Yet, while coercion is recognized as necessary in certain social work relationships, it also must be employed with all due respect for the potential harm that its application can produce.

In attempting to understand the whole concept under consideration, one searches for an inclusive typology that progresses beyond Weber's theory and that contains all possible variations of the use of authority in worker-client relationships. French and Raven's (1959, cited in Mencher,

1960) framework is one that is generally accepted in the social work literature as most informative, inclusive, and applicable to social work practice. They have delineated five types of authority relationships, each with a different potential for influencing behavior, and all of them dependent upon the acceptor's perception of the agent's source of authority. French and Raven's typology includes the following: 1) the agent is able to provide rewards; 2) the agent has the power to coerce or provide punishments; 3) the agent represents an appropriate reference figure; 4) the agent possesses special wisdom or expertness; and 5) the agent has the legitimate right to regulate the acceptor's behavior (cited in Mencher, 1960, p. 130). Accordingly, workers are perceived as using reward, coercion or punishment, referent power, expertise, and legitimacy in influencing others' behaviors. These stances may be employed separately or in combination. And French and Raven are careful to note that what begins as one type of authority relationship may, over time, evolve into another. So there is choice and there is flexibility in the use of authority.

In any case, these forms of influence need to be applied both rationally and strategically to help the client move in a desired direction of activity, rather than to risk the formation of either dependency or resistance as by-products of the authority relationship (Mencher, 1960). While dependency tends to "reawaken fantasies of the 'magic helper'" (Mencher,

1960, p. 133), resistance, on the other hand, may motivate the client to withdraw from the help that is available. Thus the worker needs to be aware that "authority itself engenders reactions in the client which must be recognized if it is to be used constructively" (Mencher, 1960, p. 133) to achieve the desired outcomes of the intervention.

Compliance Theory

While authority refers primarily to the actions of the worker, and the client's perceptions of those actions, another important line of investigation is the concept of compliance. In other words, once authority is applied to a particular relationship or situation, how does compliance occur? What is the critical connection between what the worker does and the outcome in terms of client behavior? Although this is an important question in social work practice, the literature is sparse in discussion of how compliance is actually achieved.

Etzioni (1975) states that "Compliance is universal, existing in all social units" (p. 3). Citing Simmel, he concurs that compliance "is a major element of the relationship between those who have power and those over whom they exercise it" (in Etzioni, p. 3). One might conclude that compliance is inextricably intertwined with the concept of authority, yet many authors, in their discussions of authority, fail to examine adequately the responses of the target of influence. Using Weber's model of legitimacy, one

could assume that the use of any of the three types of legitimate authority would produce the desired response. French and Raven's typology also assumes at least a modicum of conformity with the agent of authority. But what remains is a gap in the theory between the doer and the receiver.

Etzioni attempts to fill this gap. He defines compliance as a relationship consisting of the power employed by superiors to control subordinates and the orientation of the subordinates to this power (Etzioni, 1975). Power is a central concept in Etzioni's theory, representing a form of influence or control upon which the organization relies to ensure adherence to its directives and maintenance of its norms (Etzioni, 1975). Similar to Weber (1947), Etzioni regards power as the capacity to impose one's will on another and to effect change even in the face of resistance. Simply put, "A has power over B to the extent that he can get B to do something that B would not otherwise do" (Dahl, 1957, p. 202). Yet Etzioni's conceptualization of power goes one step further, similar to that which is offered by Bachrach and Bergman (1973):

...the utilization of resources, ranging from skills, money, and legitimacy, to charisma and instrumentalities of violence, which have the direct or indirect effect of modifying the behavior of other actors in accordance with the preferences of the power wielder. (p. 2)

Furthermore, as noted by Mayer (1989), Etzioni's definition of organizational compliance progresses beyond the simple understanding of how power is used, to look at "the

motivational basis of a subordinate's cooperation with organizational directives" (p. 95). The motivation to comply may, in fact, be the missing link between the various uses of authority and the differential client outcomes produced. This is especially important for understanding the worker-client relationship in mandated services where the lack of voluntary involvement can seriously impede the achievement of a successful outcome.

Hasenfeld (1983) examines such outcomes, asserting that "the need for client compliance and cooperation is particularly heightened when the technology aims at some major changes in the client's behavior" (p. 122). And so often the legal mandate requires changes in a client's behavior that cannot take place without at least some degree of client involvement and compliance. Modifications in beliefs and attitudes are even more difficult to produce without investment on the part of the client in this process of change. In a sense then, according to Hasenfeld (1983), the agency is dependent upon the client's compliance to validate its very existence in relation to its capacity to accomplish goals and achieve its stated purposes. For without the capacity to influence clients' attitudes and behaviors, the agency's *raison d'être* may be in question.

In defining compliance as a function of the organization's type of influence utilized and the client's type of involvement with the organization, Etzioni (1975)

presents a typology which includes the following components:

- 1) the forms of power usually employed by an organization to produce compliance--coercive, remunerative, and normative;
- 2) the orientations of the subordinates to the organization--alienative (negative), calculative (neutral), and moral (positive); and 3) the resultant compliance relations between the organization and its subordinates (in this case, clients)--coercive, utilitarian, and normative. These relations are depicted in Table 1.

Table 1
Compliance Relations¹

Forms of Power	<u>Client Orientations</u>		
	<u>Alienative</u>	<u>Calculative</u>	<u>Moral</u>
Coercive	Coercive	X	X
Remunerative	X	Utilitarian	X
Normative	X	X	Normative

Coercive compliance results from combining a negative or alienative orientation on the part of the client with the threat of punishment or material deprivation by the agency or the agent of social control. Utilitarian compliance results from a neutral or calculative stance on the part of the client

¹ Adapted from Etzioni, A. (1975). A comparative analysis of complex organizations. New York: Free Press.

in combination with remunerative power, the promise of material reward. And finally, normative compliance is produced when a moral or positive orientation on the part of the client is combined with normative power that provides such symbolic rewards as esteem, acceptance, approval, or prestige. In this case the norms, values, and goals of the client and the agency are in agreement, thereby necessitating neither coercion nor material rewards to produce compliance; persuasion is ordinarily enough of a motivating factor to bring about conformity. These three types of compliance structures represent congruent types in which the orientation of the subordinate generally matches the type of power used by the superordinate actor. Etzioni also describes incongruent types of compliance relations (represented in Table 1 by X), emphasizing that these are far less effective and therefore infrequently employed by organizations to achieve compliance.

Notably, Etzioni (1975) has made a point of incorporating in his theory both legitimate and nonlegitimate forms of authority. In fact, his major point of departure from Weber's (1947) theory is what Etzioni refers to as Weber's overemphasis on legitimate authority and his omission of nonlegitimized forms of power or coercion. Etzioni asserts that one cannot discuss authority and compliance without considering also the concept of coercion which he construes as force, the use of threats, punishments, and deprivation. Etzioni's recognition of both legitimate and nonlegitimate

sources of control is especially important in examining involuntary social work practice due to the fact that mandated services often produce an alienated stance towards the agency through the application of coercive power in the form of legal threats, cessation of welfare benefits, or other punitive measures to obtain compliance with the expectations of the agency. Mayer (1989) notes that:

In most child protection interventions, the involuntary initiation of contact and the need to conduct an investigation which can lead to placement and even criminal indictment, tend to promote a more alienative, or negative, compliance orientation. (p. 96)

Earlier, Levinson (1964) took a similar approach in discussing chronically dependent families whom he considers to be "the most difficult to reach, the most resistant to change, the most often dismissed as untreatable" (p. 376). The central problem described here is the nonvoluntary client, "responding in an alienative manner to what is perceived as coercive power" (p. 375). Levinson applies Etzioni's theory to his work with involuntary clients, examining the various outcomes that occur through the application of different types of power to various forms of client involvement. He concludes that the coercive form of compliance, which is born out of an alienative subordinate stance and the use of coercive power, is mainly ineffectual in attempting to produce change on the part of the involuntary client.

What seems to be more prevalent than behavior change is a form of social control imposed upon the client. However the

problem, according to Levinson, lies in the client's absolute rejection of the agency's claim to normative power. There are usually few, if any, shared values, traditions, or goals between the client and the agency. In fact, one basic difficulty in child protective services lies in the discrepancy between the parents and the agency's norms of parenting with regard to health care and educational needs of the child, methods of discipline, supervision, and other critical areas of parental responsibility. So an attempt to bring about changes in parenting through what Levinson terms the "normative demands and expectations" (p. 378) of society and the agency is often frustrated by this lack of shared values, traditions, and norms. The use of normative power in the face of alienative involvement may produce an incongruence that results in failure to gain compliance from the client. Ultimately, this ends in defeated attempts to reach already "hard-to-reach" clients.

Levinson also contends that the calculative orientation of the client has been underemphasized. He advocates the importance of starting where the client is, or as stated in his words, "begin with the client's present motivational set" (p.379). Thus, the goal is to figure out what motivates the client, rather than what norms the client should adopt. This means beginning with the client's sense of urgency and trying to provide concrete help as needed. In many cases the only means of reaching the client who is experiencing difficulty in

the role of parent is to respond first to his/her specific needs for services and/or resources. In this way, perhaps the client can be motivated to begin working with the system around his/her needs, and this initial sense of cooperation between worker and client may actually produce positive results for the children involved.

Similarly, Mayer (1989) uses Etzioni's compliance theory to examine the nature of client-worker relationships in settings where mandated services are provided. Mayer employs Etzioni's three types of compliance relations to explain the client's motivation for conforming with the expectations of the agency. For example, the coercive form of compliance is motivated by the client's belief that lack of cooperation would result in severe punishment or other negative sanctions. Utilitarian compliance is motivated by a belief that the greatest rewards and benefits would result from client cooperation. And normative compliance is generated by the client's belief that cooperation with the worker or agency is right, proper, and basically legitimate.

Mayer (1989) digresses from Levinson's (1964) earlier exploration of this subject with his notion that the compliance structure can be modified from alienative to normative and that this should serve as the overarching goal of intervention with involuntary clients. Through the use of mediation, the worker attempts to change the type of compliance from one which is coercive and produces alienation

to normative compliance which represents positive involvement in the agency and a commitment to shared norms and values between worker (or agency) and client. The emphasis here is on producing a collaborative relationship in contrast to one that is essentially adversarial in nature. This is accomplished, in Mayer's model, through the processes of mediation and negotiation.

Other authors use similar formulations for understanding client-organization relations. Hasenfeld (1983), for example, emphasizes the need to help clients develop trust as a prerequisite to cooperation or compliance. As represented in Table 2, trust, according to Hasenfeld, is predicated on the type of control mechanisms employed by the agency towards its clients.

Table 2

Effects of Client's Cultural Orientation and the Organization's Means of Control on Client Trust²

Client's Cultural Orientation	Organization's Means of Control		
	Persuasion	Inducements	Constraints
Normative	M	-	-
Utilitarian	+	M	-
Coercive	+	+	M

M = Maintain current level of trust.

+ = Increase level of trust.

- = Decrease level of trust.

² Hasenfeld, Y. (1983) Human service organizations. Englewood Cliffs, NJ: Prentice-Hall

Borrowing from Etzioni's model, Hasenfeld endorses the use of persuasion (represented by normative authority) or promises (represented by remunerative power) in place of threats (coercive power) to maintain or increase the client's level of trust in the agency and the worker. Like Mayer, and others before him, Hasenfeld perceives the use of coercive power to be ineffective in producing positive results in worker (or agency)-client relations.

Yet, there exists a degree of controversy over the use of coercive means of achieving client compliance. Although social workers tend to avoid discussion of coercion and power in their practice (Hasenfeld, 1987; Hutchison, 1987; Palmer, 1983), there are some empirical studies which demonstrate that coercion may be effective in initially motivating clients to enter treatment. These studies will be discussed further on, as will the question of whether the effectiveness of coercive interventions can be sustained over time or if there are mainly short-term effects from the use of coercion. Moreover the issue of pseudo versus real compliance is another by-product of coercion that demands attention, that is, whether there is simply an appearance of cooperation and compliant behavior without any real changes occurring in the client's behavior or attitudes. In general, however, it must be recognized that coercion is employed as one means of influencing clients, perhaps because there are limited strategies available to the worker or because it brings about

the desired result. What needs further examination is whether in fact the use of coercion really works or simply appears to for the duration of the intervention and whether there are other, more effective, and perhaps more lasting kinds of techniques that can be employed in seeking compliance from involuntary clients in mandated services.

Social Exchange Theory

While theories of authority help to explain the superior position of one actor over another, and compliance theory assists in understanding how the power of the superior and the involvement of the subordinate interact to influence behavior, social exchange theory provides a transactional approach to the problem of clarifying how relationships are formed between worker and client in mandated social service situations. Exchange theory can be viewed as a blend of economic theory and social behaviorism (Garko, 1990) that attempts to explain the way in which patterns of reinforcement shape human behavior. It utilizes the concepts of reciprocity and mutuality in a system where costs and rewards serve as determinants of human behavior.

George Homans (1961) originally developed this theory of social behavior based upon B. F. Skinner's behavioristic psychology. Exchange theory rests on certain assumptions: 1) that human beings will form and sustain relationships if they believe that the rewards they derive from such relationships

exceed the costs; 2) that interactions tend to continue when there is an exchange of rewards; 3) that interactions are less likely to continue if they are costly (or punitive) to one or both parties; and 4) that individuals are motivated by self-interest; that is, they attempt to maximize their rewards and minimize their losses or punishments. Homans understood social behavior as existing within the context of a market economy. Thus the concepts of reward, cost, price, and profit are integral to his theory. And in fact, compliance represents a potentially profitable or costly outcome for either of the parties involved in the exchange. Both parties are seen as rational profit-seekers who possess power based upon their ability to control or influence the needed rewards and costs of the interaction.

Some might even consider social exchange theory as a variant of Etzioni's compliance theory in which remunerative and normative power are used as rewards of different types, and coercive power is translated into costs. But as Garko (1990) suggests, Etzioni places his emphasis on the deployment of power rather than the provision of rewards or the costs that are incurred. Moreover, Etzioni's conceptualization of compliance is, by definition, an asymmetrical relationship in which one party wields power and the other gives compliance. In the social exchange model, there is some evidence of a more reciprocal base for interaction, that one needs what the other has and is therefore willing to make a trade-off. The agent

possesses resources to be traded for compliance. Likewise compliance, which may be the target's primary resource, is traded for need-related resources. According to Garko (1990):

The "price" is the amount of compliance the agent will accept in trade for his/her resources that are rewarding to the target. The agent's "cost" is the amount of resources utilized to gain compliance, while the target's "cost" is the degree of compliance the target will give up in order to obtain the desired resource(s). The level of "profit" or "loss" for the agent and target is a function of the extent to which each has maximized his/her rewards and minimized his/her losses. (p. 140)

It appears to be a straightforward translation of marketplace economy into behavioral descriptors.

Critics of this theory claim that it is too mechanistic, that it fails to account for how such compliance is actually gained. Nonetheless, it is becoming recognized as a theory that can help to explain why some involuntary clients are more willing than others to engage in mandated relationships with social workers. It would seem that these clients feel they have more to gain than to lose by cooperating with the social worker. Another advantage of this theoretical framework is that it helps to lessen the power differential between worker and client, based on the fact that each, presumably, has possession of a resource that is needed by the other. In reality, true equality can never be established between worker and client due to their disparate positions in the social service structure and because the resources and needs of each are simply not equivalent. However, within the social

exchange model, a unilateral relationship in which one party merely controls the other is not the norm. Instead, a foundation for building mutuality is established through the interfacing of needs and resources among parties involved in the relationship.

Hasenfeld (1983, 1987) uses this theory to explain the power-dependence relationships that occur between clients and the organizations that serve them. He describes "transactions by which resources and services are exchanged" (1983, p. 178) and asserts that both parties invest their efforts in maximizing benefits while minimizing costs. However, the organization has a clear advantage in this equation due to the fact that while clients are often highly dependent on the agency for resources and services, the organization may have an abundance of clients from which to choose. This is particularly the case in public assistance where the organization has considerably less need for the client than the client has for the services offered. In such cases, argues Hasenfeld (1983), this power advantage enables human service organizations to exert "considerable control over the lives of the recipients of their services" (p. 180).

In involuntary services the definition of the resource exchange may be crucial to the success or failure of the worker's efforts. Since the agency is mandated by law to gain compliance from the client, punitive measures may be exerted to correct a problem rather than depending on a reciprocal

exchange to take place. Hasenfeld (1987) suggests that involuntary clients are, therefore, at even more of a disadvantage in the power-dependence relationship than are voluntary clients. In mandated situations client self-determination is diminished, alternative selections are lacking, and reciprocity and mutuality between worker and client are rare. The client has virtually no access to resources that might be needed by the agency; therefore, the client wields limited power in that relationship. In essence, the client is most often attempting to minimize costs rather than even being able to think about benefits which can derive from the exchange.

As proof of this markedly unequal power relationship, child protective service agreements often cite the conditions necessary for the client to be free of the worker's involvement in his/her life. This "ridding" oneself of the agency, then, becomes the basis for exchange between the two parties, rather than other benefits which might correlate more closely with service goals. On this basis, Hasenfeld (1987) claims that the present system of providing mandated services places the client at a severe disadvantage in the currency of exchange, and any attempt to remediate this situation must seriously consider what client empowerment strategies can be employed to begin to equalize the power differential between worker and client. Specifically, Hasenfeld suggests that the worker can help clients reduce their sense of powerlessness by

assisting in their efforts to "obtain resources--personal, organizational, and community--that enable them to gain greater control over their environment and to attain their aspirations" (p. 479). Only through helping clients "connect with needed resources, negotiate problematic situations, and change existing social structures" (Middleman & Goldberg, cited in Hasenfeld, 1987, p. 478) will the gains achieved in working with the client represent more than simply the client's effort to be rid of the worker's intrusion in his/her life.

Social exchange theory, therefore, can be viewed as a framework for understanding worker-client relationships. But it is important to note that in order for this model to work to its fullest advantage, both parties must have access to resources that are needed by the other. This is not always the case with involuntary clients, unless one views the client's compliance as a needed resource, as Hasenfeld (1983) seems to suggest. In such cases there needs to be a stronger commitment to negotiating for cooperation, conformity, or compliance through exchange rather than using punitive (or coercive) measures as the primary method of gaining compliance. In other words, there needs to be an authentic investment in helping the client assume some element of control over his/her life. And in this way a greater degree of reciprocity between service-provider and recipient can be established. But whether this will prove to make practice

with involuntary clients more effective has not been established.

Summary of Theoretical Frameworks

Each of the theories covered in this review of the literature offers an explanation for how workers and involuntary clients manage their relationships with one another in mandated situations. Yet each has both advantages and disadvantages in its application to social work practice with involuntary clients. Theories of authority have become unpopular since the 1960s due to their focus on the worker as agent of social control and the potential for loss of personal freedom by the client. Compliance theory, with its focus on types of organizational control, seems to imply that clients are merely going along with others to avoid punishment, rather than experiencing change in a positive direction. Or in those instances where change does seem to occur, as noted earlier, the question is raised as to whether that change will endure beyond the period of intervention. Also there is the phenomenon of pseudo-compliance, in which the client superficially demonstrates a willingness to go along but then somehow sabotages the plan, a strategy frequently employed by clients to resist workers' efforts to change them. Both of the theoretical perspectives, authority and compliance, infer the presence of unilateral systems of power and control located within the organization and implemented by the worker.

And workers often seem to object to their own power just as the clients reject their coercive authority. Thus workers tend to understate, avoid, or relinquish the authority that is inherently part of their responsibility as upholders of societal norms.

In contrast to these rather authoritarian interpretations of the worker's role in mandated services, social exchange theory seems to provide a welcomed relief due to its emphasis on equalizing power and formulating reciprocal agreements in which both parties have resources needed by the other. Levinson's (1964) earlier discussion of the involuntary client's "calculative orientation" to the agency seemed to recognize the need for some basis of reciprocity in mandated service agreements. The provision of concrete resources may provide satisfactory demonstration of concern on the part of the worker to engage the client in a working relationship. Or, even more pragmatically, as suggested by the social exchange theorists, the offer of specific rewards may produce an exchange that is perceived by the client as sufficiently "profitable" to induce him/her to give compliance in return.

Hasenfeld (1978) employed social exchange theory to develop a framework for understanding the nature of client-organization relations. He cites that earlier research and theoretical models studied either client attributes or organizational variables; no one theory had considered these elements existing simultaneously in an exchange relationship.

And with this orientation lacking, according to Hasenfeld (1978), research on client-organization relations could not be effective either methodologically or substantively. Thus social exchange theory utilizes a transactional approach to work with involuntary clients in place of a coercive and alienating involvement with unwilling and resistant subjects. The objective in using a social exchange approach is to move, as much as possible, from an involuntary situation to one that draws on the client's voluntary participation through the mutual exchange of services and resources.

Moreover, as suggested above, the social exchange theorists argue that in some instances compliance can be made "profitable" for the client through the offer of physical, material, or symbolic rewards. In such cases, perhaps the worker has accomplished the most that can be expected by both gaining the cooperation of the client and providing the client with needed services and/or resources. As Homans (1967, cited in Ritzer, 1992) states, "Individuals conform, when they do so, because they perceive it is to their net advantage to conform" (p. 292).

The literature reflects these changes in thinking that have occurred over the past thirty-five years. While authors prior to the 1960s offered advice on how to use authority more effectively, authors of the 1980s have promoted interventions that entail the use of bargaining and persuasion (Murdach, 1980; Weissman, Epstein, & Savage, 1983), conflict resolution

(Cingolani, 1984; Maidman, 1984; Mayer, 1985), mediation (Mayer, 1989), negotiation (Fisher & Ury, 1983; Kenemore, 1987), inducement (Simons, 1982, 1985), socialization and contracting strategies (Rooney, 1988, 1992), and client empowerment (Hasenfeld, 1983, 1987). Each of these interventive strategies recognizes the need to increase the client's self-determination, to allow for choices, even within the legal constraints, and that the client has something valuable to offer in his/her cooperation, participation, and willing compliance with legal requirements. These efforts at bargaining, persuasion, conflict-management, negotiation, and contracting, then, become the goals of the initial phase of intervention. And as such, the use of authority and social control is avoided or even subverted in the various attempts to engage with the client in a relationship built upon exchange and reciprocity rather than power and control or coercive means.

Thus, the more recent theories for working with involuntary clients encourage practitioners to move from a position of authority to one which incorporates more of the client's orientation in their work. Discomfort with the role of agent of social control, combined with a sense of frustration and failure in dealing with clients who wield much power through resistance, has resulted in an attempt to consider alternative means of engaging unwilling clients in mandated services. If the client requires resources that the

worker can access, then perhaps that will allow the worker to bargain and create a relationship in which exchange, as opposed to coercion, provides the medium for interaction. Furthermore, the power differential between worker and client must be both recognized and dealt with openly. This does not mean that power should be applied in an authoritarian manner; rather an open, mutual system of communication allows the client more room for negotiation, more freedom of choice, understanding of consequences, and a capacity to relate to the worker with full understanding of the situation and of the allowable limits of behavior. This, in essence, raises the client's sense of autonomy and power in the involuntary situation and may, in the long run, provide a much more productive climate for service delivery.

RELATED EMPIRICAL INVESTIGATION

While the ongoing development of theories should lead to improved practice with involuntary clients, the question remains as to whether such practice has been modified at all or if, in fact, the changes have occurred on a cognitive level only. Finally, it must be recognized that minimal empirical research has been conducted on the subject of social work practice with involuntary clients. As noted earlier, the developments that have occurred in this area are due primarily to conceptual maturation; empirical study lags far behind. However, the investigative efforts that have been carried out

may be useful in providing direction to future research initiatives and therefore deserve mention.

To date, the most comprehensive review of studies concerned with the effectiveness of intervention with involuntary clients is included as a chapter in Rooney's (1992) recent text on social work practice with involuntary clients. He examines studies in the field of mental health, treatment of alcoholism, delinquency and corrections, and child protective services, attributing to earlier reviews by Fischer (1973) and Wood (1978), a general sense of pessimism over the lack of effectiveness with involuntary clients. It was from these reviews and other studies of recidivism in juvenile delinquency that there developed a "conventional wisdom" in social work practice, and particularly in practice with involuntary client populations, that "nothing works" (Rooney, 1992, pp. 78-79). But Rooney counters this notion with a generalization from subsequent studies that suggest "more positive outcomes in work with court-ordered clients" (p. 80). Specifically, he quotes the work of Brehm and Smith (1986) whose review of involuntary outcomes in the psychology literature resulted in the following finding:

Though many therapists and counselors are firmly convinced that successful therapeutic outcomes are substantially more difficult to achieve with non-voluntary client populations, the results of applied (and therefore, necessarily correlational) research on this issue have not provided support for this belief. (Cited in Rooney, p. 80)

Rooney (1992) also points out that coercion, usually in

the form of a court order, has been found to be effective in motivating some clients to enter and remain in treatment, for at least the duration of the order. Substance abuse and child maltreatment are cited as two areas in which "court-ordered leverage is helpful in inducing compliance and reducing drop-out rates compared to voluntary clients" (p. 82). In such cases the risk of non-compliance could be loss of employment, driver's license, or removal of children, thereby creating a situation in which the individual does not feel that a choice actually exists about whether to cooperate or not. The problem arises, however, in attempting to sustain the gains that have been achieved through external pressure rather than a true desire to modify one's own behavior. Hence, Rooney is quick to add that the long-range effectiveness of such coercive measures has been challenged by longitudinal studies that found a decline in the overall effect of coercion over time (p. 82).

Other authors have also found conflicting results in studies of practice with involuntary clients. Most of them, however, concur that the initial need to reach the involuntary client and to help him/her engage in treatment is the most critical point in the process. Once the client is at least minimally involved, then the practitioner has an opportunity to utilize interventive skills to move the relationship towards a helpful exchange. But if the worker is unsuccessful in even initiating contact with the client, there is no

potential for change; thus, the need for external pressure or even coercive measures to initiate client participation in some cases. For example, Oxley's (1977) follow-up study of involuntary adolescent clients and their parents' reactions to residential treatment supports the notion that mandatory involvement can produce positive outcomes.

Another study that explored how formal authority is employed to induce parental cooperation in the treatment of delinquent adolescents was conducted by Gourse and Chescheir (1981). Similar to some of the earlier theorists who advocate for the constructive use of authority (see for example, Hutchinson, 1942; De Schweinitz & De Schweinitz, 1964; Studt, 1954, and Yelaja, 1971), these authors emphasize that in many instances authority is employed "as a practice tool to bring clients into treatment" (p. 67) and that "the effect of such authority on treatment is a subject of more than casual concern to social workers" (p. 67). They cite several previous studies from the correctional literature to demonstrate that court intervention helps to engage clients who otherwise would not participate in treatment.

The research by Course and Chescheir (1981) employed a questionnaire consisting of open-ended and multiple-choice questions that explored the relationship between parental resistance and the use of authority. Specifically, they were interested in workers' attitudes towards "the use of authority to promote parental engagement" (p. 70). Their conclusion

states: "Clearly, clinicians do use authoritarian resources to aid them in involving resistant parents in treatment in behalf of their child" (p. 72). Although it was initially expected that workers would reject the use of authority as coercive and as a violation of the client's right to self-determination, the findings of this study suggest that practitioners perceive such formal authority systems as the court and school to be helpful in the process of engaging resistant clients.

In contrast, studies cited by Saunders and Parker (1989) of men who physically abuse their female partners have not been able to substantiate that "legal sanctions will increase treatment compliance" (p. 21). While it has been found that treatment for battering may be effective in preventing further violence, the small proportion of men who follow through to completion of treatment programs continues to challenge practitioners in this endeavor.

Two studies were conducted by Saunders and Parker (1989) to determine the existence of a relationship between legally-mandated treatment and treatment follow-through. A multivariate analysis was employed to reveal those particular variables that tend to suppress or interact with the relationship between mandated treatment and treatment completion (p. 22). The findings indicate that mandated treatment is related to treatment completion only with certain types of clients, in particular, men who are younger than

twenty-five years of age who are not college educated. The explanation offered suggests that older, more educated men may have developed "an inner motivation of change" (p. 27), while younger, less educated men seem to require the authority of the court system to enhance their motivation. The results are considered a first step towards identifying the causes of attrition among men who batter and towards unraveling the mystery of what type of client might benefit most from a legal mandate to increase his probability of completion of a treatment program. If this type of study was attempted in other areas of practice that involve involuntary services, it might generate increasingly helpful information related to the use of legal mandates and treatment outcomes.

In an earlier study comparing attendance patterns of voluntary patients in an alcoholism clinic with persons who were court-mandated to participate, Rosenberg and Liftik (1976) found that the coerced patients had much higher attendance than those who came voluntarily. The potential for loss of driving licenses seems to have been a strong motivating factor in this population. However, once the probationary period was concluded, the coerced patients abruptly terminated their treatment, in most cases without informing their counselors of their intentions. One interesting note by the authors in their conclusion is that coercion is not necessarily effective for all offenders; rather it should be reserved for "carefully selected patients"

(p. 64). This is clearly in agreement with the study described above of men who physically abuse their partners.

Other recent research efforts pertaining to social work practice with involuntary clients have mainly been the products of unpublished dissertation projects whose results have not been widely disseminated. But such studies ultimately may contribute to the development of innovative and more effective techniques for working with a reluctant client population. Mayer's (1987) study of mediation in child protection emphasizes the importance of attempting, through a process of negotiation, to move the worker-client relationship from an involuntary (coerced) to a voluntary (cooperative) involvement on the part of the client. Employing Etzioni's framework for understanding compliance, Mayer studied the impact of mediation on the compliance orientations of involuntary clients receiving child protective services. His findings reveal that the use of mediation can result in an increase in normative compliance coupled with a decrease in alienative compliance. And although Mayer admits to "certain limitations on the generalizability of these findings" (1989, p. 101), the potential for increasing the client's positive orientation and decreasing his/her negative orientation towards intervention should be considered an important milestone in child protective services.

In an open-ended, exploratory study of social work practice with involuntary clients, Cingolani (1991) utilized

in-depth interviewing of practitioners to understand how they define their roles and perceive their work with mandated clients. The author found that practitioners employ four major strategies to engage their clients in professional working relationships: confrontation, persuasion, reframing the practitioner's role, and reframing the client's status (p. 92). These efforts were aimed both at influencing the client's view of the problem situation and modifying the client's perception of the worker-client encounter. Cingolani's interviews also revealed workers' perceptions of five patterns of client resistance, some of which are considered symptomatic of personality problems or other deficits of the client, and others that are considered to be strategically used by the client to avoid engaging with the worker. Finally, the study found that workers tend to impose their definitions of the problem situation on clients, thereby invalidating the views and interests of the recipients of service. The author's conclusions point to the need for improved training for work with involuntary clients especially in three areas: understanding client resistance; development of skills in negotiation; and employing multiperspectivity in one's practice, which underscores the need to consider multiple perspectives in defining a problem situation.

A third dissertation project related to the topic of social work practice with involuntary clients utilized in-depth interviewing of thirteen clients who were involved with

a public child welfare agency (Diorio, 1991). The objective of this study was to determine the parents' perceptions and interpretations of service delivery in the realm of child protection. The findings suggest that parents' views of the problem in child welfare interventions tend to differ significantly from those of the worker; that clients do not comprehend the legal authority of the agency, nor do they understand their own legal rights; and that they tend to perceive coerced compliance as the only means of extricating themselves from untenable situations in which their rights as parents may be violated.

In each of the studies cited above, the question of worker perceptions versus client orientations seems to be a central issue for investigation. Mayer's (1987) use of mediation serves as an attempt to modify the orientation of the client from a coerced to a cooperative stance in relation to receipt of services, thereby resulting in greater congruence between worker and client perceptions of the service situation. Although Cingolani (1991) studied only practitioners' responses, she addresses the need to acknowledge differences between the workers and clients' definitions of the problem situation, and moreover, to validate the clients' feelings rather than dismiss their perceptions as irrelevant. Finally, Diorio (1991) focuses on treatment of involuntary clients as a "political process" that entails the use of power within a "context of conflicting interests" (p.

23). Here, the contrast between the power of the worker, which derives from the vested authority of the agency, and the powerlessness of the client creates a dichotomy of perceptions about the service situation that is not easily resolved.

This rising concern for the perspective of the client may be the result of a trend towards consumer input or it may reflect the growing understanding that without feedback from the recipient of services, there can never be any true improvement in the level of effectiveness of services to involuntary clients. Moreover, if there is to be a shift in mandated services from a social control to a social exchange orientation, it will necessarily involve input and participation from consumers--the recipients of services. Therefore, until practitioners can gain a fuller sense of how involuntary clients respond to their interventions, the service delivery system will simply continue to produce coerced compliance rather than providing actual help to clients with serious needs for intervention. But if a system of exchange is at all possible in involuntary services, it will depend upon a mutual understanding by workers and clients of their respective needs and expendable resources.

Clearly, the recent emergence of interest in social work practice with involuntary clients demonstrates an enhanced commitment to improving technology for providing mandated services. But it may also reflect a recognition that social work is not retreating, as was suggested by some authors, from

areas of practice that involve the function of social control. In fact, it may be that the profession is finally accepting its responsibility to be involved in the overwhelming problems-of-living experienced by involuntary as well as voluntary sectors of the client population.

Chapter III

STUDY RATIONALE, PURPOSE, AND CONCEPTUAL FRAMEWORK

RATIONALE

The topic of social work practice with involuntary clients has received limited attention in the professional literature. Whether this is due primarily to the unpopularity of mandated services or to the conflict of values experienced by social workers who would prefer not to deal with notions of authority and compliance, as is necessary in this realm of practice, is unclear. What does remain clear, however, is that the profession of social work is fully involved in practice with involuntary clients and needs to enhance its understanding of and ability to work effectively with this growing population of clients.

The early attempts to develop practice theory in this area have been previously cited, but as was suggested, research on involuntary practice remains in its infancy stage. Further development is critical at this time, particularly due to the numerous demands for trained social workers to serve the involuntary clients of mental health, substance abuse, child welfare, and correctional settings. Adequate training can occur only after research has expanded sufficiently to provide new technology for such practice. Therefore, this study has been conducted with the primary objective of

contributing to the knowledge base of social work practice with involuntary clients, particularly as it relates to the effects of authority on the development of the worker-client relationship in the field of child protective services.

The present study begins where previous research has left off. While earlier studies explored either worker perceptions (Cingolani, 1991; Gourse & Chescheir, 1981) or client perceptions (Diorio, 1991), the present study undertakes an examination of both sets of impressions of involuntary services. Moreover, this research endeavor analyzes both perspectives in relation to the same issues or problems in the engagement phase of the helping process, whereas in past studies of either clients or workers the focus has been slightly different for each. For example, Cingolani's (1991) research about worker attitudes emphasized their impressions of their roles and their strategies for engaging involuntary clients. On the other hand, Diorio's (1991) study of involuntary clients undertook an analysis of the political consequences of clienthood, rather than focusing primarily on the engagement process. And finally, Gourse and Chescheir (1981) placed their emphasis on the worker's views towards the use of formal authority systems in engaging clients. As such, the present research effort provides an opportunity to explore the responses of both groups to a common set of issues representing problematic aspects of practice in the involuntary service situation.

Based upon a review of the literature, the topic of authority and its use in involuntary social work practice needs further study. Gourse and Chescheir (1981) produced some initial findings in relation to workers' attitudes towards the use of formal authority, and Rosenberg and Liftik (1976), Oxley (1977), and Saunders and Parker (1989) found that mandatory participation can have some positive outcomes. However, these studies have not considered client attitudes towards the use of various forms of authority and the potential of such authority for motivating, coercing, or inhibiting the participation of unwilling clients in mandated services. A comparison of the findings from both clients and workers is helpful in attempting to illuminate the similarities and differences in their responses to authority in the involuntary situation and also provides some direction for how authority can be applied most constructively in this area of social work practice.

Furthermore, although conflict between the roles of helper and agent of social control is underscored in the practice literature, no empirical studies have been located to document how this dilemma is sorted out by the worker. The present study attempts to provide a fuller understanding of the protective service worker's use of these various roles and their effects on the initiation of service. In other words, do workers tend to approach clients from an authoritarian stance implying the use of coercion and control, or do they

use a different type of approach which communicates a desire to provide help? The responses of both workers and clients to these approaches are of interest in this study.

And finally, while several of the studies described above employed questionnaires and other quantitative measures (Gourse & Chescheir, 1981; Mayer, 1987; Rosenberg & Liftik, 1976; Saunders & Parker, 1989), this study utilizes qualitative methods to produce a richer and fuller impression of the subject matter under investigation.

PURPOSE, GOALS, AND OBJECTIVES

The overall purpose of this research is to contribute to the knowledge base concerning social work practice with involuntary clients. As indicated earlier, this area of practice must be considered distinct from voluntary practice due to the unique conditions under which clients are initiated into the service delivery system, i.e., against their will. Therefore, of particular importance in this exploratory study is the focus upon the initiation of service, the engagement period that is generally considered to have a significant impact on all that follows. An attempt is made to understand the problem of engagement in involuntary services from two different perspectives for the purpose of generating a more unified and holistic depiction of the early interactions between worker and client in child protective services. This study examines how practitioners and clients each perceive the

other member of the working pair with emphasis on the strategies employed by workers to engage clients, the nature of client resistance or compliance, and the various problems encountered by each in attempting to establish or avoid the initiation of a productive working relationship.

A central component of this exploration is the various uses of authority by workers and the effects of these on the formation of the worker-client relationship. Specifically, this author is interested in discovering whether there is any link between the use of particular forms of authority and the subsequent development of compliance on the part of the client. In addition, this study examines the ways in which some workers attempt to establish exchange relationships with clients through offering needed services in return for compliance with the directives of the service provider.

In summary, the goal of this research is to discover and analyze the full range of strategies employed by workers and clients as they wrestle with the issues of authority and compliance that are integral to the involuntary service situation. Below are listed the specific objectives of the research project and descriptions of the major variables included in this study.

- 1) To explore worker and client perceptions of the involuntary service situation. The involuntary service situation studied in this research entails mandated intervention by a worker from the state child protection agency. The initiation of

contact between worker and client derives from legal requirements that all referrals to the child protection agency be investigated to assess for possible abuse and/or neglect of minor children. Cases in which there is substantiation of abuse and/or neglect require ongoing monitoring and provision of services to the family, thereby extending the client's involuntary involvement with the state agency. For the purposes of this study, only those parents whose cases were substantiated, and therefore continued, were selected as respondents.

2) To examine the initial interactions between worker and client in an involuntary setting. "Initial interactions between worker and client" in the child protection system refers to the investigatory phase of service. At the earliest point of contact between worker and client impressions are formed which will influence the development of a relationship between the participants in this encounter. Therefore, this research emphasizes the initial interactions between worker and client, particularly as those influence subsequent encounters and the formation of a working relationship.

3) To examine the variety of client responses to mandated services. Client responses have been conceptualized for the purposes of this study as existing on a continuum of compliance and noncompliance. On one end of the continuum are those clients who comply with the legal mandate by cooperating with the investigation process and by adhering to the worker's

subsequent requirements that are identified as necessary for resolution of the problem. On the other end of this continuum are clients who resist the efforts of the worker to intervene in the family situation. Various points along this continuum would be defined by the level of resistance or compliance exhibited by the client in response to the worker's efforts to intervene.

4) To analyze the effects of authority on the development of the worker-client relationship. This study examines the application of various types of authority to the involuntary situation. Authority, in this case, is defined as the use of power to influence the behaviors of other individuals. Employing French and Raven's (1959, cited in Mencher, 1960) typology, which includes legitimate authority (legally and socially sanctioned), reward, coercion, expertise or knowledge, and referent power, this research investigates how each of these forms of authority is applied to the client situation. Furthermore, the study attempts to link one or more types of authority with specific client responses to mandated services.

5) To examine the variety of worker strategies employed to engage involuntary clients who are resistant or difficult to engage. Worker strategies include the uses of authority, as well as other tactics for engaging the client in a social work relationship that is focused upon assessment, case planning, and problem-solving. Such strategies include the use of self-

presentation skills to persuade the client of the worker's intent to help rather than punish; empowering activities oriented toward enhancing the client's level of participation and commitment to change; inducement strategies which help to create exchange relationships; and activities such as contracting, mediation, negotiation, and bargaining that are employed for the purpose of conflict management. Typically in voluntary treatment engagement is considered to have occurred at the point where a mutually acceptable definition of the problem is established and a contract exists which delineates the terms of the worker-client involvement. While these goals may be unrealistic in the mandated service situation, there is potential for worker and client to reach an agreement regarding the roles and responsibilities of each, the legal requirements of child protective investigation and treatment, and the areas in which client choices or options may be considered. Engagement of involuntary clients in child protective services could be measured by the level of cooperative participation of the client in the investigation process and the change effort.

6) To analyze the effects of exchange relationships on the development of the worker-client relationship. Exchange relationships are conceptualized as interactions in which each party possesses resources that are valued by the other. In the realm of child protection, resources including both material and symbolic rewards are frequently exchanged by the

worker for the compliance and cooperation of the client. This study examines the impact of social exchange on the development of a working relationship between the unwilling client and the child protection investigator.

PRODUCT OF THE RESEARCH PROJECT

Although this research represents only one step in the process of building empirical knowledge about social work practice with involuntary clients, it does have the potential for shedding new light on a familiar situation. The comparison of client and worker interpretations of mandated services paves the way for a broader understanding of how to work more effectively with involuntary clients. Pelton (1982) notes that "There are many perspectives on reality, and to understand social phenomena one must study the perspectives of all parties involved" (p. 84). For without understanding the whole, one can only approach the work from a position of bias and narrow-mindedness.

With this in mind, the possible outcomes of this study are the following:

- 1) A contribution to theory-building for improved practice technology with involuntary clients;
- 2) The discovery of new techniques which may be beneficial in training professional staff to work with mandated clients; and

- 3) Recommendations of curricular content for use in schools of social work, particularly those that emphasize educating social workers for practice within the public sector.

SYMBOLIC INTERACTIONISM: A CONCEPTUAL FRAMEWORK

Symbolic interactionism provides a useful theoretical framework for describing how individuals interpret and create meaning from interactions with others. According to Blumer's (1967) description of symbolic interactionism,

human beings interpret or "define" each other's actions instead of merely reacting to each other's actions. Their "response" is not made directly to the actions of one another, but instead is based on the meaning which they attach to such actions. Thus, human interaction is mediated by the use of symbols, by interpretation, or by ascertaining the meaning of one another's actions. (p. 139)

Hence, action is dependent upon meanings that emanate from social interaction and is shaped by one's own interpretations of the behavior of others. The individual perspectives of the actors in any social interaction are essential for understanding what actions and reactions occur as part of the encounter. As indicated by W. I. Thomas, "If men define situations as real, they are real in their consequences" (in Stryker, 1980) p. 2). Therefore, an individual's definition of the situation will strongly influence subsequent behavior.

Symbolic interactionism attempts to explain the transactional nature of human encounters in contrast to other

theories that emphasize what each actor brings to the situation from other contexts or from past experiences. Here, it is construed that action arises out of the interaction; therefore,

...instead of focusing on the individual and his or her personality characteristics, or how the social structure or social situation causes individual behavior, symbolic interactionism focuses on the nature of social interaction, the dynamic social activities taking place among persons. (Charon, 1992, p. 23)

The exploration of symbols and interpretive processes which occur in human encounters can be particularly helpful in explaining those interactions in social work practice that produce conflict or that fail to achieve the intended goals of the service delivery system. For example, Cingolani (1991) found in mandated service situations that workers' interpretations of client resistance as either "symptomatic" or "strategic" influenced their own subsequent behaviors towards those clients. Workers who interpreted client resistance as "symptomatic" of personality problems or deficits in their coping abilities were generally more empathic towards and more accepting of those clients. On the other hand, workers who defined the resistance as "strategic" or oriented towards avoidance of the worker's presence responded to their clients with less tolerance and more direct confrontation about their manipulative behavior. Cingolani emphasizes the fact that neither interpretation is more correct than the other. Rather, the importance of this

finding is to demonstrate how the interpretation of another's behavior affects one's own responses to that individual. One might expect that this is also true in relation to the client's interpretation of the worker's actions as hostile, empathic, helpful, authoritarian, or any of a full range of meanings that may be attached to the conduct of a worker who is carrying out mandated activities. In such cases the behavior or responses of the client could be expected to relate directly to his/her interpretation of the worker's approach.

The symbolic interactionist perspective provides a framework through which data can be understood as a collection of attributed meanings, interpretations, and perceptions of the intentions of others. It provides a theory for understanding social interaction, and it also contains the element of multiperspectivity that is so crucial to studying human encounters which have the potential for conflict. As noted previously, the recognition of multiple perspectives in defining the problem or reason for mandated intervention, may be a key element in understanding practice with involuntary clients. Therefore, research on this area of practice must incorporate the perspectives of both workers and clients in order to maintain a holistic overview of the situation being studied.

Although there were some early attempts to obtain a comparative view from the perspectives of worker and client

(Maluccio, 1979), this author has been able to locate only one recent study which examines and compares the perspectives of both workers and involuntary clients through the use of focus groups (Doelling, 1993). Of interest to the present study is the fact that results from the focus groups underscore the need for enhanced skills in communication, relationship-building, and impression-management such that the client should be able to perceive the worker as an "asset to the family" (Drake, 1994, p. 601). However, there was no mention of the use of authority as an essential component of the worker's role with mandated clients. Thus, the present study takes the next step by examining the role of authority as perceived by clients and workers in mandated social service situations.

THE NEED FOR CLIENT FEEDBACK

The use of clients as research subjects to understand their perspectives on involuntary social services is a rarity. In this regard, Diorio (1991) states: "While some journalists have acknowledged their plight, remarkably few efforts have been made in the field of social work to document the perceptions and to understand the experiences of 'involuntary clients' who are involved with public child welfare agencies" (p. 3). Earlier, Hutchison (1987) commented on a similar gap in the professional literature:

Little is known about how mandated clients perceive their involuntary status and what expectations they

have about how their mandated social workers will use authority. Research about client perception of these issues is a crucial next step in development of practice technology for work with mandated clients. (p. 594)

Maluccio's (1979) well-known study, Learning From Clients, represents one of the early attempts to employ qualitative methods in eliciting feedback from clients about their experiences as recipients of social work services. In his review of the literature, Maluccio traces the profession's reluctance to include client input in the evaluation of social services. He cites a select group of theorists who between the late 1950s and the mid 1970s began to recognize clients as "an important source of data" (p. 17). Yet, the research conducted on client perceptions of service has remained sparse, despite a growing demand over the past two decades for consumer feedback in many areas of business and professional services.

Other theorists have similarly recognized the importance of consumer input. Pelton (1982) notes that "in social work research, the perspective of the client has been given relatively little attention" (p. 81), creating, therefore, a "paucity of information on clients' perspectives" (p. 81). Employing a symbolic interactionist orientation, Pelton states that "the clients' own perceptions...must be studied if we are to understand the clients' actions. Individuals respond not to the objective context per se but to the situation as it appears to them" (p. 99). Pelton recognizes that there are

considerable differences in the views of clients and practitioners, but he makes a strong case for studying "the client's subjective reality in regard to child welfare problems" (p. 99), thereby allowing for a more complete understanding of the involuntary service situation. Although "the clients' perspective may not always be wholly valid or the only valid one" (p. 99), as Pelton indicates, it can no longer be ignored.

Ann Hartman's (1992) editorial in Social Work attests to the need to "enter into a collaborative search for meaning with our clients and listen to their voices, their narratives, and their constructions of reality" (p. 484). We need to build direct practice "on the particular, on attention to difference and, most vital, on multiple voices" (p. 484). Hartman states that as we accept and recognize the clients' expertise, they are validated, legitimized, and empowered. And through this process, the goals of social work are furthered.

Efforts in this direction are being carried out through research partnerships between schools of social work and public or private agencies. In the focus group project mentioned earlier, the George Warren Brown School of Social Work and the Missouri Division of Family Services worked cooperatively to conduct "consumer research, an unusual approach, to identify the skills and knowledge necessary for effective child welfare services" (Doelling, 1993, p. 1). The

views of both consumers and protective service workers were elicited and employed in developing "a curriculum that is based on practice" (p. 1). But what is of particular interest is that the use of consumer research within the profession of social work is still considered an "unusual" approach.

The present study sought opinions and feedback from clients as well as workers in an effort to respond to the identified deficit in consumer information about involuntary services. And although the tasks of locating, accessing, and interviewing willing involuntary clients was indeed a challenge, the results grew in richness and depth well beyond what could have been expected if only one group within the worker-client dyad were represented in the findings.

SUMMARY

Based upon an identified gap in the professional literature, this study employs a symbolic interactionist framework to examine the ways in which practitioners and involuntary clients perceive and interact with one another in the mandated service situation, with an emphasis on authority as a defining component of the worker-client relationship. The two primary units of analysis for this research are: 1) the involuntary worker-client dyad; and 2) the encounter which takes place as worker and client begin the engagement phase of their work. The study focuses upon the use of authority in the developing relationship between worker and involuntary client; the particular expectations and/or interpretations

each has of the mandated contact; and the interactive strategies employed by each participant based upon his/her own interpretation of the situation. The study further attempts to sort out ways in which the problems of involuntary engagement are gradually resolved by some workers and clients to produce a more effective helping relationship between the primary actors in this encounter.

Chapter IV

METHODOLOGY

QUALITATIVE METHODS OF STUDY

The research project described in this report involves a qualitative study of social work practice in child protective services with involuntary clients. Because of limited previous empirical research and theory development on this topic, an open-ended, exploratory investigation was considered appropriate to the objective of increasing understanding about interactions between workers and involuntary clients. Specifically, it was determined that exploratory research could aid in the process of deciphering what types of authority are utilized in practice and how the use of authority by the worker tends to elicit compliance or resistance on the part of the client. An inductive approach that produces "grounded theory" through a process of discovery is generally viewed as "more suited to the study of relatively uncharted social terrain" (Epstein, 1988, p. 188).

A qualitative approach was also selected because of the demand for in-depth knowledge about how people interact, about the quality or essence of the worker-client encounter, and about the meaning of the client's involuntary status for both participants in the relationship. It is not an attempt to count or measure, or to express numerically the experiences of

the mandated client. Rather, the use of qualitative procedures attempts to "provide a means of accessing unquantifiable facts about the actual people researchers observe and talk to" (Berg, 1989, p. 6). For "If humans are studied in a symbolically reduced, statistically aggregated fashion, there is danger that conclusions--although arithmetically precise--may fail to fit reality" (Berg, 1989, p. 6). It was anticipated that through exploration and openness to discovery, a description of human experience would emerge that could contribute to practice knowledge and to the development of effective techniques for work with this population of clients.

RESEARCH DESIGN

Description of Setting, Entry, and Access

The state child protection agency provides an ideal setting for examining social work practice with involuntary clients since the vast majority of the agency's work involves clients who are legally mandated to receive services. The child protection agency is an excellent example of an organization in which both formal and informal bases for worker authority exist. On the formal level is the authority of the court system which has the ultimate power to remove children from the custody of their parents. This provides a worker with extensive leverage in requiring clients to comply with the demands of the formal legal system. On a more

informal basis is the authority of the worker as expert who can share invaluable information and knowledge, or the authority of the worker as a role model for parents, or the capacity of the worker to provide symbolic or material rewards and penalties for client behavior. There is ample opportunity to study worker and client interpretations of the various uses of such authority in the child protection agency. And because of the inherent and legitimate authority of the public agency, it is anticipated that workers and clients alike would respond to one another based upon the meaning each attaches to the use of authority and the resultant compliance that is demanded by the situation.

The capacity for an outsider to gain entry to a large, bureaucratic, state agency for the purpose of conducting research is generally limited, particularly in studies that involve consumers of agency services. While this may not be directly related to an effort to maintain secrecy, there certainly is an element of protectiveness in such matters for the workers, for the clients, who are already subjected to intrusiveness by their involuntary status, and especially for the system as a whole, which needs to maintain some boundaries in order to continue functioning with a sense of purpose and direction. Despite the need for ongoing input and feedback, most large systems have poorly developed mechanisms for utilizing such feedback from external sources. Therefore, the tendency is for such bureaucracies to protect their systems

from outside information that might have the effect of destabilizing the organization in its present mode of functioning.

Nonetheless, through employment with a local university over the past fifteen years, this author has developed collegial relationships with administrators, supervisors, and workers in the nearby regional office of the state child protection agency, thereby affording easier access than otherwise might be expected for an outside researcher. In addition, previous research conducted in the same agency by this author set the stage at an earlier date for accessing data from the workers and clients of this organization. Assurances of anonymity were provided for the agency as a whole, as well as for the particular workers and clients who gave their consent to participate in the study.

The process of gaining access to the agency for the purpose of studying social work practice with involuntary clients actually began two years before the inception of the present study. At that time the researcher held meetings with the Regional Director of the agency to discuss the project and then submitted a formal proposal to the agency's Research and Human Investigations Committee. Permission was granted to conduct a pilot study of workers and clients, however no clients were located who would have been suitable as subjects for the pilot study. Therefore, the first study examined only the workers' perspectives, rather than providing a look at the

worker-client interaction from both points of view.

Again, more recently, meetings were held with the agency administrator and management staff to seek approval and to strategize about gaining accessibility to clients. An expanded proposal was submitted to the Research and Human Investigations Committee, and approval was granted to conduct the full study. A Program Supervisor from the agency was assigned to work with this researcher as liaison to assist in the recruitment of worker and client subjects for the study. Once entry was obtained, the agency personnel were extremely cooperative and helpful in all aspects of the research.

Sampling Procedures and Recruitment of Subjects

This study employs a purposive, non-probability sample comprising two distinct groups: workers and involuntary clients. Patton (1990) aptly describes this method of sampling as central to the essence of qualitative research, and he adds, "The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth" (p. 169). The objective is the richness and depth of information that can be obtained by purposefully selecting cases for study. This is in direct opposition to the sampling procedures used in quantitative research which employ probability and randomness to assure that the selected sample is representative of the larger population, allowing one to generalize from the study. In a qualitative study the goal of

increasing knowledge to lay the foundation for theory development replaces the quantitative objective of generalization.

The sample for this study included twenty-nine participants, sixteen child protection workers and thirteen involuntary clients. All of the subjects participated on a voluntary basis. Using a strategy known as "typical case sampling" (Patton, 1990, p. 173), typical or average workers were first identified as potential participants by Program Supervisors who served as "key informants" to assist in the recruitment of subjects. Although no pre-determined level of experience was required for participation in the study, a social work education background, either on the Baccalaureate or the Master's level, was suggested. This criterion for selection was included to ensure that participants in the study would derive from a similar orientation to social work practice. One worker who requested to participate in the study had neither the BSW nor the MSW degree. However, her Bachelor's degree in Human Services, a related discipline, combined with her long experience in public social services, was considered appropriate for inclusion in the sample population. The only other guideline for participation was that the workers should be part of or have previous experience in the investigations unit of the agency. This criterion was established because of the study's emphasis on the engagement phase of service.

Eighteen workers who met the criteria for inclusion in the study were identified by their Program Supervisors and were invited by letter (Appendix A) to attend one of two meetings held at the agency in late February and early March, 1994. A total of thirteen workers attended the two meetings. Five of the original group that was identified declined to participate for reasons unknown to this researcher. Three additional workers were later identified, two by the researcher and one by another study participant. At the meetings, workers were informed about the project, its purpose, and potential outcomes. Workers were invited to provide input about the topics to be studied and the method of recruiting clients, since this had been an obstacle in an earlier study at the agency. One especially helpful suggestion made by a worker was that letters inviting clients to participate should only be mailed to those families whose cases had been substantiated for abuse or neglect. This was based on the stated purpose of the project which was to study agency workers and clients. It was determined that families whose cases were investigated but not substantiated should not be considered "clients" of the agency.

Workers were asked to participate on a voluntary basis; no one was required to be part of this study. To protect the rights of workers to decline the invitation, they were assured that their supervisors would not be informed about who had participated in the interviews. Workers were also given the

option of being interviewed at the agency or at the researcher's office in case they felt uncomfortable responding openly within the employment setting. They were offered compensation at a rate of twenty dollars if the interview took place in the researcher's office outside of their work hours. However, all of the worker respondents chose to be interviewed at the agency during work.

The inclusion of clients as respondents in the proposed study was dependent upon their willingness to discuss factors related to their mandated status, their expectations of the worker, and their ways of coping with the involuntary service situation. It was important that clients not be selected on the basis of either previous compliance or lack of compliance with workers, since this would have limited the capacity of the study to explore the full spectrum of client responses to mandated services. On the other hand, access to clients for interviewing purposes was considered essential to the outcome of this project; thus, it was planned that participants would be selected who were receptive to the interview process and who would be likely to cooperate with the requests of the researcher for information. It was also necessary, for the purposes of this study, that the clients define their own status as involuntary. Therefore, clients were questioned during the initial telephone call about their involvement with the agency to determine whether in fact they could be categorized as involuntary clients. This screening device was

instituted after it was found that some of the client respondents had actually initiated service themselves.

Access to the client population was obtained through a flyer and an attached letter (Appendices B and C) inviting consumers of child protective services to speak with a researcher about their experiences as involuntary clients. Letters of invitation were mailed to all parents whose cases were substantiated as they completed the intake phase of protective service delivery. Referred families are generally seen by an investigation worker for a period of between thirty and forty-five days. At the end of that time, following an intense assessment, the case is either closed or transferred to the treatment unit for ongoing services. Because this study emphasizes the period of engagement and the difficulties experienced by worker and client in coping with the initiation of mandated services, it was essential that clients be interviewed as soon as possible following the actual initiation of service. Since retrospective studies are dependent upon the clarity of an informant's memory, it was hoped that a short period between the case investigation and the study interview would mitigate any blurring of facts or opinions formed during the intervention of the investigation worker. Two secretaries were instructed to mail the notices to clients as soon as possible following their receipt of client records, signifying that the investigation worker had completed his/her work with the case.

The method employed for recruiting parents as subjects incorporated two distinct safeguards of their privacy. First, the researcher was given no names of clients. Secretaries were asked to maintain a record of the number of letters that were mailed, not the names of individual clients or families. The researcher only became aware of specific clients as they responded to the invitation contained within the letter by telephoning the researcher to set up an appointment at the client's convenience either in his/her own home or at the researcher's office. A second protection of the client's privacy was maintained by not revealing to anyone in the agency which clients had responded to the invitations to participate. Thus, the researcher had no names of clients until the clients themselves initiated contact, and the agency had no knowledge of which clients responded and ultimately participated in the research.

Client respondents were compensated for their time at a rate of fifteen dollars if the interview was held in their own home or twenty dollars if the session was held at the office of the researcher. Although it may be argued that such compensation serves as inducement to participate in the study, this researcher recognized the value of the client's personal time and the expense of transportation or babysitting services for some parents. Moreover, as indicated by Solomon (1993) in describing her study of welfare workers and homeless welfare applicants, "I now see the need for financial incentives to

ensure client cooperation in research of this kind" (p. 159). Whether clients were agreeing to be interviewed on the basis of the compensation is irrelevant. What is of greater importance is that care was taken to maintain their privacy and to protect them from harm as a result of participation, and that they agreed, despite the involuntary status of their connection to the agency, to provide needed information by responding to the questions posed by the interviewer.

It should be made clear that although this study centers on the interactions between workers and clients, the subjects were not matched with one another as partners in a dyadic relationship. Rather, interviews were conducted with sixteen workers and thirteen clients who may or may not have ever had any contact with one another. This feature was built into the design of the research for three primary reasons. First, it would be very difficult to recruit either worker or client subjects voluntarily if either one knew that the other was responding to specific questions about him/her. Secondly, it would be almost impossible to locate fourteen or fifteen pairs, each consisting of one worker and one client, in which both were willing to be included in this study. And finally, using matched pairs of subjects would entail a breach of confidentiality for both workers and clients, since each would know that the other had participated. Instead, this study asked clients about their experiences with child protective workers and inquired of workers about their practice with

clients, without the mention of any names or identifying features. Both sets of respondents were instructed verbally and in writing not to use names of any workers or clients of the agency.

Unfortunately, this protection of the subjects also creates certain limitations for the research endeavor, namely that the two groups of respondents are speaking about somewhat different experiences. The clients generally referred to their unique experiences with a single worker, or perhaps even two workers, while the practitioners responded to questions based upon more generalized experiences with many clients. Finally, one might judge the results as less than equivalent, making comparisons difficult. But the purpose of this study was to explore how workers and clients in general interpret the involuntary situation and how they manage their initial interactions with one another. Therefore it was possible, even without examining the specific experiences of particular dyadic relationships, to gather important information that has the potential for contributing to the process of theory-building in the realm of involuntary services.

Description of Sample Population

The sixteen workers who participated in the study were of diverse age groups and years of experience in working with the agency. Both genders and different racial groups were represented in the sample, although the majority (69%) of the

worker respondents were white females. Almost 90% of the workers had earned or almost completed the Master of Social Work degree. While most of the workers held positions with the investigations unit, some were interviewed from the treatment unit who had previous experience in investigations. This was necessary because the number of workers in investigations with a social work degree is limited. As one worker exclaimed, "Almost nobody wants to stay in Investigations after finishing the Master's in Social Work. They all look for an opening in the Treatment Unit after that." The various characteristics of the worker respondents are displayed in Table 3.

Table 3

Demographic Characteristics of Worker Respondents (n=16)

Variable	n	%
Age:		
20-29	3	19
30-39	10	63
40-49	2	12
50-59	1	6
Race/Ethnicity:		
White	14	88
African-American	1	6
Hispanic	1	6
Gender:		
Male	4	25
Female	12	75
Education: Highest Degree		
Earned or in Progress:		
BA	1	6
BSW	1	6
MSW	14	88

Table 3 (continued)*Demographic Characteristics of Worker Respondents (n=16)*

Variable	n	%
Length of Agency Employment in Years:		
1-3	4	25
4-6	7	44
7-9	3	19
10-13	2	12
Current Unit:		
Investigations	12	75
Treatment	4	25

Despite some differences that exist in this group of respondents, the findings reflect a striking consistency in the responses of workers to certain questions related to their ethical and philosophical stance towards the client population. For example, empowerment was mentioned by twelve of the sixteen workers as a strategy employed to help clients deal with the involuntary nature of agency involvement. In addition, such traditional social work values as self-determination and demonstrating respect for the client were mentioned repeatedly during the interviews. The most obvious explanation for this similarity in responses is that all of the workers--with the exception of one individual--have their educational backgrounds within the discipline of social work. Yet, one needs to be cautious in arriving at this conclusion; for it is also true that all of the worker respondents are employed by the same agency and have received comparable in-service training. And except for two individuals, all of the worker subjects are located in the same district office, have

their desks within relative proximity to one another, and see each other on a daily basis. Thus, the culture of the setting may have an equally strong effect on the workers' values and orientations to service as do their educational backgrounds. Therefore, the agreement found in their responses cannot be attributed to similarities in their educational backgrounds without further study to compare this sample with other groups of workers who have no social work education.

As depicted in Table 4, the sample of clients who were interviewed for this study represents a somewhat more heterogeneous group than the workers, with one exception: only females volunteered to participate. Yet there are similarities among the clients, as well. More than 75% of the women were of minority backgrounds. Over half of the women reported that they had never been married, and only two of them had intact marriages at the time of the interview. Many of them alluded to intrafamily conflicts that caused a sense of separateness between them and the natural helping networks that could otherwise have provided emotional and financial supports. Four of the women were employed, and the other nine received Aid to Families of Dependent Children as their primary means of financial support. The typical client, then, that volunteered to participate in this study was a single, African-American, female, head-of-household, unemployed, and experiencing multiple stresses related to family conflicts, financial support, single parenting, and the child protection

service delivery system.

Table 4

Demographic Characteristics of Client Respondents (n=13)

Variable	n	%
Age:		
20-29	7	54
30-39	4	31
40-49	2	15
Race/Ethnicity:		
White	3	23
African-American	9	69
Hispanic	1	8
Gender:		
Male	0	0
Female	13	100
Marital Status:		
Single	7	54
Married	2	15
Separated	2	15
Divorced	2	15
Source of Financial Support:		
Employment	4	31
A.F.D.C.	9	69
Number of Children:		
1-2	5	39
2-3	4	31
3-4	4	31
Status of Case:		
Open	5	39
Closed	8	61
Number of Referrals:		
1	5	39
2	5	39
3+	3	23

Ethical Considerations

In any research involving human subjects, there is the potential for both benefits and risks, especially in studies that utilize input from an involuntary population. Benefits relate to the possibility of improved services and empowerment

of the consumer through exercising the right to have input and provide feedback to the service provider. Costs, on the other hand, may occur if clients feel pressured to participate or constrained in the range of responses that they can provide. Rooney (1992) suggests that such "implied influence should be avoided by making sure that the person requesting research participation does not have an authority relationship with the client" (p. 77). In some instances, however, clients believe that it is to their advantage to consent to research involvement even when there is no connection between the researcher and their worker, resulting in what Rooney (1992) terms "constrained choices" (p. 76). But he is quick to add that "the potential costs and risks to involuntary clients as individuals because of participation in research...must, however, be balanced with the potential benefits to society of expanding knowledge about effective service" (p. 76). Thus, by attempting to develop more effective service provision, we actually "protect clients from serving as guinea pigs for untested interventions (Rooney, 1992, p. 77).

Every effort was made to ensure the privacy, confidentiality, and voluntary involvement of both the clients and the workers. Each prospective respondent was informed fully about the purposes of the research, their rights as subjects, and the ways in which confidentiality would be maintained. Clients were fully assured that their workers would not be informed about who received invitations and

agreed to participate. In addition, neither Program Supervisors nor Unit Supervisors were informed as to whether the workers in their units participated in the study. Written consent forms (Appendices D and E) were developed for both groups of respondents to assist all participants in understanding the nature of the study and their roles, and to ensure that they participated on a voluntary basis. Due to their special vulnerability as clients in a nonvoluntary situation, particular efforts were made to assure the parents that there was no coercion, that they were free to decline the invitation to participate, and that their responses to the interviewer would, in no way, influence their client status either positively or negatively.

The ethics of informed consent were adhered to rigorously through the measures stated above and through making application, before proceeding with this project, to the Committee for the Protection of Human Subjects From Research Risks, which is under the auspices of the Institutional Review Board of Hunter College. Approval was granted by the Review Board based upon submission of several documents, including the plan for recruitment of subjects, the consent forms that would be used with workers and clients, the interview guides, and formal notification from the agency of their ethical review process which also granted approval to conduct the study.

Questionnaire Construction

The measurement tools employed in this study were two standardized open-ended interview guides that had been "carefully worded and arranged with the intention of asking each respondent the same questions with essentially the same words" (Patton, 1990, p. 280). This format provided a means of standardizing the responses from both categories of respondents, producing greater reliability of results. It also allowed for the appearance of differences between the two groups and the emergence of themes, patterns, or similarities within each category of respondents. Of particular importance in the use of a standardized, semi-structured interview guide is for the researcher to remain flexible, open to differences and idiosyncratic responses, and to allow for spontaneity among the respondents in spite of the relative rigidity of the interview format. This was accomplished through the use of probes individually tailored to the answers of the respondents. Thus, although each respondent was asked the same general questions, it was planned that the use of probes, based upon individual responses as they occurred within the natural progression of the interview, would help to evoke the individuality and uniqueness of each participant's experience in the involuntary encounter.

The construction of the questionnaire occurred through a gradual process of refining a general interest in involuntary social work practice into a research question that explored

the particular strategies chosen by workers and clients as their means of coping with the stressful beginnings of their working relationship. Focusing on the theoretical tradition of symbolic interactionism helped to define the comparative basis of this study and further emphasized the need to look at interpretations of the situation from two divergent perspectives, that of the worker and the client. Locating the units of analysis was helpful in creating questions about the dyadic relationship that is formed and about the dynamics of engagement that occur in the initial encounter between worker and involuntary client. Moreover, the types of questions suggested by Lofland and Lofland (1984) to be asked about units of analysis provided further refinement in this process. Specifically, this led to the decision to ask respondents questions that helped define the relationship, its structure, and the strategies used by each participant in coping with the involuntary encounter. Hence, the content of the questionnaire was formed through a series of repeated refinements from broad to narrow definition of the problem for study. Eventually this process of disassembly resulted in a degree of resonance between the general interests of the researcher and the questionnaire itself.

Merton, Fiske, and Kendall (1990) suggest four criteria for effective focused interviews: 1) range provides for consideration of the full spectrum of topics and responses that are possible for the subject-matter under investigation;

2) specificity refers to the intensity of detail that is elicited by the interview; 3) depth relates to feelings, the psychological dimension of the experience described, and the affective meaning of these responses; and 4) personal context concerns the individual's prior attitudes, values, roles, and social statuses that affect his/her responses to the situation being studied. Each of these dimensions of the interview was considered in developing the questionnaire.

Other elements related to the internal coherence of the questionnaire such as clarity, transitions and flow of questions, length, neutrality, and structure were continuously refined as the data collection process began. Certain questions that did not produce responses sufficiently rich in detail or description, were revised for subsequent interviews, sometimes through increasing the clarity or specificity of the questions, and sometimes through a slight alteration of the wording to make the question more evocative. For example, one of the questions on the worker's interview guide originally was worded as follows: "Sometimes social workers who work with mandated clients are considered to be agents of social control. In what ways do you feel that you have control over the lives of your clients?" After using this question during the pilot study, it became apparent that it was too wordy, and even more importantly, it was not effective in eliciting information about the worker's use of authority, which was the original intent of this question. Therefore, it was changed

to read: "Do you feel that as a social worker you have control or authority over the lives of your clients? Please describe this." This second version of the question produced much fuller and more specific answers related to the use of authority by the worker.

In consideration of the clients' vulnerability due to their mandated status within the agency, care was taken to ensure neutrality and openness of questions, as well as impartiality by the interviewer as the respondents revealed their feelings or personal opinions of the workers or clients who were their counterparts in the dyadic relationship under examination. As further protection, respondents were cautioned not to refer to other workers or clients by name or other identifying characteristics. Finally, the structure of the questionnaire was planned to move from more general or neutral questions to those which were likely to have more emotional impact. This was to allow the respondent to warm up to the interviewer and the particular subject matter of the study before having to delve into areas that might be considered more sensitive or difficult to discuss.

The final questionnaire guide addresses six primary areas of inquiry:

- 1) expectations by the worker/involuntary client of the other member of the dyad;
- 2) description of a first meeting with a worker/client;
- 3) description of the worker's use of authority;

- 4) description of the client's resistance or compliance;
- 5) what the worker/client would like to change in the professional relationship; and
- 6) strategies that are employed by the worker/client to manage the involuntary relationship.

For each of these general categories of data, probes were also developed to elicit additional or clarified information. Respondents were asked to provide full descriptions and examples from actual encounters to elicit answers of substance and rich detail. The guides for client and worker interviews are included as Appendices F and G of this report.

Credibility Issues and Limitations of the Research Design

The final evaluation of any research endeavor lies in its capacity for trustworthiness as a study that is truthful, applicable, consistent, and neutral (Marshall and Rossman, 1989). The findings must provide an accurate representation of the subject matter described; the findings should be generalizable, transferable, and applicable to other settings or groups; the results should be able to be replicated, allowing for a certain degree of reliability; and finally, the findings should be objective, thereby existing outside of the subjective understanding of the researcher. These qualities comprise what is termed by Lincoln and Guba (1985) the "truth value" of qualitative research. Yet, on closer examination, each of these requirements of the scientific research process

contains certain implied contradictions with the qualitative research paradigm. Therefore, to achieve an acceptable level of credibility in conducting qualitative research, one must strive consistently towards the presentation and analysis of data in a manner that ensures integrity, validity, and accuracy (Patton, 1990).

Patton (1990) emphasizes the need to incorporate several techniques into one's research design to enhance the quality of the final product. For example, he suggests the use of four types of triangulation in order to decrease the potential for bias in the study. Thus, employing multiple methods for data collection, various sources of data, more than one analyst, and multiple perspectives or theories for interpreting the data will enhance the outcome of a study in relation to its general credibility. In the present study three forms of triangulation are employed: triangulation of data sources, analysts, and theories. First, workers and clients represent multiple data sources utilized to provide differing perspectives on involuntary services. Studies that involve only one or the other member of a dyadic relationship are limited in their ability to describe the interaction as a social phenomenon. The inclusion of multi-perspectivity lends both credence and substance to the overall design of the project. Secondly, a sociologist familiar with qualitative research methods conducted a content analysis of six interview transcripts to check for accuracy and reliability in analysis

of the data. And as a third form of triangulation, the data were examined using three theoretical perspectives--authority theory, compliance theory, and social exchange theory--to study the numerous possible explanations for how workers and involuntary clients in child protective services manage their interactions with one another.

Patton (1990) also suggests the use of competing themes and explanations, along with the inclusion of negative cases that represent exceptions to the rule, as helpful in establishing the credibility and integrity of the findings. This study explored cases that fit into established patterns as well as those that required a search for alternate explanations in order to consider the full range of strategies used in the involuntary social service encounter. It is only through understanding the whole spectrum of responses that effective planning for future education and training can occur.

The limitation of using a single researcher with a relatively small sample would tend to restrict the generalizability of the study. And in fact, this lack of general application is one of the most common criticisms of the qualitative approach. To compensate for these inherent weaknesses of method, it was important, first of all, that the researcher remain open to exploration of initial biases or assumptions that might influence the analysis of data. For example, despite the researcher's own biases against the use

of coercive and threatening measures, several parents reported that the threat of legal involvement or potential loss of their children was the one deciding factor that led them to seek drug treatment. While this certainly doesn't condone the use of coercion in working with persons with problems of substance abuse, it helps to clarify one set of circumstances that may motivate such individuals in seeking help.

Furthermore, the activity of generalizing from the present study is replaced by the act of defining the limitations and parameters of the research findings to understand fully their specific applications in building practice knowledge for working with involuntary clients. Due to the exploratory nature of this study, the value of the findings lies in their presentation of multiple perspectives rather than generating what is believed to be one fundamental "truth" (Patton, 1990).

Thus, the criteria for evaluating the outcome of this study remains consistent with the definition of the qualitative method. Rather than emphasizing total objectivity, one attempts to develop "empathic neutrality" (Patton 1990, p. 21); instead of absolute reliability and validity, one explores the notion of credibility; and finally, in place of generalizability, one strives toward understanding the particular context of the study and its limitations as well as its usefulness in generating information that can be applied in similar settings with other groups. Each of the

criteria described above is employed to enhance the quality of the findings and their contribution to the existing knowledge base in social work practice.

One of the primary methodological weaknesses in this study is that the research relies on a single method of data collection. Interviews and concurrent observation of non-verbal behavior during the interview sessions with workers and clients were the only sources of data available for this project. As noted by Patton (1990),

Studies that use only one method are more vulnerable to errors linked to that particular method (e.g., loaded interview questions, biased or untrue responses) than studies that use multiple methods in which different types of data provide cross-data validity checks (p. 188).

Nonetheless, client records were not made available by the agency to corroborate respondents' answers to questions; nor were observations of worker-client encounters possible in the data collection process. As noted earlier, however, the use of information from two different perspectives (worker and client) was helpful in offsetting the limitation caused by an inability to triangulate through various methods of collecting data.

Still, it is important to reiterate that workers and clients who agreed to participate in this study were not matched pairs, therefore limiting both the validity of the study and the researcher's ability to compare the responses of the two groups. Whereas workers discussed their experiences with clients in a general sense, clients described their

experiences with only one or perhaps two workers. But although the two groups of respondents did not discuss exactly the same phenomenon, this should not detract from the value of gathering information from both workers and clients about their early encounters and how the use of authority affects the engagement process in mandated situations.

Another limitation of the study is that the participants have provided retrospective accounts of their experiences, perceptions, and feelings, thereby allowing for some reinterpretation and also some distortion of what may have actually occurred earlier between the worker and client in the initiation of services. Time and intervening events almost always impose changes on one's perception of situations. But, as noted by Merton, Fiske, and Kendall (1990), when used skillfully by the interviewer, retrospective reporting can also serve to enrich the interviewing process. By emphasizing with the respondent both "the recall of the stimulus situation to which he was exposed and the recall of his reactions to it," (p. 23) the interviewer can elicit richer descriptions of the experience while also distinguishing between present responses to a situation and the individual's recall of his/her responses at the time it occurred (Merton, Fiske, & Kendall, 1999).

The use of only one individual as interviewer and data analyst has been discussed in relation to limits on the generalizability of the findings. Furthermore, differences

between the interviewer and the client respondents in race, age, socioeconomic status, and educational levels all create additional potential limitations in the study related to collection of the data. These differences also have the potential for producing biases and causing errors in interpretation of the data. Therefore, it was especially important to

...adopt a stance of neutrality with regard to the phenomenon under study. This simply means that the investigator does not set out to prove a particular perspective or manipulate the data to arrive at predisposed truths. The neutral investigator enters the research arena with no axe to grind, no theory to prove, and no predetermined results to support. Rather, the investigator's commitment is to understand the world as it is. (Patton, 1990, p. 55)

In this spirit of exploration, the investigator is expected to focus on the task of discovery, rather than to try to validate any preconceived notions that exist about how workers and clients interact with each other in mandated service situations. The attempt to maintain neutrality was an ongoing challenge of this project. And the use of a second reader to review samples of the data also provided a reliability check for themes, patterns, and interpretation of the responses by this researcher.

In addition, it is important to recognize that this researcher was an outsider in the agency, and in such situations, whatever steps are taken to establish trust, the normal suspicions of the researcher necessarily remain, to some degree. As an outsider this investigator lacked what

Lofland and Lofland (1984) refer to as "insider understandings" which tend to provide a deeper sense of the situation from the perspective of the participants. Therefore, it was imperative that respondents who participated in this study were both knowledgeable and willing to share information about their own experiences.

Finally, as noted earlier, the small sample size and the nature of qualitative research with its inherent limitations prevent generalization beyond the scope of this study. But despite these methodological limitations, there was an identified need to develop further understanding of this subject and to seek answers to questions that can influence the worker's ability to intervene more effectively with involuntary clients. And especially due to the paucity of consumer input in the social work literature, this research endeavor was undertaken because of its potential for contributing to the development of knowledge about this area of practice.

DATA COLLECTION

As suggested by Patton (1990) in his discussion of data collection, "The quality of the information obtained during an interview is largely dependent on the interviewer" (p. 279). While emphasizing the need to develop one's technical ability, he also cautions the researcher that there is more to effective interviewing than simply technique.

...no less important than skill and technique is a genuine interest in and caring about the perspectives of other people. If what people have to say about their world is boring to you, then you will never be a great interviewer. Unless you are fascinated by the rich variation in human experience, qualitative interviewing will become drudgery. (p. 279)

Maluccio (1979) cites "the varied personal and sociocultural characteristics" (p. 28) of both the interviewer and the respondent as highly important to the outcome of data collection. And Lincoln and Guba (1985) describe naturalistic inquiry as heavily reliant on "the human as instrument" (p. 250), with the requirement that the researcher develop a particular set of skills in in-depth interviewing, and even more importantly that the researcher is able to build and maintain trust in the informants. Hence, "While no one would argue that the existence of trust will automatically lead to credible data, the inverse seems indubitable" (Lincoln & Guba, 1985, p. 256). Thus the human element in qualitative research has been discussed in various contexts and is an important component for consideration in any investigative endeavor.

From the outset of this project, it was clear that the success of the data collection process would be dependent upon the interviewer's personal ability to overcome two initial hurdles that are common to qualitative research: gaining access to the sample population and establishing rapport for the purposes of eliciting meaningful information and responses that reflect the respondents' true thinking about the subject matter under examination. Overcoming these obstacles would

entail the formation of trusting relationships in order for the interviews to produce adequate information for the purposes of the study. Fortunately, an earlier project at the same agency, that served as a pilot study for the current research, enhanced the researcher's ability to gain access and develop a foundation for trust in preparation for the present study.

Pilot Study

During the spring and summer of 1992, this researcher conducted an initial investigation of involuntary practice in child protective services. Although it was planned that five workers and five clients would be interviewed, it was not possible to access clients at that time. Each worker had agreed to speak with one of his/her clients about participating in the study; however, it was not recognized how faulty this plan was until later on when there was virtually no response from the client population. After three months, the design was modified to include additional workers and study only the perspective of the practitioner. Clearly, there were issues of trust that had not been resolved. First, the workers seemed conflicted about asking their clients to become involved in a research endeavor at the agency, particularly due to their involuntary status. Second, the workers may have feared that the client interviews would turn into an evaluation of their work, and would place them in

difficult positions vis-à-vis the clients.

Nonetheless, several aspects of the pilot study were especially helpful in planning for data collection in the present research project. Above all, it became clear that the elements of trust, rapport, and personal involvement in the data collection process required more emphasis than they were given in the pilot study. Workers needed to know that their work would not be judged and that they would be protected from exposure and potential harm as a result of their involvement in the study. Conducting the pilot study in the same agency allowed this researcher to become familiar with the workers, supervisors, and secretarial staff who would later become involved in the recruitment process for clients. This familiarity was advantageous in reducing some of the natural mistrust of an outside researcher.

In addition, it became apparent that the initial method of recruiting clients through their workers was neither ethical, nor feasible. Therefore, other means were developed to access the client population. Further, the interview guide that had been used in the initial study was revised and refined in several ways, mostly through adjusting the wording of the questions and the follow-up probes. Also, the demographic questions were moved from the beginning to the end of the interview. And finally, the pilot study was more general, focusing on the involuntary engagement process itself. In reviewing the findings, however, the author found

that the theme of authority appeared in most of the interviews and determined that this would provide a fruitful area for more intense study.

In-depth Interviews

A total of twenty-nine interviews were held with sixteen workers and thirteen clients over a six-month period between March and August, 1994. Each respondent was seen once for an hour to an hour-and-a-half, on the average. The exceptions were three client interviews that lasted forty-five minutes, and two worker interviews which lasted almost two hours. Generally, the interviews with workers were slightly longer than those with clients. The interviews with workers were all held at the agency during working hours. When the appointment was scheduled, the worker was asked to reserve a separate room for the interview to assure privacy.

Clients were given the choice of being interviewed either at the researcher's office or in their own homes. Four of the interviews were held in the researcher's office, according to the clients' wishes, and seven were conducted in the clients' own homes. Two interviews took place in the homes of friends of the clients. About half-way through one of the client interviews, the respondent decided that there were too many people present to afford her privacy, and she requested that she be taken to the office of the interviewer. Since the office was not far away, the client and her baby were driven

to the office and returned home by the researcher following the interview.

Both clients and workers were given informed consent forms and were provided with verbal explanations of the research project, the interview process, and their rights as subjects, before they gave written consent to be interviewed. A copy of the consent form was given to each respondent to keep in case further questions about the study arose after the interview was ended. Following preliminary explanations, the interview formally began with questions from the guide. Probes were used as necessary to enhance the respondents' answers or to clarify questions, or simply to help produce richer, fuller, more descriptive answers. After all of the questions were answered, some demographic information was requested, including age range, education, and employment history for workers, and age range, marital status, number of children, number of referrals, and case status for clients. Written notes were taken to avoid the tension that so often develops around the use of tape-recorded interviews. While this measure, in some ways, helped the interviewer create a more natural environment for conversation without the presence of a machine, it also impeded the flow of the interaction. The researcher's attempts to record in writing verbatim notes on what the respondent said caused the pace of the interview to be slowed down considerably. However, it did not seem to detract from the content of the sessions between interviewer

and worker or client.

One of the most important aspects of the interviewer's role is the need to establish rapport as soon as possible with each respondent. Rapport can develop in many ways, but it begins with an attitude of respect that must be demonstrated for research subjects and their responses to the various questions. In addition to the use of informed consent and full explanations of the research, the most effective means of establishing rapport in this study derived from the interviewer's use of the full repertoire of interactive skills normally employed by professional social workers in their work with individuals. The use of empathy, sensitivity to the perspective of the other, active listening and reflective skills, non-judgmental responses, and a demonstration of interest and caring for what the respondents presented were most effective in establishing rapport. This was especially true in the client interviews, since parents involved with a child protection agency tend to be at least minimally suspicious of social workers. But in fact, within a short period of time most of the respondents, both workers and clients, began to talk openly about their experiences with the involuntary service situation. Only one client seemed particularly guarded in her answers throughout the interview.

Focus Groups for Worker Respondents

Following completion of the interviews, a notice was sent

to each worker respondent inviting him/her to attend one of two focus group meetings to be held at the agency on September 13th and 14th, 1994 (Appendix H). The purpose of these groups was two-fold. 1) To allow for any further input of data that might be available beyond the individual interviews. In this regard, it was hoped that the group discussion would trigger some additional responses that might not have been considered by individuals in their own interviews. 2) To utilize the group discussion as a reliability check for the initial findings that were beginning to emerge from the data. This was undertaken by presenting the workers with the initial findings, and asking them to state their perceptions regarding the accuracy of these early interpretation by the interviewer.

Only six workers attended the two meetings, however their input was valuable to the process of analyzing data from the interviews and helped the researcher think further about certain issues. The workers were provided with an outline of the initial findings of the study and were asked to respond to whether they agreed, disagreed, or what points should be emphasized more in the results. Of particular interest was their discussion of the hazards of the work, as well as some of the disappointments. These topics had not been discussed in detail during the initial interviews, perhaps because of the nature of the questions or the fact that they were interviewed individually. However, with the strength of the

group behind them, workers were able to focus more on their dissatisfactions with the job. The following comments were made by workers at the first of the two meetings.

It's an impossible situation juggling the cop hat and the social work hat. With the cop hat on you are really the authority doing an investigation. The social work hat is working more for the client, and that's more fun.

The MSWs have a high turnover, because there's no clinical work here. For that matter, there's not much social work here.

The work here is very demanding with no supports built in.

If you stay here for any length of time, you have to learn some coping strategies outside: exercise, relationships, whatever.

I think you have to get desensitized, like a doctor or a hospital social worker.

We're always making decisions based on situations where we don't have enough information to make these decisions.

I also think there's a lot of health issues in this work. You wouldn't believe some of the environments that we have to go into to investigate the clients.

During the second focus group, a lengthy discussion took place about the importance of empowerment in child protective services. One of the workers described it as "the key to our work" stating, "Even the most needy clients who do the smallest bit for themselves seem to benefit...It's all about options." This led into a discussion of the various ways in which empowerment is used by the workers and each gave examples from their own caseload. One worker summed up the discussion by stating that much more emphasis should be placed

on empowerment skills in the agency training.

Thus, although there was not a lot of new information that emerged from the focus groups, these meetings were productive in defining certain critical issues in the job of the investigation worker. Moreover, the discussions were helpful in validating themes that had begun to emerge from the data in the early phase of analysis.

DATA ANALYSIS

According to Patton (1990), "There is typically not a precise point at which data collection ends and analysis begins. In the course of gathering data, ideas about possible analysis will occur. Those ideas constitute the beginning of analysis; they are part of the record of field notes" (p. 377). Similarly, Marshall and Rossman (1989) state: "In qualitative studies, data collection and analysis go hand in hand to promote the emergence of substantive theory grounded in empirical data" (p. 113). And according to other authors (Lofland & Lofland, 1984; Miles & Huberman, 1984), data collection and analysis should be concurrent to create a sort of dialogue between that which has been gathered and that which is still to be collected. In this manner, the data consistently influence the collection of additional data and inform the researcher about possible areas of discovery in the field.

Furthermore, the process of data analysis has been

described as "messy, ambiguous, time-consuming, creative, and fascinating" (Marshall & Rossman, 1989, p. 112). The task of creating order out of chaos is a continuous challenge in qualitative studies. This is typically accomplished through the use of preliminary categories for interpretation of the data. Of particular importance, however, is that care is taken to avoid imposing too much structure; rather, one must maintain flexibility and openness to the discovery of new concepts or unique ways of viewing the familiar. This is essential to the processes of qualitative research and building grounded theory. Accordingly, Marshall and Rossman (1989) emphasize the objective of striking a balance between "efficiency considerations and design flexibility:"

Generating categories of data to collect, or cells in a matrix, can be an important focusing device for the study. However, tightly structured, highly organized data gathering and analyzing schemes often filter out the unusual, the serendipitous--the puzzle that if attended to and pursued, would provide a recasting of the entire research endeavor. (p. 113)

Therefore, in the present study, although some preliminary categories were defined in advance, the analysis also allowed for the appearance of new, previously unexplored themes and classification systems that began to emerge as the data unfolded.

Content Analysis

Following the completion of each in-depth interview, the data were transcribed from written notes and organized

according to preliminary categories contained within the interview guide. The major categories included worker and client perceptions of the involuntary encounter; the various uses of authority; the types of client responses that were generated ranging from resistance to compliance; and the strategies employed by workers and clients to manage the conditions of the involuntary social service relationship. This initial categorization provided a preliminary structure for examining the content of the interviews; however, it was also necessary to sort out the underlying meaning, themes, subtopics, and patterns that were contained within the transcripts. As Berg (1989) suggests in his discussion of content analysis, "analysis criteria are fundamentally connected to the data and are not merely the arbitrary or superficial application of irrelevant categories" (p. 106).

It was important to remain connected, at all times, to the actual data, rather than to impose an arbitrary framework upon the content and hope that it would fit. The analysis therefore required complete immersion in the text by reading and rereading the interviews many times. Eventually, various themes began to appear within the major categories of the interviews. For example, as the involuntary encounter was explored from the perspective of the client, responses seemed to center around four major themes: loss of control, expectations of baby-snatching by the worker, a loss of privacy, and conflict with the worker over the definition of

the problem. On the other hand, the content of worker interviews brought to the surface their frustrations with the demands of child protection investigation, and particularly the conflict experienced between the roles of helper and investigator. While some of these themes were expected from the review of the literature, other findings emerged inductively through "focused attention" (Marshall & Rossman, 1989, p. 115) on the data to generate categories of meaning offered by the study participants in their interview responses. This activity is described below:

The process of category generation involves noting regularities in the setting or people chosen for study. As categories of meaning emerge, the researcher searches for those that have internal convergence and external divergence. That is, the categories should be internally consistent but distinct from one another. Here the researcher does not search for the exhaustive and mutually exclusive categories of the statistician, but instead to identify the salient, grounded categories of meaning held by participants in the setting. (Marshall & Rossman, 1989, p. 116)

Coding

In the present study, multiple readings of the interviews produced a set of fifty-three code words in the data representing various themes, topics, concepts, or elements of one of the larger categories mentioned earlier. The interview transcripts were then "mapped out" based upon the appearance of these themes or patterns, in such a way that segments of the text, from a single line to several, would be represented by one or more of these code words. The codes were then

grouped together and finally subsumed under one of the four major categories developed at the outset. For example, codes that might fit under the category of authority are represented by such words as: expertise, coercion, power, social control, and reward.

New categories were formed as codes revealed unexpected themes that needed to be included in the analysis. An example of this evolved from the clients' interviews as many of them described the impact of some form of care or nurture by the worker. For these clients, the perception that the worker genuinely cared about them represented a turning point in the relationship from a negative to a neutral or positive encounter. Thus, "the importance of nurture" developed as a category based upon its repetitive appearance in the data. And as emergent categories and patterns began to take shape, they were tested for convergence with both the theory underlying the premises of the study and the data, resulting in an ongoing dialogue between the theoretical foundations, the data, and the evolving analysis.

Negative cases were also noted and described in the findings that did not fit established patterns represented in the majority of the interviews. Once these negative cases were located, alterations were then made in the hypotheses to account for such inconsistencies within the pool of responses. For example, most of the parents involved with the child protection system on an involuntary basis reported feeling

powerless in the face of the state system represented by worker, the court, and the judicial process. However, it was noted that a few of the parents responded to a question about the authority of the worker by indicating that they had learned from previous experiences what was needed to assert their own power in that situation and how important it was not to give in, but to continue to protect their rights. As one woman stated, "If we hold onto our rights and maintain them, then they can't have that kind of authority." In attempting to interpret this broad range of responses to a single question, it became apparent that, in fact, not all parents feel powerless in relation to the authority of the worker. But in the initial encounter, when a parent is experiencing the investigation by the child protection worker for the first time, there is generally a tremendous sense of fear and vulnerability attached to that experience. Often this feeling of powerlessness diminishes with repeated encounters. Thus, the parents' perceptions of authority tend to vary according to their previous experiences with and knowledge of the child protection system.

In addition to generating codes and larger categories, comparisons were made between workers' responses and those of the client population studied. Using the symbolic interactionist framework, the researcher interpreted the responses of both workers and clients as transactional and dependent upon the individual's perception of the intentions of the

other member of the dyad. This understanding was crucial in focusing the analysis upon attributed meanings within the involuntary encounter, rather than seeking objective reality. In other words, it provided a lens through which the material could be understood within the context in which it occurred. And it helped the investigator comprehend more fully how people's actions and reactions are built upon the definitions of situations that they create, negotiate, or reject. Eventually, this understanding became central to the outcome of the study.

Computer-Assisted Analysis

The volume of data typically generated in qualitative studies requires the researcher to devise a system for organizing and presenting the data that produces an orderly, logical, and comprehensible analysis of the findings. As noted by Lincoln and Guba (1985), "What is at issue is the best means to 'make sense' of the data in ways that will facilitate the continuing unfolding of the inquiry, and second, lead to maximal understanding...of the phenomenon being studied" (p. 224). Rudestam and Newton (1992) describe a two-step process utilized to accomplish the challenging task of inductive analysis:

Unitizing is essentially a coding operation that identifies information units isolated from the text. In the second subprocess, categorizing, information units derived from the unitizing phase are organized into categories on the basis of similarity in meaning. (p. 114)

Both of these processes were facilitated by the use of a computer software package entitled, Ethnograph. This program, designed specifically for qualitative data analysis, proved especially helpful in coding, reorganizing, and retrieving transcribed segments of text within the organizing framework that had been developed for the project. Following the mapping of each transcription, in which one or more of fifty-three code words was assigned to relevant segments of the text, the content of all interviews was separated out by the computer according to code words and respondent groupings. Files were then created representing each of the code words used in the analysis.

The following example demonstrates how the Ethnograph program was used in data analysis for this study. First, the code word "CWDiscrep" was devised to represent discussion by respondents of any content related to discrepancies between the client and the worker over the level of authority held by the worker. Next, transcriptions of interviews were mapped out applying the code word "CWDiscrep" to segments that seemed to represent this discrepancy. After this information was fed into the computer, the program then grouped together as a file segments from all of the interviews that had been assigned the code word "CWDiscrep." Further, the computer printout designated the source of the segment, noting whether it was a client or a worker who had given that particular response. From this step, it was a relatively simple task to organize

all the codes and their respective segments into the larger categories that had been developed either deductively, based upon established theory, or inductively, originating from the data.

Organizing Framework

A framework for analysis was developed from the original review of the literature related to social work practice with involuntary clients. The theoretical orientation of this research underscored the importance of exploring the workers and clients' perceptions of the involuntary situation as these influenced their subsequent interactions with one another; the use of authority and its impact on the eventual development of or inability to develop a working relationship; the various responses of clients that range from resistance to compliance; and the strategies employed by workers to facilitate engagement of the client in an involuntary relationship with the child protection system. Although this last category initially included social exchange and empowerment activities based upon the literature review, it was later expanded to incorporate two additional categories labeled, "worker's presentation of self" and "the importance of nurture" both of which emerged from the data.

The four large categories served as inclusive groupings that comprised fifty-three codes. Following this organization of the data, each of the classifications and subgroupings was

compared with both the theoretical foundation and the text to ensure the integrity and coherence of the analytical scheme. The findings have been reported according to the scheme described above with the four large categories serving as major units of discussion. The codes, themes, patterns, and variables contained within the larger groupings provide the subtopics for discussion of the empirical data related to the phenomena under examination in this study.

Chapter V

THE INVOLUNTARY ENCOUNTER

INTRODUCTION

Initiation into the child protection system is for most parents a devastating and demoralizing experience. As clients against their will, they are subjected to investigations, accusations about their ability to parent, and limitations on their freedom. Given this difficult set of circumstances, is it any wonder that social workers encounter resistance from an estimated 80 to 90 percent of their cases in the initial visits? Nor should it come as a surprise that the early contacts between worker and involuntary client are so often characterized by mistrust, hostility, and conflict. It would seem, in many cases, that practitioner and client are working at cross-purposes, one committed to the formation of a professional relationship in hopes of accomplishing certain prescribed outcomes, while the other member of the dyad appears to invest an enormous quantity of energy in avoidance of such a relationship.

Analysis of the data in this study has uncovered several salient characteristics of the involuntary social work relationship in child protective services. Four major avenues of inquiry were explored including the nature of the involuntary encounter, the use of authority and its impact on

the subsequent relationship between worker and client, the types of resistance most commonly presented by clients, and worker strategies that facilitate the development of compliance or cooperation by the client. What eventually emerged from the interviews was a chronicle of events depicting the struggle between practitioner and involuntary client over the formation of a working relationship. And as this strife assumed a central focus in the data, various questions arose concerning the nature of that conflict, the contributing factors, and what aspects of the interaction helped to produce an outcome in which the relationship either remained conflictual, became ambivalent, or evolved into a positive, and potentially helpful, involvement by a worker in the life of an involuntary client.

To begin to address these questions, it was necessary to understand the many issues involved through the eyes of both workers and clients. Familiarization with the actions of each and how each participant interprets and responds to the other, based upon his/her attributed meaning, provides a foundation for fuller appreciation of the significance of the involuntary encounter for all participants. Herbert Blumer describes this process of sociological inquiry related to human interaction in his foreword to Jacqueline Wiseman's (1970) seminal work, Stations of the Lost.

...any given sector of human group life must be seen as a diversified process in which the participants are fitting their respective lines of action to one another. The acts of others

constitute the social setting for one's own act, serving to incite, inhibit, to temper, and to guide one's own line of action as one takes note of what others are doing or are likely to do. The acts of others tend to fall into regularized patterns, thus enabling one to anticipate what one may encounter in this or that situation...To see group life as process, is to focus attention on the situations that have to be met, to note how participants define these situations from their respective perspectives and how they meet each other's resulting actions. (pp. X1-X11).

In the present study, clients and workers were asked to describe, as fully as possible, their own perceptions of the involuntary situation from its point of initiation--the phase of investigation carried out by a child protection worker immediately following receipt of a referral. Both groups of respondents were asked to discuss their initial expectations of the involuntary encounter, the actual situation that occurred, and how the relationship evolved from that point forward. As has been noted previously, each client was asked to describe her³ interactions with the one or two workers involved in her case, whereas practitioners, due to their experiences with numerous clients, were able to pick and choose which cases to include in or exclude from their responses.

PRELIMINARY EXPECTATIONS

Congruent with the existing literature (Ivanoff, Blythe,

³The feminine pronoun is used in reference to clients since all of the client respondents in this study are female.

& Tripodi, 1994), the data from this study suggest that very few involuntary clients enter the child protection system without certain preconceived notions regarding the nature of services, the potential for a negative interaction with the worker, and the strong possibility that children might be removed from their custody. While earlier research by Mayer and Timms (1970) and Maluccio (1979) explored the impact of initial expectations of treatment on the counseling process, these studies concerned voluntary clients whose expectations, for the most part, revolved around the helping process and the potential benefits to be derived from interaction with the worker. By contrast, involuntary clients tend to conceive of mandated involvement with a child protection agency as punitive, and rarely do these clients think in terms of the benefits that may result from their association with a protective service worker. Instead, it is far more likely that they fear the investigation as an invasion of their privacy and an intrusion into their lives. For most, it is a period of crisis, particularly due to the fact that the vast majority of parents investigated by child protection agencies assume that the worker is intervening with the intention of removing their children from the family.

For the clients in this study, some of these initial expectations derived from their own experiences as children, while others were formed from the stories of friends, neighbors, or relatives who had undergone investigations

themselves. Several of the clients reported that they had personally witnessed children being removed from families in their own neighborhoods and that this instilled fear in them as soon as they were contacted by the agency. The following comments reflect the clients' perceptions of difficulties that they anticipated would result from initiation into agency service.

I was nervous--I thought he would take my kids away, because I've seen it before when I was a kid in the Village. [C-2]

It was scary at first; you felt like if you made the wrong move, they was going to take your child away. Sometimes you just get that feeling when you hear so many stories from others. [C-6]

If I wasn't using drugs, I wouldn't have been so intimidated, because most of the cases where I've heard about [the agency]⁴ taking kids out of the home have been where the parent was taking drugs, and that scared me. [C-7]

My cousin is a client of [the agency] because she's addicted to drugs and she got on the Program in the hospital when she had her baby. She told me they can come to your house whenever they want; they don't call or send letters or anything like that. [C-11]

In one situation a mother forfeited the opportunity to receive help because of the strength of her belief about the consequences of being open and honest with the worker about her abusive husband.

⁴To protect confidentiality the name of this agency has been replaced by [the agency].

When he was out of the room, I wanted to say, "Help," but what stopped me was that I was afraid she would take away my kids if she knew he was abusing them. [C-8]

Some of the clients reported that they had received instructions from friends or relatives who had experienced similar investigations as to how they should behave or respond to the worker. But clients who were less knowledgeable about the "system" found themselves confused, at times, due to conflicts between the advice of others and their own natural responses to what were perceived as offers of help from a professional social worker.

To my understanding, it seemed that once they had you as a client, if you didn't do what they wanted, they would take your kids away. But I also heard that some of them was nice, that if you worked with them, some of them could be easy. And if you didn't, they could be nasty. [C-4]

I had heard terrible stories. For instance when I told my girlfriend who is on state and who is really a good parent--I said to her, "The [agency] worker came to my house, and I was very open with her about everything." She said to me, "That's the wrong way to do it; these workers come in, and they tell you they care, and that they want to work with you to keep your family together, but then they find more problems than it's worth." I didn't agree then, but I think that happened to me. [C-7]

Clearly, the image of child protection as "baby-snatching" is a notion strongly entrenched in the larger community. With such a negative reputation of the agency, it is highly conceivable that parents would respond with intense fear and resistance to the efforts of the worker to engage them in the service delivery system. Hence, the assumption

that involvement with the agency will lead to loss of one's children results in efforts by the client to maintain distance from the worker, particularly in the beginning phase of worker-client contact.

Similar to the clients, workers' earlier experiences or stories from other staff members caused the practitioners to have preconceived notions about referred parents. Accordingly, the workers' responses reflect their recognition of the agency's difficult position within the community and their own anticipation of hostility and resistance from clients at the initial meetings. When asked what they expected to encounter as they began their investigations, many of the workers described a mix of fear, anger, and adversarial behavior on the part of the parents.

I expect them to be angry, because the agency can be intrusive. Most of the clients are in denial. On a first intervention, some say come on back, some even say come on over for coffee. But those are few and far between. [W-3]

Resistance. You expect that they're going to be somewhat resistant, but the most resistant are the upper class clients. [W-12]

A lot of mistrust--they don't trust us. They think we're in there to take their kids. They think we actually want their kids, which we don't. They're defensive; they're angry...either that way (which I almost prefer) or they're so compliant that I can't work with them, yessing us to death. [W-14]

Only one worker denied having preconceptions of what she would encounter in the initial visit. This appeared to be an attempt on her part to remain open to the clients from the outset by not prejudging the situation.

I don't expect anything...It's important not to have any initial expectations of clients. Don't label people at the beginning. The only expectation should be that a child will have a safe environment through your intervention. [W-8a]

Thus, preconceived notions of the involuntary encounter, as summarized in Table 5, represent the first of several inhibiting factors in the formation of a working relationship between worker and involuntary client.

Table 5

*Summary of Preliminary Expectations of Initial Contacts
by Clients and Workers*

<u>Clients</u>	<u>Workers</u>
Fear of the punitive nature of service.	Recognition of negative reputation of agency in community.
Expectation of negative interaction with worker.	Expectation of anger, hostility, and resistance by client.
Fear of intimidation by worker.	Expectation of attempts by client to intimidate worker.
Anticipation of loss of custody of one's children.	Expectation of defensiveness and denial by client related to the referral.
Fear of invasion of privacy and intrusion in one's life by worker.	Expectation of superficial compliance by clients.
Need to avoid contact with worker.	Need to engage with client in working relationship.

Each participant in the initial interaction arrives with certain preformed expectations of the other that lay the foundation for conflict, disagreement, and an eventual power

struggle. Both are reacting not only to the anticipation of what will occur, but also to the actual realization of their predictions as the initial contact begins to unfold. For as the assumptions of each are acted out, there is almost a sense of self-fulfilling prophesy, that what was expected would necessarily occur. This, in turn, influences the beginning stage of the relationship with the client assuming an angry, closed, and defensive stance, while the worker, through his/her expectation of such negative behavior, may not be able to perceive other conflicting messages from the client--those that seek help, concern, and a caring response. As the initial contact and early phases of the working relationship are further described by worker and client, one gains a growing sense of the transactional nature of the encounter, that each in turn affects profoundly how the other behaves, developing finally into a self-perpetuating cycle of activity. The question that eventually needs to be answered is how to break this destructive cycle in order to create a helpful and productive relationship, even in cases where the beginning is so tenuous.

WORKER-CLIENT INTERACTIONS

Wiseman (1970), in her study of alcoholics and agents of social control, introduces the notion of "defining encounters":

two or more individuals assessing and reassessing each other as a result of perceived meaning in

their interactions. It is from these defining encounters and their past history that the ultimate relationships between Skid Row alcoholics and agents of social control emerge. (p. XV)

Other authors have identified conflict as the central element in particular worker-client interactions. For example, Parsons, Jorgensen, and Hernández (1994) state: "It must be recognized that interacting systems have power differences and value differences, and that the process of converging diverse interests and goals is inherently conflictual and confrontational" (p. 256). Murdach (1980), Cingolani (1984), and Diorio (1991, 1992) label the interactions between involuntary client and worker as "political" rather than "therapeutic" in nature. "That is, they resemble moves in a game of strategy more than efforts to render assistance (Murdach, 1980, p. 460). Cingolani (1984) states: "With the involuntary client... 'therapy' becomes a political act of conflicting interests between the individual and the social environment (444). And finally, Diorio's (1991) work examines in detail "the political process inherent in the interpersonal transaction between practitioner and 'involuntary client'" (p. 15).

Both workers and clients described their early contacts as conflict-laden, concurring with these authors' conceptualizations of the involuntary social work relationship. The nature of this conflict was initially examined by asking each to describe their general perceptions of the involuntary situation, and further to provide specific

examples from their own involvement as involuntary clients or workers. Later on, the issue of power and control, and the ensuing struggle that many of the participants experienced, was explored in more depth.

Clients' Perspectives

The most prominent aspect of the clients' immediate responses was the underlying emotional content of their descriptions, containing moving, and sometimes even heart-wrenching, accounts of their initiation into involuntary client status. Typically, they described their intense anger, humiliation, fear, depression, and guilt over the accusations about their inadequate parenting. Many of them expressed a sense of despair and an aloneness in their lives, a feeling that there was no one available to help them with the enormity of this problem. Examples of such descriptions follow:

I didn't feel like I needed to talk with anyone. It felt like my privacy was being invaded, like I was a bad mom. It caused me a lot of guilt; I feel like I should be able to take care of it myself. [C-2]

I felt guilty and ashamed and embarrassed...But I was in denial and I didn't tell anybody how I felt. [C-3]

I felt like I didn't need them, like if I needed help, I should have asked for it myself. I felt trapped and pressured. At first I thought of fighting them--not letting them in my door... They just showed up at my door and told me someone had referred me because of the safety of my children. They was asking me questions and...I was angry and frustrated and tried to find out who told on me. They said that my house was not fit to live in and I wasn't taking care of the kids properly...They

said if I didn't move, they could take my kids away...I felt miserable to think that people were going to come in my house at any time and take up my kids. [C-4]

Listen, I've got six kids and they've taken five of them away from me...When they took me to court, they just hurt my feelings so bad. They told me I was an unfit mother, and I was, but they came down on me really bad. They put me down and didn't help me. There was no one there on my side. They just took my baby without trying to help me. They should have had a social worker there to help me. Someone should tell them: "Don't give up on the arents after you take the kids away." [C-5]

The first time I felt nervous, like my nerves were jumping. When a worker knocks at your door from [the agency], it's upsetting. At least a phone call or a letter or something would have helped...I was so furious that I could just feel the blood rushing to my head. I wanted to close the door in his face, but I said to myself, "Be cool," and so I invited him in and asked him if he wanted something to drink. [C-6]

It was embarrassing because someone called them and they came to my house by surprise...It's a feeling like you don't have any control over your life. [C-7]

I stood up for almost a whole hour twisting a tissue until it disintegrated. [C-8]

I was angry for at least three months. [C-9]

I was very angry about how it was presented. They act like they don't believe you. It's a very angry feeling, the angriest for any mother to feel--that you might have to give your children up. [C-10]

At first I was crying every day, all day. I couldn't sleep; I was in a panic state...Everytime someone knocked on the door, we would jump. We were so nervous about who was coming to look in on us. [C-11]

I ran in my house and I slammed the door and I cried, and I grabbed up my baby and held her close, and I got the pictures of my other children and held them too. [C-13]

In addition to the intense emotional quality of the clients' responses, three other major themes emerged during this preliminary phase of interviewing: loss of control, conflicting definitions of the problem, and the sensation of existing in a fish bowl. Each of these themes is related to the issue of power and control in that the client views herself as powerless to make certain decisions about her life, or to identify the nature of her difficulties, and feels like the family now exists in a glass bowl or, as one client put it, "under a microscope" with every move being examined carefully by persons external to the family. These findings are summarized in Table 6.

Table 6

Clients' Perceptions of Initial Contacts

Emotional Content:

Anger; fear; depression; guilt; despair; aloneness; embarrassment; nervousness.

Loss of Control:

Constraints on parental rights; diminished self-efficacy; sense of incompetence in relation to parenting; powerlessness; feeling trapped.

Conflicting Definition of the Problem:

Disbelief and anger over unjust accusations and inaccurate statements; denial of problem or need for intervention; perception of cause of problems as environmental, not the client's responsibility.

Invasion of Privacy:

Existing in a glass fish bowl; like an open book; or like being in jail; under a microscope; having to answer many personal questions and be exposed.

Loss of Control

The expression of loss of control over one's life was coupled with a sense of being externally directed, of having restrictions placed on one's parental activities or the right to make decisions about one's children. Parents at first appeared shocked that an individual outside of the family, with whom they had never had previous contact, could have the authority to direct their parenting. A second feature of this phenomenon is a growing sense of failure, a feeling of incompetence in the role of parent (Oxley, 1981). The fact that an outsider has taken responsibility for enhancing the parenting provided within a particular family leads the parent herself to question her own capability in this area. And finally, there is the resultant sense of powerlessness, an inability to effect change in the situation or to repair the damage done by the intervention of the agency. Each of these dynamics is reflected in the following description given by an African-American woman in her thirties whose five children were placed in foster care when she was sent to jail for sixty days.

I was on drugs and alcohol, and we didn't have no place to stay, sleeping here and there, sometimes in a car. I got arrested and I had the kids in the car with me, and nobody in my family would take the kids. So [the agency] took them from me at the police station and I went to jail...After I got out of jail, I had a worker's name, and so I went to see her at [the agency]. I thought that I could go right then with the worker to see my kids, but I was very wrong. She said, "It doesn't work like that." I was very angry then, and I said, "Well, how does it work?" She explained that she had to

call ahead and make arrangements. I felt then that the State was taking over my life. I didn't have my kids no more, and I could not see them, except when they said so...I thought, whoever has the kids is turning them against me, cause I couldn't see them. I still had no permanent place, so I had to call her after she set a time. Then I could only see them for one hour and that got me upset, and I had to be supervised during the visit; I don't know why...I didn't like how things happened in the beginning. I didn't even know her, and she was telling me what to do...I never had to deal with someone telling me what I had to do, someone coming from just nowhere and telling me I had to do this or that. [C-9]

Although the situation described above occurred four years ago, the same woman was visited again by a child protective worker because of a recent incident with her teenage son who was home from his residential school for the week-end. In describing this latest intervention, the parent said:

And I was angry about my son. Now, soon as they do something wrong, and you discipline him for that, he go and call [the agency] and the worker is out here again. So he thinks he can do anything, and there's nothing the parent can do about it. If you dealt with them before, you got a bad mark against you. Now they're back in my life again; I'm not going through this no more! [C-9]

Another African-American woman in her forties described the overwhelming difficulties of raising five children by herself. When her daughter became hospitalized due to an injury, the mother found herself caught up in the same type of web as the previous client from which she could not extricate herself. However, this client eventually did assume some control over her situation by securing the services of an attorney.

One of my daughters fell and broke her hip and ended up in the hospital, and they felt I had hurt my child. And when they came to see me about that, they saw my son was very thin, and they thought he was malnourished. My baby was one and a half or two at the time, and my doctor was out of town and they wanted me to see their doctor right away. I wanted to wait for my own doctor to come back, but they wouldn't allow that. So just because I didn't show up when they made an appointment with the other doctor for me and my son, they insisted on taking him to the hospital to be examined. And they found out that he was fine; he's just a thinner kid than some others. But they kept him, and I had to get a lawyer and go to court to get him back. [C-10]

And later in the interview the same parent stated:

You know that you are powerless--they're the decision-makers and you're not. [C-10]

The woman closed the interview by reaffirming her sense of powerlessness to untangle herself from the "web" of mandated intervention by the State:

I just want to say that it's one thing getting involved with these people, but it's much harder to get them out of your life [C-10].

A third parent asserted that an accusation of sexual abuse by her husband was the result of a vindictive response from her own mother towards the son-in law. This respondent felt similarly trapped by the system and powerless to do anything about it.

It's unbelievable how someone can just make a phone call to the agency and they can just come in after that and take my children. I couldn't get over that...I asked the social worker, "What if my mother places another call? What if this is an ongoing thing?" [C-11]

A young woman in her early twenties who experienced recurring problems with drug addiction viewed her difficulty

with the worker as a kind of reenactment of earlier conflicts with her own mother about issues of control. She said:

I wasn't angry at them; I was angry at what they had to do, telling me what to do...that's why I left home at 13, cause I didn't want nobody telling me what to do, when to do it, or how. [C-12]

Thus, control issues represent for clients both losses in relation to their parental status and their sense of competence, and struggles over their diminishing sense of individual power and self-efficacy. For some, this loss of control leads to resistance as an effort to reassume control of the situation. Other parents react to the loss of control by becoming overly compliant, dependent, and by adopting a stance of learned helplessness resulting from the internalization of powerlessness (Payne, 1991; Parsons, Jorgensen, and Hernández, 1994). These various responses will be explored more fully later on as the influences of worker authority and the nature of client resistance are examined in more detail.

Definition of the Problem

Numerous authors of social work practice have identified problem definition as one of the central tasks leading to a working agreement in the beginning stage of practice. In their study of working-class clients in a voluntary service agency, Mayer and Timms (1970) found that a "clash in perspective" in conceptualizing the problem was one of the factors contributing to client dissatisfaction. Similarly,

Maluccio's (1979) study of clients and workers in a family service agency found that "insufficient clarity or mutuality as to the target problem" (p. 67) often led to misunderstandings between client and worker, or to an inability to establish a working agreement, and in some cases it led to clients' "discontinuance or premature withdrawal" (p. 67). And Shulman's (1991) comprehensive study of families involved with child welfare services in Canada suggests that, "Client acceptance of a problem is an important precondition for effective work" (p. 103).

Epstein (1988) presents three dilemmas of problem definition: the indeterminate quality of personal problems, the relativity of problem definitions, and the complexity of defining social and personal problems. She highlights some of the difficulties experienced by client and practitioner in achieving congruence on the focus of the intervention, particularly in relation to work in mandated settings where the agency or legal definition of a problem may vary considerably from that of the client. And Cingolani (1984) views problem definition as a central component of the conflict that persists between worker and client particularly during the early phase of client-worker interaction.

Ten of the thirteen clients in this study initially denied the problems that were the causes for their referrals. Some expressed disbelief that the worker would present such a different view of the situation, while others simply stated

that there was no need for state intervention, whereas a third group at first denied the charges but ultimately did concede later that there was a problem for which they needed help. Below is an excerpt from an interview in which a young caucasian single mother vehemently denied the allegations of child neglect.

He said he had got a report that she was undernourished, not being fed enough, but just look at her - does she look underfed? It wasn't true.
[C-6]

Later in the interview this parent again referred to differences of opinion about the source of the problem. Although her case had been substantiated, the client continued to view the problem as unrelated to her parenting. Similar to other parents, she persisted instead in identifying the report as the primary difficulty. Therefore, in describing the outcome of the worker's intervention, she said:

He helped me to understand that I have to be more careful about who I talk to, because somebody might report you to the authorities for no reason. [C-6]

Other cases further demonstrate the clients' need to defend against what they perceive as unjust accusations and incorrect definitions of the problem.

They came to my house by surprise. What was said was that one of the children was kept out of school for a full week and that I was borrowing a lot of money. So I told the worker that she could call the principal and check on it, because the child was sick and I had brought in a note from the doctor at the beginning of the week and at the end of the week - it was a legitimate absence... But I was honest with her. I said, "I do have a drug problem, but I've never abused the children and they never went without food. I have joint custody

with my husband, and so he has the children part of the week, and my parents watch the children for me during the other part of the week when necessary...I don't know why she took me to court. My kids were well cared-for. [C-7]

The real issue was that I didn't get up to the hospital as much as they wanted me there to visit my daughter. But I had four other children who I couldn't leave, and I couldn't drag them along with me every time. You tell me that I've got to do this, but what can I do? I can't get anyone to watch them...And they keep bringing up the drinking, drugging, and violence stuff. And I told them, "That's not a problem--the real problem is I have no money and no food for my family." [C-10]

But I believe in discipline; spanking is important for a child. That's why our child listens when we talk to him, not like some of the others. If more parents disciplined their children, there wouldn't be so many kids shooting their parents these days...I'm not an abusive parent. I even talked with the Elders in the Church about this, and they supported me fully...I'm not a neglectful mother. How can they file a neglect petition on me when I take my child to the doctor all the time. He practically never misses a day of school, he's always neat and clean, so how can they talk about neglect? [C-11]

A final example is a case of a woman with a serious substance abuse problem who at first defended strongly against intervention by the State, but later was helped to accept a definition of the problem in which she could receive badly needed treatment for her addiction.

I don't know why I didn't realize I had a problem with my kids, although it turned out I did...I realized I hadn't been cooking for the kids or anything...Finally, I was realizing that I had a problem--every time I tried it was the same thing: I wasn't caring for my kids. [C-4]

For most involuntary clients there is no possibility of engaging with the worker in a professional relationship, nor

is there any possibility of these parents receiving help for their multiple problems in caring for their children, until there can be some reconciliation of the worker's definition of the problem and their own. While many clients in this study viewed the identified problems as being externally caused or environmentally situated, workers attempted to persuade these parents to take responsibility for such difficulties in caring for their children. Cingolani (1991) found numerous descriptions of client defensiveness in her study of practitioners who work with involuntary clients. Two client strategies of a defensive nature discussed by workers in that study are: 1) "It's all them" in which the client "defines the situation entirely in terms of what others are doing or not doing, and presents him/herself as helpless to do anything to resolve the situation" (p. 116); and 2) "This is all a terrible mistake" in which the client presents as "an innocent victim of circumstances and/or circumstantial evidence" (p. 119). Cingolani adds to this description an important commentary for consideration by child protective service workers: "It was striking how seldom the practitioners who discussed this strategy seemed to consider the possibility that the client might be right. In most instances, the operating assumption seemed to be that this was an avoidance strategy" (p. 119).

Fish-Bowl Effect

Nine of the thirteen clients interviewed mentioned that they felt as if their lives were on public display following the initial referral to child protection. Not only did they describe their privacy as having been invaded; they went further in this vein, indicating that there was no corner in which to hide. Analogies such as "under a microscope" or "like being in jail" or "an open book" were used by the clients to describe their feelings about this aspect of the investigation process. Moreover, they reported being required to answer numerous personal questions, some of which they felt were not connected to the allegations. Below are several examples of these complaints:

It felt uncomfortable because of all the questions they ask. I felt it was unfair to ask me all of those questions. [C-1]

It makes me feel as if there's problems in our home and everyone will know about it. [C-2]

I was scared because I thought the cops were after me all the time. So I started watching my back; I felt I had to sneak in and out of the house...And the roughest part was them going out to my house so early in the morning--sometimes 8:00 or 8:30--and watching my every move. They wouldn't even let me wake up first, give me a little room, or let me think about what to do. [C-4]

It is demeaning to be involved with them, because you have to tell your life story. You have to be an open book. And in the school, the counselors always call the kids in and ask how things are going at home. [C-8]

It was like being in jail, when you got people coming at your door all the time. You can't even

barely go to the bathroom without people at your door, when you wake up, when you go out. But they're after you even if you leave the kids with someone else when you have to go to the doctor yourself. They were coming every day, and then another worker even came in the evenings. I asked them, "Is this seven days a week I gotta look at you people? It's like I'm in jail." Do you know what it's like to have people constantly at your door, so you can't even go to the bathroom, checking if you're on alcohol or whatever? You can't do anything without them. I said to the worker, "Can't I even have one day off from you folks?" There was so much tension in me. [C-10]

My husband stopped playing outside with our son. He said, "If I go outside and [our son] misbehaves and I spank him, someone might notice and report us again." I feel like our life is under a microscope, like everything we do is being watched. [C-11]

Again, the data suggest that clients and practitioners are working at cross-purposes. Whereas workers feel the need to keep a close eye on clients in order to complete their investigations, this scrutiny is regarded by clients as a very disturbing aspect of the intervention by the state agency. Clients feel that their freedom of movement has been constrained due to the fact that they are being watched constantly. As one parent who described a ten-year involvement with child protective services put it, "There's no more privacy. Ever!" [C-8]

Each of the major issues raised by clients in their descriptions of the involuntary encounter is connected in some way with the principle of self-determination, the most basic social work value that protects the client's right to make choices and decisions regarding his/her own life. While Perlman (1965) defends this principle as "the expression of

our innate drive to experience the self as cause, as master of one's self" (p. 421), other authors prefer to restrict the use of self-determination in social work practice to those client choices that are "in conformity with the law, morality, and the norms of 'constructive decision making'" (McDermott, 1982, p. 77). McDermott (1982), comments on the existence of conflicting definitions and interpretations of the principle of self-determination in the following statement:

Although revered as one of the most fundamental of social work values, the principle of client self-determination has always been something of a problem in social work theory. With its apparent stress on the right of the client to go his own, possibly willful way, it has seemed a threat to the fine balance which it is thought social workers should maintain between permissiveness and control. (p. 77)

Such dispute over the true nature of self-determination as it is intended to be applied in various social work settings, including those that entail social control functions, creates a dilemma for the practitioner in child protective services. Specifically, the client's right to define the problem as he/she sees it is one facet of self-determination that may actually be perceived as interfering with the child protection investigation. Yet, there are some authors (see for example, Cingolani, 1984; McDermott, 1982; Murdach, 1980; and Rooney, 1992) who advocate the use of bargaining, negotiation, persuasion, and other empowerment strategies as means of enhancing rather than restricting the level of self-determination within the context

of social control. They support the notion of encouraging clients to maximize their choices and undertake decision-making in whatever areas are possible, with the full understanding that some aspects of the child protection investigation are non-negotiable. For these authors, then, the application of self-determination to social control settings may be tempered, but certainly not eliminated.

Workers' Perspectives

For the practitioner, as well as the client, the initial phase of contact generates a feeling of constriction. However, for workers such feelings are less related to their personal lives and more concerned with the nature of their employment. Thus, whereas clients may feel limitations on their privacy, their personal freedom, or perhaps even their access to resources, workers report restrictions on their capacity as helpers due to the nature of investigative work, the conflict in their dual roles as helpers and investigators, and especially due to the many obstacles they encounter in attempting to form working relationships with the clients. The workers' responses are summarized in Table 7 on the next page.

Table 7*Workers' Perceptions of Initial Contacts***Investigative Work:**

Working in a context of social control; frustration over time constraints; encountering resistance, denial, and cover-ups by clients; conflictual interactions with clients in initial contacts; unpredictable and volatile nature of the work; fear of entering the unknown.

Role Conflict:

Helper vs investigator, baby-snatcher, agent of social control; frustration over impediments to the use of the helper role.

Obstacles in Relationship Formation:

Working within an authoritarian system; coercive or aggressive tactics; use of guardian role; time limitations in investigative work; difficulty of establishing trust; reputation as baby-snatchers; potential for punitive consequences for clients.

Investigative Work

The investigation phase of child protection intervention entails a relatively short period of time, between thirty and forty-five days, in which an investigative worker is required to make contact with a referred family, to formulate an assessment, and make recommendations as to whether the case should be closed, referred out to other community agencies for additional services, or transferred to the treatment unit of the agency for ongoing services. While workers are generally sensitive to the fact that this is a time of crisis as families are introduced to the child protective system, they nonetheless must attempt to discover the nature of the difficulty which precipitated a referral. They need to build a climate of trust so that the client can permit entry and

begin to discuss family problems with a virtual stranger. But in fact there is no basis for trust, nor is there much potential for creating this type of open exchange in the earliest stage of the intervention. One author, in a recently published account of his work as child abuse investigator, describes the challenge of this early phase in the following manner:

Wherever I go I'm feared and resented, because of who I work for, and because of what I do. I'm the Simon LeGree of social work, the Bogeyman with a clipboard; I'm a child abuse investigator, and people always think I'm going to take their kids away...I've been trained to judge a situation quickly to assess the degree of risk a child faces; I must determine the quality of a life-time of parenting in an hour or less. I must find credible evidence to back up my contentions, and must always justify the decisions I make, regardless of what they are. I've had to learn to trust my own judgment, especially when it seems no one else around me does. (Richards, 1992, p. 2)

Below are similar descriptions by the workers of this study detailing some of their own frustrations encountered in the investigation process.

It's an investigation in which the worker needs to uncover while the client needs to cover up. [W-2]

In intake...you're the first representative of the agency, and they're scared. They act angry, but mostly they're scared...My first step is to assess what happened, and therefore I have to be an investigator. There's a lot of judgment calls in this business. Lots of cases close quickly because I can't find enough evidence to go further. If they know how to stonewall us, and we don't have enough to take it to the court level, then we can't do anything. [W-9]

In intake I really try to present a positive image for the people who work with the clients afterwards, but that doesn't always happen. [W-10]

[Working in the investigative unit]...makes me feel like a detective. We're supposed to go in and get the facts and get out. It doesn't really require the skills and knowledge of a social worker. [W-11b]

In intake you need to break down the resistance enough to make an assessment. In intake you're the bad guy because you're the first contact from the agency and the investigator. [W-13]

It was easier in Treatment, because by the time you get clients in Treatment, Investigations has already broken the ice. But in Investigations, we're the ones that open the door for the treatment worker. If all goes well, so will treatment. If not, it can be awful. We're like the welcome wagon for the agency. [W-15]

Such images as the "detective," the "bad guy" and the "welcome wagon" seem to represent the workers' interpretations of their negative function in initiating clients into the system. In effect, they serve as shock absorbers for the agency. Yet while they need highly developed skills of engagement, in many instances the workers' efforts to provide help are stymied by the numerous barriers that exist because of the negative reputation of the agency, the context of social control out of which it operates, and the inherently conflictual nature of the client's involvement with the agency.

One of the most challenging aspects of investigation in child protection is its unpredictable nature. Workers report that much of the time they are entering the unknown, that due to the highly-charged emotional situation of child protection, clients may present with a wide array of unpredictable behaviors, from very passive to highly aggressive. Many of

them spoke of the volatile nature of the work. While for a few workers this is invigorating, others find it much more threatening to their own position or even their physical safety.

Just that beginning phase is still difficult. I try to anticipate what it's going to be like, but I still get nervous if I read, "client arrested for assault" or "on crack." [W-1a]

And the people who are mentally ill, when they're resistant you don't know what they're going to do, and that makes me very nervous. [W-4]

You're going out to high crime areas with the stress of not knowing how they are going to respond to you. [W-9]

And the drug abusers are also very difficult to work with. When you go there, you just don't know what to expect from their behavior. [W-10]

To do work with the involuntary client, you need to be someone who doesn't fear the unknown, going into the unexpected, and who likes that surge of adrenalin that occurs during a difficult encounter with a client. [W-13]

It gives you kind of a rush. I do get a bit anxious at first, because I'm not sure how they'll respond, but that goes away quickly once I'm with the client. [W-16]

Due to the unpredictable nature of these early encounters, the worker is well-served to find out as much as possible about the client before the first meeting. This is sometimes accomplished through reading records if the family has been served previously, by making collateral contacts with other practitioners, or by talking first by telephone if the client has telephone service. Shulman (1982) encourages the use of anticipatory empathy, tuning in as much as possible to

clients' experiences and feelings prior to the first meeting in order to sensitize oneself to the other person and to generally prepare to the extent possible for this particular encounter based upon whatever information exists. In a sense this mental activity enables the worker to gain some form of control over the experience of entering an unknown situation by making the encounter more predictable, even if only to a minimal extent.

Finally, the practitioners' responses suggest that investigative work with involuntary clients in child protection requires an individual who can combine both objectivity and sensitivity, authoritativeness with compassion, and purposefulness with empathy (Richards, 1992). Those workers who seem to feel most comfortable with the demands of their position demonstrate a capacity for empathy, flexibility and adaptiveness, and confidence in themselves as investigation workers, as exemplified in the statements below:

Some social workers don't know what it's like to live in a project with three kids under age five. They can't make all their prenatal appointments, but you can't expect that either. They have transportation problems, babysitter problems, and everything else. Social workers sometimes need to be more flexible, but on the other hand they shouldn't be enablers getting the client too dependent on the system. [W-8a]

I feel it's taken me a long time to get to get to this point where I'm dealing with these situations. These situations are very emotional, and often the situation is out of control, and we need to maintain our own control. [W-9]

If it was my situation, I wouldn't want anyone coming in like that, so I empathize with them. A

lot of referrals are just vindictive or judgments of neglect that aren't really neglect. I would feel kind of insulted if I was the client, and so I explain that it's okay and normal to feel angry. [W-12]

They feel threatened by the state car parked out front. We read over the referral together and a lot of them are very angry at me, yelling at me. I let them know it's okay to be angry; I would be angry too if someone came into my house like that. [W-15]

Role Conflict

Role theory has made a significant contribution to the conceptualization of generalist social work practice by illuminating the various functions included under the rubric of the professional social worker. Role theory is also helpful in explaining social interaction and how the expectations and reactions of others in relation to one's own position within the governing social structure help define one's behaviors and responses to others (Payne, 1991). Moreover, as posited by the symbolic interactionists, "Roles are formed by social expectations and labelling, and...we alter our behavior in roles according to the situation we are in and the expectations of those around us" (Payne, 1991, p. 157). In the social work literature various roles have been identified as sets of expected practitioner behaviors (Compton & Galaway, 1989). What has received less attention, however, is that the practitioner in some instances experiences role conflict between two or more competing roles that are expected of him/her. As noted by Parsons, Jorgensen, and Hernández (1994),

There may be a built-in difference of opinion on the part of the agency, the consumer, and the profession as to how a role should be carried out. When role expectations are diverse and conflicting and thus unable to be fulfilled, the result is likely to be role conflict and possibly paralysis and inaction. (p. 138)

This potential for conflict is especially of concern when social workers are employed in agencies that operate out of a context of social control. In such settings there is indeed a built-in difference of opinion between the agency, the consumer, and the profession about the most appropriate functions of the worker. Whereas the profession of social work subscribes to the notion of the worker as helper, the agency requires the practitioner to function as agent of social control, or what Parsons, Jorgensen, and Hernández (1994) have termed the "guardian role." This conflict is compounded by the client's expectation of help combined with lingering fears of reprisal for alleged child abuse or neglect. One parent questioned this discrepancy by asking, "If they're supposed to help a family, then how can they threaten me with neglect?" [C-8] Although as noted earlier, Shulman (1991) views this conflict as a "false dualism," there has been limited writing which provides specific guidance for the worker who experiences this form of role conflict.

The workers' responses addressed their frustrations as well as their attempts to cope with the diversity of expectations placed upon them. For those practitioners who are educated and trained as social workers, their own hopes of

functioning as helpers simply add to an already confusing and demanding situation.

...we have an impossible situation: we're wearing two different hats. On the one hand we serve as protector of the child, and on the other we try to preserve the family. But in many situations these two hats conflict with one another. So we go in telling clients, "We want to help you," but only up to the point where we determine that the child is at risk. And then we say, "I'm sorry, I wanted to help your family, but actually I have to take your child away." [W-5]

I don't want to make more problems for them, but sometimes you really do. I had a foster kid living in a relative's home. The foster mother also had three little kids of her own. And when I got to the home, it was so bad I had to report it--rats, lead poisoning, structural damage, seven puppies living under the bed, four kids of different sexes sleeping in one bed. I filed a 136. So when she had an active case, the fifteen year old foster kid had to be pulled, and this was the only place he hadn't run from. So the foster mother said to me, "I thought you were coming in to help, and you screwed up everyone's life." But I had to do this for the children. [W-6]

WKR: I try to tell them, "I'm here to help you; I'm on your side." You know most of them think the agency is just coming in to snatch their children. INT: Does this ever cause conflict for you in cases where a child might have to be removed?

WKR: Yes, this does cause conflict in touchy cases, but I'm learning to work with them even when I have to take the kids. [W-8a]

We work out of two different and competing models: the protective authority and the helping model. Under protective authority, you're there to ensure that a child's needs are met, with the end result being that a child might be removed. The helping model also affirms that the child's needs are met, but here we're trying to help through keeping the family unit together. It's just a different emphasis. We're constantly juggling the authority and the protective role or the investigative role with the helping model. [W-13]

Most of the time people will say, "Oh my God! You're here to take my kids." Then I say, "That's not what I'm here for," and I explain the role of the agency as trying to help and not wanting to take kids away. [W-16]

In seeking advice from their supervisors, workers are generally reminded of their legal mandate and the need to utilize social control as necessary to protect the children involved. One supervisor remarked:

Finally, what it comes down to is this: Do we have enough to go to court? Otherwise we have to close the case. [W-5]

But this legalistic response results in additional frustration for workers who sense that if they were able to approach the clients more in the role of helper than guardian, they might truly achieve some worthwhile results from their efforts.

This conflict is exemplified in the following excerpt:

Sometimes we have to let things slide for a few weeks in order to develop a working relationship. My supervisor wants me to go to court quickly, but if I do that I won't be able to develop a positive relationship where some real help can occur. [W-11b]

For most investigation workers, it merely takes time to adapt to the various demands and become adept at juggling "different hats," "competing models," or simply the conflicting roles out of which they operate. As they become acclimated to the conflictual nature of their work, practitioners seem to experience less upheaval in defining their roles according to the needs of the situation. On this basis, some of the workers report that clients eventually come around and then begin to accept them as helpers after an initial period of anger, defensiveness, and resistance.

For example,

According to them, I'm not seen as a helper, but as an authority, telling them what to do in their lives. But after a while of working with a client, this idea changes and they start to see me as a helper. [W-6]

Once you're in the door and they start talking to you, they realize we're not monsters. Once they actually see us, we become more human in their minds...Most do start out pretty hostile and defensive, but they usually reach a level of tolerance--not acceptance, not best friends--but tolerance. [W-14]

Finally, the worker cannot totally eliminate what Cingolani (1991) identifies as the conflict between the investigative function and the formation of a "therapeutic alliance" (p. 1). In actuality, the practitioner must maintain both stances simultaneously in order to carry out his/her job of protecting children while engaging in helping relationships to enhance the family's capacity to care for its young.

Obstacles in Relationship Formation

The third theme most prominently displayed among the workers' responses concerns the necessity and concomitant difficulty of forming a working relationship with reluctant clients. As Shulman (1991) contends, the formation of a working relationship between client and worker is a precondition for helpfulness. Earlier, based upon his review of the social work literature, Maluccio (1979) concluded that, "the client-worker relationship is regarded as

a major vehicle of help" (p. 115). And most recently, the study mentioned earlier that utilized focus groups to obtain worker and client views of competencies in child welfare services (Drake, 1994) came to much the same conclusion as previous researchers. In fact, Drake (1994) found both clients and workers to be in agreement regarding the importance of an effective working relationship in carrying out the functions of the child protection worker. Based upon these findings, he formulates the following conclusion:

Workers need effective relationship-building skills, not merely to make the worker or client comfortable, nor simply to improve relations with the public. Without the ability to build effective relationships with clients, both assessment and intervention efforts are substantially more difficult. Clients will not provide full information to workers who are perceived as enemies, nor will they cooperate with the design, implementation, or completion of treatment plans. (p. 601)

Similarly, in their recent book about involuntary clients, Ivanoff, Blythe, and Tripodi (1994) describe the critical necessity of establishing a working relationship.

Every major approach to psychosocial intervention emphasizes the importance of the relationship between client and practitioner. This relationship underlies and provides the foundation for client and practitioner interactions. The more positive the relationship between the client and practitioner, the more likely the client is to disclose and explore personal problems, as well as listen to and act on change efforts or advice offered by the practitioner. (p. 19)

Most of the workers in this study also emphasized the capacity to form a working relationship as central to effective service delivery. Accordingly, their comments are

disposed in favor of the helper role rather than toward presentation of themselves as agents of social control. They spoke of the guardian role as being carried out only when necessary in the face of extreme resistance. Instead, they mention empathy, sensitivity, listening skills, and demonstration of both caring and respect as the most crucial aspects of their initial contacts with clients. It should be noted, however, that fifteen of the sixteen practitioners interviewed have earned degrees in social work or are presently enrolled in Master of Social Work programs. The one worker without an educational background in social work had earned her bachelor's degree in human services, a closely related discipline. One might wonder whether given a less homogeneous group of workers as a study sample, the results might demonstrate more diversity in the description of the investigator's role and the centrality of forming a relationship with clients.

There was a tendency for workers to focus on the importance of establishing a trusting relationship in order to reach a decision about whether or not the child is at risk of injury, and furthermore to lay the groundwork for family reunification in the event that the child does need to be removed. Additionally, the emphasis on establishing a positive rapport represents, for some, the lack of success they have experienced with more aggressive tactics. Examples are provided below of workers' responses related to the need

to establish a positive working relationship or to develop at least a minimal level of trust so that the parents will begin to open up and share their problems with the worker.

You have to begin on a different level with involuntary clients. First, you have to work very hard to establish a relationship with them. I always try to use respect. I explain why I'm there, saying, "You have a right to know why I'm here." I explain the referral, I get their reaction, and then I explain that the agency's view of abuse, abandonment, and neglect is that they are often the result of tremendous stress and that I'd like to help relieve some of that stress. So far, I haven't had anyone who hasn't let me in. [W-2]

It's your approach to the relationship that will make a big difference. If you start off on the wrong foot, you won't get far. This client was telling me about one worker who she said was very rude. They had a bad start because the worker tends to come off too heavy. And in the long run, the relationship counts for so much. [W-11b]

It doesn't do any good to put people down and reprimand them. You can't build a relationship that way. I find if you listen to people and empathize with them, you can really gain a person's trust, even within a thirty to forty-five minute interview. [W-16]

Despite the necessity of building a relationship from the first encounter, the worker is often frustrated in his/her attempts to engage the client in a productive exchange. Whether the response is mistrust, fear, denial, or avoidance, it places a constraint on the worker's ability to assume the role of helper and begin to provide assistance. Furthermore, the limited amount of time allowed the intake worker to formulate an assessment causes further constriction on the worker's capacity for helping.

In intake you're getting an initial report. You

don't have time to establish a rapport, even though it is so important. For this reason, some workers go in like gangbusters. On the other hand, the treatment worker has time to develop relationships. [W-1b]

In intake it's more superficial, and in the beginning, when you don't know somebody yet, it feels like you're an intruder. Some relationships improve and some get worse, depending on how the case goes. [W-4]

But when a client says, "I know you; you're the one who took Sally's kids away," you know she isn't going to trust you...We don't always have the time to break down the resistance and form a working relationship, because sometimes the safety of the child is in question. [W-13]

It's very hard, frustrating. You go in the home and they tell you they don't want you there and don't want your services. [W-15]

Similar to the client, then, the practitioner experiences certain constraints due to the involuntary nature of the situation, the limited time available for forming a helping relationship, and due to the context of social control out of which the worker is necessarily operating. The nature of the work itself is such that the capacity to help becomes secondary to the need to conduct an investigation of behaviors for which there are punitive consequences. And therefore, the formation of a helping relationship is obstructed from the earliest contact between worker and client. Rather than creating a partnership for managing family problems, an adversarial relationship develops out of a context of suspicion, conflict, and hostility.

SUMMARY

Each member of the worker-client dyad approaches their initial encounter from different backgrounds, life experiences, and often with opposing interests that may produce irreconcilable differences. While these differences can be difficult for the worker and client to overcome, the symbolic interactionist framework offers an explanation for such diverse systems of meaning, emphasizing the subjective worlds of each participant. As such, it is crucial to understand the varied expectations and orientations of workers and clients to the involuntary encounter, and how their perceptions of each other will necessarily influence the actions of each, which in turn will affect the outcome of that first meeting.

Although both worker and involuntary client may emerge from their initial encounter with a shared sense of frustration and discord, in fact the two experiences remain very different. Workers tend to feel discomfort because they have been trained to intervene in clients' lives as helpers. Instead of helping, however, many investigation workers see their functioning as intrusive, conflictual, and not particularly therapeutic, while others feel, in the long run, that there can be some potential for meeting needs and helping individuals effect changes in their living situations. Clients may also perceive the intervention as helpful over the longer term, but at the outset, when the investigation worker first arrives--and typically by surprise--there is little

recognition of this as a helping relationship.

Cingolani (1984) adeptly describes this divergence between client and worker experiences in the involuntary encounter.

Clients almost always have more at stake in this type of interaction than do practitioners. These clients stand to lose their freedom, welfare benefits, driver's license, children, or sense of autonomy. Practitioners may have on the line their perception of their own competence and effectiveness, perhaps even their annual evaluation, but seldom their freedom or livelihood. Moreover, for the worker, each interaction is just one of many practice situations. (p. 444)

Thus, workers' concerns with the involuntary encounter focus mainly on employment issues and the challenge of responding to intense resistance in their professional relationships. Clients, on the other hand, emphasize that they are struggling for their very survival. The vast discrepancy between these perceptions is incomparable.

Chapter VI

PERSPECTIVES ON AUTHORITY

THE INFLUENCE OF AUTHORITY AND CONTROL

The role of authority in helping relationships has been well documented in the social work literature and fully described in an earlier section of this report. What appears lacking, however, is a commitment by the profession of social work to grapple with the dynamic of authority in all of its forms--including coercive as well as legitimate authority--in order to come to terms with this necessary, though not always appealing, aspect of professional practice. This reluctance has been demonstrated by the striking inattention to research on the use of authority with voluntary as well as involuntary clients, presumed due to misconceptions about the nature of professional authority and due to controversy surrounding the use of social control in a helping profession.

Nonetheless, authority, whether recognized as such or not, is a crucial and defining component of social work practice with involuntary clients, despite workers' fears of creating dependency in clients or of being identified as paternalistic. In their book entitled, Doing Good: The Limits of Benevolence, Gayler, Glasser, Marcus, and Rothman (1978) describe the themes of dependency and paternalism as natural consequences of the increasing role of government in

controlling, while attempting to benefit, the daily lives of its citizens who are unable to fully care for themselves. And according to Rubenstein and Bloch (1982), it is important to "accept that all of these [professional helping] relationships, by virtue of their societal sanction, have some element of social control" (p. 115). Therefore, especially in working with involuntary clients, extreme caution should be exercised to avoid the pitfalls of disempowerment and resultant dependency, even while engaging in protection of the welfare of children. For this reason, among others, it is critical that the profession of social work come to terms with its relationship with authority, and in so doing, train its practitioners to apply the various forms of authority to the helping relationship judiciously and with discretion to produce the most effective results possible from situations in which the use of social control is unavoidable.

Parsons, Jorgensen, and Hernández (1994) employ the "guardian role" to describe a set of functions utilized by social workers in protecting vulnerable people. These authors identify the authority and power of the guardian role as "two central ingredients of social control" (p. 281), citing that these have been "difficult concepts for social workers to apply" (p. 281) based upon the inherently controversial function of social control within the profession of social work. Yet, as noted by Chess and Norlin (1988), when the socialization process is inadequate, social control is

employed as a "backup" system to ensure "behavioral compliance with established norms" (p. 366). And in this regard, the social worker becomes the "guardian" of societal norms, with the strength of community sanctions, and in many cases a legal mandate, to utilize control measures on behalf of individuals needing protection. For, "although a subject of controversy within the profession, the role of guardian is nevertheless well institutionalized in practice" (Parsons, Jorgensen, & Hernández, 1994, p. 296).

The major purpose of this study was to explore the application of authority to social work practice with involuntary clients in a child welfare setting and to examine how the use of authority impacts upon the subsequent formation of, or inability to form, a working relationship with the client. In other words, the primary question for investigation concerns: how the use of authority facilitates or impedes development of the worker-client relationship in involuntary services. As Helen Harris Perlman (1982) notes in her description of the helping relationship, "'Authority' is a word that makes us uncomfortable because we often assume it means authoritarianism--a dictatorial, bossy attitude of which we want no part" (p.23). And in fact, this negative interpretation of the concept of authority was revealed repeatedly in the responses of clients and workers to questions related to the influence of the worker. Clients, in particular, described some of their workers as threatening,

controlling, and at times even "nasty".

She said to me, "Well, if you're acting angry at me, I'm not going to let you see your kids"...I do feel the State has a lot of authority over people. They have all this power and you have nothing. One person can call up another in the State and say, "Go pick up your kids," and you can't do nothing. They'll lock you up if you try to fight them. [C-9]

At the beginning it was very rough; he was very nasty, throwing threats at me. "If you don't do this or that, we can take your children away." If I wasn't at the hospital to visit my daughter when they wanted me there, he'd threaten and say they would take my daughter away. [C-10]

Some of them [workers] are out there just trying to take your kids--by the way they act, threatening people. I think that worker's using her authority to get over on people, to try to get control of their lives and make them do what they don't want. [C-12]

For clients, the most severe aspect of the worker's authority is characterized by the worker in the role of "baby-snatcher." Parents spoke freely of their fears of losing children and described their interactions with workers as consisting, to a large extent, of threats over removal of their children. For example:

They said if I didn't move, they could take my kids away...I wasn't cooperating, so they got harder on me and said if I didn't go into a program, they would take my kids away. [C-4]

If they feel the home isn't good, they can take your child away. One of my girlfriends was on drugs, and somebody reported her, and the worker came while she was getting high, and they took the baby right then and there. [C-6]

My other girlfriend also said she knows two people and the workers came in and took the children on the spot. [C-7]

It's horrible for a parent to watch your child be

taken away, and he's crying and screaming to come back to you. It's like having a child be lost and not know where to find him. [C-10]

But clients are not the only ones who struggle with the presence of authority in the involuntary situation. For many practitioners this is the most challenging aspect of their jobs: to act as an agent of social control when, in fact, that goes against their training and their fundamental notion of the social worker as a helping professional. Yet, while these workers find the use of authority and its potential for social control antithetical to the goal of helping, they recognize it as an integral part of their functioning in child protective services. Moreover, concurring with results of studies by Oxley (1977) and Gourse and Chescheir (1981), some workers find the use of authority instrumental in motivating the client to engage in a working relationship for the welfare of the child. Generally, however, workers stated that authority is used as a last resort when nothing else is working to break down the resistance of the client. And then the worker employs whatever leverage, threat, or invocation of the law is necessary to move or even provoke the client towards a more compliant stance.

Practitioners stated that particularly as new workers they experienced some confusion about the use of authority in protective services. While some of them "bullied" the clients, using their authority inappropriately, others seemed to "sweet-talk" the clients to avoid confrontation and power

struggles. Either way, the result was not viewed as terribly successful, as depicted in the following comments:

When I first started I was more accusatory...In the beginning I didn't know what to do, so I figured the best way was to threaten. But it wasn't working and eventually you figure it out from experience.
[W-1a]

In a subsequent interview, the same worker admits that her use of authority was not beneficial to her work, and she provides an explanation for her earlier reaction to the clients.

My initial use of authority may have been because of fear. You know, I was absolutely shocked by what I saw out there. I felt I had to really come down on these people just to get them to listen to me. Then I realized these were just poor people with problems. [W-1b]

Another worker similarly reflects on her early years with the agency.

I used to be abrupt and demanding that clients do it my way. I was a bully when I first started. I would go in with: "I'm the worker and this is how it is. I'm the State." [W-8b]

And a third worker demonstrates just the opposite approach out of fear of the client population.

At first I used to sweet-talk them because I wondered whether they would try to get revenge on me, or blow up my car, or what. But then I realized what I had to do for the kids. [W-11a]

A seasoned practitioner explains the misconceptions about authority among new workers:

Some new workers come in here and think that they have authority that they really don't have. This shows, for example, when they say something to another worker like, "Why don't you just take the kid out of there?" Many times we just don't have the authority to do that. [W-4]

Thus, the use of authority for new agency workers seems to be based, to some extent, upon trial and error. Apparently, each worker attempts to adapt to the demands of the setting by locating his/her own comfort zone and capacity for effectiveness in utilizing various types and levels of authority.

DIFFERENTIAL APPLICATIONS OF AUTHORITY

Each of the five authority relationships delineated by French and Raven (cited in Mencher, 1960) is defined by the type of power employed in interactions to influence or secure compliance from others. These include the use of rewards, coercion, referent power, knowledge and expertise, and a legitimate power based upon others' beliefs in and acceptance of the legal authority of that individual. All five types of authority were described by workers and clients in the data. However, the means of influence most often perceived as helpful (i.e. reward, referent power, and the power of knowledge), were not specifically identified as existing within the rubric of "authority." By contrast, the forms of influence generally considered to be less constructive in the helping relationship, coercion and legal control, were closely associated with the authoritarian emphasis of the worker in child protection. In other words, based upon the particular use of authority, both practitioners and clients tended to perceive the worker's function as either helpful or

authoritarian, and in some cases viewed these as mutually exclusive. Unfortunately, this line of thinking fails to recognize that authority need not be so narrowly or negatively defined, and when effectively applied, can have differential uses according to the specific needs of the individuals or the particular situation at hand.

Legitimate Authority

The legitimate authority of the worker to do what is necessary to protect a child's welfare is widely recognized. According to Gourse and Chescheir (1981), "When dealing with involuntary clients of such public agencies as protective services and probation, the social worker's authority ultimately rests in the very real power of the legal system to intervene in a person's activities" (p. 68). Moreover, as noted by Parsons, Jorgensen, and Hernández (1994) "Legally constituted authority carries the highest level of strength in terms of what it allows the social worker to do and, more important, what it mandates that the social worker must do" (p. 286). Legitimate authority is based upon the institutional authority of the protective agency, the sanctions of the community system and its laws, and the inherent authority of the social worker as a professional with acquired knowledge and professional values that obligate him/her to make decisions and take action within the jurisdiction of the law. It is inherent within the position or status of the

professional, rather than the individual characteristics of the practitioner. Thus, "Legitimate authority tends to be impersonal; it relies less on the personal qualifications of the agent than upon the accepted legitimacy of his function" (Mencher, 1960, p. 133). Further, Studt (1959) suggests that legitimate authority entails a two-way process that "involves delegation of responsibility for certain decisions and actions...and the acceptance of the rightfulness of the authority by the persons toward whom it is exercised" (p. 19). That is, legitimacy within an authority relationship includes both the sanctioned application of authority and the acceptance of the right to influence others by those who are recipients of such efforts to protect or control them.

Workers in the present study demonstrate a clear understanding of both their legal authority and the legitimacy of their position, based upon the mandate of the agency as a vehicle for child protection. However, rather than presenting their position of power from the outset, most stated that they utilize their legal authority as a final attempt to obtain compliance from the clients when other efforts have failed. This strategy seems based upon recognition that the use of authority in protective services tends to alienate the client and may prevent the formation of a helping relationship later on.

The more they resist, the more I become legalistic or authoritative...When it comes down to a situation where a client is not taking care of what they have to, I say, "I have to go to court." In

these cases my control is focused on using the law to facilitate a process. [W-1a]

I don't think we could do what we do without the authority of the court. At times we just need to use the legal means of getting the client to work with us. But first I present all possible options and consequences to the client. I'll say, "The agency is involved in your family because there is evidence that some abuse has taken place, but you do still have certain options in your life." Then I'll discuss those options, but I'll never throw in the legal aspect in the beginning. I like to present myself as a helper first, not as an authority figure. If you go right in with the authority, you often lose the client from the beginning and then they become very resistant. [W-2]

My ultimate authority comes from the laws of the state, represented by a judge and a legal system. And that means that people will be forced to do things they don't want as soon as the legal system has to be employed. [W-5]

Courts should be thought of as: You have exhausted all means to engage the client and now you have to use the court system as a last resort. The best workers who engage clients most successfully are in the court the least. [W-13]

If I've tried everything to work with the family and it's not happening, I let them know that it will go to court and the judge will make the decision. I have one today who may go to court because I can't get the mother to follow through on dental care. Her ten-year old has teeth rotting in her gums and abscesses all over her mouth. I've tried everything, but it's not going anywhere. [W-15]

Others present their legal authority from the outset, perhaps to establish a balance of power between worker and client, to help clients understand the potential consequences of their behavior, or as a form of empowerment to allow clients an opportunity to make informed choices based upon full understanding of the situation. Some of the workers

described the use of service agreements as helpful in clarifying exactly what the authority of the worker is and what kind of compliance is expected to avoid the authority of the court. A few practitioners, on the other hand, expressed discomfort with the level of social control contained within these agreements. The various uses of contracts and service agreements are represented in the following comments by workers:

I use service agreements right from the beginning so there's no surprises. I state right up front exactly what needs to be accomplished, and I say in writing in the service agreement that if these items are not accomplished, then I will have to go to court. It seems to be more of a visual thing; the clients can see the consequences of their actions on paper, and they have to actually sign it to demonstrate that they have agreed to this. [W-1b]

When we use the service agreements with clients, at the end of the agreement it says, "You must adhere to these conditions: if not, then court action may be taken." Sometimes that makes me uncomfortable, because people can take you wrong. [W-7]

I let them know: "I'm here to help you, but if you mess up enough, I have the power to take you to court." I'll tell them that early on, so it's like a contract between us. [W-11b]

I do a service agreement with all of my clients ...I also tell the clients that if they don't comply with the agreement and the necessary referrals, then we have to file a neglect petition. [W-16]

As noted earlier, the worker's legitimate authority is dependent partly on the legal mandate, but also on the acknowledgement of such authority by the client. Practitioners expressed the feeling that many clients have an exaggerated

understanding of their authority and their power to require compliance. They also noted that there are variations in the clients' responses to authority based upon socioeconomic differences with the more affluent clients feeling less threatened by the authority of the worker or of the State. Examples follow of these discrepant responses to authority as described by the workers.

How I feel and how they feel may be two different things. Many clients think I have a lot more authority than I do have...But also the socioeconomic group makes a difference in their attitudes towards our authority and how they respond to us. The lower classes feel powerless and therefore they are afraid and see us as having a lot of authority. The middle and upper class clients almost always threaten to get a lawyer. [W-4]

The law helps us get in, or I should say their ignorance of the law. We can't really go in unless the child is in a situation of danger, but they don't know that. I can require drug treatment, but legally I can't make them follow through with that. The law helps us only when the parent admits the abuse or when the child is clearly in danger. But most of the clients see us as having authority; they just don't know their rights. [W-8a]

I also have the legal power, and I use it when needed. But some clients think we have more power than we actually have. Some are ignorant of the system and others are not, such as the more affluent clients who have been around the system and are more aware of their rights. [W-8b]

The parents don't usually refuse to see me because of the authority of the agency. They're afraid; they think we have more authority than we actually have. One mother asked me specifically, "Do I need to move my baby to my mother's house for the next thirty days so you won't take her?" I reassured her that we don't take babies just because there's a referral...Some clients have paranoia about the agency. For example, one parent called and said, "There are people sitting outside of my home. Are

you watching me?"...There's a kind of implied authority. For instance, we can't legally make them sign releases and waivers, but they're so afraid of what they think we can do that they usually comply with our requests...The bottom line is that they think we have more authority than we have. [W-10]

Despite awareness of such discrepancies between the clients' perceptions of their authority and the actual legal limits of their power, some workers admitted that they use the clients' ignorance of the law as leverage.

We want to inform them of what we're doing, but we don't inform them of the limits of our authority. We need some leverage. For example, in _____ [community] and _____ [community], those are the toughest cases. The more affluent clients from those communities say, "I'm not talking to you; I'm getting my attorney." And often the attorney stonewalls the case. So when there is more differential between the power of the client and the authority of the worker, it sometimes is easier to work with those clients. [W-9]

I might let some of that authority linger and let the doubt work for itself, without having to mention it, because the clients actually do know what we're all about. It can sometimes work for you and you can turn it [the authority] off and on as needed to help you work with the case. [W-13]

In addition to describing the clients' exaggerated views of their authority in the protective service role, workers also presented misconceptions held by other community agencies and by the media.

You see it's a legal system, and we are restricted by the law, which is what the other community providers don't seem to understand. They feel we have the authority to do anything to magically fix the situation, regardless what the legal constraints on our authority are. [W-5]

We're perceived by the clients as having an extreme amount of authority and by the practice community

as not having enough. And the news reporters always feel we should be doing more. I sometimes feel overwhelmed with the authority, like when I remove children on the spot and they're screaming for their mom; it's so painful. And then having to stay with them in the hospital for four or five hours afterwards. That's hard! [W-6]

We also get hostility from the community agencies. They want us to remove kids from families when we don't have enough evidence. There are a lot of limits on our authority, legal parameters that we have to work within. People think we have much more authority than we have. We can get sued sometimes for taking action without the Police. For an Order of Temporary Custody, we have to prove imminent danger; we can't just say, "We feel the mother isn't providing adequate care." [W-9]

On the street we're known as the Baby-Snatchers, period! In the professional community, we're known as the Silent Authority that does nothing--is responsible for kids' welfare, but doesn't go far enough. To the clients we're an offshoot of Income Maintenance and the Police, just part of the larger system. And they figure once they get into that system, they'll be hurt and not helped. [W-13]

The mandated reporters complain because we keep saying that we can't do anything about certain situations...One time a father called in to report that his son, who was in custody with the mother, had a red mark on his knee. The child stated that the mother had hit him with the thing that you stir cookies with. But the doctor who examined him stated that he had red pants on that day, and the color came off of his pants onto his leg, rather than the mark being caused by the mother's smack. How can you go against the authority of a doctor? One of the major problems is with the mandated reporters who are constantly asking us, "Why can't you do anything?" And we just have to tell them, "The law prevents us from doing anything in this state." It's a lot different in some other states, but here our hands are often tied. [W-11a]

Thus, practitioners in child protective services find themselves at odds with the clients, the mandated reporters from community agencies, and the media, particularly due to

misunderstandings about the extent of legal authority at their disposal. Although most workers contend that they have less usable power than they need to require clients to change, they have a clear understanding of the "implied" power associated with their position with the State and their relationship to the court system which can enforce the actions recommended by a worker. This creates an aura of power that may, in fact, be much greater than that actually held by the worker, and finally it is this perception of authority that has the greatest influence on clients, despite the reality of the situation.

For the clients in this study, their sense of degradation, loss of control, and constriction of movement are perceived as direct results of the power differential between themselves and the worker. In agreement with the responses given by workers, clients stated that they are well aware of the legal authority of the State, and of the worker as control agent operating on behalf of the State to protect children. The subject of debate for most clients is not related to the extent of power held by the worker; rather it concerns the worker's interpretation of his/her authority, how it is employed in the client-worker relationship, and the willingness of the worker to negotiate with the client over the decision to go to court.

While conceding their lack of power, clients nonetheless adhere to the need for "fairness" in their relationships with

professionals. In their responses to questions about the authority of the worker, ten out of thirteen clients described ways in which they felt unjustly treated, despite their recognition of the worker's legitimate right to exercise authority over them. The following statements express this dichotomy most clearly.

I feel she has a lot of influence if she can give a report to the court. I'm sure that holds a lot of weight. As a parent you feel, "Who are they to tell me what to do?" But because I was using, I felt I couldn't say much. I thought when [the agency] comes in and you admit to having a drug problem, they would have the authority to do anything to you. Because I was the one with the sickness, that gave them the right to do anything...I told the worker this: "I know your position is to take care of the children." I understand what she's doing, but what she did that I didn't think was fair was that she said that she was going to write an evaluation that recommended going to court. I was honest with her, but I don't think that she was as honest with me. I don't understand why she would take me to court...Things should be run a little different with the goal of keeping the family together; before taking the children, the parents should be given a chance... She didn't sit down with me and let me try to straighten things out before going to court. [C-7]

The way this world's going, someone can get hurt very bad. Before the State picks up children, they should give parents a warning, and a chance to straighten out. I would have tried harder to do that if I got a warning first. [C-9]

They're like the police for children. It's like they have a warrant out for you just like a cop coming to your door to arrest you for a crime. [C-11]

Some of the clients are more aware than others of their rights. For these individuals, although they still fear the involvement of the State and the deployment of legal authority

against them, they feel they can take certain steps to assert their own power over the situation. For many of the clients this insight results from prior experience with the child protective agency, thereby suggesting that the worker has more power or potential control over new clients as they first enter the system.

They have a lot of control over you if you're not ready to fight. But I found out that you as a parent have a right to fight for what is rightfully yours. [C-10]

I do feel like I have some rights. They would really have to prove that I'm an unfit mother to take my children away. And I feel that I would have a strong case with all the documentation from my doctor, and my worker, and my son's doctor, and the people at his school. [C-11]

And she threatened me that she would take me to court. And I told her she couldn't do that, because I've been through this two times before, and I know that she can't just take my baby away without giving me a chance to get myself together. Even with my first daughter the judge gave me a chance first, so I know now that they can't just come in here and take my child away...But when she threatened to take me to court and remove my child, she must have known that I'm no dummy, and I'm not going to let them come in here and take my kids. I told you, no judge is going to do that if they didn't do it with my first daughter. Any court that's going to do that...well, they shouldn't be there...They have control only over people who let them have control. If a person is going through it the first time, like I did, they don't know nothing about the system or their rights or options. You learn through your mistakes; that's what everyone tells me. And so now I know more, and they can't control me...They do have a lot of authority, but only if we give up our rights. [C-12]

Thus, the legitimate authority of the worker can serve as an asset in convincing clients of the need to cooperate or it can be perceived as threatening and an impediment in the

helping process. What stands out most clearly from the data, is that the way in which the worker's legal authority is employed will determine, to a great extent, the response of the client. If the client perceives the worker as merely wielding power, there is likely to be resistance in the form of denial, hostility, or avoidance of the worker's attempts to intervene. On the other hand, in cases where the worker engages in a neutral discussion of expectations, and provides basic understanding of the legal consequences for non-compliance, clients may be more willing to cooperate.

Coercive Authority

Along with the legal authority of the social worker to protect individuals, there is also the power to punish as a means of obtaining compliance with mandated requirements of the child protection system. Such requirements may include opening one's home to the worker for the purpose of assessing the family situation; finding new housing to conform with standards of safety for children in their living situations; seeking treatment for substance abuse; separating from a male/female partner whose presence is found to be harmful for the children; or placement of a child in foster care. While the agency considers these actions "protective," there is no doubt that they are generally perceived by the recipients as punitive. Thus, coercive authority derives its power from the capacity to mete out punishment, in one form or another.

According to several authors (see for example, Cingolani, 1984; Hutchinson, 1987; Murdach, 1980; and Parsons, Jorgensen, & Hernández, 1994), the conflictual nature of the involuntary worker-client relationship results, at least partially, from the perceived punitiveness of the mandated service. For example, Parsons, Jorgensen, and Hernández (1994) note, "To the captive patient, the treatment may be considered as a form of punishment" (p. 284). Gitterman (1989) also recognizes the client's perception of punitiveness, stating that intervention may be interpreted as "a serious environmental threat to the client's goals and purposes" (p. 169). Each of these authors suggests that due to the aversive, punitive, and sometimes necessarily coercive approach of the worker vis-à-vis the client, it is important to utilize negotiation, bargaining, conflict-management techniques, and a straight-forward approach to acknowledging the negative aspects of the relationship.

Data from this study suggest that the use of threats and coercion are fairly commonplace, especially during the investigation period when there is pressure on the worker to gain at least minimal cooperation from the parent within a timely fashion. As demonstrated in the excerpts below, most workers admit that this is not the preferred *modus operandi*, but it is employed as necessary to produce needed results.

I don't like to use threats. I only use them when I have to. Most of the time I try to use other means. For example, one girl had scoliosis so badly that if the mother didn't get her to the doctor, the

girl would lose her mobility and her ability to walk. In this case, I had to threaten the mother to get her to take the girl to the doctor. But first I try to explain things rather than threaten. [W-1a]

I had one client to whom I brought all sorts of stuff, Pampers, a crib, practically everything she needed. She was in bed when I brought the things for her and the baby, and the next day when I went back to check on how she was doing, everything was still where it was when I had left it off. She wasn't even using the things I brought her. I threatened to take her to court and she didn't even care. [W-1b]

I feel that there is definitely a place for coercion in social work. Sometimes you just have to tell a client, "You must go into treatment or suffer the consequences." Sometimes this finally helps them give in and accept help. [W-9]

I need to threaten at times because they're not motivated. You have to keep after them all the time. I guess if you could be in there twenty-four hours a day it might work, but otherwise not. [W-11a]

One of the most feared threats, besides removal of children, is what workers refer to as the "welfare strategy."

If workers get absolutely no response, then sometimes we use the welfare strategy, letting the client know that we will have to inform the welfare office that they are not living at that address anymore, since they have not responded to any of our attempts to reach them. But workers are not supposed to use it just as a ploy to trap the client. It should be a real response to the situation. [W-5]

A lot of times you can win points with the clients when they're doing things they shouldn't be doing, like having their boyfriend living in the home with the mother on welfare, or living in one place and getting their welfare checks elsewhere. You let them know that you are aware of what they're doing and that it's welfare fraud. But you also let them know that you'll look the other way if they'll cooperate with you. And you also let them know that

you'll check up on them. Once they sign a release, you can find out anything, police record, psychiatric records, whatever. And if you get resistant clients, you need to get the information from other sources. So you let them know that you will get it elsewhere if they don't cooperate. A man called up to get his kids' social security numbers for the IRS. They were committed, and the State was paying about \$35,000 for each in residential care. So I asked if he had seen his kids recently, and he said that he was too busy working. Then I said to him, "I know you're on city welfare, and I also think that you should make time to see the children." So I let them know that I know, and that I'm not going to do anything about it if they cooperate with me. [W-6]

I make two or three unannounced visits, I send letters, and finally I send a registered, certified letter saying, "I assume that you have relocated, and I will call the welfare worker to let them know that the checks should not be sent if I don't hear from you." Then I almost always hear from them. [W-8a]

I leave a letter if they're not home, telling them to contact me at the agency. After the third letter, I tell them that I'll have to contact the Department of Social Services and that will affect their welfare status. Then they almost always call. [W-15]

In response to questions about the worker's control over their lives, many of the clients stated that they would go along with the worker's requirements simply to avoid some form of punitive backlash. Usually they spoke about direct threats from the worker, although in some instances clients seemed to feel threatened, and therefore coerced, by the mere involvement of the State in their lives.

She said, "I'm the only way you can have a chance of getting your kids back, so you got to work with me. You have to be back here next time when I tell you to." [C-9]

[My husband] first signed the contract saying that

we would comply with the three-month treatment plan to have counseling. I was out when the investigation worker came over that day. Then the worker called me after that and asked to make another home visit to have me sign the agreement. I didn't want to, and then she said, "If you don't sign it, I will have to file a petition of neglect. But if you comply with the conditions of the contract, that is one way of making sure that you keep your children in your own home. She was threatening me. [C-11]

In two cases, the mothers felt that they had lost the right to make decisions about their difficult teenagers once the worker became involved. Rather than being able to view the child protection system as an ally in their efforts to cope with problematic behaviors, these parents felt more like victims who were blamed for the actions of their children and still forced to take responsibility for the outcomes. Examples from these two cases follow:

I went along because they threatened to kick my son out of school. I wanted the best for my only child. He was in a parochial school and then had to leave. He went to a good public school because I gave them my ex-husband's address so he could go in that area. When they found out that it wasn't my address (even though I had joint custody), they threatened to have him thrown out. So I cooperated fully. [C-3]

They say that the child doesn't have to come home if she chooses not to, but I am still responsible for her...It's very demeaning for the parent. And then I was told by the social worker, after all of this, that if I didn't agree to take her back when they found her, they would press charges for neglect. And my first thought was, "Well, here comes a jail term." If they're supposed to help a family, then how can they threaten me with neglect? [C-8]

But some clients learn how to get around the threats. The responses that follow were provided by two African-

American women in their early twenties. Both young women had previous experiences with the child protection agency through foster placement of their oldest children. At the time of the interviews both women had just been reinvestigated regarding the care of their newborn babies.

And now this new worker says she's going to take me to court. She thought she could scare me into doing what she wanted, but I told her I know what's going on. And she came on a day when I had a headache, so I had no patience for her. And I told her I had a headache, but she kept going on at me. She told me she had a headache too, but I said, "That doesn't mean that you come in here and threaten somebody with their kids." [C-12]

I felt threatening from her when she said, "Well, you're going to have to have a worker"...When I was with the agency, they always tried to control me, but it didn't work that way. A person always try to tell you what to do and how to do it and how to find a good place to live--just like they trying to do now. But I'm not going to let them tell me what to do; I found a good place to live on my own. It's right next to the police station; that should be good! [C-13]

The worker's use of coercive power is effective in gaining parental compliance when the parent feels she has the most to lose by obstructing the agency's efforts to intervene. As was demonstrated by excerpts from the interviews with clients, loss of children and loss of welfare benefits were generally considered the most serious punishments by the system. But in addition, freedom from scrutiny, the right to make decisions about one's children, one's lover, or where one chooses to live, and the liberty to come and go at will are all potentially threatened by intervention from the child protective system. In some instances the use of threats or punishment may backfire and result in

increased resistance, especially where parents are more knowledgeable, having been through the system before, or in cases where they are "coached" by other experienced clients who have a fuller understanding of their rights. Or they may resist simply out of a desire to avoid punishment and the anticipated costs of involvement in a threatening, aversive exchange.

Reward Authority

For more than fifty years, behavioral psychologists have advanced the benefits of positive reinforcement over the use of aversive stimuli in efforts to condition human beings. This concept of behavioral learning theory is based upon the natural tendency of humans to approach that which satisfies and to avoid danger or punishment. Therefore, the capacity to provide rewards, particularly to clients who experience need in so many areas of their lives, can be a potent force in the establishment of a professional relationship with an otherwise reluctant client.

In child protective services the authority of the worker as a reward agent provides him/her with access to or control over various sources of satisfaction or need, including concrete or tangible items and symbolic rewards. However, while reward authority may be effective in engaging some clients despite initial resistance, there is the underlying danger of creating dependency within that relationship. As posited by Rubenstein and Bloch (1982), a direct relationship exists between the extent of the worker's power and the client's level of dependency. Therefore

emphasis in one's work, according to these authors, must be placed upon acknowledging such dependency and reducing it to whatever extent possible.

A client's dependence on a worker is a result of the worker's control over resources that the client needs, whether material, social, or psychological resources. The more important the resources are to a client and the fewer alternatives he has for obtaining them from other relationships at the same or a lower cost, the more dependent the client is on the worker and the more powerful the worker... [A] more careful and sophisticated understanding of the often troublesome phenomenon of dependency can enable a worker to assess that dependency realistically, accept it with more comfort, and when appropriate, work more directly and effectively towards its diminution. (p. 61)

Understanding one's own power to provide rewards enables the worker to utilize this form of authority effectively in response to the identified needs and modes of satisfaction of the acceptor. For example, some clients require emotional support, encouragement, and nurture based upon deficits in their current or past lives, or they may need assistance in reaching their personal goals. Other clients, however, will respond positively if provided with concrete services or material resources to fill needs that they themselves cannot provide for their families. In either case, a basis for positive social exchange is established when more rewards than costs are acquired by both parties. According to Mencher (1960),

...it is obvious that an authority relationship based on reward can be an important influence for change in casework...When compared to coercion or punishment authority, reward authority has much greater possibilities for moving the acceptor

toward the more socialized types of authority dependent on internalized norms. (p. 130)

Levinson (1964) also prefers the use of "remunerative" power, over "coercive" power. He states that the use of material resources and rewards is more effective in responding to a client's calculative stance than the application of force or threats of punishment. For the client who questions what gains or losses might result from the involvement of a social worker, the use of rewards is far more likely to bring about a cooperative response. One has to consider, however, whether this is in fact a form of entrapment or bribery used to buy the compliance of the recipient. Yet, as will be discussed further on, those who adhere to the notion of social exchange do not question the ethical value of this approach, because they view all social relationships as dependent upon the relative weight of gains and losses.

In addition to their stated desire to "help" clients in their life situations, workers were clear about the fact that provision of concrete services or specific needed items is extremely helpful in developing a relationship with even the most reluctant clients. They indicated that the use of material assistance can provide the foundation for trust between client and practitioner that is so necessary to the beginning of a working relationship.

What really helps my clients develop a relationship with me is that I try to start where the client is. No matter what the agency feels is needed, if a client is out of food, I'll take them to a food

pantry before anything else. [W-6]

I also let the clients know that I can get services for them. And I often use food or Pampers to help develop a relationship. [W-8b]

I used my Covenant of Care--it's a church organization that donates items to our agency for needy families--to try to reach this woman. So the next time she was there and not letting me in, I was holding a grocery bag, and I said to her, "Do I have to hold these groceries all day?" The Covenant of Care can make a big difference; it helps build a level of trust. [W-10]

We also work with the Covenant of Care and use that organization to bring furniture or food, and this helps get them to trust us. [W-15]

One worker described a slightly different orientation to the use of reward power, in which she makes a conscious attempt to avoid dependency while still providing material items as a means of building rapport.

I think clients look for someone to come in and help them. I'm amazed the clients don't know how to access the resources such as Head Start. I don't usually bring diapers or food to clients; I feel that they should have thought about these things when they decided to have kids. But I have taken other items, like a space heater to warm up the bathroom for the kids' baths or a comforter that I wasn't using at home. [W-11b]

Another worker discussed the function of giving in relation to the client's hierarchy of needs, emphasizing the importance of survival issues as a prerequisite to working on other, more abstract, problems in their lives. He began by describing his difficulty in engaging a parent who demonstrated extreme resistance to any form of intervention by the State. In the excerpt below he examines other possibilities for establishing a more positive interaction with the

client.

Maybe I should have brought her a bag of food, or tried to get her better housing, or drive her somewhere. The clients can't always process the intangible things we're doing like working with them around their emotions. But they can see and appreciate a bag of food each time we come. On a real hot day, if I could go over there and bring a fan and say, "I thought you might need this," that might make a real difference. As an agency, we've gotten away from some of those concrete things, but they are still important, first of all so that we can truly help, and secondly so that we can move the client to trust us. The other side of this is that we're not a roving garage sale, but with the involuntary client we almost have to buy them in order to begin to get their trust. If they can begin to physically feel better, then they can start to work on other issues. The problem with protective services is that you often don't have the time to work on bringing gifts over a period of time in order to develop a relationship. [W-13]

Clients were asked to describe the ways in which they found the worker to be helpful. In eleven of the thirteen client responses there was a direct statement about the provision of concrete resources. But in addition to recognition of the worker's ability to meet clients' tangible needs, there was also the implication that if the worker was making an effort to meet such needs, then perhaps the child protection system need not be considered only punitive. In essence, the clients' statements bear out the assumption that people do weigh the potential benefits as compared to the probable costs of a relationship and base their decisions to go along with the worker's demands upon the "profit margin," which represents the net "gains" minus the "costs" entailed in such a relationship. The following excerpts demonstrate this

phenomenon quite vividly.

Well, one day I was low in food, and she would look in my fridge and see that I was low. So that day she said, "If you want I can bring some food or Pampers." And then I say, maybe she would help and not just hurt me. So I started developing a relationship with her then. She also helped me move into a different place with heat and hot water. And now my kids are dressed instead of being in their gown all day. And they have a color T.V., their first one. [C-4]

But this last worker, she straightened me out a lot. I was living in a single room when I was pregnant with this baby. So she told me, "You can't have a baby in a rooming house." And she helped me to find another place to live. She got me sleepers for the baby. I felt comfortable with her, and we even went out to eat once. [C-5]

He also helped me with housing. I've been waiting for Section 8 since April last year, and he helped me move that up, so I'll be able to move sooner. [C-6]

One thing I must say she was helpful for: she asked if I could use some food, and I said, "Yes." So she told me to come to the office to pick up some canned goods and a voucher for a food pantry, so I did...She took care of the physical needs right away by getting me some food, so I thought that she cared, and that helped me to trust her. People need actual resources. [C-7]

While most of the clients responded positively to the provision of concrete resources, a few parents felt that this was not enough, and that the "real" help of offering support and encouragement was still lacking. An example of this type of response follows.

They didn't have any support groups--they gave other services, like a health care check and seeing if your kids are getting to school. I also had a parent aide and a lady from a local agency who would visit, but no support groups where you can talk with others about what is happening. You get support as far as helping you get what you need...

But they didn't really give you the kind of support that you need to keep going when it's so rough.
[C-10]

A third type of response to the question about worker helpfulness demonstrates that some clients feel an initial sense of trust and then betrayal or a kind of manipulation based upon the worker's attempts to win them over with needed provisions. In the situation described below, the client was open and honest with the worker about her drug use. The worker seemed very helpful at first, bringing food for the family and other necessary items. But then the client reports that she was most surprised when the worker informed her that a referral was being made to the court with a neglect petition.

To tell you the truth, I liked the way she came in and presented herself in a very nice manner. I thought from talking to her that we were on almost a friendly basis. She would come by after the first visit and say, "I just came to check on you and see how you were doing." How was I doing? Well, she knew how I was living, but she never helped me find inpatient treatment for my drug use...I thought that she was trying to keep my family together, because she was very helpful in offering me canned goods. In the end I felt betrayed and I had a lot of resentment because I liked the worker, and she wasn't honest with me. [C-7]

In another situation, a young parent had depended for some time on the worker's help with Pampers and other items for her baby. But then a new worker was assigned to her case whom the client experienced as insulting and rude, causing her to withdraw. Although a third worker was assigned who offered further concrete help, by this point the parent only wanted to terminate her involvement with the agency. Her account of

that interchange follows.

I was at the agency yesterday talking with another worker I had before, and she took me to see a new worker who would be with me now. And the new one said, "When you move to your new apartment, we just want to check up on you to see if everything is okay--that the house is okay and that you're taking care of her okay." I told her that I didn't want them coming out to see me or to check up on us. But she said that they needed my new address to check up on me anyway. And I said, "I don't want to be bothered," and I wouldn't give her my address. She said I had to, and I just said, "No." Finally, she said, "Give me a chance to get to know you and see what you need, and if everything is okay we'll get out of your life." And I kept saying, "No." Then she said that her boss said to her she had to see me to make sure everything was okay. And she said, "If you need furniture or anything, we have a bed for you." But I said, "My boyfriend has a pull-out couch he's going to give me." It was like she was trying to bribe me. She said, "Give us a chance to help you budget your money." And I said, "I don't need any help." But she said, "Look at me, if I don't budget my money, I'd be coming to work naked." I didn't say nothing else after that, cause I didn't want to sit in that room no more. And that was it! [C-13]

For this client, apparently the "cost" of dealing with an agency that had insulted her was greater than the anticipated "gain" of help that was being offered. This demonstrates that inducement through the provision of rewards is not always enough to attract the client, although in some cases it serves as an initial motivator. However, the actual resources that are offered must be viewed as highly important to the acceptor, and the reward agent must be perceived as a potentially helpful rather than punishing individual. Thus, conditions which accompany the rewards, and the manner in which they are offered, may be as important in the transaction

as the inherent value to the recipient of the items themselves. And it is these specific conditions and perceptions of the intent that finally will affect the capacity of the worker to build an effective relationship with the client through the use of reward authority.

Expert Authority

Fromm (in Yelaja, 1971) discusses the existence of a rational authority which derives from competence and knowledge and is founded upon reason rather than power and fear, or weakness and dependence. The social worker is regarded as an expert in his/her sphere of professional activity, possessing a foundation of knowledge and skills that can be used in helping relationships. Helen Harris Perlman (1979) discusses the authority of knowledge as that component of the worker's responsibility which requires the use of judgment, expert understanding of situations, and the capacity to anticipate consequences of behaviors. She also emphasizes the worker's responsibility "for sharing what we understand with our client/patient" (p. 24). And further, she underscores the need to use that knowledge for the client, not over, or against him/her. Kelman (1968), describes the potential for abuse of expert authority through manipulative uses of knowledge. Similar to Perlman, he cites the need to share information and knowledge that can result in informed decision-making, thereby maximizing clients' choices.

Both workers and clients in this study attested to the need for shared information about the child protection system and the legal mandate, about the basis for petitions of neglect and court proceedings, and a myriad of other items. But it is widely recognized that knowledge is a form of power, and the worker may, at times, be tempted to hold on to such knowledge, thus maintaining the power differential and an unequal status quo between practitioner and client. In a recent study of welfare workers and homeless welfare applicants, Solomon (1994) recognizes and comments on this delicate balance of power that exists in the decision about how and when to impart knowledge and information.

My experience with clients helped me understand workers' experience, as I too was faced with choices about when (and when not) to provide information to clients. I came to see (or, more accurately, to feel) that both the denial and provision of information is one of the only ways to obtain a sense of efficacy--to have an impact. (p. 160)

The workers' responses in the present study demonstrate an awareness of knowledge, expertise, and information as one aspect of their professional authority and as a form of power within the worker-client relationship. While some workers use their expertise in child development, parenting, or knowledge of community resources as means of helping clients improve their situations, others attempt to educate parents about the child protection system as a form of empowerment. They create a basis for informed choice through helping parents gain knowledge of the system and the consequences of their own

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behaviors. In other situations, however, knowledge is withheld to maintain leverage--and therefore power--over the client. For example, one worker was quoted as saying that the client's "ignorance of the law" may actually help the investigation worker gain entry to the home. These varied approaches to the use of knowledge are described in the statements below.

My clients are mostly young mothers, 18, 20, or 22 years old. They relate well to me because I'm not as young as they are, but I'm not as old as some. In their eyes I look old enough to have the knowledge and expertise that they need. I do a lot of behavior modeling for my clients. Many of them learn visually, so if I tell them to do something, I'll use it behaviorally. For example, a child picked up a book of matches the other day. So I said to the child, "No! You are not to handle matches." In another situation, a child was on the third floor, standing on the arm of the couch with his arms leaning on the window. I firmly said, "Get down." And then I explained how dangerous it was to do that. Some mothers may find it inappropriate, but they also want the help with parenting. [W-6]

I think authority is a main issue in this kind of work, and the use of authority depends on each worker's own style. There's a lot of differences in personality and how much of the old baggage people are carrying into their work from their own lives. I try to use what the therapist uses: the power of expertise and knowledge. [W-8b]

But if it still doesn't work and they're saying, "Get out of my house," I always try to leave something tangible, such as information, a brochure about a service if that might be needed. These are the people who don't see a place for us in their lives, but sometimes they call back later on. [W- 10]

In addition to using concrete information, this worker also described her efforts to employ knowledge rather than threats to engage clients in a more cooperative exchange.

I explained to [one parent] that there have been cases where children have been taken, but these are extreme cases. And I told her the circumstances which would cause us to take the children...And I try to explain the fact that they don't have to do anything; they don't even have to let us in the door...But they think that if they don't sign the release of information, we can take their children. But we can't, in reality. I communicate that children are only taken if they are in immediate danger or if they're left alone. [W-10]

Another worker reflects a similar approach to using information as a form of help and empowerment for clients.

It depends on how you present yourself. A lot of authority in your manner will create resistance and lack of cooperation. On the other hand, I don't want people to think that I'm their friend and I've betrayed them later on. I don't want to transfer a case to treatment and have the client think, "She screwed me." So I explain how we try to keep the family together from the start or try to reunify the family whenever possible if the children have already been removed...I explain that even if their kids are placed, it's not permanent--they can still change things to get their kids back at that point...The clients should know what would cause their kids to be taken away, but not as a direct threat. We shouldn't trick them into doing things. [W-16]

Expert authority must, in addition to the special knowledge and competence held by a professional social worker, incorporate the client's recognition of such expertise. For without the client's acknowledgement of the worker's competence, there would be no potential to act as an agent of influence. Siporin (1975) identifies the capacity of the worker to respond to the client's need for advice as a constructive use of authority and influence. Further, he states, "There are many situations where a client's request for suggestions, for expert opinion, is legitimate and an

appropriate service" (p.297). And as Parsons, Jorgensen, and Hernández (1994) note, "Expert authority...is the result of technical knowledge and skills that are particular to a worker. The demand for that knowledge and skill establishes authority for the holder" (p.287).

Only three of the clients in this study mentioned that the worker provided important knowledge or information to them. Although at first reluctant to accept the worker's input, these clients did admit that they appreciated whatever information was shared by the worker. In fact, for these parents the helpfulness of their workers was defined by their willingness to share necessary information with them. One woman, a younger client in her early twenties, saw the worker as a teacher of parenting skills, while the other two parents, also in their early twenties, saw their workers as guides, helping them negotiate a confusing legal system.

Sometimes I felt insulted when she was telling me what to do as a parent, but I thought that she knew more than I did, and it felt like I could use the help and advice from her. I felt like she was really trying to help me...One [worker] came to my house not so long ago. She came because I was having trouble with the kids with discipline. My daughter broke something and I hit her. I didn't know that I left marks on my daughter, but I did. The worker helped me to learn how to discipline my daughter better, to take toys away instead of hitting. So that's what I do now. [C-1]

I was so pissed off that her (a young girl in the next room) mother had to take me in the other room and calm me down...So I told her (the worker) I signed a paper between me and her mother, a voluntary paper between me and her mother--and I even had it notarized--an agreement that she will have temporary supervision over my children for 30

days, until August 8th. They don't think that I know what I'm doing, but I have been through this before, and I even called up my other worker, and she told me how to do this, and that [the agency] can't do anything about it with this agreement... You have to earn the trust with me, cause I don't trust people easily in the beginning. With the workers, I don't trust most of them because of what they been doing. But some of them I can trust because of my worker. With my daughter, she gave me every option to keep her and told me my rights and everything. [C-12]

The worker back then was pretty nice; she helped me out with lots of things...She explained everything to me. She let me know everything the judge was saying, cause half the time I couldn't understand what he was saying. Also, she helped me think I was doing the right thing by giving my babies up. [C-13]

The situations above contrast significantly with other cases in which clients described their workers as less helpful, based upon the fact that they did not share needed information. One parent was particularly upset when the worker demanded that the client seek treatment for her substance abuse problem but did not provide any knowledge of resources or informational help in locating a treatment facility.

The biggest problem was that she didn't give me any information about drug treatment centers. I felt that the evaluation was honest, but she should have talked to me about what she was doing (filing a petition of neglect). And [it's important] to help people with resources. But finally, I found my own drug treatment. And I also called [agency name] to find out about family treatment. So I found my own resources for family counseling and for my own personal counseling, as well...But I think the worker and client should work together more. The worker needs to try to really help the client with her problem instead of going to court right away and not giving any advice about how to get the help. [C-7]

Another client reports that she felt manipulated into giving up her baby, because she was so young and didn't understand what she was agreeing to when she signed forms to place her child in foster care.

And then when I was 13, I got pregnant and had my first baby when I was 14. And when I went to the hospital to have my baby, I didn't know what forms I was signing. I was only 13 and no one was there to help me and explain things. So I didn't know what I was signing, and I thought I was signing a paper to bring my baby home. And my mom was there, and she signed a paper also. And then an [agency] worker was there in the hospital, and she came up to talk to me and said, "You know, Aretha, you know you just signed a paper to give the baby up." I said "I didn't know that." And she said, "Didn't anybody tell you what you were signing?" I said, "No, they just told me about when they stick the baby's foot...That's all they ever talked about with me." So I didn't understand anything else that was happening. But they thought I was too young to take care of a baby, and my mother left for down South, so there was no one to help or support me with the baby. And I didn't understand. So when I was about to leave the hospital with the baby, they come up to me and told me I had to give up the baby, because I signed a paper, and there would be no one to help me. [C-13]

Clearly, knowledge and information represent power, for both the workers and the clients. As described earlier, some workers prefer to withhold information about clients' rights in order to increase their own power and authority and thereby to gain access that might otherwise be obstructed. It was suggested by one worker that limits on the worker's legal authority, combined with full knowledge by clients of their rights, could impede the worker's ability to enter the homes of reluctant clients. This difficulty was most commonly encountered with parents from middle and upper socioeconomic

groups who are generally more sophisticated and informed about the law and their civil rights, and who are also more likely to secure legal advice. In addition, clients who have had prior experience with the child protection agency seem to view their increased understanding as a form of power over an oppressive situation. Four clients had had earlier experiences with the State agency, and each of these individuals stated that parents who know their rights cannot be controlled by workers in the same way as clients who are new to the system.

Referent Authority

The social worker's personal attributes are also used as forms of influence in the helping relationship. Siporin (1975) cites the practitioner's "charismatic and leadership attributes...his or her social reputation and prestige, personal credibility and attractiveness" (p. 296) as qualities of importance under the category of referent authority. For Mencher (1960) referent authority is based upon identification with the person of influence in such a way that, "The agent has greater attraction for the acceptor, and the greater the attraction, the wider the range of influence" (p. 132). Finally, Parsons, Jorgensen, and Hernández (1994) expand the list of worker characteristics under referent power to include the capacity for empathy, genuineness, and respect. Simply put, if the client finds the worker's involvement and

interaction amenable to his/her own socio-emotional needs, then there is a greater likelihood of acceptance of a worker's influence by the client.

Many of the workers in this study discussed the importance of demonstrating respect, empathy, and concern for the client's welfare. They seemed to have a clear understanding of the impact of their personal approach on the client's response to the initiation of services.

Everyone needs to be treated with respect. For example, one man who had threatened my co-worker, the first time I met him, I went up and shook his hand, which I don't think ever happened to him before. He looked at me as if I were crazy, because that was so unexpected from a state worker...But respect is the most important thing, because any of us could be in that situation. [W-1b]

When I first walk in a client's home, I never know who's going to be there--there could be a hundred people in there--so I say, "Maybe it would be better if we speak in private." It shows my respect for their privacy. I'm in their home and I let them know that I respect it as their place. [W-6]

The other thing I believe is that everybody is due respect, and the reason I think I don't get many hassles is because I treat the clients with respect...To treat people with respect, I think that's paramount in this job. And start where the client is and respect their opinions. [W-10]

Most were confident that if they could get the clients to like them as human beings, to relate to them on a more personal level than simply as workers in a large, bureaucratic state system, then they would be able to form an initial working relationship and the investigation would be that much easier.

The chief means of winning people is how we

interact with them, how we cope with situations. We influence people by our ways. We need to keep it on a human basis and look at how we can be with them, not above. Some workers dress up, but I need shoes to run when I'm out there. Some of the older workers are more rigid, afraid to take a risk. But I think we have to go beyond the mentality that separates parents from their children with a lot of rigidity. [W-3]

Many times it's a personality thing. I think it's important to be positive and respectful--that's just something I grew up with...Also, it's important to compliment people on anything you can, for example, "That's a beautiful couch," or "Your house is so clean. [W-4]

I have a real good rapport with most of the clients. I feel you have to treat people as you want to be treated, not going in like a bully...I never lie to them; I'm an up-front person and I look at them each as unique and different individuals. [W-7]

Two of the workers spoke about attempts to bridge the gap between themselves and the clients by locating what they have in common with one another through the use of self-disclosure.

Sometimes I think you have to tell the client a bit about yourself, for example that I was a single parent for many years and that I understand how hard it is for them. This way, they can feel your empathy--it helps to open up people a bit. [W-4]

In one case I had an adolescent male, 15 years old. The first time I met him, this kid wouldn't say "hello" or even look at me. In order to reach him, I shared a piece of my personal life. And because he was involved in a gang, I told him how I got shot years ago, and then he started opening up to me. [W-6]

Although the various personal qualities utilized by workers may be effective in gaining the initial trust of clients, there is also recognition that this approach can be

a double-edged sword when clients then begin to have greater expectations of the workers' helpfulness than they can deliver. Investigation workers need to define their work as brief and limited in that they are involved in the clients' lives for a period of only thirty to forty-five days. Thus, the capacity to establish rapport and trust in order to complete a thorough investigation is hampered by the fact that there is little time and the clients know that the case will be closed or a new worker will be assigned very shortly. This dilemma can, therefore, serve as an impediment to the use of referent authority which enables the worker to wield authority based upon the use of personal characteristics in establishing a relationship of influence.

Clients tend to describe their relationships with workers based upon how they perceive the worker acting in relation to themselves. The words, "nice," "caring," and "supportive" were employed to describe workers with whom positive relationships were established and with whom the clients were most willing to cooperate. Several of the clients spoke about the distinctions between workers who were finally able to engage them in a helping process and those whose efforts they had resisted. The following excerpts demonstrate clients' difficulties or ease in relating to their workers because of personal qualities.

Now I feel she was okay, but then I felt she was a bitch and besides she was younger than me...She was supportive later on and we got to be good friends...I've been okay now for about five years.

But [in the beginning] it was wrong, because I never dealt with no white person taking my kids away. But...the worker was nicer after awhile. She must have been having some bad days in the beginning. [C-9]

At first I had a social worker who was very nasty...it was very rough; he was very nasty, throwing threats at me..."If you don't do this or that, we can take your children away"...The way the second worker did things was different--the way she communicated with me and tried to explain things. I needed someone I could go to when I had problems, and she was that way. It was very different from the guy who was more nasty, more threatful...There are good workers out there--I had one who was very good. But the other worker didn't seem to care; he just threatened. [C-10]

When we were introduced to our treatment worker, he was very understanding and nice. My husband and I sat down and were very open with him and he was good with us...But it was different with the investigation worker. She was very cold to me. She insisted that my only concern in life should be my children, and it is. But our worker now is really very nice. For example, if he has to call me at work, he doesn't say to the secretary that he is from [the agency]. But the investigation worker wasn't so sensitive; she didn't seem to care what she said...The worker I have now is the ideal worker. He's very nice and understanding and willing to help us in any way possible. He really does seem to care about our son's welfare. [C-11]

I was doing so well they closed my case, even though I didn't want to stop seeing the worker. She was so nice. So now I have this new worker with this baby, and I called my other worker and asked her, couldn't I see her instead...The one I'm with now, I didn't like her at all. She just seemed like she didn't want to listen to what I had to say...So they sent me a letter three days later...telling me that I had another worker. I never saw that other one again...so then I called the new worker up on the phone, before I meet her. And she sounded pretty nice, like we could talk to each other. [C-12]

One needs to question whether the negative definition of the involuntary situation itself would place the investigation

worker at a disadvantage, no matter how "nice," "caring" or "supportive" he or she might be. That individual has responsibility for confronting the client with an extremely problematic reality. Moreover, the investigation worker must delve into personal areas that many clients would rather leave alone: their use of substances, their money problems, housing difficulties, and their conflictual relationships with children, parents, spouses, and lovers. The investigation worker is both the bearer of bad news and the one who has to uncover problems, but this worker will not be there when the resolution of problems or the actual helping process is carried out. Rather, the treatment worker is most often the one who comes in to resolve the situation. So one wonders how the investigation worker could possibly present himself or herself to the client in order to be received more positively and therefore to gain more cooperation. And yet, clients in this study were very consistent in their categorization of workers into two distinct groups: those who genuinely seem to care and those who simply are carrying out their investigatory work with expediency.

In addition to their strong reactions to workers whom they perceive as threatening, clients tend to respond very negatively to those who demonstrate a lack of respect for them and for their privacy. This was made clear in excerpts from two client interviews and also in an anecdote provided by a worker.

You know they come in and look at your house, and if your house isn't decent, they don't want to come in. But they have to; that's their job, whatever the house is like. Also, they should call, not just come in your house and surprise you. Some just pop up. They should make phone calls first and let you know you have a worker, and to expect that you're going to have to answer a lot of questions. [C-5]

I met her in front of the house when I was coming back from the store...Well, she got out of the state car and said out loud, "I'm looking for Aretha ____." And meantime a lady was looking out her window, and there were people standing there, and a lot of people going by. I was embarrassed at that, so I just said, "I'm Aretha _____. What do you want?" And she said, "I been hearing that you a child abuser." And she was talking real loud right out there in the street...I said, "I would not abuse a child of mine, ever." And she said, "Well, you already had two of your kids taken away from you." I felt bad about that; I was hurting all inside, and there was people passing by. I just couldn't believe that. And she said it real loud. And I said, "It ain't none of your business if I did have two kids taken away." She was yelling my business all out in the street. And I said, "Well, you could have asked to talk with me in privacy," and then I went in the house and slammed the door. And she came in after me and said, "I'm going to give you to another worker." And I said, "I don't want another worker. I don't want to have anything to do with your agency. I don't need your help, and I'm not going to have nothing to do with you." [C-13]

And as described by a worker:

One time I had an interesting situation with a woman yelling at me. You know, people living in the projects--everyone seems to know everyone else's business; it's just part of that environment. So one day I was visiting someone in the projects, and when I saw her outside I said, "Hi, Desi. How are you?" She ignored me. I couldn't understand what was happening because I thought that she heard me, so I said it again. After the third time she turned and yelled at me not to talk to her on the street. She was upset because I had just gotten out of the state car, and by greeting her in public everyone would know that she has a worker from this agency. [W-16]

Referent authority entails a broad range of personal qualities, including race, age, warmth, sensitivity, demonstration of respect and empathy, and in particular the capacity for the client to identify, in some way, with the worker. Thus, although the worker's primary objective is to complete an investigation, attention to how one proceeds on a person-to-person basis is perhaps as crucial to the outcome as other sources of authority that derive from one's professional position and the legal mandate of the agency. The clients have made clear through their statements, as have the workers, that success in completing the investigation will probably depend at least partially upon the parent's ability to relate to the worker, despite the negative basis for initiation of services. Therefore, whatever the urgency of the situation, personal relationship factors cannot be ignored if the objective is to conduct a comprehensive investigation and to involve parents actively in the process of maintaining their families or reunifying them later on. Table 8 on the next page presents a summary of findings related to clients and workers' views about the uses of authority in child protection investigation.

Table 8

Summary of Findings Related to Workers' Uses of Authority

<u>Clients' Views</u>	<u>Workers' Views</u>
<i>Legitimate Authority:</i> Perceives worker's use of authority as threatening, coercive, and authoritarian; fears legal authority of worker to remove children; worker's use of authority disempowers client and causes unjust treatment; new clients more fearful of worker's authority, less aware of clients' rights.	Avoid use of authority whenever possible; use service agreements to establish worker's authority; use legal authority to elicit compliance when necessary; also use "implied authority" to elicit compliance; legal constraints restrict worker functioning.
<i>Coercive Authority:</i> Worker often viewed as punitive; client's personal freedoms threatened by intervention; most serious threats: removal of children, loss of welfare benefits, court action; worker sometimes perceived as using coercion unnecessarily.	Coercive authority used only when other approaches are unsuccessful; use of threats of punishment to elicit compliance; at times, threats may provide incentive for treatment; or coercion by worker may actually increase resistance or produce pseudo-compliance.
<i>Reward Authority:</i> Provision of concrete resources represents a major form of help by workers; some clients feel "bought" or manipulated by worker's provision of need-related resources; inducement sometimes viewed as "caring"; rewards by worker can provide foundation for relationship formation.	Use of concrete and symbolic resources as rewards to elicit compliance; reward authority helps in building trust and forming working relationships with clients; need to avoid establishing dependency in clients.
<i>Expert Authority:</i> Willingness by worker to share information is perceived as helpful; worker may be viewed as a guide for client negotiating the legal system; clients can be mani-	Knowledge represents power and influence over clients; knowledge is withheld to maintain leverage and power over client; knowledge is shared to empower client;

Table 8 (continued)*Summary of Findings Related to Workers' Uses of Authority*

<u>Clients' Views</u>	<u>Workers' Views</u>
pulated through lack of information and knowledge; parents who know their rights have more control over their cases.	shared information includes clients' rights, understanding of requirements, consequences of behavior, and legal procedures.
<i>Referent Authority:</i> Personal qualities of worker important in establishing a relationship; clients more willing to cooperate with workers who have positive qualities; negative worker characteristics produce resistance; workers should approach initial encounter with respect and consideration for client.	Importance of respect, empathy, and concern for clients; influence is based upon personal attributes; use of relationship-building and interactional skills is important; reduce distance from client through use of self-disclosure when appropriate.

SUMMARY

Authority maintains a central role and function in social work practice with involuntary clients. Its presence is felt in all stages of the helping relationship, but perhaps most meaningfully in the beginning phase of work with an involuntary client. For it is at the initial encounter that a power struggle so often ensues in relation to the mandated involvement of a reluctant client in the receipt of services. The push and pull of the worker who has responsibility to conduct an investigation, and on the other hand the parent who perceives his/her survival threatened by this investigation,

creates a situation in which the authority of the worker instantaneously is called into question and inevitably becomes a central focus of the interaction. Attempts to deny the presence of authority in the worker-client relationship are rendered useless.

Comparisons of client and worker perceptions of the authority held by child protective service workers at first reveal striking similarities between the two groups. Both understand and seem to accept the use of statutory authority as a necessary aspect of child protection in families that demonstrate the need for legal intervention. Both groups of respondents also are in general agreement that the worker maintains control over needed resources, including material resources, as well as knowledge and information. And finally, there was similarity in worker and client responses related to the importance of personal qualities of practitioners that affect, either positively or negatively, the formation of a working relationship. The findings of this study concur with the statement by Rubenstein and Bloch (1982) that, "A worker must have a capacity to influence other people if help is to occur" (p. 117).

However, differences in client and worker responses appear when one examines the more coercive, threatening, and punitive components of the worker's authority. Although fewer than one third of the workers indicated that they use threatening tactics to generate compliance, eleven of the

thirteen client respondents described coercive or punitive actions from their workers. Some clients stated that they found their civil rights to be violated at times by workers who misused their authority. This finding is in accord with Diorio's (1991) study of parents whose children were removed from their custody. The author cites parental perceptions of child protection workers having abused their authority through unjustified abrogation of parental custody, disregard of their right to privacy, unauthorized searches of homes, and through punitive responses to parental dissent. In the present study, some workers admitted that they fail to inform clients of their rights or of the limits of their own legal authority. It would seem that in the most difficult cases, a worker's need to gain access may even override adherence to standards of ethical practice.

Of major importance in the findings of this study is the fact that authority does have many facets which often go unrecognized due to the profession's dislike of the use of authority and its association with authoritarian measures for imposing social control and securing the compliance of involuntary clients. Clients were very clear in response to questions that attempted to delineate the differential uses of authority. They tended to divide such applications into either inappropriate uses of power and control or more helpful initiatives carried out by their workers. Although some of the clients do not cooperate whatever devices the worker

attempts, many eventually respond to what they perceive as helpfulness, genuineness, and caring on the part of the investigator.

Moreover, as noted by Parsons, Jorgensen, and Hernández (1994), "Authority must be rooted in legitimacy. This helps establish boundaries around the authority and limits to its application" (p. 291). Therefore, communication with the client should take place at an early point to educate the recipient as to his/her rights, the legitimate authority of the worker, and the legal consequences of clients' behaviors. Thus, utilized as a legal means of control to protect vulnerable children, or as a form of concrete help for those who require material resources, as a source of information and knowledge to help clients improve their situations, and finally as a means of providing positive influence over those who seek guidance or change in their lives, authority has many benefits. On the other hand, the use of power and authority is complex and while it may be advantageous for some clients, its potential for misuse and for obstructing the formation of helping relationships must also be recognized.

Chapter VII

THE NATURE OF RESISTANCE AND COMPLIANCE

CLIENT RESPONSES TO MANDATED SERVICES

One of the central questions posed by this research project has to do with whether the use of particular forms of authority in the involuntary encounter results in greater resistance or compliance on the part of the client. In other words, would the use of coercive measures necessarily produce hostility or other attempts by the client to create distance from the worker? Would the use of such rewards as concrete resources or the threat of punishment, such as legal action, be more likely to result in compliance on the part of the client? While the results of this study are not definitive, they provide a range of responses by clients to the various uses of authority that will be examined to generate further understanding of the dynamics occurring between practitioners and involuntary clients as they begin their work with one another.

Client responses to the initiation of involuntary services may be viewed as falling somewhere on a continuum bounded on one end by resistance and on the other by compliance. Although there is a certain degree of overlap between the two types of client responses, as will be explained further on, there is a general sense of purpose

around helping the client move from a more resistant stance to one that results in greater compliance with the efforts of the child protection system. For it is widely recognized that without some capacity to work cooperatively, the intervention is unlikely to produce a positive outcome.

As one begins to examine the involuntary encounter, it becomes evident that the terms most commonly used to describe the range of client responses have primarily negative connotations among child protection workers and in the social work literature, as well. For example, the "resistant" client is often associated with an individual who relates in a hostile manner and lacks cooperation, motivation, or incentive to work on identified problems. And despite the efforts of some authors to describe the transactional nature of resistance (Cingolani, 1984; Gitterman, 1983; Moore-Kirkland, 1981; Rooney, 1992), there remains in practice a tendency toward recrimination and deviant labeling of the client who exhibits resistant behavior. The term "compliance" also has a negative connotation, particularly among social work practitioners, due to "a dislike for the implication that a client complies with the dictates of the clinician, a situation which seems to run counter to the social work value of having the client actively involved in treatment" (Levy, 1987). Based upon the negative implications of these terms in social work practice, an attempt will be made to explicate each concept more fully and to explore their specific

applications in work with involuntary clients.

ENCOUNTERING RESISTANCE

Use of the term resistance in social work practice, has undergone an evolution since the traditional Freudian interpretation of this phenomenon in psychoanalytic theory. Originally understood as an unconscious use of defenses employed to protect the individual from experiencing anxiety resulting from conflicts uncovered in the treatment process, resistance was considered both an expected and normal development during the course of analysis. By contrast, current usage suggests that resistance is a form of abnormal behavior, that it entails a conscious contradiction of the worker's efforts, and that it creates a serious obstacle to the helping process, one that may prove impossible to overcome (Rooney, 1992). Once a client is labeled difficult, hard-to-reach, or unmotivated, all of which are considered synonymous with resistant, the worker is more likely to shift responsibility for the outcome onto the client. This shift is primarily due to widespread acceptance of the notion that resistance in the client will confound any efforts by the worker toward goal-setting or achievement. In essence, practice wisdom seems to suggest that the appearance of resistance in an early stage of the initiation of services often produces a self-fulfilling prophesy in which the client and worker remain at odds throughout their term together. And

as is anticipated from the very beginning, the relationship often fails to produce the desired outcome.

Despite the strength of such opinions from practitioners, there are several authors who have advanced alternative explanations of resistance. The transactional explanation mentioned earlier "sees the helping process as reciprocal--one in which each person affects the other over time" (Gitterman, 1983, p. 127). The development of resistance is viewed as a product of the interactions among and between the client, the agency, and the worker. Moreover, in child protective services, the client's fear of intervention by the legal system serves as an additional factor that may contribute to the development of resistance. Within this context, the behaviors of the practitioner, representing both the agency and the legal mandate, must be monitored for their impact on the client, just as the client's behavior is usually evaluated in terms of the potential for building a working relationship with that individual.

A second interpretation of resistance that differs from the common conception of this term is offered by Moore-Kirkland (1981) in which she posits that resistance is actually "motivated behavior." Her theory derives from the following explanation:

Though we usually construe resistance as the antithesis of motivation, the two, counterposed, can be viewed on a continuum in relation to a general or particular goal or direction. If a client is emotionally aroused and wanting to move toward a positive goal, we usually describe him/her

as motivated toward that goal. If, however, that person is aroused to move away from or to avoid that goal, this too is motivated behavior, though usually perceived as "resistant" from the worker's perspective. Thus, "motivating" the client to work collaboratively with the worker requires recognizing what is already motivating the "resistant" behavior and fashioning the change effort to complement rather than compete with or ignore these motives. (p. 34)

Moore-Kirkland thus explains the importance of working even more intently with the resistant client, not simply discounting that individual as unmotivated, and therefore lacking potential for having a positive case outcome.

Rooney (1988, 1992) offers reactance theory as a third alternative for understanding "the evasive or angry behavior of involuntary clients" (1988, p. 131). He presents the work of Brehm as a model for reframing the behaviors of clients who are confronted with threatened losses of valued freedoms. He states that reactance theory allows the practitioner to view the negative responses to pressured situations as "more normal, predictable, and nonpathological than is often thought" (1992, p. 129). Although the typical reactance responses--anger, hostility, denial, avoidance, dishonesty, and even attempts at ingratiation--include behaviors generally identified as resistance, Rooney helps the practitioner understand such responses to unwanted change as normal and expected.

Additionally, Rooney emphasizes the need to attribute undesirable behaviors to the situation rather than the person, through the avoidance of labeling and through increased

sensitivity to social conditions that tend to maximize reactance. Efforts are made to retain, through negotiation and contracting, whatever freedoms and choices are possible within the constraints of an involuntary situation. And in this manner, a serious effort to understand how the individual reacts to the use of authority is combined with an effort to increase self-determination and to minimize constraints to whatever extent possible within the legal requirements of the case.

Finally, Hepworth and Larsen (1993) discuss the relationship between resistance and ambivalence to change, emphasizing the need to understand resistance as a universal response to required change. They cite the work of Leader who "conceptualized resistance not as a manifestation of clients' refusal to cooperate but rather as a manifestation of ambivalence about changing" (p. 614). And further,

...clients' feelings about changing are not unipolar; that is, clients seldom either want or don't want to change. Rather, opposing feelings coexist; part of the client is motivated to change and another part strives to maintain the status quo. (Hepworth & Larsen, 1993, p. 614)

Each of these conceptualizations represents an attempt to reframe resistance as a normal, expected, and manageable facet of the work with clients, particularly those clients who are involved on an involuntary basis. In the present study, workers' statements about their experiences with reluctant clients confirm this notion of resistance as an anticipated and normal aspect of their work. In response to the question,

"Do many clients resist your efforts to provide social services?" most workers estimated that a large percentage of clients demonstrate resistance early in the process of investigation.

I think that about 25% of the clients like having a worker. But the majority would rather we weren't involved. [W-2]

All of them initially resist and test the authority of the worker. [W-3]

Many of our clients refuse services, approximately 60-80%, they don't want services because we're forcing them to look at some very nasty issues in their lives, be it substance abuse, violence, poverty, or whatever. [W-5]

In intake about 90% were moderately resistant, 5% were super hostile, and 5% would roll over and let you walk on them. [W-13]

About 90% are resistant to our efforts. I'm not sure about the others...a lot of them just say "yes" to get us off their backs. [W-14]

About 95% are resistant. "Why are you here?" they ask. I say, "We've received a referral about your child, and I'd like to talk with you about it." Then they get very hostile and angry. [W-15]

Workers were asked to describe the nature of the resistance that they encounter so frequently in their work with parents. Responses to this question revealed three major categories of client behavior, flight, fight, and pseudo-compliance, each of which can be understood as clients' attempts to restore freedoms that are threatened by their mandated status. Such attempts are characterized either by withdrawal from contact (flight), by opposition to the perceived source of threat (fight), or by submitting to--but

only on a superficial basis--the demands of the worker (pseudo-compliance). As one worker summarized the situation, "All of them are angry on some level, and they don't want us in their lives." [W-1a]

The various flight responses involve avoidance of the worker for as long as possible by frequently changing addresses or using aliases, by ignoring telephone contacts, letters, and messages, through simply not answering one's door, or by agreeing to attend a meeting and never showing up. Workers generally respond with some form of legal or threatening response when they experience extreme avoidance on the part of the client that impedes the investigation process. Examples of this type of client behavior and the workers' responses follow:

[Some clients] are obviously and blatantly evasive. For, instance, when I get a report and make three or four visits and still can't get in, the people are avoiding any type of encounter. One time I finally got in a home where I was trying for ages. I asked the client if she knew I was trying, and she said, "Yes, but I was really scared of losing my kids. And I had so much going on at that time that I really couldn't deal with it then." But when she was ready she let me in. A lot of the cases move around to avoid the worker getting in. About 10% of the cases are closed for "whereabouts unknown" or "doesn't respond"...Sometimes people refuse to meet with me, but I let them know that the case will stay open until we do meet. This is another way that I use my authority. But I find that if the client ignores my concerns, they aren't usually ready for help; so whatever I do after that usually doesn't work. [W-1a]

Then there are also the clients who use the flight response--these are the people who keep moving to try to lose you. And these are the cases where we have to use a legal response if the situation is

serious. [W-5]

WKR: I'll talk about D.A., a young woman who was referred to [the agency] after giving birth to her second child. I needed to assess if she had the necessary items for the baby. Her eleven month old had been referred earlier, and the mother had taken off on a previous social worker. She was a drug abuser and had several addresses, so I anticipated a difficult case. I met the mother in the hospital and she was pretty cooperative at first. She was upset, and crying, and putting a lot of blame on the environment.

INT: Is that common?

WKR: Yes, or they will blame it on the fact that they got into drugs. My response is, "There are a lot of poor people out there, and I can help you." But the services are inadequate, a band-aid approach, very frustrating. Anyway, the mother seemed in good shape at the hospital; she had a bassinet and other equipment. There was an out-patient drug program already in place, so I set up a service agreement which she understood and signed. The baby was released and the client was gone. I never heard of her again. [W-8a]

While some of the workers are finally willing to close a case with the label "Whereabouts Unknown" or "Doesn't Respond," others are more persistent in locating the client and gaining entry to the house. One stated that she never closes a case without making a full investigation, no matter how long she has to persevere in trying to meet with that individual. Another worker described a joke in the unit which refers to "Services Refused" as a "Weak Man's Closing." Apparently, the norm in that unit is to pursue cases until the resistance is broken down sufficiently to allow the worker an opportunity for investigation and/or intervention. But occasionally a client simply disappears from sight, and efforts to locate the family are unsuccessful.

Another manifestation of the flight mechanism is denial by the parents that there is any problem. In effect, through denial one attempts to avoid the problem for at least a brief period of time. Most of the workers, however, spoke with pride of their own persistence and endurance in attempting to connect with these clients. They described their efforts to make contact with the client as a kind of contest of wills, or as a game plan that requires constant strategizing to outsmart the opposition. Workers reported that denial as a form of avoidance is particularly characteristic of the drug population, and for this reason, parents with substance abuse problems are, for many of the workers, among the most challenging individuals with whom they interact.

Most want your help once you get there. But the drug clients are the toughest. They deny their problems. I say, "If it's affecting your kid's life, it is a problem." There's one client right now with a baby in the hospital and she keeps blowing me off (avoiding me)...Well, most really want to keep their kids, but you do see resistance to services, particularly among the drug clients. And about 80% of our clients abuse alcohol or drugs or polysubstances. [W-1a]

I remember when I first met my second case, a drug addict with two kids. The mom was dually diagnosed and there was a lot of resistance. She said to me that there was no problem, but she was in denial and was lying, and her addiction got worse. Finally, I got her into detox and saw some progress. That was two months ago and she has been doing well...There's a lot of resistance towards the worker. You can see it in their body language, in the way they turn away, in their flat affect, and in the way they say, "Everything's okay." There's so much denial. [W-3]

I think a client is noncompliant when they're in denial about substances or about hitting their

child. Denial is a form of resistance, a refusal to think about what really is going on...I find it very frustrating and sometimes fearful. The substance abusers can "yes" you to death. They're manipulative, they're in denial, and some are very bright. So you have to be very much on your toes.
[W-4]

When I see resistance, typically the clients try to convince you that this is the worst time for you to be there. They act rude, they get on the phone, walk in the other room. The substance abusers are the hardest. You can't know when they'll be under the influence; they're so erratic, and they're so often in such a haze that it's hard to get through.
[W-6]

Some of the substance abuse people are very difficult. The alcoholics can be even more difficult than the crackheads, I guess because there's such strong denial with the alcoholics.
[W-11a]

Despite the level of avoidance, the denial, and parents' consistent attempts to escape intervention by child protective services, practitioners persist in their efforts to engage the clients, although in some cases this requires the use of more formal means than their own powers of persuasion. Below is a case description in which a worker discusses the necessity of utilizing her professional authority and the authority of the legal system to involve a parent in protecting the welfare of her child.

In involuntary services they're not expecting you and you're going in on their territory. They're still in the denial period, so there is a need to point out issues...sometimes you just have to use your authority. There was a sex abuse case over in the projects, an eleven year old girl with a positive GC. The mother was in complete denial; she thought gonorrhea had occurred through using a wash cloth. The girl also denied what was going on. The mother said to me, "If you don't get off my back, I'm going to move out of state." I told her that

I'd refer the case out if she moved. So I set her up for counseling, but she said, "I don't feel like going to counseling." I said, "Well, you have to go anyway. And the police have to know about such cases where there is sexual abuse of a child." So I filed a report and they went out to her house even though she was resisting any intervention...The mother was very difficult to deal with. Especially when it's a father or other family member that's involved, there's so much denial. There's a lot of anger directed at the worker because you know something about them that they don't want to deal with. In such cases, I try to get the mother to look at the whole picture, to look at how to protect her child and how to cope with what has happened. I tell them the perpetrator has to leave. They usually say, "That's not fair." I say, "That's true, it's not fair, but it has to be either your children or the perpetrator, not both." [W-7]

This case supports the research of Gourse and Chescheir (1981) in which they found:

...an association between the level of parental resistance and the worker's willingness to use the authority of the court or legal system...when lower levels of resistance are present, clinicians feel uncomfortable involving an authoritarian agency, and...as resistance increases, more of them feel comfortable using authority to involve parents in treatment. (p. 71)

As discussed previously, many workers use their legal authority only as needed when the resistance encountered allows no other option for entering a client's home and completing the investigation. Workers spoke about their attempts to "break down" the resistance or to "break through" it. One worker spoke about "breaking down the client." When asked what he meant by this, the worker gave the following description:

To break down the defenses so they will agree that they have a problem and will be compliant enough to accept services. With many we can only ask that

they do the basics, because we don't have enough to go to court and we know that there isn't going to be much change. In intake you need to break down the resistance enough to make an assessment... But we don't always have time to break down the resistance and form a working relationship, because sometimes the safety of the child is in question.
[W-13]

When early attempts to dispel the resistance fail, workers may feel compelled to move to the next level of authority which is more formal and typically involves the legal system. While clients tend to view this escalation of worker activity as coercive, most workers find that the threat or the actual deployment of their legal authority can be effective in decreasing the resistance and in raising the level of cooperation of the client. A recent study examined the ways in which people attempt to gain compliance from others in everyday interactions (Tae-Seop Lim, 1990). This research found that when confronted with stronger resistance there was an increase in the level of verbal aggressiveness in the persuader's subsequent compliance-gaining attempts. Although only a few of the workers in the present study spoke about becoming verbally aggressive in the face of resistance, a clear majority of them related ways in which their use of authority escalated from more positive and engaging types of responses to more threatening, legalistic approaches.

The clients seemed generally reluctant to discuss ways in which they opposed workers' attempts to gain entry to their homes for investigation purposes. Although they did not deny the fact that they felt angry and upset by the intrusion in

their lives, most were not forthcoming with any substantial description of resistance on their part. Only three client respondents spoke about efforts to avoid the worker.

I let them in that day, but a lot of days I didn't. I just stared at them from behind the curtains until they left--I was pretending not to be at home. [C-4]

Some people just don't want workers to come around cause they're embarrassed about the area they live in, like this one. So they avoid the worker; they don't answer the door and things like that. [C-5]

INT: What did you like most about seeing the worker?

CLT: Nothing--I try to tell him as little as possible. I feel the less they know, the better. [C-6]

Another form of resistance commonly encountered by the protective service worker is the fight response, in which parents typically yell and scream, threaten the worker, and assume a hostile or sometimes even belligerent stance toward the investigation worker. These individuals have learned that the best defense is a strong offense. They use such phrases as "How dare you!" or "What gives you the right...?" Although most of the workers stated that they do not feel threatened physically, verbal abuse by the client is commonplace. In many of these situations, the worker simply retreats from the client's home, reinforcing the need to meet again when the client is more open to working on problems. At other times the worker persists, often risking an escalation of violent behavior. The following responses demonstrate the variety of approaches employed by workers with clients whom they describe

as particularly difficult to manage.

I had one lady who was pretty hostile--she was screaming and yelling that white people don't know how it is and she wouldn't talk with me. So I left and left my card for her to call when she calmed down, which she eventually did. [W-7]

The hostile clients raise their voices, scream, pointing, and coming at you. With these cases, I just leave a card and say, "When you calm down I'll talk to you. We really need to work together." Or sometimes I will stand up abruptly and say, "You can't do that." The quick movement usually startles them and then we may be able to talk. [W-8a]

One case was some form of neglect reported by the school. I told her who I was and she invited me in. So we walked up a flight of steps, and I read her the referral, and she started to get very angry, yelling and swearing at me...If the client is really involuntary, you stress the child's interest and tell them that we have the power to utilize the court and take the children, if necessary. Some clients say, "They're my children and you have no children, and you have no right to tell me what to do." But most of the time it works. I've had very few extremely resistant clients. Only once in five years I had a woman yell at me, "Get the f___ out of my house." Usually when they're very angry and hostile I try to talk softly and explain why I'm there, and listen to their side of the story, and act politely. Sometimes you go out with other workers and they present things in an accusatory manner, and that sets the client off. This sometimes depends on the personality of the worker. Also, I see differences in people's backgrounds: those with a social work education seem to approach the clients in a more helpful manner. [W-12]

The screamers tend to be the ones who are the most embarrassed and humiliated. They eventually come around, but they need to let off some steam, particularly at first. It's important to try to calm them down, then point out the reality of the situation. For example, "I know that you're not happy that I'm here. I'm not happy either, but someone is concerned about your child." [W-11a]

You meet hostility practically every time you go out, but I think I've really met only a couple of clients that the only way we were going to get into

the house or have access to them was through the court system. But when a client is that far off in their hostility, they're not going to benefit from what we have to offer them. If someone is very hostile, but meeting the kids' needs, that's one thing. However, if they're very hostile towards the worker, and you're still getting heinous reports, action must be taken. [W-13]

I've also had people yell and scream, but for me it's easier to have someone yell and scream. Then I can say, "It seems like you're really upset about this referral--let's talk about what's getting you so upset." [W-16]

Some workers use a more direct, confrontational approach. Although a few readily admitted that this was not the best use of their role, most stated that confrontation is the only effective means of breaking down the defenses of the severely resistant client and getting through the barriers that separate abusive/neglectful parents from badly needed services. Examples of these worker responses follow.

When I work with drug addicts, I have to be direct and open with them. I say, "You've done this and you've done that," or "You've got to continue treatment. If you continue using, we'll have to take your kids"...Confrontation is also important. I sometimes have to say, "You'd better put it together, because you're going to lose your children," or "What are you actually doing to work on this? The other things that you have been doing have failed. Your ways aren't working, so now you need to listen to others"...You have power in this job; how you use the power is what makes the difference. You don't get anywhere by pushing people around, but you do have to be direct with them, and firm, and let them know the consequences of their behavior [W-3]

In another case, the mother was an alcoholic and was telling me all along that she hadn't been drinking. I told her that I thought she smelled of alcohol, and she got very angry. Someone had seen her hitting her son, and when I mentioned this she began to tell me all about the problems of this

child and how difficult he was. She was able to talk about his problems, but not her own. She would say, "I don't have any drinking problem"...I usually say something like, "But we're getting another story here. I want to hear your side of the story, but you need to hear their side, as well." I think that being direct and honest is the best strategy with such clients...I don't want to terrify, scare, or intimidate them, but sometimes I have to say, "If you don't get your act together, we'll have to remove your child." When they're noncompliant, we must let them know the consequences. [W-4]

You have to deal with them by telling them who is the boss. You have to confront the lies and tell them who is in control. With one drug addicted mother who was loaded at the time I said, "Look at you, and look at what you're doing. If you don't want to talk about it we'll have to deal with it in court." I get very angry when they do that (get high), and I get confrontational. I know I shouldn't, but she had so much potential; I think I was trying to save her. [W-11a]

Although some of the workers criticized their cohorts for unnecessary aggressiveness towards parents, one worker spoke about the need to increase her own use of confrontation to be more effective with the difficult clients.

I'd like to be a bit more confrontative, not threatening, but more direct about the client not doing her part. For example, when the client is lying and I know it, I need to be able to confront that situation very directly. [W-1a]

Apparently there is a delicate balance between using too little and too much confrontation in the initial investigative work. Whereas too much may create even greater resistance, inadequate use of confrontation is generally considered weak and ineffective in cutting through the barriers that exist between clients and child protective service workers. Cingolani (1991) comments on the distinctions that she

discovered in the use of confrontation in involuntary social work practice as contrasted with its description in the general practice literature. She notes in particular that practitioners in her study frequently utilized confrontation in initial contacts with an "affect-neutral" approach, as opposed to the traditional use of confrontation that is accompanied by a high level of empathy and usually occurs only after the establishment of a solid working relationship between practitioner and client. Such differences in technique are, most likely, based upon the distinctions in purpose among the various forms of practice. Whereas in voluntary practice, confrontation is normally utilized to produce insight in the client about conflicts in thinking or behavior, on the other hand, in involuntary services confrontation is generally applied as a strategy aimed at increasing the level of compliance of the client. Several of the workers in this study described their use of confrontation as related to letting clients know the consequences of their behavior with the hope that such understanding would produce greater cooperation and a more compliant attitude with the investigation process.

Also among those who use a fight response are the clients who employ a legalistic line of defense. This pattern is more common to clients from higher socioeconomic groups, who have greater awareness of the legal system and their own rights, and have access to attorneys for their own defense. These

clients rarely threaten in a physical manner, but according to the workers they attempt to use pull, or money, or status as a buffer between themselves and the protective service system.

Some examples of these worker responses follow:

The upper middle class are often the worst to work with. They threaten you with lawyers or they'll say, "I know people in high places." [W-1a]

It may surprise you to know that in child welfare we're the most sued branch of social services. Right now there are several millions of dollars of law suits against workers and supervisors related to legal issues of the cases. This is very stressful. [W-5]

The more affluent clients almost always threaten getting an attorney. My response is, "Fine, I'll talk to him or her." But in fact the attorneys can be very threatening to the workers. [W-8a]

Only one client of the thirteen who were interviewed spoke about using the services of a lawyer to assist in recovering the custody of her child. Although she was not among the more affluent clients, this individual felt empowered by friends and family members to use both the media and the legal system on her own behalf. She said, "And others also said to me, 'You can fight for your children, even though the words they might say make you think you're powerless.'" She described her tactics as attempts at equalizing the broad power differential between worker and client.

CLT: What bothered me about the whole thing is that while this was going on, they took me off the State and I had a social worker in just about every day checking on how the kids was.

INT: They stopped your checks completely?

CLT: I think they meant to stop the check for my son who was taken away and for the twins who I had placed with a friend. But then the checks were cut

off completely, and we were only on the City... Finally, I was so upset that I went to the local newspaper to tell a reporter what was happening. I said that other people should not have to be threatened this way...after a few weeks I got back on welfare and got an apology from the State. But it was awful before that. [C-10]

And describing her use of a legal strategy she said,

Some people don't have a chance to get a lawyer and fight, but I was lucky that I knew a lawyer, and he helped me when he heard that they took my child away...It only took a week to get him back, because there was nothing wrong with my son; they found he was well cared-for. [C-10]

Another category of client resistance that deserves mention is described by William Diorio (1991) as "toxic compliance," which occurs when clients seem to comply with the demands made on them by the workers and the legal system, but in fact changes in their basic social behavior and parenting styles are not forthcoming. Much earlier, Mencher (1960) wrote about a similar phenomenon that he described as "superficial or observable conformity" resulting from "the conflict in the acceptor between his internal or private responses and his need to display in public only the expected behavior" (p. 131). Both authors attribute such behavior to a punitive approach or one in which authority and social control are used inappropriately by the worker to achieve cooperation from the client. For Diorio,

...the sudden "appearance" of "cooperative" behavior by a parent may not only be "seductive," but as ominous, insidious and potentially lethal as "spontaneous remission" in a chronically depressed, markedly suicidal person. Indeed, such "resistance"--as a "toxic" adaptive behavior--may contribute to the occurrence, or reoccurrence, of severe

physical or sexual abuse of children by some parents who are otherwise described as "cooperative" with "treatment" by caseworkers, mental health practitioners, and others involved with the family. (p. 398)

This type of response was noted by one worker in the present study who stated that under duress parents simply find new ways of abusing their children that aren't as obvious to the authorities.

For example, they learn to hit their kids so it doesn't show in school, like on the bottoms of their feet or on the tops of their legs. [W-10]

A similar form of resistance is pseudo-compliance in which clients appear to be highly cooperative and open to suggestions of the worker, but they do not follow through with the demands that are made on them by the protective service system (Cingolani, 1991). The worker, in such situations, must be acutely aware of the differences between what the client says and does; he/she must monitor the client's activity by checking consistently with collateral sources as to whether the client actually follows through; and he/she must learn to use confrontation in a highly effective manner when it becomes apparent that the client is only making a pretense of compliance. These clients are known among the workers as the "yessers," those who pretend to cooperate while actually carrying on business as usual.

Workers find both toxic and pseudo-compliance very frustrating, and parents who present such resistance are considered to be among the most difficult clients to engage,

even over a longer period of time. These are the parents who tend to disappear, or drop out of rehabilitation programs; they fail to carry out plans in the service agreement; and they avoid visits from their workers. They are typically described as,

...the clients who just give workers lip service. There's a lot of clients who pretend that they are cooperating, but they aren't. Many of these are drug addicts who lie about taking their kids to the doctor or hospital. But the record of checkups shows that they are lying. [W-1a]

...the yessers, those who "yes" you to death. They say just what you want to hear; everything is perfect. [W-11a]

...the yessers who agree to any service under the sun, but then don't have the time for Parents' Aides or whatever else you've set up for them. They are the wheeler-dealers who make up excuses for everything. [W-13]

The challenge of "breaking down" this form of resistance was described extensively by workers. They spoke of the difficulty of cutting through the lies, aliases, and pretense that place obstacles in the way of the investigatory process. For the most part, workers stated that hostile clients are less difficult because once the barrier breaks down, there is something with which they can work. But with those who pretend cooperation, there is little hope that change can ever occur, as demonstrated in the following examples.

When a parent is just resisting, it's okay because eventually the wall can come down. But if they seem to cooperate and then don't, it's hard to work with that situation. They'll "yes" you and "yes" you over and over. But when you leave, they do whatever they want. [W-2]

I think the main frustration is knowing what services would really help them, but because they're involuntary we know they won't follow through. They "yes," "yes," "yes" us just to get us out of their lives, and then we get another referral on them, and then they're right back in the system...I confront them on that. I say, "I think you're just saying 'yes' to me and don't really mean it." Or if it's just a one-time thing, I'll let it go; otherwise I try to work through the resistance. [W-14]

Yes, there's clients that are a hundred percent cooperative, but I would prefer some resistance rather than having a client who yesses you to death. A lot of substance abusers are like that. "Yes, I'm going to treatment." "Yes, I won't leave my kids alone anymore." "Yes, I have enough food." ...But with the yessers there's nothing more you can say; they're already agreeing with everything. [W-16]

In contrast to most of the workers, one seemed to perceive the parents who use pseudo-compliance as victims of their own inertia rather than as manipulative game-players.

The yessers are also difficult. They try to win you over. There are some who tell you everything you want to hear and don't do anything. But they come across as victims--so much has happened to them, and they can't seem to change their lives. [W-6]

Nonetheless, when asked what her response is to the clients' lack of follow-through on what has been previously agreed, this worker's response matched the others. She stated:

Then I have to be tougher and use my legal authority...For example, I carry the service agreement with me every time I visit. I say to them, "You signed this last month, and it says you are going to do such and such. But you haven't done your part. Therefore, the consequences are..." [W-6]

Resistance can be understood as the client's attempt to maintain control in a conflict-laden, unequal relationship. In support of reactance theory, the findings of this study

demonstrate that clients tend to utilize flight, fight, and pseudo-compliance as their means of responding to external control and the threatened loss of freedoms. As the threat of losing their children is introduced through the worker's use of legal authority, the clients' reactions tend to center on self-protection, defensiveness, and in some instances attempts to equalize the power differential through aggressive behavior, intimidation, or legal action. In turn, client resistance may evoke a reaction from the worker who is required to conduct an investigation with the unwilling parent, such that the level of authority is escalated to a point where the client must comply or risk even greater punishment. The various forms of client resistance and worker responses are displayed in Table 9 on the next page.

Thus, a cycle of resistance and control is activated that usually achieves cooperation on the part of the client, but not always as is desired. As has been demonstrated in the literature, when compliance is forced it is generally temporary or unauthentic and has minimal if any benefit over the longer term. On the other hand, there are instances in which the client genuinely cooperates with the requirements of the system, but the question then remains as to what conditions are necessary to produce this outcome. In other words, how can the worker create a situation of cooperative endeavor with the client that can ultimately effect change in a positive direction?

Table 9

Characteristics of Client Resistance and Worker Responses

<u>Client Resistance</u>	<u>Worker Responses</u>
<i>Flight:</i> Withdrawal from contact with worker through avoidance measures, changing address, or ignoring worker's efforts to connect; denial of problems; manipulation to avoid intervention by agency. <i>Fight:</i> Opposition to perceived source of threat through yelling, swearing, threatening worker; demonstration of belligerence and generally abusive communication; use of legal system to oppose worker's intervention. <i>Pseudo-compliance:</i> Pretense or superficial submission to worker's demands with no follow through on agreed-upon behaviors or activities; toxic compliance entails a semblance of compliance with no real change and strong potential for continued abuse/neglect of children.	Persist in efforts to locate client and gain entry to home; use of court action or threats of legal consequences; use of confrontation to break down client's defenses; close case for "Whereabouts Unknown" or "Services Refused." Retreat with a promise to return at another time; direct confrontation, using aggressive tactics and threatening with legal action; attempts to defuse situation by validating client's anger and allowing client to ventilate his/her emotions. Monitor client responses carefully; check frequently with collateral sources; confront inconsistencies; use service agreements; explain the consequences for noncompliance.

GAINING COMPLIANCE

Rooney (1992) observes that "Compliance behavior occurs when a person accepts influence in order to escape punishment or achieve a reward or approval" (p. 94). He further states

that workers who use "compliance-oriented methods" to accomplish the goals of the larger system (e.g. child protection) often find themselves in conflict over their roles as helpers. As such, it is important to acknowledge that the term compliance is value-laden and tends to evoke ethical concerns in social work practice related to the function of social control and the professional value of self-determination.

Nevertheless, 75% of the workers in the present study referred to the need to establish parental compliance as a precondition for investigation and treatment in child protective services. Many of the comments by workers on this subject also addressed their methods for gaining compliance. Some use an empathic approach, attempting to engage the client in a therapeutic relationship, based upon their belief that coercive measures tend to increase reactance and client distance, or that such measures produce only a pretense of cooperation. Others described their efforts as neutral presentations to the client about the consequences of uncooperative behavior, hoping that the shared information would empower clients to make informed and appropriate decisions. And a third group of workers emphasized the necessity of escalating their use of authority, finally employing coercive, threatening, and punitive methods with resistant clients to achieve a desired level of compliant behavior. The various approaches by workers to gain

compliance from the client are demonstrated in excerpts that follow.

You need to gain a certain amount of compliance from the client, but not by threats; this just doesn't work well in the end, because then the client will fight you all the way. [W-1b]

And the choice really is theirs; they can continue as they are, and possibly lose their children, or they can comply with what the State requires. [W-2]

Gaining compliance is a goal of service; when they fail to follow the directives of the worker, they are on a collision course. But I would rather deal with a hostile person who is angry up front than one who is overly compliant, sweet, and ingratiating. Those are the ones who are most difficult to deal with, because you don't know what is really going on with them. [W-3]

Sometimes they are noncompliant with the intake worker who is trying to investigate their situation...They don't want you there, they don't want to talk with you, and when they don't want to talk with you they won't, and they can be most noncompliant. But once you can get a conversation going, you can begin the work, and begin to form a relationship, and begin to gain some compliance. [W-4]

So first you try to form a cooperative relationship, but if that doesn't happen, then you try whatever you can to get in the door, even court action. For example, through the court you can order a client to come in and make an explanation, or the judge can order a toxicity screen for suspected substance abuse problems, or a psych screen for psychiatric problems. So we have lots of means of making the client cooperate with us if we need to use them. [W-5]

She yelled that she didn't need me and didn't want my help. It took a long time, but she finally started to cooperate with me when she saw there was no other choice. [W-8a]

If these mothers were winning the Mother of the Year Award, we wouldn't be in there. So I've taken a harder stance, but it's a lot more effective. This way they don't tend to play games with you or

lie. If you're wishy-washy with them, then they don't take you seriously. This way they know that I mean business, and they respond and comply more. They call back when they're supposed to and make doctors' appointments and so forth. [W-11a]

When I do a service agreement--and I do them with all of my clients--at that time we set goals together and try to keep them realistic. But I also tell the clients that if they don't comply with the agreement and the necessary referrals, then we have to file a neglect petition. [W-16]

One worker, however, expressed her views on the uselessness of compliance, stating,

We don't look for compliance, because it's usually false compliance like the yessers give us. But we look for an understanding by the client of how their behaviors impact upon their children--this is our main objective. [W-14]

Another worker provided a case description in which her efforts to engage a client, and to achieve the kind of understanding referred to above, were completely frustrated. Even when the client acted in a "compliant" manner, it was clearly resistant and the worker knew she was having little positive effect.

One woman yelled at her five year old, "Come here, this worker wants to take you away." And they teach their children not to talk. I never could connect with this woman...I never had such a difficult case. We would both stand with our arms crossed. She wouldn't comply with our requirements, wouldn't come to visitation, or would show up an hour late. So finally I had to be the bad guy and build a case for termination. But her exercising of control was by not following through on anything. She would even call a drug treatment center from my phone, with me sitting there listening, and say to the intake worker from the treatment center, "The only reason I'm calling is that she is making me." And then she wouldn't go in anyway. [W-10]

This excerpt demonstrates how compliance emerges as a

symbol between worker and client representing the power struggle in which they are engaged. To comply is understood by many as submission to a higher authority. For some clients, their sense of self is so tenuous and their struggle for independence is so central to their existence that they can never submit to the demands of the worker, because they perceive that would leave them vulnerable and dependent upon others. For other clients, although they appear to comply, in fact their behaviors remain resistant to any kind of influence. This is most evident in the clients who respond with some form of pseudo-compliance or pretense, or those like the woman described above who comply in an "alienative manner to what is perceived as coercive power" (Levinson, 1964, p. 375).

As described by Etzioni (1975), coercive compliance results from combining a negative or alienated orientation on the part of the client with the threat of punishment or material deprivation by the agency or agent of social control. And in most cases, this sense of alienation provides an accurate description of how the child protective agency and the introduction of services are perceived by the client. As Mayer (1987) describes the situation, "Parents are not necessarily being unduly suspicious or resistant when they relate to workers as potentially hostile authority figures" (p. 7). For in fact, "Caseworkers are required to be authority figures, to place limits on parents, to conduct

investigations, to make recommendations to the court, to cooperate with the police in criminal investigations when appropriate, and to enforce certain court orders" (Mayer, 1987, p. 7). Thus, as he suggests, the fears that parents have about potential outcomes of agency intervention are not unfounded.

Considering the potential for increased alienation among parents, why do some workers resort to authoritarian means of intervening with clients? Perhaps it is because of the demands of the job that require the investigative worker to produce only an assessment rather than actual changes in the situation. Most probably, it is due to the lack of other more effective means of gaining the cooperation of reluctant clients. Several workers acknowledged that the client does have some form of control, that no matter what the worker does, the client is finally free to choose to work with the system, to suffer the consequences, or to do only what is minimally necessary to survive. As one worker said,

In the long run, I think clients have the control over their lives. We can try to engage them, we can try anything, but finally it's their choice. [W-10]

Still, in response to the client's attempts to maintain control over the situation, most workers state that there are no alternatives besides escalation of their own use of control measures.

The clients were also asked about their views on compliance. Several of the clients described in detail how

they had initially responded with intense hostility and other forms of resistance toward the worker. But they were also able to discuss their reasons for eventually complying with the demands made upon them. For the majority of these parents, fear of punishment--usually in the form of loss of one's children--was the primary factor in convincing them that they should cooperate. This is demonstrated clearly in the excerpts below.

Seeing the word "State" on the car made me scared, and so I cooperated. Also some of the cars that you see driven by the workers have baby seats in them, and I thought maybe he really could take my child. I feel if you cooperate and can prove to them that you have a safe home, then they won't be on your back no more. So I told him, "You don't have to call before you come; just stop by and leave a note in the mailbox if I'm not at home." I wanted to prove to him that I was okay...I try to do whatever he says, as much as I can, but not too much. Actually, I would probably do whatever he asked just to get him off my back. [C-6]

CLT: I was still very upset; I was calling them names and wanting them not to come back...If I wanted liquor, I had to sneak around to get it. One day I got all high up over there, and then later that day I thought maybe I should just reckon with them. So sometime after the fourth meeting, I was lying in bed that morning all hung over, and they came by and I wanted help from them. I couldn't do it no more; I caught up with myself that morning...So I got up and was going to call the worker, and there they were coming up the street.

INT: How did the worker try to help you then?

CLT: They sat down and they talked to me. They asked if my kids were up to date with their shots, and I'd lie and say, "Yes," and then I'd hurry up and get their shots before the worker would call the hospital. I was jumping and still am. One time when the baby was crying a lot, they waited to see what I would do. I wanted to hit my baby and make her stop crying, but I didn't cause I knew they were watching me. But it helped, cause she said,

"Kids do that; all of them cry." So that helped me feel better. Then she'd call me and asked if I was going to the Program, and so finally I lied and said, "Yeah, I'm going tomorrow." So the next day she came out and saw me going into the house. She asked why I wasn't in the Program, and I said, "It was canceled." And she told me, "You have to go now--go pack your bags." So I did it and I went in...

INT: What was it that made you decide to go in at that time?

CLT: The kids. I knew that she would take the kids away right then if I didn't go in to the Program. She said, "I can take your kids right now, cause you're not doing what you're supposed to do."

INT: Did she say that she would take you to court?

CLT: She never threatened me with court. But I thought that if I didn't go I would lose my kids right then.

INT: Did your relationship with the worker improve after you entered the Program?

CLT: When I was in the Program I got angry and wouldn't talk to her when she called. I wanted to leave, but I finally got it into my head that if I wanted my kids, I had to stay and get better. [C-4]

INT: How did you show your anger?

CLT: By cussing at her...Sometimes I didn't show for appointments or had alcohol on my breath. Finally, she said, "We'll work on this together." After seeing I just wasn't going nowhere acting the way I was acting, she signed me up in an outpatient program and I had to go to AA meetings. She said it was my choice, "Either you straighten out or you won't get the kids back."

INT: What finally brought about the change in your attitude?

CLT: After my first visit with the kids, I see how much they grew, and I said to myself, "I want to see them grow up." [C-9]

These three excerpts demonstrate some extremely important aspects of involuntary services that contribute to further understanding about how clients move from resistant to more cooperative and sometimes even motivated positions vis-à-vis the worker. In the first case the client is cooperative, at

least superficially, while she admits--somewhat ambivalently--that she would do whatever is necessary, "as much as I can, but not too much," to rid herself of the intrusive presence of the worker in her life. She is motivated by the prospect of eliminating from her life the burden of state intervention. When asked how she coped with the difficult situation with her worker that she had described earlier, this client's response was stated firmly and without hesitation. She said, "I cooperated fully." And workers recognize that frequently this is the bargaining chip for achieving some form of cooperation from the client. They offer clients the possibility of having their cases closed more quickly, with less intrusion and minimal penalty, if the client complies with the requirements set up by the agency.

In the other two excerpts there is also evidence of motivation, in the second case to seek help for a problem which the client finally realizes she cannot resolve on her own. And in the third situation the motivation is for the parent to be with her children during their early years, to avoid having to miss their growth and development through childhood. These clients can in no way be termed unmotivated, as has been their pejorative label for too long. As Moore-Kirkland (1981) so aptly suggests, the resistance must be understood as motivated behavior, and the worker's initial task is to locate the source and the nature of that motivation so it can be channeled properly and employed in a

collaborative rather than an adversarial working relationship.

Mayer (1987) employs a similar framework for understanding noncompliant client responses to investigation. His perspective emphasizes that underlying the resistance exists a desire for help that is often overlooked and that the worker needs to consider in his/her overall assessment.

The hostility and defensiveness that parents exhibit is seen by many as a cover for more underlying feelings of powerlessness (Kadushin, 1974). However, this defensiveness or resistance is not the same as a lack of desire for help. Parents may be angry or alienated due to the context and structure of the intervention, yet want help at the same time. Pollack and Steele (1972) suggested that underneath the denial and passivity, there is almost always a desire for help, but this desire itself is a threat to their fragile sense of self-esteem and is therefore terrifying to them. This neediness provides both a significant obstacle and an important opportunity to establish a more cooperative treatment relationship. It threatens parents' sense of autonomy and therefore encourages resistance, but it also provides a positive motivation for participating in a change process (Mayer, 1987, p. 9).

SUMMARY

Any discussion of workers' attempts to gain compliance from the client, needs to consider several issues. Among the most important of these are: the nature of the resistance that is encountered and its meaning for the client; the power struggle in which client and worker are engaged; the client's hidden motivation that has potential for being harnessed in more appropriate ways; and the underlying cry for help that is disguised by blatant anger, belligerence, opposition, and even

passive resistance so often exhibited by frightened, hurt, and desperate parents.

Two factors seem to be most closely associated with the eventual achievement of cooperation on the part of the client, both of which are based on the client's perception of the worker's intentions. The first concerns the client's perception of the worker's genuine desire to provide some form of help, whether concrete or emotional. The second factor is related to the client's belief that she will lose one or more of her children for failure to comply. Again, the worker is left with the inevitable role conflict of helper versus agent of social control. It is clear that strategies need to be developed for blending these roles in such a way as to create a more effective helper/guardian combination within the investigative worker's purview.

Finally, as was revealed in the data from this study, both of these approaches seem to have the greatest effect in moving clients beyond the point of either hostile or passive resistance to take some form of action in cooperation with the demands of the larger system. But even when compliance is gained, the question remains as to how lasting the benefits of the intervention will be over the longer term. For in so many cases, changes in the individual or the family tend to be in response to the immediate crisis; other, more enduring strategies may need to be identified that can have greater impact on the long-term outcomes of protective service

intervention. Such possibilities are discussed in the next section of this report.

Chapter VIII

MANAGING THE INVOLUNTARY RELATIONSHIP

EMERGENT THEMES

This study has examined the various means by which child protection workers initiate contact with involuntary clients, and the relative success or ineffectiveness of such efforts. Following a thorough review of the interview transcripts, four major themes emerged from the data that have relevance for the development of engagement skills among child protection workers. Each of these themes addresses a different aspect of the worker's function that needs consideration as a significant component of the involuntary relationship.

The first theme concerns impression-management which relates to the worker's presentation of him/herself to the client. This function derives from the theory of symbolic interactionism emphasizing that people respond to a situation based upon their evaluation and interpretation of that situation. The second function of the worker that was consistently demonstrated in the data was the practitioner's capacity to respond to the client's need for nurture. This theme concerns the worker's ability to serve in the role of helper and, as stated by Drake (1994), to present oneself as "an asset to the family" (p. 597). Third, the data emphasized the importance of employing empowerment strategies in any

intervention that involves unequal power arrangements between worker and client. And finally, the concept of social exchange emerged as an important and central element in the developing relationship between worker and client. These themes are summarized in Table 10 and described on the pages that follow.

Table 10

Strategies for Managing the Involuntary Relationship

Worker's Presentation of Self:

Use of impression-management skills to communicate helpful vs. punitive nature of services; worker's use of authority is part of his/her presentation of self and will therefore have an important impact on the involuntary encounter; also included are appearance, general behaviors, and respect for the client.

Responding to Client's Need for Nurture:

The "caring" element of the relationship involves attending to the client's fundamental needs which include material resources, information and expertise, advocacy, and emotional support; despite fears of dependency, some or all of these basic needs must be met in order for a trusting relationship to develop.

Empowerment:

Emphasizes negotiated client choices, input, and shared decision-making; encourages partnership and active participation by clients in case planning and intervention; attempt to reduce client's sense of powerlessness by assisting her to view locus of control as internal, thereby reinforcing positive action rather than learned helplessness and inaction.

Social Exchange:

Built upon principles of reciprocity and mutuality; uses inducement to provide rewards that are equivalent to or that outweigh the costs of the relationship; in return for material and symbolic rewards, client gives cooperation, compliance, loyalty and/or recognition of worker's competence.

Worker's Presentation of Self

As previously discussed, human beings tend to take action on the basis of their interpretations of social situations or based upon their perceptions of the intentions of others with whom they interact. In this manner the participants in a particular encounter mold their own responses to others according to their perceived meanings derived from that interaction. According to Blumer (cited in Ephross & Greene, 1991), personal meanings that arise out of human interaction serve as "the central force in shaping human behavior (p. 209). And further,

Blumer's point of view infers that an individual's behavior does not simply result as a response to the environment. Rather, each time an individual confronts the world, he or she must interpret it through his or her unique set of personal meanings so that he or she may act. (Ephross & Greene, 1991, p. 209)

In addition, each participant begins the interaction with a set of preconceived notions about the other individual, and his or her role and purpose, which serves to influence the formation of new interpretations based upon previous experiences and beliefs derived from other social interactions.

Within the context of child protective services, the involuntary nature of the worker-client relationship creates meaning in relation to the generalized expectations of the participants, the stances of each, and the perceived coercive nature of the "helping" intervention. Workers are defined as

agents of social control and generally viewed as authoritarian figures. Clients are perceived as either hostile and resistant or dependent and overly compliant. The initial encounter between the investigative worker and client tends to erupt in an unpleasant and often conflictual confrontation based upon such attributed meanings and interpretations of one another's ascribed roles and behaviors.

Thus the way in which clients and workers interact depends, to a large extent, on how each understands and therefore reacts to the situation at hand. The client's behaviors cannot be viewed merely as stimulus-response reactions; rather, they must be understood within the context of the situation. To understand the meaning of client behaviors in that particular situation, therefore, one must consider how the client perceives the actions of the worker. Similarly, the worker's interpretation of the client's reaction as manipulative, resistant, unwilling, or superficially ingratiating will create meanings for him or her that serve to influence subsequent behaviors. For example, as noted by Ivanoff, Blythe, and Tripodi (1994),

Beginning practitioners often interpret silence, hostility, or other indications of unwillingness on the part of the client as meaning that the client devalues them or that they (practitioners) lack certain skills. Even experienced practitioners can fall prey to this type of cognitive trap. (p. 23)

It would be difficult to imagine this type of thinking not having an impact on the worker's subsequent behavior and the development of the worker-client relationship.

The specific manner in which authority is employed in such conflicted relationships further exemplifies the effect of personal meanings on the behaviors of each member of the dyad. The worker initially selects and utilizes one of several types of authority (discussed in Chapter VI) to promote compliance or to engage the client in a cooperative endeavor. This decision about the use of authority may be based upon various factors, including his or her own understanding of the role of investigative worker and his or her evaluation of the client's initial response to intervention by the child protection system. Additional influences on the behavior of the worker might include agency files containing information about other workers' previous attempts to engage the same client in the protective service network, preliminary contacts through phone calls to the client, or word-of-mouth reputation among other workers concerning the client. The intensity of the worker's approach will be partially determined by preconceived notions and subsequently validated by the actual encounter with the client.

Simultaneously, the client is evaluating the worker based upon her own preformed definition of the interaction, the opinions of others, her impressions of the initial encounter, and previous experiences with social workers from the child protection agency. It should be understood that while workers generally view their efforts as intended to provide help,

clients' interpretations of such interventions may be quite the opposite, thereby resulting in behaviors that are perceived as resistant, ambivalent, hostile, or unmotivated. Such responses further influence the actions of the worker, confirming the need to apply either a stronger, more authoritarian approach or a gentler manner that communicates concern and a desire to help rather than to punish or control. Hence, a cycle of mutual and reciprocal interaction is created from the outset which can have either positive or potentially disastrous results. Therefore, the worker's presentation of self to the client is crucial, resulting in the need to consider during the earliest phase of contact the eventual impact of impression-management on the worker-client relationship. One of the workers discussed the importance of appearance, behavior, and the need to make a "genuine response to the client."

If you go in with a business suit, a lot of jewelry, and high heels, they can't relate. You have to be more on their level. Saying, "I know how you feel" is not a good response. They hate it and they tell you so. Also body language is important. If I can't sit on a couch because I'm afraid of bugs or whatever, they will distrust me. It's important to be natural. [W-8a]

Rooney (1992) identifies six self-presentation strategies that are employed by workers and clients. These include ingratiation, which emphasizes one's attempts to please others; intimidation, used to produce fear in others; supplication, in which one seeks sympathy and support from another; facework, which employs denial, rationalization, or confession

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to diffuse recrimination; self-promotion, which advances one's competence; and exemplification, which attempts to prove one's integrity and moral worthiness (pp. 140-141). Rooney notes that the first four strategies are most often utilized when "the stakes are high" and there is even greater need to "manage the impressions others have of us in order to better reach our goals" (p. 139). To avoid dysfunctional self-presentation strategies that may create further distance between client and worker, it is important for the worker to level with the client by explaining carefully his or her dual role as helper and as authority figure; attempting to clarify the client's personal system of meaning related to the involuntary situation; and finally by seeking an understanding of how the client perceives the help which is being offered. In this way a negotiated definition of the situation can result in mutual agreement about the roles and functions and subsequent behaviors of each participant in the encounter.

In the current study there were numerous examples of how ascribed meanings influence behaviors in a cyclical pattern. Clients described their own reactions to workers based upon their evaluations and personal interpretations of the workers' intentions. In instances where a worker's purpose was perceived as punitive, harmful, or threatening, the client typically responded with hostility, denial, avoidance, or passive-submissive behaviors. Over time, as the client and worker were able to renegotiate their definitions of each

other and of the interaction, changes could be detected in the level of cooperation and willingness to work together collaboratively. Clients' statements would demonstrate movement from an unyielding stance to one which might be interpreted as more open to help. For example, one client spoke about how the worker began to bring her food and items for her baby. After that she reinterpreted the worker's efforts as helpful rather than harmful, and spoke about beginning her relationship with the worker at that point in time. In another instance, a client finally accepted the temporary placement of her children after the worker was able to redefine the situation as one of protection for the children from an abusive father, not simply punishment for the mother. In this case, the protective role was reframed as a helping rather than a punitive function.

Clients frequently spoke about the need for workers to try to persuade parents of their helping function to produce a more cooperative endeavor from the very beginning. For example:

They should make you feel comfortable to open up so they can help you, and not just come in saying, "Well, we're taking your kids." [C-5]

The next time I met with her she wasn't so hard. I think the worker should talk to the person nice and let them know that you are there to help them, and that you've got to work together. She didn't do that in the beginning. [C-9]

Also, you've got to make people understand that, "I'm here to help you." Say that first; don't threaten first. My second worker did that and it gave me more confidence and trust in her. But they

need to have trust in us, and we need some confidence in them. They should approach with something that can help you and them get along as a team. [C-10]

In summary, the client's interpretation of the worker's approach as either supportive and helpful or punitive and authoritarian will have a major impact on the initial encounter and subsequent interactions.

The Importance of Nurture

One of the most prominent themes that emerged from the data concerns the clients' fundamental need for help, for support, and for a sort of nurture that some clients were unable to achieve in their earlier years. For many of these parents, the socio-emotional deprivation which permeated their own childhoods had left scars that were not easily removed. Their ability to trust others was extremely limited, and their needs for security, affection, protection, and belonging were desperately felt on a daily basis. Several of the clients spoke openly about the difficulties they have developing trust in others. Yet, despite the fact that workers and clients in child welfare settings are so often considered to relate "not as partners, but as partisans" (Murdach, 1980), the majority of clients in this study described in detail their strong desire for various kinds of help and for close and supportive relationships with their workers.

Attempts to understand the meaning of help for these clients uncovered a continuum of needs that related to the

clients' particular life situations. Needs included such concrete resources as food, diapers, housing, heat, and clothing; information about services, treatment programs, legal procedures, and clients' rights; advocacy in relation to formal systems; emotional support; and even friendship. The list of needs was extensive within the client group studied, and the level or degree of need varied among the subjects depending on their personal circumstances. In contrast to these findings, Maidman (1984) suggests that clients may view receiving help as a "sign of weakness or extreme incompetence" (p. 44). He further adds that, "Some groups have strong independence values reflected in desires to 'look after their own problems'" (p. 44). While it is recognized that workers need to be especially sensitive to the client's own value system in relation to accepting help, for the client group studied in the present research, there was a consistently positive acceptance of help offered by the worker and an association between worker helpfulness and positive case outcomes, as reported by both the clients and the workers. This phenomenon may reflect the means of recruiting clients through self-selection of subjects. And as might be expected, the majority of subjects were parents who had had some positive experiences with the agency. Nonetheless, this finding was noteworthy in relation to the clients' well-defined statements regarding the effectiveness of fundamental helping interventions by the worker.

Of particular interest was that several of the clients spoke about their relationships with the workers as a form of nurturing that was otherwise missing from their lives. Two of them referred to their workers as being like "mothers"; others described the "friendships" they established with workers who took them out to eat, or who just seemed to care about them in unique ways. It became apparent, through a more thorough review of the interview transcripts, that whatever the particular mode of help that was identified by the clients, it seemed to belong to the general category of "caring." If the client perceived the worker as caring, through provision of concrete resources or emotional support, or help with court procedures, or locating services , or by acting as a sort of "friend" or an advocate, then the parent was able to define the relationship as helpful rather than harmful. And in such instances, the client could begin to relate to the worker in a more cooperative manner.

As clients were asked to pinpoint what it was that convinced them to comply with instead of fighting against the worker, the majority of them described the concern, interest, regard, or simply the caring that was demonstrated by a worker. The following comments by clients illustrate their responses to workers who exhibited highly supportive, almost maternal, caring for their clients.

The worker even took me, she helped me get in shelters, and she got me food and clothing. She believed in me and she was there when I really needed her, and that got me through. [C-5]

CLT: My worker was very nice--she hung in there till I did what I needed to do.

INT: What did she do that helped you finally do what you needed to do?

CLT: She let me curse her back; she let me not trust her until I did trust her; she had patience with me--that was the main thing with her--cause I didn't have no patience at that time. But she did. And I still call her today when I need to. [C-12]

Later during this same interview, the client, a woman in her early twenties who had recurring difficulties with substance abuse, described how the worker went beyond the client's expectations, providing help in a way that was particularly meaningful for this troubled young parent.

CLT: So I decided to give up my child for adoption to relatives. I asked my mother if she would take her, and she said, "No"--we never got along anyway--and so my cousin down South took her....But that's what drew the worker and me close together--she found the phone numbers of my family members after I hadn't seen them or spoke to them in so many years...my brother, and she got my sister and me back together. She got those phone numbers and that helped me.

INT: Had you asked her to contact those people?

CLT: She had to find all their numbers and call my family members to see who would take the baby, so that's how I got back with them. You know, she seemed to care about what happened to me. After the baby was down South, she told me they said I could call and find out how she was doing, and she gave me their number. Yeh, that's how me and the worker got close, cause that was nice of her to be like that with me. [C-12]

Workers also seem to recognize the effect of the "caring element of the relationship" (Shulman, 1991, p. 62). Although agency purpose is directed specifically at protecting the welfare of the children--and the worker is legally mandated to fulfill that function--it became clear from examining the data that one important means of achieving such protection is

through demonstrating interest in the parent. In extreme circumstances, excessive attention focused upon the child to the exclusion of the parent may produce a jealous or even competitive reaction on the part of a parent that can further endanger the child. In the remarks below, several workers acknowledge the importance of caring for the parent as a means of protecting the child.

You have to first establish a basis for helping. I do this by looking at what is particularly stressful for them in their everyday lives. I'll ask, "Is there anything you need? Food? Beds?" I also ask, "What's a typical day in your life like?" This helps me get a better feel for what they are experiencing. For example if they say, "It's hard for me to do such and such," I might be able to get them needed transportation or to find an after-school program for the kids. Most of them see my involvement as help, even one mother who I'm terminating told me I helped her a lot. [W-2]

It can be challenging because sometimes when I come back to try to engage them, I keep coming back from different approaches. I try to find something different that will interest them. You can usually tell from the look on their faces. Sometimes we talk about their children. But sometimes what will reach them is talking about their own needs. [W-10]

So you have to look for what you can do to gain her trust, for example, go with her to meet with the social worker at the school and advocate for the client. Do not go in to people's houses judgmentally. You've got to try to validate them and be human, not stuffy. It's important to show them that you care about them also, not just the kids and the report. So you might ask the client how she is doing, not just the kids all the time. [W-13]

She was a thirty-three year old mom with three children, a white woman living with her Spanish boyfriend. Her oldest daughter, an eleven year old, had been diagnosed with scoliosis at birth. Mom had gone through several social workers at our agency and the case was closed each time for "Services Refused." But there were continuing concerns about

the daughter, that the mother wasn't getting proper care for her. She wasn't eating properly and was malnourished, and her life depended on an operation which the mother had not arranged. The mother was very nasty, swearing, yelling, and saying that the allegations weren't true, and I found out that they weren't, for the most part. But Mom was frustrated with the health care system and so she was angry with me too. But I was very persistent and non-judgmental. When she saw the state car, she yelled out the window, "Oh, another one of you so-and-so's from the State." I said, "I'm not here to accuse you, but I'd like to hear what you think we should do to help you with this situation." "Oh," she answered, "Do you really want to listen to me? No one else has." I realized she was very overwhelmed with everything and wasn't telling people at the school what was really going on. So they assumed she wasn't caring properly for her child. But the child died later anyway. [W-15]

So many of the cases in which clients eventually cooperated with practitioners involved a common denominator which was the element of caring, nurture, and genuine interest demonstrated by the worker. This phenomenon has been noted in other earlier studies of client responses to treatment (Mayer & Timms, 1970; Maluccio, 1979; Pollack & Steele, 1972; Shulman, 1991). In particular, Fraiberg, Adelson, and Shapiro (1981) offer a moving account of in-depth work with rejecting parents who themselves were the victims of abuse and neglect during their own conflicted childhoods. In one case the question kept surfacing as to why the parent was virtually unable to hear the child's cries and therefore didn't respond as most mothers would. Finally, the team of workers was able to formulate a hypothesis: "When this mother's own cries are heard, she will hear her child's cries" (p. 172). The treatment that followed gave the mother both an opportunity

"to feel and to remember feelings" (p. 173), perhaps for the first time in her life. But equally important was the element of care, and concern for this individual. As the parent was nurtured, she was able, in turn, to provide nurture for her own child.

While the need for nurture is so critical in some cases, one has to be concerned with the danger of creating dependence by the client on the worker. As Maluccio (1979) suggests, one must be aware of how the client's needs arouse in the worker parental responses that will provide nurture, but also have the capacity for perpetuating dependency. While some practioners support the notion of allowing dependency as a preliminary step to independent action, the potential difficulty lies in making the transition from a relationship that encourages dependency to one that fosters independence. This entails maintaining a delicate balance between doing for and supporting the individual's ability to do for him/herself. Finally, the notion of empowerment must be coupled with the capacity to respond to needs for nurture. For without a dual focus on providing help and helping one to provide in the future for oneself, there is the danger of entrapping clients in a system which can never fully respond to the level of ongoing need that exists. This difficulty is vividly portrayed in a statement given by a client who had come to depend on her worker as a primary source of support in her life.

But then once they come to your house and see your baby's okay and your house is clean, and you're not high, they close the case. And I called my worker and said, "Don't close the case; I still need you." But she did and I felt lost. [C-5]

Empowerment

It was demonstrated in the present study that involuntary clients tend to feel marginalized, stigmatized, and powerless in regard to their own lives. As noted in a previous section, many feel that they have lost control over their lives from the moment the protective service worker receives a referral. Clients are highly aware of the inequality of power that pervades their relationships with workers, due to the legal authority of the worker and the worker's potential for coerciveness in requiring compliance with the demands of the state agency. Most parents in the child protection system confirm, in their actions as well as their statements, that they feel powerless and that the locus of control for them remains external rather than internal.

Through the use of empowerment strategies, clients are gradually encouraged and assisted in assuming control over their lives. Such strategies include encouraging the client to have input regarding the definition of the problem and the treatment goals, and furthermore, supporting client choices and decision-making as much as the situation will allow. Ultimately, as their level of participation increases, clients begin to view the locus of control as internal and therefore

favorable to their interests, rather than external and potentially alien to their welfare. But such changes do not take place quickly; empowerment must be considered a developmental process that occurs over time. As a result, the investigation worker's use of empowerment strategies may be limited in their successful application by the restrictions of time. Nonetheless, an orientation to the need for partnership and participation can begin the process of effecting change in the individuals involved in a specific encounter, as well as promoting eventual change within the larger system.

While there is general recognition of the need to modify power relations and clients' perceptions about locus of control, one might anticipate that little has actually been implemented in the child welfare system to effect change. This was documented in a study entitled "Social Work Partnership" that was conducted in Great Britain between 1988 and 1992 to explore means of implementing in practice the concepts of participation and partnership (Fisher, 1994).

The study's origins lay in research on users' [clients'] views which showed that there was urgent need to develop policies and practice that enhanced the rights of users, particularly the right to define as far as possible their own problems, to participate in decision-making and to have written agreements covering services. The aim was to provide a philosophical and practice model for reworking the relationship between services and users. (p. 277)

Despite this "urgent need" it was found that workers tended to see the notion of partnership with clients as something they had already integrated into their practice.

But, as was discovered by the research team, this concept was still in the philosophical phase rather than being implemented into the workers' daily practice.

In terms of values and principles, the workers were usually right; their practice was *intended* to be participative and egalitarian. But in terms of user experience, the workers were usually wrong; problem definition was primarily an expert activity undertaken by workers, participation was partial and tokenistic and users had usually not seen their records. Agreements tended to be what the worker notified the user would be done. (p. 286)

The findings of the present study are similar in noting the discrepancy between workers and clients' views regarding attempts at empowerment. For the most part, clients described their sense of disempowerment created by the involuntary situation, by the authority of the larger system, and the worker's control over them. Clients referred to their own limited power as having derived from previous experience with the system or encouragement from friends to fight the system.. Only in two brief excerpts from client interviews was there any mention of an effort by the worker to minimize the perceived sense of powerlessness or to enhance the client's sense of control over the situation. In these cases the workers' efforts were directed at two types of empowerment activities: seeking input from the client about the goals of the case, and educating the client about the system, the legal procedures, and her rights. As described by one client,

She asked me what I would like to do; she didn't just tell me what to do. She asked what I wanted, and I told her I wanted a long-term agreement with her [a friend's] mother--maybe eighteen months--

because thirty days wasn't enough for me to get into a program. And if she does adopt my kids, then I know that I can see them anytime. This is like my family; it's like they adopted me. But I don't want to have to give my kids up--it would hurt me so much...With my daughter, she gave me every option to keep her, and told me my rights and everything. And she got me to work better with other workers.
[C-12]

In another situation a client described how the worker helped her with the court process, explaining what the judge was saying so she could understand the outcome of the procedure. As presented in a previous section, clients perceive knowledge as a form of power that enables them to take a more active role in decision-making for their own lives and for their children. Thus, information-sharing and education of the client are crucial if there is to be an emphasis on shared responsibility for the outcome of the case or on partnership and participation. All too often, however, clients described ways in which they were excluded from the decision-making process. For example,

The first one [baby] wasn't no problem when I was getting high. But the second one was a real problem, because they took that one away without even letting me get to be with it, without trying to help me. She was under a pound, and they took it right away. The way they went about it was bad--they didn't tell me how my kid was--and that's bad for someone on drugs. They just gave up on me.
[C-5]

No, we had no input. They only choices we had are that they gave us a list of agencies for our son, and we were allowed to choose which one to take him to, and the same thing for my counseling and my husband's...Well, I know they're out to take care of children, but I think the parent should also have a say. The kids get to where they are because of a parent. If my son is such a well-behaved

child, then how did he get that way if not through the parent? [C-11]

Another client described how she had cooperated with the worker but was given no chance to remediate the problem before a petition was made to the court for neglect. The client insisted that despite her drug addiction, her children were cared for by her parents or her former husband when she was unavailable and that there was never any question regarding the welfare of the children. Instead she felt like control was taken away from her, and she had no input because of her problem with drugs. Although the action of the worker helped her accept the need for inpatient treatment, the client was embittered about the betrayal and the sense of having no control over her life. Her description of the situation follows.

CLT: I don't understand why she would take me to court.

INT: Did she explain why?

CLT: No. She did recommend inpatient treatment. But I never knew why she took me to court. My kids were well cared-for. If they're going to keep the family together, then they need to at least give the parents a chance first, before going to court.

INT: Did you feel you were given that chance?

CLT: Not the way she wrote up that evaluation. She didn't sit down with me and let me try to straighten things out before going to court. [C-7]

There was a solid consensus among workers regarding the importance of empowerment, self-determination, and providing the client with an understanding of the legal requisites of the case, as well as the negotiable aspects of the client's mandated involvement. Rooney (1992) suggests five necessary

components of the worker's intervention with mandated clients: 1) encourage client to state the cause of contact from his/her viewpoint; 2) provide a description of legal, non-negotiable requirements; 3) review negotiable options, alternatives, and consequences; 4) provide an explanation of client's rights; and 5) review free choices. (p. 159) In contrast to the clients' perceptions of disempowerment by the child protection system, workers attested to their use of each of the empowering actions listed above, as exemplified in the excerpts provided below.

But first I present all possible options and consequences to the client. I'll say, "The Agency is involved in your family because there is evidence that some abuse has taken place, but you do still have certain options in your life. Then I'll discuss those options...You do have to use authority, but I try to pose it in option form so the choice is theirs; I think this is a more empowering approach. [W-2]

Some of the workers are very tough, very aggressive with the clients, very authoritarian. But I think whenever you can, you need to give them a choice, no matter how small it is, even about the hour of the meeting, if that's important to the client. When I first contact clients I'll ask, "Is it difficult for you to receive calls at work?" So they know I am considering their needs. I also try to help them understand the consequences of their behavior so they can make better choices. For example, I'll say, "if you're thinking about making a big change in your life, we should get together and discuss it so I can let you know the possible consequences of that decision." Then even if I had to file neglect, it was because of behavior that they had a choice about. This helps to empower the client. On the other hand, if you don't empower the client, you take away their initiative...I try to get the client's opinion about what else would be helpful, to encourage them to carry through on what they need to do...There should be an emphasis on self-determination. You can't make these people do

anything. You need to help clients become motivated and then do for themselves. [W-6]

I like to work with clients as a team. I ask for their opinions whenever possible. For example, if they are denying the problem, I might say, "What do you think? Why would someone say this about you?" You have to work with the client. If you just stand there as a dictator, it's not successful. [W-7]

If the clients feel they have some say in all of this, they seem to be more motivated. I think that a lot of clients feel everyone else is controlling their life, mother sister, boyfriend, the system, welfare, and now me, another worker. So negotiating can be very helpful. It gives the client a sense that she may have at least a small bit of control over what's happening. [W-8a]

In a subsequent interview, this same worker continues her discussion of the client's need for some sense of control over what is occurring in her life.

With one client two years ago, I brought things for her daughter because she was in need. She was on welfare and had a history of drugs. Well she, in return, brought me clothes that her daughter had outgrown so I could pass them along to others in need. She washed them and got them in good condition, but I would have taken them even if they were filthy--it was her way of giving back and having some control, and not being so dependent... I'm very much into having clients feel that they are in control, that they have some power, in order not to foster dependency, and to really help families. Even in drug cases I'll say, "You can continue to take them, but here are the consequences; it's your choice." Or I might ask the client for his or her input by saying, "Do you think you have any issues that we need to discuss?" This way I try to get the client to initiate discussion of some of the problems, so it doesn't all come from me...Often when the client is resistant, I try to negotiate the involvement of [the agency]. For example, I'll say, "If you do this, we can close the case." But generally, you've got to really try and work on the relationship and use it to empower them and get yourself out of their lives. [W-8b]

There were numerous other examples from workers of their attempts to empower clients or at least to elicit some participation by clients in the change process, probably based on their recognition that without the involvement of the parent, no real benefits can occur in the family. Some discussed how they employ service agreements to help clients set goals, recognizing that without input from the client the agreement is futile.

I find that if a client is involved in their own service agreement and treatment plan, then they're more apt to follow through. I'll say, "Here's what the agency requires. What do you wish to add?" Or I'll say, "I think you and your son need to go to counseling together. Do you have a preferred agency that you know of or have heard of from other people? If not I can suggest an agency, but you need to go for counseling." Or with drug treatment, I ask if they know of any particular program they'd like to choose. It's important to give them whatever choices are possible to try to get them to follow through. [W-16]

One worker presented an interesting tactic in which she strives toward empowerment of the client, but recognizing that these efforts sometimes fail she implements a back-up system or contingency plan from the point of the initial contact.

I try to let the clients know that I'm not judgmental. "And I don't know what's best for your family or your life--you do. But we need to work on it together." But I let them know right at the beginning, "If it doesn't work with you, then I need to be able to place the child with a family member," so that's why I get the names and numbers of the family members right in the first meeting. [W-15]

In response to a question concerning the most effective strategies used by workers to deal with resistance, one worker

was quick to answer "Empowerment." But she also qualified her response by discussing some of the frustrations that are experienced when attempting to help clients assume responsibility for their own lives.

Empowerment is very important. I try to give them the opportunity to do what they need on their own, but then it gets very frustrating when they don't follow through. Some of them really don't want to be empowered. Some would simply rather slap on their robes and sit in front of the T.V. all day--you don't have to do anything then. And the kids will survive. It's not great, but they'll survive. These parents don't put much effort into their lives. [W-11b]

What is particularly striking in reviewing the material on empowerment are the numerous discrepancies between clients and workers' descriptions. First, the minimal discussion by clients about ways in which they feel empowered by workers contrasts significantly with the fullness of description by workers of their activities related to empowerment functions. Second, the perception by workers about the importance of such decisions as where clients receive counseling services or drug treatment was not validated in the statements by clients. In fact, some of these choices appeared inconsequential to clients, relative to their generalized sense of loss of control. Clients seem to feel that workers' efforts at empowering them are not always genuine or meaningful within the scope of the larger involvement by the agency in their lives. In effect, the sense of powerlessness created by involuntary interaction with the child protection agency seems to dominate all other aspects of the early interaction with an

investigative worker.

Finally, one has to wonder if other workers tend to agree with the practitioner quoted above who claimed that "Some of them really don't want to be empowered." In other words, are workers merely going through the motions of seeking input and participation by the client without being fully committed to the concept of partnership. And further one questions whether, similar to the situation in Great Britain, empowerment exists more as a philosophical orientation than as a practice modality that guides the worker's activities in all phases of the work with involuntary clients. A true commitment to empowerment entails education, partnership, participation, commitment to collective action, and the use of a competency-based practice model (Maluccio, 1981). It also involves redistribution of power and a reorientation of both worker and client to the use of authority in professional relationships. Based on the findings of the present study, these elements of service delivery have yet to be implemented on a consistent basis in the practice of the child protection worker.

Social Exchange

A fourth consideration in working with involuntary clients that was demonstrated in the data concerns the notions of reciprocity and exchange in professional relationships. In practice, these concepts have tended to be overlooked,

especially in relation to the involuntary client, whose involvement in services was not typically viewed as reciprocal or negotiable. In recent years, however, there has been increasing recognition that coerced relationships with clients are not productive (Cingolani, 1984; Fischer & Ury, 1983; Kenemore, 1987; Mayer, 1985, 1989; Rooney, 1988, 1992; Specht, 1986). And there is also growing support for the use of negotiation and bargaining (Murdach, 1980; Mayer, 1985, 1989; Rooney, 1988, 1992; Simons, 1985) as forms of influence considered by clients to be more palatable than the forced acquiescence which has prevailed as a *modus operandi* in child protective services throughout much of its history.

The notion of exchange in social service provision is founded on the principle that clients and workers engage in "a process of reciprocal influence in which they attempt, with varying skills and success, to gain as much benefit as possible for themselves" (Murdach, 1980, p. 459). The worker-client relationship is understood as an ongoing exchange in which calculations are continuously made by each party to determine the relative rewards and costs of involvement in that relationship. And according to Longres (1990), "unless exchanges are fair, social interaction will falter" (p. 376). Such exchanges might consist of concrete or symbolic resources for the client, while in return the worker obtains cooperation, compliance, loyalty, and/or recognition of his or her professional ability. If the client does not feel

adequately rewarded, however, the worker will most likely encounter resistance, obstructionism, or perhaps a pretense of compliance, each of which successfully maintains distance in the relationship and usually precludes the achievement of positive outcomes.

Therefore, it is important that the worker be able to offer some form of reward or inducement to the client for his/her involvement. Specht (1986) presents Foa and Foa's typology comprising six categories of resources exchanged in interpersonal transactions: love, status, information, money, goods, and services. Examples appear in the data of workers using each of these types of resources in establishing exchange relationships with clients. Love is provided through demonstration of caring and responsiveness to the client's need for nurture; status is conveyed through positive regard, respect, and esteem for the individual client; information is given about services, programs, coping skills, and parenting skills, and education is provided concerning clients' rights and court procedures. Although money is not actually exchanged, workers often assist clients in accessing entitlement programs that involve income transfer. Goods are provided by workers through the Covenant of Care organization that contributes food, clothing, furniture, and other concrete resources. In addition, some workers donate their own items to clients as they discover unmet needs. And finally, services are offered both indirectly through such means as

referrals for counseling, Parents' Aides, or drug treatment, and directly through advocacy and help with transportation needs, employment, housing, and obtaining medical care.

In almost every instance, the clients and workers both attested to the fact that the relationship benefitted because of the range of resources provided to clients. On the other hand, when clients merely viewed the intervention as punitive, and therefore costly, the relationship did not develop. Likewise, workers who initiated the relationship expecting some form of exchange or reciprocity and found the client difficult or "unmotivated" often reverted to a more legalistic, authoritarian, or even coercive means of securing compliance. However, some workers seem to persist in offering help despite the seemingly negligible response on the part of the client. One worker described two such situations.

For example, I go to a foster home where there are so many problems that the placement is on the verge of disruption. But recently the foster mother said the child hadn't had a medical card in three months. So first I drove all the way back to the office to demonstrate my willingness to meet her halfway. And then I said to her, "You're telling me you have a lot of problems, but how can I be most helpful?" [W-6]

There's one family with no medical services for the kids for three years, and no one has taken steps to file neglect. Because the mother is so resistant and uncooperative, nothing has moved on this case. She had three workers before me. So I walked in (and this was the most authority I've used since being here) and I made it very clear that I wasn't going away or going to give up like the other agencies or workers, that I would make two home visits every week until we reached our goal or removed her kids. I told her she was "this close" to losing her kids. I asked her, "Do you love your

kids?" and then she started to cry. So I said, "We are going to court for neglect, but maybe if you cooperate with me we can show the judge that you are willing to work at this. I'll get you a calendar, or transportation, or whatever you need to make the effort." I also helped her look at whether she could manage her time better to put more order in her life. So I've made fifteen unannounced visits and she let me in every time.
[W-6]

While this case clearly represents the use of coercive authority, it combines the worker's use of constrained choices with a genuine capacity for helpfulness and concern and negotiated intervention. Through the client's increasing cooperation in exchange for the help and resources provided by the worker, this parent was able to maintain her children at home.

Aside from the use of concrete and symbolic rewards, one of the most common vehicles employed by workers to establish an exchange relationship with clients is the service agreement or contract. Contracting is generally employed in social work practice to encourage client input and self-determination, to enhance the client's motivation, and as a form of empowerment. Unfortunately, this technique is misused in many instances with involuntary clients and thereby loses its beneficial effect on the worker-client relationship. This often occurs when workers are under the impression that they are forming "contracts" with clients, but in reality they are merely presenting them with ultimatums. Contracts instead are characterized by negotiation, bargaining, mutuality, and reciprocity.

Rooney (1992) suggests that contracting should be employed to help clients understand both the involuntary as well as the more negotiable aspects of their involvement with the agency. In the "involuntary service plan" or "notice of agency intent" (p. 176) the worker identifies the non-negotiable requirements of the case, the client's rights, and the consequences for failure to adhere to the legal requirements of the case; however, this provides only constrained choices for the client. Instead, what Rooney refers to as the "semi-voluntary contract" (p. 178) includes the negotiable as well as the non-negotiable aspects of the case. This second alternative provides the client with the opportunity for input and the potential to develop a more rewarding and therefore satisfying relationship with the worker. Accordingly,

Pursuit of semi-voluntary contracts assumes that contracting is an *intervention process as well as a piece of paper* that goes beyond fulfilling external accountability requirements and "getting the goods" on mandated clients to become a powerful service method designed to enhance compliance, motivational congruence, and self-attribution. (Rooney, 1992, p. 178)

Although examples appeared in the data of workers' use of service agreements, most referred to the involuntary service plan that is one-sided and simply consists of the worker's expectations of what the client will do to avoid legal action or to present a more positive picture to the judge once legal action has been initiated. For example, in one excerpt a worker described the contract as outlining "what needs to be

accomplished" and stated that "the case will go to court if the client fails to carry through on the agreement." [W-1b] Another worker spoke about the service agreement as useful "so that we are very clear about our expectations." [W-2] And a third worker said, "We also try using service agreements to get the clients to do what they need to." [W-12] In contrast to these statements, three workers described reciprocal service agreements that incorporate clients' goals and ideas for how the work should proceed.

The service agreement allows for client input. You can use the service agreement to allow the client to prioritize problems. [W-7]

But if you use a service contract, you have to make sure it represents their goals, or it won't go anywhere. [W-14]

When I do a service agreement--and I do them with all of my clients--at that time we set goals together and try to keep them realistic. But I also tell the clients that if they don't comply with the agreement and the necessary referrals, then we have to file a neglect petition. [W-16]

While contracting with involuntary clients provides at least a semblance of building reciprocity into the involuntary relationship, one has to question whether in most cases this is actually the objective of such negotiation. Is it meant to provide incentives and to build a positive reward structure, or in fact, is the negotiation process simply used as a means of representing to clients the expectations of the agency, the legal consequences for failure to comply, and finally, the ultimate control and authority of the worker?

EDUCATION FOR MANAGING THE INVOLUNTARY RELATIONSHIP

To learn more about how social workers are prepared for investigative work with involuntary clients, the practitioners in this study were questioned about their educational backgrounds. Fourteen of the sixteen workers who were interviewed either have completed or are nearing completion of their MSW degree. Of these fourteen respondents, six individuals had also earned the BSW degree. One worker from the sample had completed only the BSW degree, and one worker had earned a BA degree in a related discipline. The respondents were purposefully selected based upon their educational backgrounds, in part, to understand how relevant social work education is to working with involuntary clients.

Generally, the practitioners were able to cite particular concepts and theories, professional values, and skills learned in their educational programs that they find helpful in their ongoing work. Examples of such comments follow.

Learning about assessment and treatment planning were very helpful. My writing has become much more concise and professional. [W-1a]

Well, I'm halfway through my MSW program and I don't know how you can do this job without a social work background. It helps you see the client as a victim who needs help herself; then we're not just acting as a punitive system. I've learned to ask questions such as, "Did you ever have a situation like that when you were a child?" And this can help the client understand the situation better. [W-2]

I think that my social work education helped with this work, although not really. The brief treatment and crisis intervention courses were the most helpful. [W-5]

The family systems model, the dual perspective, and the eco-systems model have all been very helpful as theoretical approaches. [W-8a]

This same worker was interviewed when she was just completing her MSW degree in 1992 as part of the pilot project, and again in 1994 during the main part of this study. In her second interview, the respondent spoke about how she was much more aggressive in her earlier work than her current investigations. When asked by the interviewer what caused this change, she stated:

My own personal growth and my social work education which I completed two years ago. That helped me see the client differently and to use myself differently. Now I try to assess where the client is and to be in tune and on target, or else I know I won't get anywhere. I find that it's important to relate some of your own personal issues that will build some common ground with the client and his/her experience. Also, I've learned to move from the concrete to the feeling level. You have to start with the concrete and then move to feelings to help build the relationship. For example, in work with a mother and her acting out teenager, I say to the teen, "Me too, I had some of the same issues and feelings at your age." And then I might share some of my own experiences as a teenager. [W-8b]

Another worker similarly described some of the changes that she underwent following completion of her graduate degree in social work. Below are excerpts from her first interview in 1992 and a follow-up session in 1994. At the time of the first interview she had completed her BSW degree and some coursework towards her MSW degree; her MSW was finished shortly before the second interview.

The generalist background was very helpful, but there wasn't a lot of preparation for working with

people who want to slam the door in your face or throw orange juice at you. [W-11a]

What I found after going through the MSW Program and learning the skills of clinical work is that it's a different way that I've learned to talk to clients, to understand them, and to listen to them, that there's more underlying the problem than just what appears on the surface--money problems, housing, kids with ADHD--and the parents don't understand these things with their kids. Their patience just isn't what it needs to be for the special problems that so many of these kids have. [W-11b]

Despite the perception that their social work education had prepared them in general ways for employment in child protective services, the practitioners were in almost total agreement that they needed more specific preparation than they had for working with involuntary, resistant, potentially volatile clients. Several expressed that the educational content was idealistic and removed from the reality of their work, or that the emphasis was on voluntary clients and therefore not related to their actual learning needs.

In grad school they pushed therapy. They knew I was at [the agency] and just assumed that I would do something different after school. School was idealistic, and I was too. The coursework isn't always applicable to the real world; it's much tougher in reality. [W-1a]

The MSW program should have more emphasis on working with involuntary or mandated clients for those students who are in that kind of work setting. There should be more scenarios or role-plays with resistant clients. [W-2]

INT: Do you feel that your educational background prepared you for work with involuntary clients?
WKR: Not the greatest. In MSW programs we're not talking enough about what's happening on the streets in reality. [W-3]

I think education is always helpful. But for this kind of work, it should focus on noncompliance, the reasons for it, and how to work with it. [W-4]

But the most important feature that should be emphasized is knowing your job, and especially your authority. In some ways you have to go about it differently here. You see most of social work is set up for dealing with clients who are voluntary--clients who feel they want or need or lack something; 99% of our clients want nothing from us. So you have to learn very strong skills of engagement--attempting to establish a relationship with people who don't want you there. And you also have to learn to deal with the stresses of the job and to savor your victories, because there aren't that many of them. [W-5]

There should be an emphasis on self-determination. You can't make these people do anything. You need to help clients become motivated and then do for themselves. Also, advocacy is important. You need to be able to say to other agencies or schools or clinics that their services aren't accomplishing what they think. [W-6]

But there was no specific education for this kind of work. The educational system says to go in nicely to engage clients and never raise your voice. That isn't always realistic in this work. We had only one or two articles on the involuntary client or on working with resistance. We could have used a whole segment on it. And it also would be useful for workers in other fields. [W-8a]

No. My educational program did not prepare me for it and I'm not sure how it could have. I don't think there was one course or even one unit or even one class that dealt with resistance or involuntary services. [W-9]

Those with a social work education seem to approach the client in a more helpful manner...There was some mention of involuntary clients...But there should also be more emphasis on how to engage involuntary clients and what to expect out in the field. [W-12]

No, there was nothing about child protective services. Actually, I did have one class on the basics of families and children with one unit on working with child abuse, but it seemed somewhat

outdated. It wasn't in touch with what is actually going on in the community and on the streets today. [W-13]

One worker stressed the fact that all professionals--not just protective service workers--should be educated to work effectively with involuntary clients so that as these clients are referred to others in the practice community they will also be competent and willing to intervene with reluctant clients.

I went through a BSW and an MSW program and neither one prepared me for this kind of work. But both should, because even if you're in a clinical setting, you are dealing with some nonvoluntary clients and those professionals usually are not that skilled in dealing with this population. I'm talking about the therapists to whom we refer our clients; so many of them just don't want to or can't deal with involuntary clients. And then those clients are right back in our hands. [W-14]

Among the most important aspects of social work education that this group found missing were techniques of engagement for involuntary clients, strategies for dealing with resistance, noncompliance, and the realities of work in the community, use of one's authority, and empowerment skills. Interestingly, the last respondent was the only worker in the sample population to mention that learning to work more effectively with involuntary clients should incorporate the views and ideas of the clients themselves about how to provide services in a more helpful and productive manner.

I think it's [social work education] more oriented toward voluntary. In some classes we role-played and talked about field experiences, but the curriculum is more oriented toward voluntary services. It would be good to have a whole course

about work with involuntary clients. It would also be helpful to hear from the clients what would be helpful to them. [W-16]

SUMMARY

The professional literature of the 1970s (Fischer, 1973; Wood, 1978) suggested that "nothing works" with involuntary clients. However, recent research, and the findings of the present study in particular, are beginning to uncover various interventive strategies that may prove more effective than Overton's (1952) "aggressive casework" and other authoritarian approaches to the provision of mandated social services. Four strategies appeared in the data for managing the resistance that workers so frequently encounter in child protective investigations. Each of these strategies deserves full consideration in the process of developing new techniques for working with involuntary clients.

The worker's presentation of self, his/her responsiveness to the client's basic needs, the use of empowerment strategies, and attempts to establish reciprocity and mutuality through the formation of exchange relationships all represent efforts to redefine the role of the worker in relation to the client. Through the use of these techniques, the worker is able to communicate a more egalitarian, helpful, and caring stance that encourages the client to participate more fully, to have input, and to begin to reassume some control over her life. In contrast to a system of authority that simply demands compliance, these alternate methods of

intervention have the potential for emphasizing strengths over pathology and for building competence in clients' functioning.

The findings from the present study further demonstrate that social work education needs updating in teaching methods of practice with involuntary clients. Unwilling clients comprise a large segment of the population served by social workers, and to date there has been limited curriculum development in this area. The four strategies listed above provide a beginning foundation for curriculum building on the topic of social work practice with clients who are mandated to receive social services.

Chapter IX

CONCLUSION

THEORY DEVELOPMENT

The struggle between practitioner and involuntary client over the formation of a working relationship has been inadequately conceptualized in the social work literature to date. Despite the recent appearance of two books and a handful of articles on the subject of social work practice with involuntary clients, there remains a severe shortage in the accumulation of knowledge, professional understanding, or even practice wisdom that informs the interventive efforts of social workers as they initiate services with mandated, and most often reluctant, clients.

Research concerning social work practice with involuntary clients exists in its embryonic stage as interest in the subject matter is only beginning to evolve. While the most apparent reasons for such a deficit have already been cited, it should be emphasized that involuntary clients presently comprise a considerable and even significant portion of the population served by social workers, especially within the public sector. Therefore, the continued avoidance of such exploration and investigation of this realm of practice may eventually have detrimental effects on the social work profession and its role within the public social service

system. It is common knowledge that child protection workers contend with frequent criticism and bad press related to what is often judged ineffective practice in the area of child maltreatment. And not only is such criticism proclaimed by the media and the public at large; similar reproof can be heard from other social workers, notably those in hospitals, schools, and community agencies, whose collateral relationships with the child protection system are often problematic from the outset.

In addition to the demand for expanded investigation on the topic of involuntary services in general, there is the particular need to include the voices of clients in any research endeavor. As previously noted, input from the consumers or recipients of social services is rapidly becoming recognized as a necessary--no longer merely a desirable--facet of the theory-building process. This need has been asserted periodically in the social work literature (Cingolani, 1991b; Diorio, 1991; Hartman, 1992; Hutchison, 1987; Maluccio, 1979; Mayer & Timms, 1970; Pelton, 1982), but the response has been slow, partly due to the concurrent difficulty of accessing involuntary clients while protecting their privacy. Somehow these obstacles need to be managed and overcome in an effort to build a more complete and more representative knowledge-base.

Recently, Saleeby (1994) explored the link between theories of practice and the construction of meanings by

individuals. He reminds practitioners of the importance of remaining open to the client's construction of meaning as opposed to accepting what is presented by theoreticians as "global truth" (p. 358), which tends to subjugate a multiplex sense of reality. This focus is especially pertinent to work with involuntary clients. To attempt to engage them in what they generally perceive as a punitive, adversarial process, one needs to listen more carefully to their stories, their narratives, and their constructions of meaning. Eventually, this openness can lead to an enhanced understanding of the ways in which actions and reactions occur, and only in this way will productive interventions be possible.

The research project described here represents an attempt to further the process of exploration in the realm of involuntary social work services with mandated clients. The voices of both clients and workers were elicited to achieve a balanced conceptualization of the engagement process within the child protection system. However, while a qualitative method of study provides in-depth, descriptive knowledge about people and their experiences, it cannot pretend to generate proven theory. In the case of this endeavor, as in most qualitative studies, the sample size was relatively small (thirteen clients and sixteen workers); the selection of subjects did not employ probability strategies to ensure representativeness; there was no control group; a single method of data collection was employed; and objectivity was

limited due to the use of a single researcher who conducted and analyzed all of the interviews. Despite such methodological weaknesses, and the inability to generalize beyond the scope of the study, there are important findings from this project meriting discussion and further investigation in future research.

DISCUSSION OF MAJOR FINDINGS

The involuntary social work relationship has been depicted in the literature as one of the most challenging and difficult treatment situations encountered by social workers. While the results of this study generally concur with that appraisal, it was also revealed that three distinct outcomes are possible following the initial phase of contact between worker and client. Specifically, some of the relationships with involuntary clients never develop beyond a hostile and resistant or superficially compliant type of interaction; other involuntary relationships appear to take on a more neutral orientation in which the client seems to accept the intervention of the worker and complies, at least to a minimal extent; and in a third category are involuntary encounters in which the client moves from a position of resistance to one of cooperation, compliance, and actual investment in the worker-client relationship based upon belief in the potential for deriving help from that interaction. It was the last group that produced the most interest in this study because,

as one might suspect, this represents the ideal outcome of interventions with involuntary clients. It was hoped that the results of this study would provide a foundation for understanding how this third type of outcome occurs, thereby contributing to the development of practice theory about strategies for engaging the nonvoluntary client in a productive, working relationship.

In an effort to uncover what elements in the involuntary encounter facilitate movement from an adversarial to a more cooperative relationship, workers and clients were asked numerous questions about their experiences in the mandated service situation. The focus of inquiry dealt primarily with the respondents' interpretations of the involuntary encounter and the themes of worker authority and client resistance or compliance. In each of these categories, the findings provide new insight into the involuntary relationship from worker and client perspectives and also provide new understanding about the complexities of the role of child protective service worker.

Exploration of various experiences with the involuntary situation produced an overall sense of constrained choices, both on the part of clients and within the functioning described by workers. Yet, areas of contrast are also noted in the responses of clients and workers. Similar to findings by Maluccio (1979), clients' recollections of their initial encounters with workers were fraught with emotional content:

"It is as if the initial session is an intensely meaningful life experience for the client, while for the worker it is an ordinary part of the job--another moment in time or a ritualistic activity" (p. 61). Parents described their feelings of being on display to the world, of losing the right to identify the source of their own problems, and most importantly, of losing control over their lives and their children. A sense of disempowerment was vividly detailed as parents discussed the child protection investigation process. Many felt that their status as parents and their sense of competence and self-efficacy were seriously undercut. Several of the parents indicated that their only remaining choice concerned whether to resist the interventive efforts of the worker or to comply with the demands being made upon them by the larger authority of the State, as represented by the worker. At best, it seemed to most parents like a no-win situation.

The workers described their own frustrations with a system in which they too feel disempowered. But while clients are struggling with issues of survival and family unity, the workers' sense of powerlessness relates more to the role of social worker in a setting characterized by social control and the constraints they feel in their capacity as helpers. Having been trained in social work education settings that emphasize the use of support, empathy, and therapeutic intervention, these workers find that their employment

experiences contrast significantly, in many situations, with what they were taught. In particular, they discover that they are resented as investigators, rather than being appreciated as helpers. And their primary function, investigation, is viewed as more similar to police work than social work, causing serious obstacles in any efforts to establish helping relationships with clients.

Yet, despite initial impediments encountered in the capacity of investigative worker, most of the workers who elect to remain in this unit are able to resolve the inherent role conflict and somehow integrate their social control and therapeutic functions. Some even expressed enthusiasm in their descriptions of the work and gave hints of optimism about the outcomes of their efforts, despite the impossibility of forming traditional therapeutic relationships with their clients. There were also disparaging remarks made by other workers. For example, a relatively new master's level practitioner stated, "Almost nobody wants to stay in Investigations after finishing the Master's in Social Work; they all look for an opening in the Treatment Unit after that," while a more seasoned worker noted, "The MSWs have a high turnover, because there's no clinical work here; for that matter there's not much social work here." There seems to be a natural process of self-selection that determines who will remain and which workers will seek employment elsewhere. In future research it might be fruitful to examine more closely

the characteristics and personality qualities of those who continue in investigations work as contrasted with those who seek alternate employment.

Investigation into the use of authority produced both similarities and differences in the responses of workers and clients. Both groups of respondents recognize the centrality and impact of the role of authority in the beginning phase of work with involuntary clients. Due to the legal mandate, necessitating that investigations take place within a prescribed time frame and in a requisite manner, the authority of the State is already present at the outset. But how the worker utilizes and applies that authority can have a major impact on the case outcome. Initially, both clients and workers were quick to interpret authority as a negative aspect of the interaction, probably due to the cultural norms of American society that tend to reject the notion of authority, on general purposes, as unnecessary use of power. As the interviews with both workers and clients proceeded, however, it became apparent that authority was employed sometimes as a coercive and punitive force, but also as a mechanism for interpreting and enforcing the legal requirements of the case, as a means of providing necessary information and rewards, and finally, as a source of positive influence over others through the use of referent power (French & Raven, cited in Mencher, 1960). Thus, positive and rewarding applications of authority were uncovered in addition to the more authoritarian facets of

the worker's role that are generally associated with practice in a context of social control.

While the results of this study support the typology presented by French and Raven (cited in Mencher, 1960), they also reveal some other interesting findings related to the application of authority in social work practice with involuntary clients. For example, the type of authority used by the worker at the initial contact was perceived in a considerably different manner by workers and clients. While workers spoke of rarely utilizing threatening approaches at the outset with parents, the clients in this study described frequent coercive and punitive actions taken by their workers, especially in the beginning phase of contact. In such circumstances, clients often responded with resistance toward the worker as their only means of reassuming control over a situation in which they felt powerless.

Further, what emerged as one of the most important findings in this study was that clients tend to view the worker's actions as falling into one of two categories, perceived as diametrically opposed to one another. These contrasting approaches include authoritarian behaviors, on the one hand, and supportive action on the other. Most clients indicated that the investigative worker began with an authoritarian approach, involving accusations, threats, and coercion. Some clients indicated that this negative approach later evolved into a more supportive, empathic, and generally

helpful interaction between worker and client. Other clients described the differences between two or more workers using these same criteria. With workers who were viewed by the client as concerned, understanding, and capable of providing help, the client was generally more willing to engage in a cooperative endeavor to effect change in the conditions of family life. On the other hand, when workers were evaluated as authoritarian, demeaning, punitive, or threatening, there was little chance of cooperation, and resistance, rather than compliance, was most often the client's chosen response. Hence, the findings of this study reveal an association between the client's evaluation of the worker's approach and the subsequent formation of a working relationship.

Another finding that emerged from the data concerns the methods of influence employed by workers to reduce the level of client resistance and to encourage parental compliance with the investigation process. The first form of influence that both groups of respondents identified as effective in persuading the client to cooperate rather than resist was the use of clear, nonjudgmental, and neutral communication by the worker to inform the client of the actual consequences and legal repercussions of his/her present behavior. Several clients described their eventual cooperation with the demands of the worker as based upon their firm belief that they would lose their children if they refused to comply. They explained that as they gradually accepted the gravity of their situation

and their powerlessness in relation to the authority of the State, they yielded to that authority in an effort to preserve the unity of their family. A few clients found this capitulation helpful as they finally were able to come to grips with their need for treatment; others expressed continuing resentment over the coercive nature of the child protection system and the limitations on their freedom and their right to make decisions. Most of the clients who reported that they eventually received some type of help--usually in the form of drug treatment--agreed to the intervention only because of their fear of the consequences of noncompliance.

Workers also identified this direct communication and information-sharing as important facets of the work. Some practitioners view these as central aspects of the empowerment process. Hutchison (1990) underscores the need to "inform involuntary clients of the thresholds at which coercive action will be initiated" (p. 63), reinforcing the importance of confronting clients with the reality of their situations. The worker's frustration occurs most frequently, however, in volatile cases where there is no room for rational discussion of the client's behavior, of the potential consequences, or of the need for cooperation to avoid legal action; nor is there any possibility of negotiation over the terms of worker involvement in these situations. Rather, the worker encounters such hostility at the initial contact that open communication and persuasive techniques cannot even be

attempted. Often such conditions deteriorate to the point at which the worker resorts to the use of threats as leverage to "break down" the client, producing fear instead of hope, and resulting eventually in severe resistance or an alienative form of compliance that was not judged terribly effective in the achievement of case goals. Although workers spoke of the ineffectiveness of such authoritarian means of intervention, many feel unable to change their approach with the more resistant clients. They assert that with these individuals it would take more time than is available in the investigation phase of service to defuse the situation to the point where any form of positive interaction could occur.

Inducement was another strategy identified as especially helpful in work with reluctant clients. Offering concrete resources, services, and even symbolic rewards is generally accepted among workers and clients as an effective means of beginning the relationship. Many protective service clients are in crisis at the point of intervention and are particularly open to any form of help that might be offered. The use of incentives to influence clients has been well documented by Simons (1985) and the proponents of social exchange theory. But in social work practice with legally mandated involuntary clients, one has to be particularly concerned with the vulnerability of the client, the power differential, the potential for creating dependency, and the questionable effect of incentives over the longer term.

Numerous ethical concerns underlie the use of inducements to achieve the cooperation of the mandated client. Nevertheless, the clients' message was clear that the interpretation of genuine concern on the part of the worker and the provision of actual help are effective in ensuring the client's cooperative participation in the investigative process.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Based upon the understanding of these dynamics in involuntary relationships, several basic elements of the worker's approach become central to the success of initial encounters in child protective services. First of all, practitioners need to recognize the continuum of voluntariness that exists among clients. Viewing recipients of service as belonging solely to the category of voluntary or involuntary clients is not helpful in attending to their individual and specific needs as these arise in the course of treatment. Social workers need to understand how all clients--even mandated clients--tend to move back and forth along this continuum of voluntariness based upon their evaluations at any point in time of their own situations vis-à-vis the state agency and also based upon their interpretations of the worker's intentions as potentially helpful or punitive. In this regard, ongoing assessment of the client's responsiveness to intervention is crucial to case planning. And as variations are noted in the client's level of voluntary

participation, it is helpful for practitioners to respond by employing different types of interventive strategies appropriate to the client's demonstrated level of resistance or cooperation.

Second, there is the need for the worker to attend to impression-management while initiating contact with a mandated client. If he/she is evaluated by the client as a helper, rather than simply an enforcer, there is greater potential for eliciting compliance and cooperation. Too often it seems that workers are focused solely on assessment of the client and her problems, with minimal attention paid to the client's perception of the worker and his/her intentions. However, it is essential to reinforce the transactional approach to building relationships with clients, emphasizing that the engagement process is dependent upon the worker's actions and reactions, as well as such elements as client motivation and receptivity to intervention.

Further, the use of effective communication in discussing the conditions of the case can help the client fully understand and make informed choices about her situation. While confronting the client with the reality of her predicament, the worker is also able to discuss options and negotiable aspects of the case, in addition to the legal requirements to which the family must adhere. Such communication between worker and client can serve as a form of empowerment, providing necessary information and enabling the

client to take a more active participatory role in the outcome.

Although a few workers reluctantly admitted that they don't always inform the clients of their rights, it must be recognized that this is unethical practice. Clients who are expected to take an active role in the amelioration of family problems need to be educated fully about their rights, their prerogatives, and any options that exist for client choice. Ethical practice must be protected despite the urgency to complete a risk assessment, and despite the potential for inconvenience or loss of "implied authority." Only through ensuring that clients are fully informed can they be protected from a paternalistic and disempowering system that threatens to abrogate their civil rights.

Moreover, the importance of exchange relationships was emphasized in the data, focusing upon the client's need for greater rewards than costs deriving from the interaction with a child protection investigation worker. To ensure some element of exchange in the worker-client relationship, early assessment of the family should include ways in which the worker might be able to provide concrete help, emotional support, positive reinforcement, or other tangible and symbolic rewards to assist in the engagement process. Without a preliminary foundation of trust, which is often dependent upon the worker's ability to provide some form of help, little can be accomplished in the initial investigation.

The importance of a nurturing element in the client-worker relationship was fully documented in the data from this study. However, this element poses a dilemma for workers in relation to the nature of their practice; for it is in the realm of meeting clients' basic survival needs that the potential for developing a dependency relationship is highest. The fear of creating dependency in the worker-client relationship causes some practitioners to avoid responding to the client's need for nurture. Yet, the clients continue to emphasize the importance of having their most basic survival needs met. This finding agrees with results from a study of permanency planning outcomes by Fein, Maluccio, Hamilton, and Ward (1983).

Workers need to be concerned with maintaining a balance between providing resources directly and helping clients to develop resources on their own to ensure future capability in problem-solving. Entrapment should not be employed in any circumstances to gain the trust, confidence, or cooperation of the client. Open communication about the status of the case, the legal repercussions, and the expectations placed on the client for producing change in her behavior must be coupled with any attempts to engage the client in a cooperative endeavor through the provision of tangible help, support, and nurture.

Finally, and perhaps most important, social work practitioners cannot ignore the effects of authority on the

worker-client relationship in mandated situations. Workers should be aware of the extent of authority and the types of authority available to them based upon their official positions within the state child protection system. Moreover, workers need to be cognizant of their individual attitudes toward the use of authority. As noted by Gourse and Chescheir (1981), "an uneasiness with the presence or use of authority raises important issues for clinical practice" (p. 68).

The results of this study demonstrate that differential uses of authority tend to have varying influences on the formation of a relationship with an unwilling client. Confirming the earlier findings of Gourse and Chescheir (1981), this research shows that the worker's use of authority has the potential for producing greater resistance on the part of the client or it may be instrumental in engaging resistant clients, thereby creating enhanced compliance with the worker's efforts to intervene in a helping capacity. For as much as authority so often produces fear and opposition, it also can be utilized to provide help and resources for clients that would otherwise be unavailable. Some authors contend that authority, used appropriately, may even have a "therapeutic" value, as exemplified in the advice given to child protection workers by Barry Friesen (1990).

Your ultimate power to remove a child can have a therapeutic effect all by itself. Awareness of this power can enable a parent to transcend the denial and resistance, and focus on the realities at hand. The courts sometimes use the presence of their authority in the same therapeutic way. Some judges

are adept at giving parents advice or direction from the bench, using the authority of their office to nudge parents in the right direction. (p. 28)

While such advice may be appropriate in selected cases, one needs to employ authority with great discretion and care to ensure that the means produce the desired ends, rather than creating an aura of power and influence that seriously reduces the client's ability to act on her own behalf. Concurring with Frieson (1990), several clients attested to the fact that the legal authority of the worker was, at times, helpful in creating movement where the individual was formerly stuck or immobilized. Thus, despite the potentially paternalistic nature of authority in the worker-client relationship, the use of authority as a form of leverage, not punishment, appeared in some cases to be the single motivating factor that was capable of moving the client in the direction of change. However as a caveat to this discussion, extreme caution and excellent training must be involved in the deployment of authority in social work practice due to the strong potential for abuse of power when authority and social control are incorporated into the role of the social worker.

IMPLICATIONS FOR SOCIAL WORK EDUCATION

All but one of the sixteen workers who were interviewed for this study had either a bachelor or master's level educational background in social work. Yet, the data reveal a strong consensus among workers that their educational

preparation was inadequate for the type of social work practice in which they are presently employed. Some workers spoke of acquiring skills and knowledge in their educational programs that could be applied generally to the investigative function, for example skills in interviewing, assessment, treatment planning, and crisis intervention; knowledge of family systems, the dual perspective, and human diversity; and finally, the use of empathy. What workers felt was missing, however, was an educational focus on the components of knowledge and the skills and techniques that are distinctly applicable to work with an involuntary client population, in particular, individuals who are mandated to receive services.

For the most part, workers viewed their educational preparation as more relevant to social work practice with voluntary clients, who initiate services with professional social workers to address various problems in living. While it can be argued that in fact most clients today are involuntary to one degree or another, the mandated client is a special case that presents a unique challenge for practitioners and therefore requires specialized knowledge and training.

Developing social workers need to be sensitive to the fact that different modes of intervention are required for working with clients on an involuntary basis. For too long the professional literature and the educational system have failed to make distinctions in the methodologies used with

populations who enter the system willingly or against their will. However, according to the results of recent studies about involuntary social work practice, it is clear that emphasis must be placed upon awareness of the political nature of the involuntary worker-client relationship (Diorio, 1991), the conflictual nature of that relationship (Cingolani, 1984; Murdach, 1980), and the presence of social control and authority in the involuntary relationship (Cingolani, 1991; Gourse & Chescheir, 1981; Hutchison, 1987). The results of the present study underscore, in particular, the need to educate social workers about the appropriate uses of authority and social control. However, in many social work educational settings a therapeutic approach is the preferred method, and such controversial topics as power and control, worker-client conflict, and the worker's use of authority are either avoided or dealt with only superficially. Such avoidance is not effective in preparing social workers for employment in the public sector.

Workers in the present study addressed the need to understand more about such topics as resistance, the nature of compliance and noncompliance, how to respond to hostile and potentially violent clients, and even matters of personal safety. Some of their main concerns were that as beginners they were naïve about the extent of the problems in the client population; they were nervous about initial encounters with volatile clients; they did not know how to utilize their own

legitimate authority as state workers; and above all, they did not know how to gain entry to homes that needed investigation if the clients were refusing to cooperate. Most indicated that they learned by trial and error. Yet, in a professional endeavor one's effectiveness should not depend on such an unreliable method of acquiring knowledge and skill. Rather, the educational system should prepare students to enter the child protection setting and other social control contexts without having to learn by experimentation.

In the conclusion to her own study of involuntary practice, Cingolani (1991) states:

Once we decide to prepare practitioners for work in such fields as child welfare, corrections and substance abuse, in effect we have already dealt with the ideological issue of whether social workers should play a role in social control. The need then becomes to develop analytical tools and practice approaches that will make that involvement as ethically responsible and effective as possible.
(p. 167)

In this regard, social work education programs on the master's as well as the baccalaureate level need to provide coursework that deals concretely with the continuum of voluntariness among clients and with the nature of social work practice with involuntary, and mandated clients in particular. Such coursework should incorporate content about authority and social control, the use of positive and negative sanctions, and their differential effects on the responses of clients. Students need to heighten their awareness of how they as individuals respond to authority in others and their own

ability to use authority in appropriate ways for the benefit of the client or for the protection of others who are influenced by the client's behaviors. Moreover, students should be taught to understand the nature of resistance and compliance and the ways in which the use of self-presentation techniques, empowerment and exchange strategies, and inducement can enhance the client's participation and involvement in the process of change.

AREAS FOR FURTHER RESEARCH

While the completion of this study represents one step in the knowledge-building process, it also provides a degree of "Socratic wisdom" (Berg, 1989, p. 151), thereby informing the researcher of what remains to be learned about a particular topic. For as much as this research points to the need for additional client input and enhanced knowledge about strategies for initiating contact with unwilling clients, it also raises more specific questions about the relative success of various interventive strategies in gaining the trust and cooperation of mandated clients.

This study has accomplished the goal of exploration of the ways in which workers attempt to manage the involuntary relationship with mandated clients and the ways in which clients tend to respond to mandated services. There remains a need, however, for additional investigation of the techniques utilized and their successes over the longer term.

For example, further study of the effectiveness of impression-management techniques in the formation of the worker-client relationship might inform workers how the practitioner's initial presentation of self can influence the outcomes of the case.

Further investigation might also compare workers and clients' attitudes towards the use of empowerment as a tool for enhancing client participation in the change effort. It was demonstrated in Great Britain that despite workers' philosophical acceptance of the concept of empowerment, their implementation of activities aimed at enhancing the client's participative competence was limited (Fisher, 1994). Similar studies should be conducted in the child protection system in America. Research about the extent and types of empowerment activities actually employed by child protection workers could be used to inform practitioners of the most effective means of enhancing opportunities for mandated clients to exercise choice and to develop their own problem-solving capabilities.

Moreover, workers and clients seem to approach the concept of empowerment in different ways based upon their own subjective realities that include diverse cultural and ethnic backgrounds, different socioeconomic statuses, and disparate opportunities. It would be productive to examine these differences in more depth.

It might also be important to undertake a comparative study of clients and workers' attitudes towards the use of

incentives, rewards, and nurture, and their potential for creating improved interaction between workers and clients in the child protection system. While workers tend to fear the formation of dependency relationships, clients seemed to express an unrelenting need for basic help.

This study also points to the need to consider a multi-dimensional approach in the use of authority such that different types of authority could be employed selectively at various stages in the helping process with mandated clients. For example, the present study identifies the importance of establishing early in the engagement process the legal authority of the child protection agency and the nonnegotiable aspects of the case. This first stage entails the use of the worker's legitimate authority and the authority of knowledge and expertise to inform and teach the client about the system and his/her rights within the realm of child protection. A second task in initiating services with mandated clients involves them in negotiation and contracting regarding the more flexible conditions of the mandate. This might include the offer of rewards and/or incentives as inducement to encourage client cooperation and compliance.

Finally there is the need for a therapeutic involvement with the client in which actual help, combined with the use of empowerment activities, can enhance the potential for a positive and productive interaction between the client and the state agency. Again the application of reward authority as

well as referent authority might be effective interventive strategies to secure the desired level of client participation in the process of change. Thus, while the beginning stage requires a need to establish the investigative authority of the worker, latter phases in the process would entail more emphasis on the provision of help and the use of empowerment techniques. In essence, this three-tiered approach might help to resolve the worker's sense of role conflict as the worker becomes proficient in selectively employing various facets of his/her investigative, helping, and empowerment functions at particular stages of the relationship. A study to investigate the possibility of employing this model in child protection investigation could be productive for theory development.

The present study examined influences on the worker-client interaction in relation to differential uses of authority and other interventive techniques for managing involuntary relationships. However, it did not investigate the impact of differences in racial, ethnic, and socioeconomic diversity on the quality of the worker-client interaction, and this would be another important area for study.

While there was some mention of diversity in the responses of workers and clients, the focus of this study was on the ways in which workers presented themselves and their functions to the clients. The theme of diverse backgrounds was not explored fully in the interviews. It is anticipated that given more encouragement to discuss this topic, there

would have been some indication by both groups of respondents that cultural diversity exists as an additional barrier in the formation of a professional relationship between worker and involuntary client. This speculation is based upon the statements from some of the respondents who indicated that the problems experienced in establishing relationships with clients or workers were compounded by their dissimilar backgrounds. It would be important to explore both the effects of such differences on the engagement process and the types of strategies that might be employed for overcoming such barriers in the formation of the working relationship.

Finally, this research points to the need for further study about the practitioner's ongoing relationship with the involuntary client. It has been demonstrated in previous studies that the quality of the relationship is critical to the achievement of goals in working with clients. In the present study this emphasis on relationship was supported through clients and workers' statements regarding the importance of such elements as self-presentation strategies, nurture, social exchange, communication processes, authority, and resistance or compliance. It would be important to gain additional understanding of how these particular variables combine to produce either an effective relationship, that accomplishes the desired outcomes, or one that remains undeveloped and conflictual.

Further, since this study has centered primarily on the

initial stage of the worker-client relationship, it would be helpful to examine in similar ways the middle and end phases of intervention by the child protection worker. Such investigation might focus upon the ways in which the relationship is sustained, how goal achievement occurs, and finally how clients are assisted in reassuming control over their lives. In this way a clearer, more complete picture of the interaction between client and worker is created that can serve as a guide for practitioners as they interact with involuntary clients who are mandated to receive services.

DIVERGENT PERSPECTIVES

In conclusion, this research points to an important discrepancy in the views of workers and clients. Ironically, while clients identified the need for both external structure and nurture in their lives, practitioners presented empowerment as the most important element in working with mandated clients. One might speculate, however, that these are not contradictory statements; rather, both of these perceptions may be correct at different points in the worker-client interaction. It may be, as suggested earlier, that there is an initial need for structuring the relationship, defining the legal parameters of the worker's role and the potential consequences of noncompliance. In addition, clients seemed to respond most positively when an early presentation of authority by the worker was accompanied

by a demonstration of concern and willingness to provide help. Then, following this preliminary phase of engagement with the client, which provides a framework for client-worker interaction, there may be greater potential for the initiation of empowerment strategies. Once a negotiated understanding is established regarding the terms on which client and worker will interact, there is greater likelihood that the client will be able to explore independent action, take initiative, and make realistic choices within the boundaries and limitations of an involuntary service situation.

APPENDIX A**LETTER INVITING WORKERS TO PARTICIPATE IN STUDY**

Dear Worker:

I am writing to invite you to take part in a social work research study. As a doctoral student at the Hunter College School of Social Work, I am conducting a study of social work practice with involuntary clients. The purpose of this research is to increase our understanding of the relationship between social workers and involuntary clients, how they begin their work together, how they respond to one another, what problems they experience in beginning this work, and how they manage these problems. Because the emphasis of this study is on the beginning stage of the worker/client relationship, I am seeking to interview only investigation workers or those who have had previous experience in the investigations unit. Hopefully, the information from this research will assist in the development of new means of training social workers for effective service.

If you choose to participate, I will need about 1 hour of your time to complete an interview. You may decide to be interviewed at the agency during work time, or after work hours at my office at [the university]. If the interview takes place outside of your work hours, you will be compensated at a rate of \$20.00 for the interview. There will be no compensation for workers who are interviewed at the agency.

Participation in this study is completely voluntary. If you agree to participate, your privacy will be protected fully. No names will be revealed, and this study will not affect your employment in any way. Supervisors will not be informed about who has chosen to participate or not. I will be at the agency on February 24th and March 1st to meet with workers to discuss the research in more detail. An announcement will be made at the agency about the exact time and location of the meetings. I hope that you will attend one of these meetings for additional information about this study. If you have any questions before then, please feel free to telephone me at xxx-xxxx.

Sincerely,

Elaine Davis
Doctoral Student

APPENDIX B

FLYER INVITING CLIENTS TO PARTICIPATE IN STUDY

EARN MONEY FOR YOUR OPINIONS!!!**1 HOUR INTERVIEW**

Amount of Pay: \$15.00 in your home
 \$20.00 in my office

Subject

**WHAT IS IT LIKE TO BE
A ***** CLIENT?**

INTERESTED?**TELEPHONE ELAINE DAVIS at *** ******

NOTE: *Identity of participants in study will
be kept confidential. All information
will be kept anonymous; no names
will be revealed*

APPENDIX C

LETTER TO CLIENTS DESCRIBING STUDY

Dear

I am writing to invite you to take part in a social work research study. This study is to increase our understanding of the relationship between social workers and clients, in order to develop new and better ways of training social workers for effective service.

If you choose to participate, I will need about 1 hour of your time to complete an interview. You will be paid \$15.00 if you decide to meet with me in your home or \$20.00 if you are willing to come to my office, which is located on ---- Avenue not far from [the agency]

Participation in this study is completely voluntary. If you agree to participate, your privacy will be protected fully. No names will be revealed, and this study will not affect your involvement with [the agency] in any way.

Please telephone my office (xxx-xxxx) and leave your name and telephone number, so that I can get back to you to set a time for our meeting.

I look forward to hearing from you soon.

Sincerely,

Elaine Davis
Doctoral Student

APPENDIX D**CONSENT FORM FOR WORKER'S VOLUNTARY
PARTICIPATION IN A SOCIAL WORK STUDY**

Your name has been suggested as a possible participant in a study of social workers and clients from the child protection agency. As a second year doctoral student at the Hunter College School of Social Work, I am conducting a study of social work practice with involuntary or mandated clients, persons who are required by law to receive the services of a social worker. The objective of this research is to examine the ways in which workers and involuntary clients begin their work with each other, how they respond to one another, what problems they experience in beginning this working relationship, and how they manage these problems. As a worker, your opinions, ideas, and thoughts about working with involuntary clients will be most valuable to this study. It is hoped that through the input of both workers and clients, we may be able to develop new means of training workers to be more effective in their work with clients.

If you choose to participate, I will spend about one hour asking you a series of questions about how you and your clients work with one another. Please do not mention the name of any client or other workers as this will help to protect your identity and theirs. You may decline to answer any questions or you may ask me further questions about this research. Please feel free to inquire fully about this study before giving your consent to participate.

Participation in this study is completely voluntary. You may decide now or at any time that you do not wish to continue. If you begin and then decide that you do not wish to go on with the interview, you may let me know and we will stop there. No names will be revealed in this study, either yours, or the clients' names, or the name of the agency; your privacy will be respected to the fullest extent possible. Although the information that you provide will be written down, whatever you choose to share with me will be kept anonymous. In this way, there should be no risks to any of the participants in the study.

If you wish to participate in this study, please sign on the line below. You may keep one copy of this form.

Name of Worker

Date

NAME OF RESEARCHER: ELAINE DAVIS
TELEPHONE: xxx-xxxx

APPENDIX E

**CONSENT FORM FOR CLIENT'S VOLUNTARY
PARTICIPATION IN A SOCIAL WORK STUDY**

This study is for the purpose of learning about how clients and social workers begin their work together. As a client of this agency, your ideas and opinions are valuable and can help us improve agency services.

If you choose to participate, I will spend about 1 hour asking you questions about how you and the social worker work together. Please do not mention the name of any worker or other clients as this will help protect your privacy and theirs. There are several ways that your rights as a client will be protected in this study:

- 1) Participation in this study is completely voluntary.
- 2) There will be no penalty if you decide not to participate in the study.
- 3) Participation in this study will have no effect on your involvement with [the agency] - no one from the agency will know whether you are involved in the study.
- 4) No names of clients or workers will be mentioned in the study.
- 5) You may refuse to answer any questions that make you uncomfortable.
- 6) You may ask me further questions about this research before agreeing to participate.
- 7) You may decide at any time that you do not wish to continue with the interview, and we will stop there.
- 8) Clients who complete the study will be paid for their time.

If you agree to take part in this study, please sign on the line below. You may keep one copy of this form for your own reference. The other copy will be kept in a locked file. All other documents pertaining to this study will use code names rather than real names. This is for the purpose of protecting your privacy.

Name of Worker

Date

NAME OF RESEARCHER: ELAINE DAVIS
TELEPHONE: xxx-xxxx

APPENDIX F**QUESTIONNAIRE GUIDE FOR WORKERS' INTERVIEWS**

1. **Can you describe what it is like to offer services to clients who do not choose to meet with a social worker?**
 - a. What are your initial expectations about the first meeting with an involuntary client?
 - b. Are these expectations based on your previous experiences?
 - c. What have you heard about working with involuntary clients from other social workers?
 - d. What do you anticipate will be the reactions of clients who are required by law to meet with a social worker?
2. **Tell me as much as you can remember about a first meeting with one of your clients.**
 - a. Describe how you and the client related to one another. Was it friendly or angry? Did you feel comfortable or awkward?
 - b. If I had been present, what would I have seen? How were you sitting? Did you sit closely or at a distance? Did you face one another? What was the tone of your voices?
 - c. What were some of the most positive aspects of that meeting? For example, did the client listen to what you had to say? Did he or she seem to understand why the State was concerned and why you were working with him/her? Did he/she show respect for you?
 - d. What were some of the most difficult aspects of that first meeting? For example, was there a lot of anger or tension? Did you feel like the client reacted to you in a hostile manner? Did you ever feel physically threatened or as if you were in danger?
 - e. Was there anything else that you particularly remember about the meeting?
3. **How would you describe your relationships with most clients?**
 - a. For example, are they authoritarian relationships or supportive relationships? Are they close or distant? Do you usually feel like a helper or an intruder?
 - b. Do your relationships with the client often change after the first meeting? If so, do they generally improve or deteriorate? Explain.
 - c. What do you think causes the relationship to improve or worsen over time? Is it something that you do or something about the client? Please give a specific example from your practice.

4. **In what ways do you feel you have control or authority over the lives of your clients? Please describe this.**
 - a. Can you identify certain areas of the client's life over which you have control, such as whether a woman lives with a particular man, or whether a child is removed from a home, or the quality of parenting and nurture in a family?
 - b. Do you feel you have much authority over your clients?
 - c. In what ways do you exercise control or authority over a client? Do you invoke the law or use the court system as means of obtaining compliance on the part of the client?
 - d. What positive aspects of the worker-client relationship do you use to influence the client?
 - e. Do you try to get social services for the families in need?
 - f. What negative means of control or influence do you find it necessary to use in your work with the client? Describe.
 - g. Describe what you think is your impact on clients' lives.
 - h. Do you view mandated services as helpful or intrusive? Give specific examples, if possible.
5. **Do many clients resist your efforts to provide social services? What types of resistance do you see most often?**
 - a. In what ways does the client demonstrate resistance? Does he/she avoid you? Threaten you? Pretend to agree with you?
 - b. What is it like to try to engage a resistant client? Can you provide some examples from your cases?
 - c. How do you generally respond to client resistance?
 - d. Have you employed any strategies that are particularly helpful in overcoming the resistance? Discuss these.
6. **Is there anything that you would like to see different in your relationships with clients?**
7. **Do you feel that your educational background prepared you for work with involuntary clients?**
 - a. If so, which aspects of your educational background were most helpful in preparing you for this type of work?
 - b. Have you had in-service training? What was helpful or not helpful about this training?
 - c. What specific training would help you feel more comfortable, effective, or capable in working with involuntary clients?
 - d. What knowledge and skills are most important for workers to have who deal with involuntary clients?

8. Is there anything else that you wish to add to help me understand how you have experienced the role of worker in involuntary social services?

PERSONAL INFORMATION:

Age: _____ 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60-69

Gender: _____ female _____ male

Education: _____ BSW _____ BA _____ MSW _____ MA/MS _____ other

Years of Employment: _____ 0-2 _____ 3-5 _____ 6-8 _____ 9-11 _____ 12+

Present Unit: _____ intake _____ treatment _____ number of years

Explanation: The numbered questions written in bold were asked of each of the workers interviewed. Where necessary, due to insufficient or unclear responses, the lettered questions were used as prompts/probes to elicit additional or clarified information.

APPENDIX G**QUESTIONNAIRE GUIDE FOR CLIENTS' INTERVIEWS**

1. **Can you describe how it felt when you were first informed that you would have to meet with a social worker?**
 - a. What were your initial expectations about seeing a worker from the state agency?
 - b. Were these expectations based on previous experiences?
 - c. What had you heard about social workers from other clients?
 - d. Was this experience different from or similar to your expectations? How?
2. **Tell me as much as you can remember about your first meeting with the social worker.**
 - a. Describe how you and the social worker got along with one another. Was it friendly or angry? Did you feel comfortable or awkward?
 - b. If I had been present, what would I have seen? How were you sitting? Did you sit closely or at a distance? Did you face one another? What was the tone of your voices?
 - c. What were some of the most helpful aspects of that meeting? For example, did the worker listen to what you had to say? Did he or she seem to understand what is going on in your life? Did he or she show respect for you as an individual?
 - d. What were some of the most difficult aspects of that first meeting? For example, was there a lot of anger or tension? Did you ever feel like you were not being treated with respect?
 - e. Was there anything else that you particularly remember about the meeting?
3. **How would you describe your relationship with the worker?**
 - a. For example, is it most like having a friend or an enemy? A helper or an intruder? Is it close or distant? Explain.
 - b. Did your relationship with the social worker improve or deteriorate after your first meeting? Explain.
 - c. What helped to make this relationship better or worse over time? Was it something that you did or something about the social worker?
4. **In what ways has the social worker affected your life?**
 - a. Can you name the areas where he/she has had the most influence over you?

- b. What specific behaviors on his/her part have influenced you the most?
 - c. In what ways does the worker use authority or control to try to influence you? Does he/she require you to behave in certain ways? Explain.
 - d. Did the social worker ever threaten you or act in an angry manner? If so, describe the situation fully. What was your reaction?
 - e. Did the social worker provide you with needed information?
 - f. Did the social worker offer to try to get social services that your family needs? What was your reaction?
5. When clients are required to see a social worker, they may either appreciate the offer of help or they may resent the intrusion in their lives. How have you felt about being an involuntary client?
- a. Have you seen it as helpful?
 - b. In what ways has it been difficult for you?
6. What strategies have you found most helpful in coping with this involuntary situation? In other words how have you managed this situation?
- a. In what ways did you cooperate with the social worker? Please describe your behavior fully.
 - b. In what ways did you avoid or resist the efforts of the social worker? Please describe your behavior fully.
 - c. Have you ever responded in a threatening or angry manner towards the worker? Describe.
 - d. Have you ever agreed with the worker just so that he/she would leave you alone? Describe.
 - e. Have any of these strategies worked for you? Explain.
 - f. Are there other strategies that you found helpful in dealing with this situation?
7. Is there anything that you would like to see different in your relationship with the worker?
8. Is there anything else that you wish to add to help me understand how you have experienced being an involuntary client?

PERSONAL INFORMATION:

Age: ____ 15-19 ____ 20-29 ____ 30-39 ____ 40-49 ____ 50+

Gender ____ female ____ male

Marital Status: ____ single ____ married ____ divorced ____ widowed

Number of Children: ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7+

Case Status: ____ closed ____ transferred to treatment unit

Referral for Protective Services ____ 1st ____ 2nd ____ 3rd ____ 4th

Explanation: The numbered questions written in bold were asked of each of the clients interviewed. Where necessary, due to insufficient or unclear responses, the lettered questions were used as prompts/probes to elicit additional or clarified information. The demographic questions at the end of the interview were optional.

APPENDIX H

NOTICE TO WORKERS ANNOUNCING FOCUS GROUPS

August 17, 1994

Dear Worker:

As you are aware I have been conducting research for my doctoral dissertation project on the topic of social work practice with involuntary clients, particularly in relation to the use of authority in the working relationship. This is an area of practice about which we have limited empirical knowledge; thus, it is hoped that the study will contribute to our theoretical understanding of mandated social services to increase our effectiveness in the training of new workers and generally in the delivery of social services.

I want to thank you very much for participating in this study. I have interviewed 16 [agency] workers and 13 clients, and although my task is not to evaluate the product, I have been thoroughly impressed with the work that is carried out at this agency. The data I have gathered are both interesting and informative, and I would like to share the findings of this study with those of you who might be interested. Therefore, I will be holding two meetings at the agency for the purpose of providing you with the results of the study and also to ask you for any further input you might have at this time related to this research. The meetings will be held on **Tuesday, September 13, at 3:00 p.m.** and **Wednesday, September 14, at 9:00 a.m.** Two meetings are scheduled to accommodate the various schedules of workers; therefore, select only one of the days to attend. Also, it is important to understand that these are voluntary meetings; you are invited to hear about the findings of this study and to provide further input, but only if you wish to do so.

Again, thank you so much for your willingness to participate in this project. I hope to see many of you on September 13th or 14th.

Sincerely,

Elaine Davis,
Doctoral Student

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