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THE UNIVERSITY OF ALBERTA

AN EXPERIMENTAL ANALYSIS OF PERSONALITY FACTORS  
ASSOCIATED WITH CHRONIC WELFARE DEPENDENCY:  
Implications for Treatment and Future Research



by

MARVIN E. MACLEAN

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH  
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE  
OF DOCTOR OF PHILOSOPHY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

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THE UNIVERSITY OF ALBERTA  
FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "An Experimental Analysis of Personality Factors Associated with Chronic Welfare Dependency" submitted by Marvin E. MacLean in partial fulfilment of the requirements for the degree of Doctor of Philosophy.

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## ABSTRACT

The primary intent of this study was to attempt to demonstrate that chronically dependent welfare recipients (CDWRs) differ from non-CDWRs in terms of personality characteristics. In particular the personality dimensions of anxiety and neuroticism were considered of central interest since these two factors relate most directly to a learning theory conceptualization of the development of chronic welfare dependency (CWD). The author presented a learning theory conceptualization of CWD that was based on operant conditioning and, most importantly, to the conditioning of anxiety avoidance behaviors. Three groups of Ss were selected for this part of the study, a CDWR group, a "new" to welfare group, and a stably employed group. An ANOVA analysis of objective psychometric personality responses revealed nine primary dimensions that differentiated between welfare and non-welfare Ss. These dimensions were used in a discriminant function analysis for all study Ss followed by cross-validation procedures. In addition, the second-order factors of anxiety and neuroticism were found to be significantly different between the three study groups as hypothesized.

A secondary purpose of the study was to select three groups of CDWR Ss and expose these Ss to three treatment approaches: behavior therapy, conventional welfare services, and placebo conditions. It was hypothesized that the behavior therapy group would be superior to

the other treatment conditions since behavior therapy assumes learning theory principles and proceeds according to these principles. In general, the behavior therapy group was superior to the other treatment conditions.

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The writer acknowledges with appreciation the contributions of all those who helped make possible the completion of this thesis. A very special acknowledgement is due Dr. D. D. Sawatsky who understood the author's personal idiosyncracies and patiently guided him towards completion of this study. In particular the writer appreciates Dr. Sawatsky's willingness to be part of a study that demanded experimentation in the natural environment. Such an undertaking is always a difficult task since one lacks the experimental "neatness" of laboratory conditions.

The writer is grateful for the association he has had with Dr. Joseph Wolpe. Dr. Wolpe was gracious enough to spend time with the writer discussing chronic welfare dependency and helping him to conceptualize and define chronic welfare dependency in learning theory terms.

To those social workers with whom I have worked closely, this dissertation is at once an apology, since the contents would seem to negate their devoted and sincere efforts. But it is also an alternative. It is intended to be a meaningful and viable alternative to traditional conceptualizations and treatment approaches to a social problem of significance: chronic welfare dependency. It is a behavioristic manifesto.

Acknowledgement is due to numerous people who have been a part,

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If our conceptual framework is weak, and our concepts do not adequately portray the realities of our problems, then our subsequent actions will be correspondingly weak. Poverty is an intricate complex of many interrelated factors, few of which are sufficiently understood.

K. M. Lederer, 1971

In the long run, the remedies for poverty should be concentrated upon those children presently being reared in poverty. One of the interesting things about poverty is that relatively few people who are not born in it wind up in it. Once out, people tend to stay out. But at the same time, the mere existence of opportunities for betterment does not suffice to bring all members of a group out of the condition of poverty. There is a self-reinforcing characteristic to poverty which renders many steps against it ineffectual. The poverty complex contributes to its own causes of ignorance and disease and stunted aspiration.

From K. M. Lederer  
A Review of Poverty in Alberta, 1971

One of the things that we have seen across Canada is that people have come to be conditioned to failure. When a man fails in school, fails in a job, or fails in his marriage, he comes to expect failure; and when people offer him a solution to his problems, it is often not seen as a solution but as another opportunity to fail, and it is more painful to take the risk of failing again than it is to have the chance of improving his lot (p. 102).

Mr. Charles Long

Proceedings of the Special Senate Committee on Poverty  
The Honourable David A. Croll, Chairman  
Thursday, May 8, 1969  
No. 4

## CHAPTER I

### INTRODUCTION

During the past two decades the problem of the chronically dependent welfare recipient (CDWR) has been increasingly brought into focus. Magneson, Chatain, Kolbus, MacLean, Hofley, and Diadio (1969) have described (generally) the chronically dependent welfare recipient as being a person who is classified as employable, having no physical or mental handicaps, yet in spite of this status is in receipt of social assistance either continuously or on a long term off-and-on basis. Recently the City of Edmonton Social Service Department stated that unemployed-employable welfare recipients constituted one of the eight categories of social assistance receivers. In the Edmonton area it was estimated that 1,403 CDWRs are on assistance, and 3,849 CDWRs are receiving assistance in the province of Alberta. This accounted for 13.9 percent of the total number of assistance cases in Alberta.

Since the CDWR is perceived, basically, as being capable of being placed into the employment market to compete for, procure, and maintain a job, a large number of demonstration projects have been undertaken during the last two decades with the purpose of providing the services necessary to facilitate the CDWR in achieving a stable job placement. MacLean (1970) undertook an extensive literature review to ascertain exactly what work had been done in this area and what findings were reported. MacLean (1971) summarized this review

and stated that although some studies showed promising results in respect to rehabilitation services, the research is, by and large, uncontrolled descriptive studies which have presented much data, most of which is equivocal. Generally speaking the descriptive and/or uncontrolled studies have been quite enthusiastic about reporting rehabilitation success (Kogan, Hunt, Bartelme, 1953; Geismar and Ayres, 1959; Walker, 1965; Pearce, 1966, 1966, 1967, 1967; Rippetto, 1967). This is also true of studies which did provide for an experimental and control group design but did not provide for a follow-up analysis (Decore, 1969; Kupfer, Magneson, and Diadio, 1970). However, studies using an experimental and control group design with a follow-up analysis have repeatedly suggested that the presently employed treatment methods have not demonstrated significant rehabilitation results (Copeland, Kauppi, and Walker, 1966; Brown, 1968; Wilson, 1967; Arkansas Rehabilitation Service, 1970; Decore, Bourgette, and Lederer, 1970; MacLean, 1971).

#### Traditional Treatment Approach to the CDWR Problem

In reviewing the literature relevant to the chronic welfare dependency (CWD) problem, one is immediately struck by the lack of operational definitions with respect to general methodology, and with respect to specific treatment procedure. Primarily the therapeutic approach would seem to be one of providing "support" to the client. The caseworker is allowed more time than is usual in a social work setting to avail himself to the CDWR. This approach is usually

augmented by attempting or ensuring that the CDWR, besides receiving more time and attention from the caseworker, receives a wide variety of services which are conceived of as being facilitative in aiding the client along the road to job procurement and retention. As an example of this approach, a service comparison between two groups is given in Table 1. The study seemed to be based on the assumption that more services would result in greater treatment success.

Although the concept is not usually stated, there appears to be a basic assumption in these aforementioned studies regarding the etiology of CWD. Essentially, in this author's opinion, the assumption of CDWR etiology is that the locus of chronic welfare dependency is outside the individual. Due to a history of poverty, inadequate environmental inputs, achievements, and/or opportunities, the individual, once on welfare, becomes "locked-in" the welfare life-style. Therefore, the application of "appropriate resources" (i.e., making available existing community resources, such as employment offices, retraining schools, etc.) should result in the CDWR taking advantage of these resources and achieving job placement, tenure, and financial independence. An illustration of this type of concept was given recently by Lederer (1971):

...Canadian society is personified by a number of institutional structures and interpersonal relations which function to effectively prevent the poor from climbing out of the poverty situation. For the most part, the most significant of the factors reinforcing and perpetuating poverty in contemporary Canada are:



TABLE 1<sup>†</sup>  
 TYPES OF SERVICES WHICH MAY BE OFFERED CHRONICALLY  
 DEPENDENT WELFARE RECIPIENTS ON AN "INTENSIVE" BASIS

Experimental Group	Service	Control Group
Intensive Application of Services		Conventional Welfare Services
86.7%	Full financial assistance	95.8%
33.6%	Financial supplement to earnings	16.4%
50.0%	Marital counseling	9.5%
56.1%	Vocational counseling	6.8%
43.8%	Budget counseling	2.7%
44.8%	Other counseling	6.8%
22.4%	Referral to Debtor's Assistance Board	4.1%
17.3%	Teaching homemakers' assistance	1.3%
23.4%	Medical services	5.4%
5.1%	Probation services	0.0%
25.5%	Psychiatric assessment and care	0.0%
50.0%	Group counseling	2.7%
13.2%	Court referral and/or warning	2.7%
1.0%	Day care service	1.3%

<sup>†</sup>Adapted from Kupfer et al., 1970. These groups were part of an expensive two-year research project designed to test the assumption the intensive application of services to an experimental group of CDWR Ss would demonstrate that stable employment would be obtained for these Ss as compared to a control group of Ss receiving the same services but on a less intensive basis.

(1) current ecological and demographic trends; (2) inadequate community resources; (3) patterns of discrimination; (4) a limited opportunity structure; and (5) various agency-client relations (p. 30).

However, the research does not support the hypothesis that the administration of multiple services, intensive casework, and community resources is sufficient to demonstrate the CDWR will be able, in fact, to make functional use of these opportunities and resources to free himself from the so-called "welfare trap".

#### An Alternative View of the Chronic Welfare Dependency Problem

The literature abounds in the support of Lederer's notion that the poor, and the CDWR in particular, is encapsulated in his life-style; that he is caught up in the vicious cycle of poverty over which he has no real control or personal contribution. However, this view is essentially one of an external perception of CWD and fails to take into account the individual factors of the CDWR which probably interact with the environmental restrictions to produce the CWD problem. This view of external determinism is exemplified by the analysis of poverty in Canada by the recent Special Senate Committee on Poverty (1971). In a summary of their investigation it was stated:

Generally, they (those on welfare) have inferior educational, medical, cultural, and information services and lack the skill or knowledge to make use of many facilities available to the general public.... The welfare system has failed because it has ignored the human factors associated with poverty. The good intentions of the legislators to help the people have been distorted and diluted in the process of implementation. They have become lost in a maze of constitutional jurisdictions,

agency divisions and independent bureaucratic structures often more concerned with what is not their responsibility than what is. Help has been secured only at the cost of humiliation, loss of self-respect, the break-up of families and the destruction of human dignity. The system has become an instrument of paternalism whereby recipients have been compelled to do what others thought was good for them, and to conform to middle-class norms that the poor themselves may often have neither comprehended nor appreciated (pp. 12-13).

However, as stated, this view is essentially one of an external perception of CWD and fails to take into account, in any depth, the individual factors of CDWR which may interact with the environmental restrictions to produce the CWD problem. That is, the analysis of the Special Senate Committee on Poverty is, in all probability, correct as far as the analysis goes. The present author contends, however, that the analysis to date of the CWD problem has effectively neglected the contribution of individual variables to the CWD problem.

It is asserted that the literature review of this area will confirm this neglect of the CDWR contribution to CWD, and further, that the traditional treatment or rehabilitation approaches to the CWD problem have been generally ineffective in demonstrating "success" outcomes. The primary purpose of this thesis will be to offer an alternative approach to investigating the CWD problem and will present an initial investigation designed to associate basic personality dimensions to CWD behaviors. In particular this thesis will concern itself with a learning theory conceptualization of CWD and will relate CWD behaviors to the conditioning of neurotic anxiety responses. In this respect the psychometric measures of anxiety and neuroticism

are of central importance. In addition, a secondary purpose of the thesis will be an attempt to compare the therapeutic effectiveness of an innovative behavior therapy treatment approach to the effectiveness of conventional welfare services (CWS). It is postulated that the behavior therapy treatment condition will show significant results when compared to a CWS condition. That is, a group of CDWRs treated by behavior therapy techniques will show significant improvement over a group of CDWRs treated by CWS in terms of getting off welfare, procuring stable employment, and demonstrating a reduced financial dependence on social assistance.

CHAPTER II

RELATED RESEARCH

Assuming that the traditional view of welfare dependency was accepted as true, that is, that chronically dependent welfare recipients (CDWRs) are in their present circumstance due to inferior cultural, educational, medical, informational services, and the lack of the skills or knowledge to make use of available facilities and resources, then it should follow that rehabilitation programs which provide these resources plus intensive casework time to organize and facilitate the 'use' of these services should prove to be significantly more successful in removing CDWRs from the welfare rolls than conventional welfare services. Experimental analog studies have been conducted which would tend to support this particular premise.

Singh (1972) reported that in a controlled study with children where the Ss could obtain marbles free or by working, the Ss were found to prefer to work for their marbles. There were no significant differences between male and female Ss, and I.Q. rating. Furthermore, the test apparatus per se was shown not to be rewarding. Also the possibility of reward for problem-solving was eliminated as a contributing variable. Singh (1972) also stated that in a further controlled study it was found that regardless of their culture (40 white and 40 American-Indian Ss), sex, I.Q., and need for achievement, children preferred to get rewards by working. The author states that

these findings essentially confirm results that had been obtained from studies using rats as Ss. In controlled studies the author reports that it was found that rats preferred to obtain food by pressing bars, even if the amount of work needed to obtain the food is increased. Regardless of the amount of work it took to obtain food, the rats preferred working over freeloading (Neuringer, 1969; Kavanau, 1967). However, Singh (1972) does give recognition to the fact that his work also demonstrated that the preference for work can be reduced by altering incentive properties associated with freeloading. If one makes freeloading attractive enough, or the rewards for working small enough, the individual will begin to freeload. Singh does not give much space to this finding nor does he seem to recognize its relevance to chronic welfare dependency (CWD) and the findings from the research literature. The present author asserts that in congruence with Singh's last mentioned observations, rehabilitation projects with human Ss have not demonstrated that welfare dependent Ss will choose to remove themselves from the welfare rolls when given the opportunity to become stably employed. The author has stated in his review of the literature (MacLean, 1970, 1971) that although some studies have shown promising results with respect to rehabilitation outcomes, the research is, by and large, uncontrolled descriptive studies which have presented much data, most of which is equivocal. Controlled studies with a provision for a follow-up analysis have not been able to demonstrate any significant

rehabilitation gains when experimental groups are compared to control groups. Chronically dependent welfare recipients tend to stay on the welfare rolls or return to welfare after short periods of employment.

#### The CWD Literature

As suggested, there can be little doubt that much of the CWD literature concerned with rehabilitation treatment programs has been enthusiastic about treatment outcomes (Kupfer et al., 1970; Decore, 1969; Geismar and Ayres, 1959). However, this literature review will only be concerned with the results of studies which have provided for control groups and which have used a follow-up design analysis (if applicable).

Brown (1968) reported on a social research-demonstration program with multi-problem families. The purpose of the study was to assess the effects of intensive social casework on a group of 50 multi-problem families in contrast with the effects of normal public assistance services given a control group of 50 similar families. Caseloads were half the usual number. The treatment phase ran 31 months. Research and treatment aspects of the project were carried out independently. The entire family was considered 'the client'. Measurement was by nine major and 25 minor dimensions developed by Dr. L. Geismar. Content analysis was from interviews by the researchers, and from the school, court, and public-private community agencies. The before-and-after summaries of cases were submitted to teams of trained judges, acting independently, who rated each

dimension of family functioning. In essence, there were no significant differences between the before-and-after profile.

Decore (1969) reported on a special research project supported by the Alberta provincial government. The purpose of the program was to provide social assistance recipients with a means for altering their circumstances by creating and enhancing opportunities for recipients to enter employment either directly through job placement or indirectly through retraining. The point of the program was to see how well the program succeeded in placing recipients in employment or retraining.

The task of the placement officers was to gain the recipient's trust; to evaluate the work aspirations, skills, work experience, and job preferences of the client; to provide information to clients, personally take the recipient to the job interview, and to provide follow-up services. In addition medical, dental, monetary, household repairs, and babysitting incentives were used. The Debtor's Assistance Board was employed to counsel clients with their indebtedness problems. Each worker began with and carried 10 clients at a time. Clients were refused if they had physical or mental disabilities, or were single. Finally, 318 ss were divided into two groups, randomly, with 102 in the experimental group and 216 in the control group (did not receive special services; remained with conventional welfare services). Measurement was by percentage according to defined categories.

The initial results demonstrated that in the experimental



group 47.1% entered employment and 13.7% entered training programs. In the control group the figures were 9.7% and 1.9% respectively. Of the 19.6% of the experimental group that did not demonstrate any change, 4.9% refused employment, 12.7% suffered "illness, alcoholism, etc.", and 2.0% moved out of the project area. On the basis of initial results, the experimental group was evaluated as having made significant gains over the control group.

Decore, Bourgette, and Lederer (1970) reported on a follow-up study regarding the special Alberta program (5 month period from the first report). This paper was prompted, in part, from the fact that the first report "gave no insight into the extent to which clients once placed, remained in training or employment (p. 1)". The results show that in the experimental group the 'refused to take employment' category increased from 2.0% to 10.8%, whereas 'illness, alcoholism, etc.' and 'moved out of the project area' categories remained the same.

In the experimental group 'employed full-time (no social assistance)' decreased from 30.4% to 19.6% while the categories 'employed full-time (supplementary social assistance)' and 'part-time employment (supplementary social assistance)' remained exactly the same. For the control group 'employed full-time (no social assistance)' increased from 5.8% to 18.3%. It is clear, therefore, that for this category the difference between groups is not significant. The authors sum the results quite adequately:

While the Employment Opportunities Program appears

to be relatively successful in placing recipients in employment or training, it is much less successful in terms of insuring continued employment over time (p. 19).

Employment continued at the same rate only when there was continued supplementary social assistance. Thus, it would appear to this author that the dependency syndrome was not "broken".

The Arkansas Rehabilitation Service (1970) reported on a three and one-half year study that was a special project which aimed at experimenting with intensive efforts in helping marginal workers obtain and retain employment. The hypothesis was that marginal workers could become better adjusted in a job situation, and retain their employment for longer periods of time if they received supportive counseling and services for an extended period during their initial months on the job. All clients assigned to the project were drawn from the agency's active caseload and remained in active status for at least 12 months after placement. The number of clients referred to the project was 239. About 80% of the ss were below 40 years of age. Subjects were assigned to an experimental and control group on an odd-even basis. Counselors continued regular contacts with the client, employer, and the client's family according to the schedule: first four months, intensive follow-up, then less intensive follow-up services by blocks of four months. The final contact was made at the end of the twelve-month period. Data were collected at each contact.

Outcome measures were percent of time employed, actual wages received, and performance ratings completed by employer and by the

placement officer. Other variables investigated included number of client contacts, number of contacts after placement, cost of services provided, types of disability groups served, previous work experience, marital status, educational level, and type of rehabilitative services provided. Services included physical restoration, training, maintenance, transportation, supplies and equipment, psychiatric treatment, and clothing. Further, about 40% of both groups had received previous vocational training; about 29% of both groups had not received some kind of previous service(s). The authors came to the following conclusions:

Provisions of conventional follow-up rehabilitative services of an intensive basis generally had no significant effect on marginal worker job retention. It became evident to project personnel that perhaps further studies including behavior modification might represent a new approach to the problem of job retention.... (further) Increased rehabilitative agency activity in the job finding process is imperative... (and) finally care should be exercised in each case to ensure that client overdependence on agency services is not generated. Wider use of sheltered work and living situations for marginal workers might be of considerable value in the rehabilitative processes for these persons (pp. vii-44).

The author (MacLean, 1971) has reported on a two-year controlled research-demonstration project that was concerned with employment placement and job retention of CDWRs. The author used an eight month follow-up period analysis which the original study report did not provide for (Kupfer et al., 1970). The primary intent of the study was to attempt to demonstrate by experimental design the superiority of an experimental group condition as compared to a

control group condition. The experimental group condition involved a multi-disciplinary team approach to rehabilitation treatment of chronic welfare dependency, using a treatment procedure based on Glasser's (1965) reality therapy principles. Subjects for the study were referred CDWRs from the City of Edmonton Social Service Department, and the three regional offices of the Department of Social Development, Edmonton. Subjects were randomly assigned to the experimental or control group conditions. Outcome measures were (1) months Ss were employed and/or engaged in educational, vocational, or trades training; (2) months Ss were registered for welfare assistance, and (3) total amount of money Ss received. Evaluation of data was completed by appropriate analysis of variance.

Several findings were clearly evident in this study. One finding was the superiority of the experimental group condition to place Ss into stable employment and/or training, when compared to the control group. However, the experimental group (EG) was less successful than the control group (CG) in removing CWD Ss from financial welfare dependency, and the number of months in registration with or for welfare assistance. Even though a greater number of EG Ss were employed or in training compared to the CG, the EG was actually receiving more welfare monies post treatment than successful or unsuccessful CG Ss. Therefore the chronic dependency on welfare was not successfully modified in the EG Ss at the time of the follow-up analysis. Numerous demographic variables were related to a criterion

of outcome success based on the employment variable. Those CWD Ss who were successful in removing themselves from welfare dependency had been associated with welfare for a shorter period of time than unsuccessful CWD Ss, had received less welfare monies in total on a pre-treatment measure, and had been associated with welfare for the receipt of welfare monies for a shorter period of time. Success outcomes were not related to educational level, age, duration, or length of marriage, number of children in the family unit, age at the time of the S's first registration with welfare, and the length of time spent in the treatment or control group conditions.

Finally, Friedlander and Stuart (1971) have reported on a controlled study that evaluated a program that was intended to recruit and train CWD Ss, to provide them with permanent employment in private business, and to support their entry and retention in these organizations after placement. There were 478 hard-core CDWRs. The authors found that none of the S's biographic/demographic background data or his attitudinal characteristics were related to his job performance or retention. Nor did a two-week orientation program have any effect on his attitudes toward work, job performance, or job retention.

In summary then, it would seem that controlled rehabilitation studies with a follow-up design analysis (if applicable) have not reported very encouraging treatment results with respect to CWD Ss. This suggests that traditional treatment procedures have not proven

successful in removing CWD ss from welfare dependency. In addition, there appears to be no or very little relationship between a client's circumstances or demographic/biographic data and his removal from the welfare rolls. Therefore the evidence would seem to suggest that more is involved in modifying the CWD problem than just providing extra counselor time, agency services, and community resources.

#### Reinforcement Contingencies and Work

Singh (1972), mentioned previously, reports briefly on another experiment to determine whether, when "freeloading" was made more attractive, a rat's penchant for work could be altered. As the author states, to reiterate, the findings from the study suggest that the preference for work can be reduced by altering incentive properties associated with freeloading. That is, if one makes freeloading attractive enough, or the rewards for working small enough, the subject will begin to freeload.

It is precisely this contingency relationship between work and reinforcement which needs closer examination, plus the effect certain contingency relationships have on the individual. In short, an alternate view or conceptualization of the CWD problem is required. The following data, plus the material to be presented in Chapter III, develops one alternative conceptualization.

#### The External Causation Concept of CWD

Previously it was stated that traditionally CDWRs have been largely perceived as persons who are culturally, educationally, and

socially deprived, and therefore treatment programs have mainly attempted to provide "intensive services" and more counselor availability on the apparent assumption that these "inputs" would mobilize and facilitate the CDWR in removing himself from the welfare rolls. After all:

The poor do not choose poverty...they have become lost in a maze of constitutional jurisdictions, agency divisions and independent bureaucratic structures often more concerned with what is not their responsibility than what is (Special Subcommittee on Poverty, p. 12).

This view, unfortunately, is essentially a static one. That is, the environmental view of CWD perceives the recipient as having been subjected to misfortune and social injustice. These factors undoubtedly are important and probably contribute significantly in accounting for the variance in the CWD problem. However, these factors only present half of the equation.

#### The Individual as a Contributor to CWD

The author conceives of the CWD problem as a reciprocal phenomenon. In addition to the environmental-situational factors, there is the individual to consider and how he interacts with or contributes to the CWD problem.

Clinical Assessments of CDWRs. The concept that CDWRs may differ from non-CDWRs in terms of personality variables is not a new concept. Geismar and Ayres (1959) hinted at this when they stated:

...multi-problem families are now unable and generally have been unable to provide the care and protection for their children that the community considers essential. All

caseworkers know these families in their caseload. This family contacts the agency at a time of emergency and then withdraws, often before the problem has been solved.... Then the worker waits for the next crisis when the family may again reach out to the agency (p. v).

Milton Friedman (1963), in describing a then new rehabilitation service for the chronically dependent clients of social agencies, stated that the Ss had to be receiving welfare payments and/or intensive treatment services and be physically and mentally capable of working. Few had had psychiatric treatment or been hospitalized. However, of this group Friedman states:

Their distinguishing characteristics include a general inability to function adequately in family, social, and work situations, extreme dependency, inertia, a tendency to withdraw from the normal stresses of everyday life, and a lack of motivation to provide for themselves. Clinically they resemble patients described as "inadequate personalities", "sociopaths" or as having "character disorders" (p. 4).

Robert A. Walker (1965), reporting on a rehabilitation program for "those unemployed who find it difficult to enter the labor market without special help...a group of people who have been frequently labelled as the 'hard-core unemployed' (p. 1)", said of this group:

They might be characterized as people who remain unemployed despite a reasonably abundant job market and the usual efforts of a community to get them back to work. It is probable that every community has a hard-core group similar to this group.... The Center found that the hard-core unemployed have a long history of severe and multiple problems, only one of which is unemployment. The majority have had difficulties throughout their life; in marriage and family relationships, living with themselves and others, limited education, inept social skills, physical as well as intermittent employment. The Center views their unemployment as a symptom of more basic psychological and social deficiencies. Education and skill problems are of lesser significance (p. 1).



Objective Assessments of CDWRs. Tiffany, Cowan, and Shontz (1969) have reported on a study of "work-inhibited" Ss where objective instruments were employed to measure individual variables of the Ss. These authors stated that for many of the work-inhibited Ss, "the deterrants to work adjustments are not physical but psychological (p. v)". They found their Ss to be "loners" by their lack of involvement in societal institutions. Further, these Ss relied on fate, chance, or other external factors for direction and tended to cite "bad luck" as the cause of their misfortune. They felt controlled by others, reacted impulsively, relied on the "sick role" to avoid work, and evaluated themselves, their identity, and behavior in a negative way. They tended to be unsociable, uncooperative in their contacts with others, and had general feelings of distrust. Finally, it was found to be usually difficult for a counselor to establish a working relationship with this type of client.

Anxiety and Neuroticism as Related to CWD. During the demonstration-treatment phase of the Resource Mobilization for Employment (RMFE) project, it was noted that anxiety, as measured by the 16 Personality Factor Questionnaire (16 PF; Cattell and Eber, 1964; Cattell, Eber, and Tatsuoka, 1970) was significantly above the normal range in many of the RMFE Ss. Furthermore it appeared clinically that those Ss which were demonstrating unsatisfactory job stability after placement were also the clients which presented, among other variables, high 16 PF anxiety and neuroticism scores. MacLean (1970) showed that on the

basis of initial computer-corrected 16 PF tests on 96 referred Ss to the RMFE project, 48.9% were identified as being neurotic and 48.96% were identified as experiencing above normal to extreme anxiety. As a check on this data, 60 Ss from this group were found to have completed the Neuroticism Scale Questionnaire (NSQ) (Scheier and Cattell, 1961) after completion of the initial 16 PF. Results from the NSQ confirmed the percentages quoted above. For the NSQ results, 48.33% of the Ss were found to score as neurotic and 50.00% were found to score or report themselves as experiencing above normal to extreme anxiety.

Cattell, Eber, and Tatsuoka (1970) report results of a study concerning a group of vocational rehabilitation clients, "a group of people who need to have special assistance in finding jobs, sometimes for physical disabilities, but implicitly for certain more obscure inadequacies (p. 222)". The study found that the departure of the profile of this group from the general population showed a special occupational problem. That is, most of the primary personality source traits which are said to have an "efficient" or "adjustive" direction appear to be sub-normal, and this was also true of the second-stratum source traits which are said to have an "adjustive" direction. This included higher anxiety. This profile was not different from that obtained by Cattell and Tatro (1966) on a control group of fairly low social status. These authors further note that these vocational rehabilitation clients demonstrate a score on the neuroticism equation which was one of the ten highest neuroticism scores among occupations.

These authors state that "this certainly fits with the clinical and social-work findings of substantial vocational difficulty in excess of what is produced by the physical disabilities (p. 223)." The authors conclude that "psychopathology...among vocational rehabilitation clients is not uncommon, and that attention to personality characteristics...is therefore an extremely important part of the vocational rehabilitation process (p. 223)."

Cattell et al. (1970) state that a group closely related to vocational rehabilitation clients is that of chronically unemployed people. They report a study of the motivational structure of such a group, using the 16 PF along with the IPAT Motivation Analysis Test (MAT). The battery was administered to a group of 75 chronically unemployed persons (operationalized as having quit at least six jobs in the past six months) and a group of 75 employed persons, individually matched with the former on the variables of age, race, education level, and intelligence (16 PF, B scale). The results were most interesting.

The chronically unemployed Ss tended to be more emotional (C-), more expedient (G-), more apprehensive (O+), and to have a higher second-order anxiety score and neuroticism score than their employed counterparts. Most importantly, a discriminant function for predicting "employability" (i.e., dissimilarity from the chronically unemployed group) was constructed, in which the Q<sub>1</sub>, C, and F scales of the 16 PF received prominent weights, along with seven scores from the MAT.

Classificatory efficiency of 92% for this discriminant function was found for the samples on which it was based. That is, 69 SS of each group were correctly classified, and six were misclassified. The authors state that:

If anything approaching this level of correct classification is found on a cross-validation sample, the discriminant function should be of great practical value in detecting persons who have a high potential of becoming chronically unemployed, and hence in applying special educational and other preventative measures to them (p. 225).

#### The Problem

There appears, therefore, to be clinical, objective, and elementary experimental evidence to suggest that CDWRs may present, upon rigorous examination, specific personality characteristics which differentiate them from persons who are not chronically dependent on welfare. However, the evidence is not strong in respect to experimental validation in terms of either (1) establishing the empirical fact of personality differences, or (2) establishing the specific dimensions along which CDWRs can be discriminated from non-CDWRs. The primary purpose of the present study, therefore, will be to conduct a controlled study designed to test the premise that CDWRs do differ from non-CDWRs on specific personality dimensions and that these differences, as empirically determined, can be expressed in a discriminant function that will be confirmed by means of cross-validation.

A secondary purpose of this study will be to select, randomly,

three groups of male welfare dependent Ss for the purpose of differential treatment. There will be an experimental, control, and placebo group condition. As suggested by the Arkansas Rehabilitation Service (1970), the experimental group Ss will receive individual treatment using principles and paradigms from behavior therapy. Treatment will not, however, be conducted by the thesis author or supervisor. Control group Ss will receive conventional welfare services (CWS) and essentially will be selected without the S, caseworker, or the caseworker's supervisor being aware that the S is being evaluated. A placebo group will also be used for the purpose of treatment outcome analysis. This group will receive increased caseworker time and agency services. It is hypothesized that on outcome analysis, the experimental group will demonstrate superior treatment gains in terms of (1) removal from financial welfare dependency, and (2) placement into stable employment, educational, and/or vocational-trades training.

#### Contributions of the Study

If the premise of this thesis can be verified by experimental procedures, then the study will have provided the empirical stimulation to focus future research on the individual variables involved in the CWD problem, and not just the situational or circumstantial variables often belabored, and by now self-evident. In short, how do CDWR Ss differ from non-CDWR Ss in terms of basic personality characteristics?

This study, therefore, will have a number of potential

ramifications. The first is that the empirical investigation of hitherto "neglected" CWD variables is a step forward in theory-building, an area much neglected in the CWD literature as pointed out by MacLean (1971). Byrne (1966) has stated of theory-building:

The essence of theory-building is the attempt to formulate increasingly broader generalizations which take the established relationships beyond the particular events involved in a specific observation. By giving a more comprehensive explanation of the observations, theories make possible deductions, which in turn lead to the making of new observations. Previously unrelated empirical events are unified in a more comprehensive framework (p. 31).

It is clear that if the empirical fact of personality differences between CDWR Ss and non-CDWR Ss can be established, and a discriminant function derived to ascertain what specific personality dimensions receive the greatest weights in this differentiation, and these differentiating dimensions can be confirmed by cross-validation, the question of etiology or antecedent determinants of CWD can be entertained more intelligently. This of course leads to work on preventative measures.

The second consequence of this study is directly related to possible implications for a drastic modification in the traditional treatment approaches to CWD. To illustrate, if the neuroticism and anxiety factors are replicated and cross-validated in the present study, and the experimental group proves to be superior to the other treatment conditions, then alternative treatment approaches to CWD would be strongly suggested. In particular, the paradigms and

principles of behavior therapy discussed by Wolpe (1958, 1964, 1966, 1969a) would be of direct relevance and application as would be the operant conditioning principles applied by Ayllon and Azrin (1968) and suggested or hinted at by Friedman (1963) in his simulated work milieu rehabilitation program.

## CHAPTER III

### CONCEPTUAL FRAMEWORK

#### Chronic Welfare Dependency - A Clinical Perspective

This author anticipates that at least two important variables will be associated with CWD, the factors of anxiety and neuroticism.

Anxiety and Neuroticism. As Lazarus and Davison (1971) have pointed out, a fortuitous clinical outcome can stimulate innumerable questions. That was the case with the author while working with the Resource Mobilization for Employment project, a study devoted to the investigation and rehabilitation of CDWRs. In essence, although many experimental group Ss were being placed into employment and provided with intensive supportive counseling services (see Table 1), these Ss generally were unable to sustain their employment placement and soon returned to welfare for financial assistance. The author noted, quite by accident, that these Ss were also above norm on anxiety and neuroticism as measured by the 16 Personality Factor Questionnaire (16 PF). Since the author knew little of the dynamics of this type of relationship, the author contacted and spent some time with Dr. Joseph Wolpe discussing the above mentioned findings. On the base of this interaction, plus further clinical observation, case study analysis, and objective psychometric data, the conclusion was formulated that chronic welfare dependency (CWD) may be directly associated with the principles of conditioned neurotic anxiety responses set forth by



Dr. Wolpe (1958, 1969a). In addition, operant conditioning contingencies (Skinner, 1953) appeared to be associated with CWD. The following discussion will attempt to clarify this observation.

#### A Learning Theory Approach to CWD

As stated, the present author contends that CWD can largely be accounted for by conceptualizing the development and maintenance of CWD within a learning theory framework. Essentially the author posits that the chronically dependent welfare recipient (CDWR) is a person who has learned a neurotic habit in that work related stimuli have acquired the capacity to elicit, in the CDWR, conditioned anxiety responses. Furthermore, the elicitation of the anxiety responses is of sufficient strength that the CDWR learns behaviors which, when emitted, operate to effectively avoid or remove the individual from the anxiety eliciting milieu. Involved in the process of learned anxiety are historical learning experiences which follow the operant and classical conditioning paradigms, plus the operant conditioning contingencies which are part (fortuitously) of the operating procedures of the welfare system. At an observation level, the so-called chronic welfare dependent behaviors are, functionally, learned anxiety avoidance behaviors. These concepts will be explained in more thorough detail.

Historical Contingencies of CWD. The eventual or ultimate anxiety conditioning of a CDWR seems, in many cases, to be the result of a long process. The first important learning experiences of the CDWR appear to occur within the familial-cultural environment. Subjects

involved with the Resource Mobilization for Employment project frequently reported that they came from family backgrounds that would be classified as underprivileged or low socio-economic. These families, as Geismar and Ayres (1959) pointed out, frequently are not intact (i.e., absence of the mother or father or both), present a history of parental separations and/or divorces, have a father who is himself unemployed for physical or psychological reasons, and do not emphasize such things as school achievement, work skills, community involvement and other socio-employment attitudes and values. Occasionally the CDWR is from a welfare dependent family, or more often, the family has at least relied on welfare services on a sporadic basis. Later in life the CDWR reports that he did poorly in school and did not belong to any organized community activities.

The author postulates that this type of background results in the individual having a deficit in his behavioral repertoire (Ferster, 1964), that is, there is an absence of a diversity of learned adaptive behaviors which can be emitted by the individual to meet the routine demands and stresses of everyday living. The person is poorly equipped to become an involved member in society, to obtain a respectable and interesting job and hence to procure adequate financial reward. In short, this type of background, due to a lack of learned adaptive behavioral skills, limits the individual in terms of how much control and behavioral efficiency he has in interpersonal relationships, in the labor market and in society at large.

Up to this point the author is in agreement with the Special Senate Committee on Poverty. That is, welfare dependents frequently report inferior educational, cultural, informational and employment training. However, this is only part of the process, since many individuals from this type of background do not become dependent on welfare for economic support. Other learning contingencies are important.

Anxiety and Withdrawal from Work. Due to the low educational and employment training, many of the CDWRs interviewed reported that after marriage, menial labor employment demanded long hours, hard work and resulted in little advancement, recognition or financial reward. At the same time economic inflation, a growing family, and increasing debts made the S's earning power even more inadequate. Associated with this was a marriage relationship that produced increasing arguments and family schisms, usually over financial matters. Clients reported this was the time period marked by tension, frustration, worry, and a general subjective feeling of "not being able to keep up". For the CDWR, this experience seemed to involve work, money problems and tension with no relief and a daily repetition of the same contingencies.

As stated earlier, the contingency relationships between work and reinforcement are crucial. The author posits that the type of work experience mentioned above essentially constitutes a punishment paradigm (the presence of aversive stimuli in contiguity with work related behavior and cues). The result is hypothesized to be anxiety

conditioning; presentation of a work related cue results in the S experiencing the elicitation of anxiety responses. However, the induction of anxiety does not represent the complete picture of the development of CWD. There are other learning contingencies which are important to understanding the CWD problem.

The Operation of Going on Welfare. For a person to be chronically dependent on welfare, he originally had to find it necessary to make the initial application for social assistance. Many of the CDWRs interviewed reported that at some point in their life they simply could no longer exist on the monies available. This need for financial assistance may have been brought about by a number of circumstances (e.g., seasonal employment resulting in long employment lay-offs, inadequate job performance resulting in job termination, technological displacement, serious illness or accident, etc.). However, it is exactly the operation of "going on welfare" which is so important to the development of CWD. Assuming that the individual has already acquired learned anxiety responses to work stimuli, or even is experiencing above normal anxiety elicitation, the operation of going on welfare would serve to functionally reduce this anxiety level.

It should be clear that welfare status (which includes, generally speaking, allowance for rent, food, basic clothing, medical coverage, dental costs if necessary, utilities, transportation allowance, special school book allowance for children, special budgets for doctor recommended diets, and other items) removes the individual from the

anxieties associated with having to meet the demands of providing a living for himself and family. This represents an escape paradigm; welfare status removes the individual from the work world, anxiety eliciting cues, and the behavioral demands of achieving a satisfactory living standard. In short, welfare monies and services become associated with anxiety reduction, and the behaviors which effect this welfare dependency would therefore be strongly reinforced. In return, behaviors which would culminate in the removal of the individual from welfare dependency would be associated with anxiety induction.

If the above general process were essentially true, one could expect that welfare Ss (operating on an anxiety reduction, avoidance basis) would soon present habitual behaviors that would function to maintain them in their welfare status. This has been, of course, the traditional observation. The author refers the reader back to observations made by Friedman (1963), Walker (1965), and Tiffany et al. (1969). Essentially these welfare dependent behaviors which CDWRs emit serve to effectively maintain their welfare status and hence avoid the presentation of anxiety eliciting contingencies. In summary then, the operation of going on welfare, which results in decrements of anxiety, represents an escape paradigm and the learning of behaviors which will maintain the status quo (welfare status) represents an avoidance paradigm. These learned habitual avoidance behaviors are the overt behaviors observed by social workers and others, and are the basis of the phenomenon termed chronic welfare dependency.

Chronic Welfare Dependency - A Synthesis

Rachlin (1970) has talked about four basic principles used in discussing instrumental conditioning. In capsule form the four principles are reward (positive reinforcement), punishment, escape, and omission. Table 2 presents the four basic kinds of instrumental conditioning and are classified by the consequences of a specific act.

TABLE 2  
FOUR BASIC KINDS OF INSTRUMENTAL CONDITIONING

	Stimulus Presented	Stimulus Removed
Pleasant Stimulus	Positive Reinforcement	Omission
Noxious Stimulus	Punishment	Escape (Negative Reinforcement)

These four principles, plus the induction of anxiety and anxiety conditioning, have already been referred to in the previous material. However, further discussion of these principles is useful in crystallizing the importance of specific learning contingencies and the ultimate development of a set of consistent behaviors that have

been referred to collectively as chronic welfare dependency.

### Punishment

Lundin (1970) has described the punishment contingency. A response is already in operation at some degree of strength through prior positive reinforcement. This response is then followed by an aversive stimulus. The operation can occur while the organism is still being positively reinforced, either regularly or in some intermittent schedule or during extinction. In punishment, the effect of the aversive stimulus is to depress the behavior when it is presented. For the potential CDWR, punishment of work behaviors may have taken the form of conditioned aversive stimuli, such as a "verbal spanking", criticism, blame, ridicule, or being penalized for an infraction of a rule. These types of punishment are, of course, not just administered to Ss who become CDWRs but to any employee. The difference is that the CDWR, with his hypothesized behavioral repertoire deficit, has less coping behaviors to use in response to these punishments and consequently what may be relatively non-threatening stimuli for many Ss actually constitutes strong aversive stimuli for the potential CDWR (see comments under anxiety below). Other types of noxious stimuli which CDWRs have reported include an inability to achieve a balanced budget due to low wages usually administered to persons in menial labor positions. This leads to such contingencies as the landlord "pestering" for rent, having to stretch the budget for food, and not being able to purchase needed work clothes or equipment. In

fact it is the lack of adequate financial resources "to live" which is often quoted by CDWRs as the main thing which made working seem to be "a losing proposition". Also this lack of adequate monies to meet all necessary and personal needs is usually pervasive. In the type of menial labor most CDWRs were involved in, promotions are rarely granted, and work stability is unpredictable; one never really knows for sure whether his services will be required next week or next month. Consequently the level of income never changes very much for the potential CDWR. Yet inflation, taxes, a growing family, etc. continue to put an increasing demand on what monies are available. The effect is that work behaviours are never reinforced positively from a monetary perspective. In general, therefore, the author postulates that the work experiences of a CDWR have largely been based on a punishment paradigm and the basic result is a low response strength toward work behaviors (and probably work attitudes).

#### Omission

Lundin (1970) states that punishment basically involves one of two kinds of operations. The first involves the presentation of some aversive stimulus following a response. The second operation, suggested by Skinner (1953), is the withholding of response contingent positive reinforcement. Rachlin (1970) calls this last operation omission. Omission of a reward occurs when a reward, usually present in the environment, is absent after a response. The omission of a reward tends to decrease the probability that the response will recur.



For the potential CDWR, omission includes such things as the absence of promotions on the job, the withholding of attention and approval by supervisors, and the withholding of money (due to budgeting problems; see above) for desired personal items. In general then, the author postulates that the CDWR has been involved in work experiences that can be typified by an omission besides a punishment paradigm.

#### Positive Reinforcement

It should be clear that CDWRs which have been interviewed by the author present a very negative perception of their experiences in the labor market. In fact, one form of conditioning seems to be noticeably lacking in the working experiences of the CDWR, and that is the operation termed positive reinforcement. A reward tends to increase the probability that the response it follows will recur. A reward is called a positive reinforcement. For the CDWR, work experiences were rarely followed by positive reinforcement. In fact, the potential CDWR is basically conceptualized by the author as a person whose work behaviors are under aversive control and consequences.

#### Anxiety

Lundin (1970) has pointed out that the effects of strong aversive stimuli can be made to generate certain respondent behavior which is often interpreted as emotional in character. These changes in respondent (and operant behaviors) are at least temporarily disrupting and disorganizing. Neutral stimuli that precede or accompany a primary aversive stimulus take on the function of that

stimulus. In the present situation it is hypothesized that work related behaviors and cues are constantly in contiguity with the pervasive aversive stimuli mentioned above. Over time, with this association being repeated many times, the product is what we term anxiety. In short, as Wolpe (1958) has pointed out, stimuli (work related behaviors and cues) not previously capable of evoking anxiety responses may acquire the power to do so if they happen to be acting on the organism when anxiety is evoked by other stimuli (the primary and conditioned stimuli mentioned above). Consequently, it is postulated by the author that potential CDWRs have experienced a set of contingencies that, in sum, have had the effect of producing a set of conditioned anxiety responses.

#### Escape

Escape is the conditioning of a response through negative reinforcement. A response is strengthened by the removal of some aversive stimulus. In regard to the potential CDWR, the operation of going on welfare (however the person came to point of making application for social assistance) constitutes the escape contingency. By going on welfare, and receiving welfare monies and services, the aversive circumstances described above are terminated. His basic living needs are now met and the family will also receive whatever medical, dental, clothing, etc. services are required. One last operation is important in conceptualizing development of the CWD problem.

### Avoidance

The conditioning of anxiety, and the escape from anxiety eliciting cues, has been effected by the time the CDWR has achieved welfare status. However, to re-enter the labor market would constitute anxiety induction. As Lundin (1970) has stated, in escaping from a noxious stimulus, it is clear that the reinforcement comes from the removal of that stimulus. On subsequent occasions, when the aversive stimulus is presented, the organism quickly withdraws if possible. Perhaps even more common than escape is avoidance responding. In essence, we learn to anticipate "trouble" when we see signs of it. The reinforcement in avoidance, in the most common situation, comes from the organism learning to make a response that prevents the onset of an aversive stimulus. For the CDWR, certain habitual behaviors effectively maintain his welfare status and this prevents him from being placed into the labor market again with all of the associative conditioned anxiety eliciting cues. These overt learned avoidance behaviors are, of course, the behaviors which are observed by welfare workers and others and classified as "client overdependence", or chronic welfare dependency. These avoidance behaviors are familiar to all professions concerned with the CWD problem (see Friedman, 1963; Walker, 1965; and Tiffany *et al.*, 1969). Examples are a client's car breaking down while on the way to an employment interview; a sudden attack of "flu", backache, stomach trouble, etc. when a counseling interview is scheduled; the husband being "out" when a home visit is

made by the social worker; and nobody apparently at home to answer the telephone when the social worker phones to find out why the client failed to report to his first day of work. These behaviors which seem to avoid a work or counseling situation could fill a very lengthy list. The consequences of these behaviors are the same, however. They typically operate to maintain the client's status quo--on welfare and removed from employment. These behaviors are learned on the basis of trial and error (if one "excuse" seems to be not working, another is usually emitted), and perhaps most importantly, by modeling and vicarious processes (Bandura, 1969). On this last point, Geismar and Ayres (1959) and Kupfer et al. (1970) found that CDWRs tend to isolate themselves from society in general and associate with other welfare recipients. Consequently, the interaction of observing and talking with other CDWRs may serve to provide a source of behaviors which serve to enlarge one's behavioral repertoire. In summary, then, the above largely clinically based conceptualization of the development of CwD is an elaborated presentation of Singh's conclusion. The preference for work can be reduced by altering incentive properties associated with freeloading. That is, if one makes freeloading attractive enough, or the rewards for working small enough, the individual will begin to freeload. In addition, the author has added the development of conditioned neurotic anxiety responses in relation to CWD.

#### The Variety of Learning Contingencies

It must be pointed out that the above general clinical

conceptualization of CWD represents a process that seemed to occur for many of the CDWRs interviewed. However, it would be naive indeed to assert that all CDWRs will present a learning history that fits "the formula". Wolpe (1958) has stated that only three kinds of processes are known that can bring about lasting changes in an organism's habit of response to a given stimulus situation: growth, lesions, and learning. The author accepts this premise, and it is the basic postulate of this thesis that CWD, like any other behavior or set of behaviors, is the result of learning contingencies. However, not all CDWRs will have experienced the same kind of antecedent learning conditions that have just been discussed. Rather, the above process seems to basically occur for many CDWRs because at present society's institutions function in such a way as to facilitate such a process. However, some individuals appear to have become chronically dependent on welfare due to different learning contingencies. For example, one client had a fear that he would not be able to perform the specific job duties required by the formal job description. Behaviorally this young man could easily proceed from job application to job interview without apparent distress. After official notification of acceptance, however, the client would become anxious and ultimately fail to appear for the first day of work. The social worker was perplexed since this 22 year old male was from a middle class family that valued achievement and the client was an honors graduate from a two year technical school in chemical engineering. Upon closer examination

(the author had recently learned the technique of conducting a S-R analysis for clinical cases; see Wolpe, 1969a, Chapter III) the author found the client to be of quite small stature, meek, verbally "clumsy", and generally lacking in self-confidence. The client eventually revealed that he felt almost "impotent" in being able to do a job properly and that his fellow workers would show him up with their competence. Treatment along the lines of assertive training and desensitization (Wolpe, 1958, 1969a) was employed. The client subsequently obtained a job and reported for work (with some verbalized hesitancy). The imagined "catastrophe" did not occur (the employer had been agreeable to disregarding slowness on the part of the client and to praise good work) and the client appears to be making a satisfactory work adjustment. It is interesting to note that the client reported always feeling insignificant (apparently due to his physical stature and poor verbal abilities) and was either left out of activities or simply voluntarily remained aloof. Even his intelligence, his one noticeable positive gift, met with rebuff when many of his classmates labelled him "an egg-head" and other such names. The client's fear of work competition and job efficiency seems to represent a generalization effect of these earlier learning contingencies.

Other case examples could be given. The point is, however, that each individual is unique in his particular set of historical learning contingencies. Many clients do report a process like or

similar to the one previously presented. Other clients present quite different learning experiences. In fact, from a clinical point of view, the only practical method in investigating single cases is to take a complete case history to determine what are the specific cues which elicit anxiety for the CDWR and what antecedent learning experiences can be associated with these anxiety eliciting stimuli. Wolpe (1958, 1969a) has discussed this clinical procedure in detail elsewhere.

#### Expectations of the Study

It is not the purpose of the present study to present a definitive empirical investigation regarding CWD. However, in consideration of the author's conceptualization of the development and maintenance of CWD, some expectations can be stated regarding CDWRs and non-CDWRs.

In the first place, CDWRs should report themselves, in terms of basic objective personality dimensions, as being different from non-CDWRs. In particular the CDWR should be significantly higher than the non-CDWR on the dimensions of anxiety and neuroticism. These two factors relate most directly to the author's clinical hypothesis regarding CWD. In addition, the CDWR should report higher psychometric scores on anxiety and neuroticism than "new" to welfare SS (only recently having applied to welfare for financial assistance) since, according to the author's conceptualization, the welfare system operates to effect anxiety relief conditioning and subsequently

facilitates the learning of anxiety avoidance behaviors (the CWD behaviors). However, since the CDWR has endured numerous attempts by social workers and others to place him back into the labor market (repeated anxiety induction with probable higher-order conditioning and stimulus generalization to social workers and other pervasive cues associated with social work per se), the experienced and hence reported states of anxiety and neuroticism should be higher for the CDWR than the new-to-welfare person.

Another expectation regarding the CWD problem is that a treatment program set up on the basis of behavior therapy should be more effective than some other, non-learning theory based, rehabilitation program in returning the CDWR to stable employment. Treatment procedures would be designed to minimize anxiety elicitation for the CDWR and furthermore, the contingencies would be arranged such that unjustifiable work avoidance behaviors would not be allowed to operate as effective "excuses" to remain on welfare. Treatment procedures and principles in behavior therapy have been discussed elsewhere (Wolpe, 1958, 1969a; Ayllon and Azrin, 1968; Franks, 1969; Lundin, 1970; Yates, 1970).

The approach of the present thesis, therefore, will be to investigate potential personality differences between CDWRs and non-CDWRs and, furthermore, to compare a behavior therapy treatment program to a conventional or traditional services-approach treatment program.



## PURPOSE OF THE STUDY

To summarize the expectations of the study set forth on pages 23, 24, 42, and 43, the following objectives are stated:

1. To test the hypothesis that CDWR Ss differ significantly from non-CDWR Ss in terms of basic personality dimensions. These dimensions are to be measured objectively by the 16 Personality Factor Questionnaire (16 PF; Cattell, Eber, and Tatsuoka, 1970).
2. To test the hypothesis that CDWR Ss differ significantly from non-CDWR Ss in terms of anxiety and neuroticism. These specific personality dimensions are to be measured by the 16 PF.
3. To test the hypothesis that CDWR Ss can be differentiated from non-CDWR Ss in terms of a discriminant function which will be confirmed by cross-validation. This statistical operation will be based on responses of all study Ss to the 16 PF and will be analyzed via computer program.
4. To design a treatment program based on behavioral principles and to test the hypothesis that this program will be superior to conventional welfare services in terms of removing the CDWR Ss from welfare dependency. This will be determined by using the behavioral indices of (1) the time each S spends in treatment before being placed into employment, and (2) whether or not each study S is registered for social welfare at the end of the treatment period.

Chapter IV will develop more specifically the operational procedures and criteria regarding these objectives.

## CHAPTER IV

### METHOD

The primary purpose of the present study has been stated as an attempt to conduct a controlled study designed to test the premise that chronically dependent welfare recipients (CDWRs) differ from non-CDWRs on basic personality dimensions and that these differences, as empirically determined, can be expressed by a discriminant function that will be confirmed by means of cross-validation. A secondary purpose of the study was an attempt to compare the therapeutic effectiveness of an innovative behavior therapy treatment approach to the effectiveness of conventional welfare services (CWS) and a placebo treatment group. The following is a brief review of the methodology.

The first step in accomplishing these objectives was to select three samples of male Ss. One group was composed of operationally defined CDWRs, a second group was composed of "new" to welfare Ss, and a third group was made up of Ss who were not on welfare, had never been on welfare, and signified stable employment over the last two years. These three groups were then administered the 16 Personality Factor Questionnaire (16 PF) (forms A and B, 1967-68 edition). On the basis of the responses of the Ss to this test instrument, the personality dimensions which differentiated CDWRs from non-CDWRs were identified using a one-way ANOVA. Following this analysis, a discriminant analysis and classification of Ss was completed.

The second step in accomplishing the objectives of this study was to randomly select three groups of male CDWRs for the purpose of differential treatment. These Ss were selected from the total caseload at the City of Edmonton Social Service Department. The first group of CDWRs received treatment according to a treatment program based on behavioristic principles and paradigms. The second group was composed of CDWRs who received no treatment other than the services they were receiving at the time of selection and continued to receive during the experimental period (i.e., CWS). The third group of CDWRs received increased attention, caseworker time, and agency services but the services were not specifically formulated by behavioristic principles and paradigms but rather formulation was left solely to the discretion of the caseworker and the caseworker's supervisor.

Thus the methodology of this study can be viewed as taking place in two phases. The first of these pertains to the administration of the psychometric instruments and the derivation of discriminant scores, while the second is concerned with the actual treatment implications of behavior therapy versus CWS.

#### Discriminant Scores

As stated, this phase of the study involved the administration of psychometric instruments to three groups of Ss.

Subjects. Group I Ss were randomly selected CDWRs from the caseload at the City of Edmonton Social Service Department. All Ss had to (1) have been in receipt of social assistance for a period of

time greater than one year, (2) show a previous record of one or more welfare registrations, (3) demonstrate job instability by a change in three or more jobs for a two year period prior to the last or most recent social welfare registration, and (4) be considered by their social worker to be extremely difficult to place in employment and involve in rehabilitative counseling.

Group II Ss were randomly selected "new" to welfare subjects. The Ss had to (1) have been on welfare less than three months, (2) have no previous record of social welfare registrations, and (3) demonstrate a history of job stability as operationalized by a change of jobs not more than once during the two year period prior to their social welfare registration.

Group III Ss were the stable employment group. The Ss in this group had to (1) never have been on welfare, (2) presently be working and have been employed steadily at the same job for a period of two years or longer, and (3) indicate no immediate intention of changing employment. Potential Ss were identified by a local insurance agent. The Ss were from the City of Edmonton Transit System and the University of Alberta Maintenance Department.

All Ss in all groups had to meet the general criteria of being married males, be between the ages of 25 and 40 years, have at least a minimum of a grade eight education level, not score below the average range on intelligence (16 PF, B scale), and have no obvious work-incapacitating medical or psychological disorder.

Test Instruments. As stated, all Ss in all groups were administered the 16 PF (forms A and B, 1967-68 edition). The order of presentation was the 16 PF, form A and the 16 PF, form B. The estimated testing time for each S was approximately two hours.

The 16 PF was selected as the primary test instrument for this study since it had already been used in differentiating chronic unemployed persons from stably employed persons (Cattell et al., 1970). However, the most important reason for using the 16 PF was its comprehensiveness. Cattell and Eber (1964) have stated:

(The 16 PF measures) plainly and precisely all the main dimensions along which people can differ, according to basic factor analytic research...the sixteen dimensions used are based on considerable research directed to locating unitary, independent, and practically important "source traits", i.e., traits affecting much of the overt personality.... Some of the finest factor analytic research has been devoted to its construction. A whole series of research publications testify to a broad sampling of the area of personality responses; the achievement of a true simple structure solution, revealing functionally unitary traits, thrice checked by independent experiment; a repeated intensification of item loadings; a standardization on a proper variety of groups, and a systematic accumulation of relations of important criteria (pp. 1-2). [Regarding the 16 PF, the reader is also referred to Buros (1965) pp. 366-367].

Statistics. Following the suggestion of Tatsuoka (1969), at least 60 Ss were selected for each group for the purpose of deriving discriminant scores. Therefore, this part of the study was designed to have a minimum of 180 Ss. For the purpose of data analyses, a discriminant analysis (Nunnally, 1967; Tatsuoka, 1970) and classification of Ss was done by computer program at the University of Alberta.

Statistical significance was defined as the .05 level.

Prior to the derivation of discriminant scores and subsequent classification of Ss, all test scores of all Ss were subjected to a one-way ANOVA program (Ferguson, 1966) to determine, between groups, the significant differences on the basic 16 PF personality dimensions. Test profiles were then determined for each group. In addition, second-order and specification equation scores were determined for each group and subjected to the same ANOVA program.

Ultimately, 307 Ss were solicited for the study. Of this number, 125 Ss were in group I, 120 Ss were in group II, and 62 Ss were in group III. It was anticipated that at least 120 Ss would be solicited for each group. Unfortunately, it proved impossible to acquire 120 Ss for the group III condition. For this group, then, the total 62 Ss were used in deriving discriminant scores and for the subsequent classification of Ss analysis. Therefore, for the purpose of establishing discriminant scores based on the 16 PF dimensions, 65 Ss were randomly assigned from group I, 60 Ss were randomly assigned from group II, and the 62 Ss from group III were assigned. Consequently, for the classification of Ss analysis, the remaining Ss from group I and II were used plus the 62 Ss from group III.

#### Differential Treatment Analysis

This part of the study involved the random selection and assignment of three groups of CDWRs. All Ss were selected from the City of Edmonton Social Service Department, met the general criteria

as described on page 47 plus the criteria as set out on page 46 regarding group I Ss for the derivation of discriminant scores.

Subjects. Group I Ss were comprised of 10 CDWRs who received treatment according to behavioristic principles and paradigms. The treatment program was developed by the thesis author but the actual treatment was conducted by a social worker presently assigned to the Ss in this group.

Group II Ss were comprised of 10 CDWRs who received treatment according to whatever services were being presently administered and were administered during the experimental period. This group was the CWS condition. Neither the S, social worker, nor the social worker's supervisor were aware of the fact that the S was being compared to other treatment conditions or was part of research evaluation.

Group III consisted of 10 CDWRs who received increased social worker attention, time, and agency services. This was accomplished by providing all Ss, respective social workers, and supervisors with a detailed interpretation of the clients' psychometric scores. This work was part of the thesis author's duties with the City of Edmonton Social Service Department as consulting psychologist. Therefore, this activity did not represent a change in routine. The increased social worker attention, time, and agency services was ensured by having the supervisor review each case situation once each month to evaluate case progress. The thesis author, however, took a non-directive approach to treatment planning with these Ss. Specific treatment planning was

left to the supervisor, social worker, and client.

#### Specific Factors in the Differential Treatment

Group I Ss (behavior therapy group) received treatment according to behavioristic principles and paradigms. One social worker, who operated from a behavioral framework, was selected as the therapist or counselor for this group of Ss. Ten CDWR Ss were randomly selected from this worker's total caseload and these Ss were designated as the experimental Ss. However, at no time did the social worker become aware of the fact that (1) he was part of a research study, or (2) that a selected sample of his total caseload were to be evaluated on treatment outcome criteria. The author's involvement with this worker was considered natural since the author had served as consulting psychologist to the concerned welfare agency for a previous two-year period. Consequently, the author, in suggesting treatment procedures, etc., was acting in congruence with his departmental role.

Treatment procedures were based on a number of behavioral principles. These principles specifically were:

- (1) Consistency of contingency management. Each S in the experimental group was contacted every working day to evaluate the S's progress in obtaining a job and to organize a placement plan if the S was experiencing any difficulty in getting placed into employment or training. This part of the program was easy to accomplish since the concerned social



worker was a person accustomed to contacting his clients as frequently as possible. Daily contact (often achieved by telephone contact) to achieve "program consistency", as the social worker termed it, was a logical treatment procedure for this therapist.

- (2) Extinction of Dependency Behaviors. A large number of dependency behaviors operate to maintain a CDWR in welfare status. For example, an "I've got the flu today" response from a CDWR frequently results in the client's appointment (next scheduled client contact) being postponed one week (generally, due to heavy caseloads, clients are never seen more than once a week or even once a month). After the new appointment time comes around, another "excuse" might achieve another appointment delay. In this experimental group, "excuses" to avoid employment or interviews were met with by (1) going to the S's home to encourage immediate program re-planning, (2) taking the S to a doctor if he reported himself as being very sick, (3) cessation of welfare monies if the S refused to be found (sometimes clients just cannot seem to be located by anyone, anywhere; stopping welfare payments usually results in an immediate appearance of the S at the welfare office). Basically the principle here was one of not allowing the S to miss appointments, employment interviews, etc. without immediate and justifiable explanation. In short,

behaviors usually effective in achieving continued welfare status were not allowed to operate.

A major accomplishment in the extinction process was coming to grips with the "sick role" (Tiffany et al., 1969). Often CDWRs state they are not employable due to some incapacitating physical illness. When this happened in this group, Ss were required to obtain a medical and receive a letter from the examining physician stating that the S was unemployable due to a specified physical limitation. In no case was such a classification given by a physician during this study.

- (3) Support. It would be false to state that clients were systematically worked with in terms of anxiety avoidance behaviors. The most desirable program, systematic desensitization (Wolpe, 1958, 1969a), proved impossible to set up due to many agency-client-therapist variables. However, "support" was achieved by frequently accompanying the S to his job interviews, etc. This was always done in a manner that the S realized the support was to provide a "shoulder to lean on" and was not done as a "system of checks". It was anticipated that by the therapist being available to the client, anxiety would at least be maintained within tolerable limits. The author realizes that anxiety counterconditioning (except fortuitously) would thus not be achieved. This unfortunately has implications regarding long-term treatment effects.

- (4) Assertive Training. Whenever a client stated he could not emit some behavior, this target behavior was encouraged, prompted, or shaped via behavioral rehearsal until such behavioral requirements were possible (sometimes behavioral emittance was stimulated by the presence, in vivo, of the therapist (see Support) in the natural environment (Tharp and Wetzel, 1969).

Group II Ss were randomly selected from the total caseload at the concerned welfare agency. There was no intervention with these Ss except to evaluate them on outcome criteria. Services for these Ss proceeded, without any interference, according to the services which had been determined by the department prior to and during this study. This group therefore constituted the conventional welfare services (CWS) group. A file analysis revealed these clients were receiving services on the basis of that found in Table 1. This should not be surprising, however, since the figures for Table 1 were derived, in part, by Kupfer et al. (1970) in an analysis of this department.

Group III, the placebo group, was comprised of Ss drawn from the caseload at the City of Edmonton Social Service Department. These Ss were then given a battery of psychological tests to help glean information useful in formulating an occupational-training goal for each S. This type of duty was consistent with the author's role, and therefore such a procedure was congruent with existing services. Of the Ss selected, three different unit supervisors were involved and four social workers. Each S had his psychometric

test data explained to him. The administered instruments were the 16 PF, forms A and B; Wechsler Adult Intelligence Scale; Differential Aptitude Tests; and the Kuder Vocational Interest Blank. A subsequent interview between social worker and unit supervisor was set up where another test interpretation was completed. All subsequent social work services for these Ss was left up to the concerned social worker and supervisor. However, monthly evaluation meetings were arranged to ensure that the client continued to receive agency attention. These were set up for the end of June, July, August, and September 1972. The author was not present during the August and September meetings due to moving from the area. This group therefore represented a CWS group, with the added placebo variables of psychological test data and scheduled evaluation meetings.

For group I and group III conditions, all arrangements for client contact and programing (group I) plus testing (group III) were completed the week prior to the beginning of the experimental period (June 1, 1972). Programing and test interpretations were carried out the first week of the experimental period. This procedure was followed to reduce the error of one group being further advanced in treatment.

Outcome Criteria. All three treatment groups were evaluated according to the following behavioral criteria:

1. The number of days each S in each group was registered for social assistance before being placed into employment.

2. Whether or not the S had been placed in employment and/or educational, vocational or trades training at the end of the treatment period.

These evaluations were considered to be "hard" data. Some studies, even though unsuccessful in placing Ss into stable employment, speak of "success" in terms of apparently improved family relationships, self-image, etc. The present author takes the stand, however, that at present one of the primary tasks of treatment programs in social welfare is to place a client, who is able to be employed, into the labor market and into stable employment. This has implications regarding the lowering of total welfare registrations, welfare budgets, and the general economic structure. Perhaps the future will see the guaranteed annual income make obsolete the work ethic and current economic dynamics; however, until such time CWD does exist and large welfare registrations have serious implications regarding welfare budgets, staffing problems, and individual problems (e.g., the recent and lengthy discussions regarding slum housing and welfare in Edmonton). Therefore, for the present, the "hard" data type of analysis is postulated as being a primary, relevant, and valid criterion of evaluating social welfare treatment procedures. In short, do present social work techniques effectively facilitate the client in re-establishing himself as an employed person?

Treatment Period. The treatment period for all Ss was four months in length. At the end of this period all Ss were evaluated according to the outcome criteria.

Statistics. At the end of the treatment period, all Ss in all three groups were evaluated according to the outcome criteria and all data was subjected to appropriate nonparametric statistics. For the analysis concerned with the length of time each S was registered for social assistance during the experimental period, the Kruskal-Wallis test was used (Siegel, 1956). For the analysis concerned with the employed-not employed status of each S at the end of treatment, the Cochran test was used (Siegel, 1956). For these analyses, statistical significance was defined as the .05 level.

## CHAPTER V

### RESULTS

The results of this study will be presented in two sections. The first section will be concerned primarily with (1) the empirical data related to personality comparisons between CDWRs and non-CDWRs, and (2) the discriminant function analysis of objective personality data computed for the purpose of determining classification efficiency. The second section will be concerned with the results of the comparisons between the treatment group conditions. For the purpose of this discussion, chronically dependent welfare recipients will be referred to as CDWR Ss, "new" to welfare recipients will be referred to as short-term welfare recipients (STWRs), and the stably employed subjects will be referred to as SE Ss.

#### Personality Differences Between CDWRs and Non-CDWRs

An ANOVA comparison indicated that there were significant differences between the groups used in this part of the study. Table 3 summarizes the results of the comparison on all sixteen primary personality dimensions plus four second-order factors and three specification equations.<sup>1</sup> However, in general, it can be stated that in regard to the primary dimensions the CDWR Ss are significantly

---

<sup>1</sup>Second-order factors are identified by the universal index symbol system (e.g., Q<sub>I</sub>, Q<sub>II</sub>, etc.). Specification equation dimensions are referred to by nominal designation (e.g., neuroticism).

different from SE Ss, and the STWR Ss are significantly different from the SE Ss, but the CDWR Ss are not significantly different from the STWR Ss. Figures 1, 2, and 3 present the pattern profiles of the CDWR Ss, the STWR Ss, and the SE Ss.

Of particular importance to this study are the results regarding comparisons between groups with respect to the second-order factors. As Cattell et al. (1970) have stated:

Psychologically, the second-stratum factors may be viewed as broader influences or organizers contributing to the primaries and accounting for their being correlated .... (The second-order factors show) how the primaries are organized within a particular person. (It is to be kept in mind) that a second-stratum factor is a natural structure, a functional unity... (pp. 111-126).

Therefore, in terms of interpretation of differences between groups, that is, the meaning of the results (see Tatsuoka, 1970), the second-order factors are of primary importance.

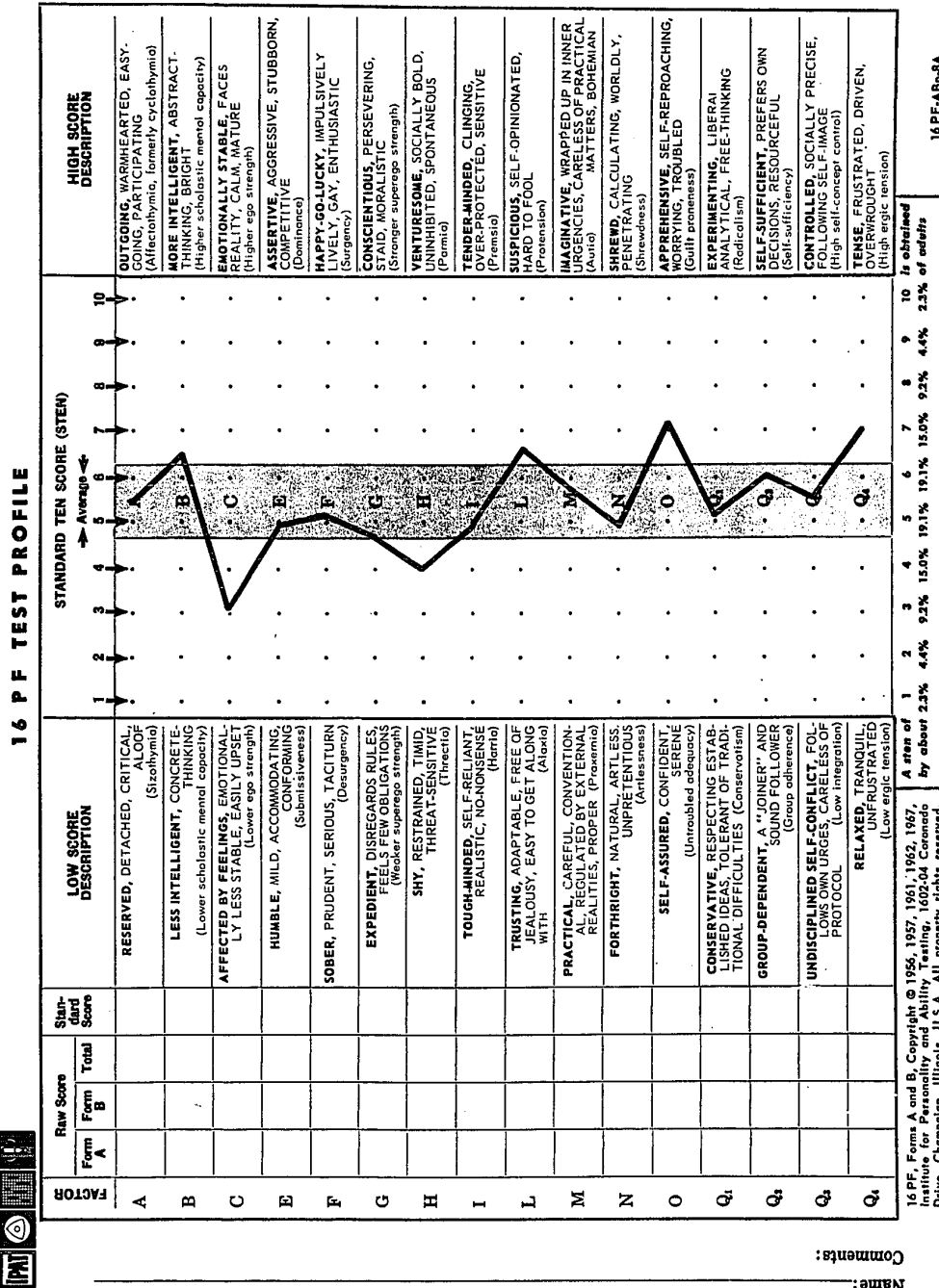
An analysis of the significant differences between the groups on the second-order factors (see Table 3) reveals that as conceptualized from clinical experience with CDWRs, neuroticism and anxiety indicators increase as the degree of welfare involvement increases. That is, CDWRs reported higher neuroticism and anxiety scores than STWRs, and STWRs reported higher neuroticism and anxiety scores than SE Ss.

In regard to introversion-extraversion, independence-subduedness, and creativity, interesting results were found. The STWR Ss, as compared to SE Ss, were significantly more introverted, subdued, and less creative. Differences between CDWR Ss and STWR Ss, on these same



FIGURE 1

16 PF PROFILE FOR THE CDWR GROUP

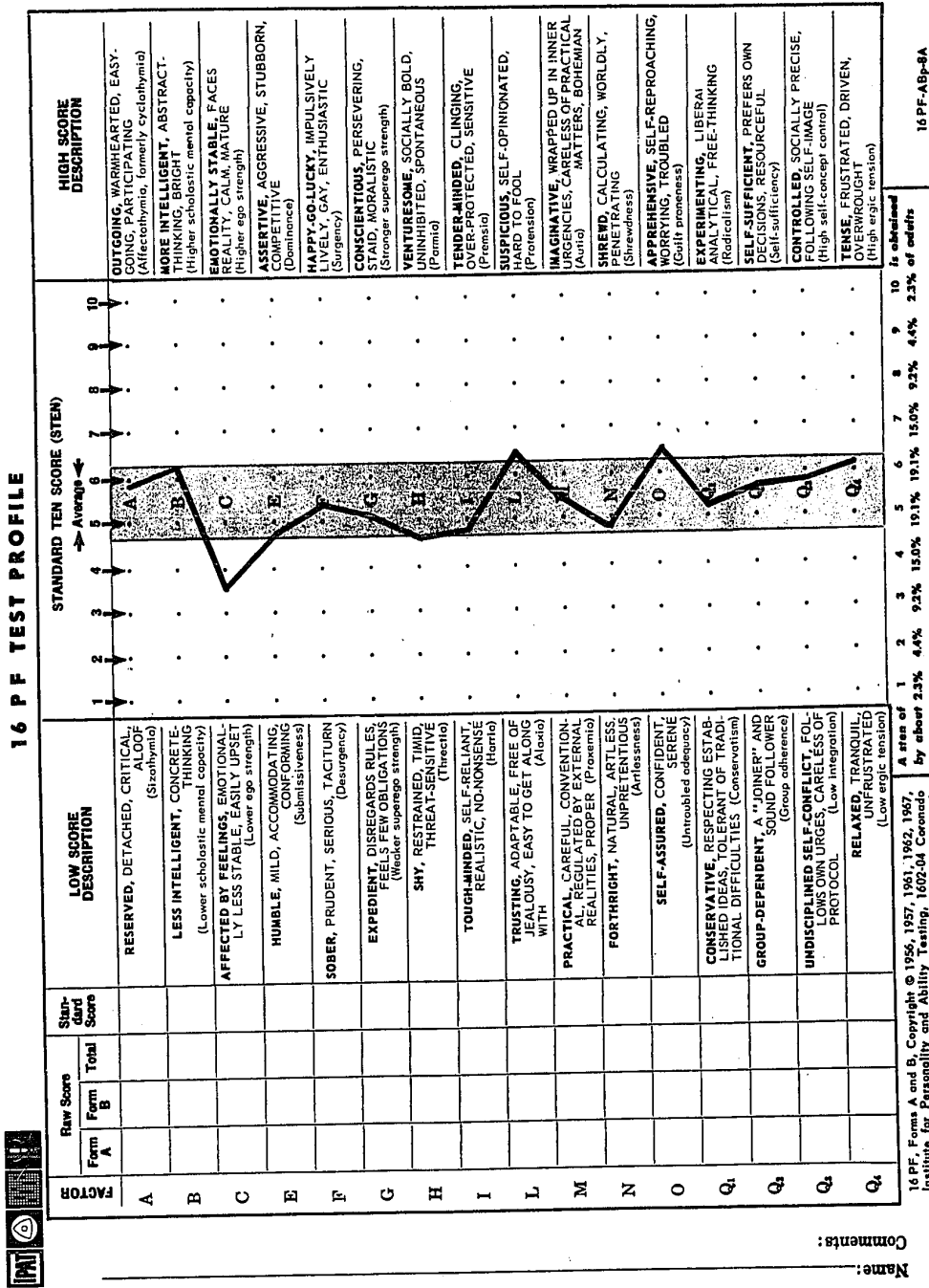


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Name: \_\_\_\_\_  
 Comments: \_\_\_\_\_

FIGURE 2

16 PF PROFILE FOR THE STWR GROUP



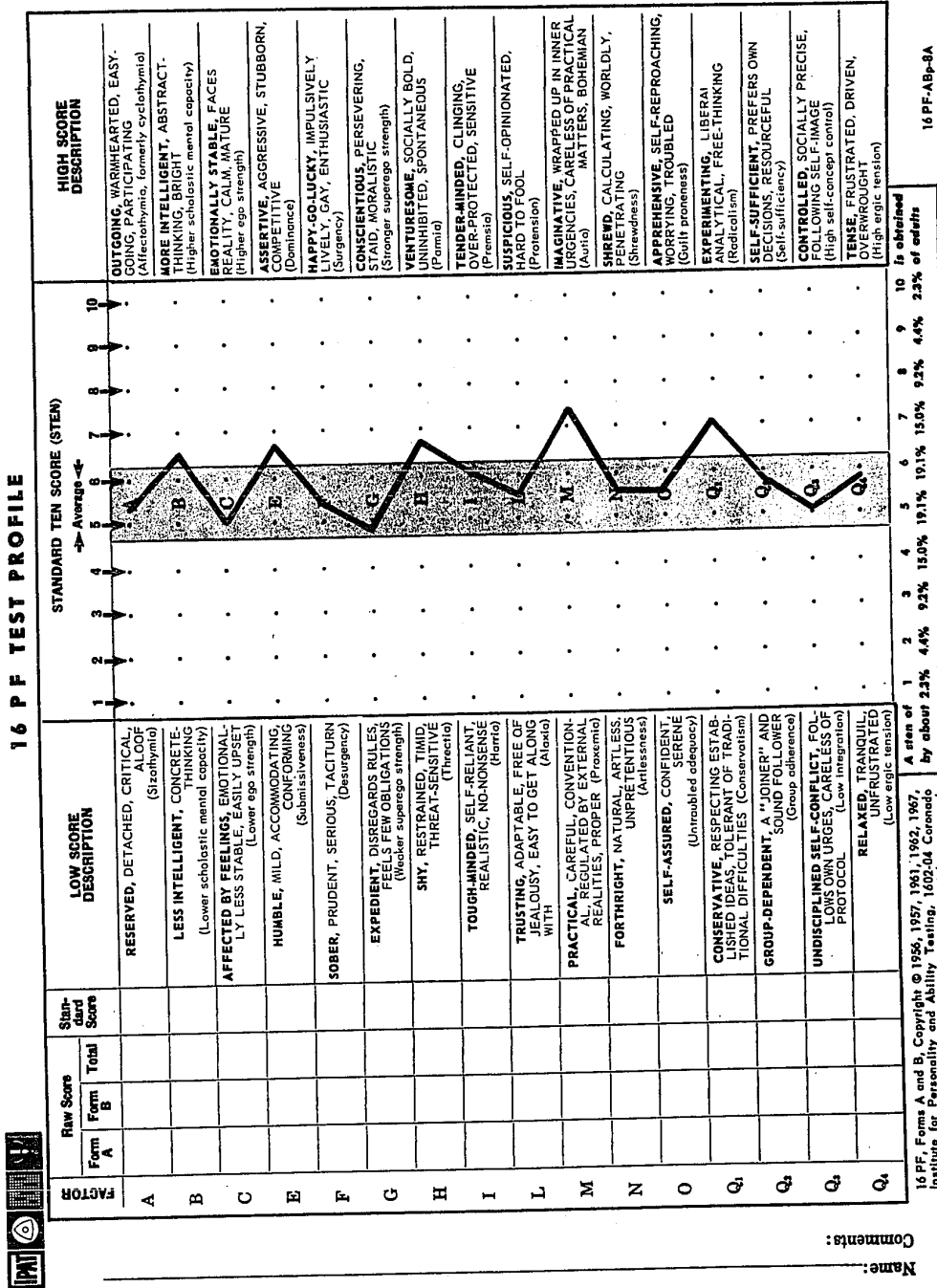
16 PF, Forms A and B, Copyright © 1956, 1957, 1961, 1962, 1967, Institute for Personality and Ability Testing, 1602404 Carondek Drive, Champaign, Illinois, U.S.A. All property rights reserved. Printed in U.S.A.

Name: \_\_\_\_\_  
Comments: \_\_\_\_\_

16 PF-AB-8A

FIGURE 3

16 PF PROFILE FOR THE SE GROUP



16 PF, Forms A and B, Copyright © 1956, 1957, 1961, 1962, 1967, by the University of Minnesota, Minneapolis, Minnesota, U.S.A. All property rights reserved. Printed in U.S.A.

Name: \_\_\_\_\_  
Comments: \_\_\_\_\_

dimensions, were not significant.

The one puzzling result of this study, in terms of psychometric results, concerned the psychoticism dimension. The only significant difference was between the STWR and SE groups, with the STWR group demonstrating a lower psychoticism score than the SE group.

Table 4 presents the exact probabilities among the three study groups on the 16 PF dimension which were shown to be statistically significant. These exact probabilities among the three groups for the significant 16 PF dimensions has been provided so that the reader may be able to personally consider a meaningful interpretation of the data. This, of course, requires a comparison of pairs of means. Methods have been developed for making selected a posteriori and complete sets of comparisons and Winer (1962) has provided a useful summary and comparison of these methods. The method selected for this data was the Scheffe (1953) method since it provides for a rigorous criterion for a Type I error (Ferguson, 1966).

#### Discriminant Analysis and Classification Efficiency

As pointed out in the Table 3 data, there were nine primary 16 PF dimensions which were found to show significant differences between groups. The specific dimensions were C, E, H, I, L, M, O, Q<sub>1</sub>, and Q<sub>4</sub>. Also it will be recalled that of these nine dimensions, only two (O and Q<sub>4</sub>) showed a significant difference between the CDWR and STWR groups. Of the other seven dimensions, a significant difference occurred only between welfare Ss and the SE Ss (in this sense the

TABLE 3  
 COMPARISONS AMONG THE THREE STUDY GROUPS ON 16 PF PERSONALITY DIMENSIONS

Factor	Group						Significant Differences $p \leq .05$	p
	Chronically Dependent (1) Welfare Recipients		Short Term Welfare (2) Recipients		Stably Employed (3)			
	M	SD	M	SD	M	SD		
A	5.41	1.67	5.94	1.87	5.35	1.99		
B	6.46	1.62	6.27	1.83	6.51	1.35		
C	3.12	1.87	3.55	1.89	5.00	2.08	.0000	
E	4.92	1.98	4.74	2.08	6.77	5.93	.0001	
F	5.24	1.96	5.34	2.09	5.32	2.05		
G	4.60	1.69	5.05	2.04	4.72	2.25		
H	4.03	1.98	4.50	1.97	6.72	1.66	.0009	
I	4.89	1.87	4.82	2.04	6.03	2.16	.0002	
L	6.68	2.11	6.49	1.86	5.55	1.81	.0008	

M	5.70	1.96	5.39	2.20	7.37	8.29	1&3, 2&3	.0079
N	4.97	2.10	4.84	2.00	5.56	2.24		
O	7.28	1.78	6.44	2.06	5.44	2.06	1&2, 1&3, 2&3	.0000
Q1	5.15	1.88	5.18	1.82	7.06	4.72	1&3, 2&3	.0000
Q2	6.06	2.04	5.64	1.79	5.79	2.34		
Q3	5.58	2.18	5.78	2.13	5.06	2.09		
Q4	7.01	2.12	6.20	2.04	5.80	2.33	1&2, 1&3	.0004
Neuroticism	7.08	1.65	6.45	1.85	5.63	2.03	1&2, 1&3, 2&3	.0000
QII (Anxiety)	7.49	2.10	6.70	2.07	5.77	2.00	1&2, 1&3, 2&3	.0000
QI (Invia-Exvia)	4.40	1.99	4.76	2.14	5.66	2.40	1&3, 2&3	.0008
QIII (Tough Poise)	5.12	1.41	5.04	1.73	5.19	1.80		
QIV (Independence)	5.54	1.71	5.01	1.71	6.69	2.23	1&3, 2&3	.0000
Creativity	5.64	1.62	5.23	1.49	6.54	1.87	1&3, 2&3	.0000
Psychoticism	5.10	2.01	4.48	2.13	5.74	2.06	2&3	.0004

TABLE 4  
 EXACT PROBABILITIES, USING THE SCHEFFE MULTIPLE COMPARISON OF MEANS,  
 AMONG THE THREE STUDY GROUPS ON THE 16 PF DIMENSIONS WHICH WERE  
 STATISTICALLY SIGNIFICANT

Factor	Group	Group		
		Chronically Dependent (1) Welfare Recipients	Short Term Welfare (2) Recipients	Stably Employed (3)
C	1	1.0000	0.2066	0.0000
	2		1.0000	0.0000
	3			1.0000
E	1	1.0000	0.9026	0.0013
	2		1.0000	0.0004
	3			1.0000
H	1	1.0000	0.7284	0.0012
	2		1.0000	0.0109
	3			1.0000
I	1	1.0000	0.9622	0.0014
	2		1.0000	0.0007
	3			1.0000
L	1	1.0000	0.7546	0.0012
	2		1.0000	0.0097
	3			1.0000
M	1	1.0000	0.8413	0.0370
	2		1.0000	0.0104
	3			1.0000
O	1	1.0000	0.0036	0.0000
	2		1.0000	0.0056
	3			1.0000
Q1	1	1.0000	0.9959	0.0000
	2		1.0000	0.0001
	3			1.0000

Q4	1	1.0000	0.0136	0.0015
	2		1.0000	0.4875
	3			1.0000
Neuroticism	1	1.0000	0.0288	0.0000
	2		1.0000	0.0156
	3			1.0000
QII (Anxiety)	1	1.0000	0.0115	0.0000
	2		1.0000	0.0174
	3			1.0000
QI (Invia-Exvia)	1	1.0000	0.4174	0.0009
	2		1.0000	0.0283
	3			1.0000
QIV (Independence)	1	1.0000	0.0751	0.0003
	2		1.0000	0.0000
	3			1.0000
Creativity	1	1.0000	0.1489	0.0019
	2		1.0000	0.0000
	3			1.0000
Psychoticism	1	1.0000	0.0615	0.1424
	2		1.0000	0.0006
	3			1.0000



CDWR and STWR groups are considered as one group). It is clear, therefore, that in using these dimensions to carry out a classification efficiency analysis, a truly efficient discrimination will not be possible between the CDWR and STWR groups. In actuality, since CDWR Ss do not differ significantly from STWR Ss on seven of the nine primary 16 PF dimensions, the question of classification efficiency becomes one of welfare Ss as opposed to SE Ss. However, results from this part of the study will be presented in two sections. One section will deal with classification efficiency between the three groups, that is, the CDWR, STWR, and SE groups. The second section of this part of the study will concern itself with classification efficiency when welfare Ss (i.e., the CDWR and STWR groups are combined together) are considered against SE Ss.

Classification Efficiency Between the Three Groups. Table 5 shows the results of classification efficiency when the three groups are considered separately. It can be seen that for the CDWR group, 34 Ss were correctly classified, and 26 Ss misclassified. The classification efficiency, therefore, is 56.66%. For the STWR group, 26 Ss were correctly classified and 35 Ss misclassified. The classification efficiency, therefore, is 43.33%. Finally, for the SE group, 42 Ss were correctly classified and 20 Ss misclassified. The classification efficiency in this case is 67.74%. In terms of all three groups considered together, there were 102 correct classifications and 80 misclassifications. Overall classification

efficiency was therefore 56.04%.

TABLE 5  
CLASSIFICATION EFFICIENCY BETWEEN THE  
CDWR, STWR, AND SE GROUPS

	Correct Classifications	Incorrect Classifications	Classification Efficiency
CDWR Group	34	26	56.66%
STWR Group	26	34	43.33%
SE Group	42	20	67.74%
Total <u>Ss</u>	102	80	56.04%

Classification Efficiency Between Welfare and Non Welfare Groups.

Table 6 can also be consulted to demonstrate the classification efficiency when SE Ss are to be differentiated from welfare Ss. As stated previously, a welfare subject category is achieved by combining all the Ss in the CDWR and STWR groups into one group, a welfare group. When this is done, for the new 'welfare group' it can be seen that there are 104 correct S classifications and 16 misclassifications.

Consequently the classification efficiency is 86.66%. Clearly, therefore, the primary 16 PF dimensions have proven efficient in terms of providing objective measures by which one can differentiate welfare from SE Ss. This finding is similar to the results reported by Cattell et al. (1970). Primary personality measures, however, and as used in this study, do not differentiate between welfare Ss, that is, between Ss in the CDWR and STWR groups. The only two primary personality dimensions which differentiated between welfare group Ss were 0 and Q<sub>4</sub>. With the ANOVA results, however, the

TABLE 6  
CLASSIFICATION EFFICIENCY BETWEEN THE  
WELFARE AND SE GROUPS

	Correct Classifications	Incorrect Classifications	Classification Efficiency
Welfare <u>Ss</u>	104	16	86.66%
SE <u>Ss</u>	42	20	67.74%
Total <u>Ss</u>	146	36	80.22%

second-stratum factors of neuroticism and anxiety were found to differentiate between welfare group Ss at less than the .000005 level of statistical significance.

#### Treatment Comparisons Among the Three CWD Groups

Non-parametric comparisons indicated that there were significant differences among the three treatment groups regarding the length of time it took before each S was placed into employment and/or educational, vocational, or trades training. However, regarding the placement of Ss into employment (and/or educational, vocational, or trades training) per se there were no significant differences among the three treatment conditions. Consequently Ss were likely to be placed into employment or training during the treatment period, regardless of what treatment condition they were in. The difference in treatment approaches shows up, however, when the time it takes to effect placement is taken into consideration. A total number of 580 placement days (the length of time an S was in registration for welfare during the treatment period) was required for the behavior therapy group, 1045 days for the conventional welfare services group, and 815 days for the placebo group. Clearly then, the placebo group was superior to the conventional welfare services group. However, the behavior therapy group was superior to either of these two treatment approaches.

Originally the study called for an analysis of each S regarding his total receipt of welfare monies during the treatment

phase. Unfortunately the gathering of such information requires an extensive search into accounting records, the budget sheets, and other financial transactions between the welfare recipient and the welfare agency. Because concern was raised regarding confidentiality of this material, this part of the outcome research was dropped from the study. However, since welfare monies received are directly related to the number of days an S is registered for social assistance, it can be speculated that this part of the data analysis would have shown a similar trend to that observed in the analysis regarding the number of days each S in each group was registered for social welfare before being placed into employment and/or training.

Tables 7, 8, and 9 present the results of the data analyses for the outcome measures mentioned above. The significance of these findings will be discussed further.

TABLE 7  
 OUTCOME SCORES (DAYS IN RECEIPT OF WELFARE)  
 OF INDIVIDUALS IN THE THREE TREATMENT GROUPS \*

Behavior Therapy Group	Conventional Welfare Services Group	Placebo Group
22	87	94
36	63	62
72	91	104
122	106	112
30	122	93
50	114	68
67	122	116
20	122	122
39	96	122
122	122	122
T = 580	T = 1045	T = 815
$\bar{X}$ = 58	$\bar{X}$ = 104.5	$\bar{X}$ = 81.5

\*Figures for each S (10 Ss per group) are the number of days the S was in registration for social assistance prior to being placed into employment and/or educational, vocational, or trades training. The total number of possible days equals 122 (June-September, 1972, inclusive).

TABLE 8  
 OUTCOME SCORES OF TABLE 6 BY RANKS FOR  
 INDIVIDUALS IN THE THREE TREATMENT GROUPS:  
 THE KRUSKAL-WALLIS TEST\*

Behavior Therapy Group	Conventional Welfare Services Group	Placebo Group
2	12	15
4	8	7
11	13	17
26	18	19
3	26	14
6	20	9
10	26	21
1	26	26
5	16	26
26	26 .	26
$R_1 = 94$	$R_2 = 193$	$R_3 = 180$

\*  $p < .05$  for the comparison of all three groups and groups two at a time.

TABLE 9  
 YES (1) AND NO (2) EMPLOYMENT DICHOTOMY OF CDWR  
Ss IN THE THREE TREATMENT CONDITIONS:  
 THE COCHRAN TEST\*

Set	Behavior Therapy Group	Conventional Welfare Services Group	Placebo Group	$L_i$	$L_i^2$
1	1	1	1	3	9
2	1	1	1	3	9
3	1	1	1	3	9
4	0	1	1	2	4
5	1	0	1	2	4
6	1	1	1	3	9
7	1	0	1	2	4
8	1	0	0	1	1
9	1	1	0	2	4
10	0	0	0	0	0
$G_1 = 8$ $G_2 = 6$ $G_3 = 7$ $\Sigma L_i = 21$ $\Sigma L_i^2 = 53$					

\*  $p < .70$



## CHAPTER VI

### DISCUSSION

The results of this study point to a number of conclusions. First of all, it was clearly demonstrated that significant primary 16 PF personality differences do occur between welfare and SE Ss. Furthermore, when second-order factors are scrutinized, significant differences occur between SE Ss and STWR Ss, and between CDWR Ss and STWR Ss. As reported, the results also strongly suggest that the greater the length of time an individual is registered for welfare, the more probable it is that he will report, on objective measures, a decreasing adaptiveness in overt behaviors (measured by psychometric dimensions). When the primary personality dimensions which differentiate between welfare Ss and SE Ss are applied to a discriminant function analysis, the results from this study suggest a resulting classification efficiency effective in predicting who will be correctly classified to a welfare or SE category. This is in support of the results reported earlier by Cattell et al. (1970).

The one puzzling result of this study, in terms of psychometric results, concerned the psychoticism dimension. The only significant difference was between the STWR and SE groups, with the STWR group demonstrating a lower psychoticism score than the SE group. One explanation has been suggested by an RMFE counselor. Essentially,

this counselor posits that an intensive screening process is conducted during the time a person is applying for social welfare. Psychotic behaviors are probably detected and the person is referred to another appropriate agency or institution. That is, these Ss would not be considered as a primary responsibility of the welfare department. Chronic psychiatric cases were, at the time of the RMFE project, for example, referred to the Department of Social Development if welfare support was required. Consequently, individuals presenting psychotic indicators, at the City of Edmonton Social Service Department (Ss in this study) were probably "filtered out" early in the process of application for welfare, while other "eccentric" and behavior problems were noted, considered within social work practice and the individuals presenting these behavioral patterns considered eligible for welfare status. However, marginally psychotic and potentially psychotic individuals still passed through the screening process undetected or "tolerated" but surfaced later on in terms of self-report on this dimension. Psychotic behaviors could be strengthened because of the dynamics of the welfare experience (see Chapter III).

What is clear, therefore, is that specific personality dimensions are strongly associated with CWD. In particular, the two second-order dimensions which significantly differentiate the three study groups are the dimensions of anxiety and neuroticism. Although the findings from this study do not provide definitive proof of the antecedent and maintaining conditions of these personality variables, the findings do correlate directly with the tentative formulation suggested by the

author in Chapter III. Perhaps more importantly is the ramification of these findings for treatment. The CDWR, according to the results of this study, cannot be conceptualized only as a person who has not received the most facilitating experiences in life and can therefore be helped by "opening the community resource doors" for him. Whatever the antecedent conditions of this reported anxiety and neuroticism factors eventually proves to be, empirically, the fact is that treatment approaches will have to be effective in modifying these behavioral dispositions. The author postulates that traditional treatment approaches have not been successful in modifying CWD behaviors because the treatments do not systematically incorporate concepts and procedures that can modify these variables (especially from the framework of conditioned neurotic anxiety habits).

It must be clearly recognized that the dimensions of anxiety and neuroticism are not of concern only for CDWR Ss. Although these variables were reported highest in the CDWR group, these dimensions also significantly differentiated STWR Ss from SE Ss, with the STWR Ss reporting the higher scores. Therefore, it is quite conceivable that "new" to welfare Ss (new applicants) should be evaluated in terms of personality variables besides the usual eligibility criteria (establishing, from a financial point of view--and residence--whether or not the S qualifies for social assistance). The "new" to welfare applicant, although not reporting personality characteristics as serious as CDWR Ss, still report scores which are of clinical

concern.

Other second-order personality factors differentiated STWR Ss from SE Ss (although no significant difference was found between CDWR Ss and STWR Ss). In this regard, STWR Ss were found to be more introverted, less independent, and less creative than the SE Ss. It is difficult to speculate as to what these differences imply, however, since the mean values on these dimensions for the STWR group are within the "normal range".

The treatment part of this study demonstrates that a behavior therapy approach to removal of CDWRs from the welfare rolls is effective and in general can be considered therapeutically pragmatic and acceptable within the demands of short-term counseling.

Unfortunately this study has as a limitation the lack of a follow-up analysis to determine the generalization of treatment effects over a period of time. However, the fact that the behavior therapy group proved more efficient in placing Ss into employment, that is, the experimental group Ss were placed into employment sooner than Ss in the other two groups, is considered to be therapeutically desirable. If the length of time a S is registered for welfare is directly related to increasing inhibition to re-enter the labor market, then any treatment system which facilitates early placement of Ss into employment should be desirable. It is clear, however, that more thorough and comprehensive research into the specific effects of treatment, and treatment generalization, is required. Insofar as this study did

not investigate these variables, the study is limited in terms of the conclusions that can be drawn from the data. In this respect the results of the study should be regarded as directional. The results suggest that personality characteristics of CDWRs may be related to work inhibition. If this is in fact true, then treatment should be focused on the specific characteristics which differentiate CDWRs from non-CDWRs. The assumption of the author is that future research on work inhibition may be best focused on the application of treatment procedures which have been demonstrated to be effective with specific overt behaviors (i.e., particularly, in this case, behavior related to the factors of anxiety and neuroticism). The author asserts that the literature strongly suggests that the treatment procedures which are a part of behavior therapy have been most appropriate to modifying unadaptive neurotic anxiety responses. In particular, the work of Wolpe (1958, 1969a) should be consulted. This concept of the appropriate treatment paradigm for the presenting problem(s) is in congruence with the position of Carkhuff (1967). Regarding this matter Bergin and Strupp (1972) point out that desensitization procedures seem most relevant to conditioned avoidance responses, operant conditioning procedures to instrumental responses, and modeling (and the author reminds the reader of Wolpe's concepts regarding behavioral rehearsal; Wolpe, 1969a) to the acquisition of complex responses. The author presents as a hypothesis, therefore, that historically treatment systems that have been applied to CWD behaviors have been inappropriate

in that the important variables accounting for chronic welfare dependency were not considered. If the author's conceptualization of the antecedent and maintaining contingencies of CWD is correct, the factors of anxiety and neuroticism must be given central consideration in treatment planning. As this thesis has clearly pointed out, the factors of anxiety and neuroticism do differentiate welfare Ss from stably employed Ss. Furthermore, these factors also differentiate long-term welfare recipients from newly registered welfare recipients. Behavior therapy would seem to be the treatment system which should be considered in future studies concerned with changing CWD behaviors.

Regarding the treatment phase of this study, it should be pointed out that for two years the City of Edmonton Social Service Department conducted a research-demonstration project concerned with the investigation and treatment of CDWR Ss. During these two years it became quite clear that existing rehabilitation methods were of questionable effect in terms of removing a CDWR from the welfare rolls (MacLean, 1971). Consequently, the personnel of this particular social work agency are aware of the treatment difficulty that is usually encountered when working with CDWRs. In spite of this fact, the behavior therapy group demonstrated its superiority over the CWS group or the placebo group, not by ultimately placing more Ss into employment, but by placing more Ss into employment in a significantly shorter period of time, resulting in less time the S is in contact with a welfare agency and probably less in welfare monies expended

for financial support of the Ss. This shorter time the S spent on welfare, after treatment services commenced, is in agreement with the stated treatment objectives of the City of Edmonton Social Service Department (Diadio, 1970). Also it must be kept in mind that only a few of the treatment paradigms from behavior therapy were used in this study.

Regarding the range of clinical procedures, it is recognized by the author (in consideration of the aforementioned material) that a more intensive application of Wolpe's (1958, 1969a) principles and techniques would have been desirable. Based on the author's conceptual framework of CWD, and personal clinical experience with CDWR Ss, neurotic anxiety responses, conditioned to work-related stimuli require treatment which Wolpe (1958) has termed systematic desensitization. Wolpe (1969b) has summarized this approach.

In brief, desensitization consists of repeatedly presenting to the imagination of the deeply relaxed patient the feeblest item in a list of anxiety-evoking stimuli until no more anxiety is evoked either as reported by the patient or as psychophysiological recorded. The next higher item in the list is then presented--again until the anxiety response to it is extinct. The procedure is continued until eventually even the strongest of the anxiety-evoking stimuli fails to evoke any stir of anxiety in the patient. It is almost always found in those subjects in whom imagined scenes have initially evoked anxiety that a situation that no longer evokes it in imagination also ceases to evoke it when encountered in reality (p. 138).

Clearly this approach would have been useful for John M\_\_\_\_\_, a 36 year old CDWR male who, when placed in employment, would awaken at 5:00 A.M. due to "restlessness", feel nauseated by 6:30 A.M. and generally be

vomiting by 8:00 A.M. (sometimes while waiting for the bus). The closer the reality of work became, the more anxious John became, finally culminating in nausea. In John's case, it is likely that a stimulus-response analysis would have been appropriate (Wolpe, 1969a, Chapter III) followed by systematic desensitization and counter-conditioning of the stimuli which evoked these powerful anxiety responses.

Behavior rehearsal (Wolpe, 1958) is another technique which has great merit of lending itself to graduated manoeuvres. The therapist (or assistant) takes the role of a person towards whom the patient has a neurotic anxiety reaction and instructs him to express his inhibited feelings towards that person. A typical example is the CDWR who is terrified by the interview situation, anticipating that he will "freeze", appear stupid, etc. in the eyes of the interviewer. This procedure would be useful to many CDWR ss who, because of low education and marginal verbal facility, feel inferior to the interviewer. In fact, behavior rehearsal is a useful technique when certain necessary behaviors are weak in response potential. A situation can be created where these behaviors are prompted from the patients, or modeled by the therapist, and subsequent emittance of these behaviors by the patient are positively reinforced.

Perhaps, however, one of the most neglected aspects of behavioral principles is positive reinforcement in the work environment. Wolpe (1969b) has stated that the deconditioning of unadaptive



autonomic response habits is the central approach to behavior therapy of the neuroses, but it is often necessary to condition new motor habits. The author has stated previously that the pre-CDWR, while still in the work environment, is under aversive control (see Chapter III). This author posits that an essential part of any treatment for CDWR Ss would be the design of a program whereby the S's employer was trained in basic principles of behavior modification. In particular, it would be crucial for the employer to positively reinforce (e.g., via monetary bonuses, praise, increasing responsibilities, and promotions) work behaviors that may never have been in the repertoire (such as complex work skills) or have been extinguished (particularly behaviors such as persistence on the job, promptness, and pride in one's abilities). This positive reinforcement in the natural environment is what will develop and maintain approach behaviors toward work. If an S is returned to the environmental contingencies suggested in Chapter III, persistent work behaviors can hardly be expected. This contingency management in the natural environment is in meeting with Skinner's (1966) concepts regarding the design of cultures.

In summary, the point is that the present study, due to numerous logistical and administrative problems, could not employ the wide range of behavioristic principles and techniques that are available. However, the author clearly recognizes that a more thorough and consistent application of these principles and techniques is required to truly determine the advantage of behavior therapy over

other treatment approaches to the CWD problem.

Consequently this thesis does suggest that future CWD research projects should employ a wider range of behavioristic principles and techniques. From a practical point of view this usually requires funding from an agency like the Department of National Health and Welfare (for purchase of equipment, space, and clinical personnel). Further, prior organization and a commitment to help from community agencies such as Canada Manpower, etc. is necessary. Without help from these community resources, proper contingency programing and follow-up is impossible.

Considering the above, the author suggests as one line of research the individual variables involved in the CWD problem. Chronic welfare dependency would appear to be a problem not strictly resulting from environmental limitations on the individual. Environmental limitations may well prove to be a crucial part of the etiology of CWD (in the sense of exploring antecedent conditions correlated with present behavioral habits). However, a more dynamic model is probably required when conceptualizing CWD. The present thesis is that CWD represents a reciprocal phenomena between the individual and his environment. That is, environmental conditions and contingencies have some effect on the individual which in turn modifies the behavioral reactions of that person to the environment.

Treatment approaches, as stated earlier, have historically been focused on mobilizing community or social worker resources to

help remove the assumed environmental blocks that were preventing the CDWR from getting a job, or getting into educational, vocational, and/or trades training, etc. Unfortunately, these treatment approaches have failed to consider the individual as an active and significant contributor to the CWD problem. Consequently, by failing to carefully analyze and modify the individual's unadaptive responses to specific environmental contingencies, employment placement and self-supporting behaviors have proven to be short-term. It is also necessary, in future research programs, for the contingencies in the work environment to be carefully analyzed, modified, and monitored. The present author contends, to reiterate, that perhaps future treatment programming would be more effective if principles discussed by Skinner (1953), Wolpe (1958, 1969a), Ayllon and Azrin (1968) and other behavior therapists were taken into careful consideration. It is not a matter of saying that the behavior therapy paradigms are better per se; it is a matter of suggesting that considering the situational variables, specific individual response dispositions and available treatment tools, behavior therapy may be, in this instance, the treatment model of choice (Carkhuff, 1967).

There are many questions left that need to be answered. For example, besides the second-order personality factors used in this study, what other variables will significantly discriminate between Ss in varying degrees of welfare dependency? Tiffany et al. (1969) have suggested that attitudes are important, and if this were a

salient factor, cognitive restructuring might be another therapeutic goal (Wolpe, 1969a; Ellis, 1964). Tiffany et al. (1969) have also suggested that CDWRs may perceive the antecedent conditions of their situation as being totally the responsibility of external causes and agents. Anecdotically, that was the clinical observation of the Resource Mobilization for Employment project staff members (Kupfer et al., 1970). If this is of prime therapeutic importance, some of Glasser's (1965) reality therapy concepts are of relevance in regard to treatment programing. Numerous sources already quoted, and again Tiffany et al. (1969) have pointed to the use of the "sick role" by CDWRs to excuse their present or future participation in the labor market. This also was the experience of the Resource Mobilization for Employment project staff. The use of the "sick role" by Ss in this study resulted in the necessity for close medical consultation. Therefore, it would seem that research and treatment procedures related to the area of psychosomatic medicine and operant reinforcement are of potential importance. In short, this study has only touched on some of the complex variables which are probably involved in the CWD problem. Much more research will be required, into many related areas, before CWD is really understood and an adequate model or theory developed. One thing is for sure: the problem is not a simple unidimensional one. Complex individual and environmental interactions are undoubtedly involved, and efficient understanding and treatment intervention will demand much more knowledgeable sophistication than

is now available. This thesis has been an attempt to provide some elementary and directional empirical insight into the problem.

Recommendations: Institutional Considerations

Besides the implications already discussed, this thesis, because it is directly concerned with a social problem of considerable magnitude, has presented some data which has ramifications at the institutional level. The following is a list of direct or implied ramifications for welfare agencies.

Issues Regarding Welfare Agencies.

- (1) There is some suggestive evidence from this thesis and other sources that the required therapist skills essential to work effectively with CDWR Ss are specialized (i.e., requires a working knowledge of principles of learning and behavior modification). A counselor who can be "supportive" or knows how to refer to community resources is not enough. The antecedent and maintaining conditions of CWD may prove to be quite complex, and the counselor involved with the active treatment or treatment planning of CDWRs would appear to require a wide breadth of training and skills. The author, while consulting psychologist to a welfare agency, frequently met B.A. graduates from sociology and even home economics who were charged, partially, with counseling CDWRs. The author suggests that this is quite unacceptable if efficient treatment is expected as an outcome. Such counselors simply do not

possess the breadth of training in psychological principles and treatment systems in particular to analyze and design a treatment program concerned with complex interactions between anxiety, neuroticism, and social contingencies.

- (2) The welfare system itself may operate to inadvertently strengthen work avoidance behaviors. However, the author has only speculated as to what the operations may be (Chapter III). Clearly more objective, empirical studies need to be conducted to identify what variables of the welfare system and experience, if any, contribute to the development and maintenance of work avoidance behaviors. Such knowledge could only better serve the administrators of welfare agencies in providing factual data from which policies and services could be revised. Therefore, the author strongly recommends that welfare agencies initiate and support research projects of this nature.
- (3) Identification of chronic, long-term welfare cases usually occurs after the fact. That is, individuals "become" CDWRs and then the parent agency identifies them as such. Consequently, the welfare system, in spite of a stated focus on preventative policy, may functionally operate on a crisis intervention model. The author has previously suggested that a screening process be designed and attached to the intake section of a welfare agency. The purpose would be to use tools available to identify Ss who are potentially CDWRs and provide,

immediately, rehabilitation services designed to prevent the individual from becoming another long-term welfare case. Specifically, the 16 PF could be used with new applicants to welfare to identify the anxiety and neuroticism variables. An S-R analysis of the client's work history and performance could be completed to ascertain whether or not existing neurotic anxiety responses were evident and related to work habits. On the basis of these tools, and other clinical methods, early treatment planning could be completed to help facilitate placement of the client back into the labor market. Of course not all applicants for welfare would require treatment intervention because of identified conditioned work avoidance behaviors. But for those ss who did present such a clinical picture, treatment could be immediate, thus preventing the client from becoming a CDWR statistic.

Recommendations: Directions of Future Research

The author suggests that CWD is a multidimensional problem that will prove, ultimately, to involve many complex interactions between environmental-individual variables. In this regard, the following research issues are postulated as being worthy of future consideration:

- (1) The type and frequency of antecedent conditions which correlate significantly with subsequent CWD behaviors: does CWD occur more frequently on the basis of classical conditioning, instrumental conditioning, modeling, or other learning theory

paradigms? This kind of information contributes to advancing theory and can have direct implications for cultural design, preventative psychiatry plus community psychiatry. In this type of analysis the Heimler Scale of Social Functioning might be useful along with the S-R analysis technique discussed by Wolpe (1969a).

- (2) It is important for social workers to have sensitive, valid instruments which can be used to identify potential CDWR applicants. The 16 PF has shown, in this study, its usefulness in discriminating between welfare and non-welfare recipients, and between CDWR Ss and new to welfare Ss. However, even if Ss were identified in terms of anxiety and neuroticism variables, the specific anxiety evoking stimuli in the environment, and work milieu in particular, need to be specified. In this sense an inventory comparable to the Fear Inventory (Wolpe and Lang, 1964) needs to be developed. This inventory would focus most directly on work related stimuli, but other life situations would require measurement also. Such an inventory would obviously be of vital importance to treatment programing.
- (3) Experimental analogue studies might be useful in further conceptualizing the CWD problem. Such investigations as CWD as related to persistence behavior, problem-solving strategies, rate of conditioning, and susceptibility to anxiety conditioning



would clearly provide data relevant to all aspects of CWD theory. Furthermore, such data would clearly relate to treatment implications.

- (4) A long-term treatment study needs to be conducted which would test the most effective therapeutic parameters in CWD rehabilitation. In addition, follow-up data is needed to determine long-term effects of treatment gains. Of importance would be an analysis of the factors correlated with the remittance of CWD behaviors by previously successful treatment Ss.

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