A STUDY OF THE TECHNIQUE OF A CHILD GUIDANCE CLINIC

By

Lorene Osborn Jewell

A. B. Oberlin College 1915

Submitted to the Department of Sociology and the Faculty of the Graduate School of the University of Kansas in partial fulfillment of the requirements for the degree of Master of Arts.

Approved by:

Stuart A. Queen
Instructor in Charge

F. W. Blackmar
Head of Department

TABLE OF CONTENTS

Table of Contents - continued

CHILD GUIDANCE CLINICS:

The fact is very well understood now by psychologists, psychiatrists, some teachers, and a few parents that a child's behavior is simply a symptom of something else. *Dr. Smiley Blanton likens the behavior to a fever in an illness- both the actions and the fever are symptoms. Neither one is the real disease which must be dealt with in order to effect a cure. Not so long ago a child who stole or lied or played truant from school was considered and treated as an unregenerate for whom there was no hope, but now these behavior difficulties are coming to be regarded merely as signs of a poor personal adjustment of the child to the surroundings in which he finds himself. Then there are those children whom Dr. Blanton mentions, "the irritable, moody, pilfering, negative, too suggestible child, the child who has not learned to control his temper, who is not able to adjust himself to the group, who is too sensitive, or too 'bumptious', who does not show the proper interest in his studies, who is too much attached to his parents, or antagonistic toward them". Other difficulties which one might

* "The Function of the Mental Hygiene Clinic in Schools and Colleges" by Dr.Smiley Blanton from "The Child, the Clinic and the Court" p.93

add to this list are : "spells", night terrors, twitching, sleeplessness, sex problems. These are the types of difficulties which are brought into a child guidance clinic for study and treatment. These things are not great or startling. They seem commonplace but are capable of producing tremendous influence on the future life and activity of the adult.

The questions are asked, "But why have a child guidance clinic? What are you trying to do with the 'problem child'? What do you hope to accomplish? Do you wish to turn him into a paragon, or make him over to fit some specialist's idea of what a normal child ought to be, or, worse yet, try to mold him to suit the oft mistaken and erroneous views of parents as to what they wish the child would be?" A child guidance clinic tries to do none of these things. These ends are in no wise the ends for which doctor, psychiatrist and social worker strive. Their one hope is that they may so modify the conduct of the child that he may live a <u>well adjusted, acceptable life in the group in which he finds himself</u>. This life must be both socially acceptable and personally acceptable. His actions must be so fitting for the society around him that the people of which that society is composed may also be well adjusted and will not find him a disturbing factor in their own environment. Sometimes, in order to accomplish this, the child must be placed among a totally different

set of people than those with whom he has found himself so poorly adjusted, or sometimes some of those same people may be shown wherein they fail in dealing with the child and may be induced to change their own attitudes. Then the child's position must be acceptable to him as a person. The clinic workers attempt to make suggestions concerning the social, recreational, educational and economic sides of the child's life so that he can get into a position where he can successfully use his powers and win some success in a way that will bring him some approbation from the group. In other words, his scheme of life must be mutually acceptable to him and his associates. Helping the child to find this acceptable, well-adjusted life is the function of workers in a child guidance clinic.

This conception of a well-adjusted life as the end of clinic treatment has come about through the growing conception of the child as a "person". He no longer exists to carry out another's ideas as to what he ought to be. He is no longer considered the property of his parents nor is it held that he ought to be compelled to mold his life simply in accordance with another's.* "The study of individual behavior falls in the fields of psychiatry and psychology. The study of the person

* The Study of the Delinquent as a Person, by E. W. Burgess, in The American Journal of Sociology, May 1923, p 657 ff.

as the product of social interaction lies primarily in sociology..... In sociology the distinction is now clear between the individual and the person ..... The person is an individual who has status. We come into the world as individuals. We acquire status and become persons. Status means position in society. The individual inevitably has some status in every social group of which he is a member. In a given group the status of every member is determined by his relation to every other member of that group."

So, it is because we now consider every child a 'person' that the end of clinic treatment has come to be a child who can live comfortably, even happily and gracefully, in the place in which he finds himself.

Then too, the stress and strain, give and take of life, may pile more on to the child than he can stand and a child who has become a behavior problem may be an incipient psychotic. Something may be done with him in the clinic in the way of preventive medicine. The aim in these cases is to forestall a mental breakdown by the application of the principles of mental hygiene. Dr. Douglas A. Thom gives the following case as illustrative of this type:*

"A young girl, nineteen years of age, was brought to the clinic by her father, who stated that for the past

*"Results and Future Opportunities in Clinics", Douglas A. Thom, M.D. p.9.

three or four months she had been telling most unusual and fantastic tales to the girls at the normal school that she was attending. She made it generally understood at the school that her mother had left her husband, had remarried, and was living in France. She showed her companions letters supposed to have been written to her by her mother. She discussed, rather intelligently, the economic, social, and educational conditions in France, and told of her plans to go there for finishing her course. Later on, she came to school and told of the death of her father, which created a great deal of sympathy among her friends, and immediately contributions were taken up to send flowers. It happened that this story became more generally known than the others she had told, and some one who knew the facts of her case communicated with the teacher. It was at this time that her fabrications for some months past were revealed, and she was advised by one of her instructors to come to the hospital.

She was a girl of more than average intelligence, had succeeded well in her studies, but had fallen down entirely in making friends and in getting enjoyment out of the more ordinary things in life. She was inclined to view life rather seriously and had more but one confidante, a woman who had been her teacher when she was in the sixth grade. She had no intimate companions, and she felt that she had

never been understood. She stated: 'Mother half understands me, father not at all'. Recently, her school work had deteriorated in spite of the fact that she was staying up until four o'clock in the morning to get her lessons. A discussion of the situation with the father made it quite obvious that he had no understanding whatsoever of the girl's condition. He said: 'Instead of bringing her here, I ought to put her up against the wall and smash her face'. He felt that the fabrications were purely voluntary on her part, and that she was ashamed of the rest of the family. The mother seemed to be a rather sensible, hard-working woman, who, like the other members of the family, was very subservient to the father. She was making a great effort to shoulder the responsibilities of the household, not only caring for the house and for the three children's physical needs, but always having in mind that it was her duty to keep them happy and contented. She expected little and got less from her husband. From her story and the interviews with the father, there was no doubt that he was the dominant member of the family. Everything revolved around him, and he was exacting in his demands for obedience. When he entered the house, the mental atmosphere changed immediately - everything must quiet down, meals must be served exactly on time, children must be put to bed at the proper moment, conversation

must cease or be initiated by him. The wife stated: 'He is a hard worker and a good provider, but the job of police inspector is extremely trying and nerve-racking'. It was quite obvious that much of the irritability developed during his work was expended in the household.

It seemed quite apparent, from the analysis of this case, that the romancing and fabricating, for which, by the way, there were certain definite amnesic periods,- represented an effort on the part of the patient to emancipate herself from the tyrannical autocracy of her father. The only road to happiness seemed to necessitate a withdrawal from reality and a refusal to meet the problems of everyday life as they were presented. It necessitated, further, the building up of a little dream world of her own in which many of her desires, hopes, and ambitions could be realized. After going over the situation carefully with the mother and the father, it seemed advisable to change the patient's environment, temporarily at least. Fortunately, a position was secured for her in a home as a governess for two children, under very favorable conditions. At the same time, opportunities of adjusting her life in a way more compatible with her personality were offered. Improvement was immediate and marked."

Of course we do not believe that all children and young people with behavior difficulties would become psychotic, and eventually have to be treated in a hospital for those who are mentally sick. This might happen, but at least these children could never realize their highest possibilities; they would be hindered at every turn in free expression of themselves by these very bad mental habits which they had acquired in childhood.

The psychiatrist is not merely interested in pigeonholing the child as feeble-minded or epileptic, but treatment, and especially the prevention of delinquency, is now the largest aim of this study of the whole individual. It is usually a family and not an individual problem. Often the parents must be considered as patients and the effort must be made to change their whole attitude toward the child, so that the home may become a fit place to nurture the better mental and physical habits.

*"The purpose of a child guidance clinic is to observe and understand the child as a person, and to seek a real explanation of his conduct in terms of his desire and feeling rather than to pass judgment upon him according to

*"Habit Clinics for Child of Pre-school Age" Thom. Department of Labor Bulletin. No. 135, Pp.11, 12.

to his conformity or non-conformity to adult ideals and standards, and having gained some insight into the child's personality, to help parents, relatives, teachers, and all persons associated with him to see his difficulties in an understanding way and to have a normal, helpful attitude toward him." The social worker attached to a clinic contributes both to the understanding of the child and to the carrying out of the treatment.

Before 1915, nearly all of this sort of research and treatment which had to do with children was in connection with the Juvenile Court. Also, all the clinics which were opened before 1921 were started from public funds, except the Juvenile Psychopathic Institute in Chicago, and the Judge Baker Foundation in Boston. Between 1915 and 1921, the clinics were gradually coming to extend their service to the entire community instead of only to the juvenile courts. These earlier clinics were in Boston, Detroit, New York (Children's Court Clinic), Philadelphia, Chicago, White Plains N.Y.

In 1921, the Commonwealth Fund published its Program for the Prevention of Delinquency. This program is to cover five years and is aimed to strike at the roots of crime and juvenile delinquency. It provides for a new division within the National Committee for Mental Hygiene,

known as the Division on the Prevention of Delinquency. This division has been demonstrating by three traveling clinics the value of psychiatric service in the study and treatment of conduct disorders in children. Each clinic remains six to twelve months in each city for a demonstration of the methods and technique employed. The first of these clinics was opened in St Louis in April 1922. Permanent Child Guidance Clinics following these demonstration clinics have been opened in the following cities: St Louis, Los Angeles, Memphis and Richmond, Va. There are five other fully equipped, well organized, children's clinics in the United States. They are at Cleveland, Hartford, New York, (Commonwealth Fund), Pittsfield, Mass., Red Bank, New Jersey. The Mental Hygiene Committee of Montreal has also established a clinic in the city of Montreal. All these clinics, except the one in Minneapolis which is financed by the school board, are paid for out of private funds. Some are paid for from private foundations, some by community chests and others by local committees of various sorts. This is in contrast to the earlier period when all clinics had some connection with juvenile courts and were financed by public funds.

Some state work in child guidance is being done by

Illinois, California, Iowa and Minnesota. For the most part, these state bureaus deal with statistical work in social and health conditions rather than in case work.

HISTORY OF THE KANSAS CITY CHILD GUIDANCE CLINIC:

The Child Guidance Clinic is held at the Alfred Benjamin Dispensary, a part of the Jewish Institute, at the corner of Harrison and Admiral Boulevard, Kansas City, Missouri. This clinic grew out of work done by the Council of Social Agencies which Council was formed in 1917-18.

Mrs. Henry Cohen was at the head of the Mental Hygiene Department of the Council. She succeeded in introducing mental examinations as a routine method of procedure in the juvenile court. In this she secured the cooperation of Judge Porterfield, judge of the Court, which was given most willingly. They knew that there could be no understanding of the actions of delinquent children without physical and mental examinations. At Mrs. Cohen's invitation, Drs. Robinson, deVilbiss and Gibson visited many sessions of the court and listened to the cases brought before it. Out of that study developed the present Child Guidance Clinic.

Soon after the Council of Social Agencies was organized, it seemed advisable to combine all the Health Agencies of that organization under one head and so the Health Conservation Association was formed and one of its committees was made that of Mental Hygiene. In 1920, this Mental Hygiene Committee (since made the Mental Hygiene Society of Kansas City) engaged a psychiatric social worker, Miss Esther Beckenstein, and the work was started in a small way. She worked without the aid of a paid psychiatrist, but with the advice of Dr. Gibson until March 1924 when Dr. G. Leonard Harrington was engaged as the psychiatrist. Dr. Ben Jacobs and Dr. Philip S. Astrowe are the two pediatricians who give the physical examinations. This was the organization of the clinic until October 1924 when the services of Dr. Herrit Ketcham, an endocrinologist, were added to the clinic. Miss Helen Delahanty replaced Miss Beckenstein in August 1924 and is at present the psychiatric social worker attached to the clinic.

In this study, the very important part which the endocrine clinic played in the work of the whole clinic was most surprising. In a study of other child guidance clinics, e.g., those in Minneapolis, St Paul, St Louis, Philadelphia and Cleveland, there was found to be no endocrine clinic at all. For this reason, the writer was

interested to discover the motive for the foundation of this division of the clinic. It developed that Dr.Harrington found so many cases of problem children which he thought were complicated by disturbances of the functioning of the internal secretion glands that he asked that the endocrine division might be added to the clinic. At present, it is a very important part of the clinic and a large proportion of the cases referred to the clinic are endocrinological cases.

Dr. Harrington assures the writer that all child guidance clinics do have the services of an endocrinologist though they may not have one attached to the clinic and on the list of clinic personnel. It is his opinion that no child guidance clinic would attempt to function without consideration for possible glandular disturbances of problem children

ORGANIZATION AND METHOD OF PROCEDURE:

The child coming to the Child Guidance Clinic may be referred by anybody who knows of the work of the clinic and thinks a certain child might benefit therefrom. In practice, however, most of them are referred by the school or the Juvenile Court, some few by parents or friends.

Miss Delehanty, who was a part of the Health Conservation Association's personnel until the fall of 1925, was at that time taken over by the Juvenile Court and is now attached to the court with offices at the Detention Building. If in doubt as to whether the mentality, personality makeup, environment, or physical condition of a child in court may be a contributing factor in his delinquency, Judge Porterfield refers the case to Miss Delehanty for study, and continues the case until she has had a chance to have the child examined at the clinic and give him her findings and recommendations on the case. So, at present by far the greater proportion of the cases are juvenile court cases. Before the child enters the clinic, Miss Delehanty visits the home and talks with the mother. She finds out all she can about the physical and mental development of the child, his family history, any serious diseases (either physical or mental) from which any of his ancestors may have suffered, the number, sex, age, of brothers and sisters, all possible information about home conditions from the birth of the child to his entrance to the clinic, details as to his behavior, habits, personality, school record, and attitude of family and others toward him. This record is typewritten and at hand for the examining physicians to read just before seeing the patient.

The child is first given a thorough physical examination by either Dr. Jacobs or Dr. Astrowe. Here, as a matter of routine, he is given a Wasserman test, a urinalysis is made, and a blood count is taken. Girls who are referred to the clinic as sex problems and girls whose past is unknown are examined by the gynecologist, Dr. Max Goldman. The patient is then seen by Dr. Harrington, who tries to give at least an hour to each patient. He gives Monday, Wednesday and Thursday mornings to the work of the clinic. He talks with him at length, tries to understand him as a person and seek an explanation of his conduct in terms of his desires, interests, environment, and responses. No other person is allowed in the room during this interview. Afterward, Dr. Harrington dictates a report of the interview to Miss Delehanty and it is preserved as a part of the patient's record.

If the doctor feels that the trouble may be caused by a wrong functioning of the glands, he refers the case to Dr. Ketcham for examination. Dr. Ketcham gives Tuesday morning to the work of the clinic. He examines the developmental history of the patient very carefully. From his point of view, the history of the first two years of life are more important than any other part. His weight at birth, at 12 months, the time of sitting up, walking,

talking and teething are most important. Then careful measurements are made. The span (from tip of fingers to breast bone) should equal the length of the torso and of the legs. The secretions of the glands influence greatly the growth of the bones and also the deposits of fatty tissue of the body. The pituitary gland influences the growth of the long bones and the thyroid gland the growth of the flat bones. Many cases of mental deficiency are caused by hypothyroidism and are greatly benefitted by thyroid feeding. Many cases of nervousness are caused by hyperthyroidism. If a glandular disturbance is suspected, the patient is sent to the x-ray room and a set of x-rays are made. From these, the doctor can discover any deficiency in bone development. For instance, a year old infant has two carpal bones, after that a new one grows each year until there are six and by the number of carpal bones one may tell something about a young child's physical age, regardless of what his chronological or mental age may be.

The above does not pretend to be an adequate description of the technique of the endocrinological division of the clinic. That is a subject which might well be a study in itself, but the writer simply wishes it understood that many so-called problem children may be suffering from disturbances of the glands of internal secretion, especially of the thyroid

or pituitary glands or the gonads. It is very necessary that these cases be discovered as young as possible because the older the child gets the more glands are likely to become involved. In the year ending March first, 210 cases had passed through the clinic and over half of these were endocrinological cases. As has been said under the discussion of the history of this clinic, it is unique in having this division of endocrinology. No other clinic known by the writer has a division which compares to it in the type of work done.

The patient is next given a psychometric examination by Miss Strachan, his mental rating, i.e. his mental age and intelligence quotient, are added to his record and will be considered in any further treatment which he may take at the clinic, or in any new adjustments which the psychiatric social worker may attempt to make for him at home or at school. Miss Strachan gives one full day a week, Saturday, to this work.

If the patient has been found to be an endocrine case, he continues to see Dr. Ketcham as often as the doctor wishes it and to follow his directions until dismissed. If the patient has been found to be an unadjusted person, he continues to see Dr. Harrington and the attempt is made to have him follow out any suggestions which may be given as to

change of environment, of attitude, etc. This work of securing a better adjustment of an individual to his own surroundings is a very difficult thing to attain and is likely to cover a long period of time. The psychiatric social worker goes into the home, visits the school and endeavors to keep track of the patient to see how he is progressing.

The Child Guidance Clinic has the use of the dispensary pediatricians, gynecologist and nurses to give the physical examinations, but they are not technically a part of this clinic. The Child Guidance Clinic has the services of the following people at the following salaries:

1 registrar	$50.00
1 psychiatrist (part time)	1800.00
1 psychiatric social worker	1800.00
1 psychologist	364.00

The registrar works in other departments of the Alfred Benjamin Dispensary so her full salary is not to be charged to the cost of the Child Guidance Clinic. It is computed that the registrar gives about one-thirtieth of her time. Her total salary is $1500.00 so only $50.00 of this amount should be charged to this clinic. The x-rays for the endocrine cases are furnished at cost,- about $5.00 per set. For the past year, therefore, the total cost of the x-rays was about $525.00. This would make a total of

$4539.00 the yearly cost of the Child Guidance Clinic.

The twelve cases included in this study are not completed and closed. One would have to spend several years watching them in order to say finally in each case whether the treatment had succeeded or failed in accomplishing its purpose. But in most of these cases the year's study serves to show a general trend toward success or failure in each case. The cases were chosen at random but with the idea of not having too many cases of the same type. For that reason many other cases were studies and discarded.

STUDY OF TWELVE TYPICAL CASES WITH GRAPHIC ANALYSES

JAMES MARTIN.

September 18, 1925. Age 16 years,11 months.

Referred by Mother.

PROBLEM:

James has not been doing well in school,- seems to lack initiative. During his first eight years, he did unusually good work. He made the first grade in six weeks and both the fourth and fifth grades in one year. Then he started to slow up at about twelve years and for the last three years has accomplished almost nothing in school; is now repeating his Sophomore year at Westport. He made only one credit last year, 1/2 credit in English and 1/2 credit in Ancient History.

FAMILY HISTORY:

The patient's mother thinks that a paternal uncle is defective, she calls him 'positively stupid' and says he appears dull. He has been trying to run a farm and has failed at that, so that his mother is supporting his family. His children are all very bright and he has one little girl whom the patient's mother characterizes as a 'prodigy'. The patient's father's family are all "high strung" nervous people but he himself has never seemed so.

On the mother's side a fourth cousin, a girl, has

had some spells of epilepsy since reaching puberty and failing to menstruate.

The patient has two brothers and one sister, all younger than he, and all getting along well in school with no behavior difficulties of any kind.

HOME CONDITIONS:

The mother seems like a very intelligent woman, was before her marriage a teacher in the grade schools of Kansas City. The father is very companionable and sympathetic with his children. One of his boys said, "Dad, you'd make a dandy scout master" and the father justly considers this one of the finest compliments he has ever had.

He is a landscape gardener and his boys often help him Saturdays and after school. He says that James is a splendid worker, not at all lazy, and does his work very well but has to have something given him to do, never hunts for a job or tackles anything until told to do so, but is perfectly willing to work.

The family lives in a good home in a good section of the city.

PERSONAL DEVELOPMENTAL HISTORY:

Full term baby- bottle fed - weight at birth 9-1/2 pounds. Walked at one year - dentition 6-8 months- talked at two years. At 11 years, patient had two blows

on the head - both times being unconscious afterward. He has had whooping cough and measles.

James is skillful with any kind of hand work, does well in manual training, but never finishes the required amount, and so gets a poor grade. He is very much interested in electricity - is a very poor speller.

BEHAVIOR:

James has always been a good boy, is not hard to control, has no bad habits. At birth, the doctor advised circumcision, largely as a matter of routine, the mother thought, but it has never been done.

James grandmother has always spoiled him, he is her favorite. He slept and almost lived at her house which was on the same farm with his father's house during most of his first twelve years. His parents wanted him to come home but the grandmother would get hysterical when they took him and so they let him stay. She always helped him with his school work and when he began "slumping" in the eighth grade, the parents said he must come home to live. They soon left the grandmother's farm and moved to Kansas City and she has never felt right about their 'taking her boy away from her'. He spends every summer with her. The grandmother got a small legacy and promptly gave it to James to use for a college education. She said she thought her property should be divided equally but that she could do as she pleased with

a legacy, so she gave it to James.

James has a brother, Arthur, who is one year younger, but who excells in everything and is accepted by the family as superior. He will graduate from high school this year - is everything that James isn't. James is shy, Arthur meets strangers well. James does not care for games of any sort, even as a spectator - just sits around home - does not even read unless somebody tells him part of a story, he will read it to get the rest, but never chooses a book for himself. James seems to be as proud of Arthur's success as the rest of the family - Mother says he doesn't seem jealous. Last year they took geometry together, James could often explain things to Arthur and help him with it, but didn't seem to be able to recite in it. He failed in the course and Arthur got E. He will sit with his books 15 or 20 minutes and say he has his lessons but doesn't pass.

They worked on Christmas wreaths together. Arthur could not make them at all - was so clumsy. James made them beautifully, but wouldn't ask people to buy them. Finally they hit upon a partnership in which James made the wreaths and Arthur sold them.

When he fails in school he seems sorry to have caused his parents worry - but does not seem to care otherwise. He has never been at all interested in girls but this

summer has learned to dance and is beginning to notice girls.

James is a scout but not much interested in it - doesn't work for merit badges. In the last roundup he tried for the wall-scaling team but didn't make it. However, he was put in the color guard, a great honor, and he was so proud of it. He said that was much better than to be in the wall-scaling contest. His follow scouts have characterized him as "queer".

MEDICAL FINDINGS:

The patient was given a general physical and endocrinological examinations and found to be negative with a normal bone development.

MENTAL RATING:

The results of a mental test showed James to have an I.Q. of 102 and a mental age of 16-4 (chronological age 16-11)

PSYCHIATRIC FINDINGS: 10-7-25.

Following are the conclusions of the psychiatrist after an examination:

This boy day dreams of pleasures. He is not making the social contacts he should. However, since last summer there has been some improvement in this regard. He has gone

to a few dances, etc. Recently, he asked his mother to use some money he had saved for the purpose of his joining the De Molay. He apparently is seeking the association of other boys.

I advised mother to allow him to do this beaause I believe he should be indulged within reason. It is necessary to impress upon his mind that the present easy environment will not continue but later will become more and more severe. It was emphasized that he should realize that he must get away from his present indifferent attitude.

TREATMENT:

As far as I have gone into the case, my advise would be:-

To practice studying better. This may be accomplished by writing from memory what he has studied. In other words, it is essential that he learn to concentrate. That he be allowed to make social contacts.

I hold that it is necessary for this lad to see us so we may get an insight and possibly learn other factors which are producing day dreaming and other flights from reality.

13-1-25.

James is still seeing the psychiatrist every week and is showing marked improvement in all his studies. He just received a report card and all grades except history

are passing. The mother feels that the history teacher is antagonistic because he misses history once a week to go to the clinic, and that she doesn't give him a square deal.

5-22-26.

James passed in all the first semester's work except the history course. He is repeating this course with another teacher and passed in the first five weeks of the second semester and also passed in all his other work with very good marks. His attitude is much better. He is lively and sociable and likes to get out with other boys and girls. He has not seen the psychiatrist for the past four weeks. He enjoys going but feels that he does not need to go any more. However, the psychiatrist feels that he may be able to help the boy 'find himself' and decide what line of work he wishes to take up. The writer urged the mother to persuade James to continue seeing the psychiatrist, at least for a month or so more.

	Crisis	Unadjustment	Antecedent events	Efforts toward accommodations	Failure or Success
Physical					
Economic					
Personal		+Skillful with hands but -does not complete required amount of work -Lack of initiative		To practice studying better. To see the psychiatrist once a week so he may aid in the adjustment.	Continued success in school. Passed in all but one subject first semester. Passed all subjects first five weeks of second semester
Social		-Shows no interest in society of other boys and girls or in games -Repeated failure in school work.	--Brother who surpasses James in everything. -Much spoiled by Grandmother	Be allowed and urged to make social contacts	Is much interested in social affairs and games now.

HUGH RADER

June 24, 1925. Age 16. Referred by Chief Probation officer.

PROBLEM:

On the 20th of September, this boy stole a car and was brought before the Juvenile Judge; sentenced to McCune Home. He remained at Mc Cune for three weeks and was then paroled to his father. A few days after his parole he can away from home and returned to McCune, giving as his reason the fact that he did not want to return to Lathrop Trade School. Because of the unusual personality traits in this boy, we feel that a psychiatric study will help us in working out an adjustment for him.

FAMILY HISTORY:

Parental grandfather died of asthma

Parental grandmother died of cancer of the stomach

Parental aunt died (epileptic)age 38 years at death.

Parental uncle died of diptheria

Maternal grandmother living

Maternal grandfather died of pneumonia

Father living gives history of nervousness. Has peculiar eye condition.

Mother living is not in very good health. Is nervous and worrisome. Unduly attached to patient and cried continuously while he was at McCune home.

Siblings: Brother, age 12 years in 5th grade. "Seems slow to learn but is more interested in school."

HE RSONAL HISTORY:

Boy was full time baby weighing 10 pounds at birth. He was the first child and pregnancy was normal in every respect. He was breast fed, walked at a little over one year; dentition at 9 months and talked at about one year.

Past illnesses,- Frequent colds, tonsilectomy when about six years, circumcision, history of "spasms" from 1 to 5 years. None occurring since 5th year.

PERSONALITY TRAITS:

Father states that even as a very small child this boy did not want to play with other children. He was not particularly interested in his toys but spent much time playing with sand. He still has a tendency to be solitary; watches other children play but will not enter into any activity. Father describes his actions as "sullen" and "sulky"; says that he believes he day-dreams. Boy does not show any affection for mother.

SCHOOL RECORD:

Boy finished 5th grade at Mark Twain school. Did not get good grades; did not like school; was transferred to Lathrop Trade school where he showed a little more interest in manual training but has no particular aptitude. Boy says that he ran away because he did not want to go to Lathrop school.

HABITS:

At home the boy is restless; wanders around the house aimlessly, upstairs and down; does not read; Mother says he has never read a book. He is easily influenced by outsiders,- the type which is usually a cat's-paw.

ATTITUDE OF FAMILY:

Father states that he has always known that the boy was backward. During the interview worker gained the impression that father may be rather tyrannical in the home. He has whipped both boys on several occasions and does not have any common meeting ground for patient. The mother recognizes that he is a problem but does not have any constructive ideas about working him out. Says quite frankly that she 'cannot get next to him'. Both the father and mother claim willingness to carry out any suggestions or recommendations and they will no doubt be quite cooperative.

TREATMENT:

Hugh was placed in the school for problem boys (Independence and Woodland) under Miss Campbell.
2-1-26.

He is reported as doing "fine" at the school. He loves the carpentry work. He is making something for the

school and says he is doing something for the school which will be there after he has left. He is no trouble at home now - is very much interested. He still looks forward to the time when he can get a job and go to work.

3-25-26.

Four weeks ago Hugh got into more trouble. He stole a car and also took $6.00 from Miss Campbell's (his teacher's) pocketbook. The psychiatrist continues to work with him and is still of the opinion that he will come out all right. He says the boy is hungry for a car and the father has agreed to let him take the family car sometimes, and more often if he keeps a good record of behavior. Miss. Campbell is to permit him to continue at school without reporting him. He has been working at the city market on Saturdays and is to continue there, where he has been doing very well. One Saturday while his employer was away, he bought a crate of chickens for one cent less per pound than the man himself would have paid for them and he was very proud of the fact.

The father continues to be antagonistic and unsympathetic and the mother is nervous and worries constantly. Hugh says the only one he wants to listen to is the psychiatrist. He seems satisfied with his school now,- does fine hand work.

	Crisis	Unadjustment Assets+ Liabilities-	Antecedent events	Effort toward accommodation	Failure or Success
Physical Health			Epileptic aunt - Nervous father - Nervous mother - Healthy infancy+ "spasms" -		
Economic			Modest comfort +		
Personal		-Little interest in school +Enjoys manual work.	Did little with toys - Daydreams - Little interest in school -	Stealing - Running away -	
Social	Theft of car	-Nervous father and mother +Shows no affection for mother -Oversize -Father tyrannical and without understanding - Father and mother cooperative, but lack understanding	Did not play with other children - Shows no affection for mother-	School for problem boys Interpretation of boy to his	No friction at home Likes school
Legal Arrest				Arrest and commitment parole	

JOHN THORPE:

October 14, 1925. Age 13 years. Referred by the school.

PROBLEM:

This boy will not go to school. He will go away from home in the morning at school time and return when school is out, but may not go near the school house. He has just completed two weeks of this sort. He dislikes school very much.

FAMILY HISTORY:

The father was a diabetic for a number of years preceding his death six years ago. He never got very far, was an easy going man. He worked for a nursery for some time and kept back his money which worked a hardship on his family. At one time he had a team of horses and would carry ashes, pick up rubbish, etc. During all this time the boy was closely associated with the father, they were gone all the time. There is no accurate information as to just when the boy's school record began being poor. He had serious sickness both before and after the death of the father, which kept him out of school. He does not have a steady job outside of school hours, spends a great deal of time at the movies, sometimes works there, for which he gets nothing but admission.

The mother works long hours at a drug store and has a heavy load to bear in the care of her five children. She says that the father was always good to her, very attentive and kind, in fact that his attentions were the joke of the neighborhood. During the last three years of his life he was not as industrious as formerly because he was suffering from diabetes. She rather hesitatingly says that he used to drink.

The grandmother of the patient has made the statement many times that the boy was a great deal like his father. She states that the father never liked to go to school, never read with the exception possibly of the newspapers. It is very likely that something of this sort has been mentioned in the presence of the boy. The following points suggest the idea that this lad identifies himself with his father:

1. Not interested in school
2. Shows mother great deal of affection

The mother believes that this boy is a great deal like his father.

Siblings:- Two brothers aged 15 and 18; two sisters aged 6 and 11.

PERSONAL HISTORY:

Boy was a full time baby, walked at one year, got first teeth at about five months, talked at about fifteen

months. He has had flue and diphtheria. He fell down stairs when he was ten years old and pumped the back of his head badly.

PERSONALITY:

John is rather a quiet boy, does not talk much, never complains if he is ill and it is very difficult to tell how he feels about anything. He does not express himself one way or the other. His behavior in clinic is satisfactory and cooperative, stream of thought relevant and coherent, is a nice looking, well behaved boy. He is interested in electricity.

SCHOOL RECORD:

Of course John's school record has been poor because he is not interested and goes as little as possible.

ENDOCRINE EXAMINATION:

The findings in this examination were negative.

MENTAL RATING: 10-22-25

I.Q. 75.4. Mental age 9-11 - dull normal.

RECOMMENDATIONS:

This boy should continue to go to school and remain at home. He should be interested in something that he likes

to do. The following suggestions are made:

1. Mr. Dellinger (a volunteer worker) to work with this boy in the home and see if he can get him into some sort of elecurical work.
2. That the boy be entered in the special school for problem boys taught by Miss Campbell.
3. That Dr. Dennie see him and pass on the question of lues.

If the program as outlined above fails to work, then we must consider McCune Farm, and too, finally, if that fails, we will have to consider Booneville, but first we want to get as satisfactory an adjustment as possible in the community.

10-21-25.

John was placed in Miss Campbell's school and seems to be getting along nicely. He likes Miss Campbell. When asked what he was doing, he said he was making a toy dog for his sister and was also making baskets. When the psychiatrist asked if he could make him a basket he said "Yes". It was impossible to get any deeper vision into his personality. It is possible that there is not any other cause than that the boy is mentally retarded, being a border line defective case. The mother does not believe that he is mentally retarded, says she has never seen any signs of it. She says he was not feeling well the day he took the psychometric

examination and did not want to take it.

12-6-25.

John had been coming to school regularly, but on one day was sent by the teacher to collect some papers. This seemed to upset his routine and he stayed out of school for a week. However, he is back in school now.

2-1-26.

Miss Campbell reports that John comes to school every day and is doing well. He is not seeing the psychiatrist now.

3-20-26.

The mother reports to the visitor that John has a job delivering papers morning and evening. He has been very faithful at that and the man he works for said he was the best worker he had and raised his wages. But shortly after that, John was ill and had to lay off and it was very hard for him to get back into the routine of work and school again. He was so lax then that his employer threatened to fire him. Now, however, he is back on the job, working and attending school every day.

3-25-26.

The visitor learned that Mr. Dellinger had not been able to give any time to the clinic, so had not worked with

John. The Wasserman was negative. He was not examined by Dr. Dennie for lues because it seemed best not to break into his school routine for any reason whatever.

	Crisis	Unadjustment	Antecedent events	Efforts toward accommodation	Failure or success
Physical Health			-Father was a diabetic, died six years ago. -Father drank -Bad bump on back of head		
Economic			-Father was easy going and not successful in business.	Working delivering papers	Good, steady worker
Personal	Did not attend school for two weeks	-Dislikes school very much. -Boy seems to identify himself with his father -Does not express his feelings readily -I.Q. 75.4 - dull normal	-Wastes much time at movies. -Before father's death rode around with him to collect rubbish.	Entered in special school for problem boys and efforts at readjustment in community.	Attending school every day-doing nicely
Social			Mother forced to work and be away from home all day		
Legal arrest					

NEIL BAXTER:

October 27,1925. Age 15 years 8-1/2 months. Referred by the school.

PROBLEM:

This boy is very slow in school, does not get along well, sometimes "his conduct is faultless - but without warning he may go into an unmanageable state both mental and physical. At these times his mind wanders on various subjects". He speaks with difficulty and it is often hard to understand him.

FAMILY HISTORY:

The boy's mother is dead and a Mrs. Goddard lives with his father and gets rent and food for cooking for her family and his. The home situation, the boy says, is very unhappy. A little two year old child has temper tantrums when things do not run along well. The father is a difficult man to deal with. He resents any questions and will not cooperate with the school nurse or anybody else.

PERSONAL HISTORY:

The mother is dead and the father knows nothing of the personal developmental history of the boy and will not even discuss the case.

SCHOOL RECORD: Statement from Franklin Opportunity School.

Neil Baxter entered the Kansas City schools 1916-9-20 at the age of 6 years, 7 months. He was promoted from Kg to 1B and has not received a regular promotion since. After an intelligence test, he was assigned to Special Class 1917-11-6. He attended Springfield school until 1924-3-17 and at the age of 13 years 9 months was entered Franklin Opportunity School where he now is.

His school progress has been slow and labored. His powers of concentration extremely limited and ability to stick to a task, either industrial or academic, and pursue a plan of action any length of time, almost impossible.

At times, his conduct is faultless - but, without warning he may go into an unmanageable state both mental and physical. At these times, his mind wanders on various subjects. He always considers himself abused and everybody mentioned is accused. His powers of speech, always slow, are impaired. In fact, he seems almost insane. This state will last for hours. He seems as normal(?) as usual after emerging.

His last specialty is, "The girls are all after me".

If I can give any other information I will be glad to do so.

Respectfully

/s / Etta Barclay.

Mental Rating	C.A.	M.A.	I.Q.	
	15-8-1/2	7-11	50.3	10-27-1925

PERSONALITY AND PSYCHIATRIC EXAMINATION:

The general behavior of this lad was satisfactory during the examination. He tells me that a boy named Alfred Anderson called him a bad name and he tried to beat him up on account of it. A teacher came into the room and grabbed him by the arm, tearing his shirt. He, in turn, grabbed her by the wrist to keep her from tearing his shirt. He was called before the principal for this difficulty. The principal wanted to know if he would continue to treat people like that in the future. He says that he talked right up to the principal and said that he would not let anyone tear his shirt. In addition, he said that he still had it in mind to beat up this boy Anderson and that a few days later he met him on the school ground and started to beat him. Some teacher came along and both boys were taken before the principal. The principal asked him what he was trying to do and what the reason was that he got into so much difficulty. He told the principal that the boy had called him a bad name and that he was going to beat him up for it. While he was talking to the principal the teacher spoke up and the boy told her to 'shut her mouth'. He said that he was going to make people allow him to talk.

Finally, the principal dismissed both boys without any punishment. He states that he is finished now with the job of beating this boy, Anderson.

When asked what he wanted to do he said that he wanted to go to work. In fact, he had a job before school started with a restaurant man but because the man required a statement from a doctor about the boy's health, he did not take the job.

When asked about how other people treated him, he stated that when he attended the Springfield school, that one day all of the boys in school got after him and ran him home. His father asked him if he couldn't beat them up but he said, "No, not that gang". He returned to school the next day and apparently that ended the difficulty. When asked how he got along with the boys in his own neighborhood, he stated that there were only a few there and that he got along with them alright.

When asked how girls treat him, he said that there is a little Mexican girl who has tried to get him to give her his handkerchief but he has not done so. He promised her though that he would buy her a Xmas present. She is not in school, he says.

11-11-25. Examined by Dr. Harrington at A.B.D.

The general behavior of this lad today is fairly

satisfactory. He sits quietly and is cooperative in his mental examination. His stream of thought is coherent and he answers questions relevantly. I must say, though, that it is a little difficult at times to follow him easily.

He appears to be fairly well satisfied. He does not say that anyone is working against him. He says that as far as his school work is concerned he is getting along fairly well. He says that one of the biggest troubles he has is that the other boys hit him and it seems that he feels very definitely that he must fight back. He believes that all of the teachers lie to him all the time but that all the rest of the kids believe all that they say. When asked to tell what the teachers lie about, he said that they told him sometimes about a great valley that was so cold - he would not believe that stuff! He says that the teachers sometimes say that they are going to send him to the principal and they do not do it so he knows that they lie. He feels that the teachers are not fair to any of the kids - he is not the only one they misuse.

He gives no evidence of having ideas of reference. He does not think that any special group are opposed to him or trying to interfere with him - except as above notes might slightly indicate.

He has no special religious experience. When asked if he had ever heard angels talk to him or if Jesus ever

said anything to him, he answered by saying that the teacher sometimes told them of such things. Evidently, nothing to show special hallucinations.

It looks to me as the everything is on the surface and that this boy's difficulties can be explained by his very definite mental retardation. He means to let no one put anything on him and is determined to stand for his own rights. This mental attitude I believe is what gives rise to most of his school difficulties.

When asked what he would like to have us do to help him get along better, he answered that his idea was to get out of school at the end of this year and go to work. When I talked with him about learning a trade, he said that he had noticed a short time ago that boys were wanted in a chair factory to weave chair bottoms and he thought he might like to do that.

RECOMMENDATIONS:

1. That this boy have a tonsilactomy and any other physical work that may be found necessary (not had it Mar.26)
2. That the school situation be gone into regarding the possibility of an occupational outlet. (this was done)
3. Better contact be made with the family in an attempt to correct the home situation.

4. Boy to report to this clinic at regular intervals. GLE/HD

TREATMENT: 2-1-26.

Neil is at Franklin Opportunity School and seems to be improving. He is being trained in chair caning. The psychiatric social worker is keeping in touch with the school.

3-26-26.

Neil has just been out of school for one month to help take care of the 2 year old child who lives at his house who has been ill. He is back in school now and they will allow him to stay as long as he "toes the mark". He is over school age and so the school authorities do not have to keep him. He has never had the recommended tonsilectomy.

	Crisis	Unadjustment	Antecedent events	Efforts toward accommodation	Failure or success
Physical Health		Speech difficult			
Economic					
Personal		-Very slow in school -Sometimes is unmanageable -Mind seems to wander at these times -Cannot stick to a task or pursue a plan -I.Q. 50.3 mentally deficient	-Mother is dead, not much care or guidance	-To continue at opportunity school	Doing well-things going fairly smoothly
Social	Fight at school	-Feels that sometimes people are against him	-Very unhappy home situation		
Legal Arrests					

HARRY WOODWARD:

September 1925. Age 5. Referred by Dr. Harrington from the Christian Church Clinic.

PROBLEM:

The chief problem present is that the child does not talk. The mother requests aid.

HISTORY:

Harry was adopted at the age of six months from the Willows Hospital. No family history was obtained. His birth weight is not known. He walked at 11 months and got first teeth at 8 months (2 months late).

HABITS AND PERSONALITY:

He is a boy of good physical development, sturdy and attractive in appearance; he appears normal in every respect with the exception of talking. The mother states that the boy does not seem to want to talk. He has no difficulty in making himself understood by signs. When placed with other children he gets along with them well. He has no history of enuresis.

His general habits are good. He eats well; he is easily managed. The method of punishment used with him is to place him on a chair, it is most effective. Harry seems to possess a happy disposition- he plays happily and sings at his play. He is most attached to a baby brother 16

months old (the own child of his foster parents)

Harry is teachable and learns from experience. The neurologist feels that it is impossible, at present, to make a satisfactory estimate of his general intelligence. But he feels that this is a case of retardation and not feeble-mindedness.

TREATMENT: 9-25-25

After a careful examination in the endocrine department of the clinic, since the x-ray showed a deficiency of two years in bone development, the doctor ordered thyroid feeding and the patient is to report every two weeks.

RESULTS:

Considerable improvement is noted in Harry's efforts to talk. He is now putting words together such as "Tie my shoe, please." He is also more quiet in his general behavior. His parents are much pleased. The thyroid feeding is to be continued.

2-1-26.

Harry is still on thyroid and his talking is improving.

3-2-26.

The parents had hired an attorney and were in court with the boy asking to have the adoption papers broken, feeling that he is feeble-minded. They have had him nearly five years, after which time it would be impossible for them to break the papers. The judge continued the case one month in order that the parents may secure more definite proof that he <u>is</u> feeble-minded.

The mother seems to be the one who does not wish to keep him. She says she is afraid he will be a hindrance to her own child in his development. The father seems much attached to Harry and has brought him to clinic and showed the most interest in him. He wept in court at the idea of giving him up.

The psychiatric social worker has always felt that the mother was jealous of any attention and affection which the father showed the boy. She made some effort to discourage mother in having adoption annulled.

3-25-26.

Harry was placed in a private boarding home on March 9th. Here there are nine other children and he seems to enjoy the contact with them and to be learning faster than before. His father visits him often and brings him to clinic every week. He pays $5.00 per week for his care.

	Crisis	Unadjustment	Antecedent events	Efforts toward accommodation	Failureor success
Physical		-Child does not talk	-Does not seem to want to talk	Thyroid feeding	Continued improvement in talking
Economic					
Personal			-Adoption from a maternity hospital +Happy child +Good habits	-Makes himself understood by signs	More quiet
Social			+Easily managed +Teachable +Learns from experience		
Legal Arrest	-Parents ask to have adoption papers broken			Boy placed in foster home with nine other children	Developing well - talking more

LYLE JOHNS:

September 9, 1925. Age 6 years, 5 months. Referred by Mrs. Conkling at the Detention Building.

PROBLEM:

This boy is paralyzed in the left side and drags his left foot. His left arm is withered and crippled. He has always had spasms or seizures. He used to have a great many in 24 hours - would barely come outof one before he would go into another. His mother is a widow and does washings to support her children, four of whom are still at home - one daughter is married. This child is a great handicap to her and at present is an institutional case.

FAMILY HISTORY:

The mother has a heavy burden but is very brave and cheerful. She seems like a really superior woman and it is a great misfortune that she is in such poor circumstances. The home is not in a poor section of the city, but is run down and the inside of the house is threadbare and poor, the little furniture is rickety and old - it is a most depressing picture. The cheerfulness and perseverance of this mother in this almost impossible situation is remarkable. She receives a widow's pension. The father died five years ago, at the age of 39, of pneumonia.

DEVELOPMENTAL HISTORY:

Lyle was a full time baby - first teeth appeared at five months-did not walk until 2-1/2 years of age and has never talked - does not say a word.

9-29-25. RESULTS OF EXAMINATIONS:

Patient referred to Dr. Ketcham by Dr. Jacobs, pediatrician. By means of x-rays he discovered a deficiency of about two years in bone development, an indication of the need of thyroid feeding.

10-20-25.

The Wasserman test gave a result of 4 plus on the patient and 3 plus on the mother. For this reason the patient was also put on mercury and chalk in addition to the thyroid. The mother was told that this treatment would have to be kept up over a long period of time and that she must not look for any startling results at once. She was told that a great deal could be done for this child with her cooperation.

2-1-26.

The mother has been bringing Lyle to the clinic faithfully every week or two since he started his treatment, and he is still under medication. He seems improved - is brighter and has fewer seizures, and they are of shorter duration. He does not fall so much as he used to but seems to know when they are coming on and will sit or lie down just beforehand.

Both the boy and the mother are still under anti-luetic treatment.

3-24-26. Lyle still comes to the clinic and seems improved.

	Crisis	Unadjustment	Antecedent events	Efforts toward accommodation	Failure or success
Physical		-Left side paralyzed-crippled -Did not walk until 2-1/2 -years. Has never talked -Two years deficiency in bone development. -4 plus Wasserman -Mother 3 plus Wasserman	-Great many spasms or seizures	Placed on thyroid feeding	Seems brighter - has fewer seizures. This case will necessarily be of long duration
Economic	Loss of father		Mother washes to support family and receives a widow's pension.		
Personal					
Social			Mother a widow in very poor circumstances		
Legal Arrest					

NATHAN LEVY:

December 3, 1926. Age 13. Referred by Dr. Jacobs, pediatrician.

PROBLEM:

This boy was referred first because of his extreme nervousness and a peculiar convulsive movement of the head. He would throw his head to one side and upward quickly. He came to the psychiatrist first for two weeks and then the endocrinologist saw him. He diagnosed his trouble as "goitre of puberty".

FAMILY HISTORY:

Nathan was born in Russia. He has one sister, Dora, 12 years old. His father came to this country in 1914 and in December 1922, eight years later, Mrs. Levy and the children came. They led a terrible life in Russia after the war. They had nothing and nearly starved to death. They were able to keep themselves alive by eating grass and roots and anything they could find. Mr. Levy sent them money which never reached them. Mrs. Levy is ill with chronic stomach trouble as a result of the hardships endured in Russia. She is very nervous and apprehensive for Nathan and her face shows great mental and physical suffering. Both she and the father worry over Nathan and are very fearful over his condition. The father said that at night he and the mother and

Nathan all cry.

This family has no friends nearer than New York City. The condition of the mother is pitiful. She knows no one and is timid and so afraid of everything. She is afraid to go on the street cars without her husband because she speaks rather broken English and thinks people cannot understand her. For this reason she does not go out at all.

The father is a neat intelligent self-respecting Jewish merchant-proprietor of a small shoe store. His thoughts, too, are all of Nathan and he is very much upset by his illness.

The house in which they live is small and dark, rather a poor house, but neat and clean. There was an overstuffed suite and a piano in the tiny living room, but a great lack of cheerfulness about the whole place.

PERSONAL HISTORY:

The boy was a full time baby, did not cut his teeth till one year of age and was very ill at that time. He walked at eighteen months. At six years he had whooping cough and was also very ill with that.

He is a bright boy, has always done well in school. He was in the sixth grade but has been out of school most of this year because of his extreme nervousness.

TREATMENT: 12-6-25.

After diagnosing the case, the endocrinologist recommended that he be put under observation and he was sent

to St Joseph's Hospital for four days. Here he was kept, very quiet and put under medication (calcium lactate, lugol for reduction of the goitre), sodium iodide and cod liver oil. With this treatment, he continued to improve for about two months. The convulsive movement of the head, which the doctor said was caused by the difficulty in getting sufficient air, was entirely gone, the goitre was much reduced and the general nervousness was not so marked.

3-2-26.

But, on March 2, the father brought Nathan into clinic complaining of sleeplessness during the night and restlessness during the day. He could not get to sleep before two in the morning and he seemed to be afraid of something and very nervous. The parents were very fearful and excited over the boy's condition.

The doctor advised x-ray treatments, but the family could not meet this expense. Plans were under way to induce an organization to furnish the necessary money, but on making further examinations and visiting the home, the doctor felt that probably most of the new trouble was being caused by the excessive fear and worry of the parents over the boy, and that the environment was not at all conducive to his recovery.

3-15-26.

At the present time, Mrs. Cohen of the Jewish Institute is looking for a quiet,pleasant Jewish home where Nathan could be put for a while in order that be may have a change of atmosphere and environment and not be continually reminded of his illness. Mrs. Cohen has also promised to send a friendly visitor who speaks Yiddish into the home in the effort to give the family, particularly the mother, some outside contacts.

4-20-26

Mrs. Cohen reports that a very fine Jewish woman has promised to call on the Levy family and to try to help them make some social contacts.

	Crisis	Unadjustment	Antecedent events	Efforts toward accomodation	Failure or success
Physical	Extreme nervousness. Convulsive movement of the head		-Patient, mother and sister nearly starved to death in Russia -Mother's health very poor	Patient taken from school. Patient placed in hospital for observation and then treated for goitre of puberty	Patient very much improved physically Goitre practically disappeared. Heart action normal. Convulsive movement of head disappeared
Economic					
Personal					
Social	Migration to America	-The family badly unadjusted because of Nathan's illness. -Family has no friends in the city -Family very much worried over Nathan			
Legal Arrest					

DOROTHY COLLETT:

April 28, 1925. Age 8 hears, 10 months. Referred by Dr. Astrowe.

PROBLEM:

This is a purely physical problem. This girl is nearly nine years old. The fontanel which should have closed before the child was 18 months is still open, from the base of the skull in back to the forehead in front. The x-ray in this case showed about two years deficiency in bone development and at least seven years in skull development. This child is not mentally retarded, on the contrary she has always seemed unusually alert. She has always done very well at school and at the present time is in grade 3A at school. The facial expression is that of an adult which is also indicative of hypo-thyroidism.

A Wasserman test showed a positive reaction, so that lues is probably an etiological factor in this case.

DEVELOPMENTAL HISTORY:

This child was a full time baby, walked at 16 months, talked at 14 months, but did not get her first teeth until 14 months old.

TREATMENT: 4-28-25.

Dorothy was put under medication - thyroid feeding, cod liver oil and ultra violet light.

7-29-25.

She shows marked improvement. The soft area of the skull is closing up so that the bone formation is now practically normal.

11-24-25.

Dorothy in clinic - is <u>much</u> improved - closure of the skull is marked. The medication is to continue.

3-1-26.

Patient may cease medication and take a rest period.

DOROTHY COLLETT

	Crisis	Unadjustment	Antecedent events	Efforts Toward accommodation	Failure or success
Physical		-Fontanel still open at nine years of age	-Probable lues. Very late teething	Patient put under medication	Marked improvement. Skull entirely closed
Economic					
Personal			Very alert mentally		
Social					
Legal Arrest					

JANE LUC S:

October 12, 1925. Age 12 years. Referred by mother who is also a patient at the dispensary.

PROBLEM:

At present, this girl is suffering with rheumatism - her ankles, arms and hips swell and become painful. She also becomes ill if she has to go to school. Her mother says that she gets so nervous that she will jerk and tremble and be so sick she will have to go to bed. She is afraid of any teacher, no matter how kind.

FAMILY HISTORY:

Almost nothing is known of the patient's own family as she is an adopted child. (She does not know this) She was born in St Louis, Missouri. At the age of two years, her own mother died and she was placed in a Catholic orphanage. Her father re-married and took her back home. Her stepmother mistreated her so that the matter came to the attention of the humane officer and he took the child to the detention home, where the foster parents found her. Her mother says that she had been choked and beaten and that, even now, she still carries the scars of the beatings she received. Jane says that once the stepmother pushed her in front of a street car and she was injured and was in the

hospital for some time.

The patient had brothers and sisters but nothing is known of them.

PERSONAL HISTORY:

Nothing is known as to the pre-natal conditions, birth, infancy or early development.

Patient had scarlet fever three years ago - has lately had her tonsils out - she has fainting spells - faints at the sight of blood or if she is hurt. Menstruated at the age of nine. She was adopted at the age of seven (supposedly though her parents are not sure what her exact age was). They have always told her that she was their own child but had been kidnapped and that when they adopted her they were simply getting their own child back.

HOME:

The family lives in a three room basement apartment at 730 Park Avenue, for which they pay $10 a month. All the rooms have outside light and air. They are very neat and clean and well kept. There is plenty of decent furniture. Both the father and mother were neat and clean, and the father who had just come home from work looked very well groomed, though he impressed one as a colorless individual.

He is a barber and at one time owned a shop in East St Louis, Illinois. But Jane's own father came to their neighborhood looking for his daughter, and the foster parents were so frightened by this that they at once sold the barber shop and all their belongings and moved to Kansas City. They love this child just as much as if she were their own and are afraid something will happen to drprive them of her. The mother said she wished very much that their finances were such that they could adopt a little boy. She has a fear that as a result of the clinic examinations the child will be taken away from her. The visitor assured her that there was no such intention at all, but that the doctors merely wanted to help her find out the cause of Jane's numerous ailments and treat them so she could be strong and well. The three members of the family seem very fond of each other and happy together. In fact the father possibly seemed over-attentive to the little girl.

PERSONALITY TRAITS:

Jane is in the third grade in the Opportunity School, does fairly well in arithmetic and spelling, her mother says, but cannot read at all. She helps with the house work and enjoys it. She loves to sew and embroider and draw - likes to do anything with her hands - would like to go to school where she could learn sewing. She doesn't care to play with

other children and has no companions. She likes to go to church and goes to Grand Avenue Temple nearly every Sunday with her mother. She used to like Sunday School until she got so big she didn't want the girls in her class to know she couldn't read, so she dropped out. She is a pleasant, good natured child, very well behaved at home and at school. At school, she often falls asleep in spite of the fact that she goes to bed at 8:30 or 9:00 o'clock.

PSYCHIATRIC EXAMINATION:

This girl says she has rheumatism. She is delicate looking and while being examined, even though the room was very warm, she pulled her coat up well around her chest and complained of being cold. She gives one the impression of being undernourished and looks more or less depleted physically.

She gave the impression of not being possessed of a particularly strong personality. It is possible that what she needs is a more definite attitude toward life. It is possible if this is established that her various pains will be minimized.

RECOMMENDATION:

Careful study of social setting to determine just what factors in the home may have a bearing on patient's attitude.

9-22-25. Examined by the Endocrinologist.

The measurements of this patient were normal and she is to be x-rayed for age.

9-29-25. Examination of x-ray plates shows:

Bone development 4-1/2 years ahead of time. This gives relative agetfrom the standpoint of bone development of 16-1/2 to 17 years. This is evidently a very mild type of hypo-ovarian and pineal secretion.
Recommendation: x-ray of skull. Patient to report in 2 weeks.

10-14-25. Examined by the Psychiatrist.

Interviewed mother of this girl. On talking with the mother, I told her that sometimes a child uses illness as a possible means of getting attention and, since this child is retarded mentally and doesn't have the capacity for "going over the top", she has a double reason for feigning sickness. Immediately the mother stated that when she told the father, before the girl, about the nervous attacks, she immediately had one. She also stated that the girl often crawled up into her lap and asked to be rocked to sleep. The father often takes the girl into his lap and rocks her. Recently, he carried her to bed and tucked her in as tho she

were a two year old. Mother stated that she now saw very clearly that what they were doing is undermining the child and she is becoming more and more dependent and being greatly handicapped by not being able to face reality.

Another illustration: One day the child told her mother that she simply could not go to clinic because of her rheumatism. Mother says that she told the girl she simply had to go and when she realized this, the girl walked all the way to clinic and back, apparently without any difficulty.

We think that the social environment is playing a big role in the child's continuing to complain of ill health. We think too that part of this has arisen out of her inability to go over the top. She is under treatment with Dr. Ketcham and, in conjunction with this, we will check her intelligence level and continue our study in this clinic.

2-1-26. Treatment.

Jane has been coming to the clinic very irregularly. She has not seemed to improve. She is back at school at Jackson Opportunity School but isn't getting anything out of it. She looks badly and complains of pains in different parts of her body.

The psychiatric social worker feels that she should be removed from her present environment. The father and mother both baby and pet her and the father's feeling for

her does not seem like a healthful one. He is always fondling and caressing her at all times and in all places.

3-25-26.

The mother reports that Jane has been taking chiropractic for the past two months, also that they have been taken up the teachings of the Unity School of Religion, she is also still taking thyroid. She is not going to school but mother says she is learning to read at home. She is feeling much better and mother says she does not care to return to the clinic.

	Crisis	Unadjustment	Antecedent events	Efforts toward accommodation	Failure or success
Physical health	Pains in different parts of body. Very nervous				The clinic seems to have achieved nothing in this case
Economic					
Personal		-Dislikes and is afraid of teacher -Hates school	-Terribly mistreated by stepmother, then adopted into her present home at age of 7. -Own father tried to get track of her again. -Marked attention of the foster-father	Patient was placed in an opportunity school. Very irregular visits at clinic. Chiropractic treatment, teaching of Unity tried.	
Social	Mistreatment. Adoption	-Does not care to be with childrer of her own age because she cannot read-feels inferior along this line			
Legal Arrest					

ISAAC DERKSON:

February 20, 1926. Age 15 years, 6 months. Born Moscow, Russia. Referred by Mr. Hahm of Boys' Hotel.

PROBLEM:

Mother died October 25, 1925, and father, a teamster, remarried, a woman nine years his senior. The stepmother is old-fashioned and loses patience and Isaac had no sympathy or understanding at home.

Isaac was living at the Boys' Hotel, but could not be kept there because he wandered away. He told fanciful stories about himself and resorted to this measure to enlist sympathy of the public and get help. For instance, he ran away and fainted on the street. He told people who helped him that he was starving, that he had been without food for days and that he was then hurrying to the bedside of his dying mother.

Isaac was recently struck by a street car and since then he has had numerous fainting spells. X-ray shows partial fracture of shoulder, but this should give him no particular trouble. The boy spends much time consulting his lawyer and has talked about the $15,000.00 damage he is to recover.

Boy cannot live with father and stepmother on account of constant friction between boy and mother. He cannot be kept at the Boys' Hotel. Recommendation and treatment requested for him.

DEVELOPMENTAL HISTORY:

None known.

FAMILY HISTORY:

A small town in Lettunia, a province of Russia was the home of this family. They were people of ordinary circumstances and no education. Father was a painter. He came to the United States in 1909; three years later the mother, patient, and younger brother came over. While mother and children were in Russia, they lived in an almshouse, not because they didn't have sufficient means to live otherwise but because she wanted to save money. She bought bread from beggars to feed the children. In America the family did not prosper, found it hard to get along.

In September 1915, the mother went to General Hospital suffering from gastric ulcers. Mrs. Kleiman (daughter of patient's stepmother) reports that "she carried on so everyone thought her crazy. She would refuse food, was noisy and had to be strapped in bed". She was 35 years old. Wasserman taken 10-17-15 was positive - 2 plus. She died October 25, 1915. Cause of death given by Dr. Hertzler, "Cholelithiasis, neurasthenic and inanition".

The father, Oscar Berkson, age 43, is, according to Mrs. Kleiman, "not bright". He has never been successful and seems to have no concern about his children. Was in junk

business, then transfer, then drove a truck. He feels that mother's mental condition was normal.

Mother's brother was a worthless person, very foolish and dull.

SCHOOL RECORD:

Very slow - stopped at 5A, is now attending Night School at Boys' Hotel.

HOME:

Patient lived after death of mother in a private family. There was an older boy in the family who attempted to use him sexually. Home life with stepmother was not happy and he would often run away from home.

In 1923, Isaac was treated at Mercy Hospital for lues, but would not report regularly - had only 7 treatments. Wasserman 4 plus. On August 28, 1924, he was examined at General Hospital and Wasserman was negative. Also at this time a complete neurological examination was given with findings all negative. He was at Boys' Hotel at that time, but wandered off so often that they could not keep him.

The psychiatrist examined him and recommended that he be sent to McCune Home and brought in every two weeks for examination and study. He was sent to McCune Home for three year, September 8, 1924.

His behavior was good and he was paroled nine months ago (in May 1925) and was sent to the Boys' Hotel again. He got along well for a while but lately he took to wandering again. He will wander off and fabricates big stories for anyone who will listen. He is a handsome boy, tall, well built, with dark curly hair and black eyes.

MENTAL RATING:

I.Q. 67.3

CONCLUSION AND RECOMMENDATION:

This boy has been thoroughly studied at the clinic. Physically the boy is negative. The psychiatrist makes the following classification:

1. A feeble-minded boy
2. A psychopathic boy

He recommends that the boy be sent to McCune Farm and that a complete history of social and medical data be furnished Mr. Taylor, the superintendent. The boy should be brought into clinic at intervals. This is strictly an institutional case butthe State Training School at Marshall finds it utterly impossible to admit any more patients.

Copies of letters written by Isaac to Mr. Hahn:

Dear Mr. Hahn: I cannot think of growing up to be a big liar. I would like to make an agreement

with you Mr. Hahn I go to church I pray I read the Bible and what good is it going to do me as long as I turn right afound and lie I tell some of the blackest lies any boy could tell sometime I tell such big lies I think that I am the biggest liar in the world.

Mr. Hahn

This is our agreement I made this agreement my master at McCune Home my Father and it seemed to work out all right and this is the agreement

---

that any time I tell a lie or bother Mrs. Lowen you can give me the hardest whippen I got in my life I don't care if you whip me so hard it brakes my skin open I have got to break myself of lieing I do not want to be nothing but a big liar you can give me a whippen with all my clothes off and me knowing that the first lie I tell I will get the hardest whippen in my life I think it will soon calm me down.

If you can't do it here some big boy to do it.

Isaac Berkson

sign hear _____

	Crisis	Unadjustment	Antecedent events	Efforts toward accommodation	Failure or success
Physical Health Mental	Accident	Case diagnosed as feeble-minded and psychopathic I.Q.67.3			
Economic					
Personal		-Cannot stay at home and cannot be kept at Boys' Hotel-wanders away	Often ran away from home. Placed in Boys' Hotel, ran away from there. Sent to McCune Home, made good record and was paroled after 7 months and sent back to Boys' Hotel.	Lying	
Social	-Migration. -Death of mother. -Sex attack			Patient sent to McCune Farm and he is to report to the clinic every two weeks	
Legal Arrest					

ISABEL JOHNSON:

December 9, 1925. Age 7 years. Referred by Mr.Melcher of Schhol Board.

PROBLEM:

This child is a grave problem both at home and at school. Following is report of second grade teached: She will not stay in her seat, walks around the room, goes a y place she has been asked not to go. Annoys and talks to other children around her. Chews paper, pencils, tears her books, and soils them, kicks her seat, stamps the floor, yells out, runs and talks in hall and on stairways. At recess she leaves the playground, pushes and annoys other children and throws gravel On the way home she does not go straight home. She hops on buses, runs in people's yards and takes things away from the children. Her first grade teacher gives the following report: When Isabelle Johnson was in the first grade, she was a constant problem in the room and on the grounds. She was repeatedly reported by the Safety Council for running in the halls and wasting paper towels. We were forced to keep her in at recess periods as she was so irresponsible that it was unsafe to have her play with the other children. In the room she was constantly interrupting by some misconduct.

The kindergarten teacher says: Isabelle Johnson was an unsocial child throughout her kindergarten year. She was

moody and often sullen. Frequently she took lunches belonging to other children and we were unable to make her feel that she wanted to do the right thing.

She is also a great problem at home. The mother says the family have tried to discipline this child and get her to act correctly and behave herself. When the father was at home he would give her a good crack, then feel sorry for his severe attitude and love her. Mother states that when child does not care to come to supper she makes her and when she gets there she is unsettled and uneasy and does not participate in the meal. Mother says that when the child does not get what she wants she screams so loudly that you could hear her a block or so.

FAMILY HISTORY:

This child is an adopted child having been secured for this family by the Missouri Foundling Commission. No investigation was made of the parentage because the husband felt that practically everything depended upon environment.

CONDITIONS IN THE FAMILY:

Mother states that she comes from a respectable family and it is very trying for her to have to go through those various difficulties. She states that she and her husband were getting along satisfactorily. They had two cars and

he had his businessin a chemical labotabory. They had one boy, now about 11 years of age. Some six or seven years ago they decided they would like to have a little girl, but since the mother's health had been so upset by the birth of the boy, she did not feel that she could go through pregnancy, so they decided to adopt a girl. They took Isabelle when a tiny baby.

About four years ago, the wife became aware that her husband was going out with another woman. In fact, during the past few years, he had had a number of experiences always with young girls, twenty years old or so. The husband is about 10 years older than his wife. She is now 36.

She did not make much complsint about the matter until a little over a year ago. He became angry which produced an outbreak in the home. She went and told her father how much she was abused and she was very sorry later that she did this. Her father talked with her husband and they gotinto a fight at which time the neighbors called the police. After that time the husband kept telling her that he was going to club her father to death, and he always had in his possession a big club. This was a terrible strain on her.

The case came before Judge Porterfield and he told the husband to stay away from the home but to support his family which he did for a short time. The boy cried so much for his father that Mrs. Johnson consented to have her husband return.

Things went along fairlywell until Mr. Johnson was called into court again by Judge Porterfield because he wrote a number of letters to Judge Porterfield and was very impertinent. He was sentenced to jail for 30 days for contempt of court, but on the way to jail he made his escape from the sheriff, got into his wife's car, took the boy with him and got to the Kansas side before he was caught. Since that time, he has been in Denver with the boy.

The wife immediately took over the business and tried to conduct it with the help of the stenographer who had been intimate with her husband. The girl was constantly in touch with the husband which made the situation difficult. The business finally began to fail and the wife sold it.

Recently Mr. Johnson wrote his wife that he was going to get a divorce on the grounds of desertion. She then filed her papers in the case.

She understands that her husband is going to marry the stenographer.

The mother says that she does not feel as strongly for this girl as she would for her own child. At the same time, she feels she does not want to give her up. However, she brought out the idea that she tried to get the child in some home here in Kansas City but she was not accepted because of enuresis. Later said that she had no definite plans as to the future for this girl. Repeats the idea that she would like to keep her.

Her parents are at the present time supporting her and the child and they seem to think it would be better for her to give up the girl.

MENTAL TEST RESULTS:

C.A.	M.A.	I.Q.	Date
5-6	5-2	93.9	1924-3-18
7-2	6-0	83.8	1925-10-28

RESULTS OF ENDOCRINE EXAMINATION:

The endocrinologist diagnoses this case as a mild case of hypo-thyroidism associated with some other condition.
Medication - thyroid extract antuitrin.

RECOMMENDATIONS OF PSYCHIATRIST:

After a careful physical examination, it is highly necessary for an attempt to be made in the home to correct the bad situation.

As far as the difficulty about meals is concerned, I told her that she should call the child to supper once, and say no more. The family should go ahead and eat their meal and if the child did not appear, the table should be cleared when the family finish eating. If the child starts to cry or put on a tantrum, they should do nothing but to put her in her room by herself and let her go ahead and cry. Under no circumstances should they give in to her.

It is significant to remember what the child said about her grandfather's attitude toward her. The mother states that the grandfather is neutral about the whole matter. It is the mother and grandmother who do all the planning.

I told the mother that the child said the grandfather was always busy and had not ime for her. I suggested to the mother that if the grandfather took an interest in the child and helped her make something, very likely it would help very much in correcting some of the difficulty. I strongly emphasize this principle, that they continually talk to the child and make her aware of her problem. The real outlet in handling the purely psychical problem is to get the child something she wants to do and should do, in other words, for the child to want to do what is best for her to do. I explained to the mother that the child is interested in doing serious things and is able to focus attention on this as long as adults do not interfere. I illustrated this and the mother expressed her interest and wants to get reading matter along this line. She would like to do anything she possibly could to help.

Mother brought out a point about school work. She says that the teacher brought to the mother's attention the child's poor handwork. The teacher says that she musses everything. I may be mistaken in this inference, but this suggests to us that possibly the teacher may feel somewhat hopeless in the situation. If that is true, it would naturally influence her attitude toward the child. Mother says that the child is better since the father is out of the home.

Our conclusion is, that since we know there is a poor mental hygiene in the home and since the mother manifests what we think is a true interest in the mental hygiene aspect, we feel that what we should do is to keep this child in the home and try to work with the parents in handling this situation. Social worker is to see the teacher and explain to her what we have found in the home situation and our appreciation of the home problem, also the possibility of physical difficulties and ask her patience in the matter and her cooperation in handling this child.

I advised the mother to get Thoms Leaflets and also a book called the "Child, His Nature and His Needs" which is published at Valpariso and costs $1.00. Checks are to be made out to the book fund of the children's foundation.

Mother is to report on Monday.

2-23-26.

The mother has done the best she could to follow the psychiatrist's advice but the home conditions could not be bettered much. She is a very nervous person and the great antagonism between the grandparents and the child still continues. The mother feels that she must have help. She has tried to find a place for the child but no boarding home or institution will take her because of her enuresis.

2-26-26.

The psychiatric social worker took the case into court and the girl was made a ward of the court. She was sent to the Parental Home on February 26, 1926.

3-3-26.

The superintendent of the Parental home at clinic with Isabelle and reports that she wets the bed two and three times during the night - feels that it may be impossible for the home to keep her on that account.

3-25-26.

Miss West, of the Parental Home, brought Isabelle back to the Detention Building and left her, saying she could not get along with the other girls at all. She said she quarreled and fought continually. She feels that she is very deficient mentally and that she is a hopeless case. The effort will be made to put her into a good private boarding home.

	Crisis	Unadjustment	Antecedent events	Efforts toward accommodation	Failure or success
Physical Health		A persistent bed-wetter. I.Q. 83.8			
Economic					
Personal			Patient was an adopted child-foster parents disagreed and separated. Very poor mental hygiene in the home		
Social	The home was broken up and the mother and child went to live with the foster-grandparents	An unsocial, irresponsible child, moody, sullen, difficult to discipline, has temper tantrums		Mother attempted to correct the mental hygiene in the home, but could not accomplish anything. Patient was made a ward of the court and sent to the Parental Home. Was returned to Detention building as incorrigible	
Legal Arrest					

JANET SIMPSON:

March 19, 1926. Age 17 years, 3 months. Referred by the policy. The mother of a companion of hers complained to the police and they picked up the two girls and brought them into court.

PROBLEM:

This girl is a sex problem. The statement following was made and sworn to by her in the presence of a notary and witnesses and it is the best statement of the problem possible.

STATEMENT

My name is Janet Simpson. I will be 18 December 20, 1926. I was married December 7, 1923, and separated from my husband March 7, 1924. I lived with my mother in St Louis, Nellie Cowan, 908 North Broadway, until I came to Kansas City in January 1926, and have been living with my sister Lucy Crosby at 3616 Guinotte. I have worked at the World Theatre at 8th and Walnut as chorus girl. Two weeks ago last Saturday night, February 20, I spent the night at the Andrews Hotel with a man named Warner and my brother, Jack Crunet and Mary Steiner. I was with Warner and my brother with Mary. My brother made this date for me and we were out in the car drinking before we went to the hotel. I was so drunk I had to be carried up to the hotel room. My brother lives at the

home of June Hassett at 8368 Woodland. He has been going with June since 1923 and has promised to marry her. She says she is pregnant. She also says that my brother forced her to solicit on the street and give him the money. He has been at Leeds farm and was released from there January 1926. My brother tried to make dates with Richard Scott for me. He wanted me to go to St Louis with Scott and June Hassett and himself and when I wouldn't go he threatened to get me fired. I have been immoral with two different men, Scott and Warner, since I came to Kansas City in January. I was in the Good Shepherd 10 months in St Louis taking treatment for venereal disease.

I make this statement without fear or threats because it is the truth.

(Signed) Janet Simpson

Witnesses:
John Harrington
Alpha Conkling, notary public.

FAMILY HISTORY:

None was obtained.

MEDICAL REPORT: 3-11-26.

This patient has a definitely infected cervix, probably a rather old infection.

Venereal warts (indicative of gonorrhea)

Definitely ruptured hymen

Wasserman 4 plus

This girl should be under treatment for venereal disease.

TREATMENT: 3-25-26

This girl is reporting at clinic every week for venereal disease treatment. The court has paroled her to the psychiatric social worker. The effort will be made to correct her morals and her attitudes. She should be given some supervised recreation. She is living at present with sister and brother-in-law.

	Crisis	Unadjustment	Antecedent events	Efforts toward accommodation	Failure or success
Physical Health		Has both syphilis and gonorrhea		Received treatment for venereal disease at House of The Good Shepherd in St Louis for ten months 1925. Reporting at clinic every week for V.D. treatment and also to see Dr. Harrington. Court has paroled her to the psychiatric social worker	
Economic					
Personal			Married and divorced. Promiscuous sex relations with many men		
Social					
Legal Arrests	Picked up on street by police and brought into court				

COMMENTS:

The small corps of workers at the Kansas City clinic are capable, and most interested in their work, giving themselves to it wholly and unstintingly. One is surprised that they are able to accomplish so much and that so many cases seem to show real improvement, in view of the fact that so little time and attention can be given to each case.

The psychiatric social worker is not at all satisfied with the quality of work she is able to do. Last year, 210 new cases passed through the clinic. As it is now organized, she must see that each case gets to clinic, have ready a detailed personal, family, and social, history of the case, such as those contained in this study, for the doctor to read before he sees the patient. Then she must see that all the recommendations of the several clinic doctors are carried out; in other words, all the follow-up work away from the clinic falls on her, such as the placing of children in homes, in other grades, or schools or opportunity rooms. She should follow the progress of each patient. Many of them do not have telephones and she must drive miles simply to notify them when to come to clinic. She has had stenographic training and in addition to all this she is expected to keep up the records herself. This alone is a full sized job for one

person. She could have the use of a stenographer some afternoons if she could get over to the dispensary to dictate to her - this is almost impossible with all her other work. The records would have to be carried back and forth between the dispensary and detention building. There is a great waste of time and talent in this method. The doctors must dictate to the psychiatric social worker, who in turn must go over the same material with a third person who is very inconveniently located and can give only a small portion of her time.

From a technical standpoint, the keeping of good records and keeping them up to date is most important for any case working agency. But from the human standpoint, they are the thing to be considered last by the psychiatric social worker. The persons to whom she is trying to give her professional services are, of course, and should rightly be, her first consideration. Consequently, the records suffer greatly in this case. The doctors are handicapped in their work because often it has been impossible for the psychiatric social worker to make a record of the case before it comes into the clinic. All she can do is to give the doctor a short oral sketch of the facts she has learned about the patient. For this reason, the doctors are not able to do their best work or examine and treat the number of cases which they could if there were somebody to look after the

records. The doctors could then dictate their findings directly to the stenographer and the psychiatric social worker would have none of the clerical responsibility. Clearly, in the mind of the writer, the Child Guidance Clinic needs the services of a full time stenographer, in order to reap the full benefit of the funds which are now being put into it.

The cases which come to a child guidance clinic are "long time" cases. They cannot be seen a few times, given some medicine and be discharged as "cured". They must, most of them, be followed for months or even years. Two hundred and ter new cases in a year, in addition to the old cases, cannot be followed successfully by one person. The result of this load is of course that the most pressing cases receive first attention, and those which require attention over a long period of time are the ones which suffer. Due to pressure for time, they must be neglected as soon as they are nicely started because there is always a new "crop" that really must be attended to. The nature of these cases is such that each one requires a great amount of "follow-up" work. If the psychiatric social worker did not attempt to do any of the clerical work of the clinic, this is too much of a case load for any worker to carry. Mr. Whitson, director of the Provident Association, considers from forty to sixty "open" cases as

the number to which one worker can do justice. From all this, the only logical conclusion would be that the clinic should have the use of at least one more psychiatric social worker, as well as a full time stenographer or office secretary. As has been emphasized, the time of the other specialists employed by the clinic could then be much more economically used and the degree of service of which the present staff is capable would be greatly increased.

The added expense would probably be about $3000.00. Of this total, about $1200.00 would be necessary to secure a competent secretary, and $1800.00 for the yearly salary of a second psychiatric social worker. This would make the total yearly cost of the clinic $7539.00 as compared with $4539.00, the present cost; with the added personnel, the cost would be $55.90 per patient. A large percent of this cost might well be charged to research, since this is pioneering and many untried methods are employed which later may be unnecessary when the procedure becomes standardized. No records have been kept of the number of clinic visits per patient but some cases which cover a long period of time come to the clinic many times. To the writer's knowledge, one of the cases contained herein has visited the clinic at least twenty times. When the total cost is spread over this number of visits, it compares very favorably with the expense of other clinics.

C O N C L U S I O N S

GENERAL OUTLINE OF PROCESSES:

It is necessary in conclusion that some space should be given to a study of the exact things which are done in this clinic as steps in the treatment of cases. In other words, it is well to make an analysis of processes or of stpps taken with some particular treatment in mind, some end in view. *"Treatment presupposes an adequate investigation, a diagnosis, and a plan". The writer has endeavored to give these three things in a descriptive fashion in the twelve cases described. At this point, she wishes to take up an analysis of these processes with special attention to the work done by the clinic after these preliminaries have been accomplished. This analysis will be given in outline form so far as possible in order that the different steps in the study of processes and treatment may stand out as plainly as possible.

An Analysis of Processes.

A. Diagnosis

1. Medical

a. General-including urinalysis, blood count and Wasserman test.

b. Endocrinological-including study of developmental history; careful measurements; observation as to shape of body and its different

* Porter R. Lee in "A Study of Social Treatment" p 3.

parts; observations of skin, hair and teeth; study of x-rays showing bony structure.

2. Psychiatric and Psychological.

a. Psychometric test given and Intelligence Quotient obtained.

b. Interview with psychiatrist - study of child's interests, desires, environment, and responses.

3. Social.

a. Family history- mental or physical diseases from which ancestors suffered.

b. Personal history

(1) Experiences within the family including number, sex, age, personalities of brothers and sisters, economic conditions, state of mental and physical health of other members of family, attitudes of other members of family toward patient.

(2) Experiences with playmates.

(3) Experiences at school.

B. Treatment

1. Medical

a. Correction of various physical defects

(1) Tonsilectomy - advised but not carried out(Neil Baxter and Lyle Johns)

(2) Elimination - especially control of enuresis (Isabelle Johnsnn)

(3) Glandular treatment - Thyroid feeding (Harry Woodward, Lyle Johns, Dorothy Collett)

Treatment for reduction of goitre(Nathan Levy)

Treatment for disturbances of pituitary gland, or gonads (no case of this sort appears here)

(4) Treatment for venereal disease (Lyle Johns, Dorothy Collett, Janet Simpson)

(5) Remedy of visual defects
(6) Dentistry
(7) Correction of mal-nutrition
(8) Use of ultra violet ray

} Do not occur in these cases.

*2. Psychiatric

a. Personal interviews between psychiatrist and patient.

(1) Urged boy to drop his indifferent attitude (James Martin)

(2) Advised boy to write from memory what he has studied as aid to concentration (James Martin)

(3) Impressed on boy the fact that his present easy environment will not continue (James Martin)

(4) Asked boy to do a favor for psychiatrist (John Thorpe)

(5) Tried to find out what boy would like to do (Neil Baxter)

(6) Talked with boy about learning a trade (Neil Baxter)

* See section which follows this outline form called "Psychiatrist's Methods" in which writer gives a record of personal interview with psychiatrist concerning this part of the process.

b. Direct influence of psychiatrist on patient's accociates.

(1) Advised mother to let boy spend money to join De Molay, for sake of association with other boys (James Martin)

(2) Explained girl's imaginary ailments to her parents.

(3) Urged parents to force girl to do more for herself (Jane Luce)

(4) Got father to agree to let boy take family car sometimes, and more often if he keeps a good record (Hugh Rader)

(5) Told mother child uses illness as means of getting attention (Jane Luce)

(6) Told mother to call child to supper once and clear table when family had eaten whether child came or not. In case of tantrum, she should be put in a room by herself(Isabelle Johnson)

(7) Suggested that grandfather take an interest in the child and help her make something (Isabelle Johnson)

(8) Talk to child and make her aware of her problem (Isabelle Johnson)

(9) Urged mother not to interfere with serious things child attempts (Isabelle Johnson)

(10) Advised mother to get Thom's leaflet and also a book,"The Child: His Nature and his Needs".

c. Psychiatrist's advise to social worker.

(1) Go into school situation in order to advise an occupational outlet (Neil Baxter)

(2) Make contact with family in order to correct home situation (Neil Baxter)

(3) Study social setting in home to discover factors having bearing on patient's attitude (Jane Luce)

(4) Have boy sent to McCune Home (Isaac Berkson)

(5) Furnish history of social and medical data to superintendent of McCune Home.

(6) See that boy is brought into clinic regularly (Isaac Berkson)

3. Social

a. Direct influence of case worker upon patient (None recorded)

B. Direct influence of case worker upon client's associates.

(1) Got teacher to let boy continue at school(Hugh Rader)

(2) Urged mother to have boy continue seeing psychiatrist (James Martin)

(3) Foster Mother discouraged somewhat in attempt to have adoption papers annulled (Harry Woodward)

(4) Explained nature of medical treatments and slowness of results to be expected (Lyle Johns)

(5) Urged mother to bring boy to clinic regularly (Lyle Johns).

c. Modification of environment by case worker- making "Arrangements"

(1) Placed boy in Problem Boys' School (Hugh Rader John Thorpe)

(2) Took pains to avoid breaking into school routine (John Thorpe)

(3) Tried to get volunteer worker to help boy with electrical work (John Thorpe)

(4) Tried (?) to arrange tonsillectomy (Neil Baxter)

(5) Placed boy in boarding home with other children (Harry Woodward)

(6) Worked out plan to raise money to pay for x-ray treatments (Nathan Levy)

(7) Sought friendly visitor for Yiddish speaking mother (Nathan Levy)

(8) Removed boy from school (Nathan Levy)

(9) Arranged admission to hospital for observation (Nathan Levy)

(10) Arranged admission to "opportunity school" for subnormal children (Jane Luce)

(11) Arranged commitment to school for delinquent boys (Isaac Berkson)

(12) Had girl made ward of court and sent to Parental Home (Isabelle Johnson)

(13) Arranged to put girl in good private boarding home (Isabelle Johnson)

(14) Had girl paroled to herself (Janet Simpson)

MISSING PROCESSES:

A. Absence of a case conference.

B. Very little influencing of client by social worker (e.g. more might have been done with Harry Woodward's mother in interpreting to her her own attitude toward Harry and by so doing making her want to keep him. The mother could have been shown that probably she had come to feel sensitive about the child because of the comments of neighbors, etc. and should have been assured of the child's progress and normal mentality, and urged to keep him).

C. No systematic attempt to carry out plan of treatment (Neil Baxter, Jane Luce)

D. Psychiatric treatment in several cases does not continue after one or two interviews (John Thorpe, Neil Baxter, Jane Luce, Isabelle Johnson, Janet Simpson)

E. In cases which are both physical and social, very little effort is made to look after the proper social adjustments in the case (Nathan Levy, Harry Woodward). The physical side receives more attention.

F. Incomplete records. It is possible that the foregoing "missing processes" (with the exception of A)

are not "missing" in reality but only "missing" in the records. The records give almost no hint of processes or methods used in treatment with the exception of "arrangements" made. *Porter Lee says that "we must find our way beyond the case records into the thinking and experience of case workers themselves. I suggest, as a practice promising greater improvement in the quality of our case work, the regular analysis by case workers themselves of the factors which have entered into their conspicuous successes and failures in human leadership." The only way such an analysis can be made is by a study of records in which the social worker has set down carefully just the methods which she used in each case. **One author goes so far as to write down the tone of voice and manner used by the social worker toward the patient at each visit.

G. Not clear-cut conception in minds of the workers as to the functions of a Child Guidance Clinic. Cases are accepted which are not appropriate for a Child Guidance Clinic. Purely physical cases with no social problem whatever involved (DorothyColletti)

*"A Study of Social Treatment" by Porter R.Lee. p 32.

**"An Attempt to Analyze Processes"- The Family -"May 1926,p82

PROCESSES INVOLVED IN PSYCHIATRIC TREATMENT:

The writer takes no responsibility for a detailed treatment of the Medical or Psychiatric procedure of this clinic, since she is a lay person in these fields, and since the present study is one in sociology. However, the following interview with the psychiatrist is included because very few people are at all familiar with the methods used in that field.

After finding that the records were so unrevealing as to just the processes used to accomplish the ends sought, the writer talked with the psychiatrist at length to discover, if possible, just what he does do. He said that the psychiatrist first seeks to build up in all cases a dynamic bond between himself and the patient, a real friendship - tries to make the patient understand that he has a real true interest in him and his doings. The patient comes to lean on him, and to want his approval very much. This is what Emerson in his essay on "Friendship" calls "tenderness". It is the relation of a child toward his mother, not an adult relationship and really is a difficult thing to handle, but is the basis on which psychiatrists work. In some cases, it may become really too pronounced and dangerous. For this reason, the psychiatrist must have his own feet on solid ground, must himself be really grown up and mentally strong and well, so that no situation which might develop could in any way influence his real true friendly

relationship toward the patient.

He told the story of a little eleven year old girl who had been brought to the clinic because she continually stole and lied. She would not go with the other children, was a shut-in type of personality. After two or three visits to the clinic she said "Dr. Harrington, I'm going to write a letter to you". He said, "That will certainly be fine. I'll be very glad to get it". This is what she said in the letter, "Dear Dr. H.- I like you. Do you like me? I'm not going to steal or lie any more. Do you like me Dr. Harrington?" Others at the clinic noticed a change in her attitude. She was beaming and radient, and so happy in her deep regard for the doctor.

Then the next step in treatment is to wean the patient away from himself, or rather away from this babyish dependence which the psychiatrist really tries to foster at first, even in adults. Sometimes the treatment he gives them seems pretty rough to them. Sometimes they request their statement and say they are not coming any more. But he can usually get them to "calm down" and try to see what he is trying to do for them. He wants to help them to grow up, to find themselves, to become adults, by telling them the truth about themselves. This part of the process is what Emerson calls the "Truth" in his essay on "Friendship".

The third and last step is what Dr.Harrington calls the "Stimulus-Response bond". He urges and in some cases arranges for the patient to expose himself to certain stimuli which the doctor feels will be beneficial to him in order that he may learn to respond to them. He urges him to this more and more until finally the patient is on his own feet, is really grown up. He helps him to make the proper decisions for himself.

The uses of these methods are hinted at in the cases of James Martin and Hugh Rader, but no definite suggestions are contained in them.

PROCESSES INVOLVED IN SOCIAL TREATMENT:

Since this is a study of the technique of a child guidance clinic from the point of view of sociology, it is necessary to give some time to a consideration of the social treatment given through the clinic. In other words, the writer wishes to study in detail section b under 3 in the large division B in the foregoing "Analysis of Processes". Following is the section taken for special study here:

b. Direct influence of case-worker upon client's associates.
   (1) Got teacher to let boy continue at school (Hugh Rader)
   (2) Urged mother to have boy continue seeing psychiatrist (James Martin)

(3) Foster mother discouraged somewhat in attempt to have adoption papers annulled (Harry Woodward)

(4) Explained nature of medical treatments and slowness of results to be expected (Lyle Johns)

(5) Urged mother to bring boy to clinic regularly (Lyle Johns)

These five steps in treatment were taken with a view to helping the patient to recovery or to at least improvement or to do what Miriam Van Waters calls "making good". In her chapter called "Making Good" in "Youth in Conflict" she says: *"It is convenient to name stagesin process of "making good" as follows: insight, transference, development ofpersonality (growth of skill, clear ideas of new behavior-goals, and the wish for social esteem), development of new social relationships. The terms insight and transference are borrowed from psychiatry, (Kempf: "Psychopathology", pp378,654). The social worker used them in no technical sense. They express what takes place after successful case-analysis. Insight is used by psychiatrists to denote the stage when the patient understands significant causes of his emotional and mental disturbance. The patient now faces himself consciously as a problem. The social worker must aid the delinquent to face himself."....

*Miriam Van Waters. "Youth in Conflict" pp 178-179 ff.

"Insight is known by behavior. There is no embarrassment; the child talks freely. There is no obstacke in flow of confidence from child to social worker. There is relief in attitude. The child usually shows enthusiasm for 'beginning over again', for 'taking another chance', is more vital in responses, as if some new source of energy had been tapped. For sensitive children this is the golden period of reconstructive treatment. It is known to probation officers and workers in juvenile reformatories every day."..... .....

"Transference is another stage in process of making good. The case-study has revealed the child's love-object, persons and things which arouse his warm interest and affection. It is evident that the love-object may be harmful, unattainable, or anti-social. It is the social worker's function to assist the child in fixing attention to some love-objects that will not destroy him. Transference, as the term is used in psychiatry, describes rapport between the patient and the doctor who has succeeded in making an analysis of the patient's difficulty. The social worker uses the word in a broader sense, to mean any love-object capable of aiding treatment. Transference may be to a parent, relative, teacher or companion; it may extend to some animal pet, or hobby; it may turn toward the social worker".

.....

"Transference should be used constructively, and put

to service for the cure, not the further emotional dependence of the child. Often the transference will be assisted by the social worker to attach itself to some member of the home-circle.

"Another stage in restoring the delinquent is development of personality through acquisition of new skill and activities". .....

"Succeeding in home tasks, school work, learning gardening, sports, arts, crafts, nature, books, music, caring for younger children, animals, earning money, doing well in employment, all tend to enrich personality by giving it power to expand and to control new fields. There need be no special talent or ability discovered; all that is essential is for the child to feel satisfaction in doing some new thing well. He derives fresh mastery, courage and tokens of adult approval."

.....

"With increased confidence born of new activities, the young delinquent is in a better social position. He possesses the coin that wins his way. He is ready to enter new social relationships. When these are satisfactorily cemented, the adjustment is complete; the delinquent and the community can get along together." .....

"The delinquent now fits in home or foster-home; he enters into social affairs, church, club, union, settlements, night classes, big brother and big sister organizations,

camps, scouts, friendly circles and other neighborhood groups, or if his temperament does not require social intercourse, it is sufficient that he is no longer rejected; he is reconciled to his human family." .....

"The process of making good includes insight, transference, development of personality, and increased social relationships. It must not be understood that these stages, or levels, have any arbitrary sequence; they may occur almost simultaneously. In this field there are 'miracles' i.e., swift transformations of personality which we are too ignorant to understand, but which Christ understood very well. Mere provision of 'good conditions', routine, better economic and social measures, regimen, good health, opportunities for companionship and recreation, 'respectability' in the environment, are of little avail, unless the central springs of the living spirit have been somehow tapped. The process is usually that of slow, natural growth; to build 'moral muscle' requires time. Impatience for results may lead to disaster. Faith, tolerance, belief in life, are the chief requisites in the social worker who wishes to assist young delinquents in 'making good'."

Three of these steps in making good are the same things which our psychiatrist has called by different names. Miss Van Waters' "transference" is his "dynamic bond", her "insight" is his "helping them to grow up, to

find themselves". Her "development of personality" and "development of new social relationships" is what he calls the "stimulus - response bond".

There are no hints in the records of any direct influence of the social worker upon the patient. If there had been, it is safe to say that these processes - dealing directly with the patient - would have been more roundabout and tedious, and results much slower in accomplishment than the following descriptions of interviews between social worker and the patient's associates; also the feeling between social worker and patient would have been more intense than any feeling which is recorded in the following analysis, which deals only with influencing the patient at long range, namely through his associates.

These five instances discovered in the records, in which the social worker exerts some influence over the patient's associates do not call for the careful thought and handling on the part of the social worker which one feels sure she must often be called upon to give in more difficult situations, especially, as has been said, when dealing directly with the patient himself. But these are the only references in the records to the processes by which the social worker accomplishes her ends, so they are the ones which the writer is compelled to use, though these five

instances constitute most meagre basis material - in comparison with what might have been included in the records. Let us turn now to the real study of processes used by the social worker in accomplishing her ends.

(1) Got teacher to let boy continue at School (Hugh Rader)

In this case the reader will remember that the psychiatrist had already given him "insight" into his trouble and that "transference" also had taken place - that the boy himself said he would "rather hear the psychiatrist talk than all the rest of them put together". He had come to care greatly for the psychiatrist and to wish to hold his respect. So this getting the teacher to let the boy remain in school is with a view to carrying out steps three and four in Miss Van Waters' treatment; namely, developing his personality and helping him to develop new social relationships.

Following is a description of the process used by the social worker:

1. The teacher and social worker are friends and the interview opens in a friendly way.
2. Social worker expresses interest in the school by means of questions and comments.
3. She expresses interest in another case from the clinic, John Thorpe, who seems to be progressing very well.

4. Asks for information as to just how the teacher works with these boys to secure the splendid results for which the school is known.
5. Mentions Hugh and his temporary lapse in behavior (had stolen the teacher's pocket book). At first the teacher hardens at mention of Hugh but is willing to listen to a recital of his previous good record. The social worker dwells especially on his previous good behavior and seeming adjustment in the school, and on her own satisfaction that he had been doing so well. It must be borne in mind that this teacher is a very gifted teacher of problem boys and is more open-minded and tolerant than most teachers.
6. The social worker goes on to show her the boy's home situation, that the father is "antagonistic and unsympathetic" and the mother "nervous". She dwells on the fact that in the majority of cases of delinquency such as this the real cause of the delinquent act is very difficult to find. In this case it is probably the result of conflict in the home - that the unsympathetic father is probably the disturbing factor in this boy's mental life and that his act is the result of this unhappy home condition and inner conflict.

*"The child, struggling from infancy to win affection and esteem from each member of the family, is living in a world of conflict. This is healthy. This is splendid. The normal child should earn his way by acts and attitudes which are pleasing to good parents, and bring rewards of approval, success and love. It is conflict which makes life interesting. But it should not be unequal; nor should demands be harsh or evil or beyond the powers of the child.

Selfish parental attitudes produce delinquency. Often the conflict rages unseen between interests of parents and child, and is unexpressed, save in ways so baffling, so apparently removed from the family circle that the true cause of delinquency is not guessed."

7. Tells her that the social worker is also working in the home and the psychiatrist is working with the father with the aim of helping the man to understand the son and become more sympathetic and tolerant with him. If this can be accomplished, the boy's attitude will in turn be changed, the cause of inner conflict will be removed and we can expect that no more "letting off of steam", such as this stealing episode, will be committed by him.

* Miriam Van Waters - "Youth in Conflict" p. 67.

Because this teacher is really superior and well trained, she is not at all difficult to convince that the boy ought to be given another trial in the school. She understands his individual problem a little better since this talk with the social worker and has a fresh interest in Hugh and his welfare.

Brief summary of interview:-

Stimuli used by social worker,-

Facial - expression pleasant.

Voice - quiet, interested tone.

Bodily attitude - earnest.

Friendly attitude - as between co-workers.

Motives appealed to,-

Pride of the teacher (2,3,4 and part of 5)

Knowledge of boys (6)

Understanding and sympathy (6)

Result :

Teacher concurs heartily in plan to have Hugh remain in her school, and tackles the problem from a little different angle and with new interest.

(2) Urged mother to have boy continue seeing psychiatrist (James Martin).

In this case, too, "insight" and "transference" have already taken place. The "development of personality"

and "development of new social relationships" are in the process of accomplishment. The reason for this "urging" is to carry out these last two steps to their fullness.

1. In a friendly way, with pleasant tone of voice, and interested manner, the social worker inquires as to how Robert is progressing. The mother gladly tells her of his success at school and of his broadening social interests, but says he seems still to have no definite goal in life, bot to know what his own special interests are or what line of work he wants to take up.

2. Then the social worker tells her that that is the very thing she has called to talk over with her, that both she and the psychiatrist are especially interested in that phase of James' development, that they feel it is the next step for him to take logically. She knits up their interest with the mother's interest in this thing and makes it plain to her that all three, psychiatrist, social worker and mother, want the same thing just now for the boy i.e. a definite decision as to his life interest.

3. Then she tells the mother that the psychiatrist feels that with a little more contact with James just at this time, when he (James) is gaining new insight into his own makeup and is making new social contacts, in short, when he is growing in personality, he (the psychiatrist) might be able to help the boy discover his own interests, or as Woodrow Wilson says, help him to "come to himself".
4. The mother replies that she wishes he would continue to go, because it could do him no harm and would very probably do him continued good. But she says that James feels that it is useless to continue going to the psychiatrist longer, since he is having no more trouble with his school work.
5. The social worker than dwells on the deep regard in which James holds the psychiatrist, and tells the mother to work on this feeling of the boy's in getting him to continue seeing the psychiatrist. The mother is to tell James that the psychiatrist feels that he (James) must have lost all interest in their friendship, since he has not come to talk with him for about two months, and that the psychiatrist is really missing this contact with him and would really be gratified if he would drop in at the clinic now and then and "talk things over with him."

6. The mother agrees that she will appeal to the boy on this ground and urge him to go again to see the psychiatrist.

Brief summary of interview:-

Stimuli used by social worker:

Facial expression pleasant.

Voice - quiet.

Bodily attitude - earnest, friendly as between two people working toward the same end.

Motives appealed to:

Natural interest of a mother in her son (1)

Previous and present feeling of comradeship which exists between social worker, psychiatrist and mother (2,3,4,5,6)

Result-

Mother decides to urge James to continue seeing the psychiatrist on grounds that he(psychiatrist) is a little "hurt" at his continued absence and seemingly cooling friendship.

(3) Foster mother discouraged somewhat in attempt to have adoption papers annulled (Harry Woodward)

This case differs from the other four of these five instances of influence of the social worker upon the patient's

associates in that this mother, at least in this one step of the treatment, becomes the patient herself. In other words, the social worker is attempting to influence her directly, so that this instance is more nearly like what might have taken place in other cases, and which does often take place in social work. At this visit the social worker attempts to give the mother some "insight" into her own attitude and show her that she is not being fair with Harry.

1. Social worker has a rather nonchalant air as she enters the home, sits down, and with a business-like manner takes up the matter of finding a home for Harry. She acts as though she herself were quite detached from the whole affair, and were acting merely as an agent for the family in finding a family who would take him in.
2. Just as she starts to talk, Harry, himself, runs to her, climbs on her lap and shows her a picture book, pointing to the animals in it and naming them. They carry on quite a conversation and Mrs. Woodward says nothing, but watches them closely. Finally the social worker persuades Harry to run out to his sand pile and build the finest tower he can to "surprise" her and tells him she will come out and see it in just a few minutes. He goes off happily.

3. After just this little bit between the social worker and Harry, it seems to the social worker that she can sense a little more interest on the part of the mother in the boy, shown by a smile and pleasanter manner.

4. But she preserves her impersonal attitude and tells the mother that she has found just one place where she can put the boy,- that it is not one of the best boarding homes, that it is one of the cheaper ones, and is rather crowded, but the woman will take one more child. She says she dislikes to put Harry there because he would receive no individual attention, and the doctor feels that his progress has been so good that he is going to surprise everyone with the mental development he is going to make in the next few months, only he(the doctor) says this development will depend largely on whether he is with some person who will take an interest in him, tell him the names of new things and talk to him a great deal. She dwells on the doctor's interest in him and his real regard for the little fellow.

5. She says she met a neighbor down the street whom she knows and who stopped her to tell her what a marvellous change she and others had noted in Harry, how he seemed to be unfolding, and especially what an

attractive child he was.

6. At that the mother tearfully tells of how she had heard that other neighbors were saying among themselves that they were sure the child was feeble-minded and that if he remained with her own child (the baby) that it, too, without a doubt, would not develop normally, but would imitate Harry's ways. She says that a teacher to whom she had taken him had also told her that anybody could see by the shape of his head that he was feeble-minded.

7. At that the social worker became very indignant and said no living being could tell by the shape of a child's head whether he was feeble-minded or not, and nobody but a very ignorant person would make such a statement. She told the mother that she was much irritated with her for believing such a thing when the clinic doctor, who was surely better qualified than the ignorant people she had listened to, had assured her many times that Harry was a mentally normal boy and if she would only be patient he would learn to talk and be just like other boys.

8. She shows her that the opinions of these people are what had influenced her to want to send the boy away. She says she herself cannot understand how any mother could give up a baby who had come into that mother's

life when she was especially lonely and wanting a child; that to her such action is despicable - to turn him out when she has a child of her own and he has served his purpose in her life. She says she thinks he has already "paid his way". Then she asks the mother to pay no attention to what anyone says except the doctor (who is the only one qualified to talk), to keep Harry a little longer, to watch for each step in his development, and says she is sure she (the mother) will find joy in watching his unfolding. She asked her if she couldn't hold up her head, cooly ignore the neighbors, continue to fill a mother's place to Harry, as she had, and finally show the critics that they were greatly mistaken. She urged the mother not to discuss the boy with anybody but to see if she did not find great inward satisfaction in watching his mental growth and in aiding it.

9. The mother seems greatly relieved, says she will talk it over with her husband and let the social worker know just what they decide, but she things she will keep Harry for at least six months longer and see how he gets along.

10. The social worker prepares to leave, they go out together to see Harry's tower in the sandpile. She says goodbye, pleasantly, and Harry goes a "piece" with her, - as far as the corner. The social worker wonders if seeing him leave with her, in this manner, will not suggest to the mother that after all it would be very hard to let him go.

Brief summary of interview:-

Stimuli used by social worker:

Facial expression - sober and unrevealing.

Voice - serious - cold.

Bodily attitude - both nonchalant and frigid at first, changing to very earnest, even eager at the last.

Motives appealed to:

Mother's pride (steps 2,3 and 5)

Mother's care and anxiety for her child (4)

Makes her feel ashamed and unworthy (steps 7,8)

Self-respect (8).

Result:

The mother begins to understand herself better, to gain the "insight" necessary and agrees to reconsider annulling the adoption papers.

(4) Explained nature of medical treatments and slowness of results to be expected (Lyle Johns)

(5) Urged mother to bring boy to clinic regularly.

Both (4) and (5) show simply the most casual influence of the social worker and doctor on patient's associate - his mother. Knowing his mother one can understand that without the "urging" she would have come to clinic just as faithfully. But the very brief statement which the doctor gives her probably did give her encouragement and hope for her child, or "insight" into his trouble.

1. He tells her in a very kindly way, and with most interested manner that if she will be faithful in bringing Lyle to the clinic he feels sure that he can help him. He says he expects him to have fewer seizures and be better generally, but that he cannot say yet just to what degree his improvement will go.
2. The mother says she will be so glad to bring him, even though she has a long distance to come, if the doctor can help him at all.

Brief summary of interview:-

Stimuli used by social worker:

Facial expression - pleasant, interested.

Voice - quiet

Bodily attitude - one of kindness toward mother and child and concern for the welfare of the child.

Motives appealed to:

Mother's care for child, interest in his improvement.

Result:

Possibly the mother feels more determined than ever to try this new treatment after hearing the doctor say he feels sure he can help him

SUMMARY OF STIMULI AND MOTIVES:

From the foregoing study of the five instances in which the social worker has influenced the patient's associates, it becomes possible to list briefly the different stimuli and motives which are apparent here and others which it is probable would be shown in other cases.

One might group the sorts of stimuli used by the social worker under four heads: (a) Type of language used; (b) the vocal inflections; (c) the facial expressions; (d) the bodily attitude. The first sort of stimuli - that of the language used - will not be considered here again because it does not admit of tabulation but would mean simply covering the ground again which has just been gone over in the above treatment of the five instances of influence by the social worker. However, the remaining three sorts

of stimuli can be briefly summarized. Of course the tone of voice, facial expression and bodily attitude differ with the type of person with whom one is dealing and they differ somewhat even with different persons who may be considered of the same type.

For the purposes of this summary, perhaps we may divide people into three types: (a) the suggestible person who yields most readily to indirect suggestion; (b) the more or less pugnacious person who hopes for and enjoys a little conflict in his contacts with the social worker; (c) the sensitive person, who yields most readily to direct suggestion and who "cringes" a little at the thought of conflict or a difference of opinion. Perhaps the stimuli that may be used for these three types of people can best be shown in tabular form.

	Voice	Facial Expression	Bodily Attitude
Suggestible (yields to indirect suggestion	Quiet Interested	Pleasant	One of ease and relaxation
More or less pugnacious (enjoys a conflict)	Quite, rather half-interested	Sober, unrevealing	The military attitude "at ease" - the professional businesslike attitude of studied aloofness and unconcern. Social worker refuses to show responses the client is looking for
"Sensitive" (Yields to direct suggestion	Crisp and sharp	Severe perhaps indignant	Keyed up- a trifle tense and insistent

In a study of the motives appealed to in these five instances, there is one method used which seems to appear rather prominent. The social worker attempts to appeal to some motive or interest which is already one of the strongest in the life of the client and then to show that that motive is also hers (the social worker's), or to identify the aims of the client with those of the social worker. On that basis some of the motives which might be appealed to are:

Pride: the pride of a parent in his child, or of a person in his work, or pride of family.

Personal interest: showing the client that a thing will be advisable for him because it will further his own interests in some way which he wishes.

Compensation for own failures: the wish that ones children may achieve the things which one has hoped to do and have for himself, but failed.

Good standing: the wish to be well thought of by neighbors and friends, the wish for "position".

Holding the affections of friend or relative: the wish not to do anything which would alienate the affection of some person who, at the present time, cares for the client.

It is in just such fashion that we all play upon each other, by our slightest movements, inflections of voice, change in facial expression. We may be unaware of the results which these things have in the lives of our associates and we are often unaware of how they in turn are molding us.

*"When the problem of altering human behavior is entered, we are in a different world. Neither knowledge nor good-will can force behavior into a new channel; the more direct the attack by means of force, the more subtly does human nature evade us, the more humiliating is our failure. Christ said that as "the wind bloweth where it listeth so is every man of the spirit". Novelists and poets have told us love cannot be made to comply with demand or sense of obligation; the Greek dramatists developed the idea of fate in the great passions and crises of life, but only recently has science become sufficiently enlightened to show us that conduct, emotion, all responses, even the humblest, are due to processes the complexity of which we are only beginning to guess. Human behavior would seem at times to rest in bed-rock of some ancient, forgotten cosmic river-bed, or again to emerge from the chance situation of today as lightly as thistle-down; yet always it is caused."

*Miriam Van Waters -"Youth in Conflict" p.235

BIBLIOGRAPHY

MENTAL HYGIENE:

Phychological Mechanisms of Human Conduct.
Sands and Blanchard.

The Role of Situation in Psychological Conditions.
Esther Loring Richards, M.D.

Child Management. Thom

The Nervous Child. Hector Charles Cameron

The Normal Mind. Burnham

Mental Growth of the Pre-school Child.
Arnold Gesell

Social Work with the Problem Child.
Mary Tobin

Principles of Mental Hygiene Applied to the Management of Children Predisposed to Nervousness. Llewellyn F. Barker

Observations on Mal-adjusted Children.
Leonard Blumgart, M. D.

The Relation of the School to the Mental Health of the Average Child.
Jessie Taft, Ph.D.

The Place of Mental Hygiene in the Schools.
Walter L. Treadway, M.D.

The Mental Tests of a Superior Child.
H. Dealey Dvorak.

The Mentally Retarded Child in the Public Schools.
Charles S. Berry.

Some Aspects of Education and Training in Relation to Mental Disorder.
Sir Maurice Craig.

Influence of Affective Disturbances on Responses to the Stanford Binet Test.
Jewett and Blanchard.

Individual Variations in Mental Ability.
Augusta F. Bronner, Ph.D.

What can be done for the Mal-adjusted.
Anne T. Bingham, M.D.

The Salvage of the Backward Child.
Walter E. Fernald, M.D.

Community Responsibility in Mental Hygiene.
Frankwood Williams, M.D.

CASE STUDIES:

Diagnosis and Treatment of Young School Failures:
Helen Thompson Wooley.

Causes of Delinquency in Boys of Superior Intelligence.
John Christian Tjaden

Children Astray. Drucker and Hexter

Mal-behavior Viewed as an Out-patient Mental and Nervous Clinic Problem.
Edward A. Strecker, M.D.

CLINICS:

Habit Clinics for the Child of Pre-School Age.
Douglas A. Thom, M.D.

Results and Future Opportunities in the Field of Clinics, Social Service and Parole.
Thom.

The Psychiatric Clinic - a discussion of the first Demonstration Clinic conducted by the Division on the Prevention of Delinquency of the National Committee for Mental Hygiene.

Bibliography - continued.

The Child, the Clinic and the Court - collection of papers published by the New Republic Publishing Company.

The Use of a Traveling Clinic in a Scheme for the Neuropsychiatric Examination of School Children.
Franklin G. Ebaugh, M.D.

ENDOCRINOLOGY:

Glands Regulating Personality.
Louis Berman

The Personal Equation. Louis Berman

The Internal Secretions. Arthur Weil

CONCERNING ANALYSIS OF PROCESSES:

The Study of the Delinquent as a Person.
E. W. Burgess. American Journal of Sociology. May 1923. p.657.

An Attempt to Analyze Processes.
No author given. May 1926.p.82

Reflective By-Products of a Social Treatment Interview.
Myrick & Sheffield.
May 1925. p.657

Case Study Possibilities - a Forecast.
Ada Eliot Sheffield.

A Study of Social Treatment.
Porter R. Lee.The Family.Dec.1923.

Youth in Conflict. Miriam Van Waters.