A study of casework with fifteen conditioned reflex treatment patients at the Washingtonian Hospital from 1947 to 1952.

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A STUDY OF CASEWORK WITH FIFTEEN CONDITIONED REFLEX TREATMENT PATIENTS AT THE WASHINGTONIAN HOSPITAL FROM 1947 TO 1952

A Thesis

Submitted by

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(A.B., University of Maine, 1950)

In Partial Fulfillment of the Requirements for
the Degree of Master of Science in Social Service

1952
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CHAPTER I

INTRODUCTION

The treatment of alcoholism is today an ever growing field with new methods of treatment constantly being devised and put into practice. In this expanding field there is a place and a need for trained, intelligent social workers. But, if social workers are to function in this field, it is felt that they should become aware of each form of alcoholic treatment. This study deals with one treatment form being offered at the Washingtonian Hospital, the conditioned reflex treatment.

Purpose of the Study

The purpose of the study is to determine whether or not there are any special social work problems which are characteristic of patients who accept the conditioned reflex form of treatment. The writer focused the study upon the following general questions:

1. Was the primary case work carried on with the patient or with a relative of the patient?
2. What are the specific areas of need in the conditioned reflex patient?
3. In what areas was casework offered and what were the techniques utilized?
4. In what way are these problems characteristic of work
with the conditioned reflex treatment patients?

The cases under study are all conditioned reflex treatment cases which in all cases gives the medical therapist the major therapeutic role with the patient in treatment. The relationship between the medical therapist and the case worker will be discussed.

Scope of the Study

This is a study of fifteen conditioned reflex treatment cases at the Washingtonian Hospital between 1947 and 1952. The cases were selected at random over this period. The writer did not feel that one interview was significant in determining any findings, since the first interview was usually an exploratory one. Only those cases in which there were two or more interviews were selected. Most of the cases studied extend through to the present date through the medium of the conditioning club.

Sources of Data

The data for this study was obtained from the literature, records and from staff members at the hospital. The literature provided the basis for the discussion of alcoholism and the conditioned reflex treatment. The records contain material from the medical therapist and the resident physician as well as from the case worker. The recordings of all of the social worker's activities comprised the bulk of the material, although the medical therapist's and the
resident physician's were also utilized to some extent. These activities consisted chiefly of the reactions of the patient to the treatment, and the day by day physical condition of the patient before and after the initial series of the treatment had been administered. There were several conferences with the Case Work Supervisor and with the Medical Director for the purpose of clarifying what had taken place in the treatment sessions, and to clarify also what might be some of the deeper implications of such a treatment.

**Methods of Procedure**

The schedule (see appendix) was formulated to aid in selecting the pertinent data from the above-mentioned sources. This data was utilized in grouping the cases studied and in presenting the actual case material. It was found that the cases studied fell into three general groups: those cases with primary case work with patients; those cases with primary case work with relatives; and those cases with primary case work with both relatives and patients. Cases representative of each group will be presented.

This study will also include a chapter on alcoholism from the point of view of the theory and treatment. A chapter on the Washingtonian Hospital and the conditioned reflex treatment is included for the purpose of clarifying for the reader the setting and the details of the treatment. Then will come a chapter dealing with statistical data, followed
by presentation of case material, culminated by a chapter on summary and conclusions.

**Limitations of the Study**

The writer recognizes that this study was necessarily limited by the lack of material in the case records. Since in no case was it possible for the writer to talk with the case worker involved, all that is presented represents that material as interpreted by the writer.

A few of the records were not fully recorded, or were summarized. For this reason it was necessary to omit areas from six of the cases which might have added more to the total understanding of those cases. Finally, because of the limited number of cases, this study is qualitative, and findings apply to those cases studied.
CHAPTER II
THEORY AND TREATMENT OF ALCOHOLISM

What is alcoholism, who are alcoholics? Mann\(^1\) says:

Alcoholism is a disease which manifests itself chiefly by the uncontrollable drinking of the victim, who is known as an alcoholic. It is a progressive disease which left untreated, grows more virulent year by year, driving its victims further and further from the normal world, and deeper and deeper into an abyss which has only two outlets: insanity and death.

Then Seliger\(^2\) states that:

He, the alcoholic, is an individual who is handled by the medically termed narcotic-alcohol, to such an extent that drinking interferes with one or more of his important life activities.

Finally Durfee\(^3\) states:

If as a result of a man’s drinking, even though he does not drink to excess, his health is endangered, his peace of mind affected, his home life made unhappy, his business jeopardized, his reputation clouded, he must stop drinking. If he cannot do so on his own volition, despite his most fervent wish, he is in need of professional aid to help him to help himself. In other words he is an alcoholic.

The next important question is what makes an alcoholic? Perhaps the two outstanding approaches to the subject are through medicine and psychiatry. The medical approaches are based primarily on theories concerning vitamin deficiencies

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\(^1\) Marty Mann, *Primer on Alcoholism*, Rinehart and Co. Inc., 1950, p. 3.


\(^3\) Charles H. Durfee, *To Drink or not To Drink*, p. 61.
and endocrine malfunction, particularly of the adrenal cortex gland. The psychiatric approaches appear based on repressed or suppressed emotional factors causing intense anxiety and tension. This is put forth by Noyes⁴ who says:

A person may resort to heavy drinking if that individual's tensions are extreme or his tolerance for anxiety and frustration is low. Any act that results in a reduction of anxiety tends to become a habit.

To conclude this chapter, a brief presentation of treatment practices at the Washingtonian Hospital will be offered. First let it be mentioned that the conception of alcoholism itself is somewhat different from the generally accepted one. At the Washingtonian it is generally felt that in alcoholism we have to deal with two factors: the underlying neurosis of intense emotional factors leading to the drinking originally; plus the additional addiction to alcohol. An excerpt from Dr. Thimann's⁵ article will clarify this:

Every worker in the field of alcoholism knows of alcoholics treated for years by competent analysts with marked improvement in the personality disorder but with failure to achieve permanent abstinence.

How this is possible can be understood only if we assume that while the underlying neurosis was instrumental in the development of compulsive drinking—just as painful gall bladder disease may be instrumental in the development of morphine addiction—from the moment of its establishment the

⁴ Arthur P. Noyes, Modern Clinical Psychiatry, p. 172.
addictive drinking becomes an autonomous disease, independent of its underlying cause. The gallstones or the neurosis may be eliminated but the morphine or alcohol addiction will remain unless it is eliminated by therapy directed at that condition itself.

The treatment procedures offered at the Washingtonian can then be understood more clearly when one reads of the Antabuse, Adrenal Cortex Extract, and the conditioned reflex treatment being offered as adjuncts or in conjunction with psychotherapy and case work. The physical forms of treatment are directed at the addiction, and the psychotherapy and case work directed toward the underlying neurosis or repressed emotional factors.

**Antabuse**

Antabuse is a drug in tablet form discovered by two Danish scientists. This drug when mixed internally with an alcoholic beverage causes extremely threatening consequences to the patient such as increased heart beat, profuse perspiration, violent nausea and emesis, and a general weakness of the body. Treatment of alcoholism with this drug necessitates a two or three day stay at the hospital during which one or more test drinks are given both as an aid to the doctor in prescribing the amount necessary for a reaction, and to show the patient what the results will be if he should relapse. This treatment is almost invariably used with psychotherapy and/or case work. As can be readily seen, the chief value of this form of treatment is the threat which it gives to
the patient.

**Adrenal Cortex Extract**

This treatment is still in the early stages of its development. It does not offer a threat as does Antabuse, nor is it an aversion method as is the conditioned reflex. It is based on the theory that the addiction to alcohol is due to a glandular deficiency of some sort, generally thought to be a malfunctioning of the adrenal cortex— one of the many comprising the endocrine system. This treatment is also being offered as an adjunct to psychotherapy and case work.

**The Work-Protection Plan.**

This plan or treatment consists simply in having the patient live at the hospital and work out at a regular job. This plan very often is used in conjunction with Antabuse or some form of psychotherapy.

**Psychoanalysis, Psychotherapy and Case Work**

It has been the experience of those in the field that these disciplines in and by themselves have not been, and still are not, too effective. More and more it is coming to be that one, two, or if necessary, all three of these psychotherapeutic disciplines are being used in conjunction with one of the drug treatments of alcoholism. It is difficult to say which is of the most value, since usually the choice of any one or combination of any two or three is
determined by the particular case involved, or perhaps the type of alcoholic with whom we are dealing.
CHAPTER III

THE WASHINGTONIAN HOSPITAL

This hospital is unique among medical hospitals in that it specializes in the treatment of alcoholism and drug addiction. It is a voluntary, non-profit, forty-five bed hospital. The Washingtonian Hospital has rendered years of community service and has a pioneering spirit as picturesque as the old covered wagons and as sturdy as the early settlers.¹ The original name of this institution was the Washingtonian Home which was incorporated in 1859 as a direct result of the Washingtonian Movement.² The earlier purpose of the Home was to serve as a place where persons could become de-intoxicated and be given some moral and/or religious principles thought to be of value to those persons interested in overcoming the "curse", now the disease, of alcoholism.

The Washingtonian Home was in 1940 reorganized as the Washingtonian Hospital. In 1940 the present Medical Director, Doctor Joseph Thimann, assumed his duties and in 1942 he started the conditioned reflex therapy for treatment of chronic alcoholics.

Since this reorganization of the hospital in 1940, an


extensive treatment and rehabilitation program has been instituted. Although the chief focus of the Hospital is on treatment of chronic alcoholism, the Hospital also treats such related illnesses as Alcoholic Psychosis (delirium tremens, hallucinoses and Korsakows psychosis), states of malnutrition and vitamin deficiencies frequently accompanying acute intoxication, cirrhosis of the liver and other related diseases. The total program offered by the Hospital includes: treatment of acute Alcoholic Psychosis; treatment for acute intoxication without Psychosis; treatment for liver cirrhosis, alcoholic neuritis, vitamin deficiency and malnutrition; withdrawal procedures for drug addicts; rehabilitation of alcoholics by psychotherapy, part-time hospitalization with working arrangements, the conditioned reflex treatment, and social casework; psychiatric and casework services to relatives of patients; free out-patient service for psychotherapy of male and female patients, including primary out-patients; group therapy (conditioning club); consultative services to social agencies, churches, etc.; field work for social service students; public education through publications, addresses and lectures to professional and lay groups.

This list of activities of the Hospital brings out the breadth of the approach to the problem of alcoholism, and also perhaps brings out clearly the fact that there is not and probably never will exist any one "cure" or treatment for alcoholism.
The Social Service Department

The social service staff at the Washingtonian Hospital is composed at present of one case worker. Since the change from a "home," to a "hospital," the social worker has become an integral part of the team approach utilized by the hospital. The following is a detailed outline of the social worker's activities:

(1) The greatest proportion of time and service is offered to relatives who need help in understanding the patient, the nature of his illness, the treatment prescribed, and their own part in his recovery. Social histories obtained from the relatives, also, are of aid to the physicians in planning treatment.

(2) Patients are helped to use the resources of the hospital, steering them to the appropriate members of the staff, assisting them in making adequate financial arrangements, planning living quarters upon discharge, and guiding them in their attempts to find suitable employment. An explanation of the patients' problems to prospective employers has often been necessary.

(3) Our work in general has been described to social agencies and we have assisted them with specific patients whom they have sent to us for treatment. This frequently involved the reading of prepared papers to groups of social workers or to others desirous of understanding the social implications of alcoholism.

In addition to these duties of the social service department, it also supervises the out-patient clinic at the hospital. Schedules are arranged for one analyst and two psychiatrists who work in the clinic for several hours each one evening a week. There is also a student training program operating usually involving two second-year graduate social worker students.

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The Conditioned Reflex Treatment

The idea of eliminating the craving for alcohol by creating nausea and emesis is far from new since we have evidences of its being used as far back as the Roman Empire according to Fleming who mentions the fairly well known custom of placing live eels in wine and forcing the alcoholic to drink, thus producing emesis.

The treatment as we know it stems from the studies of Pavlov on the fundamental concept of the conditioned reflex. His work was done almost exclusively with dogs who were conditioned to salivate at the ringing of a bell. Doctor Voegtlin of the Shadel Sanitarium at Seattle, Washington, defines the conditioned reflex:

... as the eliciting of a normal or unconditioned reflex response by means of a strange or unnatural stimulus. These reflexes are called conditioned reflexes because they require a period of training or conditioning before they become manifest.

As utilized for treatment of alcohol addiction the conditioned stimulus which in Pavlov's studies consisted of a ringing bell has been replaced by alcoholic beverages; then whereas Pavlov's experiment used food as the natural or unconditioned stimulus, an emetic is now used.


Since this paper deals with patients who have undergone this treatment at the Washingtonian Hospital, a fairly complete presentation of the method at this institution will be given. It should be noted, though, that at least two other institutions in this country—the Shadel Sanitarium of Seattle, Washington, and the Chicago State Hospital of Chicago, Illinois—also use it on a large scale. Two main differences exist between the treatment as practiced at these institutions; one difference being the type and amount of emetic given, the other being the number of days in the original sequence, the intensity of psychotherapy and the follow-up procedures. Though these differences may tend to make one believe the differences in method and procedure to be vast, in actuality there is a great deal of similarity.

In this discussion of method and procedure used at the Washingtonian Hospital, most of the material will be that used by Doctor Thimann in one of his published articles.

The treatment room should be arranged in such a way as to eliminate all distracting stimuli. The treatments are given in the morning, because patients react better when fasting and rested. The preliminary medication consists of ten to twenty mg. of Benzedrine Sulfate and one mg. of Strychnine Sulfate followed by a capsule containing 0.06 to 0.15 gm. (10 to 150 mg.) of Emetine Hydrochloride, which is administered hypodermically.

Immediately prior to the expected emesis the patient

is exposed to the sight, smell and taste of the alcoholic beverages that he preferred when on a spell of drinking. The drinks are offered in undiluted form (straight) and in the usual dilutions (highballs).

The sessions last twenty to thirty minutes and are repeated daily for five or six days. They are followed by six or seven preventive one-day treatments, so-called reinforcements, given at intervals ranging from four to twelve weeks. Thus, the application of the initial series together with the reinforcements takes approximately a year. Some patients, anxious to obtain the widest possible margin of safety, ask after the first year of treatment for further reinforcements. Such second year treatments have consisted of a series of four reinforcements given at three-month intervals.

Indications for the conditioned-reflex therapy may be conceived in a twofold way. From a narrow point of view, it seems plausible to state that it should be given to patients with whom other therapeutic approaches have failed. However, in view of the unusually high success of the conditioned-reflex therapy, as compared with other kinds of therapy a broader conception is justified—that is, all patients who are physically and psychologically eligible should actually have the opportunity to avail themselves of it.

Contra-indications, both physical and mental or emotional as seen by Doctor Thimann are briefly: I. Q. markedly below one hundred, constitutional psychopathy, lack of intellectual or emotional ability to recognize the necessity of abstinence, record of serious criminal offenses committed in a state of sobriety, combination of alcohol and drug addiction, and acute psychosis. Purely physical contra-indications include disturbances of the cardio-vascular-renal system, active tuberculosis of the lungs, active peptic ulcer and cirrhosis of the liver.
Finally a very brief discussion of the psychotherapeutic aspects and mechanisms operating as intrinsic factors in this treatment will be mentioned. Thimann\(^7\) says alcoholic patients often suffer from feelings of guilt and inferiority. The patient undergoing the conditioning against alcohol perceives the repeated exposure to the repulsive sight, smell and taste of alcoholic beverages with subsequent nausea as punishment and purification. This procedure of atoning reduces and eliminates his feelings of guilt. On a more superficial level the patients experience a feeling of heroic accomplishment. This in itself is an excellent counterweight for their feelings of diffidence and inadequacy with all the subsequent self-criticism and self-hatred. Then too there is the element of the role of the therapist as father substitute or figure, with all of the implications of unsolved conflicts, in a position of making the patient suffer. This phase of the value of the treatment will bear more study in the future.\(^8\)

This presentation of the conditioned reflex treatment and brief theoretical aspects connected with it, though perhaps somewhat technical, should, nevertheless, give an adequate introduction regarding the primary focus of this

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8 Ibid.
The Medical Therapist

With this treatment the medical therapist deals primarily with the patient, only occasionally does he have contact with relatives of patients. Preceding the actual treatment, the therapist generally has a number of interviews with the prospective patient during which he gathers pertinent and helpful information, and endeavors to establish a positive relationship with the patient. During the actual treatment he administers the proper medication and the alcohol. After the treatment has ended the therapist continues to see the patient for weekly or bi-monthly interviews. He also has contact with patients through the medium of the conditioning club at which he presents new information on alcoholism, as well as generalized material on the treatment.

The medical therapist utilizes the caseworker to meet certain needs of the patient, or to do primary work with relatives. The ways in which casework is utilized by the medical therapist in the conditioned reflex treatment is part of the focus of this entire paper.
CHAPTER IV

PRESENTATION AND DISCUSSION OF STATISTICAL DATA

The fifteen cases will now be discussed from the point of determining generally the areas of need, kinds of help offered, and with whom the case worker had primary contact.

In seven of the fifteen cases the case worker had primary contact with the patient. The areas of need were chiefly finances, employment, and support before, during, and following the actual conditioned reflex treatment. The kinds of help offered were numerous. The more obvious were: arranging with the patient some means of obtaining the money for his treatment, budgeting more carefully what funds he already possessed, and arranging with the patient some method whereby he would be able to pay for part of the treatment after it was completed. Two cases in this group involved work with the financial plan. In three of the cases the worker assisted the patient in finding employment for the length of his preventive stay at the hospital, and for that period following discharge. In assisting the patient to find employment the worker attempted to work through the patient’s feelings and attitudes regarding work, helped the patient focus on which type of work interested him most, and in all instances discussed how best to find the work he believed he preferred. The final important method of case work help performed was that of psychological support. This
was employed in four of the seven cases, in three of which it was the chief case work function. The primary techniques utilized were a warm, accepting relationship, a display of continual interest, constant encouragement, and a display of belief by the worker that the patient could carry through with the treatment.

In four of the remaining eight cases, case work was primarily with the wives of patients. The chief areas of need were financial and family problems. In the financial area, the case work help given consisted chiefly of arranging for a reduced rate for the patient, and assisting the wives to plan budgets whereby excessive financial anxieties would be alleviated while the patient was in treatment. In two cases this was the major type of case work treatment offered, while family problems were found existing in all four cases. In two they were met by interpreting to the wives the nature of alcoholism, the nature of the conditioned reflex treatment, and the importance of their roles as wives in the whole treatment plan. In the remaining two, family problems were intimately concerned with intense emotional patterns of the wife. These emotional disturbances were active elements in the patient's alcoholism, and it was felt that if these areas were left untreated, they would hinder the actual course of treatment and would eventually negate many of the after effects of the treatment. These problems were dealt with by
the worker on an intense emotional level. She did much clarifying (some bordering on interpretation) with these two wives, though in neither case did the worker deal directly with the emotional problem as it influenced the patient’s alcoholism. Rather, the focus was fixed upon some other presented problem such as difficulty in handling a child.

In the final four of these fifteen cases, the case work was with both patients and wives equally. Supportive help was given in three of the cases. This help enabled the patients, in two cases to continue through with their treatment, while in the third case the wife was intensively supported by the worker throughout the actual treatment period to permit the patient to continue treatment, and at the same time it enabled the wife to develop ego strength which would assist her in functioning more in the nature of a wife and mother. Two of the cases involved family difficulties, one of which was dealt with by the worker’s interpreting the nature of the treatment and of alcoholism in general.

The areas of need and types of case work help mentioned are not inclusive of all that which was attempted, but they do constitute those of major importance. The writer did not feel that the nature of the paper permitted a more intensive study of the cases utilized.
CHAPTER V

PRESENTATION AND DISCUSSION OF CASE MATERIAL

Each of the three groups designated for study will be presented separately. There will be an attempt to determine whether there are any special social work problems connected with the conditioned reflex treatment by answering the questions stated in the introduction.

There will be two representative cases from Group I due to the large number of cases in this group and because the areas of need were somewhat more diverse, while there will be one each from Groups II and III.

Group I - Primary Casework with Patients

This is a case which was originally referred to social service for help with employment, but the need for supportive help to enable the patient to undertake the treatment was so apparent, that eventually, it became the focus.

The patient is a single, twenty-seven year old, Roman Catholic male. Though he has attended two academies for periods of varying lengths, he has graduated only from grammar school. He has held many jobs, all of rather short duration, the longest being for a period of two and one-half years. The patient was in treatment for a period of seven weeks, and stayed for an additional two months under the work protection plan employed at the hospital. The treatment and later stay were financed by the patient from an estate left him by his mother. The patient has been living alone since the death of his mother, approximately three years previously. The patient's father died when he was only a few months old so
that he remembers nothing about him. His mother was reportedly very warm and generous though very much in need of affection herself. The stepfather though warm and generous when obeyed, tended to be extremely strict, narrow and violent when crossed.

The patient was a young man of slight build, friendly but with an off-hand manner. He decided that the only form of treatment he needed was the work-protection plan, and he was subsequently referred to social service for guidance in obtaining employment. The patient came to the interviews with the caseworker with an indifferent attitude. When asked what type of work he preferred he stated that he had no preference. Since the intake record showed that he had worked at a dry cleaning establishment, he was asked if that type of work would be suitable. He stated that a dry cleaning job would be adequate since he knew something about it already. It was suggested that he call or go to U.S.E.S. which, after an attempt to get the worker to do this, he decided that he would. The worker attempted to have him bring out his feelings regarding work, the boss, etc., but the patient was vague and indifferent to the matter.

Three days later the patient went out presumably to look for a job. He returned stating that he had been to a movie which was a violation of his parole. He was acting strangely and it was suspected that he had been drinking. The following day he stated that he had registered at U.S.E.S. and would wait until they called him about a dry cleaning job. He was encouraged to be more aggressive in his search for employment by attempting to find other sources of employment individually. This he declined to do stating there was no need for hurry. The worker pointed out the benefit of working during this time, emphasizing especially the steadying influence of work and the sense of achievement obtained from a job well done. This was followed by the worker's again attempting to have the patient bring out his own feelings regarding comments made by the worker. Again he refused to do so on the basis that he was uninterested in the whole matter.

Several days later the patient was discharged from the hospital at his request. He gave no explanation for his behavior. The following day he returned to the hospital highly intoxicated and was placed in the admitting ward. The worker saw him later in
the day in the admitting ward where he stated definitely that now he knew for certain he was unable to control his drinking by himself and was determined to take the conditioned reflex treatment. He expressed great dissatisfaction at confinement in the admitting ward at which the worker displayed sympathy. The worker offered to bring magazines and papers from her office. She saw him the next day again in the admitting ward where the patient stated that he had waited all the previous day and so far today for the neurologist to give him the examination necessary to determine his physiological fitness for the conditioned reflex treatment. He had become extremely anxious, lonely, and very restless. Again the worker sympathized with the patient, and finally at the insistent demand of the patient, spent a considerable amount of time describing the neurological examination in detail. Then the worker told the patient that he would have to stay in the admitting ward over the weekend. She expressed how sorry she was about this, and stated several times that she was sure he could and would do this since he recognized that this was but one of the many aspects of the treatment.

Two days later the worker and the medical director jointly decided that from the results of the examination, the patient was eligible for the conditioned reflex treatment. The following day the patient came to the worker's office to discuss the financial arrangements for the treatment. It was found that he did not know exactly how much money he had left from the small trust fund left by his mother. He was not interested in this but at the worker's insistence stated that there was enough to pay for the treatment.

The patient finally took the treatment during which the worker showed continual interest, understanding and sympathy of that which he was undergoing. She also continually showed an understanding of how meaningful the whole treatment was to him. He relied very heavily emotionally during the actual treatment period. The worker did not work further in the employment areas the patient after treatment did find employment for himself. After the patient left the hospital, the worker wrote to him for the purpose of keeping some contact with him.
and the hospital.

The areas of need for this patient were employment and supportive casework to enable him to accept and carry through a plan of treatment. The employment was for a therapeutic purpose rather than a simple financial reason. The worker offered concrete suggestions regarding possible sources of employment, and assisted him to focus on the type of employment necessary. She also attempted to clarify the importance of work for him at that particular time, and attempted to work with his feelings regarding work. She was unsuccessful in the latter area.

The other area in which casework was offered was in the supportive area as a means of assisting the patient to complete the treatment. This type of help became intense following the relapse of the patient, and continued on until after the treatment. The worker was very sympathetic, accepting and understanding; and once the treatment was started, she was especially encouraging in relation to the patient's going through with it. It is especially important to note that the worker appeared to be very understanding of the patient's relapse, and that she continued to show acceptance of him.

The areas of need and the casework services offered were determined in this case by the length of stay at the hospital (in addition to the time spent in actual treatment), and the
intense nature of the treatment. The determinant of the lengthy stay at the hospital in addition to the six or seven weeks for the actual treatment cannot be termed a characteristic of the conditioned reflex treatment. The treatment does require a six or seven weeks' hospitalization period, most of which has to be spent in bed. This has great meaning to the prospective conditioned reflex treatment patient and in a majority of cases has to be dealt with by the caseworker. Also it has great meaning to the patient in treatment, the existence of which the worker should be aware. Offering supportive casework to patients is one of the general functions of the caseworker at the Washingtonian Hospital. Yet in connection with the conditioned reflex treatment, this support is much more intensive than in the other forms of treatment. The reasons for the added intensity of the casework are the longer period of hospitalization, most of which is spent in bed, and the intense physiological and psychological reactions to the actual treatment. These reactions are more severe than are those in any other type of treatment offered at the hospital.

The second representative case from Group I is a shorter case, and one which has only one major area of need, the need for employment.

This is the case of a thirty year old, single male. He has had two years of college and two years of business school. He had been unemployed prior to entering the hospital for treatment. He was at the
hospital for seven weeks for treatment plus a month and a half under the Work-Protection Plan. The treatment was paid for in part by the patient's mother, and in part by having the patient work and give a certain percentage of his weekly income to the hospital. This patient was diagnosed as a schizoid personality.

After the completion of the conditioned reflex treatment, the patient was referred to Social Service to help him obtain gainful employment. The patient stated that he would be interested in clerical work of some nature. It was pointed out to the patient that he was eligible for further training on the G.I. Bill, but he refused this. He demanded that the worker contact the employment agency for him and arrange an interview or, better still, a job. He stated that he was quite anxious about looking for a job as he had been working all his life; also, he was afraid that they would ask him about his alcoholism. The worker discussed with the patient the reasons he believed were responsible for his anxiety for his looking for work beside his alcoholic problem. He believed that it was because he had always felt inferior, but after making this statement refused to discuss it further saying that he had always been that way and expected to be that way forever. It was mentioned that perhaps with help he might feel less this way, but he again commented that he had been that way too long. The worker encouraged the patient to arrange for his own interviews by bringing up that he would get more personal satisfaction from them if he did, and that work itself would be more meaningful to him. He stated that he would think it over and try to do it.

The three following interviews were spent discussing the meaning of work, and the importance of obtaining work which was of interest to the patient. The worker was trying to encourage the patient to arrange for his own interviews at U.S.E.S., but without success. During these interviews the problem of alcoholism was discussed with the disease nature of it being stressed as well as the fact that it was a disease against which he was fighting successfully. Many concrete ways of meeting situations in which the fact that he was an alcoholic might arise were discussed to lessen the degree of anxiety and permit the patient to progress to the point where he could bring himself to venture forth on his own. All of this ended in failure with the
patient continually telling the worker that he was ready to do this on his own but never actually doing it.

The worker finally contacted U.S.E.S. and made an appointment for the patient. He was notified of this and kept the appointment. The result was that he found work shortly after in the area of his choice.

This case differs from the preceding one in that the referral was after treatment rather than before. Also, the purpose of attempting to find employment differed since in this case there was an acute financial need. The therapeutic value of the casework was two-fold: to attempt to develop enough ego strength to permit the patient to act independently, and to hasten his obtaining employment so he would be able to pay the remainder of his treatment fee more quickly. Compelling him to pay for the full treatment rather than reduce his rate, made the treatment even more meaningful to him. It is one of the social worker's duties at the hospital to assist in financial arrangements for any treatment form, one aspect of this being assistance in finding employment. In this case, however, the casework was directly related to the conditioned reflex treatment because more than any other treatment offered at the hospital, the conditioned reflex treatment does impose a much more severe financial burden on the patients.

The casework in this case was around the employment situation. The methods utilized by the worker consisted of
clarifying the total employment situation, suggesting various means of meeting possible emergencies, and encouraging the patient to act more independently. There was also an attempt by the worker to build the patient's ego by encouraging and assuring him that he would be able eventually to act independently for himself. There were supportive elements in the work attempted. The more obvious manifestations of it were the worker's accepting the fact that the patient was unable at the moment to find employment for himself, making him aware that the worker could see this and yet was still willing to help (showing understanding and acceptance, and reassurance that he would eventually be able to do this for himself).

In the cases presented as being representative of those in Group I, the areas of need were found to be financial, employment, and support. Casework help was offered in all areas varying from arranging a plan whereby the patient could pay for the remainder of the treatment after its completion, to encouraging and suggesting means and methods of employment, and to offering extensive support to encourage the patient to complete the treatment. All of these services are characteristic of the social worker's activities with patients regardless of the type of treatment. Since this is so, these services mentioned cannot be distinguished as being characteristic of casework with conditioned reflex patients. All that
may be said is that due to the increased financial burden imposed on the patient, and due to the relatively long period of hospitalization (most of it in bed), these casework services offered to patients are intensified when compared to similar services being offered to patients undertaking one of the other forms of treatment.

Group II - Primary Casework with Wives of Patients

This group includes four cases, one of which will be presented at some length. Casework with patients in this group is minimal, though in two of the cases the worker dealt somewhat with the patient.

This is the case of a thirty-seven year old married man who has one child. Educationally, he attained only the eighth grade in school, and has held various types of odd jobs, most of them of a menial nature. The patient was at the hospital for four months including the five or six weeks of the actual treatment sessions. He financed the treatment and hospital stay by saving from his earnings enough for a down payment on the treatment, and while at the hospital worked to pay his reduced rate.

The patient came to the hospital unannounced with a former conditioned reflex treatment patient. He stated that he was unable to pay for the treatment at present. The Caseworker arranged for him to stay at the hospital free of charge for one week to determine his eligibility for the conditioned reflex treatment.

Before the treatment was inaugurated the worker saw the patient for a number of interviews as well as the wife. During and after the treatment the patient was not seen, although the wife was seen for approximately three months after the treatment. The total length of contact with the wife was five and one-half months. Some time was spent with the
patient defining exactly the role of the social worker. Then there was a detailed discussion of drinking with emphasis being on finding the patient's ideas regarding his own drinking and its etiology. It was found that the patient had no living relations, though his wife had very many. It was found also that the patient's mother had been a very heavy drinker as also had a maternal uncle of whom the patient had been very fond.

After a week at the hospital, it was decided that the patient was physically eligible for the conditioned reflex treatment but would have to make a small down payment first. The Social Worker discussed this with the patient and it was planned that the patient would work and save for the initial down payment. The patient lived at his own home for a period of two months saving what little he was able. Several visits were made by the Social Worker who was encouraging of his efforts to save and his determination to take the conditioned reflex treatment.

The worker first commenced to see the wife when the patient spent the first week in the hospital. The first few interviews were concerned primarily with explaining in detail about the hospital, the conditioned reflex treatment, and especially about alcoholics and alcoholism. Also, the family situation was related to the patient to show how it could affect the patient and the treatment. During these early interviews Mrs. O. brought out many problems which were not dealt with at the time. Such problems as the friction caused in the home by having Mrs. O.'s younger brother staying there, and the intense feelings of the patient toward the relationship existing between Mrs. O. and another married woman in the house. The wife's feelings toward the husband or patient were also brought out. It appeared that her attitudes were more of an accepting nature rather than those of an understanding based on great love or affection. Another intense problem concerned a young son who Mrs. O. thought acted strangely.

During this early pre-treatment period Mrs. O. attempted several times to bring money obtained from friends for the down payments on the treatment, but repeatedly it was refused by the worker. It was explained to her that the reason for this was the belief that the patient would benefit much more.
from the treatment if he earned the money himself. Following this, anxiety over outstanding bills forced Mrs. O. to bring about the discussion of budgeting. This was discussed thoroughly with her. It was also in relation to the budgeting that the worker began repeatedly to show to Mrs. O. how important all this was also to the patient, and how important it would be to him if she became self-supporting for awhile so he could save more for the treatment. In relation to her finding a job, Mrs. O. brought out for the first time her facial appearance, especially her big red nose. The worker discussed this very realistically, bringing out ways in which Mrs. O. could disguise this disfigurement, though no attempt was made to get at the emotional aspects of this.

Following this, the problem involving her son came up again, and this time it was discussed very thoroughly. The worker observed that much of the anxiety of Mrs. O. was centered about this problem, and since this anxiety and insecurity were so intense, the worker believed that Mrs. O. would have to gain some insight into some of its underlying emotional factors if she were to be helped in adjusting herself more satisfactorily to her feminine role as a wife and mother. This would also enhance the success of the conditioned reflex treatment with the patient. It was first pointed out to Mrs. O. that much of what bothered her about her son's behavior was actually behavior which was rather common for children in his age group. Mrs. O. then recognized herself that since this was so, there must be something wrong with her. After stating that she needed help, a detailed history was obtained of Mrs. O.'s early life. As Mrs. O. continued to bring out material of her childhood, the worker constantly repeated the misinterpretations of her son's behavior until Mrs. O. finally recognized that her misinterpretations had been primarily concerned with the fact that she was the mother of a male child, and that much of what had concerned her was the distorting of the child's actions into sexually meaningful ones for her. With the help of the worker she finally was able to draw the associations between her own distorted ideas and feelings of sex and motherhood to her misinterpretations of the child's activities. Eventually sex and especially sexual relations were intensively discussed to give Mrs. O. an opportunity to modify her feelings and attitudes regarding sex and her feminine role. This
in turn influenced her relationship with the patient, making her less aggressive and competitive, and more understanding of the patient regarding his attempts to overcome his alcoholism.

Finally, Mrs. O. and the worker discussed the complicating factor of having her brother stay with her, from the point of view of its meaning to the patient. She readily saw why the patient had displayed the feelings that he had in the past and determined to modify the situation by suggesting to her brother that for his own sake she believed he should move to an apartment of his own.

This case is in general representative of the cases in Group II, the only difference being in the intensity and depth of the casework. The areas of need were financial and family relationships. The worker offered assistance in the financial area by arranging for the patient to receive the treatment and arrange for payments later. She also assisted Mrs. O. in budgeting to enable the patient to save more for the down payment on his treatment. The family problem consisted of certain emotional problems of Mrs. O. It was seen that Mrs. O. was interested and able to participate in the treatment plan. The most important factor which influenced Mrs. O.'s willingness to participate as fully as she did, was the strong positive relationship which was developed between her and the worker. Transference elements were obvious throughout which in themselves gave Mrs. O. an opportunity to relive some of her earlier experiences. The worker assisted Mrs. O. in working through her major problem of the non-acceptance of her total feminine role. This
was accomplished by working intensively with the presented problem of the difficulties Mrs. O. was having with her son.

Casework was offered the wife of the patient in this case because of the emotional problems present, and because it was felt that they had influenced the patient's drinking. It was readily seen that if they were to continue operating unmodified, they would increase the possibilities of the failure of the conditioned reflex treatment. It was not necessary for the worker to work more intensively with the patient because he appeared to be functioning adequately in all areas except in relation to his alcoholism.

The conditioned reflex treatment did not determine any characteristic areas of need or casework involved. Work in the areas of finances and family problems are not unique to this treatment, no in fact to any treatment for alcoholism. The higher cost of the treatment does more often require work in the financial area. Marital problems are sometimes brought out more clearly by the conditioned reflex treatment because of the period of hospitalization and personal attention for the patient. These sometimes bring out feelings of resentment on the part of the wives. Also, the physical reactions to the treatment, and the necessity of the patient's termination of drinking very often manifests itself in the actions of the patients. Thus, it often makes it difficult for wives who have been accustomed to a certain type of
behavior pattern from their husbands to adjust to this situation. However, this is not unique to the conditioned reflex treatment since certain other treatments, noticeably the antabuse and psychotherapy forms of treatment make problems quite similar. The intensity of these problems, then, can be said to be increased by the conditioned reflex treatment as compared to other alcoholic treatments, but are not unique or characteristic to it.

Group III - Primary Casework with both Patients and Relatives of Patients

This group is comprised of four cases. In each case the worker dealt extensively with relatives and patients, so that only one case would suffice to represent the total group.

The patient is a thirty-four year old, married man with no children. He has one brother and two sisters, all living. He has completed three years of high school and worked ten consecutive years as a projector operator, and the last three years prior to the treatment, he has worked as a mill worker. The patient was at the hospital for six and one-half weeks for treatment, all of which was financed from the patient's savings. The psychiatric diagnosis states that the patient is depressed, moody, has poor insight, only a fair memory, and possesses some compulsive phenomena (ex. - fears fear itself, has thought of suicide or other means of escaping himself).

At first the patient did not want to talk to the caseworker and tried to avoid going to the caseworker's office. When he finally did enter the office he assumed a joking attitude toward everything, attempting to control his anxiety in this way. The anxiety was reduced somewhat over a period of two
interviews by sympathizing with the patient, showing him that the worker was interested in him, and expressing that she could help in some way. Finally, he got around to saying that he had talked very briefly to Dr. Thimann about the conditioned reflex treatment and would like to know more about it. This wish was complied with. The worker permitted the patient to express himself regarding the hospital's facilities, its appearance, etc., to show her acceptance of the patient and to show him that she, the worker, was sure that it was the patient's ability and desire to stop drinking which were important, and not too much the external situation. Later, when the patient was just beginning treatment, his wife had to be hospitalized due to re-activation of a chronic back condition. This disturbed the patient to the extent of halting the treatment temporarily. The worker made several calls to the hospital for the patient, to follow the wife's progress and to allay as much as possible the patient's anxiety which had built up to the point where he was seriously considering postponing further treatment indefinitely. Throughout this period and throughout the entire treatment period the worker spent a great deal of time with the patient during which she constantly encouraged the patient to continue on with the treatment and to keep in mind the end result of total and complete abstinence; reassuring him that all of his suffering and time spent would be worth all he hoped for. Then finally, the worker expressed great sympathy over the intense physical and emotional suffering that the patient was undergoing at the moment.

In the first contact Mrs. G. began by stating that her husband was really a wonderful person except when he was drinking. She brought out that the patient's father had committed suicide and that the patient has intense feelings over this, saying that he feels that he might have prevented it had he stayed on with his father. She also expressed some concern about the treatment, expenses, etc. This was discussed very realistically with her, as was the importance of having her participate in the treatment.

After a number of interviews the worker began attempting to discuss with Mrs. G. her role in the patient's drinking. This was attempted by discussing certain personality traits of Mrs. G.'s which were causing an increase of tension and anxiety in the
The worker was quite unsuccessful in these attempts, partially due to the limited intellectual ability of Mrs. G., and also, partially because of the rigid defense mechanisms which had been built up around her intense dependency feelings. The two most obvious defenses utilized were denial, and the attempts to participate in many situations in which, logically, she should not have become involved.

The worker then modified her focus to one based primarily on a reality level. She pointed out the possible effects of the conditioned reflex treatment on the patient; that he would crave sweets and that it would be well to keep them near at all times. It was also pointed out that there would be an equal craving for liquids and that these, too, should be easily accessible to the patient. Following the three interviews, during which these reality factors were discussed, Mrs. G. began expressing feelings of uncertainty and doubt about the possible changes in her husband which might occur because of the treatment. She also brought out her fear of the possibility that the patient’s drinking was in some way due to her inability to have children. The worker attempted to clarify these for Mrs. G. by relating them directly to certain feelings and attitudes she herself possessed. Mrs. G. again was unable to accept this clarification from the worker, eventually stating that she was not in need of treatment herself, and that works alone would not help her. Again the worker shifted her focus to a discussion of ways Mrs. G. could be helpful to her husband after he had completed treatment and returned home.

Immediately upon the patient's terminating treatment and returning home, Mrs. G. commenced breaking appointments, using her health as the reason. There was a reality factor involved here, but it was obviously being overly used by Mrs. G. The worker continued contacts with her by letter and phone, however, since the patient continued associating with his old drinking companions and Mrs. G. expressed fear of a possible relapse. This was discussed with Mrs. G. as were several means of dealing with it.

The chief areas of need in this case are seen to be support to enable the patient to start treatment, and to
enable him to complete it once the initial series had begun; and a marital problem which consisted, as far as the worker was concerned, with personality factors in Mrs. G. which had had some influence on patient's previous drinking, and would in all probability lessen the value of the treatment. The worker offered supportive help to the patient through displaying interest in that which he stated he wished to do, encouraging his attempts to start and then continue treatment, clarifying for him the procedures employed in the conditioned reflex treatment, and finally repeatedly stating that she firmly believed he could achieve success with the treatment and with his alcoholic problem. This was all facilitated by the development of a close relationship between the worker and the patient which he used as an emotional crutch.

The family problem was worked with through Mrs. G. only by the caseworker. There was first an attempt to develop a strong, positive relationship with her which was only partially successful. There then followed an attempt to deal directly with certain emotional problems which had directly influenced the patient and his drinking. The basic problem observed was a basic dependency, one which Mrs. G. attempted to overcome by driving herself. It was seen that it was this attempt of Mrs. G.'s to overcome her dependent cravings which was causing the difficulty. The patient
was himself deeply insecure and anxious, and the dominating and aggressive behavior of Mrs. G. tended to increase deep seated insecurity feelings which in themselves were an integral part of the patient's alcoholic problem. The worker attempted through intensive clarification of Mrs. G.'s activities to give her some insight into her underlying needs, but she was not successful. After a period of giving Mrs. G. many methods of helping the patient when he returned home, the worker attempted again through interpreting the deeper meanings of certain fears that Mrs. G. had expressed to give some insight into her own dependency problems. Again she was unable to accept this. The worker then simply continued intermittent contacts to enable Mrs. G. to relieve anxiety over post treatment activities of the patient.

Primary contacts were had with Mr. and Mrs. G. because of the obvious needs of both. Both were very much in need of casework help during and after the termination of treatment. They were both tense, anxious, and somewhat insecure persons who had deep-seated dependency needs. Patients in Group II were on the whole much less anxious and insecure and needed much less supportive help than did the patients in this group. The wives in both groups needed rather intensive casework help to assist in their making a better adjustment both as individuals within the society, and as women in their marital situations.
The areas of need and types of casework help offered are comparable to those discussed for Groups I and II. This is not unusual since in this group the worker does deal primarily with both wives and patients, whereas, in Groups I and II, the focus was on work with the patient or the wife. Again, the areas of need and types of casework offered were not found to be characteristic only of the conditioned reflex treatment. But, as before, the degree of intensity of the work offered appeared to be increased due to inherent factors of the conditioned reflex treatment, (such as the higher rate, intense physical and psychological reactions to this treatment, and the required hospitalization in bed required of the patients in treatment).
CHAPTER VI
SUMMARY AND CONCLUSIONS

The preceding material represents the results of a qualitative study of fifteen cases of patients who have accepted the conditioned reflex treatment for alcoholism at the Washingtonian Hospital. The primary focus of the thesis was to attempt to determine whether there were characteristic casework problems with patients who accept this treatment. The procedure employed to work toward this focus was to determine whether the primary casework was carried on with the patient, the wife or relative of the patient, or both; the areas of need, in which of these areas was help offered and the techniques utilized; and in what ways were these problems and method of their treatment specific to the conditioned reflex treatment patient.

A chapter was included to give a description of the Washingtonian Hospital and the treatment facilities available there, including a detailed description of the conditioned reflex treatment as practiced at this hospital, in order to provide the reader with a background for the study. Alcoholism was discussed from the literature with an attempt to define it, followed by a discussion of the more outstanding treatments available for this disease existing at the moment.

Four cases were presented as representative of those
used in the study. Two summarized cases were given to illustrate the type of treatment offered, as well as the areas of need in Group I, where the primary casework was with the patient. One case each was presented as representative of Group II, where the primary casework was with wives of patients, and of Group III, where primary casework was with both patients and relatives of patients.

The basic areas of need with these patients who accepted the conditioned reflex treatment were found to be: help with financial arrangements; help with employment problems; supportive help to enable the patient to accept and continue on with the treatment and the same supportive help to enable the wife to accept the idea of treatment for her husband's illness more easily; and family problems consisting primarily of the need of intensive casework with the wives of some of the patients in dealing with some of their emotional conflicts and needs which unless modified would be detrimental to the whole treatment procedure, during and after. Casework help was offered in all of these areas of need. Some of the methods and techniques utilized were the interpretation of alcoholism and the treatment to the wives, encouraging them to participate in the whole treatment program, and acting supportively with them throughout the periods when the patient was displaying ambivalence toward the treatment or began entertaining thoughts of interrupting it for vari-
ous reasons. And finally, the technique used to attempt to work through with the wives emotional problems which appeared to have influenced negatively their marital relationships. Methods utilized in the areas of employment were assisting patients to focus on the type of work preferred and then discussing means of obtaining it. With the goal of eventual independent action upon the part of the patient constantly in mind, there was also the attempt to work through with them feelings they had toward obtaining employment. In the area of finances most of the work offered centered around assisting wives to budget more carefully, and arranging with the patients either a reduced rate for the treatment, or making arrangements whereby after the discharge of the patient the balance could be paid in installments. Supportive help as utilized in these cases was composed of a clarification of reality issues, a warmth and understanding on the part of the worker obviously manifested by encouragement, persuasion, and suggestion.

Though the problems observed and dealt with by the case-worker did not appear in themselves to be characteristic of the conditioned reflex treatment, there were some factors unique to them. These factors are directly related to the demands made on the patient and his wife by this treatment, and have been fully presented previously. The treatment does impose a rather heavy financial burden on the patient,
heavier than most of the other treatments available at the Washingtonian Hospital. This means that more often in conditioned reflex treatment cases some financial arrangements have to be made, and the financial problem itself assumes a much more important role in the overall case than it would with the other cases. Then the employment problem is somewhat intensified because it is required of the patient to spend a minimum of six weeks at the hospital which in many cases necessitates the patient's resigning from his current position. And also, due to the therapeutic value of work as soon as possible after treatment, and also as a means of paying for the balance in those cases where such an arrangement might have been made, the employment area is again activated. A certain degree of ego strength is required for the patient to accept and continue through with the treatment, for not only does it require complete abstinence, but it also imposes unpleasant physiological and psychological suffering. This also explains why in many of these cases presented supportive work by the caseworker was required for although many alcoholic patients earnestly desire to stop drinking, they do not always possess the necessary strengths. The area of familial difficulties were also influenced by this particular treatment. Work with these cases requires much more interpretation, due to the heavier financial burdens and the above-mentioned required hospitalization period. Because of this required hospitalization, there is
more of an opportunity for contacts with the wives, giving the caseworker more occasion to interest them in participating in the treatment, and if necessary, more opportunity to work intensively with them. Another factor drawing the wife into treatment is the possibility of change in the patient because of the intensity of the treatment. This was seen operating, in varying degrees, in every case studied in which the patient was married and living with his wife.

The study of cases in this thesis shows that there is very definitely a role for casework with conditioned reflex treatment patients. That that role will not always be the same is equally apparent, since it has been indicated that it will depend on the needs of the particular patient referred, and the role that the wife or the relative has played in the patient's illness. It can also be concluded that in any work with conditioned reflex treatment patients, the intensity of the casework will have to be carefully watched and regulated to insure that it will not affect the work of the conditioned reflex treatment therapist negatively. Another primary factor observed is that in performing casework with patients or with relatives of patients accepting this type of treatment, the prime consideration must be the possible effect of any casework at that time on the conditioned reflex treatment.
APPENDIX

SCHEDULE

I. IDENTIFYING DATA
   A. Age
   B. Religion
   C. Marital Status

II. PERSONAL HISTORY
   A. Important facts regarding parents and siblings:
      1. For wives
      2. For patients
   B. Major illnesses and physical condition of patient
   C. Educational status of patient and wife
   D. Employment status of the patient
   E. Financial situation

III. MARITAL HISTORY
   A. Length
   B. Number of children
   C. Marital situation at time of contact
   D. Relationship between husband and wife

IV. DATA ON HOSPITAL STAY AND TREATMENT
   A. Method of financing treatment
   B. Length of hospital stay
      1. For the conditioned reflex treatment
      2. For work protection plan following treatment
C. Living arrangements at time of treatment
   1. Alone
   2. With wife
   3. With parents

V. REMARKS BY OTHER STAFF MEMBERS

VI. CASEWORK TREATMENT
   A. With whom
   B. In what areas
   C. Methods utilized
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