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The use of psychiatric consultation by caseworkers.

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Boston University
THE USE OF PSYCHIATRIC CONSULTATION BY CASEWORKERS

A thesis

Submitted by
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(A.B., Bennett College, 1953)

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Chapter I
INTRODUCTION

Purpose of Thesis

This writer grew very interested in the subject of psychiatric consultation following an experience with Dr. Arthur F. Valenstein, one of the consultants for the Family Service Association of Greater Boston.

Because the caseworker must diagnose and consider a case from the psychic, somatic, and social points of view, it is indeed inevitable that she turn to the psychiatrist when his service is needed to deepen and broaden her diagnostic picture of the client.

In the Family Service Association of Greater Boston there are four consultants directly affiliated as part-time consultants. Consultation is done in several ways at the agency. (1) Individual consultation with the worker and the psychiatrist. This procedure is used mainly with adult clients. (2) Group consultation on cases which deal with children.

Valenstein presented a paper in a panel sponsored by the Boston University School of Social Work Alumni Association on "Psychiatric Consultation and Its Relationship to Social Work". He said:

It seems accepted that psychiatric consultation with social workers, and in particular caseworkers, is a practice which is materially useful in facilitating a more complete and accurate diagnosis of an individual or individuals who are having social difficulties....
ical basis for psychiatric consultation for social workers rests upon the scientific relatedness of psychiatry and social work.¹

For over fifteen years the Family Society in New York has made use of psychiatric consultation. The plan for consultation in the Family Service Association of Greater Boston is thus: The worker prepares a written report of the particular case she takes for advice. There are two forms that are used. The most popular form contains identifying data, the problem, the history, the case work contact, and the worker's impression of the client's diagnosis. This form is read prior to the consultation. During the consultation the psychiatrist may ask the worker questions around the material that she brings to enable the worker to think more diagnostically. Following this, the consultant may answer the worker's questions and offer various types of suggestions. He may or may not make recommendations to the worker; however, the agency prefers that the workers do not go to consultation with the idea that the consultant will plan casework procedure. Both the caseworker and psychiatrist have their own set of professional skills.

Both psychiatry and social work must finally depend upon a theory of human behavior and emotions as a scientific frame

This statement implies a similar or same frame of reference but the two disciplines do have something different to offer.

Purpose

The purpose of this thesis is to do an exploratory study of just how the workers in the agency use psychiatric consultation. There has been no formalized research study done on this problem in this particular agency. The writer hopes to answer the following questions:

1. What is the history of the psychiatric consultation in the agency?
2. What is the purpose of psychiatric consultation according to the workers in the agency?
3. When and under what circumstances do they seek psychiatric consultation?
4. How do they integrate the experience of psychiatric consultation into casework practice?
5. What recommendations and suggestions do the individual workers have in regard to how the consultation service could be added to or increased in its effectiveness?

Scope of Study

This research has been limited to the Family Service Association of Greater Boston, and will seek to show the use

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2 Ibid, p. 2
Caseworkers make of psychiatric consultation.

The writer has chosen the case material of fifteen full-time employees of the agency who were either at the Boston Provident Association or the Family Society of Greater Boston (both of these agencies merged last year). The writer will also use some case material to illustrate various points on how the workers integrate the psychiatric consultation into their casework practice. These cases will either be closed cases or those in the inactive files. The writer also interviewed the Director of Casework in the agency, Miss Marguerite S. Meyer.

Sources of Data

The fifteen workers used in the study were chosen by the quota technique of sampling, e.g., an equal number of percentage of males and females of the total number of workers on the Family Service Association of Greater Boston. There were five males and ten females used in the study which is the over-all male-female proportion in the casework section of the agency. This proportion excludes the specialized services of the agency.

The historical data was secured from Miss Meyer, the Director of Casework in the agency. There has been no formalized history written to date.

Five case examples have been selected because of teaching points in the integration of psychiatric consultation into casework treatment practice.

The rest of the data was secured from papers, periodicals,
Value of the Study

The writer believes that this study will be of special value to the agency as well as the profession as a whole, and also to the individual workers. It may also be of special interest to beginning workers who will be coming to the agency.

A year ago the agency was actually two agencies; The Boston Provident Association and the Family Society of Greater Boston. Because of similar functions and certain duplicated services a new agency was formed called the Family Service Association of Greater Boston.

The psychiatric consultation program has been carefully evaluated yearly for the purpose of keeping alert for new methods and ideas to expand and develop the total psychiatric consultation program and the integration of this into casework practice.

It is the writer's hope that a research study of this type will be of some interest and of some value to the readers.

Psychiatric consultation is used as an additional learning experience supplementing the worker's previous classroom training. The individual workers may all go seeking additional education, or may have other expectations. It is hoped that this information will be brought to the attention of the reader as a result of this thesis.

Limitations of the Study

One of the limitations of the study is the fact that the
workers in the study gave their own subjective answers to the questions asked them in the schedule. In research one tries to be as objective as possible; however, in this study one must have a certain amount of subjective information. The writer has tried to adhere to objective interpretations of the data.

The agency records are not primarily kept for research, but for purposes of treatment and this can be considered a certain realistic limitation. The case material used was picked rather arbitrarily and does not present all of the ways that workers may make use of psychiatric consultation.

Twenty-five per cent of the workers in the casework service part of the agency have been used in the study and this is a good sample of the total number of workers; however, if a more comprehensive study was done it is felt that a larger sample could be used.

This study is not concerned with evaluating the consultation program, but to explore the ways in which workers make use of psychiatric consultation.

Another limitation has been the limited amount of written information in the agency on this subject, as well as in the literature.

History of Psychiatric Consultation in Agency

In 1937, the Family Society of Greater Boston had its first integrated consultation program. The psychiatrist was used to give seminars, as well as consultation on an individual
In 1940, 1941, and 1942 Dr. Ralph M. Kaufman chaired a weekly seminar around the area of consultation. During World War II, the Family Society of Boston made use of the community for psychiatric consultation and there was no specific psychiatrist used. This plan proved to be unsatisfactory and it was finally abolished.

A staff committee was organized by Marguerite S. Meyer, Casework Consultant for the Family Society of Greater Boston, and they interviewed several psychiatrists. Finally, the committee selected Dr. Arthur F. Valenstein because of his previous experiences with the agency in consultation. The Family Society has always used consultants who were psychoanalytically trained.

In October 1953, this service was integrated with the general casework program by Miss Meyer and Dr. Valenstein. It was also this month when the Boston Provident Association joined with the Family Society of Greater Boston and the new agency called the Family Service Association of Greater Boston was formed. The Provident Association had used Dr. Irving Kaufman for group consultation.

At present the agency has four psychiatric consultants: Dr. Irving Kaufman from the Judge Baker Clinic, Dr. Elizabeth Makkay, Dr. Arthur F. Valenstein, and Christopher T. Standish, who is the consultant for the Family Life Education Program in the agency.
Chapter II
THEORETICAL BACKGROUND OF PSYCHIATRIC CONSULTATION

Both the psychiatrist and the social worker are in a helping profession and often their services overlap to some degree. However, each profession has a specific function. The knowledge that the psychiatrist has at his command about human behavior is in many ways useful to the social worker in order to make better diagnosis and therefore plan better treatment. It is only fitting and natural that this be so.

Let us now consider some of the concepts as found in literature on psychiatric consultation. Jules Coleman cites several functions of psychiatric consultation in casework agencies:

The psychiatric consultant helps the worker with her feelings in relation to the problem in a case and helps her to recognize when the client needs a specific help, psychiatric care, institutional care, or psychotherapeutic help. He helps in relieving the anxieties of the worker and helps in recognizing her feelings which interfere with the handling of a case. Psychiatric consultation can be utilized if it forms a part of a well-integrated, educational program in which the basic needs are recognized and the learning process carefully thought out.\(^3\)

Psychiatric consultation is a help to the worker, as well as an educational process.

Psychiatric consultation can be defined as the discussion with the psychiatrist of the difficulties which the worker

---

encounters in his professional contact with clients. Two main reasons for consultation given by one writer are: (1) The establishment of a diagnosis and (2) The planning or modification of the treatment procedure. 4

The Family Service Association of Greater Boston stressed the fact to the workers that psychiatric consultation is mainly for diagnostic material and that the worker must not expect the consultant to plan treatment goals and methods. The psychiatric consultation is integrated mainly through casework supervision.

It seems to me the concept of consultation service should be related to what the psychiatrist can contribute to the caseworker's relationship with the client, and should not depend only upon the specific case situation with the need for skillful psychosocial diagnosis, but upon the obstacles that the caseworker may be meeting in terms of his own intrusive feelings that may impede treatment... 5

The consultant was also able to help point out to the worker just how problems of transference may enter into a casework situation and impede the movement in a case.

Mr. Tannenbaum viewed psychiatric consultation as having mainly four values: (1) Having a consultant in a family agency was a form of security to the board members in the knowledge that diagnosis can be made more skillfully. (2) The consultant can help workers recognize situations where a client will need


additional help such as psychiatric help. (3) It is reassuring to the worker in knowing what reactions to expect from the client, or in the confirmation that the casework service and treatment being rendered is the indicated treatment. And finally, (4) the knowledge gained by the worker about dynamic behavior in addition to an enhanced self-awareness carries the potential for a growth experience that may be utilized for more skillful work with all clients.

On March 12, 1953, the Boston University School of Social Work Alumni Association sponsored a panel on the subject, "Psychiatric Consultation as it Relates to Social Work." Drs. Irving Kaufman, Christopher T. Standish, and Arthur F. Valenstein, all presented papers at the meeting. These three men are also the present consultants for the Family Service Association of Greater Boston.

Dr. Valenstein pointed out that:

It seems increasingly accepted that psychiatric consultation with social workers and in particular case workers, is a practice which is materially useful in facilitating a more complete and accurate diagnosis of an individual or individuals who are involved in social difficulties.6

He felt that there is a scientific relatedness between psychiatry and social work, because each of the disciplines is keyed toward helping disturbed individuals toward a more satisfactory life adjustment. He felt also that sooner or later the theory of human behavior and emotions is likely to be the

same or similar for both fields.

Dr. Kaufman gave some points on the role of the psychiatrist in consultation. He feels that the consultant helps the caseworker to feel free to use the knowledge which she already has. Secondly, the psychiatrist helps in the evaluation of the medical aspects of a case, helps in emergency commitments and referrals, and helps the agency personnel in their psychodynamic formulations of a client.

Psychiatric consultation is one of the concrete specific measures that a family agency evolves to make the program more effective. The collaboration of persons from other professions with social workers is not a recent development, as the writer has mentioned before.

For over fifteen years Family Service has engaged psychiatrists to lead seminars for case by case consultation....despite the attention given to the psychological aspects of human development and relations in schools of social work, it has been found necessary in many family agencies to provide continuing working relationships with psychiatrists to advance the general knowledge of casework staff and, to improve service to the clients case by case.7

The Family Service Association of Greater Boston is no exception to this thinking. The process of consultation has been one of mutual giving and taking. As the writer sees it, both the consultant and the social worker have a joint responsibility to each other to help the client more effectively.

The agency uses the case by case method for consultation and the group method on special cases. The agency also has a seminar on consultation lead by Dr. Makkay.

At the Boston University School of Social Work several theses have been done around the area of psychiatric consultation. In a study by Coniaris entitled, "A study of Some Aspects of Psychiatric Consultation in the Family Service Organization of Worcester," she studied fifteen cases which were used in psychiatric consultation in order to determine the role of the psychiatrist in consultation and the kinds of problems which were brought to him in consultation. The main problems as pointed out in her study were problems in diagnosis, transference-countertransference, dynamics of specific behavior, and problems in treatment. It was discovered that the main problem is almost always discussed in conjunction with other areas of the total casework process in the case. That is, diagnosis, treatment, and relationship aspects of a case were considered in each case with emphasis on the main problem by the consultant.

Another study by Lambert was done to analyze the use students make of consultations, and the students' evaluation

of the consultation.\textsuperscript{9} This study was based on the recordings of four students during a period of eighteen months.

There has been a tendency at times to be too dependent on the consultant, which results in overemphasis on treatment of the emotional problems of an individual without adequate weight given to his environmental, social, and cultural factors and to the effect of these, along with emotional factors upon the total family. Only when we, as caseworkers, contribute our own special knowledge and skills and the psychiatrist contributes his special knowledge and skills, and then together we integrate these into a diagnostic formulation, establish a treatment goal, and outline techniques to be used in treatment, are we utilizing psychiatric consultation effectively for family agency practice.\textsuperscript{10}


\textsuperscript{10} Camille Lambert, Jr., "Student Use of Psychiatric Consultation in the Lowell Mental Hygiene Unit," unpublished Master's thesis, School of Social Work, Boston University, Boston, Massachusetts, 1952.
Chapter III

USE AND OPINIONS OF PSYCHIATRIC CONSULTATION OF FIFTEEN CASEWORKERS

In this chapter, the worker interviewed fifteen workers in the agency, in order to get their thinking on psychiatric consultation. The workers were told to answer the questions asked as objectively as possible, and from these data the worker was able to get a picture of psychiatric consultation in the agency. In the previous chapter we have presented various authorities' ideas in regard to psychiatric consultation and now the writer will see actually what meaning this has for workers.
### TABLE I

COMBINATIONS OF IDEAL AND ACTUAL REASONS WHY FIFTEEN CASEWORKERS IN THE FAMILY SERVICE ASSOCIATION OF GREATER BOSTON USE PSYCHIATRIC CONSULTATION

<table>
<thead>
<tr>
<th>Caseworker</th>
<th>Ideal Reasons</th>
<th>Actual Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1* 3 4 11</td>
<td>1 2 8 10</td>
</tr>
<tr>
<td>B</td>
<td>1 3 11</td>
<td>1 8 12</td>
</tr>
<tr>
<td>C</td>
<td>1 2 10</td>
<td>1 2 4 11 13</td>
</tr>
<tr>
<td>D</td>
<td>1 2 12</td>
<td>1 5 11</td>
</tr>
<tr>
<td>E</td>
<td>1 2 13</td>
<td>1 3 13 14</td>
</tr>
<tr>
<td>F</td>
<td>1 3 6 12</td>
<td>1 6 12 12</td>
</tr>
<tr>
<td>G</td>
<td>1 10</td>
<td>1 7 8 12</td>
</tr>
<tr>
<td>H</td>
<td>1 2 4</td>
<td>1 8 13 8 13</td>
</tr>
<tr>
<td>I</td>
<td>1 14</td>
<td>1 2 3 8 13</td>
</tr>
<tr>
<td>J</td>
<td>1 2 4</td>
<td>1 2 3 8 13</td>
</tr>
<tr>
<td>K</td>
<td>1 3 4 12</td>
<td>1 3 5 6</td>
</tr>
<tr>
<td>L</td>
<td>1 12</td>
<td>1 11</td>
</tr>
</tbody>
</table>

*Each number stands for a purpose given in caseworker interviews as follows:

1. Formulation and deepending diagnosis.
2. Additional learning experience.
3. Clarification of transference phenomena.
4. Planning and discussion of treatment goals.
5. Emotional understanding of clients.
6. Help in the integration of consultation into casework practice.
7. Understanding client’s ego function.
8. Reassurance for worker.
9. Understanding symbolic material.
10. Medical information.
11. Evaluation of suspected psychotics.
13. Understanding degree of client’s difficulty.
As seen by Table I, the answers appeared in a number of combinations of reasons. The combinations of one with other numbers appeared more than any other combination of reasons. One with three as well as one and two appeared together for five times each in ideal reasons. The combination of one with two appeared five times, whereas one and three appeared only three times together in the actual reasons. It is interesting to note that the workers who gave several ideal reasons in ideal reasons also elaborated in the actual reasons.

Again the writer felt that the main reason for lack of uniformity in some instances in the ideal reasons and actual reasons given is the fact that the worker expressed herself more in circumstances under which psychiatric consultation is sought.

The main reasons for psychiatric consultation according to Table I, under ideal circumstances, were: (1) Formulation and deepening of diagnosis, (2) Additional learning experience, (3) Clarification of transference phenomena. Under actual reasons given the main reasons were: (1) Formulation and deepening diagnosis, (2) Additional learning experience, (3) Reassurance for worker, and (4) Understanding the degree of the client's difficulty.

Evaluation of clients for psychiatric help and evaluation of suspected psychotics was next in rank under actual reasons for psychiatric consultation in a case.

Several of the workers interviewed felt that often
beginning workers have difficulty or were not too clear as to the purpose of psychiatric consultation, but as soon as she gains more confidence and ability in herself, she begins to take more appropriate cases for psychiatric consultation. Some of the workers felt their own difficulty in using consultation stemmed from their inexperience and lack of knowledge, not the consultants. The writer feels that the consultant can help the worker with some of the feelings which may enter into the casework relationship, as well as the feelings that may be present in the consultation relationship. The psychiatric consultant keeps in mind that his role is one of a teacher.

We do not want her to think of the consultant as a person who outlines the problem and tells one what to do. Rather she should bring her own special knowledge and be a questioning, thinking, contributing participant.

Some of the special problems taken to the consultant was the evaluation of special clients for benefiting from casework help. In other words, the workers are aware that not every client's problem may lend itself for casework help or treatment.

The idea was expressed that social workers graduate from various schools of social work knowing quite a bit about human behavior, but there must be further sources of education in order to supplement what is already known.

Psychiatric consultation was felt to serve as an additional supplement to the worker's further growth and development.

11 Thomas, op. cit., p. 158.
Another worker felt the purpose of consultation was to have greater clarity in the understanding of the individual clients and the dynamics of personality in general. In most cases the worker did get this from the consultant. Often in the comparison of Table I, the worker often got unanticipated benefits from consultation.

Several of the workers felt that through experience and understanding of the agency's function and the method and process of casework they were able to utilize psychiatric consultation more creatively.

One of the other reasons why consultation was considered to be of assistance to workers was because the worker could carry over certain diagnostic points from one case to another similar case.

One worker considers psychiatric consultation in terms of offering and fulfilling our responsibility and obligation to the community as well as to the client in utilizing to the fullest collaborative knowledge that is known about human behavior and the ways in which we can offer professional service for the improvement and elimination of the problems presented. This implies the worker's responsibility, not only to the client, but to the community as well. Consultation is not merely a service offered by Family Service, but is an obligation to clients in order to offer them the best professional services possible.

Finally, most subjects felt that psychiatric consultation
can help the worker around the area of transference and counter-transference. It helps the workers to see the client more realistically as well as to see themselves more clearly in relation to the problem.

**TABLE II**

**TOTAL NUMBER OF REASONS PER STATEMENT AS GIVEN BY FIFTEEN CASE WORKERS IN THE USE OF PSYCHIATRIC CONSULTATION IN THE FAMILY SERVICE ASSOCIATION OF GREATER BOSTON**

<table>
<thead>
<tr>
<th>Ideal Reasons (No. of times statement appears)</th>
<th>Actual Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1*</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

*Statements in the previous table.

From Table II the writer felt there was a pretty general agreement in the actual reasons given and the ideal reasons given. One reason for a difference when it did occur was because several workers elaborated much more in question two during the interview (see Appendix). There was complete agreement in the following statements: one, two, four, six, eleven and fourteen. The greatest differences were in eight and
thirteen. In statement eight, six of the workers said in their actual reasons that psychiatric consultation was actually reassuring to the worker. They felt it was reassuring if the consultant confirmed their own diagnosis of a client, or helped the worker to be more comfortable with the client. Statement eight, however, was not mentioned as an ideal reason for psychiatric consultation.

It was also found that the workers in statement thirteen, under actual reasons, said they often went to consultation to get a clearer understanding of the degree of the client's difficulty.

### TABLE III

**THE RANK ORDER OF HOW PSYCHIATRIC CONSULTATION IS INTEGRATED IN CASework PRACTICE, AS GIVEN BY WORKERS IN INTERVIEWS**

<table>
<thead>
<tr>
<th>How Material is Integrated</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made use of discussions with case supervisor</td>
<td>8</td>
</tr>
<tr>
<td>Staff discussion of a case used for psychiatric consultation</td>
<td>5</td>
</tr>
<tr>
<td>Seeing how diagnostic knowledge has to do with the client's needs</td>
<td>4</td>
</tr>
<tr>
<td>Getting clarity on the counter-transference</td>
<td>3</td>
</tr>
<tr>
<td>Exploring more fully the areas suggested by consultant</td>
<td>2</td>
</tr>
<tr>
<td>Getting the client ready for psychiatric help</td>
<td>2</td>
</tr>
</tbody>
</table>

Table III indicates some of the ways in which the workers integrate the psychiatric consultation into their casework practice.

In addition to this, the Director of Casework meets
regularly with the District Offices of the Family Service Association of Greater Boston for casework discussion. On occasion, a particular district may choose a case to discuss both from a point of view of the psychiatric consultation and also its integration into casework practice.

Following consultation, several workers said that they were helped in a particular case after they explored the areas that were suggested by the consultant. They had not thought about exploring these areas previously, or had some question about doing so.

In cases where the psychiatrist felt a client would benefit from another treatment method such as psychiatric help, the worker was in several instances able to prepare the client to accept and utilize this type of help.

One worker had the case of a male client who resisted coming to the agency and kept breaking his appointments. This client's behavior disturbed the worker to an extent because every time the client was near the point of revealing himself to the worker, he would stop his appointments. The consultant was able to point out to the worker that this client had difficulty in getting too close to anyone and that the casework treatment would take a long time. The worker said that after he found that the client's behavior was just a part of his symptom picture, he was able to relax and let the client go at his own rate of speed, rather than to try and explore too rapidly.
In the above example, it was the worker who was so anxious to help a client that he began to push the client beyond her own capacity to develop at her rate of speed. Consultation helped him to accept the fact that this client would be very slow to respond to any casework help.

In the Family Service Association of Greater Boston, the material is discussed in supervision for those being supervised and, in some districts, the material is discussed in staff for the purpose of the workers, as well as the total staff integration. The information is not only to help the client but for the worker's practice in general. The information must be related in a way that has real meaning to the client as well as to the worker.

In one instance, a worker was having difficulty in determining a client's conflict and so he took the case to the consultant. The psychiatrist was able to point out that the young lady was having difficulty with her mother and that she directed a great deal of hostility toward the mother. It was only after consultation that the worker realized the client's basic problem was her relationship with her mother.

Another worker was quite concerned about one of her clients in that the casework relationship was quite painful for her client to accept. The consultant pointed out that this client would be able to tolerate pain and that there was no way to avoid this in working out her problems. The psychiatrist also enabled the worker to dilute the client's transference.
Some of the instances where workers did make use of follow-up consultations in Table IV are as follows: One went to additional consultations when she worked with borderline psychotic clients. Several workers said that they went to psychiatric consultation when situations and events change or another problem occurs that changes or expands the diagnosis previously made. Diagnosis is not a static thing and may change from time to time. One worker said he went occasionally for consultation purposes because he took the case too early and had not fully explored this with the client. Sometimes followup consultations occur when a client is being made ready for a transfer.

Sometimes cases are followed for over a period of years and a worker felt it was beneficial to have consultation occasiona- tionally in order to determine if the movement and timing is in keeping with the ability of the client. She felt it assisted the worker in functioning at the maximum level of performance.

One worker goes for followup consultations around his integration of the first consultation into casework practice.
When a client's response to treatment has presented new situations and additional clinical material, the worker found it helpful to have followup consultation.

Two of the workers considered inappropriate timing in the initial client's interview often causes them to return for followup consultations. They felt that workers should have a certain amount of material and information on hand before going for consultation. One of these workers felt that one should avoid going to the consultation for a solution to a casework problem.
Chapter IV
CASE PRESENTATION

Introduction

All of the case material is from the files of the Family Service Association of Greater Boston. These are cases that the workers in the study took for psychiatric consultations. The material has been disguised in keeping with the principle of a policy of confidentiality in the agency.

The clients were all seen over a period of time by the workers and the writer has attempted to show how the workers integrate the consultation into casework practice. These cases point out how the various workers make use of psychiatric consultation.

In all the cases, the workers own impressions and diagnosis is being used and the writer has attempted not to read her own opinion into the case unless so indicated.

Case I

Description: Miss Boylston is a twenty-four-year-old college graduate. She has more appeal as a gangling adolescent than a mature young woman. Her carriage, dress, posture, and choice of words further indicates that of an adolescent.

Problem: Miss B. was referred to the agency in July 1953 by her employer because of emotional problems and the lack of adjustment in her work.

History: Miss B. is the oldest of four children. She speaks little of her two brothers who are in college, but compares herself with a younger sister who is in boarding school.

Her father is a successful businessman. The relationship between her parents has been one of considerable tension.
The father appears to be the dominant figure in the family while the mother remains rather passive. He does most of the planning for the children and has a great need for them to succeed.

Miss B. returned home upon completion of college because of a desire to help her parents and family in their situation. Things seemed to have gotten worse when she was away at college.

Her mother moved out of the master bedroom to the maid's room because she considers herself the maid and acts the part of a maid. The father sulked and said that he had done all he could to get along with his wife.

The younger sister flunked her senior year in public high school and the father placed her in a private school where she is also doing poorly. Miss B. said she too did poorly in the first four years in elementary school. She sees this related to her mother changing her from the left hand to the right.

Miss B's conception of others' opinions of herself is that she is a complete moron.

She admits acts of depression, nightmares, anxiety attacks, which she connects to sexual fear. The client has the fear of being sexually attacked. She thinks she was seduced by a male relative at her grandmother's funeral. She says this relative was quite young when this was supposed to have occurred. Once the client engaged in mutual masturbation with her siblings and they were caught by her parents. This frightened and shamed Miss B. very much. While Miss B. was at college she was quite friendly with a male student, who was twelve years her senior. She actively avoided discussion of marriage with him. Several times she engaged in petting with this man and shortly afterwards developed nightmares. She felt this man was a father-figure.

As a youngster, she was very rebellious against her parents, especially in adolescence, and it was at this time that her parents took her to a vocational guidance agency. This girl was jealous of her little sister and recalls saving her life by fishing her out of a pond.

At present Miss B. has moved away from home to an apartment which she shares with a friend.

Casework contact: The worker saw Miss B. in nine inter-
views since July 1953 on a weekly basis. This contact was
interruped for one month when the worker went on her vacation.
During this time she expressed various feelings about the mem-
bers of her family. She said she desires praise when she does
good work and gets angry when she does not get credit for what
she does. Following the worker's vacation, Miss B. came to
the agency with a tremendous barrage of words, feelings and
ideas. She was angry at the worker for being away.

In regard to sex, she said her father treated it like a
dirty joke and her mother did not treat it at all. The worker
encouraged her to express her feelings and to clarify and re-
late this to feelings about herself. Within the past year the
father suggested to her, "Wouldn't it be nice for both of us to
go to sleep on the beach, just you and I." She became very
embarrassed in telling this to the worker. She feared his un-
conscious motive in saying this. Once the father took her to
a drive-in movie and she became upset by his panting.

Miss B. also has a fear that she may become a homosexual
for three reasons. One of them is a dream that she had about
a girl she knew at school. There was physical contact which
was very pleasurable. When Miss B. awoke she was very upset.
Another incident actually involved a girl in college who con-
stantly flung her arms about the girls in her dormitory.
Finally, she is afraid of her roommate who shares her apart-
ment.

The worker handled the client's feelings by pointing out
that these ideas were related to her mixed feelings about sex.

The worker's impression of Miss B. was that she was a very upset girl who has problems of a long duration. There is ambivalence about being dependent and independent in relation to her family, as well as to others.

Sex to her involves being killed or killing, and is much too frightening. The client's father has had a fairly free hand with her since childhood, and her wish was to have a close relationship with him.

She feels her mother is an unprotective parent and her father persists in being a weak man whose love for her is seductive. Her anger appears from deep unconscious fears related to the oedipal fears between her parents. Sex is therefore painful and prohibited. Leaving home has not been a progressive step in emancipation. She has run away from a terrible fear and perhaps now is involved in a corollary fear, that for her it is even dangerous to live with another woman.

Problems and Points for Discussion in Consultation

This worker wanted consultation to help clarify her diagnostic picture of Miss B. so that she could better evaluate her and see where she could be most helpful.

Psychiatric Consultation

The consultant pointed out that Miss B's personality has hysterical features. She has an active fantasy life. He feels her central problem to be around the oedipal seduction which may well have been real. The memory she refers to constantly
is undoubtedly a screen of her relationship with her father. Her conflict around sexual material is too fearful to her because of her need to bring out so much symbolic and fantasy material into her interviews. It would be almost impossible for the worker to avoid becoming too active interpretatively.

The worker should prepare the girl for analysis or psychotherapy. In the casework relationship, the worker should avoid becoming too active because this throws the client into the other phase of her panic, the homosexual phase. To her, the alternative of sex with the father is the homosexual relationship with a female. This client needs support, reassurance and relief from guilt around coming for help. Although her moving to an apartment is acting out, this is a positive move and should be supported.

The psychiatrist said he would make an attempt to find a therapist with a fee to suit Miss B's budget. He felt that Miss B's case had a hopeful prognosis and that she would be able to benefit from this type of help.

The consultant was able to help the worker specifically in the following areas:

1. Diagnosis of the client.
2. Reassurance to the worker because he confirmed her diagnosis around the oedipal situation.
3. Integration of the material into the casework situation.
4. He pointed out areas for the worker to avoid because of
the client's sexual transference.

5. He gave the prognosis of the client.

Following consultation, the worker helped get the girl to accept psychiatric help. She was aware of the areas she should avoid and did not let her behavior become seductive. Previously this girl wanted to go on to graduate school and she was able to give up her job, which was not bringing her too much satisfaction, and enroll in college.

The worker offered her reassurance and helped relieve Miss B's guilt about coming for help. Miss B. has been seen by one psychiatrist and is planning to continue going even if she moves to another city.

The worker also continued seeing this girl until she herself was able to break contact.

Case II

Description: Mr. Pemberton is a thirty-five-year-old male who is in one of the reformatories serving time for forgery. Mr. P. appeared to be reasonably open, friendly and direct, but as the first interview progressed there was some fluctuation of this. At times he frowned, questioned, and constantly kept his eyes on the worker.

Problem: Mr. P. had been referred to the agency from the reformatory because he was quite upset due to his wife's plans to divorce him. He had considerable feeling because his wife had not visited him or written to him in answer to his letters. The client's wife married him after a brief courtship while she was pregnant. He began forging checks in order to give her expensive gifts and soon she joined in this activity. Finally, they were both apprehended and he took the blunt of the blame for the crimes. The wife was not put in jail, but Mr. P. served time. His present feeling was that his wife let him down.

History: Mr. P. had many disappointments at home as a youngster, not getting along with any of the members of
his family. Many times he was shifted back and forth to various relatives' homes and several times to foster homes. He has always felt a great need to cling to women and his wife and he wondered why he did this. He has spent almost ten years, back and forth, in penal institutions. At one point, Mr. P. slashed his wrists and was put in the hospital. He also wanted to go to a mental hospital if they could prove he was mentally ill. He felt he would have a better chance at getting out of prison.

In his youth, Mr. P. had little opportunity for becoming independent and they had never allowed him to trust them. He had a great concern about religion and had contacted several ministers. His religious beliefs were shattered when one of the ladies in a religious order who came to the prison to entertain the men made improper advances at him. His feeling about this was that it was hard to trust people and that even religious persons can be guilty of unethical conduct.

Mr. P. had been placed in one of the state hospitals prior to his last entry in the reformatory. He was described as having a long history of social maladjustment and a record of recidivism. Mr. P. was also described as being very affable, ingratiating, and with very little insight into or understanding of his acting out against the social group. He was diagnosed as having Constitutional Pathological States, With Asocial and Amoral Trends. After a month in the hospital he was released.

At present, while at the reformatory, Mr. P. began to gamble with the other men. The only contact with his family in the reformatory has been with his younger sister and his father whom he calls after making gambling debts.

Casework contact: In the initial contacts, the worker tried to develop a positive, trusting relationship with a person who had a very small sense of trust. Throughout a series of interviews, Mr. P's feelings about help, his problem, and feelings about the worker have been exceedingly strong, which he has been able to verbalize. At one point, when the worker had been absent from several contacts due to illness, Mr. P. slashed his wrists which the writer felt was related partially
to feeling that he was being deserted again, by the worker at this time. At times, Mr. P. was able to express some ambivalence toward the worker and said that this was because he wondered if the worker would tell the institution officials how bad he is. The worker was able to help Mr. P. keep things on a realistic level. Once Mr. P. wanted the worker to pull strings and see if he couldn't get him put in a mental hospital. The worker expressed the desire to help this man but on a different basis from that which the man expressed verbally.

The worker tried to contact the client's wife but she was not willing to respond and said she had made up her mind about divorcing Mr. P. The worker though further exploration was able to help Mr. P. express his feelings about this.

**Worker's Impression:** The worker saw Mr. P. as a man who had been unable to form a lasting, trusting relationship with people. He also saw Mr. P. as a man who was confused about what he was sexually. Mr. P. saw the reformatory as playing a strong protective role for him. The worker also saw that his wish to get together with his wife was not on a mature basis as one would expect for marriage. It was not the consideration of this factor alone, but also the additional one that he appeared to have left this marriage for reformatory, which the worker felt was diagnostically important.

**Problems and Points for Discussion in Consultation**

1. Clarification of where Mr. P. was diagnostically and where he was clinically in relation to his problem.
2. The assessment of the client’s ego capacities for further growth and development.

3. What some of the differences might be in how Mr. P. sees himself in relation to prison confinement which has totaled ten years.

Psychiatric Consultation

The consultant felt that Mr. P’s primary fear was one of desertion which had its origin with his parents and which has impeded his ability to develop emotionally to adulthood. It was thought that Mr. P’s inability to deal with aggression other than his acting out and his subsequent imprisonment indicates the strong repetitiveness of his pattern-seeking control. The fact that the reformatory setting reduces the opportunities to discharge anxiety through motor activity would, in part, account for Mr. P’s depression. Mr. P’s suicidal attempt might have been related to the homosexual panic with a wish to be taken care of by a nurse, also that the institution setting itself would stimulate his own unsureness about himself. Clinically, Mr. P. was seen as a disturbed person whose confinement would present difficulties in treatment. Mr. P. has weak defense structures. It was felt that his use of help thus far had indicated a wish for change, that if this could be expanded it would increase his chances for working something out about himself. This was seen as a stepping stone to the outside world and a better adjustment. It was felt that the client’s letter writing would be helpful as this would assist
in the process of sublimation.

In this case the consultant was able to help the worker in the following areas:

1. Diagnostic help.
2. Understanding what Mr. P's imprisonment meant to him.

Following the psychiatric consultation, the worker had a casework consultation with the Director of Casework for the purpose of helping review Mr. P's use of treatment thus far and to help further integrate into casework practice the psychiatric consultation. From the casework consultation they saw Mr. P's own strong needs to place himself into a protective setting, but this in itself presented problems to him or re-activated old problems. That he has been striving to work out a more satisfactory adjustment, they saw as ego strengths. They saw too the beginnings of less acting out in relation to what was going on inside the reformatory as he was able to translate actions into words to the caseworker. They recognized that with increased security Mr. P. would wish to test further.

Case III

Description: Mrs. Somerset is an attractive forty-five-year-old woman who appears older than her age. She speaks in a soft voice which is sometimes almost inaudible. Her husband is forty-eight and owns a grocery store. The Somersets have three children and an aunt living with them.

Problem: Mrs. S. was referred by her employer for whom she worked as a nurse. Mrs. S. has a marital problem and there is little give and take in her relationship with her
husband. He wants her to give up her job to come help him in the store, but refuses to pay her for these services. Mr. S. is a diabetic and is being seen at the City Hospital. When the worker attempted to clarify with Mrs. S. what it was she wanted in the area of help she specifically asked the worker to telephone a specialist to whom her husband had been referred at the City Hospital where he was going for treatment. She wanted the specialist to know that there was something wrong with her husband's nerves. She felt the doctor would take more stock in the worker than he would in her. The worker explained his inability to do this, because of lack of information in the case. He did offer her followup appointments which Mrs. S. chose to keep. Mrs. S. projected almost totally onto her husband and indicated that she was nervous as a result of the difficulty with him. The worker felt that her concern about her husband not giving up money seemed to overshadow her concern about his health or his relationship to her.

History: Mrs. S. has three siblings. They spent their entire lives living with a paternal grandmother. She thought her real mother was her sister until the age of eleven. She never remembers her father. Mrs. S. speaks very positively of her life with her grandmother, although the worker questioned the validity of this because of the emphatic way in which she describes a happy childhood, yet speaks about not having parental love with much feeling. A while back, Mrs. S. received a letter from her father saying how much he loved her mother and how he can see his mistake in divorcing her. At one time, she spoke of having no love for her father, and another time spoke of loving him because that is the way God would want it.

Mr. S. also came from a broken family. There was very little harmony between his parents and when he was eleven his father committed suicide. Subsequently, his mother remarried, but this marriage also failed. His mother became increasingly upset as time went on and was finally placed in a mental hospital. Mr. S. went from one relative to the other to live.

Casework contact: Although the worker did not answer Mrs. S's initial request, she did continue to come in for casework help. She canceled several appointments. Although Mrs. S. spoke to a considerable extent about her husband, she has not spoken of him with any effect. This holds true about her
children also. She recited his actions at length which annoy her, but with little feeling. She frequently smiled or laughed in what seemed to be an embarrassing manner when she discussed meaningful material in relation to her husband.

The difficulty in the marital relationship seems to date from the beginning of her marriage. Mrs. S. is controlling about money and is not a giving person. Mr. S. apparently does well in his business and, although he provides adequately, Mrs. S. is concerned because she is not allowed to handle money herself.

Mrs. S. speaks of the lack of satisfaction which she derived from her married life. She hoped the husband would be able to give her the same love her grandmother gave her. She could express intellectually that she recognizes his inability to give love to her is associated with his own lack of receiving love, but this did not have real meaning for her. Mrs. S. believes she is from a better cultural background than her husband, even though she feels their family situations were similar.

Mrs. S. stated that she kept her marriage together for the sake of the children.

Her sister, who lives in another state, is described as being mentally ill and at times lives with her mother. She only spoke with real feeling and cried when talking about her grandmother.

In the casework contact, Mrs. S. brought out the fact that
she derives great pleasure in talking with people. The worker also wondered if Mrs. S's contacts had been because of this fact.

**Impressions:** The worker felt Mrs. S. was a very egocentric person who appeared to have strong sadomasochistic tendencies. This was illustrated by both her long suffering in the marriage and the punishing way in which she has treated her husband. The worker wondered if Mrs. S. might have been an illegitimate child. She spoke so vaguely about her father, and before she was eleven she looked on her mother as a sister.

Mrs. S. seems to be an intelligent but immature woman. Although she demonstrated a need to control, the worker felt she was a very dependent person.

**Problems and Points for Discussion in Consultation**

1. Help in clarifying the diagnosis of the woman.
2. What could a casework relationship do to help her.
3. How could worker break through woman's lack of affect and strong defenses to help her express her real feeling.
4. What meaning does money have for the client.

**Psychiatric Consultation**

The consultant agreed that the client needed a tremendous amount of basic love on the infantile level. It appeared to be lacking in her life. Her overemphasis on how much love she received as a child from her grandmother seemed to indicate her strong need for love. She is seeking the love from her husband but he is unable to meet her needs.
The consultant further thought that the real reason for Mrs. S's contact with the agency was because she wanted the worker to contact Mr. S's specialist who later turned out to be a psychiatrist to ask for treatment for her husband's nervousness. Therefore, she could not accept involvement on any other level. If she accepted help then it would mean the responsibility for the marital difficulty is hers. If the husband goes to a psychiatrist then he is the sick one.

Perhaps over a long period of time the client would come to accept the worker in order to bring out her real feelings. It is necessary to move extremely slowly with her. He further pointed out that the worker had only seen her a few times and was expecting too much of her in thinking she should bring out her feelings.

Money is probably related to Mrs. S's strong dependency needs. If her husband gives her money he gives her love, if he withholds it she feels rejected.

The following areas were clarified by the consultant for the worker:

1. Deepening of the worker's diagnosis.
2. Explanation of the symbolic meaning of money to the client.
3. Discussion of treatment goals.
4. The meaning of Mrs. S's initial request from the worker.

Following consultation, the worker recognized how slowly the worker must move with this woman because of the great
deprivation in her life and because her desire to be loved had never been fulfilled. The worker, because of this, became more realistic in approaching her, and was much more comfortable about not pressing her for her feelings. Finally, the relationship in the home began to show improvement. The worker helped Mrs. J. accept her husband as a person who also had needs and shortcomings. An indication of improved relations between husband and wife was when Mr. S. offered Mrs. S. some money in order to take a vacation down South. It was very meaningful to her husband. Mrs. S. was extremely happy about this and spoke of the trip in child-like anticipation.

Shortly after her trip the client canceled her appointments with the agency. The worker realized that there were many things that they had not talked about. He did not know how long this improved relationship between her and her husband would last.

Here is an example of a worker wanting to help a client so much that he pushes the client. After consultation the worker relaxed and was able to slow down.

Case IV
Description: Miss Otis is a twenty-nine-year-old school teacher. She is intelligent, attractive and gives the impression of extreme control.

Problem: Miss O. came in for help with what she called her immaturity which she felt expressed itself in sprees of spending, eating, drinking and smoking. At the point of coming, she was in a conflict about an affair she had been having with a married man. Underlying this anxiety, she brought forth her fear of becoming psychotic because some people close to her were known to have a breakdown, and
she considers herself an unstable person. Her parents were separated when the client was ten years old.

History: Miss O. is a child of immigrant parents. The father had a labor job when he married, but the wife pushed him on to become a fireman. Prior to the marriage the mother worked in a factory. After her breakup with Mr. O. the mother took a cleaning job in a local hospital. The father was a "hail fellow well met" who drank but never got drunk. Miss O. does not know why her parents separated. She is ashamed to meet the father on the street and says he is an uncle. The mother never was warm to the client. Miss O. describes her mother as a drunk. She also says the mother is suspicious, superstitious and ignorant. Her father and mother did not ever live together, but lived in close proximity. One week during the summer when the client was thirteen, her mother went away on a vacation and left her with her cousins. They had gone to the beach for a day when the police came and got them, because her father had died of a heart attack. She was very unhappy, but cried very little. She felt at that point she blamed her mother for the father's death. She also felt that if the father and mother had been together his death could have been avoided. Following the father's death she went away to a private boarding school. During this period, the mother lived with her cousins and worked out. Miss O. came home seldom, but preferred to live with her girl friends.

Following this, Miss O. attended college. Her mother got a room and the client moved in with her. She describes herself as being very rebellious at college, cutting a lot of classes so that she was spoken to by the dean. She did have to work her way through and feels her mother pushed her through college. She really was not interested in becoming a teacher, but wanted an interesting job following graduation. Her first teaching job was in a small town and she describes it as a fiasco in which she got nothing from the job and put nothing into it. The change came when she got a job in another city and was living and working with older teachers. These people seemed to be more stable than she and spurred her on to get the Master's degree.

About a year ago, she returned home and got an apartment for her mother and herself and her mother stopped working. She wishes that her mother would return to work so that she could move West with a girl friend and find a husband. Most of her friends are getting married. She had dated when she was in school, but it was not serious.

Miss O's relationship with a married man began with her return home. She had known his wife and they were both
interested in her. She likes to dance very much and so does the husband. The wife persuaded her husband to take Miss O. dancing since he was in college and could introduce her to many eligible men. Her manner of being intellectually competitive and sarcastic resulted in this man's friends never taking her out more than once. After three years of this she found that she was more comfortable with her friend's husband. They then began to have an affair with each other, at the same time Miss O. was friendly with the wife. Finally, the man began to complain that he was unhappy with his wife and wanted a divorce so that he could marry Miss O. Her religion was such that she could not bring herself to do it even though she was quite fond of him. Her drinking and smoking developed on a social level at first and then became a problem. Miss O. overindulges. After using the church to help her stop, she would go back to heavy drinking and smoking, which does not bring her satisfaction.

**Casework contact:** The worker had seen the client twenty-five times at weekly intervals. Miss O. brings an attempt to treatment an intellectual concept of help. She feels her present behavior stems back to her childhood when her parents' separation caused a traumatic experience in her life. Underlying her coming for help was the fear of becoming mentally ill, since she considers herself unstable and in her reading has come across the concept that everyone has a breaking point.

After the third interview, the worker was able to reconstruct with Miss O. the problems she had with herself, and reassured her that she has managed to live with a consistent amount of anxiety. The focus of help was on why she chose only partially satisfactory outlets for herself. She constantly talked of the past as the roots of her problem, but was unable to make any connection between this and the present. She did come to express a great deal of anger at her mother and a
feeling that her mother did not give her love or support. She felt the mother derived a great deal of pleasure at her scholastic achievements. Her feeling toward the worker is described as that of a big sister. She felt the worker was safer than anyone else and that the worker was not a mother to her because mothers do not understand or help. She also said that she is mixed up about her father. She felt he was more loving toward her than her mother was. She always holds off people in an intellectual way. She stopped seeing her married friend for two months at the beginning of the casework contact, but she persisted in seeing him again. During the summer Miss O. spent her time reading and sleeping to an excess. She pointed out that she and her friend had had sex relations for the last three years.

At one point Miss O's reactions were to be silent and unable to talk about anything. The worker became active at this point and showed her that her relationship was an important one that was upsetting to her. During the next few months Miss O. expressed ambivalent feelings toward the worker, her friends and people in general. She also expressed conflict toward her religion.

A new symptom came out which she describes as blackouts, but from her description seemed to be amnesic states lasting for about three hours. This followed a small intake of alcohol. She felt this was related to nothing but her own wish not to drink. Several times she asked for psychiatric treatment,
on the basis that her anxiety engendered by this symptom increased her difficulty in talking about her problem. The worker said she would investigate and talk with her further about psychiatric help. Her mother disapproves of this kind of help on the basis that Miss O. does not have enough "faith", and possibly because Miss O. still communicates the idea that the mother is to blame for the daughter's unhappiness.

**Impressions of the worker**

The worker felt that Miss O. is caught in confusion about her sexuality. She has desires for sexuality but feels that this is forbidden for her and chooses forbidden men as objects of her interest. Because of her guilt she turns to alcohol, self-indulgence and sacrifice. She feels rejected by both parents. Father's rejection at the separation is like punishment for her feelings toward him. She acts on the power of impulse generated by fantasy. Repression of these ideas has made it difficult for her to express these freely. The repression is not painful enough to blind her neurosis.

**Major Points for Discussion**

To what extent can this client be helped in the light of the diagnostic material presented?

**Psychiatric Consultation**

The psychiatrist pointed out that the main characteristic of Miss O's behavior was the oral involvement, the depressive features, so that one has to see this girl as one who has a compulsive character disorder, the depressive features being
the blackouts she experienced. She regresses in depressions. There were also hysterical features present but they are not important in understanding the client. Her selection of a man who is not accessible to her goes back to the mother who is against sexual contact with men.

One helpful aspect of this case is that the client has been able to compartmentalize in relation to the worker. She sees the worker as a kindly big sister, which in essence is the good mother, but is enraged because she sees her mother as only the bad mother. The worker should not further explore the girl's feelings about her mother as this will only increase her depths of depression in increased awareness of the violent hostility about the mother. This girl may be a good candidate for insight therapy but recognizes there is a good deal of resistance in her for psychotherapy, and feels that only with psychotherapy will it be possible for this girl to reach insight about the mother. While preparing her for psychotherapy, one could perhaps, in addition to being supportive, lead the questioning along her relationship to men, which may eventually also lead back to her mother.

She cannot allow herself to assume a feminine role, which may be too painful to her.

This case is one that the worker saw over a period of a year. The worker had seen Miss 0. for twenty-five times before the consultation. The consultant helped the worker to:

1. Get a clear diagnostic picture of Miss 0., including
the meaning of her defenses and behavior.


3. Pointed out areas the worker should avoid in discussion.

4. Suggested a different type of help (psychiatric help).

5. Helped Miss O. find the proper psychiatrist.

6. Helped the worker to see what meaning the client's behavior had to her.

7. Brought out the positiveness of the client's relationship to the worker, thus supporting the worker.

Following the psychiatric consultation, the worker followed the suggestions that the psychiatrist had made and also had a casework consultation with the Director of Casework. This was one of the ways the worker integrated the material into casework practice.

The worker and client continued to talk about the meaning of psychiatric help, cost of therapy, type of psychiatrist wanted, and accepting it as just another form of more intensive help. The worker did, at one point, share some of the material gotten in psychiatric consultation with the client and that was his explanation of why Miss O. needed deeper insight into her problem.

Finally, when the client could accept this kind of help she did go for psychiatric treatment and was able to terminate her contact with the worker.

Case V

Description: Mrs. Monford is a middle-aged woman with
rather homely features and deep lines under her eyes. Her voice is deep and her appearance is rather masculine. She is neat and meticulous. She works part-time in a restaurant. Her husband is a sheetmetal worker who spends his spare time putting around the house. Her children have done well in school and in their social relationships.

Problem: Mrs. M. was referred by the Department of Public Welfare for help with her husband's twelve-year-old cousin. He has lived with the M's since he was six years old. His problem is lying, failure and poor adjustment in school. Mrs. M. tried to get him into several clinics for children but said there were long waiting lists. Mrs. M. concurs that he is not a "delinquent" and this is another reason why he could not be seen soon.

History: Until the fifth interview the worker was unable to get much out of Mrs. M. because of her blocking. It was finally revealed that she was an alcoholic and has been a member of AA for a year and a half. She also attempted suicide by gas some four years ago. Within these past few years she had reached a point where she could not handle her drinking problem. She was allowed to handle the money which she managed very well and also managed to keep her house neat and clean. She expressed guilt in having her two older children know about her drinking.

The husband was described as an easygoing person who was not troubled about his cousin as he ought to be. In the early interviews there was very little reference to the husband. She felt the cousin was her responsibility and could not see where Mr. M. had any part in this. For a period of over a year she and the husband did not talk at all, and the worker felt this precipitated her going to AA. The cousin, John, came to them when he was six years old, at the time of his mother's death. His own father began to drink and was very irresponsible in terms of support. Mrs. M. had some qualms about John coming to live with her because he had been known to lie and he was generally considered a "hellion". She did feel this was due to his traumatic experiences both before and following his mother's death.

It is apparent that Mrs. M. has feelings about Mr. M's irresponsibility other than the expenses involved. John gets his bills and care supplemented by the D.P.W. Mrs. M. is from a large family and both of her parents died before she was sixteen.

Casework contact: The foregoing material indicated that
Mrs. M. is coming in ostensibly because she hopes worker will see John to find out what's on his mind as she feels this has some bearing about his poor school adjustment. The worker has let Mrs. M. know that the agency will see John later.

At the point at which the worker told Mrs. M. that the agency could help her, the client needed much further clarification of her involvement in the situation and her expectations of John being seen. The worker gave her this assurance because she needed it before she could begin to give herself. The worker also felt that despite the client's blocking she was much too involved with John to "bring only the body" if the worker agreed to see him. She also sensed her need to keep coming.

Worker's Impressions

The worker saw Mrs. M. as an extremely compulsive and repressed person who obviously had a tremendous stake in her husband's cousin although the reason for this was still unclear. From the beginning, she indicated the feeling that she might be at fault in some way, but she could not give any ideas as to how she might be involved.

Problems and Points for Clarification

Clarification of the diagnostic picture and consideration of suitable goals.

Psychiatric Consultation

The worker has had two psychiatric consultations. The first was made early in the contact and the following points
were brought out. The consultant agreed with the worker's initial diagnosis. He felt it would be important for the worker not to threaten the adjustment Mrs. M. had made with AA. He felt it was also important for Mrs. M. to continue her relationship with AA. They were serving as parental figures for her. He went on to explain the relationship of AA to persons and also some of the objectives of the program. He felt that because this woman did not have an adequate relationship with a mother in her childhood, that the worker should be the good mother in a very warm, supportive way. He warned against too intensive a relationship for she might have to test the worker by drinking again. The worker should give the client the assurance that she was given quite a problem when she got John to take care of.

The psychiatrist helped the worker in the following areas:

1. Deepening of the diagnosis.
2. Suggesting areas to be avoided.
3. Suggestion of treatment methods or goals.

**Psychiatric Consultation** (second consultation)

The consultant felt this was a very difficult situation. He agreed that Mrs. M. identified John with herself. He felt this was unconscious because Mrs. M. had repressed so much of her past. Mrs. M. also had a great deal of conflict around her sexuality, perhaps due to the lack of an adequate female figure.

He pointed out that Mrs. M. is an alcoholic which means
she had tremendous oral needs. Her unconscious image of her mother is probably a person who feeds hate (the milk is poison). Therefore, the alcoholic has to set up a situation in which she receives and is given to and yet is frustrated at the same time. Mr. M's silence is a threat to the client because it means "not giving". She tests the worker with denial and resistance and by setting up a situation in which she can feel frustrated and "not given to".

The consultant felt the treatment should be geared to trying to give Mrs. M. a different kind of parent with whom to identify, helping her to come to a different concept of masculinity and femininity. He felt her basic problem was related to depression due to the loss of her parents. This is why the worker drew a blank in trying to get to Mrs. M's feelings. He felt there were two approaches in working with Mrs. M: (1) To try and help her face and work out her feelings about the loss of her parents; (2) To help her through the relationship by giving her another parent, an opportunity to find the things which are missing, and though this the strength to face her feelings of loss regarding her parents. Essentially, the worker would be supportative with some help about her day-to-day concerns and feelings. In terms of her concerns regarding John, she should help Mrs. M. to consider what it means to be a boy or girl. This would be re-educating and helping her through the relationship with the kinds of concerns and questions that hopefully she might have been able to take up with
her own mother. The consultant in this case was able to:

1. Help in the diagnosis of dynamic aspects of the client's behavior.

2. Supply the worker with worthwhile information about alcoholics that she could carry over to other cases, therefore the consultation served an educational purpose.

3. Help the worker form goals and treatment methods, since this was a rather complicated situation.

This was a very difficult and complex situation which required several consultations. Some of the consultations were casework and others psychiatric consultations.

After a number of interviews following the first consultation, the worker questioned how Mrs. M. could be helped through reassurance as the consultant had suggested. She felt she unnecessarily inhibited and held back in terms of eliciting feeling for fear of getting into threatening areas and she felt Mrs. M. sensed this.

The worker went for casework consultation to the Director of Casework. It was decided that the worker should shift her approach from simple acceptance and reassurance to focusing more deeply on the client's tremendous preoccupation with John. The consultant felt that the case had been brought to consultation too early in the contact to determine this. Here, is an example of how a worker's approach can change if consultation is done early in the contact.

In the meantime, John was being seen by a male worker.
After the second psychiatric consultation, the worker utilized some of the suggestions offered in terms of treatment. Mrs. M. began to talk about some of the feelings she had in regard to John and what he meant to her. For a short period things did begin to improve at home. Mrs. M. also brings out her feelings about herself and the relationship to her husband. The husband was seen in one interview, but did not come back to the agency. Finally, things began to get worse at home and Mrs. M. moved into an apartment taking John with her and leaving her own children at home with the father.

Mrs. M. has felt that since she moved John has begun to improve. She has no insight into the fact that she is using John to meet her own needs of affection and love. When her own children come to see her she is very cool and unkind to them. The worker feels that this moving was not the way to solve Mrs. M's problem, but Mrs. M. says she will not return home and will continue to work part time.

This case is a good example of a very difficult casework situation. It has required several consultations and discussions with the Director of Casework. At present the case has not been closed, but is rather inactive. Because of the type of woman Mrs. M. is, it was extremely hard for the worker to help her gain insight into her problem. Since she is an alcoholic, it is also difficult for any intense relationship to be built up as the psychiatrist pointed out that Mrs. M. might start drinking again in order to test the worker.
Chapter V
SUMMARY AND CONCLUSIONS

This thesis has attempted to point out some of the uses that caseworkers make of psychiatric consultation in the Family Service Association of Greater Boston.

Fifteen workers in the agency were selected to be interviewed and a special schedule was devised in order to do this. Six cases were used in the thesis, in order to determine how caseworkers integrate psychiatric consultation into casework practice.

Certain general trends and tendencies were obtained from this study. The main reasons for psychiatric consultation were: formulation and deepening of diagnosis, additional learning experience, clarification of transference phenomena, and a better understanding of the degree of the client's difficulty. The less frequent reasons for psychiatric consultation were: medical advice, understanding symbolic material, determining prognosis, and planning and discussion of treatment goals.

All of the workers felt psychiatric consultation was helpful to them in their practice and all of them felt it was a necessary part of the agency's program. Fifty-one per cent of the workers felt the need for follow-up consultations.

A study entitled, "A Study of Some Aspects of Psychiatric Consultation in the Family Service Organization of Worcester" by Coniaris was done in 1954 at the Boston University School of
Social Work. Miss Coniaris studied fifteen cases in order to determine the role of the psychiatrist in consultation and the kinds of problems which were brought to him in case consultation. From this study, she classified the problems in the cases into four areas: diagnosis, transference, counter-transference, dynamics of specific behavior, and problems in treatment.

Quantitatively, her study showed that the problems of diagnosis were brought as main considerations in consultation more frequently than problems of treatment and the other areas mentioned. The writer felt this to be in agreement with her study. In this thesis, all of the workers used psychiatric consultation for deepening of diagnosis. In Coniaris's study eight of the fifteen cases used were requests for help in the diagnosis, whereas all fifteen of the workers in the study requested information around diagnosis.

Another study by Lambert, also of the Boston University School of Social Work, on "Student Use of Psychiatric Consultations in the Lowell Mental Hygiene Unit, 1950 to 1952," pointed out that both in frequency and according to emphasis a better dynamic understanding of the patient and more information on prognosis and diagnosis was sought. The major gains, according to the students, were an increased understanding of casework goals, increased awareness of dynamic factors, a clarification of the worker's function, and more objectivity. Minor changes following consultations were more focused inter-
views, more of an awareness of the individuality of the patient, better preparations for following consultations, a redirection of questioning, an increase in stimulation for extra effort, a more active role with the patient and a better knowledge of psychosomatic medicine.

The writer was able to obtain several suggestions that the workers interviewed offered in order to have the psychiatric consultation program meet their needs more fully. The recommendations will be presented in Table V. Six workers felt the program was well defined and well organized, therefore, they offered no recommendations.

**TABLE V**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Rank Order</th>
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<tbody>
<tr>
<td>Help in the integration process</td>
<td>5</td>
</tr>
<tr>
<td>More frequent consultations</td>
<td>4</td>
</tr>
<tr>
<td>A revised system for going to consultation by districts</td>
<td>4</td>
</tr>
<tr>
<td>More seminars with the consultants</td>
<td>3</td>
</tr>
<tr>
<td>Discussion of treatment goals with the consultant</td>
<td>1</td>
</tr>
<tr>
<td>More diagnostic considerations given to the total family</td>
<td>1</td>
</tr>
<tr>
<td>More group consultations with the staff</td>
<td>1</td>
</tr>
<tr>
<td>More information on prognosis</td>
<td>1</td>
</tr>
</tbody>
</table>

Most of the workers agreed that they received a great deal of help from psychiatric consultation, but there were certain areas where their total needs were not being met.

Five workers wished that the integration process began in
psychiatric consultation. The feeling was expressed that the consultant often helped them with a great deal of diagnostic material, but it would be even more helpful if the consultant began with the process of integration of the consultation into understanding the dynamic behavior of the client. The workers realized that this was mainly the responsibility of their supervisors or the Director of Casework; however, they felt it would be helpful if this could be more fully marked out during the consultation.

There seemed to be feeling about the system for going to consultation by several workers.

Miss Meyer explained that the present system was now being used because of the large numbers of workers in the present new agency. Actually, only 0.6 per cent of the workers interviewed made mention of this, which is a small per cent of the total number of interviewed workers.

In conclusion, psychiatric consultation should not be a substitute for casework supervision or casework consultation. The various workers who participated in this study all expressed the desire to translate the psychiatrist's contribution into concrete terms applicable to helping their clients. Psychiatric consultation is just one aspect of the agency's total program toward offering skilled professional service to clients.

Accepted:
David Landy
Research Instructor
APPENDIX

Schedule for interviews with the workers

(Please think about the question carefully and give as objective answers as possible. Your name will not be disclosed so feel free to express your honest opinion).

1. What do you see as the purpose of psychiatric consultation?
2. When and under what circumstances is psychiatric consultation sought?
3. How is the experience integrated into your casework practice?
4. Do you find the need for follow-up psychiatric consultations?
5. Do you see a client in a different light after consultation?
6. Can you offer any recommendations or suggestions in regard to consultation on how the service could be added to or increased in its effectiveness?

Form used in obtaining data from the case material

I. **Identifying data**
   Description of the client, members of the family, etc.

II. **Problem**
   This is a clear statement of the problem as seen by the worker

III. **History**
   This is a compact picture of the family history

IV. **Casework contact**
   A picture of what is happening in the casework situation and the trend the casework treatment has taken.
   The relationship between the worker and client.

V. **Impressions of the worker**
   This is the worker's own diagnostic formulation

VI. **Questions and points for discussion in consultation**
   Things the worker wants the psychiatrist to help her with during the consultation

VII. **Psychiatric consultation**
    The points that the consultant brought out and discussed
BIBLIOGRAPHY


