1950

Short term casework with parents at the Youth Guidance Center of Worcester, Massachusetts

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http://hdl.handle.net/2144/4869

Boston University
BOSTON UNIVERSITY

SCHOOL OF SOCIAL WORK

SHORT TERM CASEWORK WITH PARENTS AT THE
YOUTH GUIDANCE CENTER OF WORCESTER, MASSACHUSETTS

A Thesis

Submitted by

Hilda Popper

(B.S., Boston University, 1949)

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

1950
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I. INTRODUCTION

Purpose:

Considerable attention has been given in recent years to the intake procedures of child guidance clinics. Within the past decade, broad statistical studies have brought out more clearly into public consciousness that mental illness is a very prevalent disease. Researchers have recognized that efforts to prevent emotional illness are most effective when applied in early childhood and that correction of patterns of adjustment in later periods becomes increasingly difficult. As individuals, professional groups, and communities have become more aware of the emotional problems of children, the demand for psychiatric services to children has risen sharply. Since the allotment of funds for these services, as well as the training of adequate professional personnel, have not increased enough to fill the needs of the population, a situation ensued in which the demand could not be entirely satisfied and child guidance institutes were forced to take recourse to the establishment of waiting lists.

A major part of the 1949/1950 meetings of the New England Division of the American Association of Psychiatric Clinics for Children was given over to discussions about the very pressing questions of intake in relation to referral from and to other community agencies; to the age groups of the children that were served; and to the most effective use of the agencies' professional staff. ¹

¹ Information from staff conference at Worcester Youth Guidance Center, reported by Mrs. Marcene Gabell, Chief Social Worker.
Some child guidance clinics have had to adopt the practice of temporary closure of all intake. At the Worcester Youth Guidance Center this has been avoided and instead the policy has been adopted to schedule application-interviews within approximately a week from the first contact. The feeling is that some services may be given, even though a case cannot at all, or not immediately, be accepted.

The purpose of this study is to examine a.- why applicants were served on a short term basis, and, b.-what services were given in such contacts. If it should be possible to sharpen the recognition of the practical value of short term contacts, then this would be a contribution to the planful development of maximum services given in such manner.

Sources of Data:

This study is based for the larger part upon the agency's case recordings. In addition, information about policies was secured from representative individuals and the judgment of caseworkers was obtained as part of the evaluation process. Direct contact with clients was not sought, but information was obtained from other professional agencies to find out if clients had followed suggestions referring them to other agencies.

The investigation is based upon the entire intake of the Worcester Youth Guidance Center in a period of twelve months, beginning one year before the opening of this study, that is, between October 1948 and September 30, 1949. Excluded are all cases which in the intake interview were definitely accepted for treatment, regardless of later development of these cases, and excluded also were those which were seen for diagnostic purposes
only, with no interviews between the person in charge of the child and a psychiatric social worker. The study then is based on cases which were either withdrawn before being accepted for treatment by the clinic, or which were referred elsewhere, or were rejected for treatment of the child but services were given to parents.

**Limitations:**

The limitations of this study lie in the obvious lack of verifiability of the data in case recordings and in the amount of subjectivity in the classification of the data. From case to case, there will be found inconsistencies in amount and emphasis of recorded facts which may interfere with the validity of generalizations. Inasmuch as the study is confined to one year's work in one specific agency, the findings will refer only to the particular conditions under which the facts were compiled. Therefore, there may be very little ground for inferences to situations that differ in essential factors from the setting that has been studied.

**Method of Procedure:**

In order to see the cases of short term service at the Center as a unit they were compared with the total intake of the same time span. A preliminary survey showed that grouping of the short term cases according to quantitative factors would not render a very distinct pattern.

The study was then directed towards a grouping according to qualitative factors in the problems that were presented. Again, no typical pattern could be found.

It seemed most satisfactorily to group the cases in accordance with
the results that had been obtained by single or short series of contacts. In this manner more characteristics could be pointed out than with either of the other groupings.

Plan for Developing the Topic:

It was felt that in presenting digests of all cases, on which this study is based, the reader would obtain a clear idea of the problems involved. Therefore all cases were abstracted, then grouped according to the outcome of the casework process. An exception was the lifting out of the group of cases involving retardation, in which cases the existing agency policy calls for the use of short term techniques.

Services to over-age children, by agency policy, often are handled similarly on a short term basis. In this study a preliminary attempt had been made to gather them into a special group. This was later given up, because the disposition of such cases is not determined by the absolute age of a child, but by the diagnosis of the problem as one typical of adult psychiatry or as one pertaining to the periods of childhood and adolescence. The degree of variability of procedure in the disposition of these cases may easily be gleaned from the last column of the graph I, \(^2\) in which it is shown that of forty-six intake cases only nine fell into the group of short term contacts. Because of this variability in procedure the over-age cases were not considered different from all other cases in which the choice of rendering services through limited contacts had been made without definite plans and sometimes accidental.

All cases, except those of retarded children, were grouped as

\[\text{infra, p.9.}\]
"Referrals to Other Agencies", "Withdrawals", and "Consultation Service".
For the purpose of this thesis the term "Consultation Service" was used to
distinguish in the entire group of short term contacts those in which the
casework process centered directly around problems of child guidance.
II. DESCRIPTION OF SHORT TERM SERVICES.

The "Worcester Child Guidance Clinic", as it was called earlier, began in 1921 with the establishment of a Mental Hygiene Clinic, as an outpatient service of the Worcester State Hospital. In consideration of the public's feelings about mental institutions, the clinic was held from 1923 to 1929 at the Memorial Hospital. Later it occupied a former mansion, located in a residential section of the city.

From 1929 to 1935 Dr. Samuel W. Hartwell, author of the well-known work, "Fifty-Five Bad Boys", became the clinic's first full-time psychiatrist and director. He stressed especially the treatment of delinquent children. The clinic expanded during this period and became a well established center and training place ment in the child guidance field.

The clinic continued later in a more generalized manner and on a high level of performance until the war. During that time the agency contracted due to the severe shortage of personnel and operated without a director for some time. Dr. Joseph Weinreb assumed the direction of the Center in November 1947. The change of name into "Worcester Youth Guidance Center", in 1948, signified a further step in defining the role of the agency to the community in terms of preventive services. It was felt that the word "clinic" carries too many associations with treatment of mental illness.

The sources of finances of the Center are: the Community Chest, the State Department of Mental Hygiene, and the United States Public Health Service. In addition there is a fee system, based on a graduated scale running from ten cents to fifteen dollars, according to the family budget.
This fee is paid on a weekly basis for the combined service to the parent and the child, and it is due in full also if only the parent or only the child are seen in a specific week. There is in the respect of fees no difference made between services pertaining to intake interviews, treatment, or short term services.

The intake procedures at the Center commence with the initial telephone call, letter, or visit by the applicant. If referrals come through any agent other than the parents or the child himself, it is pointed out to the agent that the Center encourages the applicant's own request of services.

At the time of the intake interview the client is seen for diagnostic purposes and an informal history is taken. The client is at this time informed about the probable delay because of the waiting list. Parents are told that during the waiting period they may call or, by appointment, see the worker again if new complications arise or if they feel the need for some limited help. At that point the client and the worker may come to a clarification about the kind of services that the client wishes to receive. A client who originally desired treatment for his child, may then request help through a referral to another resource, or may wish only diagnostic, or short term services. If treatment is the service that seems most appropriate, the case is reviewed by the chief social worker and is then put on the waiting list. Certain cases are given a variable degree of preference because of acute urgency; but all clients, except the most critical cases of impending disaster, must expect a waiting period, ranging from several weeks to several months. The eventual assignment for
treatment is made by the combined judgment of the psychiatrist, the chief social worker, and the chief psychologist.

In cases of referral of adolescents the intake interview may be conducted by the psychiatrist or one of the social workers, according to the kind of problem that is presented. Then the case must be put on the waiting list, similar to an application made by a parent.

Cases that will be carried on a short term basis by the staff-worker who conducted the intake interview are discussed with the chief social worker and she may arrange for a presentation of the case to the psychiatrist.

The total number of new cases in the year between October 1, 1948, and September 30, 1949, was 310. Of these, forty-eight cases were seen on a short term basis. The majority of all applications were made in behalf of 193 boys. Of these, thirty-three were served on a short term basis. This compares with 117 cases of girls and fifteen seen in short term contacts. As is true of total intake, there are many more short term cases involving boys than girls.

The following Graph I, shows the distribution of the short term cases in the total intake. The two extreme groups of children under two and over fourteen years must be explained separately.

Most of the youngest children that were seen were referred here for diagnostic studies in connection with the procedures of the Massachusetts Division of Child Guardianship. These cases, therefore, were not in need of casework services from a private agency.

Children over fourteen years are often eligible for services from other agencies, such as the Psychosomatic Clinic of the Worcester City
### Graph I.

**Distribution of the Short Term Cases** \(^a\) in the Total Intake \(^b\) from October 1, 1948 to September 30, 1949.

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**Years** — 1 2 3 4 5 6 7 8 9 10 11 12 13 14 +

**Key:**
- Boys: \(^*\)
- Girls: \(^†\)
- Short Term Cases: \(^X\)
- 1 under one year
- 14 above fourteen years

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**a** Short Term Cases

- Boys: \(33\) cases
- Girls: \(15\) cases
- Full Total: \(48\) cases

**b** Total Intake

- Boys: \(193\) cases
- Girls: \(117\) cases
- Full Total: \(310\) cases
**TABLE I.**

SHORT TERM CASES EXPRESSED IN PERCENTAGES OF THE TOTAL INTAKE

FROM OCTOBER 1, 1948 TO SEPTEMBER 30, 1949, ACCORDING TO AGE GROUPS.

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<th>Age (In years)</th>
<th>BOYS</th>
<th>GIRLS</th>
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<tr>
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<td>Total Intake</td>
<td>Short Term Cases</td>
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<td>No.</td>
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<td>Total</td>
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Hospital and such referrals required casework procedures. It is the policy of the agency to accept for initial interviews parents of children that are beyond the level of sixteen years, which is the usual upper limit of acceptance for treatment. Interviews of this nature make up most of the short term cases in the "over fourteen" group.

If one inspects Graph I, or the following table of short term cases expressed in percentage of total intake, according to age-groups, Table I, one notices a marked concentration of short term services in the preschool and first-grader group of children. If one excludes the nine cases in the over-age group, then the seventeen children that fall into the age groups of four, five, and six years, compare with twenty-one children of all other ages combined.

The massing of participation in short term services to meet the need in the cases of younger children becomes a particularly interesting subject in view of the fact that many Child Guidance Clinics in New England have found that in their total intake a definite drop in age has become evident. One of the clinics described a concentration of 50 per cent of their intake in the preschool group. This may or may not be indicative of a general trend of development.

3 Supra cit., p.1.
III. ENUMERATIVE ASPECTS OF THE SHORT TERM CASES.

The forty-eight cases under inspection here are not a very homogeneous group in any of the countable units that were applied in order to recognize them as a distinct group in the intake process of the clinic.

The Sources of Referral to the Center:

Accurate analysis of the sources of referral to the Center is difficult to obtain. Since the agency encourages personal applications, a client may fail to mention by whom he was referred. Frequently clients may have heard about the Center through this agency's program of public lectures and educational groups, or other means of publicity. Referral through past or present clients is also common, but is not often mentioned at the time of intake. Any one of these sources of referral, or a combination of them, are usually listed as "self-referred."

Of the forty-eight cases the number listed as "self-referred" was twenty-five; thirteen came by referral of doctors or nurses; four came on behalf of school authorities. There were no court-referrals among the short term cases, presumably because the probation officers refer children who can only be helped by intensive treatment procedures. The large number of medical referrals is due to the group of retarded children who were sent mainly for diagnostic evaluation.

The Disposition:

It is interesting to see that of all cases, twenty remained on a short term basis with mutual acknowledgement of possibility of re-application.
Twenty cases were referred to other agencies. Eight applicants withdrew or broke the contact.

A full half of the mothers came on their own initiative and, not necessarily the same persons, but one half of the short term contacts ended with mothers taking the responsibility to go on with the problem without further help. In the discussion of individual cases later on, this impression will become somewhat modified, but a high degree of independence of the applicants is probably characteristic of cases that can be handled by short term services.

**Number of Interviews:**

The number of short term contacts ranged from one to three interviews. In twelve cases there was only one interview, in twenty-five more cases there was also only one interview, but in addition there were telephone calls or letters to the client or in his behalf to another agency. In eight cases there were two interviews, with or without other activities; and in only three cases were clients seen in three separate interviews.

The length of contacts ranged from single visits to follow-up procedures several months later. The timespan in many cases was not determined by intrinsic needs of the clients, but often was a matter determined by the worker's general caseload. In cases in which the mothers took the initiative to call again, this will be indicated in the individually presented cases.

**The Economic Distribution:**

No sociological study of the group was attempted, but, using the agency fees as a guide, a fairly even distribution of income groups was
found. In twelve cases fees were not discussed. Of the rest, eleven families would fall into the lowest four steps of the fee scale. Fourteen families would be ranged into the middle brackets, and eleven would fall into the five top steps of the scale. One can assume from this coarse grouping that some representatives of all areas of income became consumers of short term services.

The Families:

About the family structures it may be of importance to know that in nine cases there was no father in the home. The ages of the mothers ranged from twenty-five to forty-eight years, and the fathers were between twenty-seven and sixty-one years old. Not all parents gave their ages, but of the fathers only six were under thirty years, and fourteen were between thirty and thirty-nine years old; four were over fifty years. Of the mothers nine were under thirty, sixteen were in their thirties, and nine in their forties.

The number of children in these families varied from one to ten. There were eight single children, nineteen who had one sibling, fourteen who had two siblings. In one family were four children, in three families five children, in one were six children, and in the largest family there were ten children.

Here again, the importance is probably in the finding that parents of all ages and mothers of one, as well as of many children, participated in using short term services.

The Complaints:

The immediate reasons for making the application varied widely. Since
single complaints were seldom given, no numerical accounting can adequately describe the constellation of problems. The range contains representation of most of the habit disorders, such as nail biting, thumb-sucking, enuresis, and masturbation. Of the neurotic traits, such as stammering, overactivity, and fears, frequent mention is made. Among the conduct disorders, however, only the milder forms are represented in this group: lying, pilfering, disobedience. As would be expected, some of the behavior disorders were disturbing to parents of young children; but in children of school age, the difficulties often showed up with such strength at school that this became the factor which led to application.

In summing up the results of the enumerative description of this group of short term cases, one may conclude that it consists of a widely spread heterogeneous caseload. It excludes the more severe symptoms of behavior disorders, markedly the group of overt delinquent behavior of the type that is seen in court referrals.
IV. PRESENTATION OF THE SHORT TERM CASES

The failure of the effort to describe short term cases as a unit is substantiated by the difficulty of grouping these cases for a survey in terms of their common characteristics. Only one group shows a distinct demarcation. These are the cases which were referred because the children's performance-level was retarded and casework services were used for interpretation to the parents. These cases will be described first because they alone could be distinguished at the outset of the casework contact, since, by agency policy, they were predetermined to be handled in limited contacts.

The other cases were grouped according to the concrete outcome of the casework process. It must be kept in mind that these groups are not sharply set off from one another, so that many cases could appear under at least two group headings. Such duplication was avoided in this paper for practical purposes, but it should be recognized as a complicating factor of this presentation.

A. Services in Connection with Retardation:

Seven cases comprise this distinct group of children of retarded mentality. The policy of the agency is to accept for treatment only children whose retarded level of development can be diagnosed as due to emotional disturbances, but not those whose organic development has inhibited mental growth.

The ages of these children were between four and fifteen years and among them were three girls and four boys. In three cases, the service
was rendered in conjunction with diagnostic studies of the children by the psychology department of the agency. In other cases, testing had been done elsewhere but the information had not been fully accepted by the parents. In four of the cases, the agency was used primarily as a source of referral. In one case, the agency was expected to "correct" the symptoms of the child's retardation.

In the referrals made by the State Department of Health, by physicians, or school nurses, the request was to ascertain by diagnostic testing the degree of retardation. Six of the seven cases were so referred, and the seventh case came upon recommendation of a board member of the agency.

Case No. 1:

Jane's mother came to us upon suggestion of the school nurse. Jane, aged five years and nine months, was not able to manage school. The mother was aware of Jane's retardation and also realized that the agency only could make referral to proper resources.

She and the father seemed acceptant of Jane, who has one younger and three older normal siblings. The mother described Jane as being sickly from babyhood, besides having been very slow in habit training. The siblings seemed to be accepting of Jane, but children outside began to remark on her slowness. The parents had consulted with several doctors and had discussed institutional care. (Subsequently, our psychological report indicated an I.Q. of 36, M.A. of two years.) Lacking information about the amount of retardation, the parents could not arrive at any clear decision. The caseworker supplied information about the possibilities of care of retarded children in their homes and in institutions.

The second interview (after a three months interval and after test results for Jane were known to caseworker) revealed that both parents had arrived now at the decision that placement would be the best solution for Jane as well as for the entire family. The mother expressed the feeling that Jane's condition was a "kind of error in growth, such as might happen in a plant," and she showed no need for rationalizations. She
entered actively into the process of placement by filling out the application for a State school and asked that the caseworker forward it with our test results and recommendations. The State school put the child on their waiting list but did not expect the possibility of accepting the child earlier than in about a year's time. The mother expressed that she would feel free to talk with the caseworker further if necessary.

The caseworker felt that Jane's family was fundamentally secure.

Case No. 2:

It seems that the four and a half year old Bruno saw the children in the neighborhood go to school, and so he decided he wanted to go also, and the mother took him to make application for kindergarten. The school nurse referred her to the agency, and both parents came for the intake interview, but they were sullen and resentful. The mother said that Bruno still wets and soils, that he falls frequently and has "crooked eyes." The parents thought that the agency could "correct him," especially with the soiling, but on the whole, the parents thought of his behavior as "just natural." The mother, aged twenty-eight, had completed six grades at school in her fifteenth or sixteenth year. The father, aged thirty-two, was unable to read or write. The caseworker felt that both were of dull mentality. She suggested to them that they take Bruno to the hospital for a physical check-up and especially an eye examination. It was felt by the caseworker that a diagnostic study of Bruno should be done later when it was time for him to enter school.

The caseworker commented that neither Bruno nor his parents could be helped very much by any effort on a short term basis. Nor did the parents seem to desire any change at the moment. They seemed to have a fair amount of positive feeling for Bruno.

Case No. 3:

Felix's mother came upon referral from the State Department of Mental Health. The boy was tested at the psychological department of the agency.

Felix was six years and ten months old. His M.A. was found to be 4-10, I.Q. of 67. He has two younger sisters and he is the only boy child in the entire family. Felix's spasticity and retardation were due to a birth injury, his mother
believed. She wanted a diagnostic study for better understanding
of Felix and to help her to make plans for his placement. During
the interview, it developed that the mother had accepted with
much outward submissiveness the suggestions of the State Depart-
ment of Health to place Felix in a State school. At the agency,
she was able to express resentment in relation to the authority
of the Department. At the end of the interview, it was possible
to refer her back to the State Department to make an applica-
tion for the Massachusetts Hospital School at Canton. She had
also been acquainted with the alternative, to keep Felix with
her and apply for admission to the school for handicapped child-
ren which is planned to meet once a week, but has not begun its
work as yet.

Case No. 4:

Grace was seven years and two months old when her M.A.
was 3-5 and her I.Q. 48. The mother attributed Grace's
retardation to her "physical handicap" that is, her total lack
of bowel control and tendency to diarrhea which kept her out
of school. She spoke of the excessive thumb-sucking and
drooling but could not admit any significance of Grace's
symptoms. The school nurse and the Department of Mental
Health had suggested a visiting teacher for Grace, since the
mother did not wish to consider institutionalization or even
placement in a special class. Rather, she wanted Grace to go
to a regular class at school. There are four other children
in the home, two older and two younger than Grace.

At the end of the interview, Grace's mother could admit
that Grace was a problem to her and that she would welcome
some help. She accepted the suggestion that the agency would
inform the local school nurse and the social worker of the
State Department of Mental Health about the test results so
that they could give their services to Grace and her family.

There were two boys, Danny and Alan, both fifteen years of age, both
with adolescent siblings and both coming from fatherless homes. In both
cases, the mothers wished school placement but were uncertain about the
care the boys would receive there.
Case No. 5:

Danny's retardation had been tested elsewhere and the mother reported a M.A. of six or seven years. His father had died after a protracted heart ailment, one and a half years ago. The mother had worked for the past three years. She had asthma and felt she must place Danny at this time because her daughter, nineteen years, was about to enter nurse's training. The other son, age seventeen, is also handicapped; he has congenital absence of one hand.

The family lives in another part of the country and the mother, it seemed to the caseworker, was just trying out what she could expect from an agency contact. She was given some concrete information about the matter of custody in State institutions, which worried her; also she was given some information about the standards and goals of such institutions. She accepted the referral to a child guidance clinic near her own home town.

Case No. 6:

Alan's parents are separated. The boy, now fifteen years old, spent the first nine months of his life in a hospital. His mother knew about his retardation since he was four years old and she had wished to place him at a school when he was six years, but it had not materialized. She feels now that there are some recent personality changes in Alan. He is more aggressive; his memory seems to become even poorer and he is developing interest in girls. Alan does first grade work in school and tires easily. The mother's quest was for information about the treatment given the children in state schools.

A description of the goals of these schools was given to her, stressing the specialization of the staffs. The mother apparently gained some security from the fact that her plan was approved by the caseworker and she wanted to go on by herself.

Case No. 7:

The last case in this group is that of Greta. She is a girl of nine years and the mother requested consultation only. No diagnostic tests were to be given to the child.

Greta's mother wanted help in making plans for a day-school placement. She recognized the girl's retardation and
complained about increasing aggressiveness. She claimed that Greta was a problem since infancy. The mother had been so "discouraged" with her son, then aged four, that she was "violently ill" during the first five months of her pregnancy with Greta. The mother tells that it was Caesarean birth, that there were no problems in weaning, but Greta "sucked her fingers," and "banged her head," and that at the time of her toilet training at the age of three and a half years, Greta was somnambulistic. At the present, she described Greta as the "eldest but dumbest" in her class at school, but the mother thought that in spite of her poor scholastic achievements the girl enjoyed being in a group. The mother described herself as a "social and active civic person," tells of a more recent "nervous breakdown" with confinement at home and administration of sedation for one year.

She used the interview largely to talk about herself and later reported to the agency by letter that she had decided to engage a tutor for Greta. It is the caseworker's impression that this mother did not permit a positive relationship to be established and therefore constructive help could not be given.

The common problem of the parents in these seven cases is the emotional and the practical difficulty in coming to terms with the fact that their children had not developed normally and therefore needed special considerations. Some of the mothers described the great amount of care that they had invested in the rearing of their retarded children and, in the process, they claimed, they became strongly bound to these children. This side of the problem was particularly acute in the case of Grace, where it led to an almost complete denial of the child's disability. One suspects a similar defense in the case of Greta's mother. These are the mothers who have difficulties in making use of any services offered them, but at least, in the case of Grace, one feels a modification of the mother's attitude was achieved.

In the cases of the two fifteen year old boys, Danny and Alan, it
seems as if the mothers had arrived at a solution of their problems in a very unhastened way, had carried the burden of rearing the boys up to a point where the physical maturation of these children added further weight which they felt unable to cope with and then asked for the most appropriate social service, expecting concrete assistance.

The case of Felix brings into focus with particular clearness one aspect of short term services which is implied to a lesser degree in many other cases of short contact. In this case, the agency played the role of mediator between another agency and the parents who needed to be assured by more than one "expert." Merely by pointing to this role, it becomes evident that into the short term of casework contacts often community problems of inter-agency cooperation and understanding inject themselves and give new aspects to these services which cannot immediately be read out of the individual case records.

The following group of cases which were closed upon referral to other agencies will promote the understanding of this aspect of short term services.

B. Referral to other agencies:

In this group of thirteen cases, the application for services could not be considered under the policy of the Worcester Youth Guidance Center; in eight of these cases, the problem, reflected by the children for which help was sought, was actually seated in the family situation, so that the clinic could accomplish but little until some change was made in the familial and environmental situation. In the other four cases, the children were over the age limit and presented problems typical of young adults
and were therefore referred to appropriate adult agencies; in the case of one boy of twelve years referral was made to a child placing agency.

In some of the cases in this group, the referrals were accomplished by written abstracts to the other agency; in others, it was in the form of verbal agreement with the client. For the purpose of ascertaining the effectiveness of these procedures, inquiry was made at the other agency either by the caseworker at the time of her closing the individual record, or at the time of this study. A referral was considered "accomplished" if the client presented herself or himself for a first appointment at the other agency.

There were five cases which were closed by the Center after the clients were advised to take the problem to another agency. These clients did not go to the agencies to which they were referred.

**Case No. 8:**

Leroy, aged 12 years, was referred by a hospital clinic where his mother had sought an eye examination for him. The boy's eyes had been found to be perfect. The mother broke several appointments before she came to the intake interview. She gave as the difficulty that Leroy, being half-Jewish, could not get along at the parochial school. Much later, she mentioned that he had been pilfering change from her. The mother expressed her feelings that her marriage difficulties were due to their difference in religious background and her own consistent deprivation. She expressed some severely hostile feelings against her husband, but she would not accept the referral to a family agency. The caseworker felt that it was very difficult for this mother to talk about her family problems and that this reluctance made it impossible for her to seek help from another agency. She seemed to fear to face her situation, except when she could project her difficulties on Leroy.

**Case No. 9:**

Harold's mother came on suggestion of his kindergarten teacher. Harold is five years and does "not cooperate" at school.
He "attracts attention" through his behavior, is stubborn since the age of eleven months. The mother was much more communicative in discussing her difficulties in being separated from her husband, not wishing to give him a divorce, and her unwillingness to appeal for help to her well-to-do brother. Her main problem seemed to be, besides the marital situation, her relationship to her parents, in whose household she lives. She came to recognize in the interview the divided authority in the home, and that her own tenseness were in part responsible for Harold's behavior. She was unable, however, to accept referral to a family agency, feeling that the problem of Harold was not a serious one and mainly due to the kindergarten teacher's lack of understanding.

At the time of this application, it was still the practice to consult Social Service Index on each case. It showed that Harold was listed as having been seen in 1946 at the Southard Clinic. Since then there were no further contacts with Harold's mother, and this information was not used by the caseworker. It was her impression that this mother had too many areas of difficulties to become engaged in any case work relationship. The mother could see the problem only as belonging to the child, and she could not admit her involvement, commented the worker, in spite of the verbal recognition by the mother of the divided authority in the home.

Case No. 10:

Marc, aged twelve, failed in school although his intelligence was above average. The mother recognised that part of his problem was the fact that he had grown very fast and his huge bulk made him the butt of jokes in the neighborhood. The caseworker approached the school principal who described Marc as "not a problem of aggression but of apathy and withdrawal."

Beyond that, the mother gave a complicated account of her own periods of depression, her close ties to her older sister and of the remoteness of her husband and her dissatisfaction with her daughter.

Marc's mother was seen in three interviews. It was suggested to her to consult her doctor or the psychosomatic clinic in her own behalf, but she decided instead, to make the long trip to see her sister in Canada. When she returned, she felt that she needed no further help. This opinion was also expressed by the doctor who saw the mother and felt that she was all right now and has had difficulties over the years with her family, that her own difficulties come and go with the
status of the situation, and that the vacation in Canada had helped her. The mother, supported by her own doctor, felt that she did not need the help of the psychosomatic clinic.

Cases No. 11 and 12:

The cases of Francis, aged six years, and his sister Milly, aged four years, were first brought to the agency in March 1948 and the cases had been reopened in December 1948. Both parents came in for the intake which fell into November 1949.

The parents complained of Francis' loud voice, but said that the father is hard of hearing so that the mother must use a loud voice with him. As the parents spoke about the children, the mother seemed to realize that the problem was largely centered in the fact that they lived in the home of the mother's brother and that the maternal grandparents interfered materially with the upbringing of the children.

Also there had been a good number of illnesses of the mother and a recent operation of the father which all contributed to make the home atmosphere unsteady and difficult for the children. The mother was at present still deeply concerned about the death of her oldest son who had died in the previous year at the age of nine years.

The parents thought that help was needed but came to see that the mother's health needed the foremost attention, including probably a re-visit to the psychiatrist who had treated her at the age of twenty-one and again for a "nervous breakdown" six months after her marriage.

There were also diffuse problems of an economic nature and illness of the maternal grandmother, so that the care for the senile maternal grandfather had to be taken on by the mother. Furthermore, there was a youngest boy of one and a half years old who had skin tumors on his lip and nose. The parents were told about the services of the family agency and they seemed to wish to go there. Follow up showed, however, that they had not taken this step, but they did have the mother see a doctor.

After closure of this case, there were several telephone calls by the mother, but the case was not considered for reopening until January 1950 when Milly had trouble in school and was suspended for two days. An appointment for intake interview with the possibility for treatment had been planned.
In these five cases, two factors seem outstanding. There is only minimal information about symptoms in the children, but there is a great deal of the caseworker's attention directed toward diffuse family problems. The fact that these families applied to a child guidance agency but told little of the child's difficulties is an indication that they would rather not face their own problems.

One had the impression that perhaps the mother of Lexy might have been helped by a different caseworker to see her problem as one which is not so unusual and that her expression of hostility is understandable to the caseworker.

Similarly, it might have been possible to deal more successfully with the apparent guilt feelings that Harold's mother harbored because of her relationship to her own family.

In these two cases the failure to accomplish results was probably due to unreadiness of the mothers to face their own problem. Possibly, it was caused by a slowness of diagnostic thinking on the part of the caseworkers, who missed the clues during the interview hour, but later considered them in writing the records.

In the case of Marc's mother one can perceive that she resisted the effort of the caseworker to bring her into a relationship for the reasons that she had in her sister and in her doctor women of maternal authority and therefore she no longer felt the amount of anxiety which had caused her to apply at the Center.

It would seem that in the cases of Francis and Milly the caseworker judged well that this mother was not ready for help by the Center. This
is evidenced by the fact that she reapplied after she herself had received some help through medical consultation.

There were three other cases in which a referral of the mothers to the Family Service Organization of Worcester were accomplished.

Case No. 13:

Kitty, aged fourteen, could not get along with the family in which her mother had taken the position of a housekeeper. Kitty's parents were divorced, the father having left the family when Kitty was four years old. The mother had known the man for whom she did the housekeeping for many years and had made heavy emotional and financial investments in his behalf. Although the man drank heavily and antagonized her and her children, she was inclined to see security in him.

During the interview, the mother readily came to realize that she needed help on her own account and accepted the referral to Family Service Organization and was seen there.

Case No. 14:

The mother of Art, fourteen years, and Evelyne, sixteen years, voiced doubts that her children would come for treatment. Her husband had deserted from the army when Art was six months old. Now the parents are separated. The family is on Aid to Dependent Children. The mother described herself as sick and nervous, doing part-time household work and depriving herself continually. She fears that Art is "headed down the wrong track," hangs around with "wrong" people and talks of leaving school.

The agency worker conferred with the Aid to Dependent Children worker who knew the family's unhealthy situation. A referral to a family casework agency was agreed upon and was accepted by Art's mother.

Case No. 15:

Bert is a little eight-year-old youngster; the mother complained about his backwardness in school, said that he was nervous and "afraid of everything."

The mother spoke mostly about her marital difficulties and showed her own exacting housekeeping as a repetition of
her own mother's way of doing things. She expressed much dislike about the fact that her husband handled all of the money in the family. There were a number of contradictions in her statements. She did not mention her previous contacts with the agency in behalf of her second daughter. In the family unit lived the maternal grandmother, aged eighty; the grandfather, aged seventy-nine; a maternal sister, aged forty-six; and the mother's oldest daughter who had been born out of wedlock.

Bert's mother realized that her concern was not only with Bert, but with the total family situation and she accepted referral to the family agency.

In these three cases the behavior of the children was of great concern to the mothers, so that it seems reasonable that the first application to a social agency was made in behalf of the children. It took professional skill to bring these mothers to a degree of insight which enabled them to see their own difficulties as the focal problem. The evidence that these mothers really came to agree with the suggestion of referral lies in the fact that the step of the application elsewhere was actually taken.

There were five cases in which the parents were referred in behalf of their children to apply at other agencies. Four of these cases concern over-age children of seventeen and eighteen years. In all of these cases the referrals were carried through. But the fifth case, which concerned a child placement problem, is not on record with the other agency.

Case No. 16:

Helen's father came to the clinic and complained that his daughter, now eighteen years, was stubborn, antagonistic towards her parents, had persecutory ideas and seemed unable to hold any employment. She stayed in bed most of the time and became hysterical and abusive when excited. The father set the beginning of her personality change at two years ago, when she lost a job, but then it became evident that he had applied for the Center's help in 1938. At that time, Helen
had been "disobedient and nervous," but since she presented no school problem, the case, under a then prevailing policy, had been marked as "rejected."

Helen is the eighth of ten children and her parents came as adolescents to this country from Russia and never received much schooling. The father seemed more embarrassed and baffled about Helen's "failure" than cognizant of any part the family atmosphere may have in her maladjustment.

A referral was made to the psychosomatic clinic and follow up ascertained that she was seen there.

Case No. 17:

Penny, aged seventeen, came to the agency upon advice of a married friend. She herself complained that she was too shy and could not speak to boys. She had been hindered at school by frequent illness and then could hold jobs only for very short periods. The trouble was that her mother continuously interfered, and held on to the most outlived strict standards of Armenia.

Penny had brought her mother and sister in too. They seemed to cling to each other and seemed dull and resentful. Penny was referred to the family casework agency.

She made her appearance there, bringing her mother and sister in, too.

Case No. 18:

Paul, aged seventeen, had been diagnosed on discharge from the Merchant Marines as "schizoid personality." He had been seen from his ninth to his thirteenth year at Judge Baker Guidance Center and at present he was still enuretic at night sometimes. He had lived until recently with a grandmother who now is diagnosed as "depressed" and there are conflicts with his stepfather now. He has pains in his legs and lungs, though the mother does not think that this is serious. Referral to psychosomatic clinic was accomplished.

Case No. 19:

Dora, seventeen years old, entered a hospital for nurses training and two weeks afterwards had a first spell in which she lost, temporarily, the use of her legs. The fourth of such
spells was overcome in a few hours at her home when the mother "cried with her, crawled with her on the floor, and finally walked with her."

The mother realises that she sets very high standards for Dora and her sixteen-year-old son.

She herself is thirty-six years old; the husband is sixty-one years old and, for the past six years, he has "retreated," reading books, and at times has been almost mute!

The caseworker, after conference with the psychiatrist, made the decision that referral to the psychosomatic clinic should be made because of the girl's age and nature of the problem. She was seen there.

Case No. 20:

Milton, aged twelve, was described as a problem for the past six years. In the mother's opinion, he reads too much and doesn't like sports. He stays out late with undesirable friends.

The father, from whom the mother was divorced in 1945, was characterized by her as shiftless, drinking, and having had a dishonorable discharge from the army. The mother appeared to be tense and worn out. She claimed to have been working for the past six years and to be sick frequently. The mother considered the source of the trouble to be in the lack of supervision that she gave Milton, and she considered placement as the only solution. At the time of her application she drew unemployment coupons.

She remained unknown to the children's placement agency to which she was referred, and she did not return to the Worcester Youth Guidance Center.

The cases of Helen, Paul, and Dora are similar in the severity of their symptoms and also in the ages of the young people; their problems are not the difficulties of childhood or of adolescence, but are psychiatric problems of young adults.

In Penny's case, the social-cultural difficulties were of high magnitude and the treatment could probably as well be carried out by a
family casework agency. In these four cases, there was apparently a sustained wish for help with the problems which made the referrals effective.

In the case of Milton, it is difficult to tell from the record just what happened. There is an inconsistency between the mother's complaint that she could not supervise the boy and the fact that at the time she was living on unemployment benefits and therefore could be at home to supervise him. One can perhaps speculate that the mother, when home all day, became more antagonized by Milton's behavior, but then, through speaking about it, became able to tolerate it better. Perhaps this case is misplaced in the group of "referral" cases and should have appeared in the group of "withdrawn" cases. There are characteristics of both of these casework results in this case.

In this group of thirteen cases, the goal of the short term contacts was to direct the clients towards more appropriate community services. The larger part of these cases was referred because the problems were chiefly based on family difficulties and the children presented no symptoms of sufficient psychiatric significance to warrant treatment. It was found that in cases in which the mothers seemed to be more deeply concerned about the behavior difficulties of the children, the tendency to go through with referrals was greater.

In the four cases in which children of advanced age showed severe behavior disorders, the referrals were carried through in all cases.

In the one case where referral was made to a private child placing agency this was not carried through.
Dr. Robert Wilson expressed the professional use of short contacts in cases of referral in these sentences:

At times, it is necessary for the worker to serve as a buffer between the client and a new agency, giving him sufficient understanding of his problem so that he will use the assistance available... In each instance, the worker attempts to impart to the new agency the knowledge already gained so the treatment will start at the most favorable point.

In this study, referrals were considered as "accomplished" whenever a client made a mere contact with the new agency. This, at best, is a very arbitrary manner of classification and tells nothing of the degree of preparedness that the client brought to the new contact. There seems to be need of a comprehensive study to be made of the real effectiveness of referrals.

Also there was found a large divergence of the technical means used to refer cases. For instance, there was a thorough report about the contacts with Mark's mother sent to her doctor, while, in contrast, the children's placement agency had no knowledge of Milton's existence, since it had been left to the mother to make her appearance there. In the absence of standardized methods, there seem to have been difficulties in the attempts "to impart to the new agency the knowledge already gained." Nor was there consistency in requesting that the new agency acknowledge the referral. A future study may well arrive at very practical suggestions in this area.

C. Withdrawals:

A group of eight cases were considered "withdrawn" after single

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intake interviews. This sector contains the youngest child, a baby of seventeen months, and the oldest "child," a college student of nineteen years.

The reasons for withdrawal vary considerably, and the amount of services that could be rendered also differs. While in the case of the first two siblings, owing to the mother's recent psychotic disturbance, the establishment of rapport was unsuccessful, the parents of all other children in this sector will be seen to display formidable neurotic traits that interfered with the establishment of a positive relationship.

Except in the first and last case further appointments were offered, but the mothers did not return. To the recently psychotic mother no services were offered, but, instead, the State Hospital was contacted since the mother had mentioned it as a previous source of help to her. In the last case services could not be offered because no mutual basis for any type of cooperative action had been established.

In only one of the cases was the opinion expressed, that the client's unreadiness for treatment was perhaps of temporary nature, and re-application at a future date could be expected.

Case No. 21 and 22:

Chester, aged four, and Jessie, aged two, were so disturbing to their mother that she, in behalf of each child, applied for agency help. During the interview, it became evident that the mother was a very disturbed person. After Jessie's birth, she had been confined at the State Hospital with the diagnosis of a postpartum psychosis and had received shock therapy, which left her with lapses of memory and she displayed much listlessness. Her husband also had been a patient at the State Hospital for ten months in the last year. There are forms of mental disorder found in the paternal and maternal families.
Both children were subsequently placed by the Massachusetts Division of Child Guardianship. It is not entirely clear from the record who initiated this development, but it seemed to the caseworker as if the mother applied to the Youth Guidance Center while action had been earlier initiated with the State through the Social Service Department of the State Hospital.

**Case No. 23:**

Bruce's mother and stepfather came to the agency in concern about problems of fire-setting, stealing, lying, hostility towards the child's sister, age four, and poor school work. Bruce is seven years of age.

The mother was pregnant and Bruce's difficulties had increased markedly since the mother's re-marriage six months ago.

Bruce was adopted in his mother's first marriage with an unreliable and unfaithful husband. Although she had grave difficulties in her marriage, she adopted Mary and shortly afterwards instituted proceedings for divorce.

The mother did not see any connection between her new marriage and the increased behavior difficulties of Bruce, nor did she feel that he could have negative reactions to her present pregnancy.

While in the beginning of the interview, the caseworker felt that the mother and stepfather were quite condemnatory towards Bruce, they showed more sympathy and understanding as they brought out things in his life that were so obviously disrupting. Then the mother said that he cried easily and probably was unhappy.

A month later, the mother was offered further appointments but postponed these and then did not keep them. The caseworker felt that there was evidence that the mother and the new husband gained sufficient sympathetic understanding to feel no longer the acute need for help. The birth of the new sibling, however, will, in her opinion, complicate the situation further and may in the future lead to other contacts.

**Case No. 24:**

Lawrence's mother came to the agency and asked for advice about her only son, age nineteen. He shows little interest in college, lacks a sense of responsibility, does not wish to go
to bed at 10:30, as the mother thinks he should, seems unhappy, and wants to be on the move all the time. His only joy seems to be in ball-pitching. The mother complained that he could not keep within the bounds of the agreed budget. The mother herself has kept track of all of the money she has spent, ever since she was a little girl, and she does this at the present time, too, a habit which her husband has also adopted.

The caseworker felt that it was characteristic of this mother that she came to a child guidance agency with her problem, because it seemed obvious that she wanted "control" over her son and wanted to see him as a perpetual child.

Case No. 25:

Ben, at the age of seventeen months, is the youngest of the children in this entire series. His father is forty-five years old and the mother is thirty-five years of age. The mother complained that Ben was rocking during his sleep and did this continuously so as to awaken them in the middle of the night. Also, he sucks the corners of a satin-bound blanket. The mother described that her pregnancy had followed a miscarriage and that she had been frequently depressed and suffering from sciatica. It was a difficult delivery and the baby was colicky. The mother had "thought of doing away" with the baby. She said that she had started to wean Ben at the age of six months but had allowed him to return to the bottle. At thirteen months, he gave up the bottle for a glass. The mother related her own feeling that she fails to allow herself to relax.

The caseworker suggested some minor changes in handling and gave the mother an address to obtain mental hygiene pamphlets. The caseworker felt that this mother was helped by the implication that not very much importance had been attached to Ben's symptoms. Although further services were offered to the mother, she did not come back.

Case No. 26:

Karen, aged fifteen years, was doing poor school work and had delayed menaces. Her mother summed up her own impression by saying, "She has an inferiority complex and is emotionally and physically very immature." She is unmoved by having things taken away from her and does not respond to "lickings." She loves to romp with younger children but has no friends of her own age.
Karen had been placed from her first to her ninth year with elderly foster parents, after the parents were divorced. The mother took Karen back after she had remarried, and when she was pregnant with the older of two children who are now five and two and a half years old.

Karen has visited her own father who now has a step-daughter from his second wife. The mother has threatened that Karen will be sent to her father and the mother, in her description to the caseworker, compared Karen with her father's laziness. She complained that Karen did not do her share at home or at the Girl-Scout group. Earlier, the mother had mentioned that Karen, among other illnesses, had need for medication to develop the thyroids.

The worker questioned if the stepfather had considered adopting Karen, which the mother said had not occurred to them. Further services were offered, but mother did not return.

Case No. 27:

In the case of Judith, aged fifteen years, the complaints were solely with her school performance. It seemed that the father, a Phi Beta Kappa student, was extremely impatient with Judith's low marks. There seemed to be a reasonably warm relationship between the mother and daughter. The mother thought that the father also should be seen at the agency. No such appointment was made, however. She was upset about the fact that the agency asked for payment of fees and did not come back.

The caseworker assumed that it was not the casework situation alone but her inability to face her husband with his part of the problem which caused this mother to withdraw.

Case No. 28:

Kelvin at the age of eleven years did "poor school work," was uncooperative and defiant at home and had frequent temper tantrums. The mother complained that she could not control him, neither by "hollering" nor by "hitting," while the boy would readily obey his father. At school, she claimed, Kelvin felt he was "picked on," and whimpered. On the other hand, her own punishment had no effect. She described him at other times as "willful" and a "daredevil."

Kelvin's development, as the mother described it, contained a number of traumatic situations. At the age of three he was a
feeding problem. At four years, he was toilet-trained but was enuretic until he was nine years old. The mother contributed that this was due to a hospital stay where he was examined because of the enuresis and was catheterized with following persistent pain on urination. At five years, he had a tonsillectomy, but "it was no good," because a blocking of the nasal passages remained. He had a number of series of "shots" to dry up his nose and his eyes are always red-rimmed. He also had his teeth straightened. The mother complained that Kelvin "cost them a lot" and he gave them no satisfaction. The mother described the apparently divided authority at the home by telling that her husband was lenient because he came from a large family but she herself was brought up sternly and "made to mind." The mother told the caseworker that she had already visited a psychiatrist to find out "what is wrong" but she had not been given any satisfaction. She asked the caseworker for advice on how to make her child behave as she wishes, and the caseworker denied that she could help this mother to obtain that objective.

F. Lowry stated that:

In long time contacts, it is possible to 'learn' from experience, from observed reactions, and from results achieved. In contacts of short duration, the caseworker is deprived of this opportunity...... In contacts of long duration one has the opportunity to remedy one's mistakes. In contacts of short duration one's mistakes are often final.5

There are in all caseloads a number of clients who withdraw. This may be due to lack of skill on the part of the caseworker, but it may also reflect a lack of responsiveness on the part of the parents. It is fairly evident from the records that the mothers of Lawrence - the college student - and of Kelvin - who could not be controlled by "hollering and hitting" - were seeking in their caseworker an ally to better control of their children. These mothers were probably threatened by the independent strivings of their children. In turn, they were threatening to the caseworkers by

their domineering and insolent way. The resulting discord reduced chances to do effective casework.

It is somewhat difficult to trace in records the development of atmospheres of mutual discord, but occasionally this disharmony is expressed with greater clarity in the area of payment of fees. The mothers of Ben, of Judith, and of Lawrence each expressed themselves by choosing what seemed to the caseworkers to be very high rates. None of these mothers stated the family income, but simply chose the amounts set for relatively high income brackets and made the caseworker feel that this was done in a spirit of defiance.

In the case of Kelvin, it was in no way disguised by the caseworker that, because of her own identification with the boy, she developed a strongly negative countertransference which made "casework too threatening to the mother."

If one compares this with the situation in the case of Bruce, one realizes that for these parents, because their own emotional needs had caused very directly Bruce's difficulty, the development of insight in itself must have created a very painful reaction.

One suspects that in many cases of families who apply for services and who are making an application that under the policy of the agency can be accepted, but then withdraw after a short term contact, the reason for such withdrawal must be thought somewhere between the extreme points that were highlighted by the cases of Kelvin and of Bruce.

Ruth Walton⁶ gives a valuable analysis of some of the feelings of

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clients which challenge workers in initial interviews and may be unsur-
mountable, and cause withdrawal, or may turn into a treatment relationship
of short or extended duration:

Most of the interviews show ambivalent feelings about
taking help, one side of which may be expressed in defensive-
ness, hostility, doubt and questioning (not infrequently
articulated by the parent as belonging to another person),
pressure to control, enhanced anxiety and sense of failure;
the other side, capacity to accept help or reject it, at
least for the present.

The expression of these ambivalent feelings is met by
the worker through various techniques and skills, again
according to differences in the philosophy and limitation
within the clinic set-up. Anxiety, fear, defensiveness may
need to be dealt with before a parent can become a part of
the interview, or be able to express his real concern in
coming to the clinic.

D. Consultation Services:

Within the short term cases is a group of twenty in this thesis
referred to as the "consultation cases," in which short term contacts
with one or both parents had the purpose of assisting the parents in
handling their children so as to temporarily or permanently overcome the
need for the agency to establish direct therapy with the children.

In all but one of these cases it has been stated by the mothers that
they received some services. These statements were made either spon-
taneously by the mothers or were offered when caseworkers telephoned or
wrote their clients to learn if they wished further appointments. It must
be considered possible, that in some cases alleged "improvement" might
represent a concealed form of resistance and withdrawal. Since in short
term contacts clients are often successful in camouflaging problems with
rationalizations, they may leave even highly skilled workers with wrong
impressions, which in long time contacts would be corrected by clinical observation of the client's reactions.

The decision of parents to seek help is in many cases preceded by a long history of upsetting events and of mounting anxiety, so that the initial contact may be anticipated as a painful crisis.

Dorothea McClure⁷ very poignantly described thus the great difficulties met in assisting parents that come for help to a child guidance clinic:

The parent's distress has been sufficient to make him take a step he had probably contemplated for some time but rejected earlier. He believes that he is in some measure inadequate or he would not need help. One mother very aptly expressed her distress by saying, "When you come to a place like this, you are sick enough to need a doctor yourself. You want help; you want to be made to feel good."

It would seem that one way of offering the parent sufficient security to enable him to go on with this painful task is to let him know that he is accepted as an individual, apart from the problem that has caused him to come to us.

In all of the cases in this section, the mothers received, in their own opinion, some help in understanding their children and they could then change their handling in some essential way so as to permit symptoms to recede.

While in no case were the parents' complaints restricted to any one symptom, some areas of disturbance were particularly prominent.

There were six cases in which speech difficulties ranked highest among complaints; antagonistic, defiant behavior at home was complained of in the majority of cases and there were frequently disturbances at school also.

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Among the twenty consultation cases, there were seven cases in which mothers made plans, with the help of the caseworker, which would improve their children's behavior if the mothers would execute them in the spirit that they showed during the casework contact. The cases in this group all show that during the interview the mothers gained some better understanding of their children but it could not be verified if any permanent improvements of the parent-child relationship had resulted from this.

In a group of eleven cases, which appears in this section, definite signs of improvement were seen by the caseworkers in their follow-up contacts, several months after the initial interviews. In these cases, the mothers stated that "things have straightened out" or have "greatly improved," since their contact with the agency, and the caseworkers expressed corresponding impressions.

The first three cases, in contrast, were closed also with the mothers saying that they had been helped, but in these cases there were some aspects which pointed to characteristics that were seen in cases of withdrawal.

Case No. 29:

Leo is five and a half years old. His father, who made the first contact with the agency, is forty-one years old; the mother is forty-four. The referral came through the nursery school teacher and the nurse.

Leo had no speech impediment at two years, but starting at four years, he had periods of stuttering. He was a premature seven and one half months baby, weighed three pounds twelve ounces. He has fears that seem related to noise. He has masturbated since the age of two years, which is very disturbing to the father who frequently remarks on it. The mother and her two sisters are school teachers.
The caseworker suggested to her not to attempt to help him with his stuttering and to overlook his masturbatory. Treatment was offered.

On follow up, the mother declared that they - especially the father - could not accept treatment, but that the stuttering seems to grow less frequent, and there was a little less masturbation as well.

**Case No. 30:**

Martin, age six, stutters when he is excited and he makes facial grimaces; also he is rebellious with his mother and is "arrogant" with his playmates. He has a sister of one and a half years who was favored when she was an infant, the mother said, and Martin "pinches" her. There was a miscarriage and illness of the mother at home, which Martin remembers vividly. His toilet training was started at seven months and was accomplished with coaxing, bribery, and physical punishment when he was three years old.

His father is indulgent, but not very interested and prefers his little daughter. The mother has studied psychology and has tried in succession to give Martin attention or to withdraw it. In discussing this, she saw that his eating difficulties, which she had not mentioned before, are part of his "bid for attention." She thought that an easier attitude on her part might help Martin to improve. She did not wish to enter treatment.

**Case No. 31:**

Richard, aged four years, pronounces his words backwards, speaks fast and skips endings. He started to say words at one year, was toilet trained at one and a half years. He had a lot of earaches and high temperatures with teething and at the age of two and a half years he had a tonsillectomy and was "scared" of all sorts of things afterwards. The mother complained that Richard did not seem to be wanting to be babied. He bites his nails. There is one older sibling, Edwin, aged ten.

The mother wanted to know if elocution lessons would help Richard.

The caseworker stated that she had attempted some direct handling of the mother's pressure for correct speech with some clarification of the results of punitive attention to the
difficulty. She suggested that the mother might think of nursery school for Richard.

On follow-up, the mother felt that she was succeeding with the discussed method. She had decided against elocution lessons and also against nursery school. The caseworker felt that the mother was not willing to participate at this time in any more constructive relationship with her.

The most characteristic aspect of these three cases is perhaps the willingness of the parents to change in one restricted area: Leo's parents can lessen their attention to masturbation and to stuttering; Martin's mother sees in his eating difficulty a "bid for attention;" and Richard's mother gives up her idea of elocution lessons. None of these parents can admit that their children's behavior is a reflection of the unmet needs of these children. They were willing only to change their techniques. In this respect, they are somewhat like the mother of Kelvin; but here the caseworkers remained more largely detached so that not only a technical "improvement" resulted, but the parents could make a calm departure from the agency which would enable them to make a future application.

In the following six cases, an attempt was made to rank the relative gains made through the short term contacts so that the position in this group may indicate the transition from the "technical improvement" in the previous group to a more substantial gain in the final group of cases.

Case No. 32:

Gerry, three years old, is described by the mother as "openly defiant," having frequent temper tantrums and jarring on the landlady's nerves, who threatens with eviction.

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8 Supra, Case No. 28, page 32.
Mother tells that Gerry's toilet training began when he was nine months old, but regressed when he was fifteen months, during his mother's illness. She was then three months pregnant with Bill, and Gerry was taken care of by a relative. Gerry stopped daywetting at age two, but was "always good at night." He still demands help in feeding. Bill is now twenty months old and is still being fed by the mother, who saw not much relatedness here.

The mother did not seem to realize the rivalry situation, but she related that she herself, an only child, has had severe temper tantrums all through school; and also her father had a severe temper. Gerry's mother had, from the beginning, considerable insight into the effect of her own tenseness. She felt that if she could relax, things would work out better. She expressed the feeling of being alone in handling the children, since her husband was very easy-going.

The caseworker proposed a series of consultation interviews to her, but Gerry's mother called to say that things have begun to smoothen out and to her there seemed to be no reason to put her on a waiting list.

**Case No. 33**

Bianca, aged twelve, has an "inferiority complex," is shy and nervous, and blames her father for her speech difficulty. She has had this disturbance since the birth of her sister, Anne, now nine years old, who is preferred by the father.

There are some early illnesses, a tonsillectomy at the age of two, and a mastoiditis at age four, and there was much thumb-sucking. The most specifically related difficulty was a bilingual upbringing with the mother's attempt "to break her French accent."

At present, there are some school difficulties; the mother feels that Bianca "does not try in school" and "puts on an act." The girl's tendency to withdraw makes the mother feel that she "can't love her" as much as she would if the girl were more affectionate, and that whenever she "loses" her, she can't get close to her again.

The mother, who in talking to the caseworker had come very close to seeing the link between the speech difficulty and Bianca's feelings of inferiority, was given some interpretation that the girl's withdrawal may be a sign of an underlying basic need for love. The mother seemed to be accepting of this and thought that she could now handle the problem herself.
There was no follow-up, but the caseworker thought that the behavior pattern was of too long standing to be significantly influenced by a small gain of insight on the part of the mother. She felt that the mother was threatened by Bianca's symptoms but would rather accept slight alleviation than become engaged in any deep-going treatment process.

Case No. 34

Kate is four years old and has a brother of six and a sister of seven years. Her father is a salesman; her mother is a nurse and has worked since Kate was a year old. When the mother first asked for an appointment, she complained that Kate was constantly crying, and was still occasionally enuretic at night. Ten days later, when the mother came in for the intake interview, she claimed that since her call she has done more for Kate, has anticipated some of her needs, done some tasks, such as lacing her shoes, and there was far less crying. The mother then told how much aggravated the father becomes over crying, and he threatens to send her away. She began to realize that Kate may need comfort, not threats, when she is crying. She recalled that she herself had pushed Kate in her own need to get things done, when she had to go to work.

Case No. 35

Jack, also six years old, presented the symptom of stuttering, which appeared in cycles. Jack's stuttering seems to have developed about three and a half years ago but before that the caseworker recognized significant difficulties. The father left the family on a Navy assignment when Jack was ten weeks old, returned on a furlough when Jack was twenty months old, and finally returned when Jack was nearly three years. Jack's toilet training began at six months, was completed at one and a half years. He had severe tonsillitis at age one, and a tonsillectomy at three and a half years. He had whooping cough at three years and a number of ear abscesses. There is the mother's recall of "severe blows to the front of his head, which caused him to hold his breath and to go unconscious." This difficulty was "cured" by the administration of calcium. There is thumb-sucking, a few nightmares and fears about chicken up to the present and he is developing into a "behavior problem." In these last months, while the mother was busy due to the terminal illness of her own mother, the behavior difficulties appeared.

When Jack was three and a half years, the mother was seriously ill with an ectopic pregnancy. A neighbor, a pretty
strict woman, came in to help out and brought her son, a stutterer, older than Jack. The two boys did not get on together; but Jack’s mother and her neighbor became close friends. The woman still comes frequently to visit and corrects Jack all the time. Jack had some allergy to chocolate and whole wheat, but now is allergic to the pine wood of which much is stored in the neighbor’s yard, according to the mother’s description.

The mother had brought Jack upon referral of the psychosomatic clinic and she asked not for treatment, but only for a diagnostic evaluation. The psychiatrist saw Jack and predicted that the stuttering would disappear if no issue would be made of it. The mother felt that with this support by the psychiatrist, she would be able to prevail upon her neighbor not to correct Jack.

Case No. 36:

Charles, aged five, was defiant and rebellious at home and at the kindergarten, and he has objected to going to bed at night. This is worse when the father is not at home. Charles is very fond of his father, who is a traveling salesman, and he minds him more readily than his mother. The mother thought that her own health might be a part of the problem.

She has attacks of tic doloreux and has for the past year and a half and she has been short tempered and perhaps frightening him in her display of the extreme pain.

As she talked about it, she felt that Charles’ problem was perhaps of temporary nature and that she would re-apply if she felt increased need for help.

Case No. 37:

Bob is five; his mother, forty-five, married a man fifteen years older than she herself is. She is separated from Bob’s father for the past year and is now claiming divorce. She described the father as promiscuous, heavily drinking, irresponsible and very dissatisfied when she became pregnant. The mother thinks that the father is claiming the child only to spite her.

The mother came to the Youth Guidance Center because she needed help with the interpretation of Bob’s behavior; the child would soil, usually before he was to go on a visit with
his father, and he would afterwards be preoccupied and silent and rather belligerent towards his mother.

The mother had come, panicky about the impending court hearings, and the caseworker felt that she had given the mother a chance to muster her position: "In talking these things over here today, she felt more strength to defend her rights against the father and thinks she can handle it." The mother herself felt that Bob's symptoms were not severe enough to require treatment at present.

These six cases seem particularly apt to throw light on the type of situation in which short term casework can be particularly helpful. One may assume apriori that any casework will be hindered in its progress if psycho-neurotic needs divert the personality of the client from obtaining broad insights.

While in cases of long duration an opportunity may arise to develop a solution for some internal conflicts, this can seldom be attained in short contacts and, as a rule, will not be the aim. The cases that were presented in this group seem to point to the necessary skill of the caseworker in helping the client rather to gain rapidly some clarification of a few selected focal problems. If short services are anticipated, the wisdom of the caseworker manifests itself in her recognition of the validity of limited treatment goals.

In this series, the neurotic inhibitions to accepting help are strongly seen in the case of Garry where the mother complained of "being alone" in handling the children, but then called to say that to her there seemed to be "no reason" to be put on the waiting list. In Bianca's case, the mother "came very close" to seeing the link between the speech difficulty and the girl's feelings of inferiority, but she also staged what might be
termed a "controlled withdrawal."

In this group of cases, the events in Kate's family are the only instance where the dynamic intervention of the agency became evident even before any interview took place. One may wonder, although Kate's mother is the only one who verbally expressed the results of merely having called for agency services, if there are not positive forces activated in parents, even as they wait to come in to see a caseworker.

In the case of Jack, the diagnostic interview of the boy with the psychiatrist assured the mother. The opinion of the psychiatrist gave the mother apparently a good deal of support, so that she felt she would be able to disagree in the future with the powerful neighbor who apparently was holding her as well as the child in bound. How lasting the effect of such single supportive action can be must remain an open question, since it depends on the other internal and environmental factors involved. No mention had been made of Jack's father.

In the case of Charles, the mother arrived at some clarification in which she saw her own behavior as the cause of the child's defiance. That she could do this without excessive amounts of guilt, was due to the caseworker's controlled reactions on the one hand, and due to the ability of the mother to place the cause for her own disturbed behavior onto her physical illness on the other hand.

The service in the case of Bob would appear to be of extremely far-reaching influence in the child's life. The mother had brought only one pertinent question to the agency and the caseworker had been able to give the mother a chance to muster her position and to draw reassurance from it.
However, there is no documentary evidence of any concrete results of the casework process.

In these six cases, a fairly good relationship of the child with one or both parents seemed to exist and there seemed to be some slight gain in understanding of the nature of the children's problems.

In the following eleven cases, the gain of emotional acceptance, as well as intellectual understanding seems to have been greater. These parents were able to do something about the problem by carrying out suggestions or by giving the child more security or attention, or by encouraging independence through allowing more freedom. Although the parent's own problems were not cleared up, their tension was eased sufficiently for them to become able to handle the child with greater confidence and security.

These cases were arranged according to the results which the mothers reported several weeks or months after the interview, except for one case where the worker's judgment was used. In the first two cases, the parent's original request for a diagnostic examination of the child was withdrawn as a sign that it was no longer felt that "something must be wrong with the child," and in the last two cases, fundamental changes in environment answered the apparently unabating quest of two boys for their fathers, and so eliminated the basis for their behavior disorders.

Case No. 38:

Irving is a boy of ten years. He has a sister of thirteen years and a little brother of four years. He has been kept back in school twice and he is "nervous," and the teacher thinks that he is afraid. He has had nocturnal enuresis since the age of three, when he fell out of his crib, as the mother recalls,
and he talks too slowly. But the trouble for which the mother wants the agency to examine Irving started a year ago. At that time, the mother took two "state-children" into the home, boys aged five and seven years. Irving is a bully with them; his father whipped him for picking on these children, but Irving just "has no pity." Later the mother related that Irving has a protective attitude towards these children at school.

The mother herself is rather overweight and under a doctor's care. She tells of becoming "hysterical" when she sees how Irving treats these children. In talking, she came to the decision that a diagnostic examination of Irving wasn't really necessary. She seemed to realize a little of the rivalry situation that Irving feels.

Case No. 39:

Lucille, aged six and a half, is restless if not occupied, said the mother, and she had "no respect for other people's belongings." The mother wanted a diagnostic examination of Lucille. She then gave some further complaints: since the child could walk, she had needed to touch everything in the room. Since the age of six months, she had "bounced" in bed; she had been weaned with force when she was able to sit up; had been hospitalized for a month with asthma at the age of one year; was dry at two years; but began to wet nights at four years when she shared the room with her mother and blamed the mother for not waking her.

As the mother recalled that Lucille's pilfering started at the time when the mother had to be hospitalized for a miscarriage, she began to recall that her son, now twelve years, had also taken some money from his grandfather some time earlier. Even she herself once "swiped" some money.

The caseworker thought that the mother saw some connections between the child's behavior and needs when the mother said that she would want to observe Lucille more sympathetically.

At the end of the hour, Lucille's mother decided that probably a diagnostic examination would not be necessary. At follow-up, she reported that "all is calm" and she had success with her new insights.

Case No. 40:

Nelson, aged nine years, has been a difficult child for his
parents for a long time. His father made the first application and both parents came for the interview. Nelson had been toilet trained by one year, but kept wetting until he was five years. He talked at three and a half, but still gets words "backwards." He repeated kindergarten and now at the age of nine and a half is in second grade. The father complained that Nelson is disobedient at school and at home, answers back, is lying about what he has done, hides his school papers and the things he bought with his allowance, is anxious about money, is day-dreaming, and awfully nervous; but Nelson "has good clean habits."

In trying to explain, the father thought that they have given Nelson too much in compensation for the materially deprived childhood of the father. Neither of the parents thought that Nelson's unpreparedness for the arrival of his younger brother, now almost six years, could have anything to do with it; but thought that Nelson's frequent illnesses as a small child might have caused some of the trouble.

The family history is a little unusual, since the father's mother and the mother's father were married, so that the only surviving grandparent of the children is the father's step-father and father-in-law. It is the grandfather who gives Nelson his weekly allowance. The father seemed to be a person who had a continuous drive to work and earn. He seemed to have a somewhat supervisory way with Nelson. The mother had been hospitalized for three weeks several years ago. She had lost fingers of her right hand in a factory accident and both parents were sure that Nelson had been particularly upset by this event.

As the parents, in separate interviews, after initially having been seen together, spoke about these various aspects, they seemed to grasp some connection. They expressed at first a feeling that Nelson seemed to improve since the mother permitted him more freedom in the things he could do with his allowance and gave him more responsibility. Three months later, the mother reported great improvement at home and at school. Her husband had a good job offered him in some other part of the country and they were leaving town.

The caseworker felt that between an anxious mother, who told that she herself had been wetting until the age of nine, and a perfectionist father, Nelson had not much room to unfold his potentialities. Yet, the short series of interviews, it seemed to her, had given him a little more freedom to develop.
Case No. 41:

Peter, an eight year old, comes from a large family. There is one older brother, nine and a half years old, and after him comes a girl aged seven, and four more siblings, the youngest being four months old. The mother is only twenty-seven years old and the father is twenty-nine. The mother sees Peter as her most difficult child. He is dependent on her at home, but does not take care of the younger children. He was enuretic until he was six, and it still occurs in the daytime when he is upset. At age four, he had a tonsillectomy and cried all night at the hospital. Outside the home, Peter behaves very differently: he is proud to be fearless, organizes the children in their play. The mother was pretty upset that Peter stepped on the bare foot of a neighbor's little girl and that he hit another girl and also the substitute teacher.

In the interview, the mother decided that she could probably manage to give a little extra time to Peter, although she is rather busy with these seven children.

On follow-up, the mother told that she had visited the teacher and found that Peter's I.Q. was 120. She has given him some special recognition and little jobs of importance. The father also has cooperated in this direction and the situation "improved lots."

Case No. 42:

Roger, aged thirteen, is the second of two sons of a minister who applied for help because of the boy's wetting at school. Intervention by the school principal had precipitated the application. Both parents seemed to be of high intelligence level with guarded attitude towards the Center and "undemonstrative" towards the children.

Four months ago, Roger had an appendectomy operation. Since then his school performance has dropped off and there has been increased wetting at school, especially on the playground. The mother, who was seen later, complained about some nail-biting. There had been some stealing two years ago within the home, she also told. She described Roger as extroverted and sociable, not wetting when they took him on trips; she complained also of some "out-of-context" and "illogical" conversations.

As the mother talked about Roger, she seemed to see his incontinence as perhaps more than mere "procrastination." She
told the caseworker four months later that there was some clearing up of the difficulty since they have given Roger more attention.

Case No. 43:

Elizabeth's mother lost her first child and Elizabeth, now four and a half years old, was diagnosed as diabetic and must have insulin injections.

Since that started, she has become defiant, had nightmares about her injections. She is fearful of dentists and of wolves. Her fear of injections goes back to tetanus antitoxin injections and a later tonsillectomy. This was quite a problem since it had been necessary to take blood samples four times per week.

Now the mother has to hold her and the father gives her the daily insulin injection. They have interested her in her urine tests of which several must be done per day. The mother describes Elizabeth as a docile child who likes to be "neat and prim" like her mother, but on the other hand, has difficulties in wiping herself after bowel movements.

The mother brought out some fears that diabetes might be hereditary and questioned if she should have further children.

The caseworker helped the mother to see normal fears of four year old children and that injections and a strict diet might increase the normally present moodiness, food fads, and difficult behavior. It was recommended not to have the father give the injections.

At follow-up, the mother felt that things had straightened out since her interview and that she thought she had "got the emotions out of herself." She thought she could teach Elizabeth to give insulin to herself and she would talk with her doctor about the advisability of further pregnancies.

The caseworker commented that this mother made very good use of the casework service, and in a single personal contact apparently had gained a great deal.

Case No. 44:

Little Erwin was two years old when his mother applied and complained of his slow speech development. She felt that he was unmanageable and not content. He was "too fat,"
weighing thirty-two pounds, while his brother, David, aged five, weighed thirty-four pounds. Also, Erwin had some adhesions around the penis that the doctor felt needed to be broken.

There had been some severe conflicts in the family between the mother and her Italian family and the father, who was of Jewish background. The pregnancy with Erwin had not been a happy one, due to the family conflicts and a nervous "spell" of the mother. The caseworker felt that the mother had been enabled in her interview to express some of her conflicts and that her anxiety about Erwin's slow speech had been relieved.

Five months later, the mother told that Erwin was talking "too bloody much." He had the operation on his penis and she felt all had gone well. Her main problem now was with the shyness of her older boy. She requested no help, however.

Case No. 45:

John, aged eight years, is still in the first grade of school. He has an older brother of sixteen years, two sisters of fourteen and of six years, and a baby brother of three months.

His mother was troubled and asked for help when it seemed that he would not pass his catechism class. John had been slow in walking and talking and has not slept well for years. In kindergarten, he did not speak for a whole year, was nervous in groups and was kept back in kindergarten for one and a half years. The mother praised John's efforts to keep his toys very neat and thought his left-handedness might have been to blame for his slowness.

The mother said that all her children were shy in school, lack confidence and eat only the food that she herself prepared for them. She thinks that the children are really growing out of it, though.

When the caseworker called two months later to offer treatment, the mother reported happily that after her talk with the worker, she had thought it would be all right to let John go by himself to the Boys' Club. She is also considering sending him to camp.

John has made his Catechism and is confirmed. He was given a piece in his father's garden plot. The mother felt that she may not need treatment at the agency if things continue to improve as they have.
Case No. 46:

Bill, aged six years, is the second of five children, all born between 1941 and 1946. He is good in school, but he is shy and antagonistic if punished. He took one or two dollars from his mother's purse. Early history reveals that Bill, at thirteen months, was hospitalized and suddenly weaned upon entering the institution. Mother was at that time already pregnant with the following son. She recognized that Bill, after punishment, used to wet the bed to "get even". He was toilet-trained by fourteen or fifteen months.

Mother described father as taking interest in the children. Some restrictions in the discussion of sex matters were evident and were partially expressed by the statement that the father bathes the boys while mother attends the girls. Mother felt that Bill always needed special attention; she saw some connection between this and his pilfering of nickels and raiding the icebox. Mother expressed some inclination to change Bill's school to afford him better friends, but she hesitated because he would then be in an all-white school, as she had been, and she had not been happy. Towards the end of the first interview, she decided against the change of schools and for the possibility of Boys' Club, although that would mean for Bill to go to the other side of town.

Second appointment was one month later. The mother felt then that she has had much success. She reported that she was a little more free now to discuss matters of sex, was less restrictive about food, and more giving in terms of allowance. She has permitted Bill to go to the Boys' Club unattended with another boy, and he has in turn shown more willingness to be helpful to her. He has given up his friendship with the retarded big boy. Mother then discussed her own problem of doing part-time work, but decided against that because it would strain the family relationships; especially her husband's feelings would be hurt. She felt that treatment for Bill was not necessary now and that she would feel free to return if any complications would arise in the future.

Case No. 47:

Fred is a boy of fourteen years. His new stepmother came to the Center upon the suggestion of the school principal. She is an older woman, outgoing and well-poised. She had raised her sister's boy, now thirty-two years old, and she has a son of her own, now away at a college.
When Fred was two years old, his mother had left her husband. The boy had been pushed around a great deal, was first raised by an aunt who "scared" him, then was placed in the country and later in several boarding homes. He used to bite his fingernails and rock himself to sleep when for the first time he "was sent five weeks ago to his father" because of his uncontrollable behavior. The symptoms of rocking and nailbiting he has given up already, but he is still non-conforming at school and nervous, to such a degree as to cause the school principal's consternation.

The caseworker found it possible to speak with this stepmother fairly directly, since she was not emotionally involved in Fred's development. It was discussed that Fred should not be pushed into too many activities all at once, and not to expect a change too quickly. The stepmother accepted it as a good idea to give a little insight about the boy's difficulty to the school principal, and she seemed to understand the importance that the father seek custody as soon as possible.

It was very natural for the caseworker to assure the stepmother of the fine quality of her relationship with Fred and of her success.

Although the caseworker's follow-up letter remained unanswered, the worker had such strongly positive feelings about the fruitfulness of her contact with this stepmother, that her evaluation was adopted by the writer in lieu of a statement by the client.

Case No. 48:

Louis, aged ten, was unmanageable and aggressive towards his mother since the time of the separation of the parents, one and one half years ago. The mother feels that he is antagonizing her by demanding her constant attention. He picks on his sister, helps neither her nor the grandmother with housework - while he does so for his aunts and for neighbors. He is arrogant and can't get along with other children; for the past year his school marks have dropped. The mother feels that the boy is imitating his father and is longing to go to him. She feels that the boy, in fact, is just like his father, whom she describes as an alcoholic and a former State Hospital patient. The mother describes herself as hard-working, as having ear abscesses when she gets upset. She had seven operations in the past. During the interview, she said that she had tried to help Louis' father for ten long years and she can not spend another ten
years to help the son.

At follow-up, six months later, she told the worker that Louis was with his father now and "presents no problem."

It seems evident that in none of these cases could a short contact with the agency effect a thorough therapeutic success. However, something happened in these interviews so that the parents felt that the problem with the child was not so great that they could not handle it. Having gained more understanding, they seemed to have felt adequate enough to try new methods at home. They were told that they could return if they felt the need, but apparently their anxiety did not again rise to such height.

In Irving's case, the mother gained a little clarification of her son's real feelings, which had been overshadowed by her own apparently mixed feelings about "state-children."

Lucille's mother had recognized that the girl's pilfering had something to do with the child's needs. Apparently, she felt not so much antagonized after her interview.

Nelson's parents could perhaps not give their son much warmth, but they could lift a little pressure and saw that this was of help.

One feels that Peter's parents had considerable ego strength. After the interview, the mother could find time to consult the teacher and the father "cooperated." There are no indications of great anxiety or guilt in these parents and the reader will be inclined to believe that things "improved lots."

With Roger, one is not so confident. The parents applied under some pressure from the school authority, and their own problem was to minimize
their mortification about the boy's wetting, and possibly about his mental performances that did not come up to their expectations. The deeply ingrained self-centeredness and rigidity of these parents would limit chances of success in giving essential services. Therefore, it seemed that for this mother to see the problem as possibly more than mere "procrastination," is a sizeable accomplishment.

When Elizabeth's mother said that she had "got the emotions out of herself," she has probably coined a very applicable phrase for many cases.

Surrounding little Erwin were family difficulties that might have put the case into the group of referrals. However, the child's over-weight and slowness of speech development seemed to be reactive behavior and the caseworker felt it important to consider the problem of the child as a valid case for child guidance. One feels that the accomplishment of the speech development as such would have occurred, probably, in the same manner without consultation service; but it seemed that the mother felt somewhat at home with the agency and would return with possible later behavior disturbances if they should occur due to the tensions in the home.

Bill was apparently not only faced with the realities of a hostile world from early infancy on, but also had a mother who wanted so much to do the right things that she became restrictive in matters of sex and of food and money. From the thoughtful way in which the mother considered her husband's feelings, one is inclined to credit her with much intuitive understanding and warmth and one has the impression that the permissiveness of the worker dissolved some of this woman's anxiety about the standards of the white people. The chief complaint had been Bill's friendship with
a bad companion. This he was able to give up.

In the case of John, one sees an insecure mother who apparently has only limited strength and has imposed upon all her children considerable limitations. As in the cases of Roger and of Nelson, no basic changes could be expected to occur. Yet, this mother, "after her talk with the worker had thought it would be all right to let John go by himself to the Boys' Club."

In the cases of Fred and Louis, major changes had taken place. Fred had just five weeks ago been sent to his father. Because of the presence of an apparently very understanding and emotionally detached stepmother, one feels justified in prognosing favorable changes in Fred. The benefit of the consultation service seems to have been mostly in the nature of balancing things a little better and warning the stepmother about pushing the child ahead of his own tempo of adjustment. 

In Louis' case, the participation of casework is by no means very clear. It seems, however, that during the interview, the mother had come to the decision that she did not want to keep the boy. What it means if this mother said that there was "no problem" is an open question. One knows only that the boy was accepted by his father and so might have a new chance.

The characteristic trend in these twenty cases is the opening of a new vista upon the problems that parents brought to the agency. The newness in all cases is a recognition, in various degrees, that there is not "something wrong with the child," but that the disturbed harmony in the parent-child relationship has caused the behavior difficulty of the child.
Whenever the parent could become aware of this without having to recoil, there a real opportunity seems to have been given to a child to relinquish some of his antagonism.
V. SUMMARY AND CONCLUSIONS

The purpose of this thesis was to study the short term contacts with parents at the Worcester Youth Guidance Center in order to determine what services were given in cases which were not eligible or could not immediately be accepted for direct therapy with the child. Excluded from the study were all cases which resulted in treatment contacts or in which psychological studies were conducted without casework contacts of the parents with a psychiatric social worker. The study comprises forty-eight short term cases that were part of the intake of 310 cases in the year between October 1, 1948 and September 30, 1949.

The attempt to distinguish the group of short term cases from the general intake lead to a numerative description which substantiated the impression that the group consisted of a widely spread caseload and that this type of service had been given to many types of applicant. However, there were no cases with severe anti-social behavior.

In seven cases short term services were rendered to parents of children known to be, or tested to be retarded. This is the only unit which, by agency-policy, is singled out for short term service from the beginning of the contacts.

The upper age limit of eligibility for services of the Center is flexible, and services are rendered on the basis of the character of a child's problem. For this reason the over-age group was considered to be not sufficiently distinguishable from other cases to warrant separate treatment. Therefore, they were grouped, together with all the remaining cases, according to the outcome of the casework process.
There were thirteen cases of referral. In a group of eight cases the interview process pointed to problems that were seated not in the children but in the family situation. In one case, referral was made to a child placing agency. In four cases the problems were typical of young adults and were appropriately referred.

Eight applications ended in withdrawal of eligible clients. The reason was thought to lie somewhere between the factors that made case-work become too threatening because of the client's development of too painful insights and the development of negative counter-transference feelings by the caseworker.

Consultation services were given to twenty clients. In all of these cases, the parents acknowledged having received some help. In three cases, apparently, only a technical improvement resulted which would facilitate presumably a future application. In six further cases, positive services were probably rendered, but in the absence of follow-up procedures, this was not ascertained.

In the remaining group of eleven cases, the mothers as well as the caseworkers expressed the belief in follow-up contacts that some change to better adjustment had been made over a period of time.

Evidence, then, has been brought forth, that some help has been given in all the cases of retarded children. Some help was probably rendered in most cases of referral and also in the twenty cases of "consultation." This means that the short term service in the majority of instances has rendered valuable service to the community.

It is interesting at this point to compare the situation in
Worcester with a study by Miss Fair, which was carried out in two child
guidance clinics in Boston.\(^9\) While her numerical results are not com-
parable, it is interesting to see that apparently cases of short term con-
tact, as defined here, were representing a very much larger percentage of
the total applications of these agencies. In her conclusion can be found
this statement:

Thus, it would seem that one of the important roles
which child guidance clinics are playing in the community is
that of a "clearing house," whereby individuals, social agen-
cies, schools and hospitals may obtain information relative
to many different types of problems. Whether this is a func-
tion that the child guidance clinic should continue to have
or whether better use could be made of this service is to
be carefully considered.

It seems very important to note that, in contrast, among the forty-
eight cases at the Center there is no evidence of the agency having been
used, inappropriately, as a "clearing house" either by other community
sources or by private applicants.

This study seems to indicate that valuable services can be and were
rendered in the majority of short term contacts at the Worcester Youth
Guidance Center in the year under observation. Several conclusions seem
warranted from the evidence and discussion brought forth in this thesis:

(1) Short term casework was useful in a number of cases who could
not have been served through extended therapeutic measures,
because of the neurotic limitations of the parents. The

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\(^9\) Bessie Fair, "The Consultative Role of Child Guidance Clinics,"
Unpublished Master's Thesis, Boston University School of Social Work,
Boston, 1947.
Center's limited capacity to accept new cases for treatment is another factor that made it possible to render some services on a short term basis, when otherwise none could have been rendered.

(2) The services that were given by the agency comprise a wide range: from precipitating better understanding of a child even prior to any interview, to referring mothers to agencies that may help them with their own needs, and indirectly help the child's need. The contacts affected small details of daily living and also momentous decisions that were made in behalf of children. In some cases mothers could not face their husbands with their newly gained ideas; in others the Center assumed the role of a mediator between parents and other community agencies. The assumption that short term services might be particularly appropriate for parents of young children was not tested. To throw light on this question, a different, comparative study of all cases of preschool children would perhaps be necessary.

(3) Effectiveness of short term services was found to depend on the capacity of parents to gain rapidly clarification of a few selected problems and on the skill of the worker to enhance such capacity. This determined the outcome of referral services as much as the outcome of cases where clarification was used to bring about changes in parent-child relationships. It presupposes on the part of the worker full recognition of the validity of limited treatment goals and considerable skill in the
selection of the focal problem.

(4) A future study may be devoted to an analysis of the sources of referral and the reasons for the low number of inappropriate applications to the Center. This relatively small "clearing house" activity of the agency might be interpreted to mean that the community is very well informed and understanding of the functions of the agency and is cognizant of the problem of limited capacity to admit new cases for treatment. However, it could also mean that the community uses the agency only in cases where problems have become grossly disturbing, but not in cases of dubious behavior disorders. A possible wider use of Short Term Services may promote inter-agency understanding and cooperative working. How practicable, by available means, such extension may be, must at present remain an open question.

(5) The matter of referral to other agencies seems worthy of a separate study. The aspect of the preparation of clients for referral should be carefully examined. The question of a development of formalized procedures of referral to other agencies, and of subsequent verification, could apparently benefit from a planful examination of the existing practice.

When this study was planned, the aspect of short term contacts as an implement to broader services to the community was in the foreground. In its report for 1945, the National Committee for Mental Hygiene, 1790 Broadway, New York City, Division of Child Guidance, states:
Child Guidance Clinics are a means of incorporating psychiatry into community activities and relating it to education, social work, and clinical psychology...

In a letter which the author received upon an inquiry to the National Committee for Mental Hygiene, a development of guidance work outside of specialized clinics was proposed as a means to break the bottleneck of insufficient services to communities. Part of this letter proposed alleviation of the situation thus:

To my knowledge, there is nothing in literature on the subject of "increase of community services by child guidance clinics." From field visits, reports and letters, I can tell you that nowhere in the country does there seem to be sufficient service, and that in places where the quality of child guidance service is good, there is constant complaint that there is just not enough of a good thing. This bottleneck can be broken only by eventual training of enough people for this field, and also by giving them community support, both financial and otherwise, to do the job. Some of us feel that in addition the psychiatric team will never be able to meet the total demand and that pediatricians, social workers, public health nurses and others will have to handle some of the less severe problems when we have figured some way to help this auxiliary personnel get the kind of training it needs to understand emotional growth and development.

To this writer, it seems as though short term casework to parents given by qualified and specialized social workers might be one way to increase the services of child guidance clinics. At least in the agency where it was studied, short term casework seems to have the potentiality to be developed into a distinct branch of the clinic's services to the community.

Approved,

Richard K. Conant
Dean
### Key to Cases

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